



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: