

FACILITIES SERVICES LOCK REMOVAL FORM

General Information:	
Date & time of request to remove lock:	Work Unit or Department of lock owner:
Name of lock owner whose lock/tag is to be removed:	Name of lock owner's supervisor:
Equipment & location:	
Is it absolutely necessary for the equipment to be reenergized before the lock owner can return to personally remove the lock? Yes No	
If "Yes", explain why:	

Document Reason for Removing Lock: (Lock owner called in sick, lock owner forgot to remove lock before leaving site, etc)

Document attempts to contact lock owner prior to removal:		
Date & Time	Method of Attempted Contact	Result
@		
@		
@		

Lock Removal:	
<input type="checkbox"/> Verify that the lock will be removed by the supervisor of the lock owner or the supervisor's direct designee.	
<input type="checkbox"/> Verify that the supervisor of the lock owner or the supervisor's direct designee has reviewed the equipment to ensure that it can be safely reenergized.	
Lock removed by:	Date & time of removal:

Notifications:	
<input type="checkbox"/> Verify that the Safety Manager has been notified (i.e. via e-mail or phone call/message) of lock removal within 24 hours of removal.	
<input type="checkbox"/> Verify that lock owner has been informed of lock removal prior to beginning their next shift.	

Supervisor Signature: _____ Date: _____