

REFINERY-WIDE

R-12-011-F02

ANACORTES REFINERY

Occupied Building/Tent Permit

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REVISION: 0

OCCUPIED BUILDING/TENT PERMIT (To be filled out by MOC RP or Building Owner)					
Building Number/Name:		Trailer Serial Number:			
Building Number/Nume.		Trailer Certai Namber.			
Company or Contractor:		MOC #:			
Requestor Name:		Date:			
1) INFORMATION SECTION					
Intended Use: ☐ Office	☐ Break/Lunch ☐ Control	☐ Occupied Tool/Storage [□ Workshop □ Other		
Building Type: ☐ Wood Frame ☐ Metal Frame ☐ Reinforced Masonry ☐ Blast Resistant ☐ Tent ☐ Other					
Occupancy Dates:	Permanent: □		Out:		
Occupancy Dates:	Permanent. 🗆	Temporary: □ In:	Out.		
	1	TPB ⁽¹⁾ ? ☐ Yes ☐ No	Temp Tent? ☐ Yes ☐ No		
Building Occupants:	Essential □	Non-essential: □	Safe Haven: □		
Location Description:		Coordinates (Google Earth):			
-	orary portable building (TPB)	,	pied for more than 90 days		
Normal Occupancy Load:	People	Hours/Day	Days/Week		
The above information is correct and will be followed accordingly. If the building occupancy status changes [from unoccupied to occupied] or if the building type or location changes, the Owner/Requestor must notify the PSM Building Site Coordinator immediately. The building may have to be locked and/or the MOC process reviewed. The original permit will be sent to the PSM Building Site Coordinator					
Owner/Requestor:		Signature:			
2) BUILDING SITING HAZARD REVIEW (Refer to RSP-1314 for Additional Information)					
	si / milliseconds ur, VP Refining approval required	If VCE ≥ 0.9 psi, will building include non-essential personnel? □Yes □No □N/A If YES, Div Manager approval required			
Meets VCE requirements of RSP-1314? : □ Yes □ No □ N/A					
NICOLO VOL TOQUILO INOTOTOTOTO I TO II TVO II TVO					
Meets Fire requirements of RSP-1314? : ☐ Yes ☐ No ☐ N/A					
Meets Toxic requirements of RSP-1314? : ☐ Yes ☐ No ☐ N/A					



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Building Fire Response: S	Safe Haven □ Evacuate	<u> </u>	□Safe Haven □ Evacuate		
Electrical Classification		Building meets area electrical classification			
Area:		requirements:	☐ Yes ☐ No (2)		
⁽²⁾ If No, the building must not be energized					
Building Pressurized: ☐ Yes ☐ No					
The following <i>Other Hazards</i> have been reviewed with no gaps identified ☐ Power Lines ☐ Traffic(vehicle/rail/foot) ☐ Heavy Lift Locations ☐ Sewer Vents ☐ Atm Vents/Reliefs ☐ Vehicle Exhaust ☐ Nitrogen Plants/Storage ☐ Offsite Issues ☐ Other (list)					
Meets Skagit County Set-Up requirements (see attachment) ☐ Yes ☐ No ☐ N/A					
Risk Ranking (occupied only):	Risk Ranking (occupied only):		Mitigation Plan Complete: ☐ Yes ☐ No ☐ N/A		
Building Checklist	ПV-э ПNo				
Completed	□ Yes □ No				
3) APPROVAL SECTION (All signatures required except as noted below)					
Role	Name	Signature	Date		
Role	Name		Date		
Building Site Owner	Name		Date		
Building Site Owner	Name		Date		
	Name		Date		
Building Site Owner	Name		Date		
Building Site Owner Electric Shop Foreman Area Safety Specialist Facility Siting	Name		Date		
Building Site Owner Electric Shop Foreman Area Safety Specialist	Name		Date		
Building Site Owner Electric Shop Foreman Area Safety Specialist Facility Siting	Name		Date		
Building Site Owner Electric Shop Foreman Area Safety Specialist Facility Siting Coordinator	Name		Date		

requirements of RSP-1314 or for new buildings in a 3 psi or higher area