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| --- | --- | --- | --- | --- | --- |
| **Facility Name:** |  | **Location:** |  | **Date:** |  |
| **Assessor 1:** |  | **Assessor 2:** |  | **Operator:** |  |
| **Date of previous HSE Assessment:** | |  | **Is there a copy of previous**  **HSE Assessment for review:** | |  |
| **Were any deficiencies noted during the previous HSE Assessment? (If so describe or attach previous action plan.)** | | | | | |
|  | | | | | |
| **Are there any outstanding follow-up actions?** | | | | | |
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| **Documentation** | | **Yes** | **No** | **N/A** | **Comments** |
| --- | --- | --- | --- | --- | --- |
| 1 | Do all full-time operations staff and contract operators have a HSE Program?   * Are acknowledgement forms signed and on file? |  |  |  |  |
| 2 | Are HSE Program forms available and being used as required (Safe Work Permits, Ground Disturbance Permits, Incident Reports, etc.)? |  |  |  |  |
| 3 | Are Contractor’s HSE Orientation pamphlets available and being used as required? |  |  |  |  |
| 4 | If required, is a specific ERP on site? |  |  |  |  |
| 5 | Are site specific procedures and equipment maintenance and operating manuals on site? |  |  |  |  |
| 6 | Are safety meetings held regularly?   * Scheduled safety meetings? Are minutes documented, distributed and available for review? * Pre-job safety meetings? |  |  |  |  |
| 7 | Are ABSA Certificate of Inspection permits available on site and/or electronically available? |  |  |  |  |
| 8 | Are ABSA regulated pressure equipment inspection records and PSV servicing records available on site? |  |  |  |  |
| 9 | Are copies of monthly HSE Reports available? |  |  |  |  |
| 10 | Is a copy of the local Oil Spill Cooperative binder available? |  |  |  |  |
| 11 | Are current (M)SDS sheets available? |  |  |  |  |
| 12 | Is there a wildfire protection plan?  Is the facility in compliance with the plan? |  |  |  |  |
| 13 | Are standard references available on site and/or via the internet?   * OH&S Statutes and Regulations * Specific Oil and Gas legislation |  |  |  |  |
| 14 | Have any external regulatory inspections been completed on the site recently? Are records available for review? |  |  |  |  |

| **Safety** | | **Yes** | **No** | **N/A** | **Comments** |
| --- | --- | --- | --- | --- | --- |
| 15 | Do all workers have current required training?   * WHMIS, TDG, First Aid/CPR, H2S? |  |  |  |  |
| 16 | Do all workers have appropriate personal protective equipment?   * Hard hat, steel toed boots, fire resistant coveralls, and safety glasses? * Is other PPE available as required/posted (e.g. personal monitors, hearing protection, proper chemical handling clothing etc.)? |  |  |  |  |
| 17 | Is a communication plan/system available for employees required to work alone?   * Is a site specific procedure available? * Is it being followed? |  |  |  |  |
| 18.1 | Is proper facility signage in place?  Do signs contain:   * Name and telephone number; * Legal description of location; and * Appropriate warning symbols. |  |  |  |  |
| 18.2 | Do controlled products have WHMIS labels? |  |  |  |  |
| 18.3 | Is noise exposure signage posted?   * Noise levels above 85dBA must be posted. |  |  |  |  |
| 19 | Is the facility equipped with appropriate eyewash stations?   * Unobstructed? * Situated for quick access? * Marked with clear signage? |  |  |  |  |
| 20 | Is there appropriate first aid equipment on site? |  |  |  |  |
| 21.1 | Are stairways equipped with handrails? |  |  |  |  |
| 21.2 | Does facility have appropriate fall protection equipment? |  |  |  |  |
| 21.3 | Are combustible gas meters available at the facility? |  |  |  |  |
| 21.4 | Is appropriate respiratory equipment available at the facility?   * Are workers trained to use the respiratory equipment? * Have fit tests been conducted and documented? |  |  |  |  |
| 21.5 | Is isolation equipment (i.e. lock out/tag out) available at the facility? |  |  |  |  |
| 21.6 | Is the facility equipped with appropriate fire fighting equipment?   * Is fire equipment inspected and properly maintained? |  |  |  |  |
| 21.7 | Is facility equipment and piping properly isolated?   * Blinds/blanks, blind flanges, double block and bleed. |  |  |  |  |
| 22 | Is the perimeter of the facility fenced and locked? |  |  |  |  |
| 23 | Is the facility equipped with fire and gas detection? |  |  |  |  |
| 24 | Does the facility have an H2S monitoring system? |  |  |  |  |
| 25 | Is the facility equipped with a sufficient ESD system? |  |  |  |  |
| 26 | Is there safe access and egress to and from the site and buildings?  Are building exits clearly marked and free of obstructions?  Are building doors equipped with panic hardware? |  |  |  |  |
| 27 | Are buildings properly vented? |  |  |  |  |
| 28 | Are buildings properly illuminated? |  |  |  |  |
| 29 | Is there proper spacing between equipment? |  |  |  |  |
| 30 | Is all moving equipment guarded? |  |  |  |  |
| 31.1 | Do truck loading/unloading areas have procedural signs in place? |  |  |  |  |
| 31.2 | Do truck loading/unloading areas have adequate fire fighting equipment available? |  |  |  |  |
| 31.3 | Are truck loading/unloading areas properly grounded? |  |  |  |  |
| 31.4 | Do truck loading/unloading areas have enviro-boxes or drip pans in place? |  |  |  |  |
| 32 | Is equipment properly guarded from vehicle traffic? |  |  |  |  |
| 33 | Are good housekeeping practices followed? |  |  |  |  |

