

Appendix B – Annual Evaluation Report

Date of Evaluation: 7-19-22	Evaluated By (list all present):
Written Program Reviewed: <input checked="" type="radio"/> Yes <input type="radio"/> 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 Form 300 or equivalent) and the associated accident reports and injury and illness reports were made: <input checked="" type="radio"/> Yes <input type="radio"/> No	
The following injuries resulted from failure to use correct lockout/tagout procedures: None	
If injuries are listed above, indicate procedure number for applicable equipment, process, or machinery:	
Comments: getting info to set up a more robust program	

1-19-52

ALL COTO PROCEEDING, AND ALL OFFICIAL RECORDS

2000

2000

2000

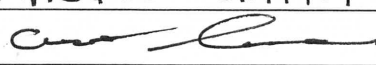
2000

2000

APPENDIX H

CONTROL OF HAZARDOUS ENERGY SOURCES (LOCKOUT/TAGOUT)

PERIODIC INSPECTION CERTIFICATION

DATE: 7-19-22
INSPECTOR: Andrew Smith
SIGNATURE: 

MACHINE OR EQUIPMENT ON WHICH
LOCKOUT/TAGOUT PROCEDURES WERE PERFORMED:

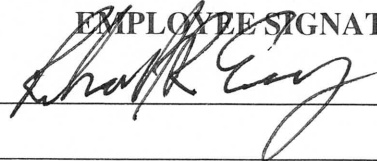
Vacuum Temper furnace #41

EMPLOYEE(S) PERFORMING THE LOCKOUT/TAGOUT PROCEDURES

EMPLOYEE NAME (Please Print)

Richard R. Emery

EMPLOYEE SIGNATURE



WERE ALL THE LOCKOUT / TAGOUT PROCEDURES PERFORMED CORRECTLY?

YES

X

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):

Office of the Secretary of the Interior

Department of the Interior

June 22, 1909

Honorable Mr. [illegible]

Washington, D. C.

Dear Sir: [illegible]

[illegible]

[illegible]

Appendix B – Annual Evaluation Report

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

APPENDIX H

CONTROL OF HAZARDOUS ENERGY SOURCES (LOCKOUT/TAGOUT)

PERIODIC INSPECTION CERTIFICATION

DATE: _____

INSPECTOR: _____

SIGNATURE: _____

**MACHINE OR EQUIPMENT ON WHICH
LOCKOUT/TAGOUT PROCEDURES WERE PERFORMED:**

EMPLOYEE(S) PERFORMING THE LOCKOUT/TAGOUT PROCEDURES

EMPLOYEE NAME (Please Print)

EMPLOYEE SIGNATURE

WERE ALL THE LOCKOUT / TAGOUT PROCEDURES 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):

Appendix B – Annual Evaluation Report

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

APPENDIX H

CONTROL OF HAZARDOUS ENERGY SOURCES (LOCKOUT/TAGOUT)

PERIODIC INSPECTION CERTIFICATION

DATE: _____

INSPECTOR: _____

SIGNATURE: _____

**MACHINE OR EQUIPMENT ON WHICH
LOCKOUT/TAGOUT PROCEDURES WERE PERFORMED:**

EMPLOYEE(S) PERFORMING THE LOCKOUT/TAGOUT PROCEDURES

EMPLOYEE NAME (Please Print)

EMPLOYEE SIGNATURE

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

WERE ALL THE LOCKOUT / TAGOUT PROCEDURES 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):

Appendix B – Annual Evaluation Report

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

APPENDIX H

CONTROL OF HAZARDOUS ENERGY SOURCES (LOCKOUT/TAGOUT)

PERIODIC INSPECTION CERTIFICATION

DATE: _____

INSPECTOR: _____

SIGNATURE: _____

**MACHINE OR EQUIPMENT ON WHICH
LOCKOUT/TAGOUT PROCEDURES WERE PERFORMED:**

EMPLOYEE(S) PERFORMING THE LOCKOUT/TAGOUT PROCEDURES

EMPLOYEE NAME (Please Print)

EMPLOYEE SIGNATURE

WERE ALL THE LOCKOUT / TAGOUT PROCEDURES 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):

APPENDIX H

CONTROL OF HAZARDOUS ENERGY SOURCES (LOCKOUT/TAGOUT)

PERIODIC INSPECTION CERTIFICATION

DATE: _____

INSPECTOR: _____

SIGNATURE: _____

**MACHINE OR EQUIPMENT ON WHICH
LOCKOUT/TAGOUT PROCEDURES WERE PERFORMED:**

EMPLOYEE(S) PERFORMING THE LOCKOUT/TAGOUT PROCEDURES

EMPLOYEE NAME (Please Print)

EMPLOYEE SIGNATURE

WERE ALL THE LOCKOUT / TAGOUT PROCEDURES 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):

