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| **Facility/ Field** |       |
| **LSD:** |       |
| **Date:** |       |
| **Name:** |       |

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| --- | --- | --- |
| **Yes** | **No** |  |
| [ ]  | [ ]  | Wellsite identifier and associated pipeline signs in place and current |
| [ ]  | [ ]  | Housekeeping good |
| [ ]  | [ ]  | Warning signs in place |
| [ ]  | [ ]  | Gates/fences in acceptable condition |
| [ ]  | [ ]  | Vegetation controlled |
| [ ]  | [ ]  | Surface runoff water controlled and released as per procedures |
| [ ]  | [ ]  | Fire extinguishers where required |
| [ ]  | [ ]  | First aid kit where required |
| [ ]  | [ ]  | Fire blanket where required |
| [ ]  | [ ]  | Hearing protection available where required |
| [ ]  | [ ]  | No visible signs of leaks, drips or spills around production tanks or at load outs |
| [ ]  | [ ]  | Instructions and grounding/bonding appropriate at load outs |
| [ ]  | [ ]  | Equipment guards in place where required |
| [ ]  | [ ]  | Noise levels acceptable |
| [ ]  | [ ]  | No known landowner complaints or concerns |
| [ ]  | [ ]  | No spills or leaks on the site |
| Regarding above ground and below ground tanks and containment, complete below or refer to more detailed D055 checklist as may be contained in a site specific procedure. |
| [ ]  | [ ]  | Secondary containment as per regulations |
| [ ]  | [ ]  | UST’s onsite and tested as per regulations |
| [ ]  | [ ]  | AST’s onsite and tested as per regulations |

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| Comments (for any box checked “no” please include comments regarding required work and/or actions). |
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