

Cut Lock or Removed Tag Report

FOR SUPERVISOR USE ONLY



Date: _____ Time: _____

Location of Lock or tag being removed: _____

This lock or tag belongs to: _____

Department: _____

Shift: _____

Has the above named person been notified that this action is being taken?

Yes No

If no, how will the person be notified?

Please note that all reasonable efforts should be taken to notify the owner of the lock or tag being cut.

Name of authorized Supervisor

Signature

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