



DOCUMENTATION TRAINING

The purpose of this training is to provide you with guidance on how to correctly complete any paperwork you have to do with regards to your job here at Swab Master Ltd.

Notes:

This training guide applies mainly to Supervisors & Workers, however there is additional training provided for Managers as well.

Having already completed the Swab Master Orientation and the applicable forms associated with the New Hire Program, only forms used in the shop or field will be listed in this training guide.

For more assistance in filling out Medical, Dental or Payroll documentation, please contact Marj or Sheri in the office.

Hong Guo – General Manager

Shawn Gleisner – Assistant Manager

Marj Baillie – Office Manager / Human Resources

Sheri Marzolf – Administration / Safety Representative

SECTION 1: All Personnel

This section will describe and define what types of forms and paperwork are required by the workers at Swab Master Ltd. The forms listed in this section are to be completed by Supervisors, Workers, and sometimes Managers if the need arises

SECTION 2: Supervisors

This section will review the documentation required of a field Supervisor, which is above and beyond what the Workers are responsible for.

SECTION 3: Managers

Managers may be required to fill out any documentation at any given time, but there are some reports that are designated to be completed by a Manager ONLY. All formal inspections, disciplinary actions and incident/accident reports are to be signed off by a Manager.

SECTION 1 : ALL PERSONNEL

- Opportunity Reports
- Site Inspection
- Drivers Daily Log & Trip Inspection
- Near Miss / Incident Form
- Kilometer Reporting
- Rig & Tank Fuel Consumption
- Pickup Fuel Consumption
- Leave Request Forms
- Hazard Assessment
- Respiratory Equipment Inspection
- Fall Arrest Inspection
- Sub-Contractor Orientation
- Timesheets
- Fluid Transfers (Complete TDG Training)

OPPORTUNITY REPORTS

This form is used to report, track and complete defects or faults. These reports are tracked by the coding on the bottom right hand side. Do not use duplicated forms. Safety issues, hazard identification, process errors, vehicle defects, vehicle maintenance needed, tool defects or maintenance, document errors, shop problems or training deficiencies should all be reported on this form. It is imperative that this form is submitted as soon as possible so follow up and correction of an issue can be completed in a timely manner.

Swab Master							
Opportunity Report							
Date Reported (YY/MM/DD):	15/05/06	Safety Related (circle one)?	YES	NO			
What is the importance of the opportunity (circle one)?	HIGH	MEDIUM	LOW				
What is the urgency of the opportunity (circle one)?	HIGH	MEDIUM	LOW				
Type of opportunity (circle one or more):	Safety	Hazard ID	Process	Vehicle	Tool	Document	Shop Training
Reported By:	Safety Coordinator		Signed:	Safety Coordinator			
Description of opportunity (include any applicable unit numbers, serial numbers or identifiers):							
Unit #:	Rig 6	Serial #:	Other Identifier(s):				
DESCRIPTION:							
No Kilometer Reporting sheets in Rig 6							
Also missing the Safety Fitness Certificate							
SUGGESTED ACTIONS:							
Contact the office for appropriate forms							
ACTION(S) TAKEN:							
Printed Rig 6 Kilometer booklet from May –							
December							
Copied Safety Fitness Certificate from							
transportation binder							
Handed to Safety Coordinator to put in the unit							
ASSIGNED TO:	Office Staff	ASSIGNED DATE: (YY/MM/DD)	15/05/06				
RESOLVED BY:	Safety Coordinator	RESOLVED DATE: (YY/MM/DD)	15/05/07				
DO NOT COPY BLANK FORMS							
Form 1001 2014-008-12				**< ID#:2014-12-10.00012 />**			

OPPORTUNITY REPORT – The Process

Since you have daily access to the shop, when you have completed an Opportunity Report, you can place it in the OFFICE folder outside the dispatch office door. Above the mailboxes is a mailbox for the office and a mailbox for Opportunity Reports only – The Opp Report should go in the OFFICE slot first for processing. Then it gets assigned and placed in the Opportunity Report slot.

1. Once an Opportunity Report is submitted, it is looked at by a Manager or the Mechanic and assigned to the appropriate personnel.
2. Once assigned to someone to be resolved, depending on the importance and urgency of the issue, it will be put in queue to be corrected.
3. Once the issue has been resolved, the Opportunity Report should be completed by the person who handled the task and placed back in the Office mailbox or given directly to a Manager or the Safety Coordinator.
4. The office will then report it in a tracking database to ensure issues are being corrected in a timely manner.

**Remember – We cannot correct
issues we do not know about!**

SITE INSPECTION

This form is used to perform inspections of our facility. The Shop portion of the facility will be inspected on a Monthly basis, while the Office portion of the facility gets an inspection every Quarter. Any Deficiencies should be noted and an Opportunity Report completed to correct them.



MONTHLY INSPECTION SHEET FOR (Circle one)

SHOP **OFFICE**

DATE: May 6, 2015

Emergency Repsonse / Safety	OK	Needs Repair	N/A	Repair Date if Applicable / Notes
Exits well marked and accessible	✓			
Emergency response plan inc. phone no's posted	✓			
Muster point easily identifiable	✓	✓		Needs a new sign
Fire Extinguishers available in easy site	✓	✓		Needs another inspection - Opp Report
Fire Extinguishers inspected	✓	✓		# 2017-02-02 00000 to Garth Smith
First Aid Kit fully stocked	✓			
Eyewash station fully stocked			✓	
Burn Kit stocked			✓	
MSDS Book updated and easily available	✓			
OH&S Book easily available	✓			
Swab Master Safety Manual easily available	✓			
Spill Kit Fully Stocked			✓	
Housekeeping	OK	Needs Repair	N/A	Repair Date if Applicable / Notes
Washroom clean	✓			
All Cords and cables in good condition	✓			
Office clean	✓			
Lighting in good working order	✓			
Floors aisles walkways Stairs	OK	Needs Repair	N/A	Repair Date if Applicable / Notes
Free of obstructions / debris		✓		Box in front of the bookcase - moved
In good repair	✓			
Free of protruding articles	✓			
Stairs accessible			✓	No Stairs in the Office
Stair railing sturdy			✓	
Stairs free of tripping hazards			✓	
Stair treads in good condition			✓	
Outside:	OK	Needs Repair	N/A	Repair Date if Applicable / Notes
Walkways clear of obstruction, ice, and snow	✓			
Compound clear of debris	✓			
Vehicles properly parked in compound	✓			
C-Can clean and well lit			✓	C-Can Checked on Monthly Shop
Shop work Stations:	OK	Needs Repair	N/A	Repair Date if Applicable / Notes
Tools put away			✓	When deficiencies are noted on
Labels on Containers			✓	ANY inspection - include the
Welding equipment left in safe and tidy manner			✓	Oppportunity Report Number.
PPE provided for welding equipment			✓	This makes cross-referencing
				issues much easier!

Opp Report # 2017-02-02.00000

Inspected By: Office Staff

Management Approval: Senior Management

DRIVERS DAILY LOG & VEHICLE & TRIP REPORT

This is a two-part document and following Alberta Transportation's guidelines; A driver is a person who has operated, operates or intends to operate a commercial vehicle. All drivers must fill out a daily log each day that accounts for all of the driver's on-duty time and off-duty time for that day.



P.O. Box 1210
Brooks, Alberta T1R 1C1
Phone: (403) 793-0033
Fax: (403) 362-4069
www.swabmaster.com

DRIVER'S DAILY LOG (ONE CALENDAR DAY - 24 HOURS)

ORIGINAL (WHITE) - File daily at home terminal
DUPLICATE (CANARY) - Keep In Driver's Possession

☒ BROOKS, ALBERTA ☐ MEDICINE HAT, ALBERTA

I certify these entries are true and correct. PERMIT # _____

START ODO. 180891 James Dean
(DRIVER'S SIGNATURE IN FULL)
END ODO. 181011 James Dean
(DRIVER'S NAME - PLEASE PRINT)
1. 05/06/2015 Rig 12 N/A 120 N/A
(MONTH) (DAY) (YEAR) TRUCK NUMBER (Show Unit #) TOTAL (NAME OF SWAMPER - PLEASE PRINT)
☐ 70 HR/7 DAY ☒ 120 HR/14 DAY TRAILER/JEEP NUMBER (Show Unit#)

	MID-NIGHT	1	2	3	4	5	6	7	8	9	10	11	NOON	1	2	3	4	5	6	7	8	9	10	11	TOTAL HOURS
1: OFF DUTY																									11.5
2: SLEEPER BERTH																									0
3: DRIVING																									1
4: ON DUTY (NOT DRIVING)																									11.5
REMARKS																									24

Shipping document, manifest number, or name of a shipper and commodity.

Check the time and enter name of place you reported and where released from work and when and where each change of duty occurred. Explain excess hours.

FUEL AMOUNT 196.26 ENGINE HRS. 4473

LOCATION Brooks
ORIGINAL (WHITE) - File daily at home terminal
DUPLICATE (CANARY) - Keep In Driver's Possession

SWAB MASTER LTD. USE TIME STANDARD AT HOME TERMINAL DRIVER'S VEHICLE INSPECTION & TRIP REPORT DONE DAILY AND EVERY 800 KM IF TRIP EXCEED 800 KM

DATE 05/06/2015 TIME: 06:00AM A.M. _____ P.M. _____
CHECK ANY DEFECTIVE ITEM AND GIVE DETAILS UNDER "REMARKS"

TRACTOR NO.	ODOMETER READING	TRAILER(S) NO. (5)
<u>Rig 12</u>	<u>180891</u>	<u>N/A</u>
PRE-TRIP 800 KM POST-TRIP	PRE-TRIP 800 KM POST-TRIP	PRE-TRIP 800 KM POST-TRIP
<input type="checkbox"/> Odometer	<input type="checkbox"/> Fuel System	<input type="checkbox"/> Mirrors
<input type="checkbox"/> Radiator	<input type="checkbox"/> Exhaust System	<input type="checkbox"/> Steering
<input type="checkbox"/> Lights	<input type="checkbox"/> Mud Flaps	<input type="checkbox"/> Brake Warning Light
<input checked="" type="checkbox"/> Turn Signals	<input type="checkbox"/> Clean Windshield/Mirrors	<input type="checkbox"/> Air Pressure Gauge
<input type="checkbox"/> Reflectors	<input type="checkbox"/> Suspension	<input type="checkbox"/> Wipers
<input type="checkbox"/> Wheels & Fasteners	<input type="checkbox"/> Hoses	<input type="checkbox"/> Washers
<input type="checkbox"/> Tires	<input type="checkbox"/> Brakes 2" (1.5" Max B.C.)	<input type="checkbox"/> Windshield/Windows
		<input type="checkbox"/> Heater, Defroster
		<input type="checkbox"/> Horn
		<input type="checkbox"/> Seat Belt
		<input type="checkbox"/> Parking Brake
		<input type="checkbox"/> Emergency Equipment
		<input type="checkbox"/> Load Security
		<input type="checkbox"/> Bodywork/Frame

REMARKS: Drivers side headlight burnt out – replaced prior to leaving Opp Report # 2016-08-08.00143

Confirmed by Safety Officer (Name & Signature) _____

☐ CONDITION OF THE ABOVE VEHICLE IS SATISFACTORY ☐ DOCUMENTATION

DRIVER'S SIGNATURE: James Dean

☒ ABOVE DEFECTS CORRECTED

☐ ABOVE DEFECTS NEED NOT BE CORRECTED FOR SAFE OPERATION OF VEHICLE

ORIGINAL (WHITE) - File daily at home terminal DUPLICATE (CANARY) - Keep In Driver's Possession

Near misses are events, which did not cause injury or damage but still provide a useful lesson. ALL accidents and incidents no matter how small must be reported immediately to your Supervisor or Manager. These include vehicle accidents, lost tools, personal injury accidents, etc.

