



# Non-Routine Lock Removal Form

## Control of Hazardous Energy | FCX-HS04

**FREEMPORT-  
McMORAN**

<b>EQUIPMENT</b>	<b>DATE</b>	<b>TIME</b>
	<b>LOCK OWNER</b>	

### INDIVIDUAL CONTACTED

Checklist	Summary
<input type="checkbox"/> Check the Energy Control Coordinator Form, lock and tags for information	
<input type="checkbox"/> Perform a thorough inspection of the equipment	
<input type="checkbox"/> Verify that all grounds and blocking devices have been removed	
<input type="checkbox"/> Verify that tools and material are clear	
<input type="checkbox"/> Verify that the equipment is operable	
<input type="checkbox"/> Verify that all guards have been re-installed	
<input type="checkbox"/> Verify that all personnel are clear	

### INDIVIDUAL NOT CONTACTED OR LOCK NOT IDENTIFIED

Checklist	Effort to Contact the Owner	
<input type="checkbox"/> Check the Energy Control Coordinator Form, lock and tags for information	By Whom?	
<input type="checkbox"/> Perform a thorough inspection of the equipment	When?	
<input type="checkbox"/> Verify that all grounds and blocking devices have been removed	Location of Owner	
<input type="checkbox"/> Verify that tools and material are clear		
<input type="checkbox"/> Verify that the equipment is operable		
<input type="checkbox"/> Verify that all guards have been re-installed		
<input type="checkbox"/> Verify that all personnel are clear		

Verbal authorization from the Sr. Supervisor or Superintendent

Supervisor:

Approved By:

### INVESTIGATORS

Title	Contact Names
If contact with the lock owner cannot be made, or the owner is unknown, each of the individuals below must be contacted and must ensure all of the above requirements have been met, and the equipment is safe to remove the lock. Please document the individuals contacted below.	
Area Supervisor(s)	
Qualified Individual	
Energy Control Coordinator (*if applicable)	
Health & Safety	

### NOTIFICATION

<input type="checkbox"/> Employee has been notified of the removal of their lockout/tag-out device before returning to work		
When?	By Whom?	
Provide document to <b>Area Superintendent or Responsible Person</b>		