

Annual Inspection Certification Form

Lockout/Tagout

MACHINE: _____
(type, manufacturer, model and serial number)

INSPECTOR: _____ DATE: _____

EMPLOYEES CONSULTED:

- _____
- _____
- _____
- _____

RESULTS OF INSPECTION: _____

SIGNATURE OF INSPECTOR: _____ DATE: _____

SIGNATURE OF SAFETY DIRECTOR: _____ DATE: _____