

LOYALIST COLLEGE

LOCK REMOVAL AUTHORIZATION

Department: _____

Location of Lock: _____

Lock owner: _____

Date and time lock was discovered to be left on: _____

1. Confirmed that the lock owner has left the site/ facility:

Yes No Supervisor's Initials: _____ Date/Time: _____

2. If lock owner has left the site, have attempts been made to contact lock owner?

Yes No Supervisor's Initials: _____ Date/Time: _____

3. Has the status of the equipment or process been verified to be in a state that is safe to unlock?

Yes No Supervisor's Initials: _____ Date/Time: _____

4. Have provisions been put in place to immediately notify the lock owner, upon returning to work, that their lock has been removed?

Yes No Supervisor's Initials: _____ Date/Time: _____

5. If the answer to all the questions is yes, the supervisor may now remove the lock. Lock removed by:

Supervisor's Name (print): _____

Supervisor's Initials: _____ Date/Time: _____

6. Has a copy of the completed form been provided to the lock owner on return to work?

Yes No Supervisor's Initials: _____ Date/Time: _____

Note: Completed form (original) to be filed in Supervisor's office.