

ENERGY ISOLATION REMOVAL FORM

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| 1. Name of worker whose lock was removed: |
| 2. Worker's supervisor: |
| 3. Reason for isolation removal: |
| 4. Describe attempts to contact worker: |
| 5. location of isolation that was removed: |
| 6. Number of lock that was removed: |
| 7. Date and time of installation on tag of the lock that was removed: |
| 8. Description of energy isolating device removed: |
| 9. Names of the project manager/supervisor and authorized person conducting the removal: |
| <div style="display: flex; justify-content: space-around; width: 100%;"> <div style="border-top: 1px solid black; width: 45%; text-align: center;">Project Manager/Supervisor</div> <div style="border-top: 1px solid black; width: 45%; text-align: center;">Authorized Person</div> </div> |
| 10. Safety checklist of Energy Isolation Removal: |

| Description | Yes | No | N/A |
|--|-----|----|-----|
| Has the worker(s) who installed the lockout and tag been contacted? | | | |
| Have all the workers affected by the lockout removal been notified? | | | |
| Has the owner/client been notified of the lockout removal? | | | |
| Will the removal of the lockout and tag put any workers, equipment or process at risk? | | | |
| Is affected equipment reconnected and barrier and guards in place? | | | |
| Are all necessary electrical connections complete and checked? | | | |
| Other: | | | |
| Other: | | | |

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| 11. Additional Comments: |
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| This Form Completed By | Signature | Date |
| Reviewed by Project Manager/Supervisor | Signature | Date |
| Reviewed by OHS Manager | Signature | Date |