



## Appendix B: Annual Employee LOTO Proficiency Assessment Form

Date:

Authorized Employee:

Supervisor:

Description of Work:

### Section 1: Training

Employee has received lockout/tagout training	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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### Section 2: Procedure

Employee understands lockout/tagout procedures using the elements of the BRCC LOTO Plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Employee understands the need to verbally notify all affected employees to include contract employees	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Employee understands how to correctly shut down equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Employee understands how to identify and isolate all energy sources	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Employee can attach lockout/tagout devices correctly	<input type="checkbox"/> Yes	<input type="checkbox"/> No
When group lockout/tagout procedures are required, the employee correctly uses group lockout/tagout devices such as a hasp capable of accepting multiple lockout devices	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Employee utilizes both lockout and tagout devices when possible	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Employee understands the effective release of blocked or stored energy	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Employee attempts to restart or operate the equipment prior to beginning	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### Section 3: Equipment

Employee has access to standardized lockout devices that are consistent with all other BRCC lockout devices in shape, color, or size.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Employee possesses the sole key used to operate lockout devices	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Employee's lockout device(s) is(are) in good condition and operate correctly	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Employee possesses standardized tagout devices that are uniform with print and format identical to all other tagout devices used at BRCC.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Employee is provided with an adequate amount of lockout and tagout devices	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### Section 4: Conclusion

Employee demonstrates a proficient knowledge of lockout/tagout procedures and policy	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Employee requires retraining or additional equipment-specific training	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Employee requires new or additional lockout/tagout devices	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## Section 5: Comments

Employer Signature:

Date:

Evaluator Signature:

Date: