



Lockout/Tagout Training Summary Form

Employee Name: _____

Department: _____

Date of Training: _____

Trained By: _____

Level of Training:

√

	"other"
	"affected"
	"authorized"

(Insert Company Name and Address)



LOTO POLICY REVIEW DOCUMENTATION FORM

LOTO #: _____

Equipment/Machine Name: _____

Location of Equipment/Machine: _____

Employee's utilizing LOTO procedures: _____

Date of Inspection: _____

Name of "authorized" inspector: _____

Results of Inspection:

√

<input type="checkbox"/>	Operation is in full compliance
<input type="checkbox"/>	Minor non-conformities exist
<input type="checkbox"/>	Significant discrepancies exist

Describe non-conformities & significant discrepancies: _____

Corrective action needed to correct non-conformities & significant discrepancies: _____

(Insert Company Name and Address)



LOTO EQUIPMENT INVENTORY FORM AND SPECIFIC LOTO PROCEDURES

LOTO #: _____

DATE PREPARED: _____

EQUIPMENT/MACHINE NAME: _____

EQUIPMENT/MACHINE LOCATION: _____

ASSOCIATED/KNOWLEDGEABLE EMPLOYEE(name & phone):

ENERGY TYPE:

√	electrical	√	mechanical
	hydraulic		chemical
	pneumatic		ionizing
	potential		stored
	start-up		other:

HAZARD: _____

MAGNITUDE(i.e. voltage, R.F., gauss): _____

LOTO Technique(i.e. means of isolation):

EQUIPMENT SPECIFIC LOTO PROCEDURE:

(Insert Company Name and Address)

