

Northern Lights College				
Title: Lock Removal Procedure				
Owner: HS&E Advisor	Approved by:	Date last revised: November 2008	Rev. # 1	Review Date: August, 2010

The instructor or supervisor are the only people authorized to remove locks belonging to other workers/students.
This form must be completed and signed by the instructor or supervisor every time a lock must be removed

Date:	Time:
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Supervisor or instructor:

Worker or student who's lock was removed:

Was person at work or class (on campus)? Yes <input type="checkbox"/> No <input type="checkbox"/>

If no, what steps were taken to contact worker/student?

Why did lock have to be removed?

Was a safety committee member notified/involved in removal? Yes <input type="checkbox"/> No <input type="checkbox"/>

Name:

Other persons involved

How was lock removed? Master Key <input type="checkbox"/> Cut <input type="checkbox"/> Other <input type="checkbox"/> (Explain)

Have locks been returned or replaced? Yes <input type="checkbox"/> No <input type="checkbox"/>

What steps were taken to ensure that the system was safe to operate after the lock removal?

Comments

Signature:	Title or Position:
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