



ENVIRONMENT, SAFETY & HEALTH DIVISION

Chapter 51: Control of Hazardous Energy

Authorized Worker Certification Form

Product ID: 450 | Revision ID: 1359 | Date Published: 1 August 2011 | Date Effective: 1 November 2011
URL: http://www-group.slac.stanford.edu/esh/eshmanual/references/coheFormWorkerCert157PRA.pdf

Use this form to document completion of the Control of Hazardous Energy: Authorized Worker Certification Procedure

Section 1: Supervisor's Authorization to Certify Worker (supervisor: complete, sign, and date)

This is to confirm that _____ (print worker's name)

- Is current in ESH Course 157, Control of Hazardous Energy (ESH Course 157)
Is hereby authorized to be observed performing the lockout procedure specified in Section 2

And that _____ (print inspector's name) is authorized to evaluate this worker.

Name: _____ (print)
Signature: _____ (sign) Date: _____
Phone number: _____ Dept / group: _____ Mailstop: _____

Section 2: Equipment and LOTO Procedure Description (supervisor: complete)

Equipment description: _____ Location: _____

Procedure type (check one): [] General [] Equipment-specific (ELP) [] Group

If ELP, title / number: _____
Dept / group responsible for ELP: _____

Section 3: Worker's Acceptance of Responsibility (worker: initial applicable boxes, sign, and date)

- I have viewed the computer-based 18-minute NFPA 70E video (ESH Course 157PRA).
I understand my roles and responsibilities under SLAC's Control of Hazardous Energy (CoHE) program, and I understand that work assignments must be authorized by my supervisor and released by a building or area manager before work can be performed.
My personal lock(s) has only one key.

Signature: _____ (sign) Date: _____
Phone number: _____ Dept / group: _____ Mailstop: _____

Section 4: Inspector's Statement (inspector: initial applicable boxes, sign, and date)

- I am a SLAC CoHE authorized worker.
Through discussion, the worker demonstrated awareness of responsibilities under LOTO, is familiar with SLAC's CoHE program, and understands that work assignments must be authorized and released before they are performed.
The worker was able to follow the assigned procedure and successfully perform the lockout.

If worker is performing an ELP, indicate applicable ELP status (check one) and follow additional instructions.

- ELP is correct and has been revalidated in the past 12 months.
ELP is correct but has not been revalidated in past 12 months. (sign the ELP cover page to revalidate and mail to equipment custodian)
ELP is incorrect. (mail redlined copy to equipment custodian)

Signature: _____ (sign) Date: _____
Phone number: _____ Dept / group: _____ Mailstop: _____

Inspector: mail original of this form to ESH Training, M/S 84, and a copy to supervisor and worker.