Date of Evaluation: 7-19-22	Evaluated By (list all present):
Written Program Reviewed: (es) No	
Comments on Written Program:	
The following specific procedures have been reviewed: FULL LOTO Procedure,	written and physical execution
The following specific procedures were modified:	
NONE	
The following specific procedures were added:	
None	
A review of the log of occupational injuries and illnesses (OSHA For injury and illness reports were made very No	m 300 or equivalent) and the associated accident reports and
The following injuries resulted from failure to use correct lockout/ta	agout procedures:
	Vone
If injuries are listed above, indicate procedure number for applicable	e equipment, process, or machinery:
Comments: getting into to set up	a more robust program

medicine and mention in the second of the first heart of

CONTROL OF HAZARDOUS ENERGY SOURCES (LOCKOUT/TAGOUT)

PERIODIC INSPECTION CERTIFICATION

DATE:	7-19.22			
INSPECTOR:	Andrew	5mld	4	
SIGNATURE:	C	<u>e</u>		
	LOCKOUT/TAGO	OUT PROC		PERFORMED:
	Vacuum T	emper	turnace	#4/
	EMPLOYEE(S) PERFOI	RMING THE	Lockout/Tag	OUT PROCEDURES
_	EE NAME (Please I	Print)	Lhi	APLOX PEST GNATURE
	/			' //
•				
	-			
			<u>-</u>	
Wer	RE ALL THE LOCKOUT /	TAGOUT P	ROCEDURES PER	FORMED CORRECTLY?
	YESX		NO	
				DURES BEING USED ON THE edures being used which require

retraining for the employee or notification of the procedures):

	100
njuries are listed above, indicate procedure number for applicable equipment, process, or machinery:	}
e following injuries resulted from failure to use correct lockout/tagout procedures:	41
Inty and illness reports were made: Yes No	fui
review of the log of occupational injuries and illnesses (OSHA Form 300 or equivalent) and the associated accident reports and	A
	1
he following specific procedures were added:	T
те following specific procedures were modified:	
The following specific procedures have been reviewed:	
Comments on Written Program:).
Written Program Reviewed: Yes No	
Date of Evaluation: Evaluated By (list all present):	1

CONTROL OF HAZARDOUS ENERGY SOURCES (LOCKOUT/TAGOUT)

PERIODIC INSPECTION CERTIFICATION

DATE:		· · · · · · · · · · · · · · · · · · ·	
INSPECTOR:			
SIGNATURE:			
	Machine or Equip Lockout/Tagout Proced		
	Employee(s) Performing the L	ockout/Tagout Procedures	
EMPLOY	EE NAME (Please Print)	EMPLOYEE SIGN	ATURE
WE	RE ALL THE LOCKOUT / TAGOUT PRO	OCEDURES PERFORMED CORRECT	LY?
	YES N	O	
COMMENTS (ON IMPROPER LOCKOUT/TAG	OUT PROCEDURES BEING U	JSED ON THE

REVERSE SIDE OF THIS SHEET (ex. List of improper procedures being used which require

retraining for the employee or notification of the procedures):



Date of Evaluation:	Evaluated By (list all present):			
Written Program Reviewed: Yes No				
Comments on Written Program:				
The following specific procedures have been review				
The following specific procedures have been review	red:			
The falls in the state of the s				
The following specific procedures were modified:				
The following specific are sed as a selection of the sed as a				
The following specific procedures were added:				
A review of the log of occupational injuries and illnessinjury and illness reports were made: Yes No	ses (OSHA Form 300 or equivalent) and the associated accident reports and			
The following injuries resulted from failure to use cor	rect lockout/tagout procedures:			
If injuries are listed above, indicate procedure numbe	r for applicable and			
a signification in the district above, marcate procedure number	r for applicable equipment, process, or machinery:			
Comments:				



CONTROL OF HAZARDOUS ENERGY SOURCES (LOCKOUT/TAGOUT)

PERIODIC INSPECTION CERTIFICATION

DATE:			
INSPECTOR:			<u></u>
SIGNATURE			
	Machine or E Lockout/Tagout Pro		
	Employee(s) Performing to	не Lоско	out/Tagout Procedures
EMPLO'	YEE NAME (Please Print)		EMPLOYEE SIGNATURE
WE	RE ALL THE LOCKOUT / TAGOUT	「PROCED	OURES PERFORMED CORRECTLY?
	YES	NO _	
COMPARATE			E DD O CEDI IDEC DED LO LICED. ON THE

COMMENTS ON IMPROPER LOCKOUT/TAGOUT PROCEDURES BEING USED ON THE REVERSE SIDE OF THIS SHEET (ex. List of improper procedures being used which require retraining for the employee or notification of the procedures):



Date of Evaluation:	Evaluated By (list all present):			
Written Program Reviewed: Yes No				
Comments on Written Program:				
The following specific procedures have been review	wed:			
The following specific procedures were modified:				
The following specific procedures were added:				
A review of the log of occupational injuries and illne injury and illness reports were made: Yes No	esses (OSHA Form 300 or equivalent) and the associated accident reports and			
The following injuries resulted from failure to use co	orrect lockout/tagout procedures:			
If injuries are listed above, indicate procedure numb	per for applicable equipment, process, or machinery:			
Comments:				



CONTROL OF HAZARDOUS ENERGY SOURCES (LOCKOUT/TAGOUT)

PERIODIC INSPECTION CERTIFICATION

			D:
yee(s) Performing th	ie Lock	COUT/TAGOUT PROCE	DURES
ME (Please Print)		EMPLOYEE	SIGNATURE
	_		
THE LOCKOUT / TAGOUT	PROCEI	OURES PERFORMED CO	DRRECTLY?
YES	NO_		
	MACHINE OR EQUICKOUT/TAGOUT PRO YEE(S) PERFORMING THE LOCKOUT / TAGOUT YES	MACHINE OR EQUIPME DCKOUT/TAGOUT PROCEDUR! YEE(S) PERFORMING THE LOCK AME (Please Print) THE LOCKOUT / TAGOUT PROCEING THE LOCKOUT / NO	THE LOCKOUT / TAGOUT PROCEDURES PERFORMED CO

COMMENTS ON IMPROPER LOCKOUT/TAGOUT PROCEDURES BEING USED ON THE REVERSE SIDE OF THIS SHEET (ex. List of improper procedures being used which require retraining for the employee or notification of the procedures):



CONTROL OF HAZARDOUS ENERGY SOURCES (LOCKOUT/TAGOUT)

PERIODIC INSPECTION CERTIFICATION

DATE:				
INSPECTOR:				
SIGNATURE:				
	Machine or Lockout/Tagout Pi	EQUIPMENT	On Which	ED:
	Employee(s) Performing	тне Lockou	it/Tagout Proc	'EDURES
EMPLOY	TEE NAME (Please Print)		EMPLOYE	E SIGNATURE
Wer	RE ALL THE LOCKOUT / TAGO	UT PROCEDUF	RES PERFORMED (CORRECTLY?
	YES	NO		

COMMENTS ON IMPROPER LOCKOUT/TAGOUT PROCEDURES BEING USED ON THE REVERSE SIDE OF THIS SHEET (ex. List of improper procedures being used which require retraining for the employee or notification of the procedures):

