|  |  |
| --- | --- |
| **Equipment Make/Model:**  | **Equipment #/ID:** |
| **Procedure Reviewed:** |
| **Employee(s) Reviewed:** | **Department Reviewed:** |
| **Was the employee wearing the appropriate PPE for the task? Were other required policies/procedures being followed? (i.e. hot work, confined space, etc.)** | [ ]  **Yes** | [ ]  **No** |
| **Observation:**  | **YES** | **NO** | **Comments *(Steps to correct any identified issues)*** |
| 1. Did authorized employee(s) identify all energy types and control points? |  |  |  |
| 2. Were all affected employees notified? |  |  |  |
| 3. Did employee(s) de-energize/block/blank all energy sources? |  |  |  |
| 4. Did all employee(s) install their personal lock(s) on all energy isolating devices? |  |  |  |
| 5. Does each lock personally identify the user? |  |  |  |
|  Full Name, Date, Department? |  |  |  |
| 6. Are locks/tags/chains/etc. suitable for environment? |  |  |  |
| 7. Did the employee verify (try out) equipment/machine using methods specified in procedure? |  |  |  |
| 8. Did the employee notify affected employees before removing lockout devices? |  |  |  |
| 9. Did employee follow re-energization procedure? |  |  |  |
|  Clear area of non-essential equipment? |  |  |  |
|  Verify personnel were safely positioned? |  |  |  |
|  Ensure equipment operationally ready? |  |  |  |
|  Notify personnel of impending re-energization? |  |  |  |
| 10. Does re-energization procedure address all affected employees, and areas? |  |  |  |
| 11. Did employee follow written procedures for the specific equipment? |  |  |  |
| Name of employee certifying this review \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of review \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

 *Employers can use this, or similar, forms to document periodic reviews to verify employees know and follow their energy control procedures.* [*See WAC 296-803-70005*](https://app.leg.wa.gov/wac/default.aspx?cite=296-803-70005)