

PERSONAL LOCK REMOVAL FORM

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

Date: _____

Authorized employee: _____

Location: _____

Lockbox Number: _____

Signature of on-site YSU Management Supervisor
authorizing the cutting of the personal lock after verifying that the authorized employee
named above is not working on the equipment/system, is not on the campus premises and
cannot be contacted to remove his/her personal lock from a lockbox.

Retain one (1) copy, and immediately submit this form to the employee's Supervisor.

The Authorized Employee must complete this section.

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

Authorized Employee Signature _____ Date _____

Sign and immediately return this form to EOHS Department for permanent filing.