**Personal LOCK REMOVAL FORM**

Appendix 2

* I have verified that the authorized employee cannot be contacted to remove or cannot remove his/her personal lock from a lockbox/equipment.
* I have verified the authorized employee is not on the campus premises and I physically verified the employee is not working on the equipment/system.
* I have notified the Associate Vice President of Facilities and the EHS Director to provide them, (or their designees), full details of the situation and any possible hazards concerning the removal of the lock(s)/tag(s) and energizing of the above listed equipment.
* Together we have determined that it is safe to remove the lock(s)/tag(s).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* *Employee’s key is lost or inaccessible and she/he is not able to remove the lock. I will accompany them to remove their lock*. *(Do not contact AVP or EHS Director)*

Name/Signature of on-site YSU Management Supervisor performing above procedures

authorizing the cutting of the personal lock: \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This section serves as notification to the employee named below that his/her lock has been removed from a lockbox/equipment and he/she has been notified.

Authorized employee:

Location:

Lockbox Number: \_\_\_\_\_\_\_\_\_

Equipment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The Authorized Employee must complete this section.**

Please describe fully, as required by YSU Lockout/Tagout Program, why your lock was left on the lockbox and not removed before leaving the campus, or key was lost,.

Date:

Authorized Employee Signature

Employee’s Supervisor must retain one copy of this form. The Authorized Employee must bring this completed form to the EHS department and be issued a new personal lock.

Review Date: 4/24