

## ONGOING INSPECTIONS

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|                        |  |
|------------------------|--|
| <b>PURPOSE:</b>        | To establish and maintain regularly scheduled Health & Safety Inspections, to identify and correct unsafe working conditions and unsafe work practices to prevent the development of unsafe conditions and practices, and to promote a safer working environment.  |
| <b>RESPONSIBILITY:</b> | Management, who is responsible for the daily operation of the site, is also responsible for this policy.   |
| <b>DEFINITION:</b>     | This Policy details the requirements for a planned structure that results in frequent Health & Safety Inspections.   |
| <b>GENERAL:</b>        | <p><i>The following list of inspections is contained in this policy:</i></p> <ol style="list-style-type: none"><li>1. MANAGEMENT INSPECTIONS</li><li>2. EMPLOYEE INSPECTIONS</li><li>3. UNANNOUNCED WORKPLACE SAFETY OR OCCUPATIONAL HEALTH &amp; SAFETY INSPECTIONS</li><li>4. SPECIAL INSPECTIONS FOLLOWING AN INCIDENT OR ACCIDENT.</li></ol> |
| <b>TRAINING:</b>       | There is on-site training available to all employees on how to do a proper inspection and the frequency of those inspections. We also provide outsourced training through AASP for Managers & Supervisors.   |

## MANAGEMENT INSPECTIONS

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Managers are to conduct worksite tours at least monthly and to sign off on inspections that they have delegated.

### Inspection Purpose

- To review, firsthand, the prevailing working conditions and work practices at the time of inspection; to identify specific Health and Safety concerns, and to assess the effectiveness of the Health and Safety program.
- Demonstrate support for the Health & Safety Program and the welfare of all employees.
- Management must record inspection comments and findings and promptly act on all issues as required. An Opportunity Report (see figure 7) should be filled out and assigned appropriately for all deficiencies noted.
- The onsite inspection of rigs and crews at the prime licensee site by Swab Master Ltd. management shall be done randomly with no notification.
- The Shop will be inspected by the General Manager, HS Representative, Assistant Manager or the Mechanic and will be documented.
- The Office will be inspected on a quarterly basis by the Office Manager or their designee and will be documented.

See Figure 1 & Figure 2

Figure 1: Rig &amp; Tank Inspection Form. To be completed by Managers monthly.

**SWAB MASTER LTD.**

**RIG & TANK TRUCK INSPECTION FORM**

Rig #: \_\_\_\_\_ Date: \_\_\_\_\_

|                                 |
|---------------------------------|
| <b>CREW</b>                     |
| ▪ Personal Protective Equipment |
| <b>RIG EMERGENCY EQUIPMENT</b>  |
| ▪ Emergency Horn                |
| ▪ Fire Extinguisher             |
| ▪ First Aid Kits                |
| ▪ Scott Packs                   |
| ▪ Emergency Flares              |
| ▪ Emergency Blanket             |
| ▪ Eye Wash                      |
| <b>RIG CONDITION</b>            |
| ▪ Draw Works                    |
| ▪ Derrick                       |
| ▪ Truck                         |
| ▪ Instrumentation               |
| ▪ Tires                         |
| ▪ Tools                         |
| <b>TANK TRUCK CONDITION</b>     |
| ▪ Tank                          |
| ▪ Ladder                        |
| ▪ Railing                       |
| ▪ Hose Spooler                  |
| ▪ Tires                         |
| <b>TANK SAFETY EQUIPMENT</b>    |
| ▪ Fire Extinguisher             |
| ▪ First Aid Kit                 |
| ▪ Flares                        |


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

Other Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Figure 2: Site Inspection for the Shop & Office. Shop inspections performed monthly by Managers, Supervisors or designated Workers. Office Inspections are completed quarterly by the HS Representative or Office Manager



