



# CERTIFICATE OF LOCKOUT/TAGOUT ANNUAL REVIEW

Facility: \_\_\_\_\_

Date: \_\_\_\_\_

Machinery/equipment: \_\_\_\_\_

The following individuals were included in the review:

### AUTHORIZED INDIVIDUALS

### AFFECTED INDIVIDUALS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### RESULTS

No deviations/inadequacies noted

Deviations/inadequacies:

\_\_\_\_\_

Corrective action taken:

\_\_\_\_\_

Additional action needed:

\_\_\_\_\_

Recommend additional training or retraining – Specific area needed:

\_\_\_\_\_

### INDIVIDUAL(S) INVOLVED IN INSPECTION

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**I have reviewed the lockout/tagout procedures for the above noted machinery/equipment with the authorized and/or affected individual(s) and believe s/he understands their responsibilities.**

\_\_\_\_\_  
Reviewer

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**I have reviewed this certificate of review.**

\_\_\_\_\_  
Lockout/Tagout Plan Manager

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14. Upon completion, the data classification category may change.

Distribution: **ORIGINAL** - Lockout/Tagout Plan Manager