SWAB MASTER		INCIDENT REPORT		1R 101-1	
SECTION 1 - TO BE COMPLETED BY WORKER					
INCIDENT INFORMATION			INCIDENT CLASSIFICATION		
Is this an injury incident? YES NO (If Yes, complete form IR 101-2, 101-3)					
Date and Time of Incident: (mm/dd/yyyy) Time: AM/PM					
Date Incident Reported: (mm/dd/yyyy)					
Name of Person Reporting Incident:			<input type="checkbox"/> PROPERTY DAMAGE		
Contact # of Person Reporting Incident:			<input type="checkbox"/> EQUIPMENT DAMAGE		
Name of Supervisor Reporting to:			<input type="checkbox"/> INJURED WORKER		
Supervisors Contact #:			<input type="checkbox"/> NEAR MISS		
Names of ALL Workers / Witnesses on Site at Time of Incident:			<input type="checkbox"/> MOTOR VEHICLE ACCIDENT		
*Witnesses to Complete Form # IR-101-9			<input type="checkbox"/> ENVIRONMENTAL (SPILL)		
1)			<input type="checkbox"/> FIRE / EXPLOSION		
2)			<input type="checkbox"/> VIOLENCE		
3)			<input type="checkbox"/> OCCUPATIONAL ILLNESS		
4)			<input type="checkbox"/> SECURITY / THEFT		
If this is an injury incident, and this form is completed by someone other than the injured, indicate here whom is reporting on behalf of injured person.			<input type="checkbox"/> OTHER _____		
Name: _____					
Physical Location / Address of Incident: _____					
Weather Conditions at time of Incident: Temp: _____ Wind: _____					
Did incident occur on Client's jobsite or property YES NO Was Client Notified? YES NO					
Client Name: _____					
Client Representative: _____ Client Rep Phone #: _____					
DETAILED DESCRIPTION OF INCIDENT					
PHOTOS: Take photo of all angles of incident site before distributing the scene. Email photos to: _____					

SWAB MASTER		INCIDENT CAUSE FORM		1R 101-1	
INCIDENT DATE: _____					
CONTACT & IMMEDIATE CAUSES					
CONTACT / EXPOSURE		<input type="checkbox"/> Struck against <input type="checkbox"/> Struck by <input type="checkbox"/> Caught in <input type="checkbox"/> Caught between <input type="checkbox"/> Caught on <input type="checkbox"/> Contact with <input type="checkbox"/> Other: _____			
SUBSTANDARD (UNSAFE) PRACTICES		<input type="checkbox"/> Operating equipment without authority <input type="checkbox"/> Improper placement <input type="checkbox"/> Failure to warn <input type="checkbox"/> Safety devices inoperable <input type="checkbox"/> Horseplay <input type="checkbox"/> Improper loading <input type="checkbox"/> Removing safety devices <input type="checkbox"/> Improper position for task <input type="checkbox"/> Poor control of Contractor <input type="checkbox"/> Excessive Force <input type="checkbox"/> Other: _____			
SUBSTANDARD (UNSAFE) CONDITIONS		<input type="checkbox"/> Inadequate guards or barriers <input type="checkbox"/> Inadequate/improper protection equip <input type="checkbox"/> Slippery surface <input type="checkbox"/> Noise exposure <input type="checkbox"/> Defective tools, equip or mat <input type="checkbox"/> Temperature extremes <input type="checkbox"/> Inadequate ventilation <input type="checkbox"/> Congestion or restricted action <input type="checkbox"/> Other: _____			
BASIC CAUSES					
PERSONAL FACTORS			JOB / SYSTEM FACTORS		
<input type="checkbox"/> Lack of knowledge / skills <input type="checkbox"/> Lack of coaching <input type="checkbox"/> Inadequate orientation <input type="checkbox"/> Inadequate training <input type="checkbox"/> Inadequate instructions <input type="checkbox"/> Lack of experience <input type="checkbox"/> Stress <input type="checkbox"/> Fatigue <input type="checkbox"/> Substance abuse <input type="checkbox"/> Excessive frustration <input type="checkbox"/> Lack of supervisor reinforcement / incentive <input type="checkbox"/> Short-cutting / Attempt to save time <input type="checkbox"/> Other: _____			<input type="checkbox"/> Conflicting goals, objectives or standards <input type="checkbox"/> Inadequate tools, equipment & materials <input type="checkbox"/> Inadequate maintenance <input type="checkbox"/> Inadequate leadership / supervision <input type="checkbox"/> Inadequate instructions, orientations or training <input type="checkbox"/> Inadequate work planning <input type="checkbox"/> Unclear / conflicting roles and responsibilities <input type="checkbox"/> Improper equipment provided for task <input type="checkbox"/> Wear and tear <input type="checkbox"/> Unclear organizational rules <input type="checkbox"/> Inadequate engineering <input type="checkbox"/> Abuse or misuse of equipment <input type="checkbox"/> Other: _____		

The Incident / Near Miss Report can be accessed on the company website under Employee Resources > Forms. The password to access Employee Resources is Safety2025.

Employees are asked to complete the first two pages, Incident Report & Incident Cause Form. All other forms in the package will be assigned or completed by the Manager responsible for the investigation as required.

SWAB MASTER LTD. – DOCUMENTATION TRAINING

The Kilometer Record Form is used to track your kilometers driven on a Monthly basis. This form is used when reporting total kilometers driven and is also very useful during a fuel audit. Each unit has it's own reporting booklet with Kilometer sheet & Fuel Sheet.

Most Reports already have the Vehicle ID & Licence Plate added.

[illegible]

The Fuel Consumption Record is used to track fuel consumption during a Monthly period. The form is for fuel consumption in the Rig and Tank Truck. This form is used for reporting fuel consumption and is also very helpful during a fuel audit. Each unit has its own booklet.

RIG / TANK TRUCK

SWAB MASTER LTD. - FUEL CONSUMPTION RECORDS

VEHICLE ID # RIG 1

LICENSE PLATE: BH58819

DRIVER (PRINT) *Swab Rig Supervisor*

FUEL CARD #

UFA

COOP

1234

DRIVER SIGNATURE: *Swab Rig Supervisor*

MONTH: *MAY*

DATE	FUEL SUPPLIER / LOCATION	LITRES FROM PUMP	LITRES FROM SLIP TANK	NOTES
1				
2	<i>Brooks Co-Op</i>	<i>180.52</i>		<div> <p>This example is fueling up the Rig at a gas station.</p> <p>Always include the SUPPLIER LOCATION</p> </div>
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19	<i>BrooksCo-Op</i>	<i>236.32</i>		<div> <p>This example is putting fuel into the Rig from a Pickup Sliptank.</p> <p>Identify which pickup either in the FUEL / SUPPLIER LOCATION column or the NOTES column</p> </div>
20			<i>80.00</i>	
21	<i>Dumars Co-Op</i>	<i>210.00</i>		
22				
23				
24				
25				
26				
27				
28				
29	<i>Brooks Co-Op</i>	<i>100.50</i>		
30				
31				

The Slip Tank Record is used to track fuel used during a Monthly period. The form is for fuel consumption from the pickup trucks. This form is used for reporting fuel consumption and is also very helpful during a fuel audit. Each unit has its own booklet.

SWAB MASTER LTD. - SLIP TANK RECORDS									
VEHICLE / SLIP TANK # P7			MONTH		SLIP TANK CAPACITY:				
LICENSE PLATE: FUJ 765			MAY		FUEL CARD# (Last 4 Digits)			UFA	
DRIVER (PRINT) : Swab Rig Supervisor			DRIVER SIGNATURE: Swab Rig Supervisor						
DATE	FUEL SUPPLIER / LOCATION	FUEL TYPE	LITRES INTO PICKUP	LITRES INTO SLIP TANK	LITRES OUT OF SLIP TANK		UNIT #		NOTES
					RIG	TANK	RIG	TANK	
1									
2									
3	Brooks Co-Op	Gas/Diesel	92.53	210.00					
4									
5	On Location	Gas/Diesel			80.00	75.00	R9	T12	
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18	Brooks Co-Op	Gas/Diesel	50.82	250.73	100.00	75.00	R1	T2	
19									
20									
21									
22									
23									
24									
25									
26									
27									
28	On Location	Gas			20.00				For Welder
29									
30									
31									

The example on the 3rd is putting fuel in both the pickup and the sliptank. Always note the SUPPLIER LOCATION

The Example on the 5th is taking fuel OUT of the sliptank and fueling up both Rig 9 and Tank 12.

The example on the 18th shows all columns being used. Gas & Diesel were purchased from Brooks Coop and the Rig & Tank were filled up from the Sliptank

If you fuel up more than once on any given day, please try to use a blank line and change the date on the left – don't try to squeeze it into the same column.

The Leave Request form is to be used whenever you require days off in advance. This could be for a one day leave or a vacation request. It must be signed off by your Supervisor and forwarded to the office for approval.

SWAB MASTER LTD.

NOTE: THIS FORM MUST BE FILLED IN WHEN YOU REQUIRE A DAY(S)
OFF

DAY OFF REQUEST FORM

Date: June 7, 2015

Employee: Tank Truck Driver

Re: Leave Request

I would like to request the following Days Off:

From: July 31, 2015

To & Including: August 16, 2015

Employee Signature: Tank Truck Driver

Approved by: Assistant Manager

Date: June 7, 2015

This form stays with the Respiratory Equipment on each rig unit. It should be used as part of a weekly inspection for the equipment.



RESPIRATORY PROTECTION (SCBA) INSPECTION CHECKLIST

Use this checklist as a guide when doing your weekly inspection of safety equipment. It should remain with your Respiratory Protection Equipment at all times.

