STANDARD CORPORATE FORMS

SCF-TOC

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<mark>065</mark>	Malaria Policy Acknowledgement	Rev. 0	11-JUNE-14

STANDARD CORPORATE FORM CHEMICAL INVENTORY LIST

Location/Worksite:	

Storage Location		Common Name & Other		Amount Stored		MSDS	Product	Hazard Index PPE			PPE
(where in the facility)	Chemical Name	Synoymns	CAS #		(Gal., lbs., liters, kg)	Revision Date	Expiration Date	Н	F	R	P
											Ш
									\square		
											<u> </u>
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Note: Individual facilities may use this form or a similar form to develop a Chemical Inventory List.

SCF - 002

CORRECTIVE ACTION LIST

Facility	No.	Source	Action Item	Date Raised	Action By (Name)	Action By (Date)	Comments	Date Closed	Action Taken	Status	Safety / Env. Critical Rating

	Key To Source		Key To Safety / Environmental Critical Rating					
1 = Safety Meeting	6 = Emergency Drill	11 = Other	1 = Stability/Station Keeping Equipment	6 = Gas/Fire Detection Components	11 = Emergency Power Equipment			
2 = Safety Alert	7 = Safety Inspection		2 = Drilling/Well Control Equipment	7 = Scaffolding	12 = Pressure Vessels/Pressure Related Devices			
3 = Management Inspection	8 = Hazard ID Card		3 = Cranes and Rigging Equipment	8 = Welding/Cutting/Burning Equipment	13 = Environmental Impact Site / Proximity			
4 = Incident Report Corrective Action	9 = HSEQ Audit		4 = Personnel Safety/Fire Protection Equipment	9 = Radioactive Sources	14 = Environmental - Consumables			
5 = Regulatory Agency Inspection	10 = Environmental Compliance Audit		5 = Evacuation & Escape Devices	10 = Hazardous Materials Handling Equipment	15 = Environmental – Work Task Activity			

${\bf STANDARD}\;{\bf CORPORATE}\;{\bf FORM}$

SCF-003

TRAINING RECORD

		PLEASE PR	INT CLEARLY		
Cours	se Title:			Date:	
Instri	ıctor Name & Company:			Location:	
motre		Eocation:			
	Employee Name	Employee # or Last 4 of SSN	Division or Sub. Name	Employee Signature	Completed
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
COUF	RSE START TIME:	COURSE FINISH	I TIME:	COURSE DURATIO	N:
have	completion of training, ins completed the training requeed to sender.				
	Instructor Signature		_	Date	

STANDARD CORPORATE FORM

SCF-004

DAILY SAFETY MEETING RECORD

Da	te: Location:							
Su	pervisor:							
1.	Ongoing operations at site:							
2.	Job activities expected and roles/responsibilities:							
3.	JSA reviewed and/or polices discussed:							
4. Planned pre-job meetings; (Non Routine, potentially hazardous jobs that the a segments of the crew shall perform)								
5.	Signatures of attendees:							

STANDARD CORPORATE FORM

SCF-005

Monthly Safety Meeting Record

Date:	Location:
Time:	
Supervisor:	HSE Representative:
General Safety Meeting Topic:	
	Learned):
Incidents (BU or other SESI BU - <i>Descrip</i>	otion / Lessons Learned):
Review and discussion of recent SHARP	PS cards and statistics:
HSE plans for improvement in next mor	nth:
Additional HSE discussions:	

STANDARD CORPORATE FORM

SCF-005

Monthly Safety Meeting Record

Signatures of Persons Attending Monthly Safety Meeting

Date:		
Dute.		

Name	Position	Signature

SCF-006

STANDARD CORPORATE FORM

Job Safety Analysis

						PI	AN					
Date:	Customer: Location:			j			LAT/LONG:		Business Unit:			
Permit Required?	Yes 🗌 No 🗌	Permit Nos.		Job Des	cription:							
	MEMBERS OF WORK TEAM (Include Third Party Personnel – Use Back of Form If Additional Space is Needed)											
UPERVISOR / PIC NAME AND SIGNATURES												
PRINT NA		SIGNAT	TURE	CC	OMPANY		PRIN	T NAME		SIGNATURE	COMPANY	
								-				
					*	IAZAI	RD ASSESSME					
□ Noise □ Arc/Flash	□ Overhead□ Walking Su		Machinery Heat Stress		Points Open Holes		Chemical Exp			ONMENTAL ISSUES	PERMITTED OPERAT	ΓIONS
□ Pressure	☐ Ignition So	urces \square	Slips/Trips	☐ Hot/Cold Surface		☐ Hazardous Atmosphere		☐ Weather Conditions☐ MSDS		□ Lock Out/Tag Out□ Confined Space		
□ Lifting □ Spill	☐ Fire/Explos	sion	Chips/Slivers	□ Worki	ing Surface		Crane Opera	tions ving Conditions		ash/Shower	☐ Hot Work	
Other:						⊔	Extreme D11	ving conditions	-□ Conta	inment Material	☐ Work Permit	
		PERS	ONAL PROTEC	TIVE EQUI	PMENT & SA	FETY	EQUIPMENT	REQUIRED TO C	OMPLET	Е ТНЕ ЈОВ		
☐ Hard Hat ☐ Safety Glasses ☐ Safety Shoes ☐ Cotton Gloves ☐ Rubber Glove	Face Sl Welding Cutting	ng Shield g Goggles	☐ Chemical ☐ Chemical ☐ Chemical ☐ Hearing P ☐ Respirato	Apron Footwear	☐ Slicker☐ Barric☐ Cautio	r Suit ades on Tap	tation Device e	☐ Fire Extingu☐ Gas Detector☐ Norm Meter☐ Full Body Ha☐ Safety Lanya	r [· arness [Self-Retracting Life Climbing Assist Tire Chains Rescue Equipment Tag Lines		
						CONT	ACT INFORMA	ATION				
MEDCOR:				Accident Re	eporting:				Chem Te	el:		
EMS:				FD:					PD:			
				SH	ORT SERVIC		PLOYEES ON T	HE JOB				
	S.S.E. NA	ME				POS	ITION			MENTOR	ASSIGNED	

SCF-006

STANDARD CORPORATE FORM Job Safety Analysis

JOB STEPS	HAZARDS What can go wrong?	CONTROL MEASURES How will you prevent the hazard from happening?	PERSON RESPONSIBLE

If additional space is needed, the back of this form may be used.

A COPY OF THIS ISA SHALL REMAIN ONSITE FOR 30 DAYS AND IN FILE FOR A MINIMUM OF 2 YEARS.

STANDARD CORPORATE FORM

SCF-007

HOT WORK PERMIT

Starting Tim Effective Dat Location:			АМ 🗌		E	xpiration T	ime:	AN	1 🗌	PM	
WORK TO B	E DONI	E:									
Burning	Г	7			Gri	nding					П
Lighting Fire	es [_ 7				eaking Conc	rete				
Sandblasting		_ 7				pping					
Welding Other:	·	_ 				nternal Co	mbustion	Engine			
Item(s) on w	hich ho	t work is t	to be perforr	ned:							
										*****	YAY 0
	ITE	мѕ то ве	COMPLETE	ED BEFORE B	EGINNIN	NG HOT WO	ORK:		YE		IALS N/A
Inspection o	f the are	ea and equ	ipment prio	r to signing H	ot Work	Permit			1.	10	14/11
				elds, gloves, e							
Respirator											
Portable Lig			roof)								
Safety Harne		Lifeline									
Fire Extingu Communicat											
First Aid Kit	.10115										
Gas Detector	Coxvge	n. LEL. hv	drogen sulfic	de. other)							
Confined Spa				, <u>,</u>							
TIME	0_2	LEL	TOXIC	INITIALS	5	TIME	0_2	LEL	TOX	KIC	INITIALS
						<u> </u>			L		
SPECIAL CO	NDITIO	NS/LIMIT	ΓATIONS:								
Facility Man	ager or	Designee		Person Perfor	ming W	ork		Fire Wat	ch		

STANDARD CORPORATE FORM

SCF-008

JOB SKILLS VERIFICATION

Employee Details			
Employee Name:	Job Position:		
SESI Business Unit:	Tel #:		
Home Address:	Cell #:		
	Evaluation Type: Init	ial Periodic	
Required Skills / Competency Training		Date Completed	
I verify that the employee listed above has sufficient training and demonstrates adequate knowledge of the position listed.			
Print Name: S.	ignature:		
Title: D	ate:		

STANDARD CORPORATE FORM

SCF-009

DEVIATION REQUEST

The following form is to be used for <u>tempo</u>	<mark>orary</mark> changes.					
Document Number:	Date Reque	Requested:				
Subject:	BU/Depart					
Requested by:	Immediate	Supervisor:				
Is the Change (select all that apply):						
□ Corporate Requirement □ Equipment □ Business Unit Specific □ Operating Procedure □ Manufacturer □ Personnel Changes □ Other □			☐ Material ☐ Operating Cor	nditions		
Describe the Change / Deviation (include	e details of what is recommer	nded and why red	quired):			
Technical Details (is technical or enginee	ering review required and if	so who will perfo	orm?):			
Impact of Change / Deviation (include wh	hat controls are proposed to	address the impa	act):			
	MANAGEMENT APPROVA	<u>L</u>				
Conditions of Deviation:		Period of validity for deviation (12 mo max):				
		Start:	Finish:			
Authorization signatures:		Date (dd/mm/yy)	Approve	ed?		
Facility / Location Manager:			Yes	☐ No		
Business Unit HSEQ Leader:			Yes	☐ No		
Business Unit Leader:			Yes	☐ No		
Customer Representative:	y deviation being requested app	lies on a customer	location)	□ No		
Executive Vice President:(Obtain this additional approval if the requesting the control of the control	st for change applies to a Corpor	rate document)	Yes	□ No		
VP Corporate HSEQ: (Obtain this additional approval if the reques	st for change applies to a Corpor	rate document)	Yes	□ No		

STANDARD CORPORATE FORM

SCF-010

MANAGEMENT OF CHANGE REQUEST

The following form is to be used for <u>permanent</u> changes.							
Manual/Document Number:	Date Requested:						
Subject:	BU/Depart.:						
Requested by:	Immediate Supervisor:						
Is the Change (select all that apply):							
☐ Corporate Requirement ☐ Business Unit Specific ☐ Manufacturer ☐ Other	☐ Equipment ☐ Operating Procedure ☐ Personnel Changes ☐ Material	Operating Conditions					
Describe the Change (include details of w	hat change is recommended and w	vhy is it required):					
The desired Date He Country is a least section.							
Technical Details (is technical or enginee	ring review required and it so who	o will perform?):					
Impact of Change (include what controls a	are proposed to address the impac	et):					
Necessary Time to Implement Change:							
PLEASE COMPLETE ABOVE AND FORWAR HSEQ Department Comments:	_						
MA	NAGEMENT APPROVAL						
Authorization signatures:	Date (dd/mm/yy	')					
BU HSEQ Manager:		Yes					
BU Facility Manager:		<u> </u>					
BU Leader:		Yes No					
VP Corporate HSEQ: (Obtain this additional approval if the request fo	r change applies to a Corporate specific	☐ Yes ☐ No					
Change Request Verified and Closed By:	Date	:					

STANDARD CORPORATE FORM

SCF-011

RECORDS LIST

This form applies to U.S. Business Units only.

