



## Forcible Safety Lock Removal Form

**Reason for lock removal:** (Check only one)

Can't find Lock Owner

Lost Key to Lock

Can't identify Lock

Other: \_\_\_\_\_

**Complete the following questions:**

Today's Date: \_\_\_\_\_ Time: \_\_\_\_\_ Zone: \_\_\_\_\_ Building: \_\_\_\_\_

Equipment/Job Description: \_\_\_\_\_

Name and Andrew ID of employee whose personal safety lock is being removed or the department safety lock name / identification number to be removed (**print if known**):

Name: \_\_\_\_\_ Andrew ID: \_\_\_\_\_

Supervisor who is having the lock removed:

Name: \_\_\_\_\_ Andrew ID: \_\_\_\_\_

Were reasonable attempts made to have the lock owner located & returned to remove the lock? \_\_\_\_\_

\*Department safety locks do not require an employee call.

Date	Time	Who Was Called & Phone Number Used	Response/Results
Date	Time	Time Employee Clocked Out	

\*If the lock owner is on campus they shall be required to report to the lock location to remove their own lock.

Supervisor responsible for the equipment/job: Print Name: \_\_\_\_\_ Sign: \_\_\_\_\_

Supervisor responsible for lock owner/dept lock: Print Name: \_\_\_\_\_ Sign: \_\_\_\_\_

EHS Notified: Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Before lock is removed:**

The Shift Manager or Supervisor who is removing the lock must:

1. Communicate warnings to "Stay in the Clear" to all affected & authorized personnel in the area;
2. Inspect equipment affected by lock to verify that no one is in a position to be injured prior to start up.

Lock removed by: Name: \_\_\_\_\_ Sign: \_\_\_\_\_

When lock was removed: Date: \_\_\_\_\_ Time: \_\_\_\_\_

Person witnessing lock removal: Name: \_\_\_\_\_ Sign: \_\_\_\_\_

The person whose lock was removed shall be contacted regarding the lock removal prior to he/she starting work the following shift. Date Contacted: \_\_\_\_\_ by: \_\_\_\_\_

**Note:** This completed form must be provided to the EHS Department no less than the following business day.