



Oil & Gas Well Safety Inspection Checklist

 Show only Checklist

Display Style
Default 

Well Site Access & Security

Verification of access control, perimeter security, and personnel authorization.

Date of Inspection

Enter date...

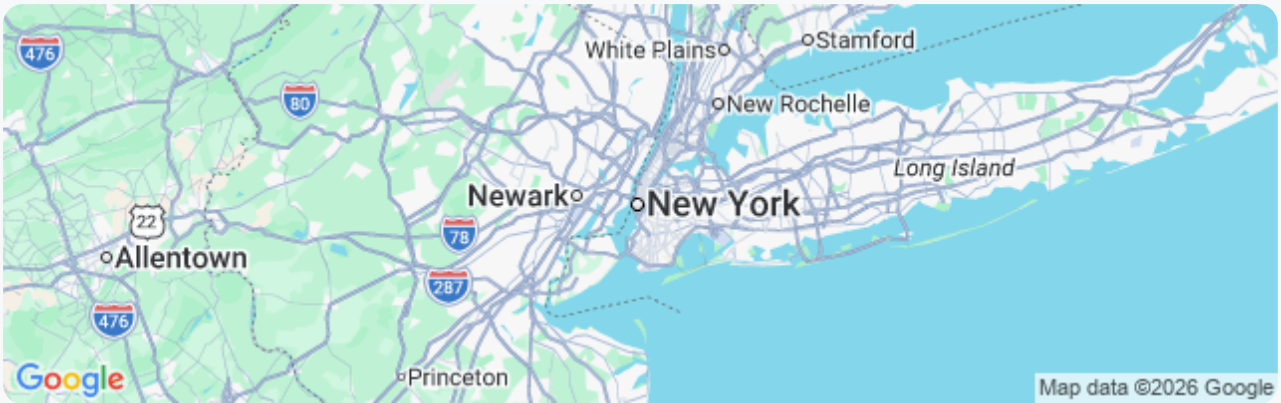
Time of Inspection

Enter time...



GPS Coordinates of Well Site

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Access Control System Status

- Functional
- Malfunctioning
- Not Available

Perimeter Fence Integrity

- Intact
- Damaged
- Breached

Number of Authorized Personnel Present

Enter a number...

Security Protocols Verified

- Visitor Log
- Security Badge Check
- CCTV Monitoring
- Perimeter Patrols

Inspector Signature

Equipment Condition & Inspection

Assessment of drilling rig, pumps, valves, piping, and other critical equipment for defects and functionality.

Rig Derrick Inspection Frequency (Months)

Enter a number...

Mud Pump Condition

- Excellent
- Good
- Fair
- Poor
- Needs Repair

Valve Stem Travel (mm)

Enter a number...

Describe any unusual noises observed

Write something...

Attach photos of equipment concerns

 Upload File

Condition of Hydraulic Hoses

- Excellent
- Good
- Fair
- Poor
- Needs Replacement

Last Hydraulic Hose Replacement Date

Time of Inspection

Motor Amp Draw (Amps)

Pressure Vessel & Piping Integrity

Inspection of pressure vessels, pipelines, and associated components for leaks, corrosion, and structural integrity.

Vessel Wall Thickness (inches)

Piping Wall Thickness (inches)

Enter a number...

Corrosion Observed?

Yes

No

Description of Corrosion (if applicable)

Write something...

Leak Detection (Visual Inspection)

Leak Present

No Leak

Suspected Leak

Leak Location & Details (if applicable)

Write something...

Last Internal Inspection Date

Enter date...

Attach Inspection Photos/Reports

 Upload File

Safety Systems & Devices

Verification of functionality for blowout preventers (BOPs), safety valves, alarms, and emergency shutdown systems.

BOP Control Panel Functionality

- Functional
- Needs Repair
- Out of Service

BOP Pressure (PSI) - Annulus

Enter a number...

BOP Pressure (PSI) - Kill Line

Enter a number...

Safety Valve Operational Status

- Functional
- Needs Repair
- Out of Service

Last Safety Valve Test Date

Enter date...

Time of Safety Valve Test

Enter time...

Alarm Systems Checked

- High Pressure Alarm
- Low Pressure Alarm
- Gas Detection Alarm
- Fire Alarm

Inspector Signature

Environmental Compliance

Checks related to waste management, spill prevention, and emissions control.

Volume of Waste Generated (Gallons/Cubic Yards)

Enter a number...

Waste Manifest Status

- Complete
- Pending
- Not Required

Last Spill Prevention Control and Countermeasure (SPCC) Plan Update

Enter date...

Description of any Observed Environmental Concerns

Write something...

Potential Environmental Impacts Observed

- Soil Contamination
- Water Contamination
- Air Emissions
- Noise Pollution
- Wildlife Disturbance

Waste Disposal Records

 Upload File

Storm Water Discharge Permit Status

- Active
- Expired
- Not Required

Personal Protective Equipment (PPE)

Confirmation of proper PPE usage and availability for all personnel.

Hard Hat Condition

- Good
- Damaged
- Missing

Eye Protection (Safety Glasses/Goggles)

- Present
- Appropriate
- Missing
- Damaged

Hearing Protection (Earplugs/Earmuffs)

- Present
- Appropriate
- Missing
- Damaged

Gloves Condition

- Good
- Damaged
- Missing
- Appropriate Type

Footwear Type

- Steel-Toed Boots
- Appropriate for Task

High-Visibility Vest/Clothing

- Present
- Reflective
- Clean

Confined Space Entry Procedures

Review of procedures and permits for confined space entry activities.

Confined Space Permit Status

- Approved
- Pending
- Rejected
- N/A

Permit Expiration Date

Entry Start Time

Entry End Time (Estimated)

Reason for Entry

Write something...

Atmospheric Hazards Detected (Pre-Entry)

- Oxygen Deficiency
- Flammable Gases
- Toxic Gases
- Hydrogen Sulfide (H₂S)
- None

Oxygen Level (%)

Enter a number...

Flammable Gas Level (%)

Enter a number...

Entry Supervisor Signature

Working at Heights Safety

Assessment of fall protection measures and adherence to working-at-heights protocols.

Height of Work Area (Feet/Meters)

Enter a number...

Fall Protection System Used

- Harness & Lanyard
- Safety Net
- Controlled Access Zone
- Other (Specify)

Description of Fall Protection Measures (e.g., guardrails, anchor points)

Write something...

Anchor Point Inspection Status

- Acceptable
- Needs Repair
- Unacceptable

Potential Fall Hazards Identified

- Unsecured Ladder
- Gap in Guardrail
- Exposed Edge
- Weak Anchor Point
- None

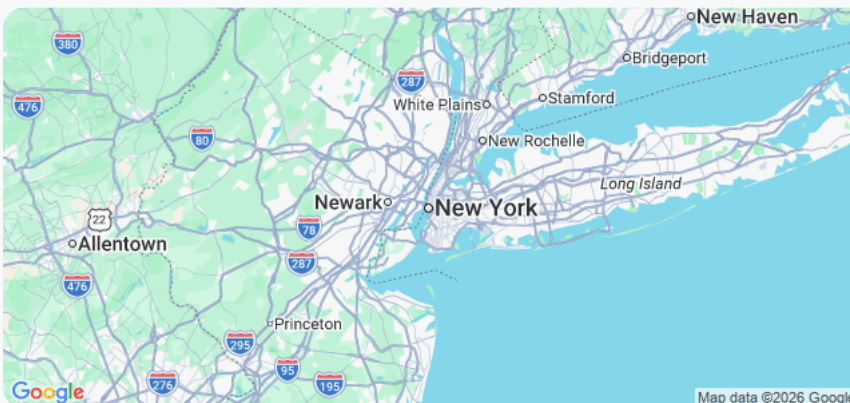
Last Inspection Date of Fall Protection Equipment

Enter date...

Inspector Signature

GPS Location of Work Area

 [Set My Current Location](#)



Housekeeping & Fire Safety

Evaluation of general housekeeping practices and fire prevention measures.

Fire Extinguisher Inspection Date

Enter a number...

Fire Extinguisher Type Present

- ABC
- CO2
- Water
- None
- Other

Fire Hazards Observed

- Blocked Exits
- Combustible Materials
- Electrical Hazards
- Improper Waste Disposal
- None

Description of Hazards (if any observed)

Write something...

Last Fire Drill Date

Enter date...

Housekeeping Rating

- Excellent
- Good
- Fair
- Poor

Notes/Corrective Actions

Write something...

Emergency Response Preparedness

Review of emergency plans, training, and communication protocols.

Last Emergency Drill Date

- Within Last 12 Months
- More Than 12 Months Ago

Next Scheduled Emergency Drill Date

Enter date...

Emergency Contact Notification Time

Enter time...

Number of Trained Emergency Responders

Enter a number...


Emergency Communication Methods Used

- Radio
- Phone
- Email
- Public Address System

Brief Summary of Drill Results/Observations

Write something...

Emergency Response Plan Document

 Upload File

Drill Evaluated as

- Successful
- Needs Improvement

Evaluator Signature