

APPENDIX B: ABSENTEE LOCK/TAG REMOVAL FORM

By signing this document, the supervisor certifies that all reasonable attempts have been made to contact the individual whose device is to be removed. The supervisor removing the affected individual's energy control device will assure that this individual has knowledge of his device being removed before he/she resumes work at the facility.

Signature of Supervisor Initiating Removal: _____

Date/Time Lock/Tag Removed: _____

Name of Individual (i.e. whose device was removed): _____

Location/Name of Equipment (i.e. where device was removed): _____

Type of Energy (e.g. Electric, Radiation, Mechanical): _____

Detailed Reason for Removal:

Was this individual contacted and aware that his/her control device was going to be removed?

- Yes
- No

Phone Number or Method of Contact: _____

Date/Time Contact was Attempted: _____

By signing this document, the individual whose lockout/tagout device was removed certifies that they have been made aware of the fact that their energy control device identified above was removed under the supervision of an authorized supervisor and realize that they no longer have this equipment under isolation.

Signature: _____

Date: _____