

# Personal Protective Equipment (PPE) Requirement Amendment Request Form

This form should be utilized to request a non-permanent (<1 year) amendment to SAF-026 Personal Protective Equipment (PPE) Policy. The Requestor shall be a BP employee.

## Section 1: Proposal (Completed by Requestor)

Name of Requestor:	Location for Request:
	Date Range for Requested Amendment:
Specific Amendment Requested:	Justification for Request:
Signature of Requestor:	Contact information for Requestor:

## Section 2: Response (Completed by Review Authorities)

- Approved as requested
- Approved with stipulations (see comments)
- Request Denied (see comments)

Comments of Review Authorities:

## Section 3: Authorization (completed by Review Authorities)

Operations/Maintenance Superintendent:		Date:	
Safety Advisor:		Date:	
		Date:	
Tracking #:			

Completed form to be returned to and retained by Senior Safety Advisor