

Appendix E: LOTO and Electrical Work Evaluation Checklist (LOTO & NFPA 70E)
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SECTION I: GENERAL INFORMATION	
Date:	Inspector(s):
Employee(s) being evaluated:	
Affected or Other Employee(s):	
Specify equipment & location where the LOTO procedure is being used:	
Is the evaluator an “authorized employee” (trained in LOTO)?	
Yes	No
(Employees may not inspect their own procedures)	

SECTION II: NFPA 70E PROCEDURE		
1) Does the task require an Energized Electrical Work Permit?	Yes	No
a) Was the permit approved before work began?	Yes	No
2) If the work does not require an Energized Electrical Work Permit were the following observed:		
a) Were approach distances and arc flash boundaries determined?	Yes	No
b) Was Arc flash PPE required?	Yes	No
c) What PPE category does the task fall under? (circle one)	1 2 3 4	
d) Are Voltage rated tools required?	Yes	No
e) How did the employee(s) determine the answers to questions “a-d” above?		

(If LOTO was applied complete this section) SECTION III: LOCKOUT/TAGOUT PROCEDURE		
1) Were all “affected” and “other” employees verbally notified of the lockout?	Yes	No
2) Were operational controls turned to the “Off” position prior to lockout?	Yes	No
3) Were all energy sources turned to the “Off” or “Safe” position?	Yes	No
4) Were lockout devices and locks properly attached to each energy isolation device?	Yes	No
5) Were warning tags indicating the authorized employee’s name and the date attached to each energy isolation device?	Yes	No
6) Was all stored energy properly controlled? (Pneumatic & hydraulic energy bled, suspended parts lowered, etc)	Yes	No
7) Was an attempt made to restart the equipment or otherwise ensure the effectiveness of the lockout prior to beginning the service work?	Yes	No
8) If a group lockout was required, did all authorized employees attach their own locks and tags to each energy isolation device?	Yes	No
9) Were all locks and devices properly removed after servicing?	Yes	No
10) Were all “affected” and “other” employees verbally notified when the lockout was complete?	Yes	No

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SECTION IV: EVALUATION RESULTS AND SIGNATURES	
Please fully explain all “No” responses and note any other deficiencies that are not specifically covered by a checklist item: 	
Employee(s) Name: _____ Signature: _____ Date: _____	Lockout Lock Number:
Evaluator Name: _____ Signature: _____ Date: _____	