

# LOCKOUT AUDIT FORM

Department: \_\_\_\_\_ Section / Unit: \_\_\_\_\_

Date: \_\_\_\_\_ Turn: \_\_\_\_\_ Time: \_\_\_\_\_

Equipment: \_\_\_\_\_

Job Audited: \_\_\_\_\_

Employees Involved: \_\_\_\_\_

## Findings Of the Audit

1. Is there a Written Lockout Procedure?      Yes \_\_\_\_\_ No \_\_\_\_\_

2. What Mechanical Equipment was locked out?

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

3. What Electrical Equipment was locked out?

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

3. List of Non-Compliances / Corrective Actions:

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

4. Additional Actions / Intervention  
to be taken for Unsafe Actions,  
or Unsafe Conditions

Individuals  
Responsible

Date to  
Completed

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

5. Auditor Name(s) and Title

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