

Marathon Petroleum Company LP

Live Flare Header Invasive Work Approval and Mitigation Form - Permitted Task List ID#: L30

RAM SCORE REQUIRED ON PERMIT

A. Work Scope Information						
Affected Unit(s):		Originator:				
Affected Flare:		Line Size:				
Relief Device Tag Name:		Planned Date of Work:				
Date:						
Description of work:						
All prerequisite questions must be answered.			YES	NO	N/A	Name/Signature/Date
B. Live Flare Header Invasive Work Evaluation – By Owning Department Supervision (all answers must be YES or N/A to proceed with work)						
Are alternate means of relief available if a relief device is removed?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If yes, explain _____ _____						
Is the live flare header work required to be completed before the next scheduled outage?			<input type="checkbox"/>	<input type="checkbox"/>		
If yes, explain _____ _____						
Have other options been evaluated to avoid opening the live flare header?			<input type="checkbox"/>	<input type="checkbox"/>		
<ul style="list-style-type: none"> Unit shutdown or rate reduction Hot taps or stopples 						
If yes, explain why these options were not pursued: _____ _____						
Has the Table on the next page, based on the expected hazards, been completed by the Servicing Group Representative, and been submitted for review to approving parties?			<input type="checkbox"/>	<input type="checkbox"/>		
C. Required Approvals – all indicated persons must sign			Signatures			
Area Team Leader						
Maintenance Supervisor						
ES&S Manager						
Owning Department Manager						
Maintenance Manager						

Owning Department Supervision must send the completed Form to the Safety Supervisor for Retention.

Marathon Petroleum Company LP

Live Flare Header Invasive Work Approval and Mitigation Form - Permitted Task List ID#: L30 **RAM SCORE REQUIRED ON PERMIT**

D. Final Pre-Job Checklist (all answers must be answered to proceed with work) This section must be completed by the Owing Department Shift Foreman immediately prior to starting work.	Initial Line Break		Subsequent Line Break		Comments
All questions must be answered.	YES	N/A	YES	N/A	
Are all the units that impact the area where the live flare header will be opened in steady state operation?	<input type="checkbox"/>		<input type="checkbox"/>		
Has all Maintenance work been stopped that could result in a process upset that impacts the flare header with invasive work?	<input type="checkbox"/>		<input type="checkbox"/>		
Have all operators and Owing department supervision in areas impacted by the work been notified that the work will be performed?	<input type="checkbox"/>		<input type="checkbox"/>		
Has any abnormal use of the affected flare header been suspended?	<input type="checkbox"/>		<input type="checkbox"/>		
Is an operator and Maintenance representative on site within visual distance of the work?	<input type="checkbox"/>		<input type="checkbox"/>		
If a location is available, is a nitrogen purge being used?	<input type="checkbox"/>		<input type="checkbox"/>		
Has a pressure gauge been installed that is capable of reading both vacuum and a slight positive pressure?	<input type="checkbox"/>		<input type="checkbox"/>		
Is flare header pressure greater than 0 psig but less than 2.0 psig?	<input type="checkbox"/>		<input type="checkbox"/>		
If available, has liquid been drained from low point bleeders in the vicinity of the work?	<input type="checkbox"/>		<input type="checkbox"/>		
Have all ignition sources been removed from the immediate work area?	<input type="checkbox"/>		<input type="checkbox"/>		
Have affected roadways been closed? (Note which roads.)	<input type="checkbox"/>		<input type="checkbox"/>		
Has the area of live flare header work been cleared of nonessential personnel? Has danger tape or other barriers been placed to prevent unintentional access?	<input type="checkbox"/>		<input type="checkbox"/>		
Have preparations been made to provide the necessary coverage to allow for the job to be worked continuously until completion, including evaluation of weather conditions?	<input type="checkbox"/>		<input type="checkbox"/>		
Are two safe means of egress provided with unobstructed escape routes?	<input type="checkbox"/>		<input type="checkbox"/>		
Is a fire watch on standby with a fire extinguisher and fire monitor or charged hose?	<input type="checkbox"/>		<input type="checkbox"/>		
Have arrangements been made for clear communication between workers and support crew?	<input type="checkbox"/>		<input type="checkbox"/>		
Has a tool box meeting and JJSV been completed?	<input type="checkbox"/>		<input type="checkbox"/>		
Have the bolts been removed and replaced one at a time on the applicable flange(s) to allow for easy disassembly and re-assembly?	<input type="checkbox"/>		<input type="checkbox"/>		
Are all tools involved in the flare header work non-sparking?	<input type="checkbox"/>		<input type="checkbox"/>		
Is all equipment on site that is needed to expedite the duration the live flare header is opened?	<input type="checkbox"/>		<input type="checkbox"/>		
Are workers equipped with appropriate respiratory protection and PPE? Are backups in place, trained and competent in rescue, equipped with SCBA and required rescue equipment?	<input type="checkbox"/>		<input type="checkbox"/>		
Is there clear communication between Maintenance and the Owing department on the exact start and stop times of live flare header invasive work?	<input type="checkbox"/>		<input type="checkbox"/>		
List any other required PPE:					
Owing Department Supervisor Sign and Date:			Maintenance Coordinator Sign and Date:		
E. Close Out. Completed by Shift Foreman.					
Live Flare Header Invasive Work Start Time:			Live Flare Header Invasive Work Finish Time:		