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 them? □ YES □ NO

Describe Steps taken to contact them.

________________________________________________________________________

________________________________________________________________________

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: __________________________