

**UNIVERSITY OF ROCHESTER  
ENVIRONMENTAL HEALTH & SAFETY**

<b>Policy No.: OS002</b>	<b>Approved by: Michael Liberty</b>
<b>Title: Control of Hazardous Energy (Lockout/Tag out)</b>	<b>Date: 10/24/19</b>
<b>Revision No.: 4</b>	<b>Page 21 of 21</b>
<b>Prepared by: Chris Widmer</b>	

**Appendix D: Lockout/Tagout Evaluation Checklist**

<b>SECTION I: GENERAL INFORMATION</b>		
<b>Date:</b>	<b>Supervisor(s):</b>	
<b>Authorized Employee(s):</b>		
<b>Affected or Other Employee(s):</b>		
<b>Specify equipment &amp; location where the LOTO procedure is being used:</b>		
<b>Is the inspector an “authorized employee”?</b> <b>(Employees may not inspect their own procedures)</b>	<b>Yes</b>	<b>No</b>
<b>SECTION II: LOCKOUT/TAGOUT PROCEDURE</b>		
<b>(1)</b> Were all “affected” and “other” employees verbally notified of the lockout?	<b>Yes</b>	<b>No</b>
<b>(2)</b> Were operational controls turned to the “Off” position prior to lockout?	<b>Yes</b>	<b>No</b>
<b>(3)</b> Were all energy sources turned to the “Off” or “Safe” position?	<b>Yes</b>	<b>No</b>
<b>(4)</b> Were lockout devices and locks properly attached to each energy isolation device?	<b>Yes</b>	<b>No</b>
<b>(5)</b> Were warning tags indicating the authorized employee’s name and the date attached to each energy isolation device?	<b>Yes</b>	<b>No</b>
<b>(6)</b> Was all stored energy properly controlled? (Pneumatic & hydraulic energy bled, suspended parts lowered, etc)	<b>Yes</b>	<b>No</b>
<b>(7)</b> Was an attempt made to restart the equipment or otherwise ensure the effectiveness of the lockout prior to beginning the service work?	<b>Yes</b>	<b>No</b>
<b>(8)</b> If a group lockout was required, did all authorized employees attach their own locks and tags to each energy isolation device?	<b>Yes</b>	<b>No</b>
<b>(10)</b> Were all locks and devices properly removed after servicing?	<b>Yes</b>	<b>No</b>
<b>(11)</b> Were all “affected” and “other” employees verbally notified when the lockout was complete?	<b>Yes</b>	<b>No</b>
<b>SECTION III: INSPECTION RESULTS AND SIGNATURES</b>		
Please fully explain all “No” responses and note any other deficiencies that are not specifically covered by a checklist item:		
Authorized Employee Name:		
<b>Signature:</b>	<b>Date:</b>	
Supervisor Name:		
<b>Signature:</b>	<b>Date:</b>	