

**Lockout/Tagout Program Energy Control Plan**

**Procedure, Equipment, or Machine Description** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Identify employees affected by a shutdown. Use name or position:

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Describe who will notify them: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe how they will be notified: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List the type(s) and magnitude(s) of energy, hazards, and means to control:

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List the type(s) and location(s) of machine or equipment operating controls:

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List the location(s) of energy isolating devices:

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List the type(s) of stored energy (for example, capacitors, flywheels, hydraulic systems, air, gas, steam, or water pressure) and the methods to dissipate or restrain them.

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| **Stored Energy** | **Method Of Restraint** |
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Describe the method of verifying the isolation of the equipment:

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**Lockout/Tagout Program Periodic Inspection**

PROCEDURE:

1. Perform inspections annually.
2. An authorized employee, not involved in the lockout/tagout, performs inspections.
3. An inspection includes:
	1. Verification of the energy control procedure through random audit and planned visual observation.
	2. For lockout, it includes a review of each authorized employee's responsibilities at a group meeting
	3. For tagout, responsibilities are reviewed individually.
4. Note any deficiencies and the date and manner of correction.
5. Sign and date the inspection.

Department Inspected \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Area Inspected \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referenced Energy Control Plan: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Inspection Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Inspector Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Program: \_\_\_\_ Lockout \_\_\_\_ Tagout \_\_\_\_\_ Group Lockout

Deficiencies Noted:

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Date(s) Corrected \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Corrective Action:

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Inspector Reviewed Responsibilities with Authorized Employees Listed below:

Date of Review \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Authorized Employees** |
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Inspector Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Completed \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Copy to EHS office.