

TECHNICAL DRILLING SERVICES **ON-SITE SAFETY MEETING AND INSPECTION**

DATE _____
SUPERVISOR _____
LOGGERS _____

OPERATOR _____
WELL NAME _____
COUNTY _____ ST. _____

All items to be discussed and inspected, any no answers require comments in space provided

<u>TDS UNIT & EQUIPMENT</u> CONDITION AND PROTECTION SATISFACTORY	Y	N	<u>LOCATION & RIG</u> CONDITION AND PROTECTION SATISFACTORY	Y	N
<u>(1)PERSONAL PROTECRIVE EQUIPMENT</u>			<u>(1a)STAIRS, RAMPS, AND PLATFORMS</u>		
Eye protection clean and available at point of operation			Light- adequate and maintained.		
Employees wearing safety shoes, eye protection, gloves, etc. where required			Surfaces unobstructed, non-slip		
<u>(2)HOUSEKEEPING</u>			Handrails provided and secure.		
Floors free of hazards/clutter.			<u>(2a)FIRE FIGHTING EQUIPMENT</u>		
Trash receptacles provided and emptied regularly.			Flammable and explosive materials stored and handled safely.		
Outside ground free of trash, trip hazards, etc.			Checked for physical condition and proper charge of extinguishers and smoke detectors.		
<u>(3)ELECTRICAL</u>			<u>(3a)ELECTRICAL</u>		
Visible wiring unfrayed, in good condition and properly grounded			Visible wiring unfrayed, in good condition and properly grounded		
Switch panels and breaker boxes doors closed			Switch panels and breaker boxes doors closed		
Portable tools grounded or double insulated			<u>(4a)FIRST AID</u>		
Ground Fault interrupt tested			Adequate equipment, properly stored and used.		
Excessline is wound on rack, no trip hazards, splices properly made.			Qualified first responders available to location.		
<u>(4)GAS TRAP</u>			<u>(5a)MISCILLANEOUS</u>		
Secure and doesn't create any hazards or hardships for drilling crews.			Location provides overall safe working environment.		
<u>(5)SINK DRAINAGE</u>					
Drained into approved container or pit					
<u>(6)SAMPLE WASTE</u>					
Disposed according to Operators specifications					
<u>(7)FIRST AID</u>					
Adequate equipment, properly stored and used.					

Comments or discussion of any no answers: _____

List topic of meeting, any special hazard or other safety issues discussed: _____

Logger Signature _____ **Date** _____

Supervisor Signature _____ **Date** _____