

<b>SAFE WORK PERMIT</b> Permit No. _____ <div style="text-align: center;"><i>(Optional)</i></div> <b>Marathon Oil Corporation.</b> Date: _____ <b>Emergency Notification:</b> _____ <div style="text-align: center;"><i>(telephone number required)</i></div>	<div style="text-align: right;"><i>(This section for office use only)</i></div> <b>Supervisor Audit:</b> _____ <div style="text-align: center;"><i>Supervisor Signature</i></div> Date: _____ <b>Annual Safety Audit:</b> _____ <div style="text-align: center;"><i>Safety Specialist Signature</i></div> Date: _____
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**A. WORK REQUEST** **(COMPLETE THIS SECTION FOR ALL PERMITS)**

1. Permit Type:  Hot Work     Confined Space Entry     Excavation     IDLH Situation  
 Vehicle Access     Hot Tap (See *Hot Tap Guidelines*)     Other (*specify*): \_\_\_\_\_

2. Facility Name: \_\_\_\_\_ Location of Work: \_\_\_\_\_

3. Work To Be Undertaken: \_\_\_\_\_

4. Company(s) Conducting Job: \_\_\_\_\_

5. Task/Entry Supervisor: \_\_\_\_\_ 6. Number in Work Party: \_\_\_\_\_

**B. HAZARDS IDENTIFICATION** **(COMPLETE THIS SECTION FOR ALL PERMITS)**

7.  Hazardous Atmospheres     Trapped Pressure     Dangerous Chemicals     Electricity  
 Open Flames or Arcs     Crane Operation     Adjacent Operations     Heavy Loads  
 Flying Particles or Sparks     Danger of Falling     Excavation Collapse     Noise  
 NORM or other Radiation     Moving Machinery     Weather Hazards     Wildlife  
 Temperature Extremes     Overhead Hazards     Flammables/Combustibles/Explosives     Engulfment  
 Safety Systems bypassed/disabled     MSDS Reviewed     Other: \_\_\_\_\_

**C. WORK PREPARATION** **(COMPLETE THIS SECTION FOR ALL PERMITS)**

8. Electrical Equipment is:  De-energized     Locked     Tagged     Verified Safe     N/A  
9. Vessels/Piping are:  Depressurized     Disconnected     Blinded     Double Blocked & Bled  
 Flushed     Inert Gas Purged     Ventilated (*equipment bonded?*)     N/A  
10. Valves Are:  Closed     Locked     Tagged     Blinded  
 Removed     Open (*if necessary for safe work – i.e. bleed valve, open drain, etc.*)     N/A  
11. Sewer/Drains are:  Blocked     Covered     N/A  
12. Equipment/Machinery/Energy Sources Secured From Unexpected Movement or Start-up?  Yes     N/A  
13. Additional Lighting Required?  Yes     N/A  
14. If performing hot work offshore, is the Facility shut-in:  Yes     An approved deviation has been obtained.     N/A  
15. Is Welding Ground Attached to Work Surface:  Yes     No     N/A

**D. REQUIRED PROTECTIVE APPAREL/EQUIPMENT** **(COMPLETE THIS SECTION FOR ALL PERMITS)**

16.  Hard Hat     Safety Glasses w/Sideshields     Tinted Lenses     Goggles     Faceshield  
 Welding Hood     Cutting Glasses     Hearing Protection     FR Hood     Insulate Hood  
17. Gloves:  General Purpose     Chemical Resistant     Heat Resistant     Dielectric     Other \_\_\_\_\_  
18. Protective Footwear:  Safety Toe Shoes or Boots     Chemical Resistant Safety Toe Boots     Boot Covers  
19. Respiratory Protection:  SCBA     Hose Line w/ Escape Unit     HEPA Filter     Dust/Mist  
 Chemical Cartridge: Type: \_\_\_\_\_  
20. Protective Clothing:  Normal     Flame Resistant     Water or Chemical Resistant     Disposable  
21. Fall Arrest:  Harness     Lanyard     Retrieval Line     Vertical Retrieval Device     Other \_\_\_\_\_  
22. Personal Monitor:  H<sub>2</sub>S     Methane     Multi-Function     Other (*specify*): \_\_\_\_\_

