Appendix B

City of Winona Lockout Tagout Audit Sheet

Organization:	Facility:	Location:

Inspector(s) Authorized Employee(s):

Inspection

Location	Time	Lockout/Tagout Observed Machine	Employees	Findings

Deviations or Inadequacies Observed

Recommendations:

Corrective Action Taken:

Reviewed by:	Date:	Corrective Action By:	Date: