LOCKOUT/TAGOUT DEVICE REMOVAL WORKSHEET

LOCKOUT OR TAGOUT DEVICES REMOVAL. EACH LOCKOUT OR TAGOUT DEVICE SHALL BE REMOVED FROM EACH ENERGY ISOLATING DEVICE BY THE EMPLOYEE WHO APPLIED THE DEVICE.

EXCEPTION: When the authorized employee who applied the lockout or tagout device is not available to remove it, that device may be removed under the direction of the employer, provided that specific procedures and training for such removal have been developed, documented, and incorporated into the employer's energy control program. The employer shall demonstrate that the specific procedure provides equivalent safety to the removal of the device by the authorized employee who applied it. The specific procedure shall include at least the following elements:
(i) Verification by the employer that the authorized employee who applied the device is not at the facility;
(ii) Making all reasonable efforts to contact the authorized employee to inform him/her that his/her lockout and/or tagout device has been removed; and
(iii) Ensuring that the authorized employee has this knowledge before he/she resumes work at that facility.

WAC 296-803.

NAME OF SUPERVISOR/DEPT. HEAD(A):__________________________________________________
NAME OF SECOND PERSON (B):______________________________________________________

For equipment (System) No._________________________________________________________________
Equipment (System) Description:____________________________________________________________
Location of Equipment (System):______________________________________________________________
_________________________________________________________________________________________
Name of employee(s) named on lockout/tagout device:
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
REASON LOCKOUT/TAGOUT DEVICE IS TO BE REMOVED:____________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

LOCKOUT/TAGOUT DEVICE REMOVAL PROCEDURE:

VERIFICATION OF EMPLOYEES LOCATION:

<table>
<thead>
<tr>
<th>EMPLOYEES NAME</th>
<th>LOCATION OF EMPLOYEE</th>
<th>EMPLOYEE SIGNATURE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

AREA INSPECTED TO ENSURE THAT ALL EMPLOYEES ARE SAFELY POSITIONED OR REMOVED. Yes No
AREA INSPECTED TO ENSURE THAT ALL NONESSENTIAL ITEMS (TOOLS, ETC.) HAVE BEEN REMOVED. Yes No
MACHINE COMPONENTS AND GUARDS ARE OPERATIONALLY INTACT AND IN PLACE. Yes No
REMOVE LOCKOUT/TAGOUT DEVICE(S). Yes No
RE-ENERGIZE.  
Yes  No  
NOTIFY ALL AFFECTED EMPLOYEES THAT THE EQUIPMENT/SYSTEM IS WORKING  
(ACTIVATED).  
Yes  No  

INFORM ORIGINAL EMPLOYEE(S) THAT APPLIED THE LOCKOUT/TAGOUT DEVICE(S) OF THE  
REMOVAL BEFORE HE/SHE RESUMES WORK.  
Yes  No  

SIGNATURE OF SUPERVISOR/DEPT. HEAD:  

SIGNATURE OF SECOND PERSON:  

SIGNATURE OF ORIGINAL EMPLOYEE(S):  

RETAIN A COPY OF THE LOCKOUT/TAGOUT DEVICE REMOVAL WORKSHEET WITH THE  
LOCKOUT/TAGOUT LOG IN ROZELL HEATING PLANT.