



Lockout/Tagout Absent Employee Lock Removal Procedure

EOSMS- 303-1

Instructions

Designated Person

Diagram or photos of unit.	Schematic/Blueprint Attached? Yes No
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Written Procedures Author:	To be Developed by (date):	To be Implemented by (date):
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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
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Title	Date
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Assessment Form Retention Information	Attachments
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