**PERMIT FOR TEMPORARY DEVIATION FROM COMPANY PROCEDURE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Vessel/Department Name:** |  |  | **Date of Request:** |  |
| **Company Procedure:** |  |  | **Deviation Period:** | **From:** |
| **Responsible Person:** |  |  |  | **To:** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Control Number** (Provided by Marine Coordinator) | | |  | | |
| **Section 1 - Description of the Deviation** | | | | | |
|  | | | | | |
| **Section 2 – Reasons for Deviation** | | | | | |
|  | | | | | |
| **Section 3 - Risk Assessment** | | | | | |
| Risk Analyses and JHA Enclosed | | Yes  No | | | |
| Highest identified residual risk level | |  | | | |
| Other risk mitigation measures that will be implemented | |  | | | |
| **Initiator Name/Rank: …………………………………………**  **Signed by Requestor: ………………………………………… Signed by Master: ………………………………………...** | | | | | |
| **Section 4: Evaluate and Review** | | | | |
| **Validate:**  Yes  No (If No return the form to the initiator) | | |  |  |
| **For residual risk level Minor and below.**  **Evaluated by Manager (MSD): …..………………………………** | | |  | **Date: ……………………………………** |
| **For residual risk level Medium and greater.**  **Reviewed and Signed By**  **GM (MSD)/Fleet Manager: …..………………………………** | | |  | **Date: ……………………………………**  **Date: ……………………………………………** |

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| **Section 5: Approval** | | |
| **Approved and Signed by GM: …..………………………………** |  | **Date: ……………………………………**  **Date: ……………………………………………** |