**Appendix C**

**Penn State University Lock Removal Form**

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| --- | --- | --- | --- | --- |
| **General Information:** | | | | |
| Date & time of initial request to remove lock: | | | Work Unit of lock owner: | |
| Name of lock owner whose lock/tag is to be removed: | | | Name of lock owner’s supervisor: | |
| Equipment & location: | | | | |
| 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:**  **(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 the Work Unit’s / College’s Safety Officer has been informed (i.e. via e-mail, phone, message) of lock removal within 24 hours of removal. | | | | | |
| Verify that lock owner has been informed of lock removal prior to beginning their next shift. | | | | | |

**Signature of Lock Owner’s Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**