



DATE: \_\_\_\_\_

Zone: \_\_\_\_\_ Permit # \_\_\_\_\_ Total number of cuts to be made: \_\_\_\_\_

Marathon Maintenance Coordinator: \_\_\_\_\_ Contact Ext.: \_\_\_\_\_

Marathon Operations Shift Supervisor: \_\_\_\_\_ Contact Ext.: \_\_\_\_\_

List all Blind Tag #'s associated for each cut: \_\_\_\_\_

- Line(s) isolated, purged, cleaned, and blinded in accordance with R-30-008? Yes \_\_\_ No \_\_\_  
If NO = is Variance documentation attached? Yes \_\_\_
- Is the Craft employee who will be conducting the cut part of the JJSV? Yes
- Has maintenance witnessed a bleeder/verification check point (circle one)? Yes No
- Permit Type (circle one): Cold Work: Low Energy: High Energy Hot Work;
- Are all cut points marked with Cut Tape on both sides of the cut, and properly initialed (circle one)?  
Yes No
- Is this the Initial Cut on the line (circle one): Yes No - If yes, an Operator must Standby for ALL initial cuts.
- Is the line properly secured/rigged on both sides of the cut? Yes

Operator (printed Name): \_\_\_\_\_

Operator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Ops. Shift Supervisor (printed Name): \_\_\_\_\_

Ops. Shift Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

APIC Name (printed): \_\_\_\_\_

APIC Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee's Name conducting the cut (printed): \_\_\_\_\_

Craft Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ATTENTION: Printed copies should be used with caution.

The user of this document must ensure the current approved version of the document is being used.