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

Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job/Task: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **LOCKOUT** |

List Equipment Lockout Out:

|  |  |
| --- | --- |
| **Energy Sources:** | **Lockout Requirements: ALL MUST BE CHECKED** |
| * Electric
 | * Confirmed zero energy
 | * Notify
 |
| * Hydraulic
 | * Rotating equipment stopped
 | * Identify
 |
| * Air
 | * Cables strung correctly?
 | * Shut Down
 |
| * Gravity
 | * Locks are secure?
 | * Isolate
 |
| * Stored Energy
 | * Test Verified and/or witnessed
 | * Lock
 |
| * Up/Down Stream
 | * Reviewed steps to restore-gates & guards
 | * Inspect
 |
| * Above/Below
 |  | * All Clear
 |
| * Other (eg. Pinning)
 |  | * Dissipate
 |
|  |  | * Test
 |
| **BOUNDARIES** |

Defined the boundaries of the task/job:

|  |
| --- |
| **HAZARD ASSESSMENT** |
| **Y/N** | **HAZARDS** | **CONTROLS & PPE** |
|  | Slips/Trips/Falls |  |
|  | Overhead Hazards |  |
|  | Cut/Pinch/Crush/Injury |  |
|  | Body Positioning/Strains |  |
|  | Weight (Heavy/Awkward) |  |
|  | Projectiles/Struck By |  |
|  | Surroundings/Work Area |  |
|  | Other |  |
| **Additional Controls, Measures and Actions Considered** |
| **Tools:*** Correct for the job?
* Inspected and in good condition?
 |
| **Specialized PPE:*** Specialized or additional PPE required?
* Inspected before use?
* Correct gloves for task?
 |
| **High-Risk Task:*** Are additional plans/procedures required for high-risk tasks and is the supervisor notified?
* Confined space
* Fall from height
* Lifting/Rigging
* Upset Condition
* Hot Work
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are the following required?*** **Spotter:**
* **Rescue Plan:**
* **Other:**
 |
| **Human Factors:*** Fit for duty?
* Mind on task, not rushing, frustrated, or distracted?
* No Short Cuts
 |
| **Other:** |
| * **IF SCOPE CHANGES NOTIFY SUPERVISOR OR LOCK OUT CHECKER FOR ADDITIONAL FLHA**
 |
| **Training / Procedure Verification** |
| * Worker (s) is trained and familiar with lockout procedures **OR**
* Untrained/Unfamiliar worker(s) require double verification by another experienced worker **AND** lockout checker.
 |
| **NAME** | **INTL** | **NAME** | **INTL** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

 **Lockout
Checker: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**