



Oil & Gas Well Safety Inspection Checklist

Well Site Access & Security

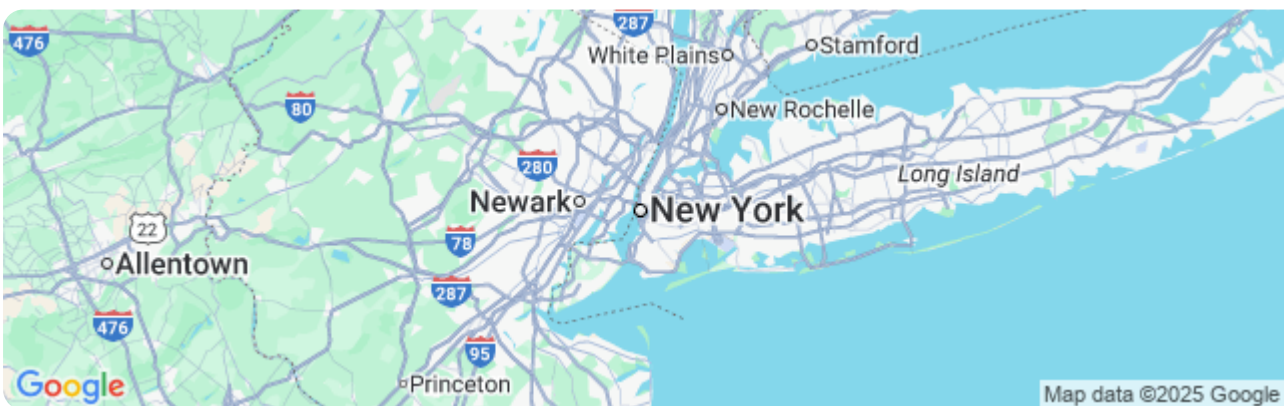
Verification of access control, perimeter security, and personnel authorization.

Date of Inspection

Time of Inspection

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

Enter date...

Time of Inspection

Motor Amp Draw (Amps)

Enter a number...

Pressure Vessel & Piping Integrity

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

Vessel Wall Thickness (inches)

Enter a number...

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

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)

Waste Manifest Status

- ☐ Complete
- ☐ Pending
- ☐ Not Required

Last Spill Prevention Control and Countermeasure (SPCC) Plan Update


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

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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

Enter 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

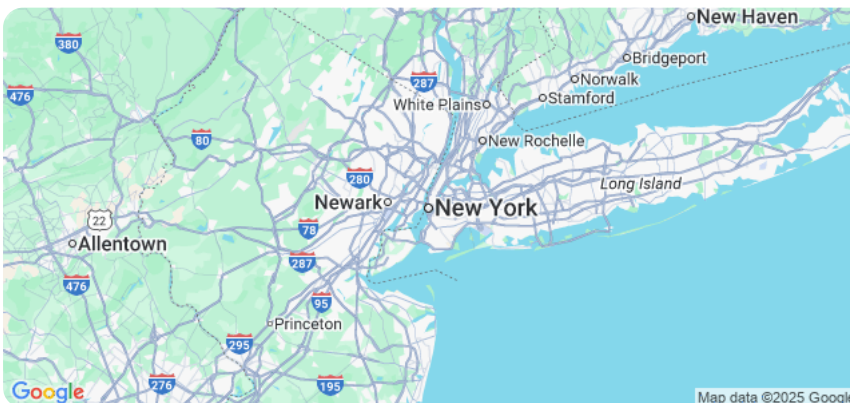
Last Inspection Date of Fall Protection Equipment

Enter date...

Inspector Signature

GPS Location of Work Area

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Housekeeping & Fire Safety

Evaluation of general housekeeping practices and fire prevention measures.

Fire Extinguisher Inspection Date

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)

Last Fire Drill 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

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

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Drill Evaluated as

- ☐ Successful
- ☐ Needs Improvement

Evaluator Signature