



REPORTING FORMS

Opportunity Report

Incident / Near Miss Report

Lost Tool Report

Emergency Response / Man Down Drill Form

SAMPLE FORMS

Pre-Job Safety Meeting Report

Rig Manager Inspection Report

Daily Derrick Inspection Reports

Leave Request Form

Opportunity Report

Date Reported (MM/DD/YY): _____ 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 Other

Reported By: _____ Signed: _____

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

UNIT #: _____ SERIAL #: _____ OTHER IDENTIFIER(s): _____


HOURS: _____ KILOMETERS: _____

DESCRIPTION:
SUGGESTED ACTIONS:
ACTION(S) TAKEN:

ASSIGNED TO: _____ ASSIGNED DATE: (MM/DD/YY) _____

RESOLVED BY: _____ RESOLVED DATE: (MM/DD/YY) _____

DO NOT COPY BLANK FORMS

 www.swabmaster.com P.O. Box 1210 Brooks, AB T1R 1C1		ALL INCIDENTS SHOULD BE REPORTED IMMEDIATELY OR AS SOON AS PRACTICABLE		<input type="checkbox"/> COMPANY INCIDENT <input type="checkbox"/> CONTRACTOR INCIDENT	<input type="checkbox"/> INCIDENT <input type="checkbox"/> NEAR MISS
FORM COMPLETED BY:	UNIT #	DATE/TIME OF OCCURANCE	# OF EMPLOYEES INVOLVED:		
OCCUPATION		SERVICE ON THIS JOB: YEARS MOS.	ACTIVITY PERFORMED AT TIME OF OCCURANCE:		
LOCATION (UNIT, FIELD, RIG OR GEOGRAPHIC LOCATION)		COMPANY NAME	WITNESS(ES) PRESENT:		
TYPE OF INCIDENT:					
<input type="checkbox"/> FATALITY <input type="checkbox"/> LOST TIME <input type="checkbox"/> RESTRICTED WORK <input type="checkbox"/> NEAR MISS		<input type="checkbox"/> MOTOR VEHICLE <input type="checkbox"/> DURING COMMUTE <input type="checkbox"/> PREVENTABLE <input type="checkbox"/> RECONCILABLE		# DAYS LOST : <input type="checkbox"/> FIRST AID Medical Aid <input type="checkbox"/> OCCUPATIONAL ILLNESS	
<input type="checkbox"/> OTHER VEHICLE <input type="checkbox"/> WILDLIFE INVOLVED <input type="checkbox"/> NON-PREVENTABLE <input type="checkbox"/> NON-Reconcilable					
DESCRIBE OCCURRENCE (include activities performed at time of occurrence (Attach additional sheets if required.))					
List Correction Action Taken(include PPE):					
Has this been reported to the client and / or rep? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A					
Employee Signature:			Date:		

OFFICE USE ONLY			
IMMEDIATE CAUSES: CHECK ALL APPLICABLE		ROOT CAUSES	
ACTIONS:	CONDITIONS:	PERSONAL FACTORS:	JOB FACTORS:
<div><input type="checkbox"/> Operating equipment without authority</div> <div><input type="checkbox"/> Failure to warn</div> <div><input type="checkbox"/> Failure to secure</div> <div><input type="checkbox"/> Operating speed</div> <div><input type="checkbox"/> Making safety devices inoperable or Removing</div> <div><input type="checkbox"/> Using defective equipment</div> <div><input type="checkbox"/> Using equipment improperly</div> <div><input type="checkbox"/> Failing to use personal protective equipment properly</div> <div><input type="checkbox"/> Loading</div> <div><input type="checkbox"/> Placement</div> <div><input type="checkbox"/> Lifting</div> <div><input type="checkbox"/> Position for task</div> <div><input type="checkbox"/> Servicing equipment in operation</div> <div><input type="checkbox"/> Horseplay</div> <div><input type="checkbox"/> Violence</div> <div><input type="checkbox"/> Under influence of alcohol and/or other drugs</div>	<div><input type="checkbox"/> Guards or barriers</div> <div><input type="checkbox"/> Protective equipment</div> <div><input type="checkbox"/> Defective tools, equipment or materials</div> <div><input type="checkbox"/> Congestion or restricted action</div> <div><input type="checkbox"/> Warning system</div> <div><input type="checkbox"/> Fire and explosion hazards</div> <div><input type="checkbox"/> Housekeeping: disorder</div> <div><input type="checkbox"/> Hazardous environment conditions; gases, dusts, smokes, fumes, vapors</div> <div><input type="checkbox"/> Noise exposures</div> <div><input type="checkbox"/> Radiation exposures</div> <div><input type="checkbox"/> High or low temperature exposures</div> <div><input type="checkbox"/> Illumination</div> <div><input type="checkbox"/> Ventilation</div>	<div><input type="checkbox"/> Capabilities</div> <div><input type="checkbox"/> Knowledge</div> <div><input type="checkbox"/> Skill</div> <div><input type="checkbox"/> Stress</div> <div><input type="checkbox"/> Motivation</div>	<div><input type="checkbox"/> Leadership/Supervision</div> <div><input type="checkbox"/> Engineering</div> <div><input type="checkbox"/> Purchasing</div> <div><input type="checkbox"/> Maintenance</div> <div><input type="checkbox"/> Tools/Equipment</div> <div><input type="checkbox"/> Work standards</div> <div><input type="checkbox"/> Wear and tear</div> <div><input type="checkbox"/> Abuse or misuse</div>
		TYPE OF CONTACT:	CONTACT WITH:
		<div><input type="checkbox"/> Struck against</div> <div><input type="checkbox"/> Struck by</div> <div><input type="checkbox"/> Caught in</div> <div><input type="checkbox"/> Caught on</div> <div><input type="checkbox"/> Caught between</div> <div><input type="checkbox"/> Slip / Trip</div> <div><input type="checkbox"/> Fall on same level</div> <div><input type="checkbox"/> Fall to below</div> <div><input type="checkbox"/> Overexertion</div>	<div><input type="checkbox"/> Electricity</div> <div><input type="checkbox"/> Heat</div> <div><input type="checkbox"/> Cold</div> <div><input type="checkbox"/> Radiation</div> <div><input type="checkbox"/> Caustics</div> <div><input type="checkbox"/> Noise</div> <div><input type="checkbox"/> Toxic or noxious substances</div> <div><input type="checkbox"/> Other (list)</div>
Immediate Causes: What actions and conditions caused or could cause the event?			
Root Causes: What specific personal or job factors caused or could cause this. Explain:			
PERSONAL INJURY(DESCRIBE – INC. BODY PART AFFECTED, INDICATE SIDE)			
PROPERTY DAMAGE TO:			
POTENTIAL CONSEQUENCE: <input type="checkbox"/> CATASTROPHIC <input type="checkbox"/> CRITIAL <input type="checkbox"/> SERIOUS <input type="checkbox"/> MINOR			
PROBABILITY OF RECURANCE: <input type="checkbox"/> FREQUENT <input type="checkbox"/> PROBABLE <input type="checkbox"/> OCCASSIONAL <input type="checkbox"/> REMOTE <input type="checkbox"/> IMPROBABLE			
RISK (Severity / Hazard Level): <input type="checkbox"/> HIGH <input type="checkbox"/> MEDIUM <input type="checkbox"/> LOW			
TEAM INVESTIGATION REQUIRED: <input type="checkbox"/> YES <input type="checkbox"/> NO			
RECOMMENDATION TO PREVENT RECURRENCE: Describe <input type="checkbox"/> Engineering <input type="checkbox"/> Administrative <input type="checkbox"/> PPE		PERSON(S) RESPONSIBLE	
		TARGET COMPLETION DATE: yyyy/mm/dd	
SUPERVISOR’S SIGNATURE		yyyy/mm/dd	SIGNATURE(NEXT LEVEL)
			yyyy/mm/dd
REVISION : 11/01/2016			

LOST TOOL REPORT

COMPANY / OPERATOR :			
DATE :	TIME :	BATTERY:	LOCATION
LENGTH OF TOOL (FEET) :			
WHERE DID YOU TAG FLUID (m) :			
WHAT DEPTH WAS THE TOOL LOST (m) :			
LENGTH OF LINE LOST WITH THE TOOL (m) :			
AT WHAT WEIGHT DID YOUR LINE PART (lbs) :			
WHAT ARE YOUR SHEAR PINS SET FOR (lbs) :			
HOW MANY SHEER PINS :			
SIZE OF SANDLINE (inch) :			
WHEN AND HOW MUCH LINE WAS REPLACED AT LAST ROPE SOCKET (Date & m) :			
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:



Emergency Response Drill

Date of Drill: _____ Location: _____

Type of Drill: _____ Drill Conducted by: _____

In attendance:

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

Follow up action required:

Signature of Supervisor: _____

Management Signature

Date:



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Brooks, AB T1R 1C1

PRE-JOB SAFETY MEETING REPORT

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

No. 0000

Location:	Date:	Unit #'s:	Job/Service Ticket #
Company:		Client Representative:	
Swab Master Representative:			Multi-Services: Y <input type="checkbox"/> N <input type="checkbox"/>

General Hazards / Topics Discussed (ALL EMPLOYEES ON SITE)

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

Description of Work:


Safe Work Procedures / Tasks:

<input type="checkbox"/> 1. Backup Procedure (EL3/91)	<input type="checkbox"/> 7. Derrick Inspection (EL4/6)	<input type="checkbox"/> 12. Sandline Inspection (EL3/120)
<input type="checkbox"/> 2. General Driving / Travel (EL3/102)	<input type="checkbox"/> 8. Pipe Wrench Procedure (EL3/109)	<input type="checkbox"/> 13. Tank Truck Procedure - General (EL3/137)
<input type="checkbox"/> 3. Caisson Entry / Confined Space (EL3/97)	<input 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 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)	<input type="checkbox"/> OTHER:	<input type="checkbox"/> OTHER:
<input type="checkbox"/> OTHER:	<input type="checkbox"/> OTHER:	<input type="checkbox"/> OTHER:

Controls:

Task No:	Risk Level	Steps to Eliminate Hazards & Reduce Risks	Residual Risk	Who (if applicable)

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:

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

Print Name	Signature	Print Name	Signature

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



Rig Manager Inspection Report

Operator:		Date:		Rig:	
Manager:		Date:		Truck:	
Derrick Hours of Service				Tank:	

A= Acceptable R= Requires Attention N=Not Required

DOCUMENTATION: Reports

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		

(Mandatory PPE: Hard Hat, Safety Glasses, FR Coveralls and Steel Toed Boots) CSA Approved

Breathing Air		Hard Hat		LEL Monitor		Safety Glasses		Steel Toed Boots
Work Gloves		Hearing Protection		Rubber Boots		Safety Harness		Communication Device
FR coveralls				Rubber Gloves		Safety Lanyard		

SAFETY EQUIPMENT and SAFETY CHECKS

Communication		Wind Direction		Alert Horn		Muster Point		Confined Space
Emergency Engine Kills		Fire Extinguisher		Weather Hazards		Smoking Designation		Housekeeping
Grounding and Bonding		Air Pack		Road sign		Lockout		Garbage Control
Proper Tools		ERP Kit		Back-up Spotter		First Aid Kit		Bump Test Monitor

Tank Truck #:

Back-up Alarm		Wind sock		Hose Reel		Drain Pump		Placards
Chains		Fluid Levels		Hatches		Railings Secured		Plugs on hose reel

Swab Rig Inspection

Hydraulic Pump		Draw Works		Hammer Unions
Hydraulic Tank		Chain Sprocket		Flow Tee
Hydraulic Hoses		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 Sheaves		Hand Unions		Down hole tool assembly
Regan		Depth Counter		Oil Drop Box
Instrumentation		Flow line Condition		Grease & Lubricate/Fluid Levels

PICK-UP TRUCK INSPECTION: Truck

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:



BIG RIGS 17-15-10-9

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
DRAWWORKS INTERNAL COMPONENTS				
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				
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				
12. Winch Line & Hook				
MASTS (DROPS)				
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# _____



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RP 3.0 LEVEL I and II

DAILY DERRICK 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				
7. Sandline Size				() Inches
DRAWWORKS INTERNAL COMPONENTS				
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. 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				
12. Winch Line & Hook				
MASTS				
1. Mast Structure				
2. Mast Base/A Legs				
3. Pivot Lugs				
4. Pins & Safety Pins				
5. Crown Sheave Pin				

Date: _____ Operator: _____ Hours: _____ Rig# _____