

APPENDIX G

Lock Removal Form

Date:	Time:			
Location:				
Equipment:				
Lockout/ Tag out by:				
Reason for Lockout:				
Removal Requested By (name & Department):				
Reason for Removal:				
Was contact made with owner of the lock?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Have all involved workers been accounted for?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Person removing lock has verified no other worker is endangered.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Lock removal authorized by:				
Role	Name (Please Print)	Signature:	Date: (DD/MM/YY)	Time:
Responsible Supervisor				
Person removing lock				
Witness				