| Company 1   | Project Name              |                   |            | Logo 2   |  |  |  |  |  |
|---|---------------------------|-------------------|------------|----------|--|--|--|--|--|
| Close Out Sheet   |                           |                   |            |          |  |  |  |  |  |
| PSD-HUC-096   | MRU Barge Campaign Post S | Due<br>Date:      | 2021-03-27 |          |  |  |  |  |  |
| Activity  | Node                      | Facility          |            | Priority |  |  |  |  |  |
| Project Phase   |                           | BRG-CPP Guideword |            |          |  |  |  |  |  |
|   |                           |                   | duideword  |          |  |  |  |  |  |
| MRU Integration Project Post-Shutdown Phase   |                           |                   |            |          |  |  |  |  |  |
| Causes  |                           |                   |            |          |  |  |  |  |  |
| Inadequate / incorrect work method statement, procedures and provisions to perform repairs at site  |                           |                   |            |          |  |  |  |  |  |
| Safeguards  |                           |                   |            |          |  |  |  |  |  |
| Consequences  Unable to perform repairs and reinstatement of system, resulting in delays to complete work campaign and start-up of MRU modules  |                           |                   |            |          |  |  |  |  |  |
| Initial risk  | Res                       | idual Risk        |            |          |  |  |  |  |  |
| None  | No                        | ne                |            |          |  |  |  |  |  |
| Recommendations/ Actions  |                           |                   |            |          |  |  |  |  |  |
| To ensure Leak Test Procedure & Work Pack describe requirement for provision of spares for repair / reinstatement if leaks are detected on piping system (e.g. spare gaskets, etc.) and availability of personnel to perform these repairs (e.g. bolt tensioning) |                           |                   |            |          |  |  |  |  |  |

| Response  |  |  |  |                                   |                           |  |  |  |  |
|---|--|--|--|-----------------------------------|---------------------------|--|--|--|--|
|   |  |  |  |                                   |                           |  |  |  |  |
|   |  |  |  |                                   |                           |  |  |  |  |
|   |  |  |  |                                   |                           |  |  |  |  |
|   |  |  |  |                                   |                           |  |  |  |  |
|   |  |  | 1  | T                                 |                           |  |  |  |  |
| Remarks   |  |  | Actionee   |                                   |                           |  |  |  |  |
|   |  |  |  |                                   |                           |  |  |  |  |
|   |  |  |  |                                   |                           |  |  |  |  |
| Attachments   |  |  |  |                                   |                           |  |  |  |  |
|   |  |  |  |                                   |                           |  |  |  |  |
|   |  |  |  |                                   |                           |  |  |  |  |
|   |  |  |  |                                   |                           |  |  |  |  |
| Organisation  | MMHE   | Signature:                                 |  | Date:                             |                           |  |  |  |  |
|   |  | Signature:                                 | Date:  |                                   |                           |  |  |  |  |
| Disipline and Subdisipline HUC                                      |  | Signature.                                 |  |                                   |                           |  |  |  |  |
| COMPANY COMMENTS  |  |  |  |                                   | Status<br>                |  |  |  |  |
|   |  |  |  |                                   | Agree                     |  |  |  |  |
|   |  |  |  |                                   | Agree with comments       |  |  |  |  |
|   |  |  |  |                                   | Disagree                  |  |  |  |  |
|   |  |  |  |                                   | To be followed            |  |  |  |  |
| COMPANY Lead Discipline:  |  | Signature:                                 |  | Date:                             |                           |  |  |  |  |
| COMPANY Lead Safety:  |  | Signature:                                 |  | Date:                             |                           |  |  |  |  |
| COMPANY Rep (Engineering Coordinator):                              |  | Signature:                                 |  | Date:                             |                           |  |  |  |  |
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