Inis form applies to U.S. Business Units of				
Record Name	Medium (Hard Copy /	Retention Period	Disposal	
	Electronic)			
100 - LEADERSHIP & COMMITMENT TO H	SEQ			
SHARP cards	Hard Copy / Electronic	1 year	Recycle	
OSHA logs	Hard Copy / Electronic	5 years	Shred	
Citations from regulatory agencies	Hard Copy / Electronic	5 years	Recycle	
200 - COMMUNICATIONS				
Safety meeting records	Hard Copy	3 years	Recycle	
Orientation forms	Hard Copy	1 year	Recycle	
Training records, training material	Hard Copy	5 years	Recycle	
Job Skills Verification	Hard Copy	Active employment +3	Shred	
		years		
300 - HAZARD CONTROL				
Hazard Register	Electronic	3 years	Reformat media	
Completed JSA	Hard Copy	3 years	Shred	
400 - INCIDENT REPORTING AND INVEST	IGATION			
Incident Investigation Reports	Hard Copy / Electronic	5 years	Shred / Reformat media	
Injury / Illness Report	Hard Copy / Electronic	5 years	Shred / Reformat media	
Vehicle Incident Report	Hard Copy / Electronic	5 years	Shred / Reformat media	
Third Party Incident Report	Hard Copy / Electronic	5 years	Shred / Reformat media	
Medical Information Form	Hard Copy / Electronic	5 years	Shred / Reformat media	
OSHA 300 Logs, 300A Summaries, & 301's	Hard Copy / Electronic	<mark>5 years</mark>	Shred / Reformat media	
500 - OPERATIONAL CONTROL & SAFETY	SYSTEMS			
Calibration documentation	Hard Copy	5 years	Recycle	
Work Permits	Hard Copy	5 years	Recycle	

STANDARD CORPORATE FORM

SCF-011

RECORDS LIST

This form applies to U.S. Business Units only.

This form applies to 0.3. Dusiness onts on	Medium			
Record Name	(Hard Copy /	Retention Period	Disposal	
Record Nume	Electronic)	Retention 1 criou	Disposar	
600 - EMERGENCY PREPAREDNESS AND RI				
Emergency Drills	Hard Copy	2 years	Recycle	
700 - PERSONNEL WORK APPAREL & PROT	TECTATIVE EQUIPMENT			
PPE Inspections	Hard Copy	2 years	Recycle	
800 - OCCUPATIONAL HEALTH CONTROL				
Employee Medical and Exposure Records	Hard Copy	Active Employment + 30	Shred	
		yrs		
900 - ENVIRONMENT PROTECTION				
Waste Reports	Hard Copy / Electronic	5 years	Shred	
Discharge Permit	Hard Copy / Electronic	5 years	Shred	
Environmental Records	Hard Copy / Electronic	5 years +	Shred	
Spill Prevention	Hard Copy / Electronic	5 years +	Shred	
Chemical Inventory	Hard Copy / Electronic	5 years +	Shred	
Environmental Site Assessment	Hard Copy / Electronic	5 years +	Shred	
Disposal Well Records	Hard Copy / Electronic	5 years +	Shred	
1000 – AUDITS, INSPECTIONS, MEASUREM	ENTS AND IMPROVEMENT	Γ		
HSEQ Audits – Internal and External	Hard Copy / Electronic	5 years	Recycle	
HSEQ Inspections	Hard Copy / Electronic	5 years	Recycle	
Corrective Action List	Hard Copy / Electronic	5 years	Shred	
1100 - QUALITY AND SYSTEMS CONTROLS				
Management of Change – Deviations	Hard Copy / Electronic	5 years	Shred	
Management of Change Requests	Hard Copy / Electronic	5 years	Shred	
HSEQ Management Review & Meeting	Hard Copy / Electronic	5 years	Shred	
minutes				

STANDARD CORPORATE FORM

SCF-011

RECORDS LIST

This form applies to U.S. Business Units only.

Record Name	Medium (Hard Copy / Electronic)	Retention Period	Disposal
Employee Files	Hard Copy / Electronic	5 years	Shred

STANDARD CORPORATE FORM

SCF-012

INCIDENT INVESTIGATION REPORT

The following is a Superior Energy Services, Inc. (SESI) accepted format for documenting the results of a Root Cause Analysis (RCA) and/or Incident Investigation of all types of incidents (injury, illness, near miss, property/equipment damage, pollution, quality, etc).

