APPENDIX B

EMERGENCY LOCKOUT/TAGOUT (LO/TO) DEVICE(S) REMOVAL FORM

If a personal lockout/tagout (LO/TO) device(s) is to be removed from a locked out or tagged out machine(s) or equipment(s) and the authorized employee is not on site, this form is to be completed by the employee's Supervisor.

Authorized Employ	/ee:	
Department:		
Type of Device (Loc	ck & Tag or Tag Only):	
Device Location:		
The potential equipment we are equipment we are equipment we are equipment we are equipment with a supervise employee to attempted: tegin attempted: tegin are equipment at the equipment attempted at the equipment attempted at the equipment at t	completed. for and Crew Leader or Lead Worker have agal consequences of operating the equipment, by the considered in the decision. for or his/her designee, has attempted to make have the LO/TO device(s) removed. Circle elephone, pager, search of site, other (specify The employee was contacted but it was reconsidered. The employee could not be contacted. The employee could not be contacted. The decision to remove or cut the Supervisor or higher ranking member of the supervisor.	the contact with the authorized manner in which contact was the contact was made by the contact was made and the contact was made by the contact was made and
4. The employed	e designated to remove or cut the LO/TO des, has been appropriately trained in log FITEMS 1, 2, 3 & 4 HAVE BEEN CHEC	vice, (print name)ockout and tagout procedures.
	LO/TO DEVICE(S) MAY BE REMOVED	
NOTE: The authoriz	O Device(s) Removed: zed employee whose LO/TO device was rem upervisor of the removal upon his/her return	
Signature:	A 41 ' 115 1	
Signature:	Authorized Employee's Supervisor	Date Date
	eted form shall be forwarded to the employee Compensation Office for review and retention	
Signature:	Authorized Employee's Department Head	 Date
Signature:	Safety Director	 Date