



Lockout/Tagout Inspection Form

* Download to complete form

Inspection Date:		
Inspector Name:		
Inspector Name:		
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