authorization For Higher Risk Isolation

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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:** | | |
| **Isolation requires:  Double Block and Bleed  Use of an Engineered Mechanical Plug** | | |
| **Information below is required for using an Engineered Mechanical Plug for isolation** | | |
| **Engineered Mechanical Plug Information: Manufacturer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Serial Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Pressure Rating \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_psi Temperature Rating \_\_\_\_\_\_\_\_\_\_Deg. F**  **Rated for Fluid Environment:  Yes  No** | | |
| **III. Authorization** | | |
| ***By filling in my name below, I confirm that I have reviewed the requested authorization for double-block and bleed or engineered mechanical plugs for energy isolation for hot work, confined space entry or any combination when physical separation or barrier is not achievable 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: | | |
| **Instructions for Approval:** | | |
| 1. **Marathon Requestor completes Section I and II and submits to Operations Supervision for approval.** 2. **Operations Supervisor forwards with HES Supervisor for approval.** 3. **Form is returned to Marathon Requestor for inclusion.** 4. **Regarding HES Supervisor for DB&B or Engineering Mechanical Plug approval, for those assets without HES Supervisor role, this can be delegated to the HES Professional.** | | |