



**APPENDIX C
Lockout/Tagout Program Review Form**

Part A: General Information		
Reviewer Name:	Title:	
Review Date:	Department:	
Machine/Task Name:	Location:	Department/Shop:

Part B: Program Review				
No.		Yes	No	NA
1	Equipment specific and general LOTO procedures are followed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Equipment specific procedures are adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Adequate LOTO equipment available (at least 1 lock per Authorized Employee)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	LOTO equipment in good working condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	No new equipment introduced that requires a specific procedure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	No changes required for any existing procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	No new authorized employees that need training?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	No other LOTO-related training needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	List the equipment specific procedures for your department:			
10	List the Authorized Employee(s) who participated with this review:			

NOTE: All questions marked "NO" must have corrective action developed.

ITEMS REQUIRING CORRECTIVE ACTION:

Part C: Approval	
Supervisor Name:	Title:
Supervisor Signature:	Date: