

PURDUE UNIVERSITY

**LOCKOUT/TAGOUT PROGRAM:
Training Certification**

Department: _____

Training Date(s): _____

The following individuals have been trained in the provision of the Purdue University Control of Hazardous Energy Program (Lockout/Tagout).

<u>NAME (PRINTED)</u>	<u>SIGNATURE</u>	(Check All That Apply)		
		<u>AUTHORIZED</u>	<u>AFFECTED</u>	<u>OTHER</u>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____

Attach outline of training topics and materials used (videos and etc.).

Trainer: _____

Supervisor: _____

Distribution: Original to Department
Copy to REM, CIVL, B173