

Lockout Device/Information Tag Removal Report

Department:
Unit:
Supervisor's Name:
Machine, Equipment or Process:
Date/Time Device and Information Tag was Discovered to be Left on:
Reason(s) for Removal of Lock(s) and Tag(s):
Confirmation that the authorized employee has left site and/or facility? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Supervisor's initials:</i> _____ <i>Time and Date:</i> _____
Attempts made to contact the authorized employee? Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> Authorized employee has been contacted and is returning to workplace to remove the lockout device(s) and information tag(s). (Procedure ends, exit procedure, file form for future reference.) <i>Supervisor's initials:</i> _____ <i>Time and Date:</i> _____ <input type="checkbox"/> Authorized employee cannot be reached or is unable to return to the site to remove their lock or Information Tag. <i>Supervisor's initials:</i> _____ <i>Time and Date:</i> _____
Supervisory personnel may authorize removal of the lock and tag once: <input type="checkbox"/> The status and condition of the machine, equipment or process are assessed and verified to be in a state that will allow for the safe removal of the lockout device. <i>Supervisor's initials:</i> _____ <i>Time and Date:</i> _____ <input type="checkbox"/> Provisions are in place to prevent the authorized employee from resuming work at this facility without notification of the fact that their lock and tag has been removed. <i>Supervisor's initials:</i> _____ <i>Time and Date:</i> _____
Supervisory personnel can now remove the lock and tag. <i>Supervisor's initials:</i> _____ <i>Time and Date:</i> _____ <i>Witness Signature:</i> _____