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 Environmental Health & Safety Name:_____

Signature _____

Date: _____

OR

Verbal Confirmation Provided by Environmental Health & Safety (EHS)

EHS Contact Name:_____

Date and Time Contacted:_____