



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**