

Lockout Tagout Program

Responsible Transportation LLC

Control of Hazardous Energy: Lockout/Tagout

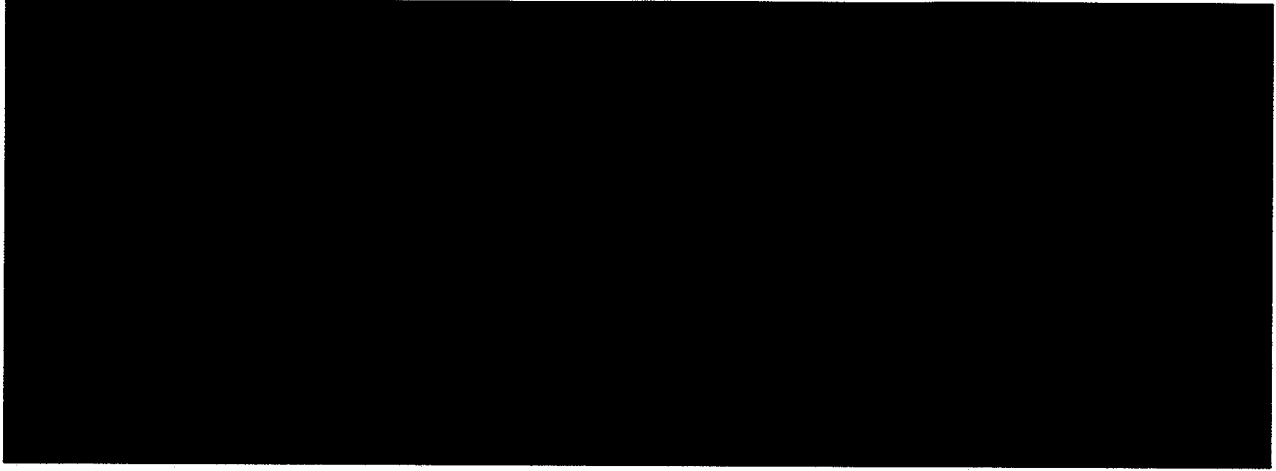
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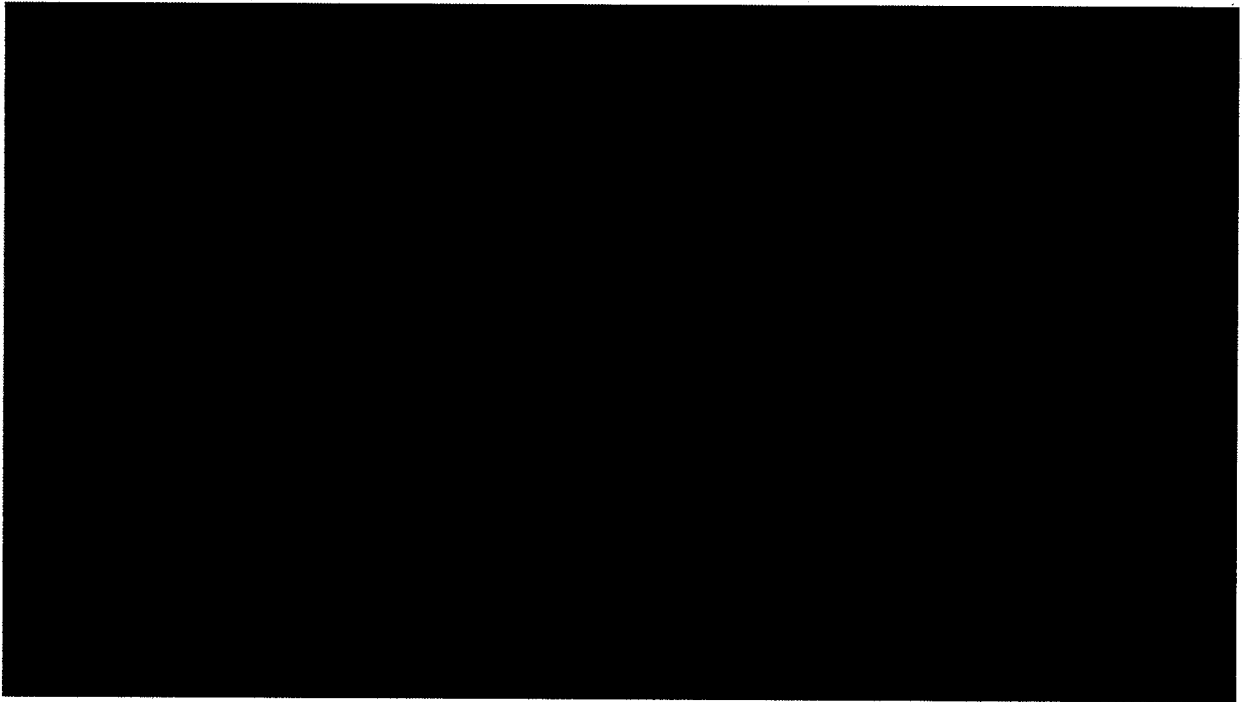
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Responsible Transportation Lockout/Tagout Procedure

