STRIKE	Lock Removal Form	CF-S-66

Authorization for lock removal by site supervision when the person who originally put the lock on is not available and unable to remove themselves

Foreman:		Superintendent:
Field Location/ LSD:	Equipment ID:	Reason for Removing Lock:

Action	Comments
Prior to removing a lock of an absent worker, make every reasonable effort to contact the worker who installed the lock. This includes attempting to contact them by phone, text, email, etc.	Employee absence from site verified by: Employee Phoned/Contacted by: Details of Contacted:
Determine conclusively that the removal of the lock will not cause a hazard. A competent person(s) must assess the system thoroughly prior to the removal of the lock.	Verified by:
Contact the designated Supervisor for authorization to access spare key or to cut the lock.	Person Contacted: _____ Time of Contact:
Responsibility assigned for returning the spare key.	Responsible Person:
If contacting worker failed a plan must be made to inform the affected worker prior to the start of their next assigned work shift.	Responsible Person: Date of Notice:

Date & Time Lock Removed:	Removed by:	Authorized by:	Method of Removal: (Key or Cut)
Foreman or Designate verified spare key returned: (unless lock was cut)	Date of Verification:	Sign-off:	

Ensure copy of this form is kept in job file for record retention