

OPS Assessment Record

Coiled Tubing Nitrogen 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 Has the operator established good relationships with 3rd party personnel?
- 4 Did the operator ensure there was sufficient nitrogen for the operation?
- 5 Has the operator confirmed the equipment 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 practice?
- 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

Pump Nitrogen

- 1 Did the operator wear the proper PPE, insulated gloves etc?
- 2 Did the operator vent down the nitrogen tanks properly
- 3 Did the operator cool down the nitrogen converter properly?
- 4 Did the operator check spill trays and other means of containing Nitrogen spills?
- 5 Was the operator able to deal effectively with any dangerous spills?
- 6 Was the operator able to check monitoring devices were working properly?
- 7 Did the operator pressure test equipment properly according to procedures?
- 8 Did the operator effectively equalise pressure across isolation barriers?
- 9 Can you confirm the operator pumped to the required rate and pressure?
- 10 Did the operator stop pumping and shut down the equipment properly?
- 11 Did the operator ensure all the relevant data was accurately recorded?
- 12 Can you confirm the stroke counters and totalisers were reset to zero?
- 13 Can you confirm the operator changed tanks successfully whilst pumping?

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

Section 3

Post-job

- 1 Did the operator bleed down and vent the lines safely?
- 2 Does the operator know how to confirm isolation barriers are in place?
- 3 Did the operator dismantle 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 If required did the operator complete the associated paper work for backloading?

c1			
c2			
c3			
c4			
c5			
c6			
c7			
c8			

Assessors Name

Signature

Date

Comments section can be found overleaf.

OPS Assessment Record

Coiled tubing Nitrogen Pumping



Operators Name _____

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

Signature

Date