

Model Energy Control Inspection Form

OSHA SELF-INSPECTION CERTIFICATION

1. Date of Inspection: _____

2. Area or Department: _____

3. Equipment Covered By Procedure(s) Inspected:

Name of Equipment: _____

Serial/ID Number: _____

4. Type of Procedure Inspected:

Lockout

Tagout

5. Employees Spoken To:

Name & Dept:

Further Training Req'd:

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

6. Inspector's Name, Ext.: _____