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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**