Attachment #4

Annual Lockout/Tagout Administrative Review

Facility _____ Date _____

The Lockout /Tagout procedures for this facility have been reviewed for necessary changes. Each piece of equipment is listed and the required Lockout /Tagout isolation points (valves, breakers, disconnects, etc.) are properly identified.

Responsible Manager _____

The following changes have been made: (if no changes write "None")

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