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				
	Hard Hat			
	Eye/Face Protection (type)			
	Protective clothing (type)			
	Gloves (type)			
	Respirator (type)			
	Fall protection / Other			
SHUTDOWN & LOCKOUT				
	Electrical lockout/tagout completed			
	Valves closed, lockout/tagout completed			
	Lines blinded/blocked off			
	Lines disconnected			
	Line bleeders open			
	All hydraulic/pneumatic pressure released			
	All other energy released and/or guarded (magnetic, spring, gravity, reactivity)			
	Hot work permit completed			
	System/area check for flammables/vapors			
	Fire extinguisher on site/in area			
	Barricade/Exclusion Zone markers in place	e		
	Machine/Equipment/System users / other personnel notified			
REACTIVATION				
	Electrical/System reconnected			
	Line blinds/block-offs removed			
	Line breeders closed			
	Guards reinstalled			
	Tools/materials removed			
	Machine/Equipment/System users / other	personnel clear and safe		
	Electrical lockout/tagout removed			
	Valve(s) lockout/tagout removed			

WORK TEAM

Print	Initial
Foreman	
Safety	
Customer	

JOB COMPLETED

Date:	Time: