ock	out-Tagout-Tryout Checkli & Audit Card	st 🏮	UNIVERSIT Inspiring Min		
Re	ason for the lockout:		Date: Time:		
M	achine/Equip/Process:	Location:	Time.		
•	for Implementing Lockout-Tago	ut-Tryout			
	s N/A □ Notify affected employees				
	☐ Shutdown equipment following work method				
☐ Machine, equipment, or process isolation (use MSECP if available)					
	 Application of lockout devices 				
	 Release Stored Energy 				
	□ Verification of isolation (tryout):				
I/A	, note reasons why:				
tho	orized/Primary Person Responsible: _				
eps	to restore equipment to service	!			
s	N/A				
	 Remove equipment & tools from a 	area			
□ Safely position employees from the area					
□ Verify that the controls are in neutral or in the "off" position					
	 Remove the lockout device(s) and 				
	 Notify affected employees that ma 	achina/aguin			
	orized/Primary Person Responsible:	ecimic/equip.	is to be returned to us		
ıtho	orized/Primary Person Responsible:		DALHOUSI UNIVERSIT		
ock	orized/Primary Person Responsible: Cout-Tagout-Tryout Checkli & Audit Card		DALHOUSI UNIVERSIT Inspiring Min		
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 $\hfill\Box$ Notify affected employees that machine/equip. is to be returned to use



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teps for Implementing	Lockout-Tago	ut-Tryout		
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□ Verification of iso	plation (tryout):			
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Steps to restore equip	nent to service	!		
′es N/A □ □ Remove equipme	ent & tools from	area		
☐ Safely position er				
Jarely position erVerify that the co			f" position	
☐ Remove the lock				
□ Notify affected e		_		
f N/A, note reasons why:				
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Reason for the lockout	•		Time:	
Machine/Equip/Proces	is:	Location:	1	
Steps for Implementing	g Lockout-Tago	ut-Tryout		
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□ Notify affected e	mployees			
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f N/A, note reasons why:				
Authorized/Primary Perso	on Responsible:			
Steps to restore equipr	nent to service	!		
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☐ Safely position er☐ Verify that the co	nployees from th	ie area	f" nosition	
□ Verify that the co	mployees from th ontrols are in neu	ie area tral or in the "of	f" position machine/equipmen	

 $\hfill\Box$ Notify affected employees that machine/equip. is to be returned to use

Authorized/Primary Person Responsible:

If N/A, note reasons why:

If N/A, note reasons why:

with the Authorized/Primary Employee responsible and I ensured my with the Authorized/Primary Employee responsible and I ensured my safety in the area that I will be working during this lockout event. safety in the area that I will be working during this lockout event. **Print Names and Contact Information: Print Names and Contact Information: Audit on Active/Current Work Audit on Active/Current Work** No/NA Yes Yes No/NA $\hfill \square$ Were the checklist steps completed to their entirety? ☐ Were the checklist steps completed to their entirety? $\hfill\Box$ Does the LOTO procedure provide adequate employee П ☐ Does the LOTO procedure provide adequate employee protection? protection? ☐ Can each Authorized Employee correctly explain their ☐ Can each Authorized Employee correctly explain their responsibilities under the lockout/tagout procedure being inspected? responsibilities under the lockout/tagout procedure being inspected? $\hfill\square$ Was the isolation of hazardous energy sources verified to be ☐ Was the isolation of hazardous energy sources verified to be effective, by testing with appropriate instrumentation and/or by effective, by testing with appropriate instrumentation and/or by operating the normal equipment operating controls after ensuring operating the normal equipment operating controls after ensuring that no personnel were exposed? that no personnel were exposed? ☐ Were additional procedures dealing with: shift or personnel ☐ Were additional procedures dealing with: shift or personnel change; group lockout/ tagout; and testing /positioning of equipment change; group lockout/ tagout; and testing /positioning of equipment followed? followed? All "No or NA" responses require corrective action with dates for All "No or NA" responses require corrective action with dates for completion. Use the space provided below to specify. completion. Use the space provided below to specify. Auditor Name: Auditor Name: Every person applying a lock during this lockout event is to Every person applying a lock during this lockout event is to read and sign the following: I certify that I have communicated read and sign the following: I certify that I have communicated with the Authorized/Primary Employee responsible and I ensured my with the Authorized/Primary Employee responsible and I ensured my safety in the area that I will be working during this lockout event. safety in the area that I will be working during this lockout event. **Print Names and Contact Information: Print Names and Contact Information: Audit on Active/Current Work Audit on Active/Current Work** Yes Yes No/NA ☐ Were the checklist steps completed to their entirety? ☐ Were the checklist steps completed to their entirety? ☐ Does the LOTO procedure provide adequate employee П □ Does the LOTO procedure provide adequate employee П protection? protection? ☐ Can each Authorized Employee correctly explain their ☐ Can each Authorized Employee correctly explain their responsibilities under the lockout/tagout procedure being inspected? responsibilities under the lockout/tagout procedure being inspected? ☐ Was the isolation of hazardous energy sources verified to be ☐ Was the isolation of hazardous energy sources verified to be effective, by testing with appropriate instrumentation and/or by effective, by testing with appropriate instrumentation and/or by operating the normal equipment operating controls after ensuring operating the normal equipment operating controls after ensuring that no personnel were exposed? that no personnel were exposed? ☐ Were additional procedures dealing with: shift or personnel ☐ Were additional procedures dealing with: shift or personnel change; group lockout/ tagout; and testing /positioning of equipment change; group lockout/ tagout; and testing /positioning of equipment followed? followed? All "No or NA" responses require corrective action with dates for All "No or NA" responses require corrective action with dates for completion. Use the space provided below to specify. completion. Use the space provided below to specify. Auditor Name_ Auditor Name:

Every person applying a lock during this lockout event is to

read and sign the following: I certify that I have communicated

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read and sign the following: I certify that I have communicated