

APPENDIX 1



Periodic Inspection Checklist

Date:		Area/Dept.:		
Equip/Process:		Inspector(s):		
Task:				
Type of Lockout/Tagout Procedures Utilized (Check all that apply):				
<input type="checkbox"/>	Electrical- Flexible Cord- Exclusive Control	<input type="checkbox"/>	Hydraulic- Stored Energy- Lock	
<input type="checkbox"/>	Electrical- Flexible Cord- Plug Lockout	<input type="checkbox"/>	Hydraulic- Ball Valve- Locking Cap	
<input type="checkbox"/>	Electrical-Disconnect-Lock	<input type="checkbox"/>	Process- Gate Valve- Locking Cap	
<input type="checkbox"/>	Electrical- Breaker Switch- Switch Device	<input type="checkbox"/>	Process- Line- Break in Line	
<input type="checkbox"/>	Electrical Fuse Block- Block Device	<input type="checkbox"/>	Process- Line- Cable or Chain	
<input type="checkbox"/>	Electrical- PLC- Lock	<input type="checkbox"/>	Mechanical- Block- Pin	
<input type="checkbox"/>	Pneumatic- Quick Disconnect- Locking Cap	<input type="checkbox"/>	Mechanical- Mobile Equipment- Block	
<input type="checkbox"/>	Pneumatic- Ball Valve- Locking Cap	<input type="checkbox"/>	Mobile Equipment- Ignition- Key Control	
Other (please explain):				
Authorized Workers:		Craft/Title:		
1.				
2.				
3.				
4.				
5.				
#	Questions:	Yes	No	N/A
1.	Were the affected personnel notified of the work to be performed?			
2.	Is a written procedure available for the task?			
3.	If Yes to #2, was it followed?			
4.	If Yes to #2, is the procedure adequate?			
5.	If No to #2, is a procedure needed?			
6.	Did each authorized employee know what energy sources to isolate?			
7.	Are the proper energy control devices being used?			
8.	Did authorized employee(s) verify equipment is safe after lockout?			
9.	Was the on/off switch returned to "off" position following verification?			
10.	Did each authorized employee on the job have his or her personal lock and tag attached to all isolation points on the equipment or device?			
11.	Is the tag properly filled out (User clearly identified)?			
12.	Does the authorized employee have sole control of his/her key?			
13.	Have authorized employees responsibilities been reviewed with them?			
14.	Did authorized employees understand their responsibilities under the energy control procedure being inspected?			
15.	Was the procedure found to be correct/without deficiency? If not, what was corrected?:			