

**Documentation of Training/Retraining Lockout/Tagout Procedure
North Carolina Central University**

1. Employee's name: _____ Employee's ID#: 820 - _____ - _____

2. Employee's address: _____

3. Employee's home or mobile telephone number: _____

4. Current job title: _____

5. Department/Work Unit: _____

6. Date of training/retraining: _____

7. Signature of employee: _____

8. Signature of trainer (supervisor): _____

9. If the employee received authorization to implement the lockout/tagout system, check here: ___

10. Date authorized: _____

11. If the employee is considered qualified, check here: ___ 12. Date qualified: _____

13. Restrictions and additional notes:

14. Supervisor's signature: _____