LOCKOUT DEVICE AND INFORMATION TAG REMOVAL REPORT

Departme	ent: Shift:
Authorize	ed Employee's Name:
Machine,	equipment or process:
Date and	time lockout device and information tag discovered to be left on:
Reason fo	or removal of lock and tag:
Confirme	d that the authorized employee has left the site and or facility?
Superviso	ory initials: Time and date:
Attempts	made to contact the authorized employee: Yes No
	ed employee has been contacted and is returning to the workplace to remove the lockout device(s) and on tags. Procedure ends, exit procedure, file form for future reference.
Superviso	ory initials: Time and date:
	ed employee cannot be contacted and/or is unwilling to return to the site and or facility to remove their Lock formation tag.
Superviso	ory personnel may authorize removal of the Lock and Tags once:
	the status and condition of the machine, equipment or process is assessed and verified to be in a state that will allow for the safe removal of the Lockout device.
S	upervisory Initials: Time and date:
	rovisions are in place to prevent the authorized employee from resuming work at this facility without obtification of the fact their lock or tag has been removed.
S	upervisory Initials: Time and date:
Superviso	ory personnel can now remove the lockout device(s) and information tag.
Superviso	ory initials: Time and date:
Witness:	

