# **Lockout/Tagout Program**

### Periodic Evaluation Form

1. 2.	2. Explain any unsatisfactory evaluation (a "No" answ the end of the form.	er) and provide a corrective action for it in the Action Plan at			
3.	3. Evaluation is to be completed by an authorized em	ployee who is not directly involved in the lockout activity.			
Da	Date: Evaluator:	Evaluator:			
De	Description of activity being evaluated:				
	· · · · · · · · · · · · · · · · · · ·				
	EVALUATI	ON QUESTIONS:			
	1. Are all energy isolating devices associated with the equipm	ent or machinery being evaluated locked in the off position or			
C	otherwise secured from movement?  Yes	No No			
2 1	2.1s lockout performed with the required locks and tags?				
		No			
3.1	3. Does the tag identify the employee who is performing the r	naintenance, and is it attached to the lock properly?			
4.7	4. Are employee(s) involved in maintenance activity using ind  Yes	ividual locks in the appropriate a reas?			
	isolating devices /release stored energy/verify control) for loc	notify affected employees /stop machinery/control energy/ attach king out equipment?  No			
	6. Can authorized employees explain the procedures (notify a devices/restore energy/verify proper operation) for restoring of Yes				
7.7	7. Are authorized employees a ware of the type, magnitude, a Yes	nd hazards of energy sources?			
8. Are all affected employees notified of the work being performed, and do they understand they are not to attempt the start					
ma	machinery?  Yes	No			
9.0	9. Can affected employees describe the general purpose of th  Yes	e company lockout program?			
10	10. If required, was the machine-specific lockout description f	or this piece of machinery accurate and up-to-date?			



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1.	Once the evaluation of this particular lockout activity has been made, the following program evaluations need to be performed:
A.	Review all machine-specific lockout descriptions. Have any modifications been made to the electrical, hydraulic, or pneumatic systems, the blocking devices, piping, equipment, etc. that would require changes to be made to the machine-specific lockout description?  Yes  No
B.	Evaluate changes to work areas since the last periodic evaluation. Has any new machinery or equipment been purchased or installed that needs to have a "machine-specific lockout description" developed?  Yes  No  No

#### Action Plan for All Unsatisfactory Items in the Periodic Evaluation Form

EXPOSURE	CORRECTIVE ACTION NEEDED	RESPONSIBLE PERSON AND TARGET DATE	STATUS