| **Environment** | | **Yes** | **No** | **N/A** | **Comments** |
| --- | --- | --- | --- | --- | --- |
| 34 | Are necessary regulatory approvals in place at the facility?   * Is the facility in compliance with the conditions of the approvals? |  |  |  |  |
| 35 | Are drains tied into suitable tankage? |  |  |  |  |
| 36 | Is surface runoff handled properly?   * A lease dike or other containment system is required for any well or battery within 100m of a body of water or permanent stream. * Does disposal meet requirements regulatory approvals, if applicable? * Are proper discharge procedures followed? |  |  |  |  |
| 37.1 | Is a flare system in place where required?   * Are proper flare ignition devices in place? * Does flare stack location comply with spacing requirements? * Does flare stack height appear comply with regulations? * Are flare stacks equipped with wind guards? * Is there a flare separator/knockout drum? * Is it equipped with a high-level alarm? * Is the area around the base of the flare stack blackened to prevent fires? * Is a flare form and procedure in place and a decision tree posted and available? |  |  |  |  |
| 37.2 | Are there any flare pits on site? |  |  |  |  |
| 37.3 | Are venting practices conducted in accordance with Directive 60?   * Are all sour tank vapours conserved or gathered and burned? * Do all sour pressure relief valves tie into a flare stack? * Are vent lines from storage tanks to flare stacks equipped with flame arresters? |  |  |  |  |
| 37.4 | Are procedures and/or automatic shutdowns in place to control major sour/acid gas flaring events? |  |  |  |  |
| 38 | Do compressors larger than 600 kW utilize low NOx technology?  Is compressor exhaust stack height appropriate? |  |  |  |  |
| 39.1 | Do storage area locations meet requirements? |  |  |  |  |
| 39.2 | Do storage areas contain signs that indicate type of materials being stored, warnings and general housekeeping procedures? |  |  |  |  |
| 39.3 | Are storage tanks designed in accordance with Directive 55?   * Double walled storage tanks >5m3 require overfill protection and vehicle traffic protection. |  |  |  |  |
| 39.4 | Do storage areas have appropriate secondary containment?   * Storage tanks >5m3 require secondary containment in the form of:   + A lined dike that can contain 110% of the capacity of the tank for one tank or 100% of the capacity of the largest tank plus 10% of the aggregate volume of the remainder of the tanks for more than one tank.   + Double walled tank (additional design and monitoring requirements involved). |  |  |  |  |
| 39.5 | Are storage tanks inspected monthly and are records available?   * Double walled storage tanks >5m3 require monthly interstitial space monitoring. |  |  |  |  |
| 39.6 | Are stored materials consumed within two years?   * Are oilfield wastes stored for more than one year? * Does temporary storage of materials exceed three months? |  |  |  |  |
| 40 | Are waste management areas adequately fenced?  Are proper waste management techniques being followed?   * Proper disposal (DOW & NDOW)? * Proper documentation (i.e. waste manifests)? |  |  |  |  |
| 41 | Have there been oil/saltwater or other spills and are they handled correctly?   * Are off lease spills or spills >2m3 reported to the regulator? * Are spills of refined products reported to the regulator? |  |  |  |  |
| 42 | Are permissible sound levels met? |  |  |  |  |
| 43 | Have there been any landowner complaints?   * Noise, vegetation, odours? |  |  |  |  |
| 44 | Is there an effective vegetation management strategy on site? |  |  |  |  |
| 45 | Are DEOS posted at glycol dehydrators?  Is the site in compliance with D039 requirements? |  |  |  |  |
| 46 | Is a site specific fugitive emissions procedure in place and followed? |  |  |  |  |
| 47 | Are there any active remediation projects being conducted onsite? |  |  |  |  |

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| **Vehicle Safety** | | **Yes** | **No** | **N/A** | **Comments** |
| 47 | Do vehicles have adequate communication systems?   * Are they equipped with two-way radios, cell phones? |  |  |  |  |
| 48 | Are all permanent full-time employees & contractor vehicles equipped with proper safety equipment?   * Do vehicles have fire extinguishers, first aid kits, flares, etc.? |  |  |  |  |
| 49 | Are company vehicles in good repair?   * Are they regularly maintained, clean, equipped with spare tire? * Is a vehicle inspection checklists completed? |  |  |  |  |

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| **Comments/Sketch** |
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**Action Plan**

Describe action items required to correct any deficiencies. Include person responsible for action and anticipated completion date. Please correlate comments to the numbers indicated on the HSE Assessment Form.

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| --- | --- | --- | --- |
| Facility Name: |  | Assessor 1: |  |
| Location (LSD): |  | Assessor 2: |  |
| Type of Facility: |  | Operator: |  |
| Inspection Date: |  |  |  |

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| --- | --- | --- | --- |
| # | Action Item | Person Responsible | Date to be Completed |
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**Action Items Completed:**

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| --- | --- | --- | --- | --- | --- |
| Date: |  |  |  |  |  |
|  |  | Operator Signature |  | Supervisor Signature |