

TRAINING VERIFICATION OF LOCKOUT/TAGOUT PROCEDURES

Date: _____

I, _____ have been provided training in the area of lockout/tagout procedures at Farm Service Cooperative, Harlan, Iowa, by my branch manager or direct supervisor. I have read the entire lockout/tagout procedure, I have reviewed the lockout/tagout procedure with my location branch manager and/or direct supervisor and I understand the entire lockout/tagout procedure to be used at FSC.

I understand that as a result of receiving this lockout/tagout training I am an _____ (authorized or affected) employee in the area of lockout/tagout at FSC.

Employee Signature

Branch Manager or
Direct Supervisor
