

# LOCK REMOVAL FORM

Lock Owner: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Persons witnessing lock removal: \_\_\_\_\_

Area Supervisor's name: \_\_\_\_\_

Location and equipment/job affected: \_\_\_\_\_

Reasons for lock removal: \_\_\_\_\_

**Attempts to contact the owner of the lock(s)**

Time: \_\_\_\_\_ Place: \_\_\_\_\_

Time: \_\_\_\_\_ Place: \_\_\_\_\_

Time: \_\_\_\_\_ Place: \_\_\_\_\_

Time: \_\_\_\_\_ Place: \_\_\_\_\_

**Area or equipment checked for:**

Obstructions: \_\_\_\_\_ Tools: \_\_\_\_\_ Personnel: \_\_\_\_\_

Signs of Work: \_\_\_\_\_ Safe to Operate: \_\_\_\_\_

Lock removed by: \_\_\_\_\_

Lock out restored: \_\_\_\_\_ or equipment started  
and checked for correct operation: \_\_\_\_\_

**Signatures:**

**Witness**

**Area Supervisor**

**Manager**

**OH&S Officer**

\_\_\_\_\_

Information reviewed by Manager, Occupational Health and Safety and owner of lock.

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Action Taken: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_