



WIRELINE PRE-JOB HAZARD ASSESSMENT FORM

Client : \_\_\_\_\_

Date (mm/dd/yyyy) : \_\_\_\_\_

FTL No : \_\_\_\_\_

Description of work to be performed: \_\_\_\_\_

Well Site : \_\_\_\_\_

Supervisor : \_\_\_\_\_

Truck No : \_\_\_\_\_

Have hazards been identified and client notified ? ☐ YES ☐ NO

Rig : \_\_\_\_\_

Crew : \_\_\_\_\_

Contact No : \_\_\_\_\_

Planned runs in hole: \_\_\_\_\_ Radioactive Sources ☐ Explosives ☐ : ☐ RUN1 ☐ RUN2 ☐ RUN3 ☐ RUN4 ☐ RUN5 ☐ RUN6 ☐ RUN7

H<sub>2</sub>S Present? ☐ YES ☐ NO if yes, Location of SCBA: \_\_\_\_\_

Muster area Location(s): \_\_\_\_\_

Physical limitations? ☐ YES ☐ NO if yes, state limitation: \_\_\_\_\_

ALL STANDARD PPE REQUIRED: hard hat, safety glasses, coveralls, steel capped boots, dosimeters, gloves (impact resistant)

Job Steps	Hazard	Action Taken	Discussed	Comments
Spotting vehicle and hazard identification	<input type="checkbox"/> Overhead cables / wires	<input type="checkbox"/> Use of a spotter at all times	<input type="checkbox"/>	
	<input type="checkbox"/> Moving vehicles	<input type="checkbox"/> Tool box meeting before moving vehicles	<input type="checkbox"/>	
	<input type="checkbox"/> Ground hazards		<input type="checkbox"/>	
	<input type="checkbox"/> Tripping Hazards	<input type="checkbox"/> Identified filled/covered/avoided	<input type="checkbox"/>	
	<input type="checkbox"/> Extreme heat	<input type="checkbox"/> Buddy System <input type="checkbox"/> Hydration <input type="checkbox"/> Take Breaks	<input type="checkbox"/>	
Rig Up / Rig Down	<input type="checkbox"/> Stairs	<input type="checkbox"/> Railings	<input type="checkbox"/>	REF: Rig Up – HARC
	<input type="checkbox"/> Other Vehicles	<input type="checkbox"/> Good use of communications (Radios, Spotters)	<input type="checkbox"/>	
	<input type="checkbox"/> Ignition Sources	<input type="checkbox"/> Designated Smoking area : _____	<input type="checkbox"/>	
	<input type="checkbox"/> Pinch Points (Sheaves, Chains, Cables)	<input type="checkbox"/> Install finger guard on lower sheave	<input type="checkbox"/>	
	<input type="checkbox"/> Suspended Equipment	<input type="checkbox"/> Mind hand / body placement	<input type="checkbox"/>	
		<input type="checkbox"/> Team lifts when necessary	<input type="checkbox"/>	
	<input type="checkbox"/> Drilling Rig	<input type="checkbox"/> Tools controlled with tag lines	<input type="checkbox"/>	
	<input type="checkbox"/> Workover Rig	<input type="checkbox"/> Secondary retention on all lifting equipment	<input type="checkbox"/>	
	<input type="checkbox"/> Rigless	<input type="checkbox"/> Hazards discussed with personnel on site	<input type="checkbox"/>	
	<input type="checkbox"/> Rig up / Rig down	<input type="checkbox"/> Use of forklift or crane for tool movement	<input type="checkbox"/>	
Loading Sources		<input type="checkbox"/> Good communication between rig and SLB crew	<input type="checkbox"/>	REF : Pressure Operations HARC
	<input type="checkbox"/> Pressure and WHE	<input type="checkbox"/> SIPP techniques, warm up to work	<input type="checkbox"/>	
		<input type="checkbox"/> Extreme caution used with winch	<input type="checkbox"/>	
		<input type="checkbox"/> Good communication with winch operator	<input type="checkbox"/>	
		<input type="checkbox"/> All lifting caps secured & safety hooks/pins used	<input type="checkbox"/>	
Explosives	<input type="checkbox"/> Line of Fire	<input type="checkbox"/> 3 <sup>rd</sup> party / rig crew assistance	<input type="checkbox"/>	REF: Explosives Handling HARC
		<input type="checkbox"/> C-plate used and closed properly	<input type="checkbox"/>	
		<input type="checkbox"/> Cable exclusion zone established and marked	<input type="checkbox"/>	
Logging	<input type="checkbox"/> Radiation	<input type="checkbox"/> Certifications and Pressure Tests	<input type="checkbox"/>	REF: Radioactive Handling HARC
	<input type="checkbox"/> Gamma Ray	<input type="checkbox"/> Personnel Grease Certified	<input type="checkbox"/>	
	<input type="checkbox"/> Neutron	<input type="checkbox"/> High pressure zone established and marked	<input type="checkbox"/>	
	<input type="checkbox"/> Minitron	<input type="checkbox"/> Secure hoses and lines	<input type="checkbox"/>	
Explosives		<input type="checkbox"/> Only qualified or supervised crew to operate	<input type="checkbox"/>	REF : Rig Up – Rigless / WHE HARC
	<input type="checkbox"/> Radio / Mobile Device	<input type="checkbox"/> Clear communication and signals with rigger	<input type="checkbox"/>	
	<input type="checkbox"/> Secure Explosives	<input type="checkbox"/> Do not walk under load of crane	<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
Depart Location	<input type="checkbox"/> Driving	<input type="checkbox"/> Safe / Legal to Drive (HOS)	<input type="checkbox"/>	REF : Driving HARC
		<input type="checkbox"/> eJourney approved and started	<input type="checkbox"/>	
		<input type="checkbox"/> Road conditions may have changed	<input type="checkbox"/>	
		<input type="checkbox"/> Good use of communications (radio)	<input type="checkbox"/>	
Other:	<input type="checkbox"/> Fishing	<input type="checkbox"/> Fatigue Management	<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	

We have reviewed the above hazards and agree to take preventative measures to prevent accidents.

Name	Init.	Company	Name	Init.	Company	Name	Init.	Company

Estimated time to complete planned work: \_\_\_\_\_ Permission given to proceed with work as planned? ☐ YES ☐ NO

Given by: \_\_\_\_\_ Position: \_\_\_\_\_

Signature of above individual: \_\_\_\_\_

Schlumberger Representative: \_\_\_\_\_ Position: \_\_\_\_\_

Signature of Schlumberger Representative: \_\_\_\_\_