Schlumberger WIRELINE PRE-JOB HAZARD ASSESSMENT FORM

02560

Client SANTOS LTD Rig EWE 24 Well Name RM09-11-1

Date (DD/MM/YYYY) 20/05/2016 Site Supervisor B. SPENCER Phone

Truck No. 5918 Service Order No DL80-0015

Description of work to be performed RIG UP, WIRELINE LOGGING, RIG DOWN PTW No

Gas Monitor: ☒ Yes ☐ No RIG FLOOR Wind sock Present ☒ Yes ☐ No RIG First Aider Identified: B. SPENCER

Has a Walkaround to identify Hazards been done with the client? ☒ Yes ☐ No

Planned runs in hole 1 Radioactive Sources ☒ Run 1 ☐ Run 2 ☐ Run 3

H_2S Present? ☐ Yes ☒ No If Yes, Location of SCBA:

Emergency Response Reviewed ☒ Yes ☐ No If well takes a kick? ☒ Yes ☐ No Muster Area Location (s)

Physical Limitations ☐ Yes ☐ No If yes, state limitation:

ALL STANDARD PPE REQUIRED: hard hat, safety glasses, coveralls, work boots, RAD badges, gloves (impact resistant).

Job Steps	Hazard	Action Taken	Discussed	Comments	Responsible Party
Pre/Post Job & Moving Around Location	☒ Tripping Hazards ☐ Extreme Heat ☐ Mud/Invert ☒ Stairs ☒ Other Vehicles	☒ Identified filled/covered/avoided ☐ Buddy System Hydration Take Breaks ☐ Invert / mud reduced using sawdust ☒ Railings ☒ Good use of communications (Radios - Spotters)	☐ ☐ ☐ ☐ ☐		
	☒ Ignition Sources	☒ Designated Smoking area Location: SMOKO	☐		
Rig Up/ Rig Down	☒ Pinch Points (Sheaves, Calipers, Chains, Cables)	☒ Install finger guard on lower sheave ☒ Mind Hand placement	☐ ☐	REF: Rig Up/Rig Down HARC	
	☒ Suspended Tools	☒ Always clipped to rig or controlled with tag lines ☒ Safety sling for top sheave ☒ Lock top drive/traveling block	☐ ☐ ☐		
	☐ Use of pressure washer ☐ Use of steam / air line	☐ Hose in good condition ☐ Can turn on/off or location to place while not in use	☐ ☐		
	☒ Rig Type No Catwalk Pipe Arm, Other	☒ Harzards discussed with rig crew ☒ Roles assigned ☒ Use of rigs forklift for tool movement	☐ ☐ ☐		
	☒ Rig Up/Rig Down	☒ SIPP techniques, warm up to work ☒ Stay away from moving drum ☒ Clear line of view (winch-rig floor), no distractions ☒ Good communication with winch operator ☒ All lifting caps secured & safety hooks/pins used ☒ RAMS open ☒ C-plate used and closed properly	☐ ☐ ☐ ☐ ☐ ☐ ☐		
	☒ Pressure and WHE	☒ Certifications and Pressure Tests ☒ Personnel Grease Certified ☐ Watch "Line of Fire" ☐ Bleed off Pressure ☐ Secure Whip Lash	☐ ☐ ☐ ☐ ☐		
	☐ Use of Crane	☐ Understand hand signals with dogman ☐ Do not walk under load of crane	☐ ☐		
Loading Sources	☒ Radiation ☐ Gamma Ray ☐ Neutron	☒ Removal of non-essential personnel ☐ Proper Storage (locks, air bags, HAZMAT) ☐ Sign Boards Placed ☒ Placards	☐ ☐ ☐	REF: Radioactive Handling HARC	
Explosives	☐ Line of fire	☐ Removal of non-essential personnel ☐ Barriers ☐ Identify Wind Direction before bleeding off explosives / CPST	☐ ☐ ☐	REF: Explosives Handling HARC	
	☐ Radio/Mobile Device	☐ Confirm Radio Silence ☐ Sign Boards Placed ☐ Proper grounding, no stray voltage	☐ ☐		
Logging	☒ High Tension Cable	☒ Avoid Contact ☒ Avoid Bottom Sheave ☒ Avoid Working below ☒ Barriers ☒ Stay away from moving drum	☐ ☐ ☐		
	☒ Alertness / Fatigue	☒ Training on 24hr lifestyle, Fatigue Management	☐		
	☐ Poor visibility of rig floor	☐ Lights / Steam / Housekeeping	☐		
	☐ Fishing	☐ New Safety Meeting ☐ Follow Fishing HARC	☐		
EWP / Working at Heights	☐ Dropped Objects ☐ Pinch Points ☐ Falling Person	☐ EWP Licence to Operate ☐ Working at Height Certificate ☐ No Personnel standing under load / EWP ☐ Keep communication ☐ Secure tools with lanyard while working at height ☐ Wear a Harness	☐ ☐ ☐ ☐ ☐ ☐		
LFI (Learning from incidents) If Applicable	_____ _____ _____ _____	_____ _____ _____ _____	☐ ☐ ☐ ☐		
Management of change	☐ Change original logging plan after this safety meeting	☐ New Saftey Meeting	☐		
	☐ Other _____	☐ Other _____ ☐ Other _____ ☐ Other _____	☐ ☐ ☐		

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

Name	Init	Company	Name	Init	Company
B. SPENCER	BS	SLB	MICHAEL KITCHEN.	MK	EWE
J. Gorman	JG	EWE	Michael Taylor	MT	EWE
C. Ferry	CF	EWE	Michael Eveleigh	ME	EWE
B. Sullivan	B.S	EWE	Lyle Bain	LB	Santos
B. Edmeades	BE	EWE			
D. Todd	DT	SLB			
B. Silistorno	BS	SLB			
S. Draper	SD	EWE			

Estimated time to complete planned work: 6 Permission given to proceed with work as planned? ☐ Yes ☐ No

Given by: _____ Position: _____

Signature of above individual: _____

Schlumberger Representative: B. SPENCER Position: FE / SUPERVISOR

Signature of Schlumberger Representative _____

WHITE: SLB Job Package **YELLOW:** Client **PINK:** Doghouse