

PURDUE UNIVERSITY

**LOCKOUT/TAGOUT PROGRAM:  
Periodic Inspection of Energy Control Procedures**

**NOTE: Inspector must take existing Energy Control Procedures to inspection site**

Department: \_\_\_\_\_ Building: \_\_\_\_\_ Date: \_\_\_\_\_

Location/Area: \_\_\_\_\_

Equipment/Machine: \_\_\_\_\_

Inspector: \_\_\_\_\_

Authorized Employee(s) Involved: \_\_\_\_\_

Review the current lockout/tagout procedures and answer the following questions:

			Corrective Action
1. Are all energy sources identified?	<input type="checkbox"/> Yes	<input type="checkbox"/> NO	
2. Are methods of energy control sufficient?	<input type="checkbox"/> Yes	<input type="checkbox"/> NO	
3. Are lockout devices durable?	<input type="checkbox"/> Yes	<input type="checkbox"/> NO	
4. Are lockout devices standardized (color, shape, or size)?	<input type="checkbox"/> Yes	<input type="checkbox"/> NO	
5. Are lockout devices substantial?	<input type="checkbox"/> Yes	<input type="checkbox"/> NO	
6. Are the correct hasps available?	<input type="checkbox"/> Yes	<input type="checkbox"/> NO	
7. Was tag filled out completely and attached?	<input type="checkbox"/> Yes	<input type="checkbox"/> NO	
8. Is all stored energy released?	<input type="checkbox"/> Yes	<input type="checkbox"/> NO	
9. Did employee follow steps as written?	<input type="checkbox"/> Yes	<input type="checkbox"/> NO	
10. Do changes need to be made to the written procedure?	<input type="checkbox"/> Yes	<input type="checkbox"/> NO	
11. Additional Comments:			

**Certification:**

This energy control procedure is adequate (or modified as noted above). The inspector has reviewed appropriate responsibilities with the Authorized Employee(s)

Inspector's Signature:

\_\_\_\_\_

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

Authorized Employee's Signature:

\_\_\_\_\_

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