



THE UNIVERSITY *of* NORTH CAROLINA
GREENSBORO

LOCKOUT/TAGOUT TRAINING DOCUMENTATION

Employee Name: _____
Please Print

Employee Address: _____

Shop Phone #: _____ **Work Cell#:** _____

Job Title: _____

Department and Shop Name: _____

Date of Lockout/TagOut Evaluation: _____

Did the employee properly implement the lockout/tagout procedure?

YES or NO (circle one)

Supervisor's Signature: _____ **Date**

Employee's Signature: _____ **Date**