

OPS Assessment Record

Helium Leak Detection



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 and Rig-up	Ref	YES	YES	NO
1	Has the operator complied with the relevant Permit to Work and played an active part in the planning and safety meeting?	HSE1,a1b5			
2	Did the operator establish good working relationships with 3rd party personnel?	a2			
3	Can you confirm the operator has checked the availability of 3rd party utilities?	a3			
4	Did the operator ensure there was sufficient consumables for the operation?	a4			
5	Did the operator function test equipment and report defects?	a5,a6			
6	Does the operator understand the current legislation and work practices	a7			
7	Did the operator check over the leak detection lab and rectify basic faults?	b1			
8	Did the operator set up the the helium mass spectrometer, the vacuum pump and the radio base station as per procedures?	b2			
9	Can the operator carry out basic checks and repairs on the mass spectrometer?	b3			
10	Did the operator rig up the helium quads and booster pump to the N2 discharge?	b4			
Section 2	Prepare for Operation				
1	Did the operator ensure the system was properly lined up and isolations in place?	c1			
2	Did the operator ensure that all liquids were drained from the system?	c2			
3	Did the operator ensure that all potential leak paths were correctly taped?	c3			
4	Did the operator make sure the system was properly protected by relief valves and or an over pressure protection system?	c4			
5	Did the operator install two calibrated gauges for monitoring system pressure?	c5			
6	Did the operator rig up the HP injection line to the system, with a HP check valve?	c6			
7	Did the operator follow safe work practice as required at the location?	c7			
Section 3	Pressure System and Carry out Leak Detection				
1	Did the operator carry out a gross leak test of 1-2 Bar or 25% of test pressure?	d1			
2	Was the system pressurised the system in 25% increments, with the correct test-gas m	d2			
3	Can you confirm equipment was operated in accordance with procedures?	d3			
4	Can you confirm operation was conducted within operating parameters?	d4			
5	If the operator observed deviations from job parameters did he take remedial action?	d5			
6	Does the operator understand how volumes and rates are relevant to the operation?	d6			
7	Did the operator calibrate the Helium mass spectrometer using system test-gas?	e1			
8	Did the operator record leak positions accurately and concisely?	e2			
9	Has the operator completed system commissioning reports as required?	e3			
10	Did the operator ultrasonically test all nominated valves post leak testing?	e4			
11	Did the operator do post leak test oxygen analysis and record the results?	e5			
Section 4	Rig down Equipment				
1	Did the operator depressurise all the systems and make them safe?	f1			
2	Did the operator dismantle equipment in a safe and logical manner?	f2			
3	Has the operator reported defects to the appropriate authority?	f3			
4	Does the operator ensure equipment is correctly stowed and secured?	f4			
5	Does the operator ensure equipment is correctly manifested and backloaded	f5			
6	Did the operator complete all necessary reports as required?	f6			
Section 5	Abnormal Operating Conditions				
1	Was the operator present at critical situations and had to deal with them?	g1			
2	Did the operator take appropriate action as per operational requirements?	g2			
3	Did the operator monitor the critical situation and minimise risk to personnel?	g3			
4	Did the operator follow the agreed emergency procedures?	g4			
5	Was the operator able to advise people what to do and pass on information?	g5,g6			

Supervisors Name _____ Signature _____ Date _____

Comments section can be found overleaf.

OPS Assessment Record

Helium Leak Detection

Operators Name _____

Section 1 Comments	Pre-job and Rig-up
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Section 2 Comments	Prepare for operation
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Section 3 Comments	Pressure System and Carry out Leak Detection
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Section 4 Comments	Rig Down Equipment
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Section 5 Comments	Abnormal Operating Conditions
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Supervisors Name

Signature

Date