

APPENDIX E: Employee On-The-Job Training Checklist

All employees are to be trained on-the-job on the specific knowledge and steps required to safely and effectively follow the lockout procedure for equipment they will be working on. Complete the checklist below during this on-the-job training. Marking an item as complete certifies that the employee can explain the step in its entirety and perform it independently.

Employee:	Date:
Equipment Name:	Equipment Location:
Building and Campus Location:	Supervisor:

Step 1: Notification

Task	Complete (✓)
Employee can identify Affected or Other employees that must be notified when piece of equipment is being serviced.	
Employee can describe the method used to inform these individuals.	

Step 2-6: Individually Identify Each Energy Source, and Applicable Shutdown, Isolation, Residual Energy Release, Lockout, and Verification Procedures

Task	Complete (✓)
Step 2. Employee can identify all energy sources associated with equipment, the magnitude of each energy source, and explain the hazards associated with each source.	
Step 3. Employee can explain and perform the method to shut down each energy source, including the location of shutdown mechanisms.	
Step 4. Employee can explain and perform the method to isolate energy sources, including the equipment used and how to release residual energy(ies).	
Step 5. Employee can explain and perform the method to lockout energy sources.	
Step 6. Employee can explain and perform the method to verify the lockout of each energy source.	

Step 7: Neutralize

Task	Complete (✓)
Employee can explain and perform the method of returning all controls to neutral following the verification of all energy sources.	

Step 5: Complete Servicing and/or Maintenance

Step 9: Release From Lockout/Tagout

Task	Complete (✓)
Employee can explain and perform the method to release equipment from lockout/tagout.	

Employee's Signature

I certify that I am able to describe and perform all of the tasks listed above in their entirety.

_____ Date: _____

Supervisor's Signature

I certify that the employee listed above is able to describe and perform all tasks listed above in their entirety. _____

Date: _____

Submit a copy of this completed form to WVU Environmental Health and Safety within 24 Hours to:

ATTN: Roger Wright, PO Box 6551, Rawley Lane – Morgantown WV 26506-6551 or Roger.Wright@mail.wvu.edu