

HIMES DRILLING COMPANY, INC.
Rig Inspection/Shift Report

Rig No. _____

Rig Engine:

- | | | |
|--|--|---|
| <input type="checkbox"/> Gauges | <input type="checkbox"/> Fuel Lines | <input type="checkbox"/> Belts |
| <input type="checkbox"/> Tank | <input type="checkbox"/> Oil Cooler | <input type="checkbox"/> Clutch or PTO |
| <input type="checkbox"/> Radiator & Shroud | <input type="checkbox"/> Guards & Covers | <input type="checkbox"/> Wiring |
| <input type="checkbox"/> Mounting Brackets | <input type="checkbox"/> Leaks - Oil/Anti-Freeze | <input type="checkbox"/> Muffler System |
| <input type="checkbox"/> Battery & Cables | <input type="checkbox"/> Fuel | <input type="checkbox"/> Other: _____ |

Rig Components:

- | | | |
|---|---|--|
| <input type="checkbox"/> Hoses & Fittings | <input type="checkbox"/> Swivel | <input type="checkbox"/> Drill Deck & Structure |
| <input type="checkbox"/> Safety Cables on High Pressure Hoses | <input type="checkbox"/> Swivel Hose | <input type="checkbox"/> Hydraulic Pump Drive |
| <input type="checkbox"/> Swivel Hose Anchor | <input type="checkbox"/> Hydraulic Hoses | <input type="checkbox"/> Derrick Structure & Cylinders |
| <input type="checkbox"/> Crown Assembly | <input type="checkbox"/> Wireline Pulleys | <input type="checkbox"/> Hand Tools & Wrenches |
| <input type="checkbox"/> Racking Board - Safety Belt | <input type="checkbox"/> Drawworks | <input type="checkbox"/> Excessive Oil Leaks |
| <input type="checkbox"/> Wireline Hoist & Cable, Tools | <input type="checkbox"/> Hoist Cable | <input type="checkbox"/> Derrick Ladder |
| <input type="checkbox"/> Breakout Cylinder Cable & Wrenches | <input type="checkbox"/> Footclamp | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Controls, Gauges, Valves | <input type="checkbox"/> Rod Spinner | |

Electrical:

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> Wiring (Broken or Bare) | <input type="checkbox"/> Breakers & Fuses | <input type="checkbox"/> Heaters |
| <input type="checkbox"/> Lights, Bulbs | <input type="checkbox"/> Electric Motors & Starters | <input type="checkbox"/> Housekeeping |
| <input type="checkbox"/> Extension Cords | <input type="checkbox"/> Fire Extinguishers | <input type="checkbox"/> Other: _____ |

***Each shift please initial below on each date for confirmation of inspection.**

January 08

Day	Night	Day	Night	Day	Night
1	_____	11	_____	21	_____
2	_____	12	_____	22	_____
3	_____	13	_____	23	_____
4	_____	14	_____	24	_____
5	_____	15	_____	25	_____
6	_____	16	_____	26	_____
7	_____	17	_____	27	_____
8	_____	18	_____	28	_____
9	_____	19	_____	29	_____
10	_____	20	_____	30	_____
				31	_____