

Attachment C Lockout/Tagout Annual Review Form

Department: _____ Date of review: _____

Review Administrator: _____

Personnel interviewed for this review

Supervisors Authorized Employees Affected Employees

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Unsafe practices reported: _____

Questions or concerns discussed: _____

Corrective actions taken: _____

Additional training needed/scheduled: _____

Changes made to policy procedures: _____

Review Administrator's Signature: _____ Date: _____