



Annual Lockout / Tagout Procedure Inspection

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Instructions: Perform an inspection of lockout/tagout procedures on an annual basis. The inspection will be performed by a supervisor.

Date	Business Unit	Location	
Supervisor		Phone	
Equipment/Machine or Description:			
TYPE OF ENERGY THAT IS ISOLATED (CHECK ALL THAT APPLY)			
<input type="checkbox"/> Electrical	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Hydraulic	<input type="checkbox"/> Pneumatic
<input type="checkbox"/> Residual Stored Energy	<input type="checkbox"/> Chemicals	<input type="checkbox"/> Gravity	<input type="checkbox"/> Pressurized Liquids/Gases
			<input type="checkbox"/> Thermal
			<input type="checkbox"/> Other (List)
Review the energy control procedure and employee responsibilities with the involved employees and complete the following.			
		Yes	No
1. Is the Lockout/Tagout Procedure being followed and used correctly?			
2. Do the involved employees understand their responsibilities under the procedure?			
3. Is a copy of the Equipment Specific Isolation Procedure on location?			
4. Are there any inadequacies in the employees' knowledge, abilities, or use of the procedure?			
5. Does the procedure provide adequate instructions to protect personnel from injury?			
Corrective Action: Address "no" answers by creating and implementing corrective actions. List the corrective actions below.			
Corrective Action	Action Assigned To	Due Date	
AUTHORIZED/AFFECTED PARTICIPANTS (Print names)			
1.	6.	11.	16.
2.	7.	12.	17.
3.	8.	13.	18.
4.	9.	14.	19.
5.	10.	15.	20.
APPROVAL			
Supervisor: (Print) _____ (Sign) _____ (Date) _____			

Inspection to be retained for two (2) years.

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