



Lock Out/Tag Out Inspection

DESCRIPTION						
Date Started:	/ /		Date Completed:		/ /	
	Year	Month	Date		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)					