

CONFINED SPACE AND LOCKOUT TAGOUT SAFETY AUDIT/SURVEY TOOL
Injury prevention during confined space entry and during lockout tagout operations

Instructions: This is a scored pro-active safety auditing tool designed for periodic use to reduce high risk behaviors and increase safe behaviors. “Yes” answers should be scored at (1) and “No” answers should be scored at (0). In the corrective action column, either a time frame for completing the correction or the actual date corrective action was completed should be noted. Check the “NA” column if this item is not applicable. Total and track audit scores over time to track up or down trends along with tracking the number of incidents, accidents and injuries sustained.

Although injuries for improper confined space entry and improper lockout tagout operations are infrequent, when they happen they can be serious and expensive. Proper training on procedure systems, communications and record keeping should be essential to these operations. Employee accountability for safety during operations is also essential, and fall protection and stand-by rescue personnel must be used.

Task/Job Part – Proper Training & Records	Yes	No	Corrective action date	NA
All training completed with passing scores in a timely manner				
New employee safety orientation completed				
New employee job-specific safety training completed				
Employee job-specific refresher safety training completed				
All training records current and complete				
Lockout Tagout Records, Coordination & Communications <ul style="list-style-type: none"> ✓ Central area for lock, keys and tags with assigned operations supervisor ✓ Pre-planned system for operations ✓ Communication of times, location and dates of operations to all employees concerned ✓ All incidents, exposures, accidents recorded ✓ Safety zone and work zone set up to limit random egress to lockout tagout work area ✓ Supervisors, other municipal departments notified as needed ✓ Supervisor in lockout tagout work area control ✓ keys and egress to area 				
Confined Space Entry Records, Coordination & Communications <ul style="list-style-type: none"> ✓ Operations reviewed with supervisors ✓ Pre-planned system for operations ✓ Communication of times, location and dates of operations to all employees concerned <ul style="list-style-type: none"> ✓ Proper communication devices for workers and rescuers 				

Task/Job Part – Proper Training & Records	Yes	No	Corrective action date	NA
✓ Confined space air monitoring record keeping				
Confined Space Entry Records, Coordination & Communications	Yes	No	Corrective action date	NA
✓ All incidents, exposures, accidents recorded ✓ Supervisors, other municipal departments notified as needed				
Other				

Task/Job Part – Completion of all certifications & Licenses	Yes	No	Corrective action date	NA
All licenses and certifications completed and current ✓ Use of fall protection equipment ✓ Confined space entry ✓ Use of air monitoring equipment (Gas Tech, etc.)				
Current First Aid/CPR				
Other				

Task/Job Part – Confined Space Entry & Plan	Yes	No	Corrective action date	NA
There is a written plan for confined space operations				
Operations Checklists, Monitoring & Communication ✓ Operations system plan reviewed ✓ Operations reviewed and approved by supervisor				
Safety zone and work zone set up to limit random egress to openings and work area				
Fall protection and monitoring set up with standby rescue personnel				
Air monitoring in confined space before entry				
Proper PPE in use				
All oxygen, methane monitoring devices and alarms in working order				
All other gas and or chemical monitoring devices and alarms in working order				
Repairs completed in a timely manner with proper use of PPE and safe lifting practices				
Completed any communication, notification or corrective action needed				

Task/Job Part – Confined Space Entry & Plan	Yes	No	Corrective action date	NA
Ventilation is set up if needed <ul style="list-style-type: none"> ✓ Confined space is air monitored until safe to enter 				
Completed all records and risk management checklists				

Task/Job Part – Lockout Tagout (LOTO) Operations & Plan	Yes	No	Corrective action date	NA
Operations Checklists, Monitoring & Communication <ul style="list-style-type: none"> ✓ There is a current written LOTO plan ✓ Operations system plan reviewed ✓ Operations reviewed and approved by supervisor 				
Safety zone and work zone set up to limit random egress to openings and work area				
Supervisor in work area controls, keys, egress				
Electrical, other monitoring systems used to assure equipment is de-energized or deactivated before maintenance or repair				
Air monitoring if in confined space entry work area				
All oxygen, methane monitoring devices and alarms in working order				
All other electrical or gas monitoring devices and alarms in working order				
Repairs completed in a timely manner with proper use of PPE and safe lifting practices				
Completed any communication, notification or corrective action needed				
Completed all records and risk management checklists				
Work area properly placed back in services with proper communication				
Other				

Task/Job Part – Proper lifting technique	Yes	No	Corrective action date	NA
Proper position				
2 or more workers if load is more than 50# (50# or less per person)				
No lift above waist level				
Assistive devices used for lifts greater than 50#				
Fall protection used for rescues and rescue drills				
Other				

Task/Job Part – Use of Personal Protective Equipment (PPE)	Yes	No	Corrective action date	NA
Use of long sleeves, pants or coveralls (Level D).				
Use of heavy work glove <ul style="list-style-type: none"> ✓ Double rubber glove system for vaults with exposure to wastes, waste water ✓ Protective insulated glove system for electrical exposure risk during lockout tagout 				
Use of Heavy work boots, 8” for ankle protection				
Task/Job Part – Use of Personal Protective Equipment (PPE)	Yes	No	Corrective action date	NA
Use of respiratory protection				
Use of face shield, goggles or other eye protection				
Use of hearing protection if needed (noise level above 80 decibels)				
Use of communication device – radio, pager, or cell phone				
Other?				

Task/Job Part – Proper use of incident reporting forms & logs with proper recording	Yes	No	Corrective action date	NA
All worker injuries reported to supervisor and recorded				
All worker accidents involving property, chemicals reported and recorded				
All “near misses” reported to supervisors and recorded				
If a reporting program was in place, all hazards and potential hazards reported and recorded				
A workers compensation claim was filed if a) an injury involved lost time, b) medical care with costs, or c) the worker requested a claim be filed				

TOTAL SCORE

Signature _____

Print Name _____

Date _____