|  |  |
| --- | --- |
| **Director/Supervisor:** | **Date:** |
| **Lock Owner’s Name:** | **Phone Number:** |

**INSTRUCTIONS: Complete the below checklist.**

|  |  |  |
| --- | --- | --- |
| 1. **Verify authorized person who installed the lock is no longer at the facility:** | | |
|  | 1. Attempted contact by cell phone and desk phone. | |
|  | 1. Searched premises for individual. | |
|  | 1. Discussed whereabouts of lock owner with staff / team. | |
|  | 1. Lock owner was contacted and gave permission to remove lock. | |
|  | 1. Lock owner was not contacted. | |
| 1. **Equipment has been inspected, operationally intact and able to start safely?** | | |
|  | 1. An authorized employee has reviewed the machine and approved re-energization. | |
|  | 1. All guards and safety devices are in place. | |
|  |  | |
|  | 1. Lock / ID tag removed and equipment returned to operation. | |
| **3. Notification:** | | |
|  | 1. Director / Supervisor who authorized lock removal assures authorized person who had lock removed will be informed of lock removal prior to start of work. | |
|  | 1. Affected employees will be notified of the removal of the lockout lock | |
| **Signature of Director/Supervisor:** | | **Date:** |

**Submit completed form to Safety Manager.**

**Revision History**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Revision | Date | Summary of change | Author | Approver |
| A | 09/25/2020 | Initial issue | Nancy LaFlair | J. Curtiss Fox |