# LOTO Program Annual Inspection and Training Assessment Checklist Submission Form

## Lockout/Tagout Annual Inspection and Training Assessment Checklist

Copy or customize this checklist from the University of Washington to meet the needs of your LOTO Annual Inspection and Training Assessment.

**Department:** _____
**Location:** _____
**Equipment:** _____

| | Yes | No | Comments |
|---|---|---|---|
| Has there been a change in job assignments, machines, equipment or processes? | | | |
| If so, have employees been re-trained when job assignments, machines, equipment or processes have changed? | | | |
| Are the locks uniquely identified, uniquely keyed, and only used for the purpose of LOTO? | | | |
| Does the tag used with the lock identify the worker servicing the machine or equipment? | | | |
| Have equipment and machine-specific LOTO procedures been documented in writing? | | | |
| Does the authorized employee know where the written LOTO procedures are located? | | | |
| Does the authorized employee notify affected employees and all other employees in the area before starting the LOTO procedure? | | | |
| Can the authorized employee identify all hazardous energy sources and associated hazards for the equipment or machine to be locked out? | | | |

| | | | |
|---|---|---|---|
| Does the authorized employee follow the proper LOTO procedures for deenergizing the equipment or machine? | | | |
| Does the authorized employee demonstrate the proper steps for the placement, removal and transfer of LOTO devices? | | | |
| Does the authorized employee use the proper methods to verify the equipment or machine was de-energized? | | | |
| Before releasing the machine or equipment from LOTO, does the authorized employee do the following:<br>A) Inspect the machine or equipment to ensure it is operationally intact?<br>B) Ensure that all employees are safely positioned?<br>C) Notify affected employees and all other employees in the area that the LOTO devices have been removed? | | | |
| If you answered “No” to questions 2-11, has the employee been retrained? | | | |

**Lockout – Tagout Annual Inspection – Authorized Employees Observed (Please print)**

| Name | Job Title | Name | Job Title |
|---|---|---|---|
| **1** | | **2** | |
| **3** | | **4** | |
| **5** | | **6** | |
| **7** | | **8** | |
| **9** | | **10** | |
| **11** | | **12** | |
| **13** | | **14** | |
| **15** | | **16** | |

| | | | |
|---|---|---|---|
| **17** | | **18** | |
| **19** | | **20** | |

**Deficiencies Observed and Corrective Actions:**

_____
_____
_____
_____
_____
_____
_____
_____
_____
_

**Date:**

_____

**Inspection Done By:**

_____