

Lockout/Tagout Training Certification

I _____, hereby certify that on _____, the company provided me with training as prescribed by the OSHA Lockout/Tagout Standard 29 CFR 1910.147.

I fully understand the material and instructions provided, and the procedures required to de-energize the machinery and/or equipment in my job assignment.

**EMPLOYEE
NAME**

**DATE
EMPLOYED**

DEPT.

Employee Signature

Program Coordinator

Class Instructor