

# Lock Out Tag / Out Procedures Audit

Date of Audit Inspection: \_\_\_\_\_ Person Performing Review: \_\_\_\_\_

Area, Equipment and Activity being audited: \_\_\_\_\_

Names of employees involved in the audited activity:

- |         |         |
|---------|---------|
| 1 _____ | 4 _____ |
| 2 _____ | 5 _____ |
| 3 _____ | 6 _____ |

YES NO

		All participants were interviewed and understand LOTO procedures and their responsibilities. If no, state exceptions:
		The equipment and activity subject to the LOTO procedure has a written SOP. If no, state exceptions:
		All participants' training records indicate training in the LOTO procedures. If no, state exceptions:
		Call was placed to GSA F&M dispatch to obtain a verbal LOTO permit, location start time and estimated stop time for lock out.
		Locking devices were properly placed and utilized to ensure de-energization. If no, state exceptions:
		LOTO accident prevention signs/tags were used as required. If no, state exceptions:
		De-energization was effective as verified through testing with all employees clear during the audit. If no, state exceptions:
		Proper procedures for restoration of normal operations were followed. If no, state exceptions:

Recommended follow-up action: \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_