GENERAL INFORMATION

Incident	t Type:		Customer:		
Incident	t Classifi	cation:	Location:		
Date:			Customer Co	ontact:	
Time:			SES Sales Co	ntact:	

CREW INFORMATION

(Employee name, title, employment history, training, etc.)

•

INVESTIGATION TEAM

(Employee name, company, title, etc.)

•

OPERATIONAL SUMMARY

(Brief summary of job objective)

INCIDENT OVERVIEW

(Summary of incident, including events leading up to and just after incident, brief description of injury treatment, and investigation results)

CAUSAL FACTORS

(The most general or actual problem regarding what went wrong – equipment and / or personnel)

•

STANDARD CORPORATE FORM

SCF-012

INCIDENT INVESTIGATION REPORT

ROOT CAUSES

(Systematic or Real Causes – reasons for general or actual problems that occurred or what led to an unsafe act, condition, or incident)

•

CORRECTIVE ACTIONS

(List corrective action description, responsible party and completion target date)

•

REPORT ROUTE

(List the name, title / department and company of the parties that will be copied Incident Investigation Report)

•

STANDARD CORPORATE FORM

SCF-013

Hepatitis B Vaccine Declination

Date:	
I understand that due to my occupational exposure to blood or of materials, I may be at risk of acquiring Hepatitis B Virus (HBV) in the opportunity to be vaccinated with Hepatitis B vaccine at no clinical decline Hepatitis B vaccination at this time. I understand be continue to be at risk of acquiring Hepatitis B, a serious disease. to have occupational exposure to blood or other potentially infect to be vaccinated with Hepatitis B vaccine, I can receive the vaccine to me.	nfection. I have been given harge to myself. However, y declining the vaccine, I If in the future I continue tious materials and I want
Employee Name	
Employee Signature	
Witness Name (Manager, Supervisor, other)	
Witness Signature (Manager, Supervisor, other)	

STANDARD CORPORATE FORM

SCF-014

INJURY / ILLNESS INCIDENT REPORT

Compliant with OSHA 301 Form: 29 CFR 1904.29 ☐ Illness ☐ Biological Exposure Case Number: (SIMS generated) Injury **Home Phone:** ($\underline{}$) - $\underline{}$ Gender: $\underline{}$ Male $\underline{}$ Female Name: Mobile Phone: _ () - Date of Birth: ____ Address: State: City: Zip: Social Security Number: - -Supervisor at Worksite: _____ Date of Hire: _____ Phone: () -Manager: Time of Incident: ☐AM ☐PM ☐ Check if time cannot be determined Incident Date: Time Since Sleep: Hrs. Min. Time Shift Began: ☐AM ☐PM Date Reported: Loss of time beyond day or shift of incident? Yes No Date/Time return to work: Hr Min AM PM Office Shop Yard Offshore Location Onshore Location Auto Location/Vessel: Customer Rep.: Customer: OCSG/State Lease: Check all applicable: If A, B, C and/or D are checked, does the employee assert that the injury, illness, biological exposure or A. Employee is injured or reporting symptoms indicating an injury reason for medical evaluation is a result of a work B. Employee is ill or reporting symptoms indicating an illness related activity or developed while in the workplace? C. Employee is reporting symptoms indicating a biological exposure ☐ D. Employee was sent for medical evaluation Yes No Employee did not indicate Describe events leading up to the incident (Be specific - activity, tools, equipment, materials used, weather conditions) Example: "Employee was spraying chlorine from hand sprayer": Description of Incident Describe what happened: (Be specific - tell how the injury occurred) Example: "Employee was sprayed with chlorine when gasket broke during **Describe nature of injury, illness or exposure** (Example: "Chemical burn"): Part of body injured (Example: "Right 2nd Finger"): **Injury, illness or exposure cause** (Examples: "Lifting", "Struck by", "Fall from elevation", etc.): What object or substance directly harmed the employee (Example: "Chlorine")? Work activity involved (Example: "Washing equipment"): Name: Phone: () -Phone: () -Name:

