

DAILY PRE-SHIFT WALKAROUND SITE INSPECTION

RIG# _____ JOB # _____ SHIFT: _____ DATE: _____

PROJECT: _____ LOCATION: _____

<p><u>SITE</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Backup Alarms Working All Vehicles <input type="checkbox"/> Berms Along Highwall, Roads, Work Area <input type="checkbox"/> Communication System on Site (Cell phone, Sat phone, etc) <input type="checkbox"/> Deck and Stairs Clean & Free of Oil and Trip Hazards <input type="checkbox"/> Electrical Cords Good Condition, Tested and Labeled <input type="checkbox"/> Emergency Numbers and Procedures Posted (hospital route) <input type="checkbox"/> Fire Hazards Identified & Eliminated or Controlled <input type="checkbox"/> Fire Extinguishers (including current inspections) <input type="checkbox"/> First Aid Kits (stocked, accessible, inspected) <input type="checkbox"/> Fuels and Lubricants Properly Stored and Labeled <input type="checkbox"/> Ground Control Hazards (high wall failures, cracks, rock falls) <input type="checkbox"/> Harness, Lanyard & Climbing Line (good condition & inspected) <input type="checkbox"/> Leaks Controlled (pads, pans, secondary containment) <input type="checkbox"/> MSDS Book On Site <input type="checkbox"/> Mud Spills (controlled, cleaned up) <input type="checkbox"/> Pipe Wrenches and Tools In Good Working Order <input type="checkbox"/> Pits & Sumps Guarded All Sides <input type="checkbox"/> Pre-shift All Equipment and Books Signed Off <input type="checkbox"/> Pre-Shift Work Permit Complete <input type="checkbox"/> PPE Sign Posted <input type="checkbox"/> Proper PPE Worn by All Crew <input type="checkbox"/> Proper Signage & Extinguisher In Flammables Area <input type="checkbox"/> Rig and Vehicles Clean and Organized <input type="checkbox"/> Secondary Containment Under Equipment and Bermed <input type="checkbox"/> Site & Equipment Clean and Orderly – No Trip Hazards/Trash <input type="checkbox"/> Trash Can W/Lid In Place <input type="checkbox"/> Utilities Located (Blue Stake Ticket) <input type="checkbox"/> Wheel Chocks In Place All Vehicles <p><u>Mud Tanks</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Decking Proper and Clean <input type="checkbox"/> Dust Mask In Use <input type="checkbox"/> House Keeping <input type="checkbox"/> Hydraulic Components Condition/Leaks <input type="checkbox"/> Proper Guards In Place <input type="checkbox"/> Railings In Place 	<p><u>Drill Rig</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Check Filters/Indicators <input type="checkbox"/> Cotta PTO Box Fluid Level <input type="checkbox"/> Control Panel-No Leaks/Bad Wiring <input type="checkbox"/> Derrick - Cracks/Damage <input type="checkbox"/> Discharge/Bypass Hose Secure <input type="checkbox"/> Drill Head Fluid Level <input type="checkbox"/> Emergency Shutdown Operable <input type="checkbox"/> Fuel Level <input type="checkbox"/> High Pressure Lines Good Condition <input type="checkbox"/> Hydraulic Components / Hose Leaks <input type="checkbox"/> Hydraulic Oil Level <input type="checkbox"/> Main Line/Wire Line Inspected <input type="checkbox"/> Main Line/Wire Line Lubed <input type="checkbox"/> Overhead Power Lines / Obstructions <input type="checkbox"/> Overshot Latch Ears / Safety Pin <input type="checkbox"/> Proper Guards In Place <input type="checkbox"/> Proper Railings In Place <input type="checkbox"/> Safety Pins In Place <input type="checkbox"/> Stabilizer Pads/Blocking <input type="checkbox"/> Safety Hooks <input type="checkbox"/> Transmission Fluid Level <input type="checkbox"/> Tube Heads / Tree Tops <input type="checkbox"/> Whip Checks Shackles <p><u>Light Plant</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Extension Cords Properly Routed <input type="checkbox"/> Fuel Level <input type="checkbox"/> GFCI Circuit Breaker In Use <input type="checkbox"/> Grounding Proper and Tested <input type="checkbox"/> Guards In Place and Doors Closed <input type="checkbox"/> Hoisting Cables Good Condition <input type="checkbox"/> Leveling Jacks Set <input type="checkbox"/> Lights Working <input type="checkbox"/> Oil Level <input type="checkbox"/> Safety Pins In Place
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DRILLER _____

HELPER _____

HELPER _____

HELPER _____

SUPERVISOR _____

Signatures

Comments: _____

PRE-TASK ANALYSIS FORM

RIG# _____ JOB # _____ SHIFT: _____ DATE: _____

Think Through the Task (*What task are you about to perform?*) _____

Recognize the Hazards (*Identify potential environmental, health, and safety hazards.*)

Assess the Risks (*What are the possible consequences of the hazards?*)

Control the Hazards (*Remove, repair, or protect yourself from any possible hazard.*)

Keep Safety #1 *Stop any unsafe activity. Ask question when necessary. Follow all policies and procedures.*

Have JSA's been reviewed? Yes No

What JSA's were reviewed? _____

Is site clean and organized? Yes No

Driller: _____

Helper: _____

Helper: _____

Helper: _____

Supervisor: _____

****Sign before beginning task.**