

**Clemson University Facilities  
LOCKOUT/TAGOUT INSPECTION FORM:**

Date:	Machine or Equipment Name:
Location:	Name of Employee performing LOTO 1. _____ 2. _____ 3. _____ 4. _____
Inspector's Name	Inspector's Signature

**QUESTIONS:**

Answer **Yes** or **No**

1. Did you observe LOTO being preformed correctly?	
2. Were responsibilities under the LOTO / Valve Isolation procedure reviewed with the Employee?	
3. Does the employee understand his/her responsibilities for LOTO?	
4. Are changes to the procedure required?	
5. Does the procedure provide adequate protection?	
6. Is employee retraining required?	

Number Finding:	Corrective Action:

As the Supervisor of this employee, do you agree with the findings and recommendations? Yes or No  
 If you disagree, state why and propose alternate corrective measures if appropriate.

*Please forward a copy of completed form to the **Training Coordinator, Tim Nix.***