

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	☐ Yes	□ No		
Have all involved workers beer	☐ Yes	□ No		
Person removing lock has verified no other worker is endangered.				
Lock removal authorized by:				
Role	Name (Please Print)	Signature:	Date: (DD/MM/YY)	Time:
Responsible Supervisor	,		, , , , , ,	
Person removing lock				
Witness				

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