

**OTTAWA COOPERATIVE ASSOCIATION**  
**Lock-Out Tag-Out Assessment**

**EQUIPMENT NAME:** \_\_\_\_\_ **EQUIPMENT NO:** \_\_\_\_\_

**PURPOSE OF LOCKOUT:** GENERAL MAINTENANCE, INSPECTION, CLEANING OR OTHER  
NON-ROUTINE REPAIR.

**AUTHORIZATION:** ONLY EMPLOYEES TRAINED IN THE LOCKOUT PROCEDURES FOR THE  
ABOVE NAMED EQUIPMENT AND HAVING RECEIVED THOROUGH  
INDOCTRINATION IN THE PLANT'S LOCKOUT/TAGOUT PROCEDURES MAY  
WORK ON THIS EQUIPMENT.

**ENERGY SOURCES TO BE CONSIDERED:**

<input type="checkbox"/> 1. ELECTRICAL	<input type="checkbox"/> 6. HYDRAULIC
<input type="checkbox"/> 2. FUEL GASES	<input type="checkbox"/> 7. CHEMICAL
<input type="checkbox"/> 3. FUEL OIL	<input type="checkbox"/> 8. GRAVITY
<input type="checkbox"/> 4. STEAM	<input type="checkbox"/> 9. SPRING TENSION
<input type="checkbox"/> 5. COMPRESSED AIR	<input type="checkbox"/> 10. OTHER _____

**TO SECURE:**

1. NOTIFY ALL AFFECTED EMPLOYEES THAT APPLICATION OF LOCKOUT/TAGOUT  
DEVICES WILL BE APPLIED TO THIS MACHINE.
2. SHUT DOWN MACHINE AND APPLY LOCKOUT/TAGOUT AS FOLLOWS:
  
3. TEST CYCLE MACHINE TO INSURE LOCKOUT IS APPLIED CORRECTLY AND/OR TEST  
CIRCUITS/RELIEVE PRESSURE ECT. AS REQUIRED TO INSURE NO ENERGY IS  
PRESENT.

**LOCKOUT LOCATION:** \_\_\_\_\_

**AFTER WORK IS PERFORMED:**

1. CLEAR MACHINE OR EQUIPMENT OF TOOLS AND MATERIALS.
2. NOTIFY ALL AFFECTED EMPLOYEES AND REMOVE ALL TOOLS FROM  
EQUIPMENT AREA.
3. EMPLOYEE(S) THAT APPLIED LOCKOUT/TAGOUT SHALL REMOVE THE DEVICE(S).
4. START MACHINE/EQUIPMENT AS FOLLOWS:

**RETURN ALL LOCKOUT DEVICES NOT ASSIGNED AS PERSONAL EQUIPMENT TO PROPER  
STORAGE. TURN IN ALL COMPLETED TAGS TO MANAGEMENT FOR PLACEMENT IN LOCKOUT  
FILE.**