



Suncor St. Clair Ethanol Hazardous Energy Isolation Plan (HEIP) Lock Removal Form

Lock(s) Unique Identifier (i.e. number/type/owner/company)	
Equipment Number, System Description and Description of Work Scope Impacted by Lock(s):	
Attempt to Contact Affected Worker(s) (DD/MM/YY): Contact Attempt Made By (direct supervisor or SCEP representative): Name (Print and Sign): _____ Role: _____	
	Acknowledgement that the equipment, scope of work, safe work permit and any common isolations have been reviewed and confirmed (SCEP operations/maintenance representative(s)) Signature: _____ Print: _____ Date/Time: _____
	Acknowledgement that the equipment, scope of work, safe work permit and any common isolations have been reviewed and confirmed (contractor representative(s) if available). I will ensure the worker is notified that the lock was removed Signature: _____ Print: _____ Date/Time: _____
	Additional Comments:
	I hereby approve the removal of the identified lock(s) (Operations Manager or Shift Supervisor) Signature: _____ Print: _____ Date/Time: _____



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Please ensure the completed copy of the Suncor St. Clair Ethanol Hazardous Energy Isolation Plan (HEIP) Lock Removal Form is retained with the isolations forms and safe work permit.