EQUIPMENT	PASS	FAIL	NOTES
GENERAL			
Are all required components available? This includes the air cylinder, regulator assembly, facepiece assembly and harness assembly	✓		
FACEPIECE ASSEMBLY			
Is the facepiece clean and dust free?		✓	<i>Little dusty, cleaned with PPE cleaner</i>
Is the head harness intact and are the straps fully extended?	✓		
Is the lens clear and free of scratches?	✓		
Is the nose cup installed correctly?	✓		
Is the exhalation valve intact, clean and functioning properly?	✓		
HARNESS ASSEMBLY			
Are all harness straps clean, in good repair and fully extended?	✓		
Is the framework in good condition?	✓		
AIR SUPPLY & REGULATOR ASSEMBLY			
Is the air cylinder at full pressure?		✓	<i>Low pressure, Opp Report Submitted</i>
Are there any gouges or dents on the air cylinder? Is the composite wrapping damaged?	✓		<i>Opp # 2014-05-18.000035</i>
Is the Low-Pressure hose intact?	✓		
Is the High-Pressure hose intact?	✓		
Close the bypass/purge valve and engage the standby button. Fully open the cylinder valve. Does the regulator pressure gauge indicate the same pressure as the cylinder gauge?			<input checked="" type="checkbox"/>
Does the bypass/purge valve work? When you turn the bypass/purge valve, air should flow freely into the facepiece.			<input checked="" type="checkbox"/>
Does the low-air alarm work properly? Close the cylinder valve and slowly open the bypass/purge valve. The low-air alarm should sound at about 20%-25%. Slowly bleed pressure from the system and close the regulator control valves unless the manufacturer recommends otherwise.			<input checked="" type="checkbox"/>

Remember to report deficiencies on an Opportunity Report!

* If the answer to any of the above questions is NO, the SCBA must be removed from service and sent for repairs. Never use a SCBA that fails an inspection.

This form stays with the Fall Protection Equipment on each rig unit. It should be used as part of a weekly inspection for the equipment.



FALL ARREST PROTECTION INSPECTION CHECKLIST

Use this checklist as a guide when doing your weekly inspection of safety equipment. It should remain with your Fall Arrest Protection Equipment at all times.

EQUIPMENT	PASS	FAIL	NOTES
WEBBING			
Shoulder Straps	✓		
Chest & Back Straps	✓		
Waist Straps	✓		
Leg Straps	✓		
Cuts	✓		
Burns	✓		
Holes	✓		
Deterioration (Wear & Tear)		✓	<i>Lots of deterioration, Opp report submitted &</i>
Paint Damage	✓		<i>equipment brought to shop Opp # 2015-07-18.00035</i>
STITCHING			
Shoulder Straps	✓		
Chest & Back Straps	✓		
Waist Straps	✓		
Leg Straps	✓		
Shock Absorbent Lanyard	✓		
D-RINGS	✓		
Back D-Ring	✓		
Waist D-Ring (if applicable)	✓		
Sternum D-Ring (if applicable)	✓		
BUCKLES			
Shoulder Adjustment	✓		
Chest & Back Buckle Hardware	✓		
Chest Carabineer	✓		
Leg Straps	✓		
Lanyard Clips	✓		
LABELS & MARKINGS			
Appropriate ANSI/CSA/OSHA Markings		✓	<i>Too much deterioration, cannot read labels or date</i>
Legible Label		✓	
Date of First use listed		✓	

Remember to report
deficiencies on an
Opportunity Report!

Contractors working at the Shop or Office are required to be orientated with our Safety Procedures and the hazards on site. You can find these forms near the shop desk or at the office.



Sub- Contractor Safety Orientation Form

Health and Safety orientations are required under the AB Occupational Health and Safety Regulations. This form is to be completed before a new subcontractor commences work. Please complete all sections that are applicable. This form must be signed and dated by the individual responsible for the orientation and the subcontractor representative who has received the orientation. Once signed, maintain the original copy of the Subcontractor Orientation Form as documentation

SUBCONTRACTOR

COMPANY: *John Doe Welding* NAME: *John Doe* PHONE: *(403) 867-5309*

SERVICE(S) TO BE PROVIDED:

Welding on a rig mast from 8:30am to 2 pm

NOTES:

SUPERVISOR

POSITION: *Assistant Manager* NAME: *Shawn Gleisner* PHONE: *(403) 123-4567*

NOTES:

Signed in at the office at 8:30 - given a site tour & hazards explained, given PPE required

SUBCONTRACTOR SITE ORIENTATION

☒ Contact Information

☒ Site Orientation

☒ Emergency Response Plan

☒ Personal Protective Equipment

☒ Incident Reporting

☒ Site Hazard Assessments

☒ Location of First Aid / Eye Wash

☒ Hot Work

☐ _____

☐ _____

☐ _____

☐ _____

I, the undersigned subcontractors' representative hereby claim that I have reviewed the Swab Master Ltd. Emergency Response Plan, that I know the location of the document, and that I understand it, agree to it, and will abide by it at all times.

NAME: *John Doe* SIGNATURE: *John Doe* DATE: *May 20, 2015*

I have instructed the foregoing information with the above subcontractor and believe that he/she has a reasonable understanding of the information.

NAME: *Shawn Gleisner* SIGNATURE: *Kevin Krieger* DATE: *May 20, 2015*

SITE ORIENTATION MUST BE COMPLETED PRIOR TO COMMENCING WORK

SWAB MASTER LTD. – DOCUMENTATION TRAINING

The Timesheet is used to keep track of all Employees' time worked. This document is used to calculate your pay – so please be sure to be as accurate and detailed as possible. The Columns Rig # / Tank # should contain the units you were working on that day (either in the field or at the shop)

Operator / Helper = the crew that worked together. The operator is the Swab Rig Supervisor and the Helper is the Tank Truck Driver

Time in = Time you start / Time Out = Time you finish

Rig hours = How many hours were spent working in the field

Shop = How many hours you spent working at the shop

Travel = How many hours it took to travel to and from location

Total = Add all hours together, it should equal the time in / time out calculation

SUB = Subsistence pay – check this box if you are out of town working overnight.

NS-Sub = Nightshift Sub – check this box if you work between the hours of Midnight – Morning

Description = Enter a brief description of the work you did

Ticket # = enter any applicable tickets related to the job you completed. N/A if working in the shop.

SWAB MASTER LTD. WEEKLY EMPLOYEE HOURS														
Employee Name Swab Employee														
Date	Rig #	Tank#	Operator	Rig Helper	Time In	Time Out	Rig Hrs	Shop	Travel	Total	SUB	NS-Sub	Description of Work Performed	Ticket(s) #
September 11, 2018 Tuesday	8	14	Swab Supervisor	Swab Employee	8am	12pm	0	4	0	4			Help prepare units for out of town work tomorrow	N/A
September 12, 2018 Wednesday	8	14	Swab Supervisor	Swab Employee	7am	7pm	9	1	2	12	✓		Travel to Company location - swab well - still needs swabbing - stay overnight	25789
September 13, 2018 Thursday	8	14	Swab Supervisor	Swab Employee	5am	3pm	6	2	2	10			Continue swabbing well - rig out - dump fluid - travel home - wash & organize tank truck	25790
September 14, 2018 Friday													Off	
September 15, 2018 Saturday	6	12	Swab Supervisor	Swab Employee	7pm	5am	9	0	1	10		✓	Drive pickup to location to relieve day crew - swab well to tank truck	24325
September 16, 2018 Sunday	6	12	Swab Supervisor	Swab Employee	7pm	6am	9	1	1	11		✓	Continue night swabbing - rig out - dump fluid at Territa - travel home	24326
September 17, 2018 Monday	N/A	12	N/A	Swab Employee	2pm	4pm	0	2	0	2			Shop work - wash tank truck - clean & organize for next job	N/A

Employee Signature: Swab Employee Approved Signature: HR Manager

SECTION 2 : SUPERVISORS

- Field Tickets
- Swab Reports
- Rig Manager Inspection
- Pre-Job Safety Meeting
- Emergency Drill Form
- Lost Tool Reporting
- Investigation Checklist
- Derrick Hours of Service
- Level I & II Inspection (Rig)
- Confined Space Pre-Entry Assessment
- Disciplinary Action
- Driver Evaluation
- New Hires Training Program

- Field Tickets are used to track the work that was done as well as bill our customers for services. Any errors on a field ticket can result in a delay of payment.
 - Field Tickets are all created electronically. Be careful not to use an outdated template with incorrect pricing.
 - The customer section **MUST** have the *full company name* written or it will not be processed. The address should be written in if this is a company we have not worked with before. The client rep is the on-site supervisor for the company you are working for. Their full name as well as a contact number must be listed.
 - The Well listing section is where you will add the locations you work on. A specific Cost Center may be used on each line depending on the individual company billing requirements. Always discuss what coding is needed to process the ticket with the client representative. Some companies may only use an AFE and will put this information in the Field Stamp Area.
 - Record today's date & whatever equipment numbers you are using for Rig and Tank
 - The Operation Comments section should be used as a general overview of the work completed. Remember to check off the Function Test Motor Kills, Pre-Job Safety & Derrick Inspection Checkboxes!
 - The pricing will depend on what service was performed or how the company wants to be billed. Always be aware of what the specific pricing is for the company you are working for **BEFORE** you go there. Talk to Hong if you are unsure of the charges.
 - Record names of the Swab Master Operator and Assistants that performed the job.
 - The Authorized Agent is the client representative that you are working for. Some companies that use a coding stamp will sign the ticket on the stamp instead of at this location. For companies that do not use a coding stamp – **ALL TICKETS MUST BE SIGNED**. Sometimes the client rep will leave the location early and you can email it to him for a signature. Be sure to confirm this process beforehand.
 - Be sure to confirm Subtotal, GST & Totals before sending for signature.
-

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BROOKS, AB T1R 1C1
PHONE (403) 793-0033
FAX (403) 362-4069
www.swabmaster.com

FIELD STAMP

AFE: 50051243

Q/L: 6130.110

John Doe

CUSTOMER: *Some Oil Company Limited*

ADDRESS: *123 1st St. West, Brooks, T1R 1R1*

CLIENT'S REP *John Doe.*

CELL: *(403) 555-0123*

DATE: *May 21 2015*

RIG *6* TANK *9* PICKUP *23*

CODE	*	LSD	Sec	Twp	Rge	M	CODE	*	LSD	Sec	Twp	Rge	M	CODE	*	LSD	Sec	Twp	Rge	M
<i>CC# 21503</i>		<i>101/13</i>	<i>22</i>	<i>20</i>	<i>12</i>	<i>W4</i>														
<i>CC# 21505</i>		<i>102/10</i>	<i>23</i>	<i>20</i>	<i>12</i>	<i>W4</i>														
<i>CC# 21321</i>		<i>103/11</i>	<i>22</i>	<i>20</i>	<i>12</i>	<i>W4</i>														
<i>CC# 21325</i>		<i>103/10</i>	<i>22</i>	<i>20</i>	<i>12</i>	<i>W4</i>														

FUNCTION TEST MOTOR KILLS ☒

HAZARD ID / PRE-JOB SAFETY MEETING ☒

DERRICK INSPECTION ☒

OPERATION COMMENTS: *Vehicle inspection, drive to location listed above, hold pre-job safety meeting & discuss procedures*
Spot rig and rig up to regulations, open well to tank, swab wells as requested. Rig out, return to base

