REMOVAL OF A LOCKOUT OR TAGOUT DEVICE BY A SUPERVISOR

DATE_____

SITE_____

SUPERVISOR WHO REMOVED DEVICE: _____

EMPLOYEE WHOSE DEVICE WAS REMOVED: _____

OTHER EMPLOYEES INVOLVED:

_____

_____

EQUIPMENT INVOLVED:_____

_____

_____

FULLY DESCRIBE THE CIRCUMSTANCES THAT NECESSITATED REMOVAL OF THE LOCKOUT OR TAGOUT DEVICE:

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EMPLOYEE SIGNITURE_____

SUPERVISOR SIGNITURE_____

Keep on site for 1 year