**Appendix I: Electrical Work Evaluation Checklist (LOTO & NFPA 70E) (Page 1 of 2)**

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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) |

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| **SECTION II: NFPA 70E PROCEDURE** |
| 1. Does the task require an Energized Electrical Work Permit?
 | Yes | No |
| * + 1. Was the permit approved before work began?
 | Yes | No |
| 1. If the work does not require an Energized Electrical Work Permit were the following observed:
 |  |  |
| 1. Were approach distances and arc flash boundaries determined?
 | Yes | No |
| 1. Was Arc flash PPE required?
 | Yes | No |
| 1. What PPE category does the task fall under? (circle one)
 | 1 2 3 4 |
| 1. Are Voltage rated tools required?
 | Yes | No |
| 1. How did the employee(s) determine the answers to questions “a-d” above?
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| ***(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 |
| 1. Were operational controls turned to the “Off” position prior to lockout?
 | Yes | No |
| 1. Were all energy sources turned to the “Off” or “Safe” position?
 | Yes | No |
| 1. Were lockout devices and locks properly attached to each energy isolation device?
 | Yes | No |
| 1. Were warning tags indicating the authorized employee’s name and the date attached to each energy isolation device?
 | Yes | No |
| 1. Was all stored energy properly controlled?

 (Pneumatic & hydraulic energy bled, suspended parts lowered, etc) | Yes | No |
| 1. 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 |

**Appendix I: Electrical Work Evaluation Checklist (LOTO & NFPA 70E) (Page 2 of 2)**

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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: |
| Evaluator Name:Signature: Date: |