I. OBJECTIVE



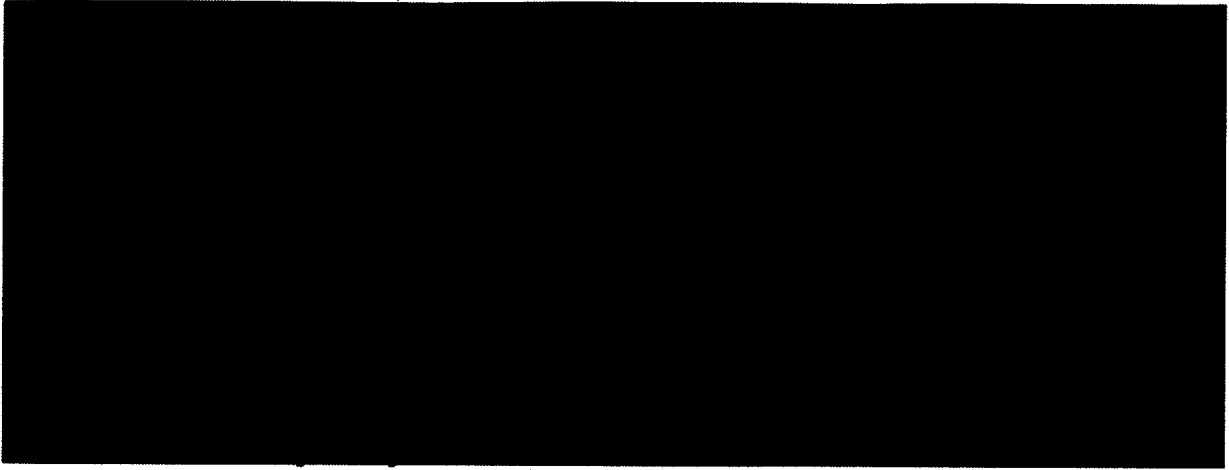
II. ASSIGNMENT OF RESPONSIBILITY



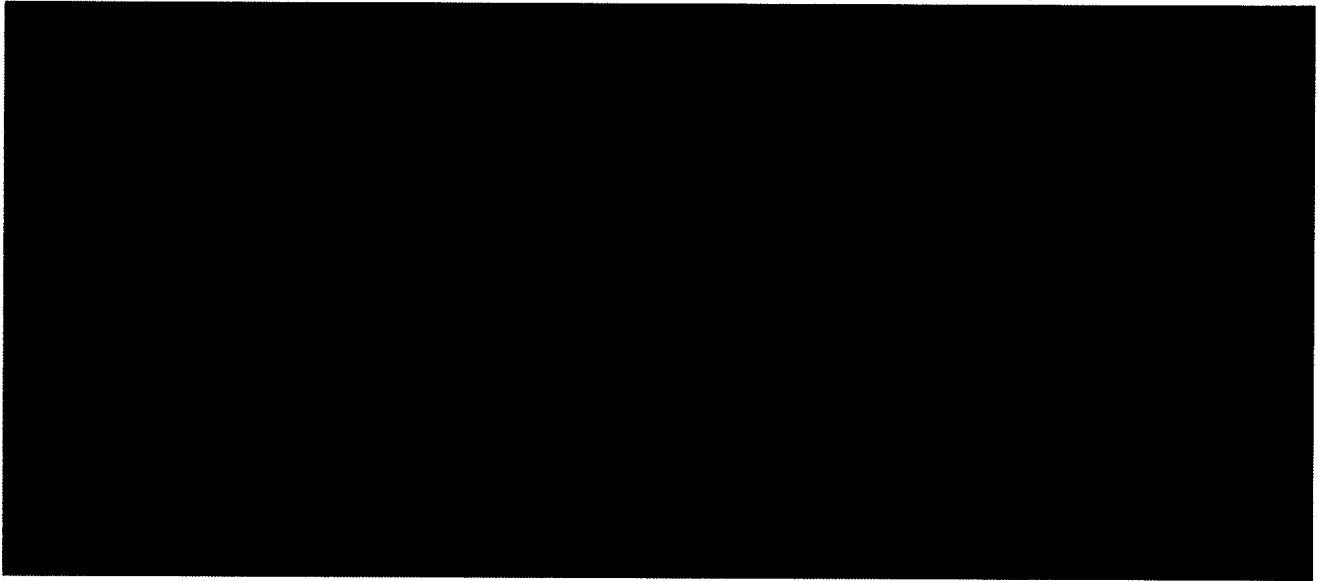
III. PROCEDURES



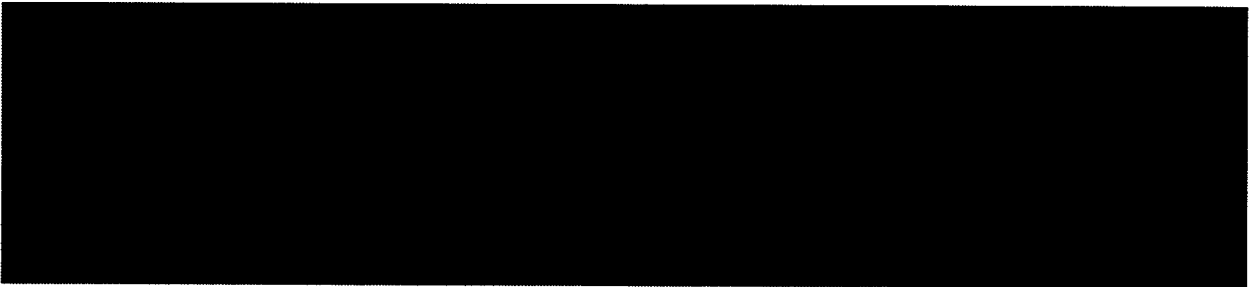
A. Preparation for Lockout or Tagout



B. Electrical



