

Appendix B: ABANDONED LOCK REMOVAL AUTHORIZATION FORM

Note: Only supervisors can remove abandoned locks.

Name of Person whose lock must be removed: _____

Has an attempt been made to contact him or her? YES NO

Why is it critical to remove this lock now?

Are you sure it is safe to remove this lock? YES NO

Supervisor's Name: _____

Signature: _____

Date: _____

EH&S Representative: _____

Signature: _____

Date: _____