

## Emergency LOTO Removal Form

Project Name:			Job #	
Date of Removal Request:				
Employee Requesting Removal:				
Employee(s) Affected by Removal:		Affected Employer		

1 Reason for Removal Request:

2 In order to remove the person's lock device, you must verify the following conditions:

Have you verified the employee is not onsite? Yes ☐ No ☐

Have you made every attempt to make contact with employee and their supervisor? Yes ☐ No ☐

Have / will you brief the employee when they return to work? Yes ☐ No ☐

If you answered 'No' to any of the above questions, please explain:

Supervisor Approval:

(Print Name)

(Signature)

(Date)

General Foreman Approval:

(Print Name)

(Signature)

(Date)

Safety Approval:

(Print Name)

(Signature)

(Date)