|  |  |
| --- | --- |
| **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:  |

|  |  |
| --- | --- |
| **Lockout Spot-Check Observation Checklist** | [your company name/logo here] |
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| Shift/Dept.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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