

# Annual LOTO Periodic Inspection Checklist

## LOTO Compliance Hub

Facility Name: \_\_\_\_\_ Date of Inspection: \_\_\_\_\_

Inspector Name: \_\_\_\_\_ Inspector Title: \_\_\_\_\_

Equipment/Procedure Being Reviewed: \_\_\_\_\_

Authorized Employee Being Observed: \_\_\_\_\_

### SECTION 1: Energy Control Procedure Review

Item	Yes	No	N/A	Notes
Written energy control procedure exists for this equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Procedure identifies all energy sources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Procedure includes specific isolation devices and locations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Procedure includes steps for stored/residual energy dissipation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Procedure includes verification of isolation steps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Procedure matches current equipment configuration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Procedure is accessible to authorized employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

### SECTION 2: Employee Knowledge Verification

Item	Yes	No	N/A	Notes
Authorized employee can describe the purpose of the energy control procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Authorized employee can identify all energy sources for this equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Authorized employee can locate all energy isolation devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Authorized employee demonstrates proper lockout/tagout device application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Authorized employee knows the sequence for stored energy dissipation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Authorized employee demonstrates proper verification of isolation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Authorized employee understands responsibilities under the standard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

### SECTION 3: Hardware and Device Inspection

Item	Yes	No	N/A	Notes
Lockout devices are durable and standardized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tagout devices are durable, standardized, and legible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Locks and tags are singularly identified (assigned to one person)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Adequate supply of lockout/tagout devices available	[ ]	[ ]	[ ]	_____
Group lockout/tagout provisions are adequate (if applicable) [ ]	[ ]	[ ]	[ ]	_____

## SECTION 4: Findings and Corrective Actions

Findin g #	Description	Severity	Corrective Action	Responsible Person	Target Date	Completion
1	_____	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____	_____

## CERTIFICATION AND APPROVAL

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Inspector Printed Name: \_\_\_\_\_

Reviewed By (Management): \_\_\_\_\_ Date: \_\_\_\_\_

Management Printed Name: \_\_\_\_\_

**Per 29 CFR 1910.147(c)(6) - Annual Periodic Inspection Required**

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