

OPP LOCK REMOVAL FORM

APPENDIX D

PART 1 - G	ENERAL INFORMA	TION		
Remov	/al Request			
	Date	Time	Work Unit o	or Department of Lock Owner
Name of lock	owner whose lock/tag	is to be removed	Name of loc	ck owner's supervisor
Equipment ar	nd location			
to be re-ener	y necessary for the eq gized before the lock o onally remove the lock	wner can Yes	No If Yes, e	explain why
PART 2 - RI	EASON FOR LOCK	REMOVAL		
Lock owner consick, lock owr to remove local leaaving, etc.	ner forgot k before			
PART 3 - CONTACT ATTEMPT DOCUMENTATION				
Date	Time	Method of attempted c	ontact	Result
Date	Time	Method of attempted contact		Result
Date	Time	Method of attempted c	ontact	Result
PART 4 - LO	OCK REMOVAL			
Verify that	at the lock will be remo	ved by the supervisor of the	e lock owner or	the supervisor's direct designee.
Verify that energize		lock owner or the supervise	or's direct desiç	gnee has reviewed the equipment to ensure that it can be safely re-
Lock removed by		Date	Time	
PART 5 - NO	OTIFICATION			
Verify that	at the OPP Safety Coo	rdinator has been notified (v	via email, phon	e, or message) of lock removal within 24 hours
Verify that the lock owner has been informed of lock removal prior to beginning their next shift				
Supervisors signature			 Date	