

### Attachment G – Lock Removal Report

For additional guidance, refer to section 10.6

SECTION A		
	YES	NO
Lock must be removed so equipment can be returned to service.		
Owning Dept. Supervision Signature: _____ Date: _____ Time: _____		
SECTION B		
Individual or craft is not available to remove lock. _____ Radio _____ Cell Phone _____ Home Phone _____ Contact Security		
Job is complete.		
Equipment is ready to be returned to service		
Lock may be removed.		
Time Lock Removed: _____ Lock Number: _____ Lock Owner: _____		
Signature of individual's Foreman, Coordinator, Supervisor, Manager or On-Call person who removed lock: _____		
Date: _____ Time: _____		
SECTION C		
Employee was informed of the removal of his/her lock before returning to work.		
Employee Signature (if applicable): _____ Date: _____		