General Information:	
Date & time of initial request to remove lock:	Lock owner's department/shop:
Equipment & location:	
Is it absolutely necessary for the equipment to be reenergized before the lock owner can return to remove the lock?　　Yes　　　　No If "Yes", explain why:	

Reason for removing lock: (i.e. 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 lock owner has been informed of lock removal prior to beginning the next shift.

Lock Owner: _____

Lock Owner's Supervisor: _____

Departmental Manager: _____

Associate Director, Operations: _____