



## **ONGOING INSPECTIONS**

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- PURPOSE:** 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.
- RESPONSIBILITY:** Management, who is responsible for the daily operation of the site, is also responsible for this policy.
- DEFINITION:** This Policy details the requirements for a planned structure that results in frequent Health & Safety Inspections.
- GENERAL:** *The following list of inspections is contained in this policy:*
1. MANAGEMENT INSPECTIONS
  2. EMPLOYEE INSPECTIONS
  3. UNANNOUNCED WORKPLACE SAFETY OR OCCUPATIONAL HEALTH & SAFETY INSPECTIONS
  4. SPECIAL INSPECTIONS FOLLOWING AN INCIDENT OR ACCIDENT.
- TRAINING:** 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 & Tank Inspection Form. To be completed by Managers monthly.



**RIG & TANK TRUCK INSPECTION FORM**


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

<b>CREW</b>
<ul style="list-style-type: none"> <li>▪ Personal Protective Equipment</li> </ul>
<b>RIG EMERGENCY EQUIPMENT</b>
<ul style="list-style-type: none"> <li>▪ Emergency Horn</li> <li>▪ Fire Extinguisher</li> <li>▪ First Aid Kits</li> <li>▪ Scott Packs</li> <li>▪ Emergency Flares</li> <li>▪ Emergency Blanket</li> <li>▪ Eye Wash</li> </ul>
<b>RIG CONDITION</b>
<ul style="list-style-type: none"> <li>▪ Draw Works</li> <li>▪ Derrick</li> <li>▪ Truck</li> <li>▪ Instrumentation</li> <li>▪ Tires</li> <li>▪ Tools</li> </ul>
<b>TANK TRUCK CONDITION</b>
<ul style="list-style-type: none"> <li>▪ Tank</li> <li>▪ Ladder</li> <li>▪ Railing</li> <li>▪ Hose Spooler</li> <li>▪ Tires</li> </ul>
<b>TANK SAFETY EQUIPMENT</b>
<ul style="list-style-type: none"> <li>▪ Fire Extinguisher</li> <li>▪ First Aid Kit</li> <li>▪ Flares</li> </ul>

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: \_\_\_\_\_

SAMPLE  
 DO NOT USE  
 Copies available at the shop / office



**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.

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**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)

70 HR/7 DAY  120 HR/14 DAY TRAILER/JEEP NUMBER (Show Unit#)

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 \_\_\_\_\_ 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. (S) \_\_\_\_\_

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


		Rig Manager Inspection Report			
		Operator: _____	Date: _____	Rig: _____	
		Manager: _____	Date: _____	Truck: _____	
		Derrick Hours of Service		Tank: _____	
<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	Steel Toed Boots	
Work Gloves	Hearing Protection	Rubber Boots	Safety Harness	Communication Device	
FR coveralls		Rubber Gloves	Safety Lanyard		
<b>SAFETY EQUIPMENT and SAFETY CHECKS</b>					
Communication	Wind Direction	Alert Horn	Muster Point	Confine 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	
<b>Tank Truck #:</b>					
Back-up Alarm	Wind sock	Hose Reel	Drain Pump	Placards	
Chains	Fluid Levels	Hatches	Railings Secured	Plugs on hose reel	
<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 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
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 Axle 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#** \_\_\_\_\_



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.



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

№ 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 / Caustics / 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. - TELLEX 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		Hazard Matrix Review & Inspection
Derrick Inspection *				

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

