

LOCKOUT/TAGOUT PERIODIC INSPECTION

Page ____ of ____

Company Name		Date	
Address	City	State	
Machine/Equipment Name		I.D. No.	
Authorized Inspector (Print)		I.D. No.	

The identified machine/equipment requires a periodic inspection of the energy control procedures according to §1910.147(c)(6) – The Control of Hazardous Energy (Lockout/Tagout). Check (✓) or complete all elements of this form that apply to the Periodic Inspection. *[NOTE: This standard does not apply to construction, agriculture, or maritime industries.]*

ENERGY SOURCES

Electrical	Hydraulic	Chemical	Other:
Mechanical	Pneumatic	Thermal	

ENERGY ISOLATING DEVICES

A manually operated electrical circuit breaker	A similar device used to block or isolate energy
A disconnect switch	Other:
A manually operated switch by which the circuit's conductors can be disconnected from all underground supply conductors (no pole can be operated independently)	
A line valve	NOTE: Push buttons, selector switches, and other circuit type devices are not energy-isolating devices.
A block	
The authorized employees understand the energy control procedures for this machine/equipment	The lockout/tagout procedures are being followed
The authorized employees understand how the requirements of the standard apply	Employees understand their responsibilities in the energy control procedures
The authorized employees understand which locks/tags are to be used on this machine/equipment	Any identified deviations or inadequacies that require attention are listed on the following page
Tagout procedures have been reviewed when tagout alone is the only means of energy isolation	Tagout also uses valve handle removal
Tagout also uses the removal of an isolating circuit element	Tagout also uses the opening of an extra disconnect switch
Tagout also uses blocking of a controlling switch	

THE ITEMS CHECKED ABOVE HAVE BEEN REVIEWED/EXPLAINED WITH THE AUTHORIZED EMPLOYEES AT THE TIME OF THE PERIODIC INSPECTION. (AFFECTED EMPLOYEES WERE INCLUDED IF TAGOUT ALONE IS USED.)

Employee (Signature)	Date	Employee (Signature)	Date

I hereby certify the periodic inspection for compliance with lockout/tagout standards on this machine/equipment as specified by OSHA §1910.147 has been satisfactorily completed with the employees identified above.

Authorized Inspector:			
	Signature	Title	Date

LOCKOUT/TAGOUT PERIODIC INSPECTION – SUMMARY SHEET

Page ____ of ____

Location	Date
Machine/Equipment Name	I.D. No.
Authorized Inspector (Print)	Title

Record any deviations or inadequacies that need attention:

Deviations or inadequacies to be corrected by (date):

Routed to	Date
Authorized Inspector (signature)	Date

Repairs/corrections have been completed:

Name (signature)	Title	Date
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