	1	RIG HOURS	<i>6</i>	@	<i>270.00</i>	\$ <i>1260.00</i>
	2	TANK TRUCK	<i>6</i>	@	<i>110.00</i>	\$ <i>660.00</i>
	3	CREW VEHICLE KMS	<i>101</i>	@	<i>1.50</i>	\$ <i>151.50</i>
	4	CREW TRAVEL HRS		@		\$
	5	SWAB CUPS	<i>8 TUF</i>	@	<i>40.00</i>	\$ <i>320.00</i>
	6	SWAB CUPS	<i>2</i>	@	<i>25.00</i>	\$ <i>50.00</i>
	7	SAVER HEAD RUBBERS		@		\$
	8	B. O. P.	<i>1</i>	@	<i>50.00</i>	\$ <i>50.00</i>
	9	SHALLOW WELLS		@		\$
	10	DEEP WELLS		@		\$
	11	EXTRA PULLS (*)	<i>2</i>	@	<i>25.00</i>	\$ <i>50.00</i>
	12	SUBSISTENCE	<i>2</i>	@	<i>150.00</i>	\$ <i>300.00</i>
	13					\$
	14					\$
	15					\$
	16					\$

OPERATOR: *Swab Rig Supervisor*

OPERATOR:

ASSISTANT: *Billy Bob Doe*

ASSISTANT: *Bobby Joe Doe*

Authorized Agent:

X *John Doe*

IMPORTANT: SEE REVERSE FOR TERMS & CONDITIONS

I have read, understood and agreed to the terms & conditions printed on the reverse side hereof and represent that I have full authority to accept same and sign this order

SUBTOTAL *2841.50*

GST *142.08*

DISCOUNT(%)


TOTAL *2983.58*

GST # 863197927 RT0001

FIELD TICKET # 00000

OFFICE - WHITE / PINK FIELD - YELLOW BOOK - DARK YELLOW

The Swab / Swab Evaluation Reports are used to measure the fluid that comes out of the well. This information is required for some oil companies. The Swab Report is generally used when completing several wells on the same day, while the Swab Evaluation Report is used to monitor one well. Multiple pages of the Swab Evaluation Report may be used on the same location.

		Phone: (403) 793-0033 Fax: (403) 362-0069 www.swabmaster.com P.O. Box 1210 Brooks, Alberta T1R 1C1	Company <u>Some Oil Company Limited</u> Area <u>Specific Area</u> Casing Size (mm) <u>114.3</u>	SWAB REPORTS						Rig <u>R4</u> Operator <u>Swab Supervisor</u> Date <u>May 21st, 2015</u>
Well Name & No.	Fluid Level Tagged	Water Volume (m³)/(bbls)	Solids Volume (m³)/(bbls)	Total Fluid Rec'd (m³)/(bbls)	Swab Depth (m)	Perf. Depth (m)	Casing Press. (kPa/PSI) Before	Casing Press. (kPa/PSI) After	Rig/Derrick Inspection (✓)	Remarks
7-10-016-12W4	245	1.50		1.50	413	457	150	300	✓	Mud plug @ 413 Muddy water
8-10-016-12W4	256	0.20		1.70	301	456	150	50	✓	Mud plug @ 301 Muddy water
103/16-10-016-12W4	314	0.50		2.20	423	571	150	200	✓	Mud plug @ 423 Muddy water
3-10-016-12W4	270	0.30		2.50	312	312	150	150	✓	Milky water
102/09-08-016-12W4	273	1.05		3.55	433	492	150	200	✓	Mud plug @ 433 Shale on cups
102/16-08-016-12W4	311	1.50		5.05	550	570	150	50	✓	Mud plug @ 286 Muddy water
14-09-016-12W4	268	0.10		5.15	286	454	150	50	✓	Lots of shale on cups 5 new cups
11-09-016-12W4	241	1.40		6.55	420	417	150	50	✓	Mud plug @ 543 lots of shale
104/06-08-016-12W4	328	1.50		8.05	543	569	150	100	✓	Mud plug @ 402
<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 5px;"> The location of the well goes in this area </div> <div style="border: 1px solid black; padding: 5px;"> Readings from each well go in these columns </div> <div style="border: 1px solid black; padding: 5px;"> A visual inspection of the derrick should be documented here every time the derrick is raised </div> </div>										
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin-left: auto;"> Comments on the conditions of the well can go in this area. </div>										

WEATHER & ROAD CONDITIONS



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SWAB EVALUATION REPORT

Page No.: 1 of 2

Date: May 27th, 2015

Oil Company: Some Oil Company Limited UWI: 103/14-26-27-20w4
Consultant: Oil Company Rep Field Name: Specific Area Surface Location: 10-23-27-20
PBTD: _____ mKB KB->Ground Level: _____ m KB->Casing Flange: _____ m Tbg./Csg. Size: 114.3 mm
PSN: _____ mKB Tubing Bottom: _____ mKB Other In-hole: 50" @ 1300m

Rig No.: 15
Tank No.: 9

TIME	DAILY OPERATIONS	TIME @ SURFACE	SWAB (#)	FLUID TAG (m)	SWAB DEPTH (m)	FLUID TO SURFACE (m)	FLUID GAIN (m³)	CUMM. FLUID (m³)	FLUID CUTS			SALINITY (%)	pH (M)	TUBING PRESSURE (kPa)	CASING PRESSURE (kPa)	PRE-SWAB CSG. PRESS. (kPa)	SWAB CUPS (Qty./Type)
1030	Leave Brooks with Swab Rig																
1200	Arrive on location																
	Safety meeting. Rig in to 114.3 BX																
1415	R/H w/ caps	1434	1	950	1050	90	0.7	0.7						VAC			3/3
		1450	2	1000	1070	60	0.5	1.2						VAC			2
		1510	3	900	970	70	0.6	1.8						VAC			3
	Check / Change caps - no sand	1530	4	800	880	90	0.7	2.5						205			4
		1553	5	980	1030	20	0.1	2.6						VAC			5
		1610	6	1110	1200	50	0.4	3.0						VAC			6
		1635	7	1170	1250	30	0.2	3.2						VAC			3/3
1730	R/H	1700	8	1250	1300	50	0.4	3.6						VAC			2
1830	R/H	1720	9	1280	1300	20	0.2	3.8						VAC			3
		1750	10	950	1000	130	1.1	4.9						400			4
		1845	11	1020	1100	40	0.3	5.2						115			5
		1905	12	1060	1150	80	0.6	5.8						205			6
		1925	13	1090	1200	140	1.1	6.9						VAC			7
	Check / Change caps - no sand	1945	14	980	1100	90	0.7	7.6						200			8
		2010	15	1130	1250	110	0.9	8.5						380			9
		2035	16	1180	1300	60	0.5	9.0						125			10
		2105	17	1240	1300	40	0.3	9.3						40			3/3
2120	R/H	2140	18	1290	1300	70	0.1	9.4						0			2
2220	R/H	2240	19	No Tag	1300	0	0	9.4						VAC			3
0020	R/H	0040	20	No Tag	1300	0	0	9.4						VAC			4


SWAB GRAPHICS LTD. - TALEY AB

Tank Size: _____ m³ Tank Coefficient: _____ m³/cm Starting Gauge: _____ cm Ending Gauge: _____ cm

GRAY GRAPHICS LTD. - TELLEY 48

23

The Rig Manager Inspection Report is used by Supervisors as a **Weekly** checklist style inspection on their equipment and crew. If there are any deficiencies found, an Opportunity Report should be completed and submitted A.S.A.P. (Even if the issue was corrected by the workers)



Rig Manager Inspection Reports

Operator: Swab Rig Supervisor Date: May 20, 2015 Rig: 8
 Management: Senior Manager Date: May 22, 2015

☒ ACCEPTABLE ☒ REQUIRES ATTENTION ☐ NOT REQUIRED

DOCUMENTATION: Reports

<input checked="" type="checkbox"/> Client Orientation	<input type="checkbox"/> FEHM / IRP18	<input type="checkbox"/> Inspections	<input type="checkbox"/> Right to Refuse Unsafe Work
<input type="checkbox"/> New/Young Worker	<input type="checkbox"/> Hazard Identification	<input type="checkbox"/> Near Miss Reporting	<input type="checkbox"/> Well File
<input type="checkbox"/> Emergency Response Plan			<input checked="" type="checkbox"/> Working Alone
<input type="checkbox"/> Environmental Spills			<input type="checkbox"/> Vehicle Documents
<input type="checkbox"/> Ground Disturbance			<input type="checkbox"/> Log Book

(Mandatory PPE: Hard Hat)

<input checked="" type="checkbox"/> Breathing Air	<input type="checkbox"/> Hearing Protection	<input type="checkbox"/> Rubber boots	<input type="checkbox"/> Safety Harness	<input type="checkbox"/> Steel Toed Boots
<input type="checkbox"/> Communication Device	<input type="checkbox"/> H ₂ S Monitor	<input type="checkbox"/> Rubber gloves	<input type="checkbox"/> Safety Lanyard	<input type="checkbox"/> Work gloves
<input type="checkbox"/> FR Coveralls				

SAFETY EQUIPMENT and SAFETY CHECKS

<input checked="" type="checkbox"/> Communication	<input type="checkbox"/> Wind Direction	<input type="checkbox"/> Alert Horn	<input type="checkbox"/> Muster Point	<input type="checkbox"/> Confined Space
<input type="checkbox"/> Emergency Engine Kill	<input type="checkbox"/> Fire Extinguisher	<input type="checkbox"/> Weather Hazards	<input type="checkbox"/> Smoking Designation	<input type="checkbox"/> Housekeeping
<input type="checkbox"/> Grounding & Bonded				<input type="checkbox"/> Garbage Control
<input type="checkbox"/> Proper Tools				<input type="checkbox"/> Bump Test on Monitor

Tank Truck #

<input type="checkbox"/> Back-up alarm	<input type="checkbox"/> Windsock	<input type="checkbox"/> Hose reel	<input type="checkbox"/> Drain pump	<input checked="" type="checkbox"/> Placards
<input type="checkbox"/> Chains				

SWAB RIG INSPECTION

<input type="checkbox"/> Hydraulic Pump	<input type="checkbox"/> Draw Works	<input type="checkbox"/> Hammer Union
<input type="checkbox"/> Hydraulic Tank	<input type="checkbox"/> Chains Sprocket	<input type="checkbox"/> Flow Tee
<input type="checkbox"/> Hydraulic Hoses	<input type="checkbox"/> Winch Line & Hook	<input type="checkbox"/> Check Valve
<input type="checkbox"/> Hydraulic Fittings	<input type="checkbox"/> Sand Line	<input type="checkbox"/> Ball Valves
<input type="checkbox"/> Out Rigger Jacks	<input type="checkbox"/> Sand Line Flags	<input type="checkbox"/> Saver Head, Pump and Lines
<input type="checkbox"/> Out Rigger Pads	<input type="checkbox"/> Draw Works Brake	<input type="checkbox"/> Saver Head Rubbers
<input type="checkbox"/> Derrick Inspection	<input type="checkbox"/> Down Hole Tools	<input type="checkbox"/> Spooler
<input type="checkbox"/> De		<input type="checkbox"/> Load Lines
<input type="checkbox"/> De		<input type="checkbox"/> Centered Over Well
<input type="checkbox"/> Cr		<input type="checkbox"/> Hydraulic Control Valves Labeled
<input type="checkbox"/> Al		<input type="checkbox"/> Tag Line (if required)
<input type="checkbox"/> Re		<input type="checkbox"/> Oil Drop Box
<input type="checkbox"/> Ins		<input type="checkbox"/> Grease & Lubricate

