



**DALHOUSIE
UNIVERSITY**

**Department of
Facilities Management
Occupational Health and Safety**

Abandoned Lock Out Device Removal Report

Location of Lock to be Removed _____

Name on Lock _____

Lock Removal Performed By: _____
(Employee Authorized to Remove the Abandoned Lock)

Date of Removal _____ Time of Removal _____

1. Was the workplace thoroughly checked to ensure the authorized employee has left the workplace and / or campus? Yes ____ No ____
2. Was an effort made to contact the employee? Yes ____ No ____
3. Have the worksite, equipment and energy isolating device(s) been assessed to ensure that it is safe to remove the lock out device and release the equipment from lock out? Yes ____ No ____

If the answer is YES to all three of the above questions proceed as follows:

- Remove the lock and tag in the presence of a witness and ensure they are secured in a safe location.
- Re-energize the equipment.
- At the earliest opportunity inform the authorized employee that their lock was removed.

Verification of the Authorized Employee

Notified by Phone: **Date** _____ **Time** _____

Notified in Person: **Date** _____ **Time** _____

Signature: _____
(Authorized Employee)

Signature: _____
(Immediate Supervisor)