**Appendix E – Breach of Lockout/Tagout Form**

## Rowan University Breach of Lockout/Tagout Form

**NOTE:** This form is to be completed by the authorized individual who will be performing the Breach of LOTO Task. His or Her Supervisor must also approve and sign off on this form.

| Department: | Building: |
|---|---|
| **Location/Area:** | |
| **Machine/Equipment ID Information:** | |
| **Machine/Equipment Owner:** | |
| **Owner Name of Lock/Tag to be Removed:** | |
| **Provide Reason/Need for Breach of LOTO:** | |

### Breach of LOTO Questionnaire

| Questions | YES | NO |
|---|---|---|
| Have the physical whereabouts of the owner of the lock/tag been verified? | | |
| Have all reasonable efforts been made to contact the owner of the lock/tag? | | |
| Has the owner been notified or is a notification procedure in place to ensure that the owner will be notified that his/her lock has been removed prior to him/her returning to work? | | |
| Has the machine/equipment been inspected by a qualified individual to ensure that the lock/tag can be removed safely without the risk of injury to personnel? | | |

<p style="color:red; text-align:center;"><strong>Note:</strong> Any "NO" answers to the above questions immediately halts the breach of LOTO. Contact Laboratory Safety for guidance before proceeding any further.</p>

| | YES | NO |
|---|---|---|
| Is the existing lock/tag intended to be replaced by a lock/tag owned by a new authorized individual? If "YES", provide the information below: | | |
| Name of New Authorized Individual: _____ Date Replaced: _____ | | |
| Will multiple lock/tag devices need to be removed as in the case of machines/equipment with multiple hazardous energy sources? | | |
| Have all affected individuals (those in the vicinity of the machine/equipment or part of a group LOTO) been made aware of the Breach of LOTO? | | |
| Has the written LOTO procedure been reviewed and understood by the authorized individual performing the Breach of LOTO? | | |
| I certify that all information provided on this form has been completed truthfully | | |

Notes/Comments:

| Name & Signature of Authorized Individual | Time & Date |
|---|---|
| | |
| **Name & Signature of Authorized Individual's Supervisor** | **Time & Date** |
| | |

**Upload completed form to the Documents section of BioRAFT for recordkeeping.**