

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: _____