



## LOCKOUT/TAGOUT ISOLATION VERIFICATION

Facility: \_\_\_\_\_

Date Installed: \_\_\_\_\_

Date Removed: \_\_\_\_\_

Person Completing Form: \_\_\_\_\_

Energy Control Proc. No: \_\_\_\_\_

Equipment to be Isolated: \_\_\_\_\_

Reason For Isolation: \_\_\_\_\_

Lockout Procedure Checklist	Yes	No	N/A
1. Has the Task Supervisor and/or "Authorized Employee" been assigned and is aware that he is responsible for the personnel adhering to the lockout/tagout procedures? (Note: The Task Supervisor and/or "Authorized Person" is assigned by the Supervisor or PIC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you an "authorized employee"? (Note: Supervisor or PIC determine the employees, who by virtue of their training and experience, are "authorized employees")	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Has the Task Supervisor or "Authorized Person" verified the placement of the locks and/or tags?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are all locks singularly identified (color, shape or size)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are all your tags standardized on your facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Was an energy control procedure used for this isolation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Did you install a tag on each lock or energy isolation device identifying yourself, the date applied and purpose for the isolation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Are all energy-isolating devices which are capable of being locked out, are locked and tagged out using a key type lock and LOTO warning tag?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Have all the sources of electrical power been isolated, locked and tagged out on this equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you isolated the entire inlet and outlet piping to the affected equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Has a tagout system been used in lieu of a lock due to the incapacity of lock installation? (Note: When tags are used in lieu of a lock, additional safety precautions should be used. (i.e., removal of the isolation circuit, blocking of a controlling switch, opening of an extra disconnect device etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Are all blinds used for isolation either tagged by each affected employee, or if a lockbox is being used, is each blind tagged with a two-part numbered tag or a lock and tag installed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Has the Isolation Log been completed correctly and are <b>All</b> isolation points identified on the log?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Are <b>ALL</b> keys to <b>ALL</b> the isolation locks in your possession or secured inside a lockbox?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. If using a lockbox and the job will extend more then one shift, have you placed a "job lock" on the lockbox?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Have you attached a "personal lock" and tag to each isolation device or to a lockbox?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Is the key for your personal lock(s) in your possession at all times, while the locks are in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Has each "Affected Employee" in the workgroup placed a "personal lock and tag on each isolation device or on a lockbox?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Has a pre-job briefing been conducted and all Affected Employees comfortable with the isolation of all energy sources?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature of Task Supervisor or "Authorized Person": \_\_\_\_\_

**Yes    No    N/A**

**On completion of the work, have all the lockout/tagout devices been removed?**

      

**Note:** (This should be verified by using the Isolation Log as a reference.)