authorization FOR C1D1 hot work

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| **I. Form Information** |
| **Name of Requestor:** | **Requested Start Date:** **End Date:**  |
| **Operating Area:**  | **Project / Location Affected:**  |
| **II. Process Deviation Information** |
| **Please provide a brief description of the work:**  |
| **Job Step**: | **Risk:** | **Mitigation:** |
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| **III. Authorization** |
| ***By filling in my name below, I confirm that I have reviewed the requested authorization and acknowledge the risks will be mitigated and managed as written in this authorization.*** |
| Operations Supervision Signature:       | Approval Date:       |
| Comments/Conditions:       |
| HES Supervisor (or delegate) Signature:       | Approval Date:       |
| Comments/Conditions:       |
| Operations Leadership Signature:       | Approval Date:       |
| Comments/Conditions:       |
| **Instructions for Approval:** |
| 1. **Marathon Requestor completes Section I and II and submits to Operations Supervision for approval.**
2. **Operations Supervisor forwards to HES Supervisor for approval.**
3. **HES Supervisor forwards to Operations Leadership for approval.**
4. **Form is returned to Marathon Requestor for inclusion.**
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