SAFE WORK PERMIT

Corporation Safe Work Permit – Revised September 2010

Date: ________________

Permit No. ____________________________

(Optional)

(telephone number required)

Emergency Notification:

A. WORK REQUEST

(COMPLETE THIS SECTION FOR ALL PERMITS)

1. Permit Type:
   - Hot Work
   - Confined Space Entry
   - Excavation
   - IDLH Situation
   - Vehicle Access
   - Hot Tap (See Hot Tap Guidelines)
   - Other (specify):

2. Facility Name: Location of Work:

3. Work To Be Undertaken:

4. Company(s) Conducting Job:

5. Task/Entry Supervisor:

6. Number in Work Party:

B. HAZARDS IDENTIFICATION

(COMPLETE THIS SECTION FOR ALL PERMITS)

1. Hazardous Atmospheres
   - Trapped Pressure
   - Dangerous Chemicals
   - Electricity
   - Open Flames or Arcs
   - Crane Operation
   - Adjacent Operations
   - Heavy Loads
   - Flying Particles or Sparks
   - Danger of Falling
   - Excavation Collapse
   - Noise
   - NORM or other Radiation
   - Moving Machinery
   - Weather Hazards
   - Wildlife
   - Temperature Extremes
   - Overhead Hazards
   - Flammable/Combustible/Explosives
   - Engulfment

C. WORK PREPARATION

(COMPLETE THIS SECTION FOR ALL PERMITS)

1. Electrical Equipment:
   - De-energized
   - Locked
   - Tagged
   - Verified Safe
   - N/A
   - Vessels/Piping:
   - Depressurized
   - Disconnected
   - Blinded
   - Double Blocked & Bled
   - Flushed
   - Inert Gas Purged
   - Ventilated (equipment bonded?)
   - N/A
   - Valves Are:
   - Closed
   - Locked
   - Tagged
   - Blinded
   - Removed
   - Open (if necessary for safe work – i.e. bleed valve, open drain, etc.)
   - N/A
   - Sewer/Drains are:
   - Blocked
   - Covered
   - N/A
   - Equipment/Machinery/Energy Sources Secured From Unexpected Movement or Start-up:
   - Yes
   - N/A
   - Additional Lighting Required:
   - Yes
   - N/A
   - If performing hot work offshore, is the Facility shut-in:
   - Yes
   - An approved deviation has been obtained
   - N/A
   - Is Welding Ground Attached to Work Surface:
   - Yes
   - No
   - N/A

D. REQUIRED PROTECTIVE APPAREL/EQUIPMENT

(COMPLETE THIS SECTION FOR ALL PERMITS)

1. Protective Clothing:
   - Personal Protective Equipment

2. Respiratory Protection:
   - Respirator

3. Protective Footwear:
   - Safety Toe Shoes or Boots
   - Chemical Resistant Safety Toe Boots

4. Personal Protective Equipment:
   - FR Hood
   - Goggles
   - Tinted Lenses
   - Faceshield

5. Other:
   - Chemical Cartridge: Type
   - Chemical Resistant
   - Heat Resistant
   - Dielectric
   - Other

6. Overhead Hazards:
   - Weather Hazards
   - Falling Particles or Sparks
   - Dangerous Chemicals

7. Personal Protective Monitoring:
   - H2S
   - Methane
   - Carbon Monoxide
   - Other

8. Other:
   - Emergency Equipment
   - Other

E. EMERGENCY PREPAREDNESS

(COMPLETE THIS SECTION FOR ALL PERMITS)

1. Is Fire Fighting Equipment Readily Available, In Good Condition, Recently Inspected?
   - Yes
   - N/A

2. Is a Fire Watch Needed?
   - Yes
   - No

3. Do they know and understand their duties?
   - Yes

4. Is Emergency Equipment Readily Available, In Good Condition, Recently Inspected?
   - Yes
   - N/A

5. Are Rescue Provisions Determined?
   - Yes
   - N/A

6. Specify:

F. ATMOSPHERIC MONITORING

(attach extra forms as needed)

(COMPLETE THIS SECTION FOR ALL PERMITS)

1. Oxygen
   - Record Actual Readings
   - 19.5% - 23.5%
   - Entry 15% - 25%

2. LEL
   - Hot work 0%
   - Entry < 10%

3. H2S
   - <10 ppm

4. CO
   - Entry < 25 ppm

5. Other
   - NORM
   - (if applicable)

6. Time

7. Initial Check
   - Recheck
   - Recheck

8. Continuous monitoring required
   - or
   - Periodic monitoring required every minutes

G. EXCAVATIONS

(COMPLETE FOR EXCAVATIONS PERSONNEL WHO WILL ENTER OR HAVE THE POTENTIAL TO CONTAIN A HAZARDOUS ATMOSPHERE OR OTHER SERIOUS SAFETY HAZARD)

1. ATTACH THE EXCAVATION SAFETY CHECKLIST

2. Is the Excavation 4 or more feet deep?
   - Yes
   - No (proceed to question 31)

3. Is the Excavation a Permit Required Confined Space (as Determined by a Permit Issuer)?
   - Yes
   - No

4. COMPLETE SECTION J

H. ADDITIONAL PERMIT CONDITIONS AND OTHER HAZARDS NOT PREVIOUSLY LISTED

1. Applicable
   - Non-Applicable

I. ISOLATION VERIFICATION

(Verified by Task Supervisor)

1. Process/Mechanical Isolations
   - N/A

2. Electrical Isolations
   - N/A

3. All relevant systems have been isolated and locked and tagged out in accordance with Marathon’s policy.

4. All relevant systems have been isolated and locked and tagged out in accordance with Marathon’s policy.

Marathon Oil Company Safe Work Permit – Revised September 2010
Sections B, C, D, E, and F have been thoroughly completed, reviewed, and all hazards properly addressed prior to personnel entry into confined space.

