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| **General Information** | | | | |
| Person(s) and/or Department Requesting Lock Removal: Click to enter text | | | | |
| Building or work area where Lock is applied: Click to enter text | | | | |
| Lockout Procedure #: Click to enter text | | | | |
| Lock Owner: Click to enter text | | | | |
| Date of Lockout: Click to enter date | | | | |
| Reason Lock needs to be removed: Click or tap here to enter text. | | | | |
| **Hazard Identification Questions (check all that apply)** | | | | |
| YES NO | | | **Describe Safeguards and Actions Required** | |
|  |  | **Employee absence verified** | | Attempt to contact the employee by any means possible |
|  |  | **Employee contact attempts before removal** | | List different methods attempted: |
|  |  | **Is it safe to remove the lock(s) now?** | | Click to enter text |
|  |  | **Is it critical to remove the lock(s) now?** | | Click to enter text |
| As the supervisor, I acknowledge that we have made a satisfactory attempt to contact the lock owner.  I certify that the situation is safe for all involved to remove the lock and restore energy to the system.  **or**  A new lock for a present employee has been placed on the equipment before removal of the abandoned lock to ensure safe transfer and maintain the system lockout.  Supervisor Name: Click to enter text Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_  Received by EH&S: Click to enter text Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |