

# Safe Work Practice Acknowledgement

By signing below, I acknowledge:

1. I have reviewed the Contractor Safe Work Practice web site and Remote Permitting requirements
2. I have reviewed the specific Safe Work Practice standards for any High-risk work
3. I have completed or will complete the API WorkSafe training and possess a personal API Safety Key wallet card\*
4. I have been made aware of API Work Safe training and the Chevron requirement and will pursue my wallet card
5. I understand that I may be asked to present my Safety Key wallet card at anytime I work on Chevron property; if unable to present my card or proof of course completion, I understand that I may be asked to leave the premises
6. I was given the opportunity to ask questions and all my questions have been answered at the present time
7. I further understand that I may contact Chevron or a Chevron representative at any time with questions or concerns
8. I am committed to Zero Incidents on Chevron's facilities/projects and will supervise work accordingly
9. I understand that as a Contractor, workers and Subcontractor personnel shall be fully trained in compliance with appropriate health, environmental and safety training laws, regulations, rules and standard of ALL governmental or regulatory agencies having jurisdiction at the work site (e.g. MMS, USCG, DOT, OSHA, CalOSHA, FPA, API, WorkSafe BC.) that may or may not be covered in this document or by API.
10. I understand Chevron may update Safe Work Practices occasionally and will review web site periodically for these updates.
11. I have reviewed and understand the Remote Permitting and high risk work requirements posted on the Chevron web site, <http://www.chevronwithtechron.com/safeworkpractices/maintenance-construction>
12. I am accountable and responsible for sharing this information with all company and subcontractor staff who work on Chevron facilities/projects for my employer and their compliance with Chevron Safe Work Practices and API 1646.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Company Name & Title Held

\_\_\_\_\_  
Email Address

PLEASE TURN THIS FORM IN TO THE MEETING LEADER OR OTHER CHEVRON REPRESENTATIVE. RECEIPT OF THIS FORM CONFIRMS YOU ARE IN GOOD STANDING WITH CHEVRON'S CONTRACTOR SAFETY PROGRAM FOR A MINIMUM OF (1) YEAR.

\*ALL CONTRACTORS AND SUB-CONTRACTORS GOVERNED BY THIS SAFETY PROGRAM WILL BE REQUIRED TO CARRY A VALID API SAFETY KEY WALLET CARD.