

**OPS Assessment Record**

**Acidising**



Operators name \_\_\_\_\_ Date \_\_\_\_\_

Vantage card No \_\_\_\_\_ Location \_\_\_\_\_

**Please select the applicable method for answering each question**

**Qu - Questioning**

**Ob - Observation**

<b>Qu</b>	<b>Ob</b>
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**Section 1**

**Pre-job**

Ref	YES	YES	NO
a1			
a2			
a3			
a4			
a5			
a6			
a7			
a8			
a9			
a10			
a11			
a12			

- 1 Has the operator complied with the relevant Permit to Work and played an active part in the planning and safety meeting/TBT?
- 2 Can you confirm the operator has checked the availability of 3rd party utilities?
- 3 Did the operator establish good working relationships with 3rd party personnel?
- 4 Did the operator ensure there was sufficient fluid and chemicals for the operation?
- 5 Has the operator confirmed the equipment to be functional and fit for purpose?
- 6 Did the operator erect safety barriers and warning signs as appropriate?
- 7 In the event of any errors or problems did the operator report them?
- 8 Can the operator perform any necessary calculations?
- 9 Did the operator rig up the equipment properly?
- 10 Can you confirm the operator used safe manual handling practices?
- 11 Did the operator work in accordance with the clients safe work practices?
- 12 Does the operator understand the current legislation and work practices?

**Section 2**

**Pumping Fluid**

b1			
b2			
b3			
b4			
b5			
b6			
b7			
b8			
b9			
b10			
b11			
b12			
b13			

- 1 Did the operator ensure the tanks and equipment were clean?
- 2 Did the operator accurately mix the fluids and additives?
- 3 Did the operator take and label samples as required?
- 4 Was the operator able to determine fluid ph levels where required?
- 5 Was the operator able to deal effectively with any dangerous spills?
- 6 Did the operator work in accordance with COSHH regulations?
- 7 Was the operator able to check monitoring devices were working properly?
- 8 Did the operator pressure test equipment properly according to procedures?
- 9 Did the operator effectively equalise pressure across isolation barriers?
- 10 Can you confirm the operator pumped to the required rate and pressure?
- 11 Did the operator stop pumping and shut down the equipment properly?
- 12 Did the operator ensure all the equipment was flushed with water and acid free?
- 13 Did the operator neutralise the spent acid and check using ph papers?

**Section 3**

**Post-job**

c1			
c2			
c3			
c4			
c5			
c6			
c7			
c8			
c9			

- 1 Did the operator bleed down the lines safely?
- 2 Does the operator know how to confirm isolation barriers are in place?
- 3 Did the operator dismantle the equipment correctly and remove safety barriers?
- 4 Did the operator effectively protect the equipment and prepare it for transportation?
- 5 Can you confirm the operator stored the equipment safely?
- 6 Did the operator report any faults he found with the equipment?
- 7 Can you confirm the operator used safe manual handling practices?
- 8 Did the operator ensure all unused chemicals were safely returned for disposal?
- 9 Did the operator correctly complete the associated paper work for backloading?

Assessors name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Comments section can be found overleaf.

**OPS Assessment Record**

**Acidising**

Operators Name \_\_\_\_\_

<b>Section 1</b> Comments	Pre-job
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<b>Section 2</b> Comments	Pumping Fluid
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<b>Section 3</b> Comments	Post-job
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Supervisors Name

Signature

Date



