

OPS Assessment Record

Coiled Tubing Fluid Pumping



Operators name _____ Date _____

Vantage card No _____ Location _____

Please select the applicable method for answering each question
Qu - Questioning
Ob - Observation

Qu	Ob
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Section 1

Pre-job

- 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 for the operation?
- 5 Has the operator confirmed the equipment to be functional and fit for purpose?
- 6 Did the operator identify any equipment problems and fix or report them?
- 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?

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

Section 2

Pumping Fluid

- 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 viscosity and 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 relevant data was accurately recorded?
- 13 Can you confirm the stroke counters and totalisers were reset to zero?

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

Section 3

Post-job

- 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 in the correct order?
- 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?

c1			
c2			
c3			
c4			
c5			
c6			
c7			
c8			
c9			

Assessors name _____

Signature _____

Date _____

Comments section can be found overleaf.

OPS Assessment Record Coiled Tubing Fluid pumping



Operators Name _____

Section 1 Comments	Pre-job
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Section 2 Comments	Pump Fluid
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Section 3 Comments	Post-job
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Supervisors Name

Signature

Date