

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>	Y	N	<u>LOCATION & RIG</u>	Y	N
CONDITION AND PROTECTION	S	O	CONDITION AND PROTECTION	S	O
SATISFACTORY			SATISFACTORY		
<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.			<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 Test			Adequate equipment, properly stored and used.		
<u>(4)FIRST AID</u>			Qualified first responders available to location.		
Adequate equipment, properly stored and used.			<u>(5a)MISCILLANEOUS</u>		
			Location provides overall safe working environment.		

Comments or discussion of any no answers: _____

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

Supervisor signature _____ Date _____