



Lockout/Tagout Absent Employee Lock Removal Procedure

EOSMS- 303-1

Instructions

Designated Person

Diagram or photos of unit.		Schematic/Blueprint Attached? Yes No	
Written Procedures Author:	To be Developed by (date):	To be Implemented by (date):	
Remarks			
Authorization			
Approved I acknowledge that I have conducted a Lockout Tagout Assessment of the equipment or machine named above and have detailed the findings of the assessment on this form.			
* Further detailed on attachment: Yes No			
Name		Signature	
Title		Date	
Assessment Form Retention Information			Attachments