**E. EMERGENCY PREPAREDNESS** **(COMPLETE THIS SECTION FOR ALL PERMITS)**

23. Is Fire Fighting Equipment Readily Available, In Good Condition, Recently Inspected?  Yes     N/A  
24. Is a Fire Watch Needed?  Yes     No    If Yes, Names(s): \_\_\_\_\_ Do they know and understand their duties?  Yes  
25. Is Emergency Equipment Readily Available, In Good Condition, Recently Inspected?  Yes     N/A  
26. Are Rescue Provisions Determined?  Yes Specify: \_\_\_\_\_  N/A

**F. ATMOSPHERIC MONITORING** (*attach extra forms as needed*) **(COMPLETE THIS SECTION FOR ALL PERMITS)**

	Record Actual Readings	Oxygen 19.5% - 23.5 % Entry 16%-23.5%	LEL Hot work 0% Entry ≤ 10%	H <sub>2</sub> S <10 ppm	CO Entry <25 ppm (if applicable)	Other	NORM (if applicable)	Time	Initials
27.	Initial Check								
	Recheck								
	Recheck								
	Recheck								

28.  Continuous monitoring required or  Periodic monitoring required every \_\_\_\_\_ minutes

**G. EXCAVATIONS** **(COMPLETE FOR EXCAVATIONS PERSONNEL WILL ENTER THAT CONTAIN OR HAVE THE POTENTIAL TO CONTAIN A HAZARDOUS ATMOSPHERE OR OTHER SERIOUS SAFETY HAZARD)**

Applicable\*     Non-Applicable    \* ATTACH THE EXCAVATION SAFETY CHECKLIST

29. Is the Excavation 4 or more feet deep?  Yes     No (*proceed to question 31*)  
30. Is the Excavation a Permit Required Confined Space (as Determined by a Permit Issuer)?  
Yes  COMPLETE SECTION J    No

**H. ADDITIONAL PERMIT CONDITIONS AND OTHER HAZARDS NOT PREVIOUSLY LISTED**

31.  Applicable     Non-Applicable    Specify: \_\_\_\_\_

**I. ISOLATION VERIFICATION** (*Verified by Task Supervisor*) **(COMPLETE THIS SECTION FOR ALL PERMITS)**

32. Process/Mechanical Isolations  N/A  
 Applicable (*Energy Control Procedures Attached*)  
All relevant systems have been isolated and locked and tagged out in accordance with Marathon's policy.

33. Electrical Isolations  N/A  
 Applicable (*Energy Control Procedures Attached*)  
All relevant systems have been isolated and locked and tagged out in accordance with Marathon's policy.

**J. CONFINED SPACE ENTRY (COMPLETE THIS SECTION FOR CONFINED SPACE ENTRIES)**

Applicable  Non-Applicable (Permit Issuer completes 34-36 and 38-39 Attendant completes 37)

Sections B, C, D, E, and F have been thoroughly completed, reviewed, and all hazards properly addressed prior to personnel entry into confined space.

34. SPACE TO BE ENTERED: \_\_\_\_\_

35. PURPOSE OF THE ENTRY: \_\_\_\_\_

**36. STANBY ATTENDANTS:**

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**AUTHORIZED ENTRANTS TO THE CONFINED SPACE (TO BE COMPLETED BY THE ATTENDANT)**

Table with 5 columns: Printed Name of Entrant(s), ENTRY INTO (Date, Time), EXIT FROM (Date, Time), ENTRY INTO (Date, Time), EXIT FROM (Date, Time). Includes 5 rows for data entry.

