

Appendix B
Documentation of Lock Removal
(Rev. 07/2019)

This document is to be filled out in its entirety before removing a lock placed on by another individual. This document should only be applied under the employer's acknowledgement and supervision.

NAME OF AUTHORIZED EMPLOYEE WHO APPLIED LOCK:		Date:	
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Identify attempts made to contact the authorized employee (phone, messenger, radio, paging, speaking with fellow employees).

Description of the whereabouts or location of the authorized employee.

Signature of management representative who will remove the lockout device.

Description of efforts made to continue the attempts to contact the authorized employee.

Description of efforts made to notify the authorized employee before he/she resumes work.