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| **Objective** | | | | | |
| *This document is intended to be used in lieu of bridging and in unison with the Joint Risk Assessment for* ***Control Mode 2b and Off-Contract On-Site Services****. The document will be in effect for three years from the Contract Owner Signature date.* | | | | | |
| **Section 1; To be completed by Contract Owner or User** | | | | | |
| Prepared By: *(name and title)* |  | | Date: |  | |
| Scope of Work ID / Description |  | | | | |
| Contractor Name: |  | | | | |
| Additional Documentation Attached: | | Yes | | | No |

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| SECTION 2: Key Interfaces | | | | |
| *List key interface roles, responsibilities, and personnel* | | | | |
| **Responsibility** | **Position** | **Name** | **Contact Details (Ph/Email)** | **BHP/Primary Contractor/CM2b Contractor** |
| e.g., Contractor Supervisor | e.g., Offshore Installation Manager | e.g., Joe Hudson / Jaime Villa | e.g., 555-333-111, [OIM@vendor.com](mailto:OIM@vendor.com) | e.g., Primary Contractor |
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| Section 3: HSE Management Plan | | |
| *List out approved activities, based on approved Scope of Work, and who will maintain controls* | | |
| **Activity** | **Owned by Primary Site** | **Secondary Controls** |
| Permit to Work |  |  |
| Isolation |  |  |
| Emergency Response |  |  |
| Job Risk Assessment |  |  |
| General Safety |  |  |
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| Section 4: HSE Interface | | | | |
| *Based on the secondary control identified in Section 3, bridge those controls against Pet DW (WEL) expectations* | | | | |
| **Relevant HSE Topics** | **PET DW reference document/section** | **Contractor reference document/section** | **Bridged Content** | **Responsible for Control Execution** |
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| **SECTION 5: Event, Injury, and Action Management** | | | |
| *List key personnel roles, responsibilities, and details* | | | |
| Notification | Name/Role | Phone | Email |
| PET DW Event Reporting |  |  |  |
| PET DW Event Follow Up |  |  |  |
| Contractor Action Owner |  |  |  |

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| **SECTION 6: Subcontractor Management** | | | |
| *List subcontractors and their potential risks* | | | |
| Subcontractor Company | Subcontractor Scope | Subcontractor HSE Risk | Subcontractor Rep |
|  |  | Choose an item. |  |
|  |  | Choose an item. |  |
|  |  | Choose an item. |  |
|  |  | Choose an item. |  |
| Does Not Apply – No Subcontractors | | | |

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| **SECTION 7: Management of Change (On-Contract Only)** | | | |
| *List key contacts to facilitate change management during contract* | | | |
| Management of Change Category | Change Rep | Change Rep Email | Change Rep Phone |
| Local Work Method/People (PET DW Ops) |  |  |  |
| Plant/Equipment (PET DW Ops) |  |  |  |
| Contract (PET DW Supply Rep) |  |  |  |
| Operating HSE Systems (PET DW HSE Rep) |  |  |  |
| Contractor Representative for PET DW Change Notification |  |  |  |
| Does Not Apply – Off Contract | | | |

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| **SECTION 8a: PET DW Roles & Contacts (On Contract)** | | | | |
| *List key personnel roles, responsibilities, and details* | | | | |
| Role | Title | Name | Email | Phone |
| Contract Owner: |  |  |  |  |
| Contract User / User Group: |  |  |  |  |
| HSE: |  |  |  |  |
| Category Management: |  |  |  |  |
| QA/QC: |  |  |  |  |
| Section Does Not Apply | | | | |

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| **SECTION 8b: PET DW Roles & Contacts (Off-Contract)** | | | | |
| *List key personnel roles, responsibilities, and details* | | | | |
| Role | Title | Name | Email | Phone |
| PO Requestor: |  |  |  |  |
| User / User Group: |  |  |  |  |
| HSE: |  |  |  |  |
| Approving Manager for High Risk |  |  |  |  |
| Section Does Not Apply | | | | |

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| **SECTION 9a: Approvals & Acknowledgement (On Contract)** *only required if Section 8a is completed* | | | |
| I confirm understanding of this HSE Expectations Document, commit to the controls and will STOP if work needs to extend beyond its limits. | | | |
| Contract Company: |  | Date: |  |
| Contract Sponsor |  | Date: |  |
| Contract Owner: |  | Date: |  |
| Contract User: |  | Date |  |
| HSE Specialist: |  | Date: |  |

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| **SECTION 9b: Approvals & Acknowledgement (Off-Contract)** *only required if Section 8b is completed* | | | |
| I confirm understanding of this HSE Expectations Document, commit to the controls and will STOP if work needs to extend beyond its limits. | | | |
| Contract Company: |  | Date: |  |
| Off-Contract User: |  | Date |  |
| Approving Manager (if High Risk) |  | Date: |  |

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|  | ***Forward completed form and backup to the Contract Owner, Contract User, and Category Management Specialist if On Contract.*** |