C.) Hydraulic/Pneumatic



D.) Fluids and Gases

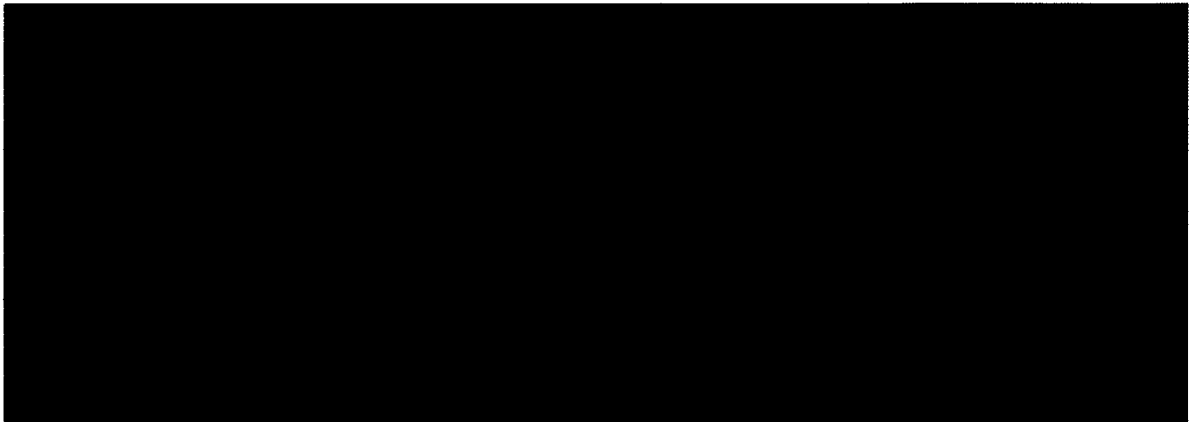




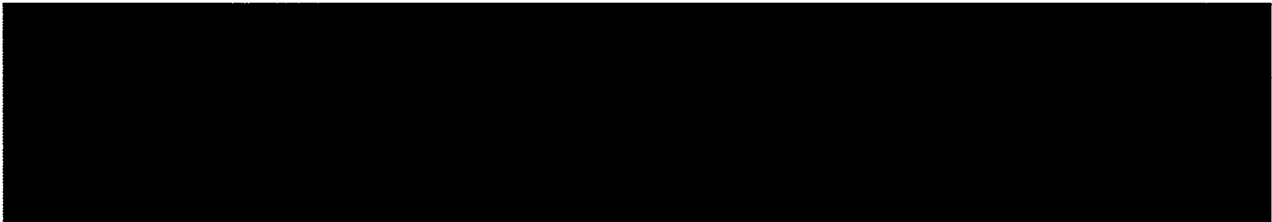
E.) Mechanical Energy



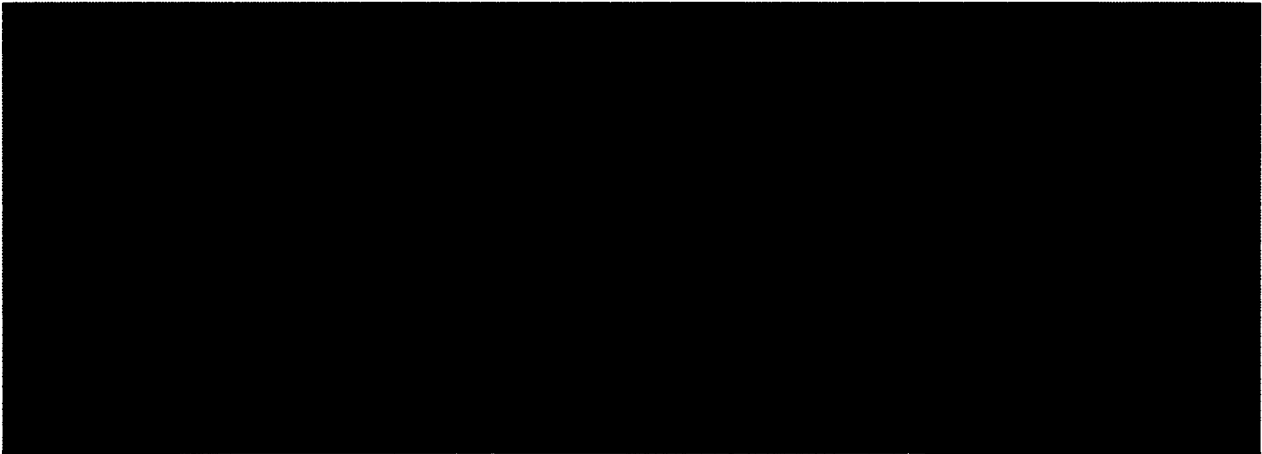
F.) Release from Lockout/Tagout

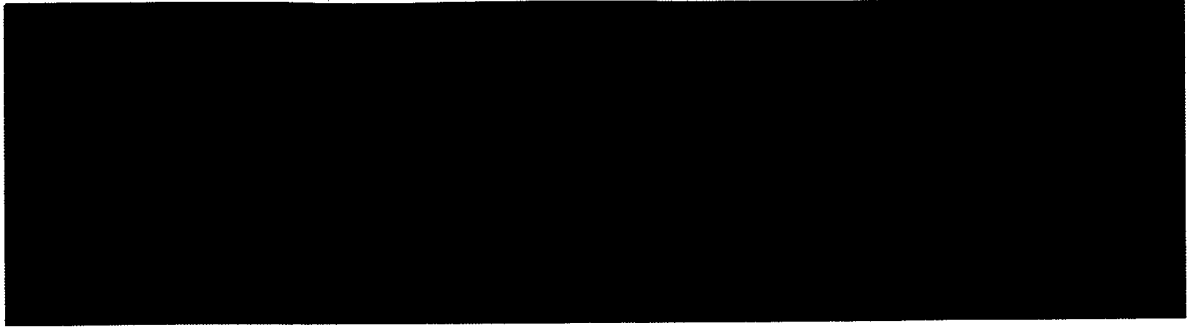


