

**OPS Assessment Record**

**Run coiled tubing**



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?
- 2 Can you confirm the operator has checked the availability of 3rd party utilities?
- 3 Did the operator establish a good working relationship with 3rd party personnel?
- 4 Did the operator confirm the equipment was functional and fit for purpose?
- 5 Did the operator identify any equipment problems and fix or report them?
- 6 In the event of any errors or problems did the operator report them?
- 7 Can the operator perform any necessary calculations?
- 8 Did the operator rig up the equipment properly?
- 9 Can you confirm the operator used safe manual handling practice?
- 10 Did the operator work in accordance with the clients safe work practice?
- 11 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			

**Section 2**

**Run Coiled Tubing**

- 1 Did the operator confirm the running controls were preset to the required values?
- 2 Did the operator check the isolation barriers?
- 3 Did the operator ensure the equipment was pressure tested as per job programme?
- 4 Can you confirm the operator had the pressure equalised before entering the well?
- 5 Did the operator run the coil tubing in and out of the well, within agreed limits?
- 6 If the agreed limits were exceeded, did the operator take appropriate action?
- 7 Was the operator able to check monitoring devices were working properly?
- 8 Did the operator recorded all the required data, running in and out of the well?
- 9 Did the operator successfully carry out the well service operation after running in?
- 10 After pulling out of the well did he safely remove the assembly from the well?
- 11 Did he ensure surface equipment was properly bled down and vented?
- 12 Did the operator record data to monitor pipe fatigue?

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

**Section 3**

**Post-job**

- 1 Does the operator know how to confirm isolation barriers are in place?
- 2 Did the operator dismantle the equipment in the correct order?
- 3 Did the operator effectively protect the equipment and prepare it for transportation?
- 4 Can you confirm the operator stored the equipment safely?
- 5 Did the operator report any faults he found with the equipment?
- 6 Can you confirm the operator used safe manual handling practice?
- 7 Did the operator prepare the necessary reports on the operation and pass them on?
- 8 If required did the operator complete the associated paper work for backloading?

c1			
c2			
c3			
c4			
c5			
c6			
c7			
c8			

Supervisors Name

Signature

Date

Comments section can be found overleaf

**OPS Assessment Record**

**Run Coiled Tubing**

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

<b>Section 1</b> Comments	Pre-job
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<b>Section 2</b> Comments	Run Coiled Tubing
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<b>Section 3</b> Comments	Post-job
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Supervisors Name

Signature

Date