**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**.*