



# EXCEPTION FOR REMOVAL OF LOCKOUT/TAGOUT DEVICE

Facility: \_\_\_\_\_

Date: \_\_\_\_\_

Machinery/equipment or system locked or tagged out:

\_\_\_\_\_  
\_\_\_\_\_

Time, date, and reason device initially needed to be removed:

\_\_\_\_\_  
\_\_\_\_\_

Name of authorized employee responsible for the lockout/tagout device:

\_\_\_\_\_  
\_\_\_\_\_

Name of authorized person supervising this procedure:

\_\_\_\_\_  
\_\_\_\_\_

Was owner of device personally contacted?  Yes  No

If Yes, means used to contact person: \_\_\_\_\_

If No, means used to verify the person was not at the facility: \_\_\_\_\_

To the best of my ability, I believe the authorized worker responsible for the above indicated lockout/tagout device is not at the facility and will not be endangered by the removal of the lockout/tagout device. Further, I will assure that the authorized worker responsible for the lockout/tagout device removed will be prevented from entering the workplace until s/he has been informed that his/her device has been removed, and has signed this form.

\_\_\_\_\_  
Lockout/Tagout Plan Manager

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Means to be taken to assure person does not enter workplace: \_\_\_\_\_

Device removed by: \_\_\_\_\_ Time: \_\_\_\_\_ Date: \_\_\_\_\_

I verify I have been informed my personal lockout/tagout device, which I applied, has been removed by someone other than myself. I verify I select contacted regarding the removal of the device prior to its removal. I verify I select prevented from entering my workplace prior to signing this form. I select been given the device removed.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14. Upon completion, the data classification category may change.

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