

LOCK OUT / TAG OUT AUDIT FORM

Equipment or Circuit Isolated: _____

MOP/WO Title: _____

MOP/WO Number: _____

Employee(s) Performing LOTO: _____

Location: _____

Auditor (Print Name): _____

Date: _____

LOTO PREPARATION

- | | | | |
|--|------------------------------|-----------------------------|------------------------------|
| 1. Was the LOTO record sheet completely filled out? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 2. If a Lock-Box was used, is it labeled? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 3. Has the work been authorized by a MOP,WO or Chief Engineer verbal directive? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 4. Have the LOTO isolation points been prepared and verified by two separate people (two journeyman, MOP and journeyman or existing procedure and journeyman)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 5. Were up to date diagrams, manufacturer's literature and/or pre-existing procedures used to determine and verify isolation points? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 6. Is the isolation adequate for the work being performed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 7. Is the person(s) performing the LOTO on the authorized employee list? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

LOTO PERFORMANCE

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|---|------------------------------|-----------------------------|------------------------------|
| 1. Were all affected personnel notified of the equipment to be isolated and the expected duration? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 2. Was the equipment shutdown in accordance with approved operating instructions? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 3. Were all sources of energy properly isolated, locked and tagged? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 4. Were approved locks and tags used? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 5. If a tag only or a control circuit was used in the isolation, was a second method employed to prevent inadvertent start-up? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 6. Was an attempt to start the equipment made if applicable? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 7. For electrical equipment: | | | |
| a. Was an approved meter utilized to verify a zero energy state? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| b. Was the meter within calibration periodicity? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| c. Was the meter verified prior to and after verification checks? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| d. Were the test points selected sufficient to establish a zero energy state? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| e. Was the required PPE utilized during voltage testing? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 8. For other sources of energy, was a method employed to verify a zero energy state (installed temperature or pressure gauges, contact temperature readings, low point drain verification)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

continued

LOCK OUT / TAG OUT AUDIT FORM (continued)

LOTO PERFORMANCE (continued)

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|---|------------------------------|-----------------------------|------------------------------|
| 9. Were possible sources of stored energy blocked, bled or dissipated in a safe manner? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 10. For MV electrical equipment, were approved personal protective grounding sets installed in accordance with approved procedures? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 11. Was the placement of all applied locks and tags documented on the LOTO log sheet? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

LOTO CLEARANCE

- | | | | |
|---|------------------------------|-----------------------------|------------------------------|
| 1. Was the clearance authorized by a MOP, WO or Chief Engineer verbal directive? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 2. Were all affected personnel notified of the clearance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 3. Was the equipment inspected, closed out and returned to an operationally intact condition? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

Other Deficiencies Noted:

Auditors Signature:

Chief Engineer Review:

Recommended Corrective Actions*:

- | | | | |
|--|------------------------------|-----------------------------|--|
| 1. Retrain individuals? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 2. Retrain all Authorized Employees? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 3. Cover during next scheduled toolbox talk? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |

Other:

*For deficiencies involving subcontractors, audit should be forwarded to the Facility Manager and reviewed with subcontractor supervisor.