Group Lockbox-Comple									
Supervisor:	Date: (in charge of complex Lockout-Tagout)								
Location of Lockout Device and Description of Equipment	Lock and Key Number	Date/Time of pr application notif	ior fication nder the	Date/Time of remo					
		COILLOI OF TOCK (JOX						
Employees working under control of Lock Box: Employee must initial after notification of lock removal									
Employee Name	Initial	Employee Name	Initial	Employee Name	Initial				

Employee Name	Initial	Employee Name	Initial	Employee Name	Initial