

AUDIT FORM

Complete form each time an energy control procedure is audited.

EQUIPMENT/PROCEDURE AUDITED: _____

DEPARTMENT: _____

CHECKLIST

____ Affected employees notified prior to starting the lockout procedure that maintenance/repair will to be performed.

____ Employee(s) utilized the hazardous energy procedure to properly identify each energy isolating device (valves, breakers, blinds, switches, etc.).

____ Employee(s) obtained sufficient LOTO devices and locks to perform the job.

____ Employee(s) had locks and tags applied where required.

____ Employee(s) properly verified all hazardous energy was controlled (equipment could not operate).

____ Employee(s) verified covers in place and personnel clear for prior to lock removal.

____ Each individual involved removed their own lock(s).

____ If a tag was used without a lock, locking was infeasible and tag was legible and appropriately placed to identify control of energy.

____ Employee(s) properly notified affected before restoring power to equipment.

____ Employee(s) restored power and verified proper operation of equipment before departing, OR identified problem as not repaired and repeated proper lockout procedures.

Name of Worker Involved: _____

Name of Worker Involved: _____

Name of Worker Involved: _____

Name of Worker Involved: _____

Name of Worker Involved: _____

Recommendations: _____

Comments: _____

Audit Completed By: _____

Name/Title

Signature