**38. ENTRANT - ATTENDANT COMMUNICATIONS: (Required for all Confined Space Entries)**

- Visual Contact  Radios (approved for hazard class)  Voice  Tagline Signals
 Other: \_\_\_\_\_

**39. CONFINED SPACE RESCUE AND EMERGENCY SERVICES: (Required for Permit-Required Confined Space Permit Only)**

For Emergency Notification during regular hours call Radio Unit Number: \_\_\_\_\_ and Dial 911 or (specify): \_\_\_\_\_

For Emergency Notification after regular hours: \_\_\_\_\_

Is Non-Entry Rescue Feasible?  Yes (Must Meet All Requirements Below for Non-Entry Rescue)

- ALL entrants are equipped with proper non-entry rescue equipment including a full body harness and lifeline.
 Lifelines are attended by personnel who are physically capable of removing each entrant(s) from the confined space.
 The space is configured to allow non-entry rescue without the entrant(s) becoming trapped or entangled.
 A mechanical retrieval device is utilized for vertical entries greater than 5 feet deep. Or  N/A if less than 5 feet

No (Rescue Team Must Be Readily Available and Rescue Equipment Staged On Site)

Name of Rescue Service? \_\_\_\_\_ Signatures of Rescue Team Members: \_\_\_\_\_

**K. WORKER BRIEFING - \* Must Brief Workers on All Items \* (COMPLETE THIS SECTION FOR ALL PERMITS)**

- 40. All members of the work party have been briefed on:  Potential Hazards  JSA / Safe Work Procedures
 Conditions of the Permit  Emergency Action/Rescue  Means of Egress and Muster Area

**L. PERMIT AUTHORIZATION/VALIDATION (COMPLETE THIS SECTION FOR ALL PERMITS)**

41. I understand my duties as a fire watch. Signed: \_\_\_\_\_ (Company) \_\_\_\_\_

Firewatch

42. I have taken over fire watch from watchman noted above at (Time) \_\_\_\_\_ Signed: \_\_\_\_\_ (Company) \_\_\_\_\_

Firewatch

43. I certify that I have prepared this work and equipment in accordance with Marathon's Safe Work Permitting Program and agree to perform this work within the established guidelines of this permit. I acknowledge that the permit shall be voided if any unsafe conditions arise or if the conditions of the permit are not met. I further agree to brief any additional arriving workers on all categories contained in Section J of this permit prior to allowing them to join the work party.

Signed: \_\_\_\_\_ Signed: \_\_\_\_\_

Task or Entry Supervisor (MOC Employee/Rep for IDLH or Confined Space)

Acceptance By Relieving Task or Entry Supervisor

44. I certify that I have examined the work location and reviewed the work procedures to be undertaken and ensure that all persons in the work party have been briefed of the associated hazards and emergency actions and therefore authorize the performance of this work in accordance with the conditions and guidelines contained in this permit. The permit shall be voided if unsafe conditions arise or if any conditions of the permit are not met.

Signed: \_\_\_\_\_

Permit Issuer

Table with 3 main columns: Permit Issued (Time, Date), Permit Expiration (Time, Date), Revalidation (Time, Date, Initials). Includes a footnote: \* One full work shift shall mean the same personnel for a period not to exceed 12 hours.

**M. PERMIT CANCELLATION/POST ENTRY REVIEW (COMPLETE THIS SECTION FOR ALL PERMITS)**

46. I have inspected the work area and/or confined space and hereby cancel and remove this permit for the following reason:

- Job Completed in Full  Expiration of Authorized Time Period  Occurrence of Non-Authorized Condition

If occurrence of non-authorized condition, please explain: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  Post Confined Space Entry Review Conducted
Task/Entry Supervisor or Permit Issuer Time: \_\_\_\_\_  No Review Needed; Not a Confined Space Entry

Retain Confined Space Entry Permits for 30 years
Retain all Other Permits for 7 years