LOTO Lock Removal Form

Only a Supervisor or their designee can authorize the removal of locks/tags. All lock/tag removal forms must be retained by the Unit Responsible Person.

Building ___________________________ Building No. ________________
Equipment Description ___________________________ Location ___________________________
Requested By ___________________________ Date ___________________________

Name of Person whose lock/tag must be removed: ______________________________________

Has an attempt been made to contact him or her? □ YES □ NO

Describe Steps taken to contact him/her.
________________________________________________________________________
________________________________________________________________________

Why is it critical to remove this lock/tag now?
________________________________________________________________________
________________________________________________________________________

Are you sure it is safe to remove this lock/tag? □ YES □ NO

Authorized By: ___________________________ UIN/Badge: ________________

Signature: ___________________________ Date: ___________________________

The lock owner must be informed of removal of their lock upon their return to work. Have the lock owner complete the section below verifying that they have been notified and return completed form to S&C.

Lock/Tag Owner: ___________________________ UIN/Badge: ________________

Signature: ___________________________ Date: ___________________________