

Lockout/Tagout Inspection Checklist

Company Name: _____ Plant: _____

Person Conducting Inspection: _____ Date: _____

Machine or equipment being repaired or serviced: _____

Type of work being done: _____

List employees performing the work and whether or not they were following proper procedures according to their instructions and training:

Name	Yes	No	Name	Yes	No
_____	___	___	_____	___	___
_____	___	___	_____	___	___
_____	___	___	_____	___	___
_____	___	___	_____	___	___
_____	___	___	_____	___	___
_____	___	___	_____	___	___

List any deficiencies noted and any retraining that was given:

Signature of Person Making Inspection

Date of Inspection