LOCATION	US ARMY CORPS OF ENGINEERS SAFE CLEARANCE REQUEST For use of this form, see ER 385-1-31; the proponent agency is CESO			
AUTHORIZED EMPLOYEE NAME AND TITLE (Last, First MI.)		ISSUING EMPLOYEE NAME AND TITLE (Last, First MI.)		
LOCATION PHONE NUMBER		LOCATION PHONE NUMBER		
DESCRIPTION OF SYSTEM AND HA	ZARDS TO BE CLEARED			
PURPOSE OF CLEARANCE				
NAME AND LOCATION OF POINT OF CONTACT				
	ESTIMATED DATE FOR WORK COMPLETION (YYYYMMDD)	ESTIMATED TIME (0001-2400 hours) TO RETURN EQUIPMENT TO SERVICE IN AN EMERGENCY (from and to hours)		
PROCEDURAL STEPS FOR SHUTTING DOWN, ISOLATING, BLOCKING AND SECURING SYSTEM TO CONTROL HAZARDOUS ENERGY				
PROCEDURAL STEPS AND RESPONSIBILITIES FOR PLACEMENT, REMOVAL AND TRANSFER OF LOCKOUT/TAGOUT DEVICES				
PROCEDURAL STEPS AND RESPONSIBILITIES FOR PLACING AND TAGGING AND MOVING OR REMOVING AND UNTAGGING PROTECTIVE GROUNDS				
REQUIREMENTS FOR TESTING THE SYSTEM TO VERIFY EFFECTIVENESS OF ISOLATION AND LOCKOUT/TAGOUT DEVICES				
MEANS TO ENFORCE COMPLIANCE WITH PROCEDURES				
CLEARANCE ISSUED TO NAME (Last, First MI.)	DATE (YYYYMMDD)	TIME (0001-2400 hours)	SIGNATURE	
CLEARANCE ISSUED BY NAME (Last, First MI.)	DATE (YYYYMMDD)	TIME (0001-2400 hours)	SIGNATURE	
CLEARANCE RELEASED BY NAME (Last, First MI.)	DATE (YYYYMMDD)	TIME (0001-2400 hours)	SIGNATURE	
CLEARANCE REMOVED BY NAME (Last, First MI.)	DATE (YYYYMMDD)	TIME (0001-2400 hours)	SIGNATURE	