**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: |