G.) Service or Maintenance Involving More than One Person

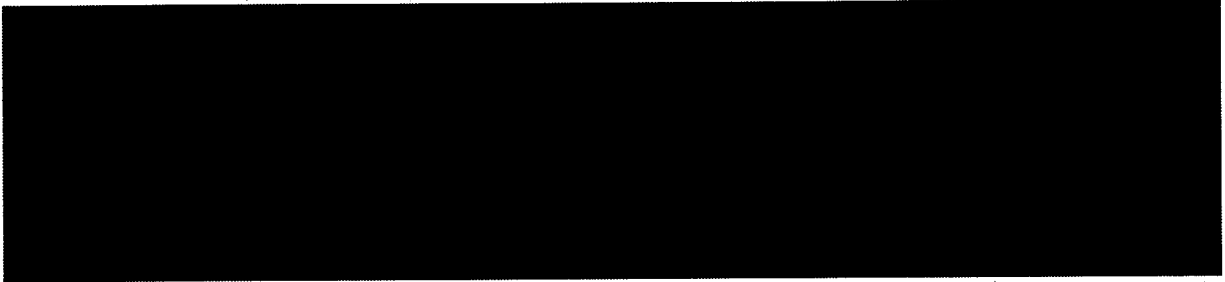


H.) Removal of an Authorized Employee's Lockout/Tagout by the Company

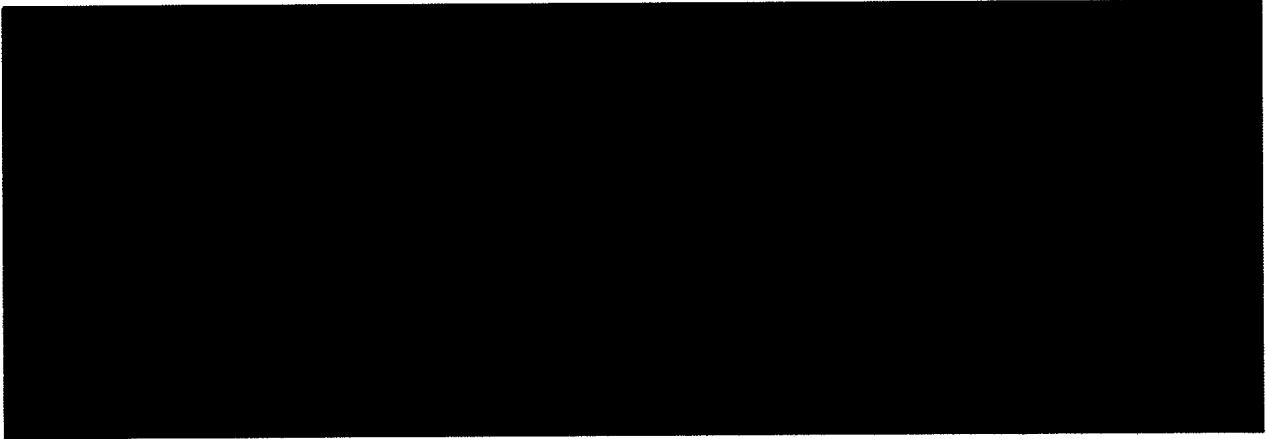