**MONTHLY INSPECTION SHEET FOR (Circle one)**

SHOP    OFFICE

DATE: \_\_\_\_\_

| 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               |    |              |     |                                   |
| Fire Extinguishers available in easy site      |    |              |     |                                   |
| Fire Extinguishers inspected                   |    |              |     |                                   |
| 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                  |    |              |     |                                   |
| In good repair                                 |    |              |     |                                   |
| Free of protruding articles                    |    |              |     |                                   |
| Stairs accessible                              |    |              |     |                                   |
| 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                       |    |              |     |                                   |
|  |    |              |     |                                   |
| Shop work Stations:                            | OK | Needs Repair | N/A | Repair Date if Applicable / Notes |
| Tools put away                                 |    |              |     |                                   |
| Labels on Containers                           |    |              |     |                                   |
| Welding equipment left in safe and tidy manner |    |              |     |                                   |
| PPE provided for welding equipment             |    |              |     |                                   |
|  |    |              |     |                                   |

Inspected By: \_\_\_\_\_

Management Approval: \_\_\_\_\_



## SUPERVISORS AND WORKER INSPECTIONS

During daily operations employees are required to perform an inspection every time the Derrick is raised in the air as per the guidelines provided by Kodiak Engineering.

Supervisors and Workers are to ensure all deficiencies are identified and if possible corrected by the employee. If a deficiency cannot be corrected on site, an Opportunity Report (figure 7) should be filled in and submitted to a Manager or the office as soon as possible. Employees are to ensure the equipment and PPE is in proper state prior to use.

*If the employee does not understand his role or responsibility in conducting the inspections, they are to ask for assistance.*

**Supervisors and Workers are required to perform:**

- Drivers Vehicle Inspection & Trip Report (part of the daily log)
- Rig Manager Inspection on equipment and crew once weekly
- RP 3.0 Level I & II completed by a Rig Supervisor when the derrick of the swab unit is raised.
- Pre Job Safety Meetings / Field Site Inspections

See Figures 3, 4, 5 & 6

Figure 3: Drivers Daily Log / Drivers Vehicle Inspection & Trip Report. To be completed by all Supervisors and Workers on a daily basis. Drivers Daily Log to be completed every day, Driver's Vehicle Inspection to be completed when working only and following guidelines as per Alberta Transportation Regulations.

**SWAB MASTER LTD.**  
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 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

I certify these entries are true and correct. PERMIT # \_\_\_\_\_

START ODO \_\_\_\_\_ (DRIVER'S SIGNATURE IN FULL) \_\_\_\_\_  
 END ODO \_\_\_\_\_ (DRIVER'S NAME - PLEASE PRINT) \_\_\_\_\_

(MONTH) (DAY) (YEAR) TRUCK NUMBER (Show Unit #) \_\_\_\_\_ TOTAL \_\_\_\_\_ (NAME OF SWAMPER - PLEASE PRINT) \_\_\_\_\_

1. CYCLE 2. TRAILER/JEEP NUMBER (Show Unit #) \_\_\_\_\_

☐ 70 HR/7 DAY ☐ 120 HR/14 DAY

1: OFF DUTY  
 2: SLEEPER BERTH  
 3: DRIVING  
 4: ON DUTY (NOT DRIVING)

REMARKS

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 \_\_\_\_\_

LOCATION \_\_\_\_\_

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 \_\_\_\_\_ TIME \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.

CHECK ANY DEFECTS IN ITEM AND GIVE DETAILS UNDER "REMARKS"

TRACTOR NO. \_\_\_\_\_ ODOMETER READING \_\_\_\_\_ TRAILER(S) NO. (S) \_\_\_\_\_

PRE-800 POST-800  
☐ Odometer ☐ Fuel System ☐ Mirrors ☐ Heater, Defroster  
☐ Radiator ☐ Exhaust System ☐ Steering ☐ Horn  
☐ Lights ☐ Mud Flaps ☐ Brake Warning Light ☐ Seat Belt  
☐ Turn Signals ☐ Clean Windshield/Mirrors ☐ Air Pressure Gauge ☐ Parking Brake  
☐ Reflectors ☐ Suspension ☐ Wipers ☐ Emergency Equipment  
☐ Wheels & Fasteners ☐ Hoses ☐ Washers ☐ Load Security  
☐ Tires ☐ Brakes 2" (1.5" Max B.C.) ☐ Windshield/Windows ☐ Bodywork/Frame

