

**ATTACHMENT C**

**AUTHORIZED LOCK REMOVAL**

**Date:** \_\_\_\_\_

**Employee's Lock:** \_\_\_\_\_

**Equipment Location:** \_\_\_\_\_

**Why must lock be removed?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What attempts were made to reach employee?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Who removed lock? (Need two people, including one Team Leader)**

\_\_\_\_\_

**Any corrective action required to prevent this from reoccurring?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Any disciplinary action required?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Employee:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Team Leader:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Team Leader's Supervisor** \_\_\_\_\_

**Date:** \_\_\_\_\_