# Lock Out Tag Out

# Lock Removal Procedures

Policy: Lock Out / Tag Out Devices shall be removed from energy isolating device only by the employee who applied it, EXCEPT only once the following criteria are met.

The Lock Out / Tag Out device may only be removed by the authorized employee’s supervisor once;

1. It is verified that the authorized employee is not at the facility:
2. After contacting the authorized employee or after making reasonable efforts to contact the authorized employee and were unable to, the authorized employee’s supervisor shall personally inspect the complete machine for the following, other employees, tools, proper guarding and completeness of the job. If any questions as to the status of the job, the supervisor shall apply his or her lock until the authorized employee is contacted.
3. If the supervisor has removed the lock to put machine back into production, the form below shall be filled out.
4. Prior to the authorized employee whose lock out tag out device was removed returning to work, the supervisor will have the authorized employee sign this form.

Employee’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Removal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number(s) Called: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time Called: \_\_\_\_\_\_\_\_\_\_\_\_\_AM/ PM Person Spoken to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Energy Source(s) locked out: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Supervisors Signature** that machine was inspected and approved to be put into production:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time:

**Employee’s Signature** acknowledging lock was removed.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: