**Lock Out/Tag Out Inspection**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DESCRIPTION** | | | | | | | | | |
| **Date Started:** | | **/ /**  **Year Month Date** | | | | **Date Completed:** | | | **/ /**  **Year Month Date** |
| **Main Purpose for the Inspection:** | |  | | | | | | | |
| **Employee Name:** | |  | | | | **Checked By:** | | |  |
| **Function Area:** | |  | | | | **Associated Areas:** | | |  |
| **LOCK OUT/TAG OUT** | | | | | | | | | |
| **A – Acceptable, NI – Needs Improvement, U – Unacceptable, N/A - Not Applicable** | | | | | | | | | |
| **No.** | **Item Description** | | **A** | **NI** | **U** | | **N/A** | **Comments** | |
| 1 | An FLHA has been conducted | |  |  |  | |  |  | |
| 2 | Isolation lists are signed off and verified before the permit is issued | |  |  |  | |  |  | |
| 3 | Work authorization obtained before work, including maintenance work | |  |  |  | |  |  | |
| 4 | Equipment Isolation Form and Blind/Blank Sheet have been completed | |  |  |  | |  |  | |
| 5 | Safe energy has been verified and locks are installed at the isolation points | |  |  |  | |  |  | |
| 6 | Isolation tags clearly identify the Operations/Maintenance owner | |  |  |  | |  |  | |
| 7 | Double block and bleed valves are open and safely directed (I.e. are not creating line of fire hazards) | |  |  |  | |  |  | |
| 8 | Each worker performing work on de-energized equipment has a personal lock | |  |  |  | |  |  | |
| 9 | Group locking procedures are available and used in all required group work | |  |  |  | |  |  | |
| 10 | Work authorization process and procedures exist if a lock must be removed, but worker who installed lock is no longer available. | |  |  |  | |  |  | |
| 11 | (*add as appropriate*) | |  |  |  | |  |  | |