|  |  |  |  |
| --- | --- | --- | --- |
| **Lockout Spot-Check  Observation Checklist** | [your company name/logo here] | | |
| Date & Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Shift/Dept.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Job: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Equipment: | | | |
| **Lockout procedures:** | | **Y** | **N** |
| Equipment shut down | |  |  |
| Gravity lockout (pinned, chained, blocked) | |  |  |
| Disconnects pulled | |  |  |
| Air valves shut off | |  |  |
| Hydraulic valves shut off | |  |  |
| Locks applied, keys on person | |  |  |
| Lockout tested | |  |  |
| Comments: | | | |
| Observations shared with employee | |  |  |
| Signed: | | | |

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| **Lockout Spot-Check  Observation Checklist** | [your company name/logo here] | | |
| Date & Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Shift/Dept.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Job: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Equipment: | | | |
| **Lockout procedures:** | | **Y** | **N** |
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