STANDARD CORPORATE FORM

SCF-014

INJURY / ILLNESS INCIDENT REPORT

	Was employee examined by a physician, medic or other medical professional? Yes No If so, please complete this entire section (<i>Details of Initial Treatment</i>) and upload a copy of ALL documentation including what's provided by the physician and any other documentation received subsequent to the initial visit.					
	If no to the above and the employee received Al medical or first aid treatment, please describe (supplies from the first aid kit to clean and bandage	Ex: "Employee used				
ent	Medical Facility:	Yes No				
Details of Initial Treatment	Medical Attendant:					
Tre	Address:					
itial	City: State: Zip Coo	This completes tweeted in an amount of the complete of the com				
of In	Phone: () -	☐ ☐ Was employee hospitalized overnight inpatient?				
	Diagnosis: Was employee discharged from care / follow-up Yes No Comments:	p? If employee died, when did death occur? Date: Time: AMPM Time notified of death? Date: Time: AMPM Time OSHA was notified? Date: Time: AMPM				
eted	Report Completed By:	Date:				
Completed By	Tialo	Phone: () -				
sə.	Injured Employee:	Date:				
atur		Date:				
Signatures	Person Completing Report:					

STANDARD CORPORATE FORM

SCF-015

MOTOR VEHICLE INCIDENT REPORT

Dat	e of Incident:	Location of Incident:						
Tim	ne:	City:	Sta	ate: Zip:				
	VEHICLE # ONE							
cle	Year: Make:	Model:		Plate No.:	State:			
/ehi	Vin:							
my V	Address:							
Company Vehicle	Phone: () - Ma	nnager:						
CO	Damages to Vehicle:	Da	amage to Other P	roperty:				
	Name:							
rer	Job Title:			Dat				
Driv	Address: City: State: Zip: Phone: () -							
Company Driver	Was Driver Cited: Yes No	If yes, explain:						
mp	Check all applicable:			If A and/or B are checked	l vou MIIST			
Co	A. Driver is injured or reporting: B. Driver was sent for medical ev		ry	complete an Injury/Illne				
	C. None of the above			injured driver.				
		Was Passenger	. □ Ves □ No	Was Passenger injured or so	ent for Yes No			
	Name:			Was Passenger injured or so medical evaluation?				
	Address:			tate: Zip: Pl	ione: <u>(</u>) -			
	If injured, and passenger was an If injured and passenger was not				reatment:			
gers								
Passengers	Name:	Was Passenger an Employee?		Was Passenger injured or so medical evaluation?	ent for Yes No			
Pa	Address:			tate: Zip: Pl	none: () -			
	If injured, and passenger was an	employee, you <u>MUST</u> compl	ete an Injury/Illn	ess Report.				
	If injured and passenger was not an employee, please briefly describe the passenger's injury and medical treatment:							
	Please use additional sheets for additional	nassanaars						
	VEHICLE # TWO	passengers						
	Driver:	Cited	Yes No	If yes, explain:				
	Address:							
	Year: Make: Mo							
le		describe:						
Other Vehicl	Owner:Address	s: City	r:	State:Zip: Ph	one: () -			
er V	Insurance Company:	Address:		City:	State:Zip:			
0th	Policy Number: Damag	e to Vehicle:	I	Damage to Other Property:				
	Passenger:	Address:	City:	State: Zip: Ph	none: () -			
	Describe Passenger Injuries:		Where was me	edical treatment provided?				
	Passenger:			State: Zip: Pl	none: () -			
	Describe Passenger Injuries:		Where was me	edical treatment provided?				
			crc was in					

STANDARD CORPORATE FORM

SCF-015

MOTOR VEHICLE INCIDENT REPORT

	VEHICLE # TI	HREE								
	Driver:			Cit	ted: Yes No	If yes, exp	plain:			
	Address:	ess:		City:		ate:	Zip: Phone: ()	-
				Plate:						
cle	Injured?	Yes No	If yes, descr	ribe:						
Other Vehicle										
ther	Insurance Co	mpany:		Address:		City:		State:	Zip:	
0	Policy Numb	er:	_Damage to V	/ehicle:		Damage to	Other Prop	erty:		
	Passenger:		Addre	ess:	City:	City: State:		Phone: ()	-
	Describe	Passenger Injuri	es:		Where was m	nedical treat	ment provi	ded?		
	Passenger:		Addr	ess:	City:	State:	Zip:	Phone:(_)	
	Describe	Passenger Injuri	es:		Where was m	nedical treat	ment provi	ded?		
Desc	ribe the incid	ent:								
				1	1 1					
	Name:									
Witnesses	Address:			City:	State:	Z	ip:	Phone: ()	-
Witn	Name:									
	Address:			City:	State:	Z	ip:	Phone: (_)_	_
Responding Agency	Address:			Officers Na	ıme:		Ca	se Number:		
Respo	Address:			City:	State: _	Z	ip:	Phone: (_)_	-
ncy	Report Comp	leted By:			Date:			_		
Agency	Title:				Phone: <u>(</u>	() -	-	-		

STANDARD CORPORATE FORM

SCF-016

NEAR MISS / UNSAFE ACT / UNSAFE CONDITION REPORT

Check		☐ Near Miss	Unsafe Act	☐ Unsafe Condition			(SIMS generated)	
		n unplanned event or uncont he environment or equipmen		nergy that could have resulted in injur ng vehicles).	y or illness to	people (present	or not), harm to	
Definitions	b p	e categorized as actions or be erforming a task.	ehaviors that incre	fe practices, legislated safe practices as ase the risk of injury, illness, property	damage or h	arm to the enviro	onment while	
Unsafe Condition: A condition that deviates from generally accepted safe conditions, legislated safe conditions and / or policy requirement conditions may also be categorized as conditions that deviate from normally accepted safe conditions and, if not correct injury, illness, property damage or harm to the environment.								
any	Company:		Phone: ()	- Manager:				
Сотрапу	Division:	Addre	ss:	City:		State:	Zip:	
Date, Time, Location	Incident Date: Date Reported:		Incident: which incident o	AMPM Check if time	cannot be de	termined		
me, L				Office □Shop □Yard □Offsho	ore Location	Onshore Lo	ecation Auto	
Date, Ti		l: (_		Lease:		
Description of Event/Incident		ent, act or condition (be spo		veather, surrounding activities):				
pən	Name:		Company:					
ı(s) Involved	Name:		Company:		-			
(s)uc	Name:		Company:		-			
List Persor	Name:		Company:		-			
List	Name:		Company:		-			
ed By	Report Complet	ed By:		Date:				
Completed By	Title:			pl ()				

STANDARD CORPORATE FORM

SCF-017

ENVIRONMENTAL / PROPERTY INCIDENT REPORT

Check	k One: Spill / Release Env	rironmental Non-Conformance	Property Damage (Fire/Explo	sion) Case N	umber: (SIMS generated)				
my	Company:	Phone: () -	Manager:						
Company	Division:	Address:		State:	Zip:				
Date, Time & Location		ime of Incident:	□PM □ Check if time cannot	be determined					
ime	Location/Vessel:	Office	e Shop Yard Offshore L	ocation 0ns	shore Location Auto				
Date, T	Customer:		OCSG/S	tate Lease:					
Description of Incident	Describe the events leading up to and	d what happened:							
	Did incident result in an Environmen	ntal Spill/Release?	No If yes, complete this secti	on.					
ıse	Description or Name of Material Spilled/Released:		Amount of M Spilled/Rel						
Relec	Cause of Spill/Release:								
l Spill/	Media Affected If release to water, If release to water, (Soil, Air, Water): how much? name of water body:								
Environmental Spill/Release	Description of environmental damag	ge (i.e., sheen on water, size of ar	ea affected, off-site emission plun	ıe, etc.):					
Enviro	Methods used to recover spilled/rele	eased materials, including amou	nts recovered:						
	Agency Notified:								
-uc	Is there an Environmental Non-Confo	ormance: Yes No	If yes, complete this section.						
Environmental Non- Conformance	Non-Conformance Type: Permit	t Requirement Regulation	☐ Company Policy/Procedure						
ironmental N Conformance	Description of Non-Conformance:								
ironi Confe	Action taken to prevent recurrence:								
Envi	Agency Notified:								
	Did incident involve property damag	ge?	complete this section.						
Property Damage	-		•						
		•			<u>'</u>				
ons 'ved	Name:	Co.:	Name:	Co.:					
Persons Involved	Name:	Co.:	Name:	Co.:					
Completed By	Report Completed By:		Date:						
Comp B	Title:		Phone: <u>(</u>) -						

STANDARD CORPORATE FORM

SCF-018

THIRD PARTY INCIDENT REPORT

				Case Number: (SIMS generated)						
oany	Company:	Phone: ()	- Manager:							
Company	Division:	Address:	City:	State: Zip:						
z.	Incident Date:	Time of Incident:	AM PM Check if time cann	not be determined						
catio	Date Reported: State in which incident occurred:									
& To	Location/Vessel (be specific):									
Date, Time & Location	□Office □Shop □Yard □Offshore Location □Onshore Location □Auto									
Date,	Customer:	Customer Rep.:	OCS	G/State Lease:						
	Describe events leading spraying chlorine from	ng up to the incident (Be specific - activity, to hand sprayer":	ools, equipment, materials used, weath	ner conditions) Example: "Employee was						
ent										
Incide										
ent/l	Describe what happened: (Be specific – tell how the injury occurred) Example: "Employee was sprayed with chlorine when gasket broke during replacement":									
of Ev										
tion										
Description of Event/Incident										
Q	Describe any injuries: (include names, known injuries, what body parts injured, etc.):									
	Name:	Company:	P	hone: () -						
olved	Name:	Company:	P	hone: () -						
son(s) Involved	Name:			hone: () -						
s)uos	Namo			hone: () -						
List Pers		Company:								
Lis	Name:	Company:	Pl	hone: () -						
	* Please submit a writ	tten statement for each person involved. In	clude name, statement, date and sig	gnature.						
ed By	Report Completed By:	:	Date:							
Completed By	Title:		Phone: () -							
COJ										

STANDARD CORPORATE FORM

SCF-019

MEDICAL INFORMATION FORM

Patient Information:			
Name:			Date of Incident://
Employer:			Employee Medical Release: I hereby authorize
Phone: ()			release of my medical information for my
Fax: ()			consultation today, to my company
			representative.
Alternate Phone: _ ()			Print:
Employer Representative Present:			
			Signed:
Policy: It is the policy of Superior Ener medical providers will complete the fol diagnostics, condition, and disposition.	lowing report on an employee's	s medical	Date:/
Medical Care Information (Please Print):		
Facility Name:		Physician:	
Address/City/State/Zip:			/ Time In: : <u>AM</u> / PM
Phone: () Fa			
			,
Chief Complaint:		Injury or illno	ess description:
Treatment/Testing/Recommendation	ons (Check all that apply)		
Nature of Injury Abrasion Laceration Puncture Bruise Fracture Sprain/Strain Foreign Body in Eye Burn Drowning Electrocution Heat Exhaustion Cold Injury (frost bite, etc.) Occupational Illness Specify: Loss of Consciousness Hernia Amputation Inhalation Other	Body Part Injured Head Face Eye Left / F Ear Left / F Neck Arm Left / F Hand Left / F Finger Specify: Chest Back Abdomen Groin Hip Leg Left / F Knee Left / F Ankle Left / F Toe	Right Right Right Right Right Right	Procedures Treatment of Infection Treatment of 2nd or 3rd Degree Burns Sutures / Wound Adhesive Butterfly / Steri-strips Positive X-Ray Diagnosis Prescription Medication Removal of Embedded Foreign Body from Eye (except flushing) Removal of Foreign Body from Wound Cutting Away Dead Skin Surgical Debridement Admission to Hospital No Work Prescription Light/Restricted Duty Prescription
Specify:	Specify: Other Specify:		
Other / Recommendations:			
DISCHARGE DIAGNOSIS:			

STANDARD CORPORATE FORM

SCF-019

MEDICAL INFORMATION FORM