Carnegie Mellon University
Environmental Health & Safety
FIRE | LAB | WORK

Lockout/Tagout Inspection Form

Inspection Date:	
Inspector Name:	
Inspector Name:	
Employee Inspected:	
Employee Inspected:	
Employee Inspected:	
Employee Inspected:	

Machine/Equipment involved in LO/TO activities:

Inspection Questions	Yes	No*
1. Have all affected personnel been notified of the LO/TO activities and the equipment that will be involved?	☐	☐
2. Do employees have adequate LO/TO devices for the work occurring? (hasp, cable lock, circuit breaker lockout, equipment locks, etc)	☐	☐
3. If more than one energy source was isolated, was the lock placement verification form filled out correctly?	☐	☐
4. Does each employee have their personal safety lock secured to the group lockout device (hasp, group lockout box)?	☐	☐
5. Was a LO/TO procedure used to lockout the equipment? If yes, what procedure was used?	☐	☐
	Procedure:	
6. If work will continue beyond one shift, has the continuity lock and appropriate tag been applied?	☐	☐

*****If any answer is No, identify what follow-up actions are needed to correct the observation (retraining, update to procedure, additional LOTO supplies, etc.)

Comments/Observations

Provide completed form to EHS