

FACILITIES SERVICES STANDARD PRACTICE

TITLE:
**FACILITIES SERVICES
LOCKOUT/TAGOUT AUDIT CHECKLIST**

INSTRUCTION NUMBER:
33-4016.7

LOCKOUT/TAGOUT AUDIT CHECKLIST

1. INFORMATION	
Inspector(s):	Location/Building:
Date of Inspection:	Room Number:
Time of Inspection:	Equipment Name:
Name(s) of Authorized Employee(s) Inspected:	

2. LOTO PROCEDURE	Yes	No	N/A
1. Were all Affected Employees notified that the equipment was going to be Locked out/Tagged out?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Were the hazardous energy sources and the associated energy isolating devices correctly identified and located?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Was the equipment shutdown performed correctly?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Were the energy-isolating devices operated so that the equipment was isolated from the hazardous energy sources?	<input type="checkbox"/>	<input type="checkbox"/>	
5. Were the lockout/tagout devices placed on the energy isolating devices?	<input type="checkbox"/>	<input type="checkbox"/>	
6. Were the correct lockout/tagout devices used?	<input type="checkbox"/>	<input type="checkbox"/>	
7. Were the potentially hazardous stored energies relieved, restrained or otherwise rendered safe?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Was the isolation of hazardous energy sources verified to be effective, by testing with appropriate instrumentation and/or by operating the normal equipment operating controls after ensuring that no personnel were exposed?	<input type="checkbox"/>	<input type="checkbox"/>	
9. Were the equipment controls returned to the neutral or off position after verifying that the equipment would not start-up or cycle?	<input type="checkbox"/>	<input type="checkbox"/>	
10. Were additional procedures dealing with: shift or personnel change; group lockout/tagout; and testing/positioning of equipment followed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Were unique lockout/tagout requirements for this equipment written in the procedure and followed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PREPARED BY: GLA
APPROVED BY: WEB

DATE OF ISSUE: 3/23/22
SUPERSEDES: NA

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Notes:

1. All "No" responses require corrective action with dates for completion. Use the space below to specify.
2. All employees authorized to implement the procedure but not present for this inspection must review the results. This can be accomplished for example by a meeting or electronic note.
3. Department managers must retain the completed inspection forms for audit purposes.
4. Copies of all LOTO audits must be forwarded to the Electrical Safety Program Chair for record keeping purposes and evaluation of program effectiveness.

3. DEFICIENCIES - COMMENTS – OBSERVATIONS-CORRECTIVE ACTIONS

I certify completion of the inspection. All employees who are authorized to perform the procedure have reviewed the inspection results and are aware of their responsibilities.

Manager's or Supervisor's Name: _____

Manager's or Supervisor's Signature: _____

Date: _____ Department: _____

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