**15-B Apollo Lock Removal Authorization Form**

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| **General Information:** | |
| Date & time of request to remove lock: | Division and Jobsite: |
| Name of lock owner whose lock/tag is to  be removed: | Name of lock owner’s supervisor: |
| Equipment & location: | |
| Is it **absolutely** necessary for the equipment to be reenergized before the lock owner can return to personally remove the lock? Yes No If “Yes”, explain why: | |

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| **Reason for Removing lock**: (Lock owner called in Sick, Lock owner forgot to remove, Employee transferred, Employee terminated, etc.) |
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| **Document attempts to contact lock owner prior to removal:** | | |
| **Date & Time** | **Method of Attempted**  **Contact** | **Result** |
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| **Lock Removal:** | |
| Verify that the lock will be removed by the supervisor of the lock owner or the  Supervisor’s direct designee. | |
| Verify that the supervisor of the lock owner or the supervisor’s direct designee has reviewed the equipment to ensure that it can be safely reenergized. | |
| Lock removed by: | Date & time of removal: |

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| **Notifications:** |
| Verify that Apollo Safety has been notified (i.e. via phone call/message) of lock removal.  Who:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ am/pm |
| Verify that lock owner has been informed of lock removal prior to beginning their next shift.  Lock Owner Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Supervisor Signature: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_