



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 any defects?	a5,a6			
6	Does the operator understand the current legislation and work practices	hs2,a7,b6			
7	Did the operator identify suitable injection and vent points for the current operation?	b1			
8	Did the operator ensure iron and hoses were safely rigged up and restrained?	b2			
9	Did the operator ensure the equipment was tested as per procedure?	b3			
10	Did the operator carry out all the pre-start checks?	b4			

Section 2	Prepare for Operation		YES	YES	NO
1	Did the operator ensure the system was properly lined up and isolations in place?	c1			
2	Did the operator test all equipment prior to installing it on the system?	c2			
3	Did the operator rig up the foam generator to the system and install a check valve?	c3			
4	Did the operator purge the system with nitrogen and depressurise before starting the foam inertion operation?	c4			
5	Did the operator ensure the system high point vents were open to atmosphere?	c5			
6	Has the operator completed all the necessary calculations?	c6			

Section 3	Fill System with Nitrogen Foam		YES	YES	NO
1	Did the operator ensure that foam was produced at correct consistency for the job?	d1			
2	Can you confirm the operation was conducted within operating parameters?	d2			
3	If the operator observed deviations from job parameters did he take remedial action?	d3			
4	Did the operator ensure that gas composition was monitored at a suitable point and if the gas composition exceeded 20% of LEL, did he stop all hot cutting?	d4			
5	Can you confirm foam was observed at high vents throughout the operation?	d5			
6	Did the operator ensure foam generation was maintained, once the system was full?	d6			
7	Did the operator follow safe work practice as required at the location?	d7			

Section 4	Rig down Equipment		YES	YES	NO
1	Did the operator depressurise all the systems and make them safe?	e1			
2	Did the operator dismantle equipment in a safe and logical manner?	e2			
3	Can you confirm the operator had rinsed the generating equipment with fresh water?	e3			
4	Has the operator reported defects to the appropriate authority?	e4			
5	Does the operator ensure equipment is correctly stowed and secured?	e5			
6	Does the operator ensure equipment is correctly manifested and backloaded?	e6			
7	Did the operator complete all necessary reports as required?	e7			

Section 5	Abnormal Operating Conditions		YES	YES	NO
1	Was the operator present at critical situations or had to deal with them?	f1			
2	Did the operator take appropriate action as per operational requirements?	f2			
3	Did the operator monitor the critical situation and minimise risk to personnel?	f3			
4	Did the operator follow the agreed emergency procedures?	f4			
5	Was the operator able to advise people what to do and pass on information?	f5,f6			

Assessors Name _____ Signature _____ Date _____
 Comments section can be found overleaf

OPS Assessment Record

Nitrogen Foam Inerting

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	Fill System with Nitrogen Foam
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Section 4 Comments	Rig Down Equipment
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Section 5 Comments	Abnormal Operating Conditions
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Assessors Name

Signature

Date