



OHS 012 Form B: Lock Removal Authorization

Department:
Location of Lock:
Lock Owner:
Date and Time Lock was discovered to be left on:

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

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

2. If the lock owner has left the site, have attempts been made to contact the 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 of the above 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 upon return to work?

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

Note: this completed form (original) must be filed in the supervisor's office.