PICK-UP TRUCK INSPECTION

<input type="checkbox"/> Engine Oil	<input type="checkbox"/> Seat Belts	<input type="checkbox"/> Mud Flaps
<input type="checkbox"/> Radiator Level	<input type="checkbox"/> Clutch Operation (if required)	<input type="checkbox"/> Exhaust System
<input type="checkbox"/> All Belts	<input type="checkbox"/> Brake System	<input type="checkbox"/> Tires/Lugs/Clamps
<input type="checkbox"/> Batteries/Cables	<input type="checkbox"/> Signal Indicators	<input type="checkbox"/> Tire Chain Condition (if required)
<input type="checkbox"/> Brake Fluid	<input type="checkbox"/> Windshield Wipers	<input type="checkbox"/> Suspension
<input type="checkbox"/> Transmission Oil Level	<input type="checkbox"/> Lights/ All Bulbs	<input type="checkbox"/> Licence Plate
<input type="checkbox"/> Air Filter	<input type="checkbox"/> Horn	<input type="checkbox"/> Cones
<input type="checkbox"/> Steering Fluid	<input type="checkbox"/> Mirrors	<input type="checkbox"/> Emergency Kit
<input type="checkbox"/> Registration/Insurance	<input type="checkbox"/> Windows/Windshield	<input type="checkbox"/> Booster Cables

Comments:
Placards worn on the tank truck, no longer visible. Opportunity Report submitted to get a replacement

Opportunity Report # 2014-02-22.00048

Pre-Job Safety Meeting Report (Pre-job)

Commonly referred to as: JSA (Job Safety Analysis)

Information Section: Ensure ALL fields are completed. The location is where the pre-job meeting is taking place. Record Date, Unit #'s and Ticket #. Company is the client you are working for, and the representative is the consultant you are dealing with on-site.

Swab Master Representative would be the Swab Rig Supervisor on-site. Multi-Services would denote that you are not the only service company on site. For example, coil tubing services could be on the same site.

General Hazards / Topics Discussed: Some topics must be included daily, such as, muster points, emergency response plan, work area/lease conditions, etc. Other topics may only apply to that day or site. Choose topics that are most relevant to the days work activities.

Description of work: provide a brief description of the work that is to be completed on that job.

Safe Work Procedures / Tasks: Choose the procedures / tasks that will be taking place that day.

Controls: Write the task number that is assigned to the procedure, evaluate the risk level, identify controls to reduce the risks associated with that task then evaluate the residual risk after controls have been applied. The “Who” column usually contains instruction for “ALL” employees to follow the controls listed.

Fire & Explosion Hazards: This section should be completed every time. Check which components of the fire triangle exist and then identify the level of risk based on the selected components. Any critical risk factors such as liquid hydrocarbons or flow into closed system should be identified – then select the procedures required. Write down any control methods identified and implemented to prevent fire and explosion hazards.

Emergency Controls: This section should contain your emergency response plans. Remember, the clients Emergency Response Plan supersedes our own. When there is no client ERP, the Swab Master Emergency Response Plan will be used. Ensure you have contact numbers in this section for emergency personnel.

All persons who attended the pre-job safety meeting should print and sign their name in the section provided. This includes personnel from other companies who may be on site.

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PRE-JOB SAFETY MEETING REPORT

Remember Why We Work and Play Safe - It's Our Families!

No. 0000

Location: <i>102/14-15-16-28W4</i>	Date: <i>October 28, 2016</i>	Unit #'s: <i>R5 T6</i>	Job/Service Ticket # <i>21111</i>
Company: <i>Some Oil Company Ltd.</i>	Client Representative: <i>Joe Somebody</i>		
Swab Master Representative: <i>Swab Rig Supervisor, Tank Truck Driver</i>			Multi-Services: Y <input type="checkbox"/> N <input checked="" type="checkbox"/>

General Hazards / Topics Discussed (ALL EMPLOYEES ON SITE)

<input checked="" type="checkbox"/> Muster Points Identified	<input checked="" type="checkbox"/> Work Area/Lease Conditions	<input checked="" type="checkbox"/> Equipment Inspection
<input checked="" type="checkbox"/> PPE is Being Worn (As Designated)	<input checked="" type="checkbox"/> MSDS (SDS) Location	<input checked="" type="checkbox"/> Positive Air Shutoffs
<input checked="" type="checkbox"/> Smoking Area Identified	<input checked="" type="checkbox"/> LEL Bump Test	Chemicals/Hydrocarbons/Caustics/Acids/Hot Oil
<input checked="" type="checkbox"/> Emergency Response Plan	Confined Space	Overhead Powerlines
<input checked="" type="checkbox"/> Pinch Points	H2S / Toxic Vapours / Respiratory Hazards	Working Alone/Remote Location
<input checked="" type="checkbox"/> Grounding / Bonding	Rotating / Unguarded Equipment	<input checked="" type="checkbox"/> Weather
Working at Heights	High Pressure / Hazardous Energy Sources	<input checked="" type="checkbox"/> Slip / Trip / Fall
Suspended Loads	Other:	Other:
Other:	Other:	Other:

Description of Work: *Swab casing wells to tank truck*


Safe Work Procedures / Tasks:

<input checked="" type="checkbox"/> 1. Backup Procedure (EL3/91)	<input type="checkbox"/> 7. Derrick Inspection (EL4/6)	<input type="checkbox"/> 12. Sandline Inspection (EL3/120)
<input checked="" type="checkbox"/> 2. General Driving / Travel (EL3/102)	<input type="checkbox"/> 8. Pipe Wrench Procedure (EL3/109)	<input checked="" type="checkbox"/> 13. Tank Truck Procedure - General (EL3/137)
<input type="checkbox"/> 3. Caisson Entry / Confined Space (EL3/97)	<input checked="" type="checkbox"/> 9. Raising / Lowering Derrick (EL3/130)	<input type="checkbox"/> 14. Hose Reel Procedure (EL3/138)
<input type="checkbox"/> 4. Gauge Ring Procedure (EL3/101)	<input checked="" type="checkbox"/> 10. Swabbing Procedure - General (EL3/129)	<input type="checkbox"/> 15. Loading / Unloading Tank Truck w/Pump (EL3/140-141)
<input type="checkbox"/> 5. Wax Knife Procedure (EL3/146)	<input type="checkbox"/> 11. Swabbing - High Pressure/Critical Wells (EL3/132)	<input type="checkbox"/> 16. Plunger Retrieval (EL3/111)
<input type="checkbox"/> 6. Bottomhole Bumper Spring (EL3/94)	OTHER:	OTHER:
OTHER:	OTHER:	OTHER:

Controls:

Task No:	Risk Level	Steps to Eliminate Hazards & Reduce Risks	Residual Risk	Who (if applicable)
<i>1, 2</i>	<i>High</i>	<i>Use a spotter, back up alarm, caution</i>	<i>Low</i>	<i>All</i>
<i>9, 10</i>	<i>High</i>	<i>Stay clear of drawworks, watch overhead hazards</i>	<i>Low</i>	<i>All</i>
<i>13</i>	<i>High</i>	<i>Use grounding / bonding</i>	<i>Low</i>	<i>All</i>
<i>0</i>	<i>Medium</i>	<i>Emergency response plan, safe work procedures</i>	<i>Low</i>	<i>All</i>

Fire and Explosion Hazards (Identify components of the fire triangle that could be present)

☒ Energy & Ignition  ☒ Oxygen & Air
☒ Fuels & Hydrocarbons

Critical Risk Factors (Identify factors that could be present)

☒ Liquid Hydrocarbons ☐ H2S
☐ Oil Based Workover Fluids ☐ High Pressure or Temperature
☒ Flow into Closed System ☐ Rapid Pressure or Temperature Changes
☐ Pre-Existing Trapped Air ☐ Mixing of Products or Chemicals

Level of Risk (Identify)

- ☐ Improbable - Fire Triangle Does Not Exist
☐ Possible - Fire Triangle May Exist, No Risk Factors Present
☒ Probable - Fire Triangle May Exist, One or More Risk Factors Present

Procedures Required

- ☐ Alertness for failure of barriers or controls that would affect FEHM
☐ Reusable hazard management plan
☒ Detailed, site-specific hazard management plan AND documented risk assessment

FIRE & EXPLOSION CONTROLS: *Check valves, purge procedures, bonding cables, caution*

EMERGENCY CONTROLS (What is the response if conditions change?)

Emergency Contact: Joe Somebody 403-867-5309
Customer Emergency Response Plan located in consultants truck; back up to use Swab Master ERP in rig cab

Print Name	Signature	Print Name	Signature
Swab Rig Supervisor	<i>Swab Rig Supervisor</i>		
Tank Truck Driver	<i>Tank Truck Driver</i>		
Joe Somebody	<i>Joe Somebody</i>		

To the best of our knowledge, all known onsite hazards have been identified, eliminated or controlled - THIS REPORT WILL BE POSTED AT ALL TIMES DURING OPERATION

Emergency Numbers

Swab Master (403) 793-0033 - Stars Emergency Link (888) 888-4567 or *4567 - Emergency Dispatch: 911 - STARS Satellite Phone Link (403) 299-0932

The Emergency Response Drill form is used to document drills that are completed on site at the prime contractors lease or at the main location. Managers and / or Supervisors should complete these drills on a Monthly basis.



Emergency Response Drill

Date of Drill: May 20, 2015 Location: Brooks Shop

Type of Drill: Gas Leak / Evacuation Drill Conducted by: Safety Coordinator

In attendance:

Safety Coordinator, Office Manager, Assistant Manager, 2 Swab Rig Supervisors, tank truck driver

Contractor from Same Inspection Company

Summary of completed drill (i.e what worked well, what needs improvement, etc.):

Evacuation called at 10:41am because of a gas leak, all employees evacuated and at the muster point in 1 minute 15 seconds; Driver was the first out and grabbed the attendance board and ERP Manager "called" fire services for help; No attendance was taken

The follow up section only needs to be completed when there were problems noted in the summary of the drill.

Follow up action required:

Even with a small crew we need to remember to take attendance and make sure any contractors are helped out of the building.

Signature of Supervisor: Safety Coordinator

Senior Manager

Management Signature


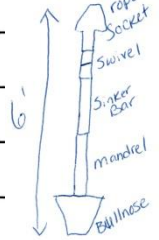
May 20, 2015

Date:

Lost Tool Reports – on occasion, a tool may break free of the toolstring and become lodged in the well. This form should be completed to allow us to gather as much information as possible about the missing tool. If a coil unit has to come fish out the tool for example, it is imperative that they know all the details.

It is extremely important to know what is included in your toolstring prior to beginning work. If you are unable to tell the company what to look for , it can become a major incident with excessive costs.

