MIDDLEBURY COLLEGE
Lockout/Tagout (LOTO) Periodic Inspection Form

Location: ______________________________  Supervisor: ______________________________

Authorized Employee Name(s):
____________________________________________________________________________
____________________________________________________________________________

Performed Lockout/Tagout on the following equipment:
1. __________________________________________________________________________
2. __________________________________________________________________________
3. __________________________________________________________________________
4. __________________________________________________________________________
5. __________________________________________________________________________

Did employees demonstrate a working knowledge of LOTO procedures? Yes or No
If No, please explain:
____________________________________________________________________________
____________________________________________________________________________

Do employees know where to find LOTO procedures (if applicable)? Yes or No

Authorized Employee Signature(s):
____________________________________________________________________________
____________________________________________________________________________  Date: _____________

Annual LOTO Audit Conducted By:

Signature: ______________________________  Date: _____________