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