



PERIODIC INSPECTION CERTIFICATION

Facility:

Date:

Evaluator Name:

Title:

Describe the job being evaluated:

Names of persons working on the job:	Check the persons being interviewed
1.	<input type="checkbox"/>
2.	<input type="checkbox"/>
3.	<input type="checkbox"/>
4.	<input type="checkbox"/>
5.	<input type="checkbox"/>
6.	<input type="checkbox"/>
7.	<input type="checkbox"/>
8.	<input type="checkbox"/>

	Yes	No	Comments
Did authorized employees understand their responsibilities under the Lockout/tagout Program?	<input type="checkbox"/>	<input type="checkbox"/>	
Were locks and tags in place?	<input type="checkbox"/>	<input type="checkbox"/>	
Were affected employees notified?	<input type="checkbox"/>	<input type="checkbox"/>	
Was the Lockout/Tagout checklist completed?	<input type="checkbox"/>	<input type="checkbox"/>	
Were all company safety procedures being followed?	<input type="checkbox"/>	<input type="checkbox"/>	