



**University of Illinois at Urbana-Champaign  
Control of Hazardous Energy Program  
(Lockout/Tagout)**

**APPENDIX F – PERIODIC INSPECTION FORM**

<b>SECTION I: GENERAL INFORMATION</b>			
<b>Campus Unit:</b>		<b>Building:</b>	
<b>Equipment/Machine Description:</b>			
<b>Equipment/Machine Location:</b>			
<b>SECTION II: PROCEDURE EVALUATION</b>			
<b>Inspection Criteria</b>	<b>Yes</b>	<b>No</b>	
Equipment-specific procedure completed, legible, workable?			
Affected and other employees notified prior to commencement of work?			
Sources of hazardous energy correctly identified?			
Equipment/machine properly shut down?			
Isolation/control locations correctly identified?			
Appropriate lockout device and lock/tag used at each isolation/control location?			
Sources of stored energy correctly identified?			
Sources of stored energy appropriately dissipated?			
Were appropriate methods used to verify control/isolation of hazardous energy?			
If group lockout/tagout was used, were appropriate group lockout methods employed (e.g., multi-lock hasp or group box) by each participating authorized employee?			
Were all locks, tags, and devices properly removed after completion of service/ maintenance work?			
Was the area inspected to make sure it was clear of tools, supplies, etc. prior to restart?			
Did the authorized employee(s) verify that all machine guards had been re-installed prior to restart?			
Were affected and other employees notified that the machine/equipment had been released from LOTO?			
Was the equipment/machine properly restarted?			
Were the responsibilities of the authorized and affected employee(s) reviewed in regards to lockout and/or tagout?			
Is this equipment-specific procedure adequate to control hazardous energy sources? If no, make recommendation in Section IV below.			
Did the authorized employee(s) satisfactorily complete this procedure and understand their responsibilities? If no, make recommendation in Section IV below.			
<b>SECTION III: PARTICIPANTS</b>			
<b>Authorized Employee(s) Being Observed</b>		<b>Badge/UIN:</b>	
<b>SECTION IV: COMMENTS AND RECOMMENDATIONS</b>			
<b>SECTION V: CERTIFICATION</b>			
I certify that I have evaluated the implementation of the above listed energy control procedure for adherence to the procedure, University policy, and departmental program requirements.			
Observer:			
(Signature)	(Print Name)	(Badge)	(Date)