This form is to be followed up by an Incident Report and Investigation. Determining the root cause to prevent reoccurrence should be the main priority

 <small>www.swabmaster.com P.O. Box 1210 Brooks, AB T1R 1C1</small>		<h2>LOST TOOL REPORT</h2>	
COMPANY / OPERATOR : <i>Some Oil Company - Jimmy Bob</i>			
DATE : <i>May 24th, 2013</i>	TIME : <i>2:30 PM</i>	BATTERY: <i>Alderson</i>	LOCATION <i>102/08-24-20-13W4</i>
LENGTH OF TOOL (FEET) : <i>6 feet</i>			
WHERE DID YOU TAG FLUID (m) : <i>250 metres</i>			
WHAT DEPTH WAS THE TOOL LOST (m) : <i>275 metres</i>			
LENGTH OF LINE LOST WITH THE TOOL (m) : <i>10 metres</i>			
AT WHAT WEIGHT DID YOUR LINE PART (lbs) : <i>15,000 pounds</i>			
WHAT ARE YOUR SHEAR PINS SET FOR (lbs) : <i>N/A</i>			
HOW MANY SHEER PINS : <i>N/A</i>			
SIZE OF SANDLINE (inch) : <i>1/2 inch</i>			
WHEN AND HOW MUCH LINE WAS REPLACED AT LAST ROPE SOCKET (Date & m) : <i>May 3rd, 2013 - 60 metres</i>			
OTHER HELPFUL INFO (Sandy, Gassy, Etc...) :			
COMMENTS - Describe in detail the start of the swab to the tool being lost and what the status of the well was when you left the location:			
<i>Tagged fluid, went until tool stopped. Tried to pull out. Tool stuck. Was told to pull until something let go. Pulled hard</i>			
<i>Four times and finally line parted. Well was left flowing and later shut in. marked on swab list as DNS</i>			
<div style="border: 2px solid red; padding: 10px; text-align: center;"> <p>It is also very helpful to draw a sketch of the toolstring</p> </div>			

Investigations take place at Swab Master Ltd. for a number of reasons. Incidents, Accidents, Illnesses and Near Misses are all investigated. This is done to ensure the root cause of the event is determined and actions can be taken to prevent the same event from happening again.

Investigations training is offered as an in-house module to all Swab Master Ltd. employees. This module is mandatory for Supervisors and Managers.

In the event an investigation team needs to be assembled – it should contain 1 Manager, 1 Supervisor and 1 Worker. Investigations should normally be started within 72 hours of the event and will be lead by the Safety Coordinator, Assistant General Manager or General Manager.

While the Supervisor (or Manager) that was on-site at the time the event occurred is responsible for starting the investigation – any persons that witnessed the event are also to be included.

Each Swab Master Ltd. Employee Handbook has an Investigations handi-guide in the back section to reference when completing the investigation package forms. You may also refer to the Investigation Training found on the website under Employee Resources.

The RP 3.0 Level I & II Inspection Form is a laminated form you will find on each Rig unit. This form correlates to the Field Ticket Checkbox (DERRICK INSPECTION) and should be completed each time the derrick is raised.

SWAB MASTER LTD.				
RP 3.0 LEVEL I and II				
INSPECTION FORM				
DRAWWORKS EXTERNAL COMPONENTS	OK	NEEDS REPAIR	N/A	NOTES
1. Brake Handle	✓			
2. Welded External Lugs	✓			
3. Linkage Arm	✓			
4. Drawworks Input Lug	✓			
5. Bearing Blocks	✓			
6. Washers/Cotter Pins on Pin Connections	✓			
DRAWWORKS INTERNAL COMPONENTS				
1. Brake Bands	✓			
2. Brake Links - Welded	✓			
3. Brake Links - Solid	✓			
4. Brake Turnbuckles	✓			
5. Brake Equalizer	✓			
6. Threaded Connections		✓		Ref: 2014-08-08,00430
7. Pins	✓			
8. Pin Holes in Lugs	✓			
9. Brake Block Wear	✓			
10. Air Pot Inspection	✓			
11. Air Line For Drawworks	✓			
12. Band brake return springs	✓			
13. Chain	✓			
14. Sprocket	✓			
15. Pillow block barring	✓			
16. Drive shaft- keyways/couplers	✓			
CARRIER				
1. Torque Tube (Raising Ram Connection)	✓			
2. Rear Axel Connections	✓			
3. Crossmember Connections Points	✓			
4. Headache Rack	✓			
5. Turnbuckle Pin Connection	✓			
6. Raising Ram Condition	✓			
7. Jack Condition	✓			
8. Jack Attachment Points	✓			
9. Jack Pads	✓			
10. Deck Bolts To Frame & Sub Frame	✓			
11. Springs/Air Bags	✓			
MASTS				
1. Mast Structure	✓			
2. Mast Base/ A Legs	✓			
3. Pivot Lugs	✓			
4. Pins & Safety Pins	✓			
5. Crown Sheave Pin	✓			

As with all other forms, if a deficiency is found, fill out an Opportunity Report to get the issue fixed.

Date: August 8, 2015 Operator: Jon Doe Rig #: Rig 8

The Confined Space – Pre-Entry Hazard Assessment form is designed to be completed whenever an employee is required to enter a confined or restricted space to complete a task. All sections of the form on both sides must be completed.



SWAB MASTER LTD.

Revised: May, 2014

Confined Space - Pre-Entry Hazard Assessment

The purpose of this form is to identify the hazards associated with a confined space and to determine the procedures and safety precautions required for entry into the space. This form is to be used by an employee trained in Confined Space Entry.

Date: August 8, 2015 Location: Brooks Shop Type of Space: Tank

Description of work to be done: Prepare metal for fibreglass repair with wire wheel

Name: Swab Employee Signature: Swab Employee

SECTION 1 - Hazard Evaluation Checklist

Check those items that are a significant hazard, either because of the potential risk if the hazard is not controlled and need to ensure that controls are present, or because the hazard is present to an extreme degree.

Hazards	Does the hazard exist or have the potential to develop due to work to be conducted in the space?	Can the hazard be eliminated or controlled? (If YES, briefly describe method of control, i.e. lockout/tagout, ventilation, lighting.)
Process Hazard		
Personal Confinement (Entrapment / Entanglement)		
Stored Energy - Electrical		
Stored Energy - Hydraulic/Pneumatic		
Stored Energy - Gravity/Mechanical		
Safety Hazards- Engulfment/Immersion		
Safety Hazards - Electrical Shock		
Safety Hazards - Fire/Explosion		
Safety Hazards - High/Low Pressure Atmosphere		
Safety Hazards - Hot/Cold Surface		
Safety Hazards - Slip, Trip or Fall		
Safety Hazards - Structural Hazard		
Safety Hazards - Visibility/Light Level	✓	use work lights
Physical Agents - Heat/Cold		
Physical Agents - Noise/Vibration	✓	Use ear plugs
Physical Agents - Biological Hazard		
Physical Agents - Chemical Hazard (Contact w/ Skin, eyes, etc.)		
Physical Agents - Ionizing Radiation		
Physical Agents - Radiation (Lasers, UV, Microwaves, Radio)		
Other (List)		
Other (List)		



SWAB MASTER LTD.

Revised: May, 2014

Confined Space - Pre-Entry Hazard Assessment

SECTION 2 - Atmospheric Hazards Checklist : Indicate whether the following atmospheric hazards exist in the space or will be introduced into the space due to the work to be done in the space.

Hazards	Does the hazard exist or have the potential to develop due to the work to be done in the space?	Level Measured	Equipment used for test. Instrument name & serial number	Calibration verification (Date & Time)	Can the hazard be eliminated or controlled by ventilation?
Oxygen Deficiency (<19.5%)					
Oxygen Enrichment (>23.5%)					
Fire/Explosion (>10% LEL)					
Carbon monoxide (>35ppm)					
Hydrogen Sulfide (>10ppm)					
Other (List)	<i>Dust</i>	<i>20.9</i>	<i>RKI GX-2009</i>	<i>August 1, 2015</i>	<i>Yes</i>
Other (List)			<i>S/N: 691032150</i>		
Other (List)					

SECTION 3 - Decision Tree

1. Are there any serious safety or health hazards identified in Sections 1 or 2?
☐ YES (Go to question 2.)
☐ No (If the space is designated as a permit space, it can be reclassified to a non-permit space. Complete section 4 below.)
2. Does the space pose an actual or potential atmospheric hazard?
☐ Yes (go to question 3.)
☐ No (go to question 4.)
3. Is the only hazard in the space an atmospheric hazard that can be controlled by adequate ventilation?
☐ Yes (You may use the alternate entry procedures)
☐ No (permit Entry is required.)
4. Can all hazards be eliminated without entry into the space?
☐ Yes (Space can be reclassified as non-permit entry. Complete Section 4 below)
☐ No (permit Entry is required.)

SECTION 4 - Reclassification To Non-Permit Space

I certify that the space does not contain or have the potential to contain an atmospheric hazard for the duration of this job, and that all other hazards identified have been eliminated by use of controls noted above. The space is reclassified as a non-permit space for the duration of this job as long as all controls are initiated above are in place.

Signature: *Swab Employee* Date: *August 15, 2015*

Proceed with entry taking appropriate safety precautions, as noted on the hazard assessment.

On occasion a Supervisor or Manager may need to apply disciplinary actions on an employee. Depending on the severity of the action and how many times it has occurred, a formal written notice should be completed and retained in the personnel file of the offending individual.



