## **OSHA Lockout/Tagout (LOTO) Inspection**

Workplace Name/Location					
Date of Inspection	Inspector Name				
startup of machines and equip	nsure compliance with OSHA's Lockout/Tagout Standard (29 CFR 1910.147 ment. Carefully review each item and mark the corresponding checkbox to in tes/Observations" section to provide additional details, corrective actions, and	ndicate compliance o	r note any		
LOCKOUT/TAGOUT PROG	RAM				
Written Program: Verify the	presence and availability of a written Lockout/Tagout program.		Yes	No	NA
Program Content: Check if the	7(c).	Yes	No	NA NA	
Training Requirements: Ens		Yes	No	NA	
Observations / Notes / Corrective actions, if any:					
ENERGY CONTROL PROC	EDURES  Ires: Review energy control procedures for each piece of equipm	nent.	Yes	No	□ NA
Authorized Employees: Veri		Yes	No	NA NA	
Procedure Review: Ensure t		Yes	No	NA NA	
Observations / Notes / Corrective actions, if any:					
LOCKOUT DEVICES					
Availability: Check if an adequ		Yes	No	NA NA	
Durable and Identifiable: Ensure that lockout devices are durable and easily identifiable.				No	NA
Lock Removal: Verify that only the employee who applied the lockout device can remove it.				No	NA NA
Observations / Notes / Corrective actions, if any:					

## **TAGOUT DEVICES** Yes No Tag Information: Check that tagout devices include a warning against energizing the equipment. Durable and Secure: Ensure that tagout devices are durable and securely attached. Yes No Limitations: Verify that tagout devices are not used as a substitute for lockout devices. Yes No NA Observations / Notes / Corrective actions, if any: TRAINING AND INSTRUCTION Yes NA No Lockout/Tagout Training: Review training records to ensure employees receive proper training. Procedure Understanding: Verify that employees understand Lockout/Tagout procedures. Yes No NA Retraining: Ensure that employees are retrained when there are changes in procedures or equipment. NA Yes No Observations / Notes / Corrective actions, if any: PERIODIC INSPECTIONS Yes No Inspection Records: Review inspection records for Lockout/Tagout devices and procedures. Regular Inspections: Ensure that periodic inspections are conducted at least annually. Yes NA No Corrective Actions: Verify that identified deficiencies are promptly corrected. NA Yes No Observations / Notes / Corrective actions, if any: **GROUP LOCKOUT / TAGOUT** Procedures: Check if procedures for group Lockout/Tagout are in place when multiple employees work on NA Yes No the same equipment. Yes No NA Communication: Ensure that effective communication methods are used during group Lockout/Tagout. Yes NA No Coordination: Verify that the release of Lockout/Tagout devices is coordinated among the employees. Observations / Notes / Corrective actions, if any:

ADDITIONAL NOTES/OBSERVATIONS							
[Insert any additional notes or Lockout/Tagout checklist observations made during the inspection]							
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STATEMENT OF INSPECTION  Liberalty partify that I have conducted the above OCITA Lackaut/Tagget about inspection and that the workplace is in compliance with OCITA's							
I hereby certify that I have conducted the above OSHA Lockout/Tagout checklist inspection and that the workplace is in compliance with OSHA's Control of Hazardous Energy (Lockout/Tagout) Standard. Any identified issues have been documented, and necessary corrective actions have been							
recommended.							
Inspector's Name	:		Signature	:			
Date	:						
APPROVED BY							
Name			Signature				
ivaine	•		Signature				
Date	:						

