APPENDIX 02

Variance Requested for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Company Name)

|  |  |
| --- | --- |
| Contractor Contact Name and Title: | Current Date: |
| Contractor Phone Number: | Contractor Email Address: |

|  |
| --- |
| Reason for HSE Variance: (Specific QAPCO HSE standard/requirement that contractor is currently unable to achieve) |
| Variance Control:  (Identify specific contractor actions to deliver the HSE performance)  (QAPCO line management monitoring requirement to ensure contractor compliance) |
| Variance Expiration: (Date or condition when variance will expire) |

|  |  |  |  |
| --- | --- | --- | --- |
| QAPCO Approver Name | QAPCO Approver Title | QAPCO Approver Signature | Date |
| Contractor Approver Name | Contractor Approver Title | Contractor Approver Signature | Date |