REMARKS: \_\_\_\_\_

Confirmed by Safety Officer (Name & Signature) \_\_\_\_\_

☐ CONDITION OF THE ABOVE VEHICLE IS SATISFACTORY ☐ DOCUMENTATION

DRIVER'S NAME: \_\_\_\_\_ DRIVER'S SIGNATURE: \_\_\_\_\_

☐ 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

Figure 4: Rig Manager / Supervisor Inspection Form, completed weekly on the Supervisors equipment and crew.


|  |  |                                      |  |                                   |  |                             |  |
|--|--|--------------------------------------|--|-----------------------------------|--|-----------------------------|--|
|                 |  | <b>Rig Manager Inspection Report</b> |  |                                   |  |                             |  |
|  |  | Operator:                            |  | Date:                             |  | Rig:                        |  |
|  |  | Manager:                             |  | Date:                             |  | Truck:                      |  |
|  |  | <b>Derrick Hours of Service</b>      |  |                                   |  |                             |  |
| <b>A= Acceptable      R= Requires Attention      N=Not Required</b>                              |  |                                      |  |                                   |  |                             |  |
| <b>DOCUMENTATION: Reports</b>  |  |                                      |  |                                   |  |                             |  |
| Client Orientation   |  | Hazard Identification                |  | Near Miss Reporting               |  | Right to Refuse Unsafe Work |  |
| Emergency Response Plan  |  | Incident Reporting                   |  | New/Young Worker                  |  | Well File                   |  |
| Environmental spill  |  | Inspections                          |  | Work Permits                      |  | Working Alone               |  |
| FEHM   |  | Job Safety Analysis                  |  | pre-job Safety Meeting            |  | Vehicle Documents           |  |
| Ground Disturbance   |  | Log Book                             |  | Remote Location                   |  |                             |  |
| <b>(Mandatory PPE: Hard Hat, Safety Glasses, FR Coveralls and Steel Toed Boots) CSA Approved</b> |  |                                      |  |                                   |  |                             |  |
| Breathing Air  |  | Hard Hat                             |  | LEL Monitor                       |  | Safety Glasses              |  |
| Work Gloves  |  | Hearing Protection                   |  | Rubber Boots                      |  | Safety Harness              |  |
| FR coveralls   |  |                                      |  | Rubber Gloves                     |  | Safety Lanyard              |  |
| <b>SAFETY EQUIPMENT and SAFETY CHECKS</b>  |  |                                      |  |                                   |  |                             |  |
| Communication  |  | Wind Direction                       |  | Alert Horn                        |  | Muster Point                |  |
| Emergency Engine Kills   |  | Fire Extinguisher                    |  | Weather Hazards                   |  | Smoking Designation         |  |
| Grounding and Bonding  |  | Air Pack                             |  | Road sign                         |  | Lockout                     |  |
| Proper Tools   |  | ERP Kit                              |  | Back-up Spotter                   |  | First Aid Kit               |  |
| <b>Tank Truck #:</b>   |  |                                      |  |                                   |  |                             |  |
| Back-up Alarm  |  | Wind sock                            |  | Hose Reel                         |  | Drain Pump                  |  |
| Chains   |  | Fluid Levels                         |  | Hatches                           |  | Railings Secured            |  |
| <b>Swab Rig Inspection</b>   |  |                                      |  |                                   |  |                             |  |
| Hydraulic Pump   |  | Draw Works                           |  | Hammer Unions                     |  |                             |  |
| Hydraulic Tank   |  | Chain Sprocket                       |  | Flow Tee                          |  |                             |  |
| Hydraulic Hoes   |  | Winch Line & Hook                    |  | Check Valves                      |  |                             |  |
| Hydraulic Fittings   |  | Sand Line                            |  | Ball Valves                       |  |                             |  |
| Out Rigger Jacks   |  | sand Line Flags                      |  | Saver Head, Pump & Lines          |  |                             |  |
| Out Rigger Pads  |  | Draw Work Brake                      |  | Saver Head Rubbers                |  |                             |  |
| Derrick Inspection   |  | Down Hole Tools                      |  | Spooler                           |  |                             |  |
| Derrick Locks  |  | All Hand Tools                       |  | Winch Lines                       |  |                             |  |
| Derrick Raising Rams   |  | U-Joints                             |  | Centered Over Well                |  |                             |  |
| Crown Bolts  |  | Lubricator                           |  | Hydraulic Control Valve Labeled   |  |                             |  |
| All Shives   |  | Hand Unions                          |  | Down hole tool assembly           |  |                             |  |
| Regin  |  | Depth Counter                        |  | Oil Drop Box                      |  |                             |  |
| Instrumentation  |  | Flow line Condition                  |  | Grease & Lubricate/Fluid Levels   |  |                             |  |
| <b>PICK-UP TRUCK INSPECTION: Truck #</b>   |  |                                      |  |                                   |  |                             |  |
| Engine Oil   |  | Seat Belts                           |  | Mud Flaps                         |  |                             |  |
| Radiator Level   |  | Clutch Operation (if required)       |  | Exhaust System                    |  |                             |  |
| All Belts  |  | Brake System                         |  | Tires/Lugs/Clamps                 |  |                             |  |
| Batteries/Cable  |  | Signal Indicators                    |  | Tire Chain Condition(if required) |  |                             |  |
| Brake Fluid  |  | Windshield Wipers                    |  | Suspension                        |  |                             |  |
| Transmission Oil Level   |  | Lights/All Bulbs                     |  | Licence Plate                     |  |                             |  |
| Air Filter   |  | Horn                                 |  | Emergency Markers                 |  |                             |  |
| Steering Fluid   |  | Mirrors                              |  | Emergency Kit                     |  |                             |  |
| Registration/Insurance   |  | Windows/ Windshield                  |  | Booster Cable                     |  |                             |  |
| Comments:  |  |                                      |  |                                   |  |                             |  |



