

ACCIDENT PREVENTION PROGRAM

LOCKOUT-TAGOUT

LOCK REMOVAL AUTHORIZATION

I,

Print the name of the person requesting removal of the lock or tag

(a) Have made all efforts to contact

Print name of person named on lock and tag

(b) Have made a thorough search of the equipment isolated to verify that

_____ is not present.

Print name of person named on lock and tag

(c) Now request authority to remove their Personal Danger Tag and Lock

Date _____

Signed by requesting authority *Date:* _____

Confirmed by Site Safety and Health Officer *Date:* _____

Printed name of Project Manager or Delegate *Date:* _____

Authorization signature by Project Manager or Delegate