APPENDIX D

DEPARTMENT NAME

ANNUAL PROGRAM EVALUATION FOR LOCKOUT PROCEDURES

Machine / Equipment Name: _____________________________________________________

Location: ____________________________________________________________________

Energy sources identified: Yes No

____________________________________________________________________________

Affected employees notified: Yes No

____________________________________________________________________________

Authorized employee performed the lockout: Yes No

Name: ______________________________________________________________________

Lockout procedures followed: Yes No

____________________________________________________________________________

Machine / Equipment systems were re-energized properly: Yes No

____________________________________________________________________________

Comments: ___________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

Lockout Evaluation Observed by: Print Name

Employee: ___________________________________________________________________

Employee: ___________________________________________________________________

Employee: ___________________________________________________________________

Employee: ___________________________________________________________________

Employee: ___________________________________________________________________

Employee: ___________________________________________________________________

Evaluation Performed By: _______________________________________________________

Date of evaluation: ____________________________________________________________