Figure 5: Rig Manager / Supervisor Derrick Inspection Form completed whenever the derrick is raised on the swabbing unit

| DAILY DERRICK INSPECTION FORM<br>BIG RIGS 17-15-10-9 |    | SWAB MASTER LTD. |     | RP 3.0 LEVEL I and II |  |
|--|----|------------------|-----|-----------------------|--|
| DRAWWORKS EXTERNAL COMPONENTS                        | OK | NEEDS REPAIR     | N/A | NOTES                 |  |
| 1. Air Brake   |    |                  |     |                       |  |
| 2. Welded External Lugs                              |    |                  |     |                       |  |
| 3. Linkage Arm                                       |    |                  |     |                       |  |
| 4. Drawworks Input Lug                               |    |                  |     |                       |  |
| 5. Bearing Blocks                                    |    |                  |     |                       |  |
| 6. Washers/Cotter Pins on Pin Connections            |    |                  |     |                       |  |
| 7. Sandline Size                                     |    |                  |     | ( ) Inches            |  |
| <b>DRAWWORKS INTERNAL COMPONENTS</b>                 |    |                  |     |                       |  |
| 1. Brake Bands                                       |    |                  |     |                       |  |
| 2. Brake Links - Welded                              |    |                  |     |                       |  |
| 3. Brake Links - Solid                               |    |                  |     |                       |  |
| 4. Brake Turnbuckles                                 |    |                  |     |                       |  |
| 5. Brake Equalizer                                   |    |                  |     |                       |  |
| 6. Threaded Connections                              |    |                  |     |                       |  |
| 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. Spooler/Components                               |    |                  |     |                       |  |
| 14. Pillow Block Barring                             |    |                  |     |                       |  |
| 15. Drive Shaft - PTO                                |    |                  |     |                       |  |
| <b>CARRIER</b>                                       |    |                  |     |                       |  |
| 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                                 |    |                  |     |                       |  |
| 12. Winch Line & Hook                                |    |                  |     |                       |  |
| <b>MASTS (DROPS)</b>                                 |    |                  |     |                       |  |
| 1. Winch Guard Bolts                                 |    |                  |     |                       |  |
| 2. Lubricator Cross Brace Bolts                      |    |                  |     |                       |  |
| 3. Saver Head U-bolt & Pin                           |    |                  |     |                       |  |
| 4. Work Lights Securement                            |    |                  |     |                       |  |
| 5. Sandline Winch Guard Bar                          |    |                  |     |                       |  |
| 6. Crown Sheave Pin & Guard                          |    |                  |     |                       |  |
| 7. Mast Structure                                    |    |                  |     |                       |  |
| 8. Mast Base/A-Legs                                  |    |                  |     |                       |  |
| 9. Pivot Lugs  |    |                  |     |                       |  |
| 10. Pins & Safety Pins                               |    |                  |     |                       |  |
| Other: Ice Build Up                                  |    |                  |     |                       |  |

