

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 <input type="checkbox"/> Temporary <input type="checkbox"/> | |
| Location of Activity: | Policy: |
| Purpose of Activity: | Division Manager: |
| Description of Request: | |
| [Empty space for description of request] | |
| Justification for Variance: | |
| [Empty space for justification] | |
| Additional Control Measures: | |
| [Empty space for control measures] | |
| Action Plan to Comply with Policy: | |
| [Empty space for action plan] | |
| Responsible Party: | Expected Date of Completion: |