**Lockout/Tagout Program**

**Periodic Lockout/Tagout Inspection Form – Intermediate**

**Machine/Equipment Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Authorized Inspector Name (Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Authorized Employee(s) (Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Review the energy control procedure and employee responsibilities with the involved employee(s) and complete the following:**

|  |  |  |
| --- | --- | --- |
| **Yes** | **No** | **Question** |
|  |  | 1. Are the steps in the energy control procedure being followed?
* If not, provide a detailed description of the problem on the next page, along with a description of any corrective action taken or planned.
 |
|  |  | 1. Do the involved employee(s) understand their responsibility under the procedure?
* If not, provide a detailed description of the problem and any corrective action needed on the next page.
 |
|  |  | 1. Are there any inadequacies in the employees’ knowledge, abilities, or use of the procedures?
* If yes, provide a detailed description of the problem and any corrective action needed on the next page.
 |
|  |  | 1. Is the procedure adequate to provide the necessary protection?
* If not, provide a detailed description of the problem and any corrective action needed on the next page.
 |
| **x** |  | 1. Are the locks uniquely identified, uniquely keyed, and only used for the purpose of LOTO?
* If not, provide a detailed description of the problem and any corrective action needed on the next page.
 |

**Corrective Action**

No deviations or inadequacies have been found. A corrective action is not needed.

 Deviations or inadequacies exist and need to be corrected. Continue to the Corrective Action plan on the next page.

I hereby certify the periodic inspection for compliance with lockout/tagout standards on the machine/equipment have been satisfactorily completed with the employee(s) identified above.

**Authorized Inspector**

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_**

**Lockout/Tagout Periodic Inspection: Corrective Action Form**

**Machine/Equipment Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Authorized Inspector (Print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Authorized Employee(s) (Print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Corrective Action:** Use the space below to describe any problems identified during the inspection, along with a description of any corrective action needed. Appropriate action must be taken to ensure that the deficiencies are corrected. This may involve making changes to the procedure, providing retraining to employees, and /or taking additional steps to ensure compliance.

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**Deviations or inadequacies are scheduled to be corrected by (date):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Authorized Inspector Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_

**I certify that repairs/corrections have been completed**

**Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**