STANFORD UNIVERSITY PERIODIC LOCKOUT/TAGOUT INSPECTION FORM

This form shall be completed by an inspector (supervisor or a designated authorized employee) other than the authorized employee(s) who use the lockout/tagout procedures. Note: inspection shall be conducted at least annually.

1. List the equipment/machine(s) on which the lockout/tagout procedure is being used.
2. Provide the names of the authorized employees who performed the lockout and tag procedure for this inspection.
3. Evaluate the lockout/tagout procedure for the equipment/machine(s) in item 1. Determine if the written procedure is still effective for the equipment/machine(s) and if there is a need for updating (due to new energy sources, etc.). List any corrective actions below and review with supervisor and/or authorized employee. As needed, supervisors/authorized employees are to revise the lockout/tagout procedure for future use.
4. Review the lockout/tagout procedure responsibilities with the authorized employee(s).

INSPECTOR:

_____ _____

Print Name **Signature** **Date**

_____

Telephone Number

SU SUPERVISOR:

_____ _____

Print Name **Signature** **Date**

_____

Telephone Number