
	<b>SAFETY MANAGEMENT PROGRAM</b>	Date Issued:	December 2015
		Date Revised:	December 2015
	Section: SAFETY FORMS		
	Module: LOCK OUT DEVICE REMOVAL FORM		

### Lockout Device and Information Tag Removal Report

Employee's Name: \_\_\_\_\_ SLGA Tag# \_\_\_\_\_

Department: \_\_\_\_\_ Contractor: \_\_\_\_\_

Machine or Equipment: \_\_\_\_\_

Date Lock and Tag Removed: \_\_\_\_\_ Time: \_\_\_\_\_

Reason for Removal of Lock and Tag:

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Was every reasonable attempt made to contact the employee? Please check:

- Verification was made that the employee was not in the facility.
- An attempt was made to contact the employee at home.
- The time the employee was contacted
- The employee was given the choice of coming in immediately and removing the lock, but refused
- The employee could not be reached
- The reason the lock and tag were installed has been determined
- A status of the work performed has been determined
- Other employee's working on the machine or equipment has been consulted with
- Witness to the lock and tag removal

Other Comments: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Distribution:**

- Original – Human Resources – Personnel File
- Copy – Asset Protection Manager
- Copy – Health & Safety Committee