

Emergency Lock Removal Form

Instructions:

This form shall be completed prior to the removal of an employee or contractor's lockout equipment.

A supervisor, either responsible for the employee who has equipment requiring emergency removal or having sufficient knowledge of the equipment or lockout shall complete this form.

A supervisor shall communicate to the authorized employee verbally or face-to-face before that authorized employee resumes work that an emergency lock removal has occurred.

The original emergency lock removal form shall be forwarded to the Risk Management and Safety (RMS) department for record retention of three (3) years.

Emergency Lock Removal Form

#	Required Information	Response
1	Today's Date	
2	Name of supervisor completing Form & conducting/observing lock removal.	
3	Name of person having their personal lockout lock removed.	
4	Is this a University of Notre Dame employee?	Circle: Yes NO If NO, complete step 4a.
4a	If No, enter name of contractor company.	
5	Describe or name the equipment that lock is being removed.	
6	Describe the original reason for lockout.	
7	Provide the reason for emergency lock removal.	
8	Was the person whose lock requires removal contacted?	Circle: Yes No If No, complete step 8a.
8a	Describe attempts to locate and contact the person whose lock/tag requires removal. Example: phone number called, voice mail, email, etc.	

Required approvals before locks can be removed.

Printed Supervisor / Manager Name: _____

Signature: _____

Date: _____

Printed Risk Management and Safety Name: _____

Signature _____

Date: _____

OR

Verbal Confirmation Provided by Risk Management and Safety (RMS)

RMS Contact Name: _____

Date and Time Contacted: _____