**Lockout/Tagout Program Lock Removal Form**

*A department or unit must document specific information on this form when an Authorized Person (lock owner) is unable or unavailable to remove their personal lock during a LOTO procedure.*

1. Date & time of initial request to remove lock:
2. Lock owner’s department/unit:
3. Name of lock owner whose lock/tag is to be removed:
4. Name of lock owner’s supervisor:
5. Equipment & location:
6. 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

**(e.g., 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

Verify that the lock will be removed by the supervisor of the lock owner or the supervisor’s direct designee.

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

Verify that lock owner has been informed of lock removal prior to beginning the next shift.

**Signature of Lock Owner’s Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Questions? Contac*[*t ehsdept@uw.edu*](mailto:ehsdept@uw.edu)*.*