

Emergency Removal of LOTO Devices Form

Performed by Authorized Employee's Direct Supervisor, Next Higher Supervisor, or Designee

WARNING: This is considered to be an emergency procedure only to be undertaken in extreme circumstances and with Divisional approval.

REMOVAL APPROVED BY:

DATE _____

Approver's Name and Title

GENERAL INFORMATION

To be completed by Requestor of LOTO Device Removal		
Division:	DATE of Request:	Requestor Name: Phone
LBNL Authorized Employee Name:	Authorized Subcontractor / Vendor / Guest Name:	Equipment Name:
Authorized Employee Last Known Location:	Subcontractor/Vendor/Guest Last Known Location:	Equipment Location:

ACKNOWLEDGEMENTS

Supervisor / Requestor Responsibility Acknowledgement:

By signing below, the requestor is ensuring that the procedure will be completed as part of the LOTO device removal. This includes verifying the absence of the authorized employee, the attempted employee contact, the safeness of the equipment to be released from LOTO, and implements the procedure and form with all notifications required.

LBNL Authorized Employee's Direct Supervisor, Next Higher Supervisor, or Designee

COMPLETE THE PROCEDURE ON THE REVERSE SIDE

Emergency Removal of LOTO Devices Form

Performed by Authorized Employee's Direct Supervisor, Next Higher Supervisor, or Designee

To be completed by an LBNL Requestor. The Requestor is an LBNL Authorized Employee's Direct Supervisor, Next Higher Supervisor, or Designee. Completion of this form is a prerequisite for authorizing work.

Instructions: Complete this form checklist for the emergency removal of a LOTO device. Once the checklist is completed, it is submitted to Facilities Division for implementation and a copy is sent to the LBNL Electrical Safety Engineer.

Check the box as you complete it or as appropriate.

Employee Information

- | Yes | No | Unknown | |
|-----------------------------|--------------------------|--------------------------|--|
| 1) <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Authorized Employee Name known – _____ |
| 2) <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Authorized Employee is ON-SITE at an LBNL Facility? If yes where? – _____ |
| 3) <input type="checkbox"/> | <input type="checkbox"/> | | Attempted to contact Authorized Employee by (check all that apply): |
| | | | a. Contacted employee _____ <input type="checkbox"/> Date/Time: _____ |
| | | | b. Cell Phone _____ <input type="checkbox"/> Date/Time: _____ |
| | | | c. Land Phone _____ <input type="checkbox"/> Date/Time: _____ |
| | | | d. Email _____ <input type="checkbox"/> Date/Time: _____ |
| | | | e. Emergency Contact person: Name _____ Phone _____ <input type="checkbox"/>
Date/Time: _____ |
| | | | f. Left message by above method (Note b – e) <input type="checkbox"/> Date/Time: _____ |
| 4) <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Authorized Employee Location known – _____ |

Equipment Information

- | Yes | No | Unknown | |
|-----------------------------|--------------------------|--------------------------|---|
| 1) <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Equipment needs additional repair? |
| 2) <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Equipment is safe to operate? |
| 3) <input type="checkbox"/> | | | Supervisor or Facilities Authorized Employee TO REMOVE LOTO DEVICE |
| | | | Remover's Name – _____ |

Supervisor Follow-up

- | Yes | No | |
|-----------------------------|--------------------------|--|
| 1) <input type="checkbox"/> | | Supervisor / designee received lockout device from Facilities? Date/Time: _____ |
| 2) <input type="checkbox"/> | | Supervisor / designee gave lockout to original authorized employee upon returning to LBNL?
Date/Time: _____ |
| 3) <input type="checkbox"/> | <input type="checkbox"/> | Supervisor / designee followed-up with equipment owner that equipment is safe to operate?
Date/Time: _____ |
| 4) <input type="checkbox"/> | | Supervisor / designee sent the LBNL Electrical Safety Engineer a copy of the authorized form?
Date/Time: _____ |