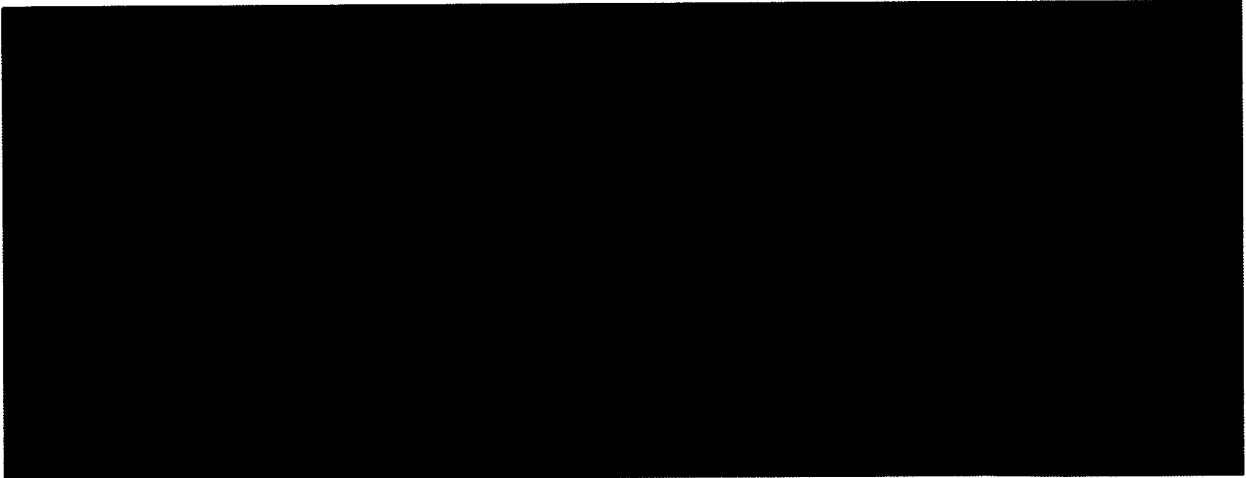
I.) Shift or Personnel Changes



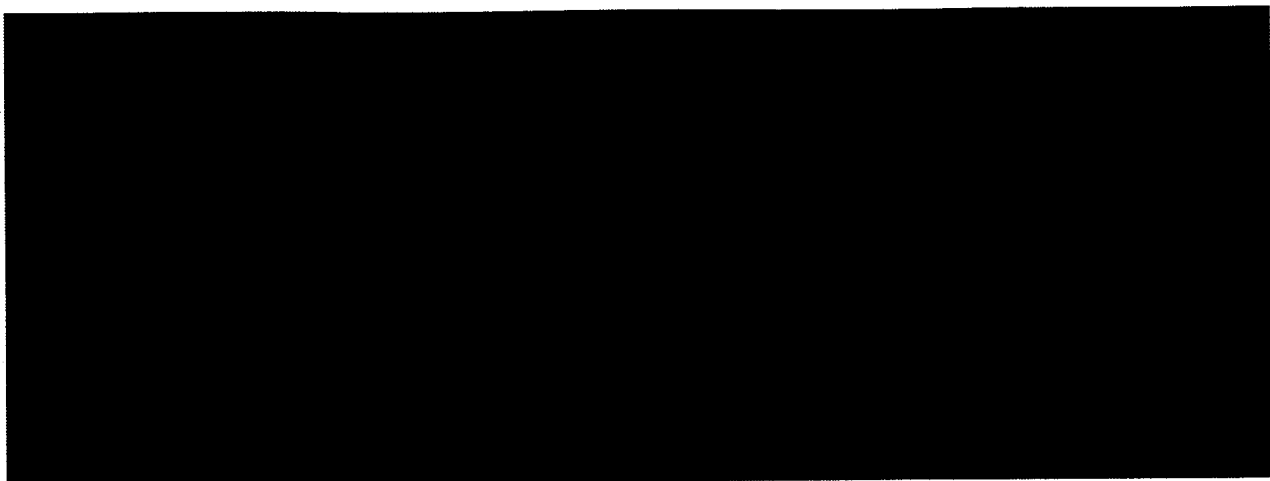
J.) Procedures for Outside Personnel/Contractors



K.) Training and Communication



L.) Periodic Inspection



IV. Attachments

ATTACHMENT B

**Certification of Training
(Authorized Personnel)**

I certify that I received training as an authorized employee under Responsible Transportation LLC Lockout/Tagout program. I further certify that I understand the procedures and will abide by those procedures.

