

# Annual Inspection Program

## Part 1 – Program Review

### Periodic Inspection Checklist

	Yes	No	NA
<b>1) Authorized Employee Knowledge</b>			
a) Can the authorized employees demonstrate knowledge about the Lockout Procedure?			
b) Can the authorized employee demonstrate knowledge about the necessary procedures if the equipment does not have a lockable energy-isolating device?			
c) Have all authorized employees received the required training?			
<b>d) Corrective Actions:</b>			
i)			
<b>2) Lockout Devices</b>			
a) Review the lockout device list. Are there an adequate number of devices in each department?			
b) Are the locks properly labeled?			
<b>c) Corrective Actions:</b>			
i)			
<b>3) Program review</b>			
a) Is the equipment list current?			
b) Review each procedure. Are any are still in use that have not been reviewed within their 365-day review window?			
c) Is the authorized employee list current?			
d) Has the lockout removal form needed to be used in the past year and has it been effective?			
e) Are copies of the applicable energy control procedures available in each department where there are authorized employees?			
<b>f) Corrective Actions:</b>			
i)			

**The inspector acknowledges performance of the inspection by signing this form.**

\_\_\_\_\_  
Inspectors Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Annual Inspection Program Part 2 – Procedure Review

Procedure No: \_\_\_\_\_

## Periodic Inspection Checklist

	Yes	No	NA
<b>1) Procedure Review</b>			
a) Are energy-isolating devices properly identified?			
b) Are energy-isolating devices lockable?			
c) Are energy-isolating devices (other than electrical) required for lockout and tagout (e.g., valves)?			
d) Are valves adequately identified (e.g., labeled or tagged as a lockout point) and are suitable locking devices available?			
e) Are other devices (e.g., blank flanges, blocks, chains) required for lockout and tag, and are these devices available?			
f) Can the authorized employee demonstrate knowledge about the lockout devices needed for this procedure?			
g) Can the authorized employee demonstrate knowledge about the location of all energy-isolating devices for this procedure?			
h) Can the authorized employee demonstrate knowledge about any (or all) secondary or residual energies for this procedure?			
i) Can the authorized employee demonstrate knowledge about the energy-isolation verification procedures for this procedure?			
<b>j) Corrective Actions:</b>			
i)			

- 1) Employees involved in the inspection (*complete at time of inspection*)
- a) \_\_\_\_\_
  - b) \_\_\_\_\_
  - c) \_\_\_\_\_
  - d) \_\_\_\_\_

**The functional supervisor acknowledges performance of the inspection by signing this form.**

Inspectors Name	Signature	Date
Functional Supervisor Name	Signature	Date