DISCIPLINE ACTION REPORTING FORM

Discipline Action Reporting Form		
Name: <i>Swab Employee</i>	Position: <i>Tank Truck Driver</i>	Reporting Supervisor: Shawn Giesner
Department:	Date of Incident: <i>August 8, 2015</i>	Date of Report: <i>August 8, 2015</i>
Type of Incident:	<input type="checkbox"/> Unsafe Behavior <input type="checkbox"/> Non-Compliance with corporate policy, rule, or principles <input checked="" type="checkbox"/> Workplace Violence <input type="checkbox"/> Other _____	
Progressive Discipline Process:	<input type="checkbox"/> 1 st Incident Date: <i>03/02/2017</i> <input checked="" type="checkbox"/> 2 nd Incident Date: <i>08/08/2018</i> <input type="checkbox"/> 3 rd Incident Date: _____ <input type="checkbox"/> Critical Incident	
Description of Incident: <i>Swab Employee was on site and got into a fight about a personal issue with the client rep. This conflict affected the work place and other employees on site and may have an affect on the business relationship with the oil company</i>		
Supervisor Recommendation: <i>Swab Employee to understand that fighting on a work site with anyone will not be tolerated. The next occurrence may lead to dismissal.</i>		
Employee Response: <i>I will try in the future to keep a cool head while on the work site. There is no reason to lose my temper on site and I will deal with personal issues on my own time.</i>		
Management Decision: <i>Management has decided to terminate employment as the consequence of fighting with a Company rep is unacceptable as this could cause irreparable damage to Swab Master</i>		
Employee Signature: <i>Swab Employee</i>	Date: <i>08/16/2018</i>	
Supervisor Signature: <i>Swab Rig Supervisor</i>	Date: <i>08/16/2018</i>	
Manager Signature: <i>Manager Supervisor</i>	Date: <i>08/16/2018</i>	

Supervisors are responsible for helping to train new employees in the field. The first step in the training process is for the new employee to complete paperwork and online training at the office. They are then sent out with a Supervisor for “buddy-system” style training. The Drivers Evaluation should be done promptly.



www.swabmaster.com
P.O. Box 1210
Brooks, AB T1R 1C1

DRIVER EVALUATION CHECKLIST

Driver Name: <i>New Tank Truck Driver</i>		Evaluation Date: <i>September 12, 2018</i>	
Evaluator Name: <i>Swab Rig Supervisor</i>			
Vehicle Type: <i>Tank Truck</i>	Unit #: <i>T9</i>	Plate #: <i>K39 031</i>	

PRE-TRIP INSPECTION			
General Vehicle Condition Noted	<input checked="" type="radio"/> YES	<input type="radio"/> NO	360 Degree walk around performed
Parking Brake Set	<input checked="" type="radio"/> YES	<input type="radio"/> NO	Tires evaluated
Lighting Inspected	<input checked="" type="radio"/> YES	<input type="radio"/> NO	Steering inspected
Horn & Windshield wipers inspected	<input checked="" type="radio"/> YES	<input type="radio"/> NO	Mirrors are adjusted
Emergency Equipment Inspected	<input checked="" type="radio"/> YES	<input type="radio"/> NO	Insurance / Licensing inspected

PLACING VEHICLE IN OPERATION			
Is driver using a seat belt?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	Verifies passenger is wearing seat belt
Starts vehicle properly	<input checked="" type="radio"/> YES	<input type="radio"/> NO	Observes traffic patterns
Does not allow vehicle to roll while stopped	<input checked="" type="radio"/> YES	<input type="radio"/> NO	Drives with both hands on the steering wheel
Steers smoothly	<input checked="" type="radio"/> YES	<input type="radio"/> NO	Speed appropriate for conditions

BACKING & PARKING			
Gets out to look before backing	<input checked="" type="radio"/> YES	<input type="radio"/> NO	Avoids backing when possible
Uses mirrors properly	<input checked="" type="radio"/> YES	<input type="radio"/> NO	Does not blind side back

INTERSECTIONS			
Covers the brake with foot in intersections	<input checked="" type="radio"/> YES	<input type="radio"/> NO	Checks traffic in all directions
Stops vehicle in proper location	<input checked="" type="radio"/> YES	<input type="radio"/> NO	Does not allow vehicle to roll when stopped

TURNING			
Vehicle is in proper lane for turn	<input checked="" type="radio"/> YES	<input type="radio"/> NO	Signals used in advance of turn
Approaches turn at proper speed	<input checked="" type="radio"/> YES	<input type="radio"/> NO	Checks traffic conditions
Turns only when traffic is clear	<input checked="" type="radio"/> YES	<input type="radio"/> NO	Vehicle is in proper lane after turn

PASSING			
Determines that pass is safe & legal	<input checked="" type="radio"/> YES	<input type="radio"/> NO	Passes in safe location
Checks ahead before passing	<input checked="" type="radio"/> YES	<input type="radio"/> NO	Uses turn signal appropriately
Returns to lane safely	<input checked="" type="radio"/> YES	<input type="radio"/> NO	Does not exceed speed limit

DRIVING DISTRACTIONS			
Cell phone used during this trip while driving?	YES	<input checked="" type="radio"/> NO	Was driver driving while distracted
			YES

IS THIS PERSON COMPETANT TO DRIVE SWAB MASTER VEHICLES? ☒ YES ☐ NO

COMMENTS *Advised New Tank Truck Driver that he needs to confirm if a passenger is also wearing a seatbelt. Employee agreed and stated he would remember in the future.*

EVALUATORS SIGNATURE: *Swab Rig Supervisor*

MANAGEMENT SIGNATURE: *Senior Manager*

SWAB MASTER LTD. – DOCUMENTATION TRAINING

The New Employees will be on probation for as long as necessary in the field. The next step is to go through the field training guide. This can take up to a year due to the specialized tasks listed throughout the document.



NEW HIRES TRAINING PROGRAM

Trainer and Trainee must sign off and return to office for Management Approval

Young Worker? YES NO	Green Hand Sticker Provided for Hard Hat? YES / NO
TRAINEE NAME: <i>New Tank Truck Driver</i>	TRAINER NAME: <i>Swab Rig Supervisor</i>
START DATE: <i>08/08/2015</i>	COMPLETION DATE: <i>05/16/2016</i>

DAY 1: IN-HOUSE TRAINING & ORIENTATION

(to be completed at the main branch)

TASK	Date Completed	Trainer Initial	Trainee Initial	NOTES
Copy of current operators license	<i>08/08/2015</i>	<i>R.T</i>	<i>N.H</i>	
Copy of First Aid Certificate	↓	↓	↓	
Copy of Enform PST / eGSO Certificate				
Copy of H2S Alive! Certificate				
Copy of any other applicable oilfield training tickets provided	↓	↓		
Is the trainee wearing appropriate PPE?	<i>08/10/2015</i>	<i>S.S</i>		
New Hire Packet given to trainee	<i>08/08/2015</i>	<i>R.T</i>		
Trainee given an Employee Handbook	↓	↓		
Swab Master General Orientation				
Swab Master WHMIS 2015 Training				
Swab Master TDG Training				
Swab Master PPE Training				
Swab Master Hazard Identification Training				
Swab Master FEHM Training				
Swab Master Inspections Training				
Shop / Yard / Facility Tour Complete				
Emergency Procedures Reviewed				
First Aid Kits location identified				
Documentation Training	↓	↓		
Driver Evaluation	<i>08/10/2015</i>	<i>S.S</i>		
Drug Test Complete	<i>08/09/2015</i>	<i>R.T</i>		
Hearing Test Complete	↓	↓	↓	
Mask Fit Test Complete				

The Trainer and Trainee must sign off on all items to agree on completion and competency.

OFFICE USE ONLY

Drivers abstract on file	<i>08/10/2015</i>	<i>M.B</i>		
Pre-Employment Testing Pass	↓	↓		
Paperwork Complete				

The Senior Manager signs off on all new hires training when submitted to the office.

FOLLOW UP REQUIREMENTS:

MANAGEMENT APPROVAL: *Senior Manager*

DATE: *08/13/2015*

SWAB MASTER LTD. – DOCUMENTATION TRAINING

The Specialized Tasks Lists will be completed between the Supervisor and the New Hire in the field over the course of their probation period.



NEW HIRES TRAINING PROGRAM

Trainer and Trainee must sign off and return to office for Management Approval

DAY 2: FIELD LEVEL TRAINING & ORIENTATION (to be completed with a Supervisor)				
TASK	Date Completed	Trainer Initial	Trainee Initial	NOTES
Expectations Explained	08/10/2015	S.S	N.H	
Safety Requirements & Use of PPE				
- Smoking Area				
Tour of Equipment: Pickup, Tank Truck & Rig				
On Site Hazards Identified & Controlled				
- Physical				
- Chemical				
- Biological				
- Harmful Substance				
On Site Emergency Plan Explained				
Driving & Travel Procedures Explained				
Backup Procedure				
Reporting Processes Explained				
- Drivers Daily Logs				
- Accident / Incident / Illness				
- Hazard Identification				
- Opportunity Reports				
TDG Regulations Reviewed - Grounding & Bonding Procedure				
Accident Prevention				
- Environmental Policy				
- Spill Prevention				
- Fatigue Management Policy				
Equipment Inspections				
Maintenance Policy				
Harassment & Violence Prevention	08/11/2015	D.S	N.H	
Lockout / Tag out - Machine Guarding				
On Site Emergency Drills Explained				
Methanol and Other Hydrocarbons (FEHM)				
Fire Extinguisher Locations & Use				
Extreme Weather Procedures				
Propane - Use and Care				
Wash Bay Procedure	08/10/2015	S.S	N.H	
Gas Detection Procedure				
- Personal Gas Monitor - Location - Use				
Scott Packs - Location - Inspection - Use				

The teams at Swab Master are not static – the New Hire may have a different Supervisor training him each day.

Whichever Supervisor completes the New Hire Training Program Page should sign off with the New Hire.

* Declaration

I have fully explained all items on this list to the above and believe the noted trainee to be competent in all areas.

TRAINEE: New Hire

TRAINER: Swab Rig Supervisor

MANAGEMENT APPROVAL: Senior Manager

DATE: 08/13/2015

The Specialized Tasks Lists will be completed between the Supervisor and the New Hire in the field over the course of their probation period.



NEW HIRES TRAINING PROGRAM

Trainer and Trainee must sign off and return to office for Management Approval

FIELD LEVEL TRAINING & ORIENTATION (to be completed with a Supervisor)				
* Due to the nature of the business - It may take up to 3 months to complete this section.				
SPECIALIZED TASKS	Date Completed	Trainer Initial	Trainee Initial	NOTES
Tank Truck Procedure	08/10/2015	S.S	N.H	
Hose Reel Procedure	↓	↓	↓	
Pre-Welding Inspections Procedure	08/11/2015	D.S	N.H	
Welding Equipement Procedure	↓	↓	↓	
Loading & Unloading Procedure	08/10/2015	S.S	N.H	
Brake Adjustment Procedure	↓	↓	↓	
Pipe Wrench Procedure	↓	↓	↓	
Swabbing Procedure - General	08/10/2015	S.S	N.H	
Derrick Raising & Lowering	↓	↓	↓	
Tool Retrieval - Side Entry Procedure	08/13/2015	M.B	N.H	
Slant Wells	↓	↓	↓	
Pouring Rope Socket Procedure	08/15/2015	S.S	N.H	
Sand Line Inspection Procedure	↓	↓	↓	
Slip & Cut Sand Line Procedure	↓	↓	↓	
Caisson Entry Procedure	08/23/2015	G.S	N.H	
High Pressure & Critical Well Swabbing	09/10/2015	S.S	N.H	
Pipeline Blow Down	10/15/2015	S.D	N.H	
Broaching Tool Procedure	09/28/2015	G.S	N.H	
Setting Bumper Spring Procedure	11/03/2015	K.K	N.H	
Gauge Ring Procedure	12/10/2015	S.D	N.H	
Hydrostatic Lubricator Pressure Test	08/26/2015	S.D	N.H	
Impression Block Procedure	09/05/2015	K.K	N.H	
Magnet Use Procedure	↓	↓	↓	
Plug Retrieval Procedure	10/16/2015	S.S	N.H	
Plunger Retrieval Procedure	↓	↓	↓	
Running Blind Box Procedure	10/22/2015	S.S	N.H	
Sample Bailer	11/18/2015	S.D	N.H	
Sand Bailing	↓	↓	↓	
Wax Knife	12/18/2015	S.S	N.H	

The teams at Swab Master are not static – the New Hire may have a different Supervisor training him each day.

