

REMOVAL OF LOCK-OUT / TAG-OUT DEVICE  
BY OTHER THAN “AUTHORIZED EMPLOYEE” \*

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

Authorized Employee: _____	Employee # _____
Supervisor: _____	Employee # _____
Witness (Affected Employee): _____	Employee # _____

Attempts to Contact Authorized Employee:  
(Document search, phone calls to home and cell, pages, and the other types of attempts to contact employee)

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Testing/ Inspection by Competent Person: \_\_\_\_\_ Employee # \_\_\_\_\_

Reason Lock-out / Tag-out Device Removed:

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\_\_\_\_\_  
Supervisor / Manager Date

\_\_\_\_\_  
Witness (Affected Employee\*) Date

Authorized Employee Informed of Removal

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Informed By: \_\_\_\_\_

Authorized Employee provided new lock-out / tag-out devices:

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

- cc. Authorized Employee  
Joint Health and Safety Committee  
Supervisor / Manager  
Health and Safety Officer

\*As defined in Administrative Procedure 815