



Lawrence Berkeley National Laboratory

ABSENT PERSON LOTO LOCK REMOVAL FORM

Date of Request

Division



For immediate help with this form, contact the Electrical Safety Group:

Mark Scott (o) 510-486-4694 (c) 510-735-7367

Katherine Johnson (o) 510-486-4933 (c) 510-332-9939

1. ENTER GENERAL INFORMATION

Requestor Name:	Requestor Phone Number:
Absent Person's Supervisor Name:	Absent Person's Supervisor Phone Number:
Responsible Individual (RI) Name:	Responsible Individual (RI) Phone Number:

2. ENTER EQUIPMENT INFORMATION

Equipment Name:	Equipment Location:
Equipment ID:	Isolation(s):
Reason it was locked out (list LOTO Permit or Procedure Number if applicable)	

3. ENTER INFORMATION OF ABSENT PERSON WHO OWNS THE LOCK, AS MARKED ON THE LOTO TAG

Absent Person Name:	Type of LOTO Lock:
Absent Person Phone Number:	<input type="checkbox"/> Personal LOTO Lock
	<input type="checkbox"/> Responsible Individual LOTO Lock (new RI must be assigned)
	<input type="checkbox"/> Group LOTO Lock (HOLD – Contact Electrical Safety Group)

3S. IF THE ABSENT PERSON IS A SUBCONTRACTOR

NOT A SUBCONTRACTOR

Subcontractor Company:	Is the LOTO Plan on file with the Electrical Safety Group?
	<input type="checkbox"/> Yes
	<input type="checkbox"/> No (If No, a copy of the plan needs to be obtained and reviewed before approval)
Does the Subcontractor LOTO Plan contain any specific requirements for lock removal?	(If Yes, list below)
<input type="checkbox"/> Yes	
<input type="checkbox"/> No	

4. ATTEMPT TO CONTACT THE ABSENT PERSON

Date/Time	Phone Number Called	Made contact
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Left Voicemail
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Left Voicemail
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Left Voicemail

5. ATTEMPT TO CONTACT THE ABSENT PERSON'S SUPERVISOR

Date/Time	Phone Number Called	Made contact
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Left Voicemail
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Left Voicemail
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Left Voicemail

6. ENTER INFORMATION OBTAINED FROM ABSENT PERSON OR FROM THE ABSENT PERSON'S SUPERVISOR

Is the Absent Person expected to return to work? <input type="checkbox"/> Yes If Yes, when? _____ <input type="checkbox"/> No	What is the status of the equipment? <input type="checkbox"/> Equipment needs additional repair <input type="checkbox"/> Equipment is safe to operate
Was the Absent Person informed that his/her LOTO lock was to be cut off? <input type="checkbox"/> Yes <input type="checkbox"/> No	

7. CHECKLIST TO BE COMPLETED PRIOR TO AUTHORIZING THE REMOVAL OF THE ABSENT PERSON'S LOCK

Absent Person has been verified absent from the site and unavailable to return <input type="checkbox"/> Yes	Absent Person or Absent Person's Supervisor has been notified <input type="checkbox"/> Yes
Equipment has been verified safe to energize <input type="checkbox"/> Yes	Specific Subcontractor requirements (section 3S) have been fulfilled <input type="checkbox"/> Yes <input type="checkbox"/> N/A

Section 7 must be completed prior to granting authorization in Section 8.

8. AUTHORIZATION TO REMOVE THE ABSENT PERSON'S LOCK

Name/Signature/Date/Time of Absent Person's Supervisor Authorizing Lock Removal:
Name/Signature/Date/Time of Requestor Authorizing Lock Removal: <input type="checkbox"/> RI <input type="checkbox"/> LBNL Electrical Safety Group if no RI
Name/Signature/Date/Time of LBNL Senior Line Manager Authorizing Lock Removal:

9. RETURN TO WORK

NOT RETURNING

Before the Absent Person returns to any work duty, the Absent Person's Supervisor must ensure that the person is presented with the removed lock and is informed of the reasons for the removal.
Name/Signature/Date/Time of Absent Person:
Name/Signature/Date/Time of Absent Person's Supervisor:

10. RETURN COMPLETED FORM (OR COPY) TO ELECTRICAL SAFETY GROUP:

Mail Stop 78R0101, or
electricalsafety@lbl.gov