Whichever Supervisor completes the New Hire Training Program Page should sign off with the New Hire.

* Declaration


I have fully explained all items on this list to the above and believe the noted trainee to be competent in all areas.

TRAINEE: New Hire TRAINER: Swab Rig Supervisor

The Senior Manager should sign off on all New Hires Training

MANAGEMENT APPROVAL: Senior Manager DATE: 12/22/2015

The last two pages in the New Hires Training Program deals with Swab Rig Supervisor Training and Assessment. This portion of the document is only to be used when the New Hire is comfortable, competent and ready to advance to being a Swab Rig Supervisor.




NEW HIRES TRAINING PROGRAM
Trainer and Trainee must sign off and return to office for Management Approval
(to be completed with a Supervisor)
It may take up to 3 months to complete this section.

FIELD LEVEL TRAINING & ORIENTATION

SPE
Tank Truck Proce
Hose Reel Proce
Pre-Welding Insp
Welding Equipm
Loading & Unloa
Brake Adjustmen
Pipe Wrench Pro
Swabbing Proce
Derrick Raising
Tool Retrieval -
Slant Wells
Pouring Rope S
Sand Line Insp
Slip & Cut San
Caisson Entry
High Pressure
Pipeline Blow
Broaching To
Setting Bump
Gauge Ring R
Hydrostatic
Impression
Magnet Use
Plug Retriev
Plunger Ret
Running Bl
Sample Ba
Sand Bailin
Wax Knife

*** Declaration**
I have fully
TRINEE:

MANAG



NEW HIRES TRAINING PROGRAM
Trainer and Trainee must sign off and return to office for Management Approval

FIELD LEVEL TRAINING & ORIENTATION (to be completed with a Supervisor)
* Due to the nature of the business - It may take up to 3 months to complete this section.

RIG SUPERVISORS ASSESSMENT	Date Completed	Trainer Initial	Trainee Initial	NOTES
Maintenance Assessment				
- Greasing, Location of all nipples				
- Air Filter Checks				
- Brake Adjustments				
- Reporting Deficiencies				
- Check tire air levels				
- Drip trays under pump drains				
Rigging In & Wellhead Procedures				
- Body position (safe distance)				
- Hooking up grounding and bonding cables				
- Isolate and bleed well				
- Flow tee and valve assembly				
- Lubricator placement				
- Gas monitor operation				
Spooler Operation Assessment				
- Running out hose				
- Hose wheel security				
- Spooling hose				
- Disabling the PTO				
- Daily Maintenance				
Cargo Assessment				
- Tank Dips				
- Dumping				
- Fluid Transfer Documentation				
- Placarding				
** All tank trucks should have: MSDS; Employee Hand Book; All appropriate forms; Registration & Insurance Copy of current CVIC				
Rigging Out Assessment				
- Disassemble the wellhead				
- Bring the well back on line				
- Lockout / Tag out				
- Ensure lease is the way it was when you arrived				

*** Declaration**
I have fully explained all items on this list to the above and believe the noted trainee to be competent in all areas.
TRINEE: _____ TRAINER: _____


MANAGEMENT APPROVAL: _____ DATE: _____

SECTION 3: MANAGERS

Managers may be required to fill out any documentation at any given time, but there are some reports that are designated to be completed by a Manager ONLY. All formal inspections, disciplinary actions and incident/accident reports are to be signed off by a Manager.

- Managers Quick Site Inspection
- Managers Full Inspection

The Managers Quick Check Inspection is used as an inspection tool when managers are stopping by a work site. This quick check may be performed monthly at random worksites.

 MANAGERS QUICK CHECK INSPECTION	
Rig #: <u>12</u>	Date: <u>September 11, 2001</u>
<hr/>	
CREW <i>Swab Rig Supervisor, Tank Truck Driver, New Hire Trainee</i>	
<input checked="" type="checkbox"/>	▪ Personal Protective Equipment
<input checked="" type="checkbox"/>	▪ Documentation (Drivers Daily Logs, Fluid Transfers, etc.)
RIG EMERGENCY EQUIPMENT	
<input checked="" type="checkbox"/>	▪ Emergency Horn
<input checked="" type="checkbox"/>	▪ Fire Extinguisher
<input checked="" type="checkbox"/>	▪ First Aid Kits
<input checked="" type="checkbox"/>	▪ Scott Packs
<input checked="" type="checkbox"/>	▪ Emergency Flares
<input checked="" type="checkbox"/>	▪ Emergency Blanket
	▪ Eye Wash <i>Fluid in station getting low - should replace soon</i>
RIG CONDITION	
<input checked="" type="checkbox"/>	▪ Draw Works
<input checked="" type="checkbox"/>	▪ Derrick
<input checked="" type="checkbox"/>	▪ Truck
<input checked="" type="checkbox"/>	▪ Instrumentation
<input checked="" type="checkbox"/>	▪ Tires
<input checked="" type="checkbox"/>	▪ Tools
TANK TRUCK CONDITION – Tank Truck #	
<input checked="" type="checkbox"/>	▪ Tank
<input checked="" type="checkbox"/>	▪ Ladder
<input checked="" type="checkbox"/>	▪ Railing
<input checked="" type="checkbox"/>	▪ Hose Spooler
<input checked="" type="checkbox"/>	▪ Tires
TANK SAFETY EQUIPMENT	
<input checked="" type="checkbox"/>	▪ Fire Extinguisher
<input checked="" type="checkbox"/>	▪ First Aid Kit
<input checked="" type="checkbox"/>	▪ Flares
Manager: <u>Senior Manager</u> Rig Manager: <u>Swab Rig Supervisor</u>	
Deficiencies Noted: <u>Fluid in eye wash station getting low - should replace soon - completed Opp report to</u> <u>Have solution replaced</u>	
Opportunity Report # <u>2004-10-05.00012</u>	

Check off all items that have been inspected and list any deficiencies on the form.

Remember to complete an Opportunity Report to have the issue resolved.

The 2 page Full Management Inspection Form should be used by Managers on a random worksite once a month. Rotating which crews are visited on site will enable all employees and working equipment to have an overall inspection.



Management Inspection Form

DATE: <i>September 11, 2001</i>	RIG SUPERVISOR: <i>Swab Rig Supervisor</i>
LOCATION: <i>West Tilley</i>	RIG ASSISTANT (Tank Truck) <i>Tank Truck Driver</i>
UNITS on LOCATION: <i>R2</i> <i>T9</i> <i>P14</i>	OTHER: <i>New Hire Trainee</i>
COMPANY: <i>Some Oil Company</i>	OTHER:

Crew & Documents			
	PASS	FAIL	N/A
Pre-Job Hazard Assessment			
Emergency Response Plan	✓		
FEHM Plan	✓		
Signed	✓		
New / Young Worker		✓	
PPE	✓		
Company Orientations	✓		

	PASS	FAIL	N/A
Safety Manual	✓		
OHS Handiguide	✓		
Well Information	✓		
Client Work Permit	✓		
Daily Logs	✓		
Opportunity Reports	✓		
Incident Reports	✓		

Deficiencies Noted: *New worker on site with no "green hand" sticker on hard hat. Gave employee sticker for hat and advised to wear until fully trained*

Opportunity Report #: *2005-06-16 00533*

Safety & Emergency Equipment			
	PASS	FAIL	N/A
Equipment Spacing	✓		
Emergency Engine Kill	✓		
Grounded & Bonded	✓		
Emergency Horn	✓		
Fire Extinguishers	✓		
First Aid Kits	✓		
Scott Pak Inspected	✓		
Emergency Flare	✓		
Eye Wash	✓		

	PASS	FAIL	N/A
Weather Hazards	✓		
Back Up Alarm	✓		
Housekeeping	✓		
Gas Monitors Tested	✓		
Fall Arrest Inspection	✓		
Road Signs	✓		
Wind Direction Noted	✓		
Emergency Response Plan	✓		

Deficiencies Noted: *N/A*

Opportunity Report #:

INSPECTED BY: <i>Assistant Manager</i>
SIGNATURE: <i>Assistant Manager</i>

EMPLOYEE SIGNATURE: <i>Swab Rig Supervisor</i>
EMPLOYEE SIGNATURE: <i>Tank Truck Driver</i>



Management Inspection Form

Rig Inspection			
	PASS	FAIL	N/A
Draw Works			
Sprocket / Chain	✓		
Brake Linkage	✓		
Sandline Spooling	✓		
Spooler Rollers	✓		
Hand Unions	✓		
Spare O-Rings	✓		
Instrumentation	✓		
Winch Line (Main)	✓		
Cable Spooling	✓		
Sheaves	✓		
Slings	✓		
Tail Chain / Hook	✓		
Cab Interior	✓		
Unit Exterior	✓		
Saver Head			
Packoff Pump	✓		
Rubbers	✓		
Spare Hose / fittings	✓		
Vehicle Documents	✓		
Grease & Lubricate	✓		

	PASS	FAIL	N/A
Tools			
Hand Tools		✓	
Down Hole Tools	✓		
Sand Line Diameter	✓		
Flags	✓		
Out Rigger Jacks & Pads	✓		
Hammer Union	✓		
Pressure Gauges	✓		
Winch Line (Aux.)	✓		
Cable Spooling	✓		
Sheaves	✓		
Slings	✓		
Tail Chain / Hook	✓		
Check Valve	✓		
Ball Valve	✓		
Rags / Pads / Trays / Pails	✓		
Windows / Mirrors	✓		
Centered over well	✓		
First Aid Kit	✓		
Tow Straps	✓		

Deficiencies Noted: *Hammer has a cracked handle - must be replaced.*

Opportunity Report #: *2005-06-16.00533*

Multiple deficiencies can be reported on ONE Opportunity Report. Do Not Sign off on the Opp Report until all items are complete.

Tank Truck Inspection			
	PASS	FAIL	N/A
Bonding Cable / Clamp	✓		
Tire Chains	✓		
Windsock	✓		
Spill Kit	✓		
Hose Reel			
Drive Chain / Sprockets	✓		
2 in. Hose	✓		
Unions / Cap	✓		
Safety Cable	✓		
Grease Gun / Grease	✓		
Vehicle Documents	✓		

	PASS	FAIL	N/A
Unit Exterior	✓		
Placards		✓	
Tank Dip Stick	✓		
Fluid Transfer	✓		
Windows / Mirrors	✓		
Cab Interior	✓		
Tires	✓		
Flares / Reflectors	✓		
Lights	✓		
Positive Air Shutoff	✓		
MSDS Binder	✓		

Deficiencies Noted: *1 Placard is worn - must replace.*

Opportunity Report #: *2005-06-16.00533*

Training Acknowledgement Form

I _____, certify that I have received adequate training on the completion of Swab Master Ltd. documents and protocols.

I agree that I will comply with all documents and complete all paperwork assigned in the timeframe required.

I agree to complete the assigned paper work to the best of my ability and, when in doubt, ask for assistance.

I agree that I will submit all completed paperwork to the office as soon as I am able.

TRAINEE NAME:

TRAINEE SIGNATURE:

TRAINER NAME:

TRAINER SIGNATURE:
