

This form will be utilized to document approval to Modify, Deny or Extend recommendation target date for PSM related recommendations. Attachments to this form may be used when supporting documents are necessary. A copy of this completed form shall be attached to the modification or denial or extension of PSM related recommendations change request in INTELEX, the original shall be forwarded to Process Safety for records retention. Per our site requirements, the 1st approver for these changes must be an RLT member.

There are no requirements for use of the form for requests of RP change. Requests for a change of RP should not be completed by the requestor or other individuals. These requests require forwarding information to the PSM group for an RP change. The RP change must be authorized by an RLT member.

Form R-12-005-F01 should be accessed on the refinery menu in SharePoint.

1) INFORMATION SECTION

Recommendation Number:		Responsible Person:
Source:	<input type="checkbox"/> PSA (Additional Corporate Approval Needed) <input type="checkbox"/> PSM (PHA/LOPA, PSE1/2 II, PSM Tier 2/3 Audit, API 751, QRA, SIL, EIV, Building Siting & Relief Study) <input type="checkbox"/> Other (Source other than described above and within R-12-005 Section 1.2 Scope)	
Recommendation Title:	Copy and paste the exact verbiage from INTELEX.	
Recommendation Description:	Copy and paste the exact verbiage from INTELEX.	
Additional Details:	Copy and paste the exact verbiage from INTELEX.	
Recommended Action Description:	Individual action target dates shall not be extended beyond the overall recommendation target date.	
	(recommendation proposal additional details tab)	Recommendation Initiation Date:
	(recommendation proposal details or action page)	Current Target Closure Date:
	(ensure extension includes time to address all actions)	Proposed Target Closure Date:
	(recommendation proposal details page)	Recommendation Risk Ranking:

2) ACTION PLANS AND SAFEGUARDS

Immediate corrective actions taken and or safeguards implemented for a continued safe operation:

Additional actions or safeguards required during extension period:

Justification for Modification, Denial or Extension:

3) MODIFICATION, DENIAL OR EXTENSION APPROVAL (transfer signatures must be from the receiving department)

Recommendation/Action previously extended? (If yes, attach previous extension form(s))	<input type="checkbox"/> Yes <input type="checkbox"/> No	Approval Signature and Date
<input type="checkbox"/> Source is MPC Standards Gap Assessment & extension impacts conformance date (Corp./Refining SME plus risk-based approval)*		
<input type="checkbox"/> Source is PSA (Refining Manager of Process Safety and Risk)*		
<input type="checkbox"/> A or B+ risk – Extension (Refinery Manager & V.P. of Refining)*		
<input type="checkbox"/> B risk – Extension (Refinery Manager <1Yr or V.P. of Refining >1Yr)*		
<input type="checkbox"/> C+ risk – Extension (Refinery Manager & V.P. of Refining)*		
<input type="checkbox"/> C risk – Extension (Dept. Manager or Refinery Manager if >2Yrs)		

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.

D risk – (Department Manager)

Unranked – (Department Manager)

**Contact PSM to discuss Risk Ranked A or B recommendations or PSAs. Changes require off-site approval (VP or PSM manager). Items that require corporate approvals (A, B, B+, C+ risk, or PSA) may document approval via email.*

NOTE: PHA Denial/Modification PHA Team Review Meeting:

When a PHA recommendation requires denial (does not include closure of evaluation) or modification (change in intent) the PHA team will need reconvene to determine if revised recommendations should be developed. Refer to the minimum PHA team members table below. This process must be verified by PHA Coordinator.

MODIFICATION

New Description:

Basis:

FOR PHA ONLY:

Date Re-evaluated by PHA Team (Attach documentation) *:**

Subsequent Recommendation (If none, N/A) *:**

PHA Coordinator Signature*:**

DENIAL

Check Basis for Denial (The following are the only acceptable reasons for denial):

- The analysis upon which the recommendation is based contains factual errors
- The recommendation is not necessary to protect the health and safety of MRD employees, employees of contractors, or off-site receptors (i.e. the public)
- An alternative measure would provide a sufficient level of protection
- The recommendation is infeasible (not practical)

Justification:

FOR PHA ONLY:

Date Re-evaluated by PHA Team (Attach documentation) *:**

Subsequent Recommendation (If none, N/A) *:**

PHA Coordinator Signature*:**

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.



The table below shows the minimum PHA team members required to re-convene for the re-evaluation of PHA recommendation denial or modifications. Attempts should be made to assemble the original PHA team members but if some have left the company, an analogous replacement may be used.

Job Function	Name	Signature	Date
Operations/Specialist/Day Foreman			
Board Operator			
Maintenance Rep			
Engineering Rep			
Tech Service Engineer			

This form must be completed with appropriate approvals and then forwarded to Anacortes PSM to make the change and attach in system.

Attach approved form to recommendation and then forward to PSM Coordinator for records retention.

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.