

CONTRACTOR HSSE MANAGEMENT

Contractor Short Service Employee (SSE) Variance Form
(formerly Attachment K)
Owner: Stacey Kelley

Non-Mandatory
Restricted

(This form is to be used to variance the Shell UA SSE Policy limiting a SSE crew percentage to 30%.)

Name of Contractor:

Date:

Shell UA Location:

Product Service Line:

Contractor Company Address:

Contractor Company Contact:

Phone #:

Person Requesting Variance:

<p>Variance Justification</p> <p>(What are the current circumstances and what will be done to ensure an acceptable level of risk?)</p>	
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<p>Alternatives to Variance</p> <p>(If the variance is denied, what are the alternatives to completing the scope of the work? Briefly detail the cost and operational impact of the alternatives.)</p>	
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CONTRACTOR'S TOTAL RECORDABLE INCIDENT RATE (TRIR)

YEAR	YTD (20)	Previous Year (20)	Two Years Ago (20)	Three Years Ago (20)
TRIR				

List the action plan steps that will be taken to manage the SSE risk to an acceptable level.

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(Attach copies of relevant documents for variance review.)

Variance Expiration Date:

Location Supervisor:

Approved:

Rejected:

Delivery Manager:

Approved:

Rejected:

Recommend:

Initial:

Recommend:

Initial:

Recommend:

Initial: