



**NCS Form 020
NITRO LOCKOUT/TAGOUT AUDIT FORM**

Job being audited: _____

Job Location (Site): _____

Date/Time: _____

Name of Auditor: _____

1. Are all Nitro workers signed on the Lockout/Tagout Sheet?

Yes No

2. Are all Nitro workers locked onto the lock box?

Yes No

3. Do the locks have employee identification (ie., tags, labels)?

Note: This requirement is site-specific but all locks must have an employee identification.

Yes No

4. Do the employee locks/tags match the employees signed onto the LOTO Sheet?

Yes No

Deficiencies Found: _____

Corrective Actions: _____
