

## ANNUAL INSPECTION CHECKLIST OF LOCKOUT/TAGOUT PROCEDURES

Date: \_\_\_\_\_ Location: \_\_\_\_\_

Equipment: \_\_\_\_\_

Name of Inspector: \_\_\_\_\_ Title \_\_\_\_\_

Name of Inspector: \_\_\_\_\_ Title \_\_\_\_\_

Machine(s) or Equipment: \_\_\_\_\_

		Yes	No
1	Has there been a change in job assignments, machines, equipment or processes that present a new hazard? If so, have employees been retrained in the new LOTO procedure?		
2	Are the locks used for LOTO uniquely identified, uniquely keyed, and only used for the purpose of LOTO?		
3	Does the tag used with the lock identify the worker servicing the machine or equipment?		
4	Has equipment/machine specific LOTO training procedures been documented for authorized employees?		
5	Does the employee know where the written LOTO procedures are located?		
6	Does the employee notify affected employees and all other employees in the area of the LOTO procedure?		
7	Does the employee identify all hazardous energy sources for the equipment to be locked out?		
8	Does the employee demonstrate the proper procedures for shutting down, isolating, blocking and securing machines or equipment necessary for LOTO procedure?		
9	Does the employee demonstrate the proper steps for the placement, removal and transfer of LOTO devices?		
10	Does the employee use the proper methods to verify the energy control procedures were effective?		
11	Before releasing the machine or equipment from LOTO, does the employee do the following:		
	A. Inspect the machine or equipment to ensure its components are operationally intact?		
	B. Ensure that all employees are safely positioned?		
	C. Notify affected employees and all other employees in the area that the LOTO devices have been removed		

12	Has the employee been retrained where needed, if applicable?		
13	Have all employees been properly trained and provided with PPE		
14	Have all inmates been properly trained and provided with PPE		

**Authorized Employees/Inmates Observed  
 (Print name)**

1.	2.
3.	4.
5.	6.
7.	8.
9.	10.
11.	12.
13.	14.
15.	16.
17.	18.
19.	20.

**CERTIFICATION**

I hereby certify that a periodic inspection was performed on the Lockout/Tagout Program utilized by the Oklahoma Department of Corrections indicated above on the aforementioned machine and/or equipment to ensure the procedure and requirements of OSHA 29 CFR 1910.147 (Control of Hazardous Energy Lockout/Tagout) are being satisfied. The findings of this inspection will be reviewed by the facility Safety Consultant/Designee for any corrective actions necessary.

Safety Consultant/Designee: \_\_\_\_\_ Date: \_\_\_\_\_  
 Maintenance Administrator: \_\_\_\_\_ Date: \_\_\_\_\_  
 Facility/District Head: \_\_\_\_\_ Date: \_\_\_\_\_