

LOCKOUT/TAGOUT CHECKLIST

Prior to beginning work on machinery, equipment, or systems requiring Lockout/Tagout, check each item. If there are items that are not applicable to the entry, mark them "N/A".

Job Site:	Date:	Time:
Foreman:	Exp. Date:	Exp. Time:

PERSONAL PROTECTIVE EQUIPMENT

<input type="checkbox"/> Hard Hat
<input type="checkbox"/> Eye/Face Protection (type)
<input type="checkbox"/> Protective clothing (type)
<input type="checkbox"/> Gloves (type)
<input type="checkbox"/> Respirator (type)
<input type="checkbox"/> Fall protection / Other

SHUTDOWN & LOCKOUT

<input type="checkbox"/> Electrical lockout/tagout completed
<input type="checkbox"/> Valves closed, lockout/tagout completed
<input type="checkbox"/> Lines blinded/blocked off
<input type="checkbox"/> Lines disconnected
<input type="checkbox"/> Line bleeders open
<input type="checkbox"/> All hydraulic/pneumatic pressure released
<input type="checkbox"/> All other energy released and/or guarded (magnetic, spring, gravity, reactivity)
<input type="checkbox"/> Hot work permit completed
<input type="checkbox"/> System/area check for flammables/vapors
<input type="checkbox"/> Fire extinguisher on site/in area
<input type="checkbox"/> Barricade/Exclusion Zone markers in place
<input type="checkbox"/> Machine/Equipment/System users / other personnel notified

REACTIVATION

<input type="checkbox"/> Electrical/System reconnected
<input type="checkbox"/> Line blinds/block-offs removed
<input type="checkbox"/> Line breeders closed
<input type="checkbox"/> Guards reinstalled
<input type="checkbox"/> Tools/materials removed
<input type="checkbox"/> Machine/Equipment/System users / other personnel clear and safe
<input type="checkbox"/> Electrical lockout/tagout removed
<input type="checkbox"/> Valve(s) lockout/tagout removed

WORK TEAM

[illegible]

JOB COMPLETED

Date:	Time:
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