APPENDIX C
LOCKOUT-TAGOUT ANNUAL REVIEW CHECKLIST
(To Be Completed by Authorized Employee)

1. Identification and Location of Equipment or Machinery to Be Serviced
   a. ____________________________________________________________

2. Name(s) of Authorized Employee(s) performing the Lock/Tagout
   a. ____________________________________________________________

3. Name(s) of Affected Employees; Date, Time, and Method of Notification for Item 4:
   a. ____________________________________________________________
   b. ____________________________________________________________
   c. ____________________________________________________________
   d. ____________________________________________________________
   e. ____________________________________________________________
   f. ____________________________________________________________
   g. ____________________________________________________________
   h. ____________________________________________________________
   i. (use additional sheet if needed; and refer to item number)

4. Have all affected employees been notified that servicing or maintenance is required on a machine or equipment and that the machine or equipment must be shut down and locked out and/or tagged out to perform the servicing or maintenance.
   a. Yes _____  No ______
   b. Do not proceed until all affected employees have been notified.

5. Identification of type and magnitude of the energy that the machine or equipment utilizes
   a. ____________________________________________________________

6. Nature of the hazards of the energy
   a. ____________________________________________________________
   b. ____________________________________________________________
7. Methods for controlling the energy
   a. ____________________________________________
   b. ____________________________________________

8. Is the machine or equipment operating?
   a. Yes _____ No _____
   b. If "No," go to Step 10.

9. If the machine or equipment is operating, shut it down by the normal stopping procedure (depress stop button, open switch, close valve, etc.). Identify type(s) and location(s) of machine or equipment operating controls and the normal stopping procedure:
   a. ____________________________________________
   b. ____________________________________________

10. Machine or equipment shut down?
    a. Yes _____

11. Identify type(s) and location(s) of energy isolating devices for machine or equipment.
    a. ____________________________________________
    b. ____________________________________________

12. De-activate the energy isolating device(s) so that the machine or equipment is isolated from the energy source(s).
    a. Energy isolating device(s) de-activated __________

13. Lock out the energy isolating device(s) with assigned individual lock(s).
    a. Energy isolating device(s) Locked out: ________

14. Identify potential sources and types of stored or residual energy (such as that in capacitors, springs, elevated machine members, rotating flywheels, hydraulic systems, and air, gas, steam, or water pressure, etc.).
    a. ____________________________________________
    b. ____________________________________________
15. Identify method(s) for dissipating or restraining stored or residual energy (by methods such as grounding, repositioning, blocking, bleeding down, etc.):
   a. ____________________________________________________________
   b. ____________________________________________________________

16. Residual or stored energy dissipated or restrained: ______

17. Identify method(s) of verifying the isolation of the equipment (e.g., by operating the push button or other normal operating control(s) or by testing to make certain the equipment will not operate:

   ____________________________________________________________

   ____________________________________________________________

18. Checked to determine that no personnel are exposed: ______

19. Isolation of equipment and disconnection from energy source verified: ______

20. Operating control(s) returned to neutral or "off" position after verifying the isolation of the equipment: ______

LOCKOUT OR TAGOUT

21. Is the energy isolating device capable of being locked out?
   a. Yes ____  No ____

22. If "yes," lockout utilized: ______

23. If "no," tagout utilized: ______

UPON COMPLETION OF SERVICING OR MAINTENANCE

24. Machine or equipment and the immediate area checked to ensure that nonessential items have been removed and that the machine or equipment components are operationally intact: ______

25. Work area checked to ensure that all employees have been safely positioned or removed from the area: ______

26. Verified that the controls are in neutral: ______.

27. Removed the lockout or tagout devices and reenergized the machine or equipment ______:
   a. If needed, reenergized machine prior to removal of blocking: ______.

28. Affected employees notified that the servicing or maintenance is completed and the machine or equipment is ready for use: ______
REVIEW FINDINGS

29. Deviations or inadequacies observed: _______________________________________

30. Recommendations for corrective action: _____________________________________

31. Corrective action taken: ____________________________________________________

___________________________________________

Authorized Employee Performing the Review (Signature)

___________________________________________

Authorized Employee Performing the Review (Printed)

___________________________________________

Date & Time of the Review