

APPENDIX D: Authorized Abandoned Lock/Emergency Removal Form

Completed forms must be maintained with departmental records for a minimum of 3 Years.

Note: Only Supervisors of the authorized employee may remove abandoned locks.

Lock Owner Name:	Date:	
Machine Name & ID #:	Location:	
Attempted to contact employee by:	Email <input type="checkbox"/> Phone <input type="checkbox"/> Other <input type="checkbox"/>	
Dates/Times:	a.m./ p.m.	
Communication with (name):	Time:	a.m./ p.m.
Dean/Director Notified?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Initials:
Repair Completed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Initials:
Equipment clear to be restarted?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Initials:
Guards replace and functioning?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Initials:
Affected employees notified that equipment ready for restart?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Initials:
Supervisor / Lead must make contact with authorized employee and brief him/her on the status of the service or maintenance project upon the employee's return to work.	Initials:	

Verification of Employee Notification of Lock Removal

Supervisor/Lead Completing This Form

Name (printed) _____ Signature _____ Date _____

Dean, Director, Departmental Supervisor Authorizing Lock Removal

Name (printed) _____ Signature _____ Date _____