

# LOCKOUT DEVICE REMOVAL

This form must be fully complete by the Supervisor authorizing the removal of the lockout device anytime such a device must be removed by any individual other than the person who applied it. All reasonable efforts must first be made to contact the person who applied the lockout device prior to proceeding with this procedure. The authorizing supervisor must also notify the supervisor of the individual who applied the original lockout prior to removal. The authorizing supervisor must forward this completed form to the Risk Management - Safety within 72-hours of this action.

**Authorizing Supervisor Name:** \_\_\_\_\_

**Date of Removal:** \_\_\_\_\_ **Time of Removal:** \_\_\_\_\_

**Name of Employee who applied the lockout device:** \_\_\_\_\_

**Description/location of equipment to which lockout device is applied:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Employee's Supervisor Name**

\_\_\_\_\_  
**Signature**

## Emergency Safety Lockout Device Removal

- ✓ Check the area around the equipment to ensure no one is exposed.
- ✓ Notify all affected employees that the lockout device will be removed.
- ✓ Ensure all tools have been removed from equipment and guards have been reinstalled.
- ✓ Confirm that normal STOP-SAFEs or E-STOPS are engaged on machinery.
- ✓ Remove lockout and tagout devices
- ✓ Restore power to the piece of equipment
- ✓ Disengage STOP/E-STOP motion controls and proceed to check equipment for proper operation.
- ✓ Return equipment to normal production.