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.** | | | | |