

**Appendix B**  
**Documentation of Lock Removal**  
(Rev. 03/01/2024)

*This document is to be filled out in its entirety before removing a lock placed on by another individual. This document should only be applied under the employer's acknowledgement and supervision.*

<b>NAME OF AUTHORIZED EMPLOYEE WHO APPLIED LOCK:</b>		<b>Date:</b>	
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*Identify attempts made to contact the authorized employee (phone, messenger, radio, paging, speaking with fellow employees).*

*Description of the whereabouts or location of the authorized employee.*

*Signature of management representative who will remove the lockout device.*

*Description of efforts made to continue the attempts to contact the authorized employee.*

*Description of efforts made to notify the authorized employee before he/she resumes work.*