

# PADLOCK REMOVAL FORM

## 1) IDENTIFICATION

Date and time of the request: 20 \_\_\_/\_\_\_/\_\_\_ Time: \_\_\_:\_\_\_

Concerned equipment: (\_\_\_\_\_)

Supervisor's name: (\_\_\_\_\_) Signature: (\_\_\_\_\_)

Division: (\_\_\_\_\_) Department: (\_\_\_\_\_)

## 2) REASONS TO PROCEED WITH REMOVAL

- Personal padlock left on an isolating device or a box.
- Defective padlock and cannot be removed using the key.
- Padlock key is lost or broken.
- Others: \_\_\_\_\_

## 3) PADLOCK IDENTIFICATION

Padlock identification: (\_\_\_\_\_)

## 4) VERIFICATION BEFORE REMOVAL

- Personal, borrowing or contractor padlock

Concerned person's name:  
(\_\_\_\_\_)

The supervisor must contact the employee  
TIME: \_\_\_:\_\_\_ **Was he contacted?**

- YES: THE EMPLOYEE MUST COME BACK TO REMOVE HIS PADLOCK.**
- NO or CANNOT come back: PROCEED WITH REMOVAL**

- Equipment or control padlock

The supervisor verifies that there is no more employee or worker on site.

Is there still somebody on site?

- YES: DO NOT PROCEED WITH REMOVAL.**
- NO: PROCEED WITH REMOVAL**

## 5) PADLOCK REMOVAL Cut required

- Meticulous inspection and assessment of area to ensure there is no danger.**

Supervisor: (\_\_\_\_\_) Signature: (\_\_\_\_\_)

Other authorized person: (\_\_\_\_\_) Signature: (\_\_\_\_\_)

- Padlock removal** Date: 20 \_\_\_/\_\_\_/\_\_\_ Time: \_\_\_:\_\_\_

Supervisor: (\_\_\_\_\_) Signature: (\_\_\_\_\_)

Other authorized person: (\_\_\_\_\_) Signature: (\_\_\_\_\_)

- Recovery of hardware and update of padlock record**

- Notification to the employee** Date: 20 \_\_\_/\_\_\_/\_\_\_ Time: \_\_\_:\_\_\_

Supervisor: (\_\_\_\_\_) Signature: (\_\_\_\_\_)

Human resources: (\_\_\_\_\_) Signature: (\_\_\_\_\_)