UCONN
ENVIRONMENTAL HEALTH AND SAFETY

Periodic Lockout/Tagout Inspection Form

Directions:

- Conduct periodic inspections **at least annually**
- Use one form for each machine or equipment that has a written Lockout/Tagout Procedure
- Keep original, completed form **on file**, and send a copy to **EHS**, Unit 4097, FAX 6-1106 or ehs@uconn.edu

Department/Shop:	**Unit:**	**Date:**
Machine/Equipment Inspected:		

Employees included in the inspection:

1.	2.	3.
4.	5.	6.
7.	8.	9.

Review the Lockout/Tagout Procedures and employee responsibilities with authorized employees; complete the following:

1. Do the employees understand the Lockout/Tagout Procedures and their responsibilities under the University Lockout/Tagout Program?
[ ] YES [ ] NO If no, indicate corrective action taken:

_____

2. Do the employees follow the Lockout/Tagout Procedures?
[ ] YES [ ] NO If no, indicate corrective action taken:

_____

3. Are the established Lockout/Tagout Procedures effective to provide full protection?
[ ] YES [ ] NO If no, indicate corrective action taken:

_____

4. Other discrepancies noted and corrective actions taken:

_____

_____

Person(s) Conducting Inspection:

Name:	Signature:	Department:
Name:	Signature:	Department: