

Originator:		Date Requested:	
Affected Personnel:		Date of Exception:	
Affected Location(s)/Operation(s):		Zone A: <input type="checkbox"/> Zone B: <input type="checkbox"/> Zone C: <input type="checkbox"/> Maint: <input type="checkbox"/> Other: <input type="checkbox"/>	
Reason for Exception: # hours or shifts		Ops: >92hrs <input type="checkbox"/> Shift: 8 th <input type="checkbox"/> 9 th <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/>	
		>14hr shift: <input type="checkbox"/> >18hr shift: <input type="checkbox"/> Other: <input type="checkbox"/>	
		Maint: >105hrs: <input type="checkbox"/> >14hr shift: <input type="checkbox"/> Shift: 11 th <input type="checkbox"/> 12 th <input type="checkbox"/> Other: <input type="checkbox"/>	
Business Consequence of Not Granting Exception:			
Task(s) to be completed:			
Existing Conditions: (that may increase fatigue)			Number
1. Number of consecutive shifts/hours worked at time of exception request			
2. Number of hours worked this shift at time of exception request			
3. Total expected number of consecutive hours this shift with exception			
4. Hours off before next scheduled shift begins with exception (applies to extended shifts)			
5. What is the employee's expected post-shift commute time			
6. Other fatigue risk condition:			
On-Shift Mitigations to be applied:			Check Yes or No
1. Activity: standing, stretching, walking, exercising, job task requiring movement			Y <input type="checkbox"/> N <input type="checkbox"/>
2. Lighting: adjusting lighting to improve alertness			Y <input type="checkbox"/> N <input type="checkbox"/>
3. HVAC adjustments			Y <input type="checkbox"/> N <input type="checkbox"/>
4. Increased interaction with coworkers			Y <input type="checkbox"/> N <input type="checkbox"/>
5. Food/Drinks: strategic caffeine use, well-balanced and nutritional snacks/meals, eating moderately, rehydrating with water			Y <input type="checkbox"/> N <input type="checkbox"/>
6. Break: using routine break or requesting relief for a break to increase alertness			Y <input type="checkbox"/> N <input type="checkbox"/>
7. Increased Supervisory support: increased monitoring & modification of tasks			Y <input type="checkbox"/> N <input type="checkbox"/>
8. Other mitigation:			Y <input type="checkbox"/> N <input type="checkbox"/>
Off-Shift Mitigations:			Check Yes or No
1. Hotel accommodations offered?			Y <input type="checkbox"/> N <input type="checkbox"/>
a. Hotel accommodations accepted?			Y <input type="checkbox"/> N <input type="checkbox"/>
2. Provide employee with a ride home (Taxi, etc.)			Y <input type="checkbox"/> N <input type="checkbox"/>
3. Shift modification, allowing for sufficient sleep			Y <input type="checkbox"/> N <input type="checkbox"/>
4. Other mitigation:			Y <input type="checkbox"/> N <input type="checkbox"/>
Additional Information:			
APPROVALS		Exception is not granted until approved by the appropriate 2 nd Level Supervisor, or their designee. Approval may be verbal. If so, please note.	
		Signature	Date
Supervisor (on-site)			
2nd Level Supervisor: (or their designee)			

 Marathon Petroleum Company LP	REFINERY-WIDE	R-11-035-F01
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If this exception qualifies as a Significant Fatigue Risk (see below for definition), the appropriate Refinery Leadership Team member(s) shall be notified by the next business day after the exception.

Form completion is only required for safety sensitive positions

Originator: Name of Supervisor requesting exception.

Date Requested: Enter the date for which the exception is requested.

Affected Personnel: List the name of affected personnel for the exemption request.

Affected Location: Check the appropriate Zone/Department box.

Reason for Exception: Describe the business necessity for requesting the exception. This is which provision of the Anacortes Fatigue Management Procedure will be violated if an exception were not provided. An example is the following: Instrumentation repair is taking longer than expected and is likely to take an additional hour to complete, which will “exceed the electrician’s daily hour-of-service limit”.

Business Consequence of Not Granting Exception: Describe the consequence to the business or operations if the request is not granted. Explain why the job/task cannot be delayed, necessitating the exception.

Task(s) to be completed: (including duration & timeframe)

Enter the task(s) with their anticipated duration and the day/night shift timeframe. List in this section any major job tasks to be completed.

Existing Conditions: (that may increase fatigue)

The listed conditions are not an exhaustive list and should be considered the minimum contributors to inducing fatigue. List any additional items for consideration as applicable. This information will assist management with determining whether granting the exception will significantly increase the risk of inducing fatigue in the affected personnel.

On-Shift Mitigations: List major actions taken on-shift to decrease the impact of fatigue. Supervisors can increase personnel monitoring to identify potential fatigue risks and may provide support through modification of work tasks and breaks. List any additional on-shift mitigations.

Off-Shift Mitigations: List the actions that were taken to eliminate/minimize additional fatigue risk which may be caused by granting the exception. Shift modifications shall allow for sufficient sleep by taking into account commute times, and personal activities such as personal hygiene and meals. List any additional off-shift mitigations.

Additional Information: Describe any important fatigue risks or mitigations not otherwise covered in the form.

Approvals: The appropriate Department Manager (or their designee) of the employee(s) subject to the exception must sign and date the form before it is considered approved. It will not always be possible to obtain a written approval signature. When this is not possible, verbal approval must be received. The name of the verbal approver, and the date/time of the approval must be recorded on the form.

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Retention: Submit approved Fatigue Management Hours-of-Service Exception Forms to ANR-Payroll@Marathonpetroleum.com

Significant Fatigue Risk: The following scenarios may pose significant fatigue risk:

- Working 18 hours or more in a single shift.
- Returning to work prior to having 8 hours off after working an extended shift.
- Working more than one extended shift (greater than 14 hours) per work set.

If any of these exceptions occur, the appropriate Refinery Leadership Team member(s) shall be notified by the next business day after the exception.