34. SPACE TO BE ENTERED: ________________________________________________

35. PURPOSE OF THE ENTRY: ______________________________________________

36. STANBY ATTENDANTS:

Printed Name: ________________________ Signature: _________________________ Date: _____________ Time: ___________

Printed Name: ________________________ Signature: _________________________ Date: _____________ Time: ___________

AUTHORIZED ENTRANTS TO THE CONFINED SPACE (TO BE COMPLETED BY THE ATTENDANT)

<table>
<thead>
<tr>
<th>Printed Name of Entrant(s)</th>
<th>ENTRY INTO</th>
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38. ENTRANT - ATTENDANT COMMUNICATIONS: (Required for all Confined Space Entries)

☐ Visual Contact ☐ Radios (approved for hazard class) ☐ Voice ☐ Tagline Signals

☐ Other: ___________________________________________________________________________

39. CONFINED SPACE RESCUE AND EMERGENCY SERVICES: (Required for Permit-Required Confined Space Permit Only)

For Emergency Notification during regular hours call Radio Unit Number: ________ and Dial 911 or (specify: ____________)

For Emergency Notification after regular hours:

I have inspected the work area and/or confined space and hereby cancel and remove this permit for the following reason:

I have taken over fire watch from watchman noted above at (Time) ________Signed: ____________________(Company)  __________________

I understand my duties as a fire watch. Signed: __________________________________________(Company)  __________________________

I certify that I have prepared this work and equipment in accordance with Marathon’s Safe Work Permitting Program and agree to perform this work within the established guidelines of this permit. I acknowledge that the permit shall be voided if any unsafe conditions arise or if the conditions of the permit are not met. I further agree to brief any additional arriving workers on all categories contained in Section J of this permit prior to allowing them to join the work party.

Signed: __________________________________________________________________________

Name of Rescue Service?     ________________________ Signatures of Rescue Team Members:   _________________________

40. All members of the work party have been briefed on: ☐ Potential Hazards ☐ JSA / Safe Work Procedures ☐ Conditions of the Permit ☐ Means of Egress and Muster Area

41. I understand my duties as a fire watch. Signed: ________________________ (Company)

42. I have taken over fire watch from watchman noted above at (Time) ________Signed: ________________________ (Company)

43. I certify that I have prepared this work and equipment in accordance with Marathon’s Safe Work Permitting Program and agree to perform this work within the established guidelines of this permit. I acknowledge that the permit shall be voided if any unsafe conditions arise or if the conditions of the permit are not met. I further agree to brief any additional arriving workers on all categories contained in Section J of this permit prior to allowing them to join the work party.

Signed: __________________________________________________________________________

I certify that I have examined the work location and reviewed the work procedures to be undertaken and ensure that all persons in the work party have been briefed of the associated hazards and emergency actions and therefore authorize the performance of this work in accordance with the conditions and guidelines contained in this permit. The permit shall be voided if unsafe conditions arise or if any conditions of the permit are not met.

Signed: __________________________________________________________________________

Name of Rescue Service?     ________________________ Signatures of Rescue Team Members:   _________________________

44. I certify that I have examined the work location and reviewed the work procedures to be undertaken and ensure that all persons in the work party have been briefed of the associated hazards and emergency actions and therefore authorize the performance of this work in accordance with the conditions and guidelines contained in this permit. The permit shall be voided if unsafe conditions arise or if any conditions of the permit are not met.

Signed: __________________________________________________________________________

I certify that I have examined the work location and reviewed the work procedures to be undertaken and ensure that all persons in the work party have been briefed of the associated hazards and emergency actions and therefore authorize the performance of this work in accordance with the conditions and guidelines contained in this permit. The permit shall be voided if unsafe conditions arise or if any conditions of the permit are not met.

Signed: __________________________________________________________________________

46. I have inspected the work area and/or confined space and hereby cancel and remove this permit for the following reason:

☐ Job Completed in Full ☐ Expiration of Authorized Time Period ☐ Occurrence of Non-Authorized Condition

If occurrence of non-authorized condition, please explain: ____________________________________________

Signed: ________________________ Date: _____________ Time: ________

POST CONFINED SPACE ENTRY REVIEW

Post Confined Space Entry Review Conducted ☐ No Review Needed; Not a Confined Space Entry

Task/Entry Supervisor or Permit Issuer Time: ________

Retain Confined Space Entry Permits for 30 years
Retain all Other Permits for 7 years

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