

LOCKOUT/TAGOUT SPOT CHECK EVALUATION

Instructions:

- Evaluations are to be conducted randomly by both the Department Supervisor and MC-ES personnel on an annual basis.
- Use a separate evaluation form for each Lockout/Tagout project inspected.
- Maintain evaluation records in a safe place.

Campus:	Bldg. & Rm.:	Department/Shop:
Machine/Equipment serviced:	Inspector's Name:	Inspector's Title:

Review the Energy Control Program – Lockout/Tagout procedures and the employee's responsibilities under it. Record your evaluation of each employee who is engaged in the project on the chart below.

Name(s) of Employee(s) Being Evaluated:	_____	_____
Indicate whether employee is the <i>Authorized Employee</i> or an <i>Affected Employee</i> . (check one)	<input type="checkbox"/> Authorized <input type="checkbox"/> Affected	<input type="checkbox"/> Authorized <input type="checkbox"/> Affected
1. Does the employee know and understand the Lockout/Tagout procedures and his/her responsibilities.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is the employee following the Lockout/Tagout procedures?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do the established procedures provide full protection to the authorized and affected personnel engaged in the repair/maintenance activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Were other problems found during the inspection? (If so, list below and indicate corrective measures taken.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Corrective Actions (Use back of page if additional space required.)

Ques. No.	Action Taken

Are additional follow-up measures or employee retraining required?

☐ Yes ☐ No

Signature of Inspector/Evaluator:

Date:
