Lockout-Tagout-Tryout Checklist & Audit Card

DALHOUSIE UNIVERSITY *Inspiring Minds*

Reason for the lockout:	Date: Time:
Machine/Equip/Process:	Location:

Steps for Implementing Lockout-Tagout-Tryout

Yes 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):

If N/A, note reasons why:

_____
_____

Authorized/Primary Person Responsible: _____

Steps to restore equipment to service

Yes   N/A
- □   □ Remove equipment & tools from 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 re-energize the machine/equipment
- □   □ Notify affected employees that machine/equip. is to be returned to use

If N/A, note reasons why:

_____
_____

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Authorized/Primary Person Responsible Name & Contact Information:

_____

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Authorized/Primary Person Responsible:

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Every person applying a lock during this lockout event is to read and sign the following: I certify that I have communicated with the Authorized/Primary Employee responsible and I ensured my safety in the area that I will be working during this lockout event.

Print Names and Contact Information:
_____
_____
_____
_____

Audit on Active/Current Work

Yes   No/NA

□   □ Were the checklist steps completed to their entirety?
□   □ Does the LOTO procedure provide adequate employee protection?
□   □ Can each Authorized Employee correctly explain their responsibilities under the lockout/tagout procedure being inspected?
□   □ Was the isolation of hazardous energy sources verified to be effective, by testing with appropriate instrumentation and/or by operating the normal equipment operating controls after ensuring that no personnel were exposed?
□   □ Were additional procedures dealing with: shift or personnel change; group lockout/ tagout; and testing /positioning of equipment followed?

All "No or NA" responses require corrective action with dates for completion. Use the space provided below to specify.

_____
_____
_____
_____

Auditor Name:_____