



Canadian Natural

# Mothballing and Rendering Safe Documentation Form

TC-OVR-FM-INT-000046\_2

## Equipment Description

Jur #:		Date:	Jan 17, 2024
Serial #:	VS-6712	Facility:	06-36-037-18W4 S1
Equipment Type:	<input checked="" type="checkbox"/> Vessel <input type="checkbox"/> Piping <input type="checkbox"/> Tank <input type="checkbox"/> Other	Equipment Number:	
Equipment Description:	Vertical Separator	Equipment LSD/NTS:	06-36-037-18W4 S1

*If mothballing or rendering safe multiple pieces of equipment insert "See Attached List"*

### Mothballing for Temporary Suspension of Operation (<12 months)

<input type="checkbox"/>	<ol style="list-style-type: none"> <li>The equipment will remain out-of-service for <b>less than 12 months</b></li> <li>Mothballing required actions will be carried out as per Section 4 of <u>TC-OVR-PRO-INT-000021</u></li> <li>Equipment Inspection and PRD servicing not required but maintained at given frequencies</li> <li>Equipment status remains "in-service", form required in IDMS to document layup process</li> </ol>
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### Mothballing for Temporary Suspension of Operation (>12 months)

<input type="checkbox"/>	<ol style="list-style-type: none"> <li>The equipment will remain out-of-service for <b>more than 12 months</b></li> <li>Mothballing required actions will be carried out as per Section 5 of <u>TC-OVR-PRO-INT-000021</u></li> <li>Equipment Inspection and PRD servicing is required when returned to active operation</li> <li>Equipment status changed to "out of service", form is required in IDMS to track changes</li> </ol>
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### Mothballing for Surplus (To be relocated)

<input type="checkbox"/>	<ol style="list-style-type: none"> <li>The equipment will be allocated for surplus based on the Shut-In Facility Management Guideline TC-OVR-XXX-XXX-XXXXX</li> <li>Mothballing required actions will be carried out as per Section 5 of TC-OVR-PRO-INT-000021</li> <li>Equipment status changed to "mothballed", form is required in IDMS to track changes</li> </ol>
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### Rendering Safe for Decommissioning

<input checked="" type="checkbox"/>	<ol style="list-style-type: none"> <li>The equipment has been selected for decommissioning as per the Shut-In Facility Management Guideline TC-OVR-XXX-XXX-XXXXX</li> <li>Rendering Safe required actions will be carried out as per Section 7 of TC-OVR-PRO-INT-000021 and the Shut-In Facility Management Guideline – Site Clean-up Checklist</li> <li>Equipment status changed to "out of service"</li> </ol>
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### Comments

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### Final Sign off

Print Name:	Jeff Sharpe	Sign Name:	
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