

	PROCEDURE FOR LOCKOUT TAGOUT REMOVAL	Document No.:	HSE-BF-012
		Department:	Operations
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Release authorized by:	D. Slattery	Page	Page 1 of 1

This form must be completed before removal of any lockout or tagout by a person other than the person placing the lockout or tagout on equipment.

Lockout/Tagout originator has been called and:

_____ was reached and reported back to work to remove lock or tag.

_____ could not be reached.

Equipment Locked/Tagged Out _____ Date _____

Location _____

Reason Locked/Tagged Out _____

Person Locking/Tagging Out _____ Date _____

Reason Removing Lock or Tag _____

Have you checked to ensure safety of removal? ____ Yes ____ No

Employee Signature

Cc: Operations
Supervisor