Date: \_\_\_\_\_ Operator: \_\_\_\_\_ Hours: \_\_\_\_\_ Rig# \_\_\_\_\_

Figure 6: Pre-Job Safety Meeting Report (Field Site Inspection). Used by Supervisors and Workers at each job location. To be completed prior to engaging in field work.



**SWAB MASTER LTD.**  
BROOKS ALBERTA MEDICINE HAT ALBERTA

www.swabmaster.com

**Pre-Job Safety Meeting Report**  
*Remember Why We Work and Play Safe - It's Our Families!*

No 4801

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Location: \_\_\_\_\_ Date: \_\_\_\_\_ Unit #: \_\_\_\_\_ Job or Service Ticket #: \_\_\_\_\_ Multi-Services: Y ☐ N ☐

Swab Master Representative: \_\_\_\_\_ Client Representative: \_\_\_\_\_

Company: \_\_\_\_\_

Description of Work To Be Performed: \_\_\_\_\_

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**General Topics Discussed (All Employees on Site)**

|  |   |   |                                  |
|--|---|---|----------------------------------|
| <input type="checkbox"/> Designated Safety Meeting Area(s)             | <input type="checkbox"/> Ground Conditions            | <input type="checkbox"/> Vehicle Access     | <input type="checkbox"/> Others: |
| <input type="checkbox"/> Adequate Lighting                             | <input type="checkbox"/> Fire Extinguishers           | <input type="checkbox"/> Hot Work Permits   | (a) _____                        |
| <input type="checkbox"/> PPE is being worn (As Designated)             | <input type="checkbox"/> Work Area / Lease Conditions | <input type="checkbox"/> Confined Space     | (b) _____                        |
| <input type="checkbox"/> Smoking Area Identified                       | <input type="checkbox"/> MSDS Sheets Location         | <input type="checkbox"/> Derrick Inspection | (c) _____                        |
| <input type="checkbox"/> Wireline Hazards                              | <input type="checkbox"/> LEL Bump Test                | <input type="checkbox"/> JSA Required       |                                  |
| <input type="checkbox"/> Lockout/Tag-out (If Applicable) Lock #1 _____ | Lock #2 _____   | Lock #3 _____                               |                                  |

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**Hazard Identification (Check if hazards then proceed to pre-job hazard assessment if medium to high hazard)**

