F&O Lockout Removal Authorization Form

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Tip: To use this document, click File > Make a Copy and save to your Drive.

This form is to document the removal of a lockout device by someone other than the person who applied the lockout device. Only supervisors can authorize the removal of a person's lockout device and only after it has been certified that all work associated with the LOTO has been completed and the following steps have been taken: All reasonable efforts must be made to contact the Authorized Person. Attempt to contact through their supervisor and by radio, cell phone, Call Center and home phone if necessary. Document efforts made and critical reason for removal of lockout device.

After all reasonable efforts are made, the lockout device may be removed. If the person was not contacted prior to the lock removal, ensure they are notified of the removal at the beginning of their next shift.

IMPORTANT - SEND COMPLETED COPY OF THIS FORM TO EHS AT EHS-PMGroup@umich.edu

General Information	
Name of Lock Owner	
Equipment Locked Out	
Building / Room	

Means of Contacting Employee		

Reason for Removing Lock(s)

Supervisor Approving Lock Removal			
Name		**Date**	
Title / Dept		**Time**	

Supervisor Approving Lock Removal	
Lock Owner Signature	

Employee Sign Off- Must be notified prior to start of next shift			
Name of Lock Owner		**Date**	
Title / Dept		**Time**	
Lock Owner Signature			

EHS Notification			
Name of Safety Rep. Informed		**Date**	