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Date	ĺ	Location	De	partment	Unit			
Name of Equipment								
Name of Equipment								
Specify equipment location Perfectly								
Equipment Lockout / Tag out Date								
Officer / Workmen who removed Device								
Other workmen	involved	in removal						
Sinor working in territorial								
Fauinment / Dev	vices are	used						
Equipment / Devices are used								
Describe why loo	CK OUT / TO	ag out removal re	equireae					
Employee Sigr	nature	Supervisor Sign	ature	Safet	ry officer Signature			
		<u> </u>	<u> </u>					