|  |  |  |
|--|--|--|
| <input type="checkbox"/> 1. Overhead Power Lines                                 | <input type="checkbox"/> 9. Working Alone / Remote Location        | <input type="checkbox"/> 18. Noise               |
| <input type="checkbox"/> 2. Buried Cables  | <input type="checkbox"/> 10. Hazardous Energy Sources              | <input type="checkbox"/> 19. Inadequate Lighting |
| <input type="checkbox"/> 3. Congested Area                                       | <input type="checkbox"/> 11. Rotating / Unguarded Equipment        | <input type="checkbox"/> 20. Working at Heights  |
| <input type="checkbox"/> 4. Pinch Points   | <input type="checkbox"/> 12. Radioactive Material / Norm           | <input type="checkbox"/> 21. Suspended Loads     |
| <input type="checkbox"/> 5. Hydrogen Sulfide                                     | <input type="checkbox"/> 13. Weather Hazards                       | <input type="checkbox"/> 22. Overhead Lines      |
| <input type="checkbox"/> 6. Worn or Damaged Equipment                            | <input type="checkbox"/> 14. Environmental Hazards / Spills        | <input type="checkbox"/> 23. Others:             |
| <input type="checkbox"/> 7. Chemicals / Hydrocarbons / Cautics / Acids / Hot Oil | <input type="checkbox"/> 15. Respiratory Hazards / Toxic Vapors    | (a) _____  |
| <input type="checkbox"/> 8. Explosives   | <input type="checkbox"/> 16. High Pressure                         | (b) _____  |
|  | <input type="checkbox"/> 17. Poor Housekeeping / Slippery Surfaces |  |

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| Hazard # | Risk Level | Steps to Eliminate Hazards & Reduce Risks | Residual Risk | Who (If Applicable) |
|----------|------------|---|---------------|---------------------|
|          |            |   |               |                     |
|          |            |   |               |                     |
|          |            |   |               |                     |
|          |            |   |               |                     |
|          |            |   |               |                     |
|          |            |   |               |                     |

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

☐ Energy and Ignition  
  
☐ Fuels and Hydrocarbons

☐ Oxygen and Air

**Critical Risk Factors** (Identify factors that could be present)

- ☐ Liquid Hydrocarbons
- ☐ H<sub>2</sub>S
- ☐ Oil based workover fluids
- ☐ High pressure or temperature
- ☐ Rapid pressure or temperature changes
- ☐ Flow into closed system
- ☐ Pre-existing trapped air
- ☐ Mixing of products or chemicals

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**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
- ☐ Documented risk assessment

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**Fire and Explosion Controls** (What is being done to prevent fire triangle from forming?) \_\_\_\_\_

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**Emergency Controls** (What is the response if conditions change?) \_\_\_\_\_

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|    | Print Name | Signature |    | Print Name | Signature |
|----|------------|-----------|----|------------|-----------|
| 1. |            |           | 4. |            |           |
| 2. |            |           | 5. |            |           |
| 3. |            |           | 6. |            |           |

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To the best of our knowledge, all known onsite hazards have been identified, eliminated and controlled.

This Report Will Be Posted At All Times During Operation.

Emergency Numbers

Swab Master Ltd. Office: 1-403-793-0033 • Stars Emergency Link: 1-888-888-4567 or \*4567 • Emergency Dispatch: 911  
STARS Satellite Phone Link: 1-403-299-0932

White - Attach to Service Ticket    Yellow - Client Company    Pink - Swab Master Ltd. Operator    GRAY GRAPHICS LTD. - TILLEY, AB



## **UNANNOUNCED WORKPLACE SAFETY OR OCCUPATIONAL HEALTH & SAFETY INSPECTIONS/AUDITS**

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Management responsible for the day-to-day operations of the company and or his designee will accompany the outside inspector.

### **Inspection Purpose**

- To ensure knowledgeable management persons accompany inspectors arriving on site unannounced from outside government agencies such as Occupational Health and Safety, etc.
- Management shall keep notes during the inspection and arrange for the prompt correction of deficient conditions found by an inspector in the area.
- Management shall review the inspectors report, determine appropriate inspection report responses, and issue compliance letters where required. These letters shall be forwarded to the agencies.
- Copies of inspection reports shall be maintained on file along with the compliance letters and copies shall be posted in accordance with agency regulations where applicable.

