



GENERAL INFORMATION

Reported by:

Submitted by: _____ Reported to: _____

Location: _____

Date: _____ Time: _____

Report Type: First Aid Near Hit Hazard

Behavior (Stop, ASA, AEA) R+ Recognition to: _____

Classification: Health Safety Environmental

Operations: Select the Operation that best describes the type of work being done when you observed the hazard or near hit.

Drilling Completions Work Overs Production Maintenance

Construction Seismic Office Other

Was Driving Involved? Yes No

NEAR HIT / HAZARD IDENTIFICATION

Type of First Aid Injury:

Bruise Burn Cut Scrape Strain Animal/Insect Bite Other

Incident Potential: Describe potential outcome of the incident or observation.

Injury to: Individual Group

Damage to: Environment Equipment Property

Body Part Affected: Arm Back Eye Feet/Toes Finger Hand Head Leg Torso Unknown

Environmental Impact by: Gas Release Spill to Land Spill to Water EMS Non-Conformance Regulatory Non-Compliance _____

Type of Release: Produced Water Oil / Condensate Gas Waste Chemical _____

Immediate Causes: Select the best description that identifies the action or condition that lead to the incident or observation.

ACTIONS: Not Following Procedure Improper Use/ Incorrect Tools or Equipment Bypassing/ Protective Methods Inattentiveness, Lack of Awareness Other _____

CONDITIONS: Missing/ Defective Protective Systems Defective Tools, Equipment & Vehicles Inadequate Work Place Environment /Layout Work Exposure To: _____ Other _____

BEHAVIOR OBSERVATION CHECKLIST – Mark if unsafe

REACTIONS OF PEOPLE

Adjusting PPE Changing Position Rearranging Job Stopping Job

Hiding or Dodging Attaching Grounds Performing Lockouts Changing Tools

PERSONAL PROTECTIVE EQUIPMENT

Head Eyes and Face Ears Respiratory System

Arms and Hands Trunk Legs and Feet

POSITIONS OF PEOPLE

Striking Against Objects Struck By Objects Caught In, On or Between Objects Contacting Temperature Extremes Inhaling / Absorbing / Swallowing Hazardous Substance

Contacting Electric Current Falling Overexertion Repetitive Moves Awkward Positions/ Static Postures

TOOLS AND EQUIPMENT

Wrong for Job Used Incorrectly

Necessary But Not Used In Unsafe Condition

POLICIES AND PROCEDURES

Not Established Inadequate Not Known or Understood Not Followed

Golden Rules PSM EMS

ORDERLINESS

Standards Not Established Standards Not Known/Understood

Standards Inadequate Standards Not Followed

HSE RISKS

Risk Not Known / Understood Risk Not Mitigated / Controlled

Description: Briefly describe the incident or observation

Describe any actions taken and/ or the nature/extent of any first aid provided:

Audit Team Members/Partners:	Risk	1 (High) <input type="checkbox"/>
	Ranking	2 (Medium) <input type="checkbox"/>
	Matrix	3 (Low) <input type="checkbox"/>
----- HSE Use Only -----		