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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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |