

SITE OBSERVATION CHECKLISTUnit: CAP 1.2 **PLAN FOR WELL SERVICES OPERATIONS**Element: CAP 1.2.1 **Plan Operational Requirements**

PC	Description	Yes	No
a	Objective programs listed in the well access plan are available on site	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f	Request made on programs that are not available on site (if any)	<input type="checkbox"/>	<input type="checkbox"/>
b, f	Potential problems related to the operation are highlighted and clarified/discussed with the relevant parties. (evidence: hard copy if any)	<input type="checkbox"/>	<input type="checkbox"/>
a, d	Operations are planned before hand (weekly plan/activities plan)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e, f	Materials required for the operations are available or have been requested. (evidence: hard copy if any)	<input type="checkbox"/>	<input type="checkbox"/>
e, f	Equipment required for the operations are on site	<input type="checkbox"/>	<input type="checkbox"/>
d, e	Surface equipment used has valid inspection/test dates	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e	Lifting chain blocks, slings and shackles are inspected and with updated colour codes	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e	Inventory listing available	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c, d	A valid PTW is in place prior to start of operation	<input checked="" type="checkbox"/>	<input type="checkbox"/>