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| UC-horz-rgb.jpg | APPENDIX C  ISN Variance Request Form  Contractor ISN Standing below Acceptable Grade |

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| **VARIANCE INFORMATION** | | | | |
| Variance Requested For: Click or tap here to enter text.  Company Name | | |  | |
| Contractor Contact Name and Title:  Click or tap here to enter text. | | | Current Date:  Click or tap here to enter text. | |
| Contractor Phone Number:  Click or tap here to enter text. | | | Contractor Email Address:  Click or tap here to enter text. | |
| Reason for variance *(e.g. emergency situation, tier classification, etc.)*  Click or tap here to enter text. | | | | |
| Variance control/ action plan *(provide de* *tails on additional controls, how these controls will be monitored, etc.)*  Click or tap here to enter text. | | | | |
| Expiration of variance *(when will the variance expire? under what condition?)*  Click or tap here to enter text. | | | | |
| **UCalgary Approver Name – Department/Faculty Director**  Click or tap here to enter text. | **UCalgary Approver Title**  Click or tap here to enter text. | **UCalgary Approver Signature**  Click or tap here to enter text. | | **Date**: YYYY.MM.DD |
| **UCalgary Approver Name – EHS Representative**  Click or tap here to enter text. | **UCalgary Approver Title**  Click or tap here to enter text. | **UCalgary Approver Signature**  Click or tap here to enter text. | | **Date**: YYYY.MM.DD |