## **INSPECTIONS FOLLOWING AN INCIDENT/ACCIDENT**

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### **Composition**

*The inspection team will consist of the following persons:*

- a) The General Manager and/or Assistant Manager and the HS Representative of Swab Master Ltd.
- b) Employee/employees involved in the incident/accident
- c) Other persons as directed by Occupational Health and Safety regulations where applicable.

### **Inspection Purpose**

- To preserve life and property.
- Prevent further incidents, damage, injury, or other similar downgrading incident.
- Preserve evidence at the accident scene (where applicable, for police, Occupational Health and Safety, etc.)
- Render conditions at the scene safe and harmless.
- Notify those persons where applicable in accordance with Emergency Response policy.
- Determine root causes of incident or accident, and initiate prompt remedial action to prevent similar incidents.
- Conduct a detailed accident/incident investigation and complete required accident/incident report.
- Distribute the accident/incident report to necessary organizations and individuals.



## PROCESS AND SCHEDULING

The purpose of an inspection is to:

- Identify existing workplace hazards
- Identify potential workplace hazards
- Reinforce and promote safe work practices
- Identify Company policy and procedure violations
- Monitor control mechanisms
- Ensure corrective measures have been implemented
- Confirm training was effective
- Identify possible training initiatives

Inspections are not done to find mistakes and point fingers but to prevent incidents or accidents and are used as a learning tool for everyone.

Informal inspections are an observation done on a daily basis. An Opportunity Report (Figure 7) should be completed if they show us the following:

- **Identifying Unsafe Acts**
  - a) Failure to warn
  - b) Working at unsafe speeds
  - c) Making safety devices inoperative
  - d) Using unsafe equipment or not using equipment in a safe manner
  - e) Unsafe loading, placing, mixing etc.
  - f) Unsafe positions or postures
  - g) Working on moving or dangerous equipment
  - h) Horseplay
  - i) Failure to use safe attire or PPE
- **Identifying Unsafe Conditions**
  - a) Improper guarding
  - b) Defective Material
  - c) Hazardous arrangements and storage
  - d) Improper illumination
  - e) Improper ventilation
  - f) Unsafe dress and apparel
  - g) Unsafe design or construction
  - h) Unguarded

The following table identifies each type of inspection we complete at Swab Master Ltd. and how frequently that inspection should occur.

| DAILY  | WEEKLY                              | MONTHLY                       | QUARTERLY             | ANNUALLY                          |
|--|-------------------------------------|-------------------------------|-----------------------|-----------------------------------|
| Drivers Vehicle Inspection*                      | Rig Manager / Supervisor Inspection | Rig & Tank Manager Inspection | Office Inspection     | Safety Program Inspection         |
| Pre-Job Safety Meeting (Field Site Inspection) * |                                     | Shop Inspection               | Management Inspection | Hazard Matrix Review & Inspection |
| Derrick Inspection *                             |                                     |                               |                       |                                   |
|  |                                     |                               |                       |                                   |

\*If required. If the workers and equipment are not “working” that day, then the inspection is not done.

**PROCEDURE:**

1. Complete your inspection as per the training you were given.
2. Identify existing or potential hazards, unsafe work practices, faulty equipment, etc.
3. After identification of faults, errors or hazards has been made, fill out an Opportunity Report and submit it to your manager or the office.
4. Submit your inspection report to the office for management approval & follow up.

Figure 7: Opportunity Report. 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

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Date Reported (YY/MM/DD): \_\_\_\_\_ 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: \_\_\_\_\_ Signed: \_\_\_\_\_

Description of opportunity (include any applicable unit numbers, serial numbers or identifiers):

Unit #: \_\_\_\_\_ Serial #: \_\_\_\_\_ Other Identifier(s): \_\_\_\_\_

DESCRIPTION:

SUGGESTED ACTIONS:

ACTION(S) TAKEN:

ASSIGNED TO: \_\_\_\_\_ ASSIGNED DATE: (YY/MM/DD) \_\_\_\_\_

RESOLVED BY: \_\_\_\_\_ RESOLVED DATE: (YY/MM/DD) \_\_\_\_\_

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