

## Lockout/Tagout Verification Audit Form

**Instructions:**

1. Authorized Associate's Supervisor must complete all sections below.
2. Supervisor must ensure that Lockout/Tagout procedures and requirements are being followed.
3. Return this form completed to the EHS Coordinator for filing.

**Authorized Associate Reviewed:** \_\_\_\_\_

**Operation Verified:** \_\_\_\_\_

**Operator knew Lockout Procedures:** \_\_\_\_ Yes \_\_\_\_ No

**Operator accessed specific Lockout Procedures for Operation:** \_\_\_\_ Yes \_\_\_\_ No

**Operator Had Required Equipment:**

Individual Red American Lock \_\_\_\_ Yes \_\_\_\_ No

Individual Multi-Lock Hasp \_\_\_\_ Yes \_\_\_\_ No

Individual Laminated ID Tag \_\_\_\_ Yes \_\_\_\_ No

**Audit Findings:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Deficiencies Noted Other Than Above:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Authorized Associate Signature:** \_\_\_\_\_

**Supervisor Signature:** \_\_\_\_\_

**Auditor Signature: (if different from Supervisor)** \_\_\_\_\_