

FCX-HS01 Variance Request Form

Complete this form with a detailed description of the area and reason for the variance request. A task review by an engineer or other qualified individual to consider other controls must be completed prior to submitting for approval. The approval authority for either long-term or temporary variance request is specified at the bottom of the form.

Site / Operation:	Variance Duration: From Date/Time _____ To Date/Time _____
Type of Variance (Check Only One) Long-Term Temporary	
Location of Activity:	Policy:
Purpose of Activity:	Division Manager:
Description of Request:	
Justification for Variance:	
Additional Control Measures:	
Action Plan to Comply with Policy:	
Responsible Party:	Expected Date of Completion: