



#### REPORTING FORMS

- Opportunity Reports
- Incident / Near Miss Reports
- Lost Tool Reports
- Emergency Response / Man Down Drill Forms
- Confined Space Pre-Entry Hazard Assessments

#### SAMPLE FORMS

- Pre-Job Safety Meeting Report
- Rig Supervisor Inspection Report
- Drivers Daily Log / Drivers Vehicle Inspection & Trip Report
- Leave Request Form

Swab Master

# Opportunity Report

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:

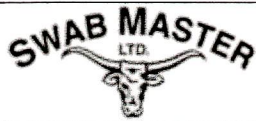
SUGGESTED ACTIONS:

ACTION(S) TAKEN:

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

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

## DO NOT COPY BLANK FORMS



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 P.O. Box 1210  
 Brooks, AB T1R 1C1

**ALL INCIDENTS SHOULD BE REPORTED  
 IMMEDIATELY OR AS SOON AS  
 PRACTICABLE**

COMPANY INCIDENT  
 CONTRACTOR INCIDENT

**INCIDENT**  
 **NEAR MISS**

FORM COMPLETED BY:	UNIT #	DATE/TIME OF OCCURANCE	# OF EMPLOYEES INVOLVED:
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OCCUPATION	SERVICE ON THIS JOB: YEARS MOS.	ACTIVITY PERFORMED AT TIME OF OCCURANCE:
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LOCATION (UNIT, FIELD, RIG OR GEOGRAPHIC LOCATION)	COMPANY NAME	WITNESS(ES) PRESENT:
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<b>TYPE OF INCIDENT:</b>		
<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?  Yes  No  N/A

Employee Signature:	Date:
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# 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:

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## Emergency Response Drill

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Date of Drill: \_\_\_\_\_ Location: \_\_\_\_\_

Type of Drill: \_\_\_\_\_ Drill Conducted by: \_\_\_\_\_

In attendance:

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

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Follow up action required:

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Signature of Supervisor: \_\_\_\_\_

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Management Signature

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Date:





**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: \_\_\_\_\_ Location: \_\_\_\_\_ Type of Space: \_\_\_\_\_

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

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**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		
Physical Agents - Heat/Cold		
Physical Agents - Noise/Vibration		
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)		



**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)					
Other (List)					
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 initialed above are in place.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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





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# 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. Spill Response Procedure (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 (EL3/110)	<input type="checkbox"/> 14. Hoist Lifting 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)

<p><b>Fire and Explosion Hazards</b> (Identify components of the fire triangle that could be present)</p> <p><input type="checkbox"/> Energy &amp; Ignition <input type="checkbox"/> Oxygen &amp; Air</p> <p><input type="checkbox"/> Fuels &amp; Hydrocarbons</p>	<p><b>Critical Risk Factors</b> (Identify factors that could be present)</p> <p><input type="checkbox"/> Liquid Hydrocarbons <input type="checkbox"/> H2S</p> <p><input type="checkbox"/> Oil Based Workover Fluids <input type="checkbox"/> High Pressure or Temperature</p> <p><input type="checkbox"/> Flow into Closed System <input type="checkbox"/> Rapid Pressure or Temperature Changes</p> <p><input type="checkbox"/> Pre-Existing Trapped Air <input type="checkbox"/> Mixing of Products or Chemicals</p>
<p><b>Level of Risk (Identify)</b></p> <p><input type="radio"/> Improbable - Fire Triangle Does Not Exist</p> <p><input type="radio"/> Possible - Fire Triangle May Exist, No Risk Factors Present</p> <p><input type="radio"/> Probable - Fire Triangle May Exist, One or More Risk Factors Present</p>	<p><b>Procedures Required</b></p> <p><input type="radio"/> Alertness for failure of barriers or controls that would affect FEHM</p> <p><input type="radio"/> Reusable hazard management plan</p> <p><input type="radio"/> Detailed, site-specific hazard management plan AND documented risk assessment</p>

**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





## Rig Manager Inspection Reports

Operator: \_\_\_\_\_ Date: \_\_\_\_\_ Rig: \_\_\_\_\_  
 Management: \_\_\_\_\_ Date: \_\_\_\_\_

ACCEPTABLE                     
  REQUIRES ATTENTION                     
  NOT REQUIRED

### DOCUMENTATION: Reports

<input 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 type="checkbox"/> Work Permits	<input type="checkbox"/> Emergency Drills	<input type="checkbox"/> Working Alone
<input type="checkbox"/> Environmental Spills	<input type="checkbox"/> Pre-job Safety Meeting	<input type="checkbox"/> Remote Location	<input type="checkbox"/> Vehicle Documents
<input type="checkbox"/> Ground Disturbance	<input type="checkbox"/>	<input type="checkbox"/> Incident Reporting	<input type="checkbox"/> Log Book

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

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

### SAFETY EQUIPMENT and SAFETY CHECKS

<input type="checkbox"/> Communication	<input type="checkbox"/> Wind Direction	<input checked="" 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"/> Air Packs	<input type="checkbox"/> Road Signs	<input checked="" type="checkbox"/> Lockout	<input type="checkbox"/> Garbage Control
<input type="checkbox"/> Proper Tools	<input type="checkbox"/> ERP Kit	<input type="checkbox"/> Backing-up Spotter	<input type="checkbox"/> First Aid Kits	<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 type="checkbox"/> Placards
<input type="checkbox"/> Chains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### SWAB RIG INSPECTION

<input type="checkbox"/> Hydraulic Pump	<input type="checkbox"/> Draw Works	<input checked="" 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"/> Derrick Pins	<input type="checkbox"/> All Hand Tools	<input type="checkbox"/> Load Lines
<input type="checkbox"/> Derrick Raising Rams	<input type="checkbox"/> U-Joints	<input type="checkbox"/> Centered Over Well
<input type="checkbox"/> Crown Bolts	<input type="checkbox"/> Lubricators	<input type="checkbox"/> Hydraulic Control Valves Labeled
<input type="checkbox"/> All Shives	<input type="checkbox"/> Hand Unions	<input type="checkbox"/> Tag Line (if required)
<input type="checkbox"/> Regin	<input type="checkbox"/> Depth Counter	<input type="checkbox"/> Oil Drop Box
<input type="checkbox"/> Instrumentation	<input type="checkbox"/> Flow Line Condition	<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:

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 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

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

#### RECAP

DAY NO.
DRIVING HRS. TODAY TOTAL LINE 3
DRIVING VIOLATION TODAY
ON DUTY HRS. TODAY TOTAL LINES 3 & 4
70 HR/7 DAY DRIVERS
A. TOTAL HRS. ON DUTY LAST 7 DAYS INCL. TODAY
B. TOTAL HRS. AVAILABLE TOMORROW 70 HRS. MINUS A
C. TOTAL HRS. ON DUTY LAST 7 DAYS INCL. TODAY
120 HR/14 DAY DRIVERS
A. TOTAL HRS. ON DUTY LAST 14 DAYS INCL. TODAY
B. TOTAL HRS. AVAILABLE TOMORROW 120 HRS. MINUS A
C. TOTAL HRS. ON DUTY LAST 14 DAYS INCL. TODAY

START ODO. \_\_\_\_\_ (DRIVER'S SIGNATURE IN FULL) \_\_\_\_\_  
 END ODO. \_\_\_\_\_ (DRIVER'S NAME - PLEASE PRINT) \_\_\_\_\_  
 (MONTH) (DAY) (YEAR) TRUCK NUMBER (Show Unit #) \_\_\_\_\_  
 1. \_\_\_\_\_ CYCLE 2. \_\_\_\_\_ TOTAL \_\_\_\_\_  
 70 HR/7 DAY  120 HR/14 DAY TRAILER/JEEP NUMBER (Show Unit#) \_\_\_\_\_ (NAME OF SWAMPER - PLEASE PRINT) \_\_\_\_\_

	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																									
2: SLEEPER BERTH																									
3: DRIVING																									
4: ON DUTY (NOT DRIVING)																									
REMARKS																									
																									<b>24</b>

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 \_\_\_\_\_ ENGINE HRS. \_\_\_\_\_

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 DEFECTIVE ITEM AND GIVE DETAILS UNDER "REMARKS"

TRACTOR NO. \_\_\_\_\_ ODOMETER READING \_\_\_\_\_ TRAILER(S) NO. (5) \_\_\_\_\_

PRE-TRIP	800 KM	POST TRIP	PRE-TRIP	800 KM	POST TRIP	PRE-TRIP	800 KM	POST TRIP	PRE-TRIP	800 KM	POST TRIP
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

SWAB MASTER LTD.

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

DAY OFF REQUEST FORM

Date: \_\_\_\_\_

Employee: \_\_\_\_\_

Re: Leave Request

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I would like to request the following Days Off:

From: \_\_\_\_\_

To & Including: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_