



Lockout/Tagout Removal Form

Employee Name:		UID#:
Department:	Contractor:	
Machine or Equipment:		
Date Lock and Tag Removed:		Time:
Reason for Removal of Lock and Tag:		

Was every reasonable attempt made to contact the employee? (Check the following):

- ☐ Verification was made that the employee was not in the facility.
- ☐ An attempt was made to contact the employee at home or elsewhere.
- ☐ The employee was given the choice of coming in immediately and removing the lock but refused.
- ☐ The employee could not be reached.
- ☐ The reason the lock and tag were installed has been determined.
- ☐ The status of the work performed has been determined.
- ☐ Other employees working on the machine or equipment have been consulted.
- ☐ Witness to the lock and tag removal

Other Comments: _____

Supervisor:

Name:	Signature:	Department:
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