AUTHORIZED EMPLOYEE SIGNATURE

DATE

ATTACHMENT C

**Certification of Training
(Affected Personnel)**

I certify that I received training as an Affected Employee under Responsible Transportation LLC Lockout/Tagout Program. I further certify and understand that I am prohibited from attempting to restart or re-energize machines or equipment that are locked out or tagged out.

AUTHORIZED EMPLOYEE SIGNATURE

DATE

ANNUAL INSPECTION OF ENERGY CONTROL PROCEDURES

Document #: _____

Date of Inspection: _____

Actual Equipment Performed On:

Name of Authorized Worker(s) Performing Procedure: _____

Name of Authorized Inspector Performing Inspection: _____

Review and verify the following:

<p>Note: This Annual Inspection is to be performed as an observation of actual work in progress. A demonstration or walkthrough is not an adequate means to determine the effectiveness of the procedure and the authorized worker's understanding of the procedural implementation.</p>			
Item	Yes	No	Comments
The procedure adequately removes all energy sources that prevent a hazard to the worker under the scope of the LOTO Procedure	<input type="checkbox"/>	<input type="checkbox"/>	
The procedure is administratively accurate and complete.	<input type="checkbox"/>	<input type="checkbox"/>	
The procedure includes all of the following elements: Scope, Purpose, Authorization, Steps that specify Shutdown procedures, isolation procedures, blocking procedures, procedures for placement and removal of locks/locking devices, specific requirements to test a machine and verify the effectiveness of energy control measures.	<input type="checkbox"/>	<input type="checkbox"/>	
The lockout devices used conform to requirements (i.e red banded Master lock, tags of durable material, locking devices that prevent the removal without use of excessive force or unusual techniques, materials that are suited for the environment, specifically identifiable)	<input type="checkbox"/>	<input type="checkbox"/>	
The authorized worker is current in LOTO training.	<input type="checkbox"/>	<input type="checkbox"/>	
Comments:			

Observe the following:

Item	Yes	No	Comments
The worker properly follows the procedure.	<input type="checkbox"/>	<input type="checkbox"/>	
The worker properly applies the locks and tags.	<input type="checkbox"/>	<input type="checkbox"/>	
The worker's methods of verification that no hazards exist in the equipment are adequate.	<input type="checkbox"/>	<input type="checkbox"/>	
For electrical zero energy verification, the worker tested the meter on a known source before and after the verification.	<input type="checkbox"/>	<input type="checkbox"/>	
The worker informed affected workers appropriately before the equipment was shutdown and immediately after locks and tags were removed.	<input type="checkbox"/>	<input type="checkbox"/>	

Determine the adequacy of the Authorized Worker's knowledge via discussion of the following items upon completion of the procedure:

Item	Yes	No	Comments
The authorized worker's responsibilities under this procedure.	<input type="checkbox"/>	<input type="checkbox"/>	
The authorized worker's responsibilities under the LOTO program.	<input type="checkbox"/>	<input type="checkbox"/>	

General Comments: _____

Strengths: _____

Weaknesses: _____

Corrective Actions Required (Each weakness identified must have a corrective action. Except for specific non-compliance issues, the corrective actions should include the receipt of review of roles and responsibilities prior to allowing the authorized worker to perform additional LOTO procedures):

Periodic Inspection Completed: _____

Authorized Inspector Signature: _____

ATTACHMENT E

Outside Personnel/Contractor Certification

I certify that _____ and

(outside personnel/contractor) have informed each other of our respective
lockout/tagout procedures.

AUTHORIZED EMPLOYEE SIGNATURE

DATE

INSPECTOR SIGNATURE

DATE