



# Lockout/Tagout Removal Form

## SUPERVISORY LOCK AND TAG REMOVAL FORM

**ALL INFORMATION BELOW SHOULD BE COMPLETED BEFORE LOCK IS REMOVED!**

Issue Date:
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### General Information

Lockout Start Date and Time:	Lockout End Date and Time:
Purpose of LOTO:	
Client Name:	Client Contact:
Equipment to be release from LOTO:	

The Follow Has Been Verified	YES	NO
Are all employees and client personnel clear of the equipment/process		
Is the authorizing client representative on property		
Are all electrical/mechanical operations, equipment or processes now safe to operate		
Has supervisor inspected the area for safe restart of equipment		
Has authorized employee been notified of lockout removal		

### Authorizing Personnel

Foreman:	Signature:	Date:
Client Representative:	Signature:	Date: