PERIODIC LOCKOUT/TAGOUT EMPLOYEE ASSESSMENT FORM

ASSESSOR________________________________________

DATE OF ASSESSMENT________________________________

EMPLOYEE(S) BEING ASSESSED__________________________

EQUIPMENT ASSESSMENT PERFORMED ON___________________

Was notification of affected employees completed prior to beginning lockout/tagout?

YES  NO

Were all sources of energy identified, controlled or relieved? Was this verified by activating equipment controls?

YES  NO

Were correct locks and/or tags used? If locks, were these specifically assigned to the employee?

YES  NO

Does the lockout or tagout device clearly identify who applied the device?

YES  NO

If testing of the equipment was required, did the employee effectively re-energize, de-energize, and return the equipment to the correct locked out or tagged out condition?

YES  NO

Did the employee correctly release the equipment from lockout or tagout?

YES  NO  All tools removed from equipment and all equipment components intact?
YES  NO  Affected employees warned of equipment start-up?
YES  NO  Verified equipment operating controls in off or neutral position?
YES  NO  Removed the lockout/tagout device and energized equipment?
YES  NO  Notified affected employees of equipment status?

NOTES/COMMENTS/RECOMMENDATIONS:

Effective Date: November 1, 2011