



LOCKOUT/TAGOUT REMOVAL FORM

If an **employee's** lock and tag or tag is to be removed from a locked out machine or piece of equipment and the authorized employee is not on site, or the authorized employee is unknown, this form **must** be completed. This form is to be completed by the affected **Supervisor** or **Division** Head in conjunction with **AUI NRAO Site ES&S** prior to removing the lock and tag or tag.

Authorized Employee (if known): _____

Division and/or Group (if known): _____

Lockout Device Location: _____

Type of Device: _____

Why is removal required? _____

1. The **Division Head, Supervisor, Leadsman or Group Leader** has agreed the removal is required.
2. The Supervisor or his/her designee has attempted to contact the employee to have the Lockout and or Tagout device removed.
3. How was contact attempted: (circle one) phone, radio, search of site, other (specify):
4. Why was machine or equipment locked and/or tagged out?

5. What hazards are present as a result of the removal of the lock and/or tag? (Use back of sheet if needed)

6. How were those hazards remediated? (Use back of sheet if needed)

Date & Time Lockout device was removed: _____

NOTE: The authorized employee whose Lockout device was removed shall be immediately notified by his/her Supervisor and/or Division Head of the removal upon his/her return to work.

Signature: _____ **Date:** _____
Authorized Division Head, Supervisor, Leadsman or Group Leader

Signature: _____ **Date:** _____
AUI NRAO ES&S Representative

This form must be sent to: AUI NRAO ES&S, Dee Torres, dltorres@nrao.edu for retention