

## 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  |  |            |                  |       |