



Authorized Lockout/Tagout Periodic Operational Assessment

Name: _____ Date: _____

Tester: _____ Acceptable: _____ Decline: _____

Machine or Operation Used to Conduct Assessment: _____

		Acceptable	Non-Acceptable
1.	Shows familiarity with applicable lockout devices		
2.	Properly notifies associates working in the immediate area that the applicable machinery or equipment will be out of service		
3.	Shows competency in the proper shutdown and isolation of machinery energy sources		
4.	Displays competency in releasing and isolating stored energy (capacitors, springs, elevated members, residual pressure from fluids and gases)		
5.	Effectively locks out all potential energy sources		
6.	Properly verifies that all energy sources have been isolated by attempting to start the machine		
7.	Properly removes lockout devices and restores power to machine		
8.	Notifies associates within the immediate area that the applicable machinery has been restored to normal operation.		

I certify that _____ has proven competency to conduct authorized lockout/tagout operations.

Certified By: _____ Date _____