

LOCK REMOVAL FORM

Lock Owner _____ Date _____

Lock Owner's Immediate Supervisor _____

Equipment Name _____

Equipment Location _____

Reason for removing lock _____

Lock Owner Contacted YES NO

Date and Time Contacted _____

If No why _____

Contacted by _____

IF LOCK CANNOT BE REMOVED BY OWNER, VERIFY THE FOLLOWING:

	YES	NO	<u>Qualified Person's Signature</u>
Is equipment electrically safe?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Is equipment mechanically safe?	<input type="checkbox"/>	<input type="checkbox"/>	_____
System Owner been notified?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Are all personnel clear?	<input type="checkbox"/>	<input type="checkbox"/>	_____

Print Name	Signature Individual Coordinating the Lock Removal	Title
Print Name	Signature Individual Removing the Lock	Title