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: ___________________