

LOCKOUT ANNUAL REVIEW

ANNUAL REVIEW INFORMATION			
Department:		Date:	
Supervisor:		Reviewer:	

	Yes	No
1. Are department personnel who conduct work covered by this manual trained as Lockout Authorized Employees? List those who are trained and those who are not trained but need it.	<input type="checkbox"/>	<input type="checkbox"/>
2. Are department Lockout Authorized Employees familiar with and follow the General Lockout Procedure?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have Energy Control Procedures been developed in accordance with the General Lockout Procedure? List Energy Control Procedures needed and whether they have been developed.	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the department have adequate locks, tags, and lockout devices? List what is needed and whether or not the department has them.	<input type="checkbox"/>	<input type="checkbox"/>
5. Does the department conduct Group Lockout? Review procedure.	<input type="checkbox"/>	<input type="checkbox"/>
6. Does the department conduct lockout work across shift/personnel changes? Review procedure.	<input type="checkbox"/>	<input type="checkbox"/>
7. Does the department have an Emergency Lock Removal procedure? Review key security method and list persons who will implement the Emergency Lock Removal procedure/form.	<input type="checkbox"/>	<input type="checkbox"/>
8. Have Lockout Authorized Employees demonstrate Energy Control Procedures or General Lockout Procedure as appropriate. List Energy Control Procedures demonstrated and the Lockout Authorized Employee who demonstrated.	<input type="checkbox"/>	<input type="checkbox"/>