

Annual review information – IAW 29CFR1910.147(c)(6) Periodic inspection

Department/zone:		Date:	
Authorized inspector*:			

* The authorized inspector is an authorized employee other than the authorized employee undergoing annual review.

Step 1: General information

Name and location of system/equipment:
Does this system/equipment require an Energy Control Procedure in order to perform service/maintenance? Yes <input type="checkbox"/> No <input type="checkbox"/>
Authorized employee(s) being reviewed:
Affected employee(s):

Step 2: Ensure the following steps are taken for LOTO of the machine/equipment. Explain any deficiencies.

#	Step	Yes	No	N/A	Deficiencies/Comments
1	Prepare for the shutdown (obtain equipment, completed Energy Control Procedure if applicable).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	Notify all affected employees of the lockout.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	Turn off machine/equipment through operational controls.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4	Locate and isolate energy-control device(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5	Apply lockout and tagout device(s) (one lock and one tag per employee performing work).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

6	Dissipate stored energy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7	Verify zero-energy state of machine/equipment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8	Perform service/maintenance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Step 3: Ensure the following steps are taken to restore energy to machine/equipment. Explain any deficiencies.

#	Step	Yes	No	N/A	Deficiencies/Comments
1	Clear area of personnel, tools and materials.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	Re-install machine guards.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	Lockout/tagout device(s) removed only by employee who placed them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4	Restore power to machine/equipment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5	Conduct safe trial run.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6	Notify affected employees of completed Lockout Tagout.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Step 4: Lockout/Tagout procedures review

1	Does the department conduct Group Lockout? (Review procedure)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2	Does the department conduct lockout work across shift/personnel changes? (Review procedure)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3	Does the department have an Emergency Lock Removal procedure? (Review procedure)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4	Have authorized LOTO employees demonstrated ECP and/or General LOTO procedures effectively?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Step 5: Corrective actions

Deficiencies may be corrected through revised procedures, training or both.

In the space provided below, please explain the corrective action(s) to be taken (if applicable):

Step 6: Verification

Authorized inspector verification:

Authorized inspector signature: _____ Date: _____

EHS certifies that the inspection was completed.

EHS representative name: _____

EHS representative signature: _____ Date: _____

Retain this record for a year or until the next inspection.

Questions? Contact ASU Environmental Health and Safety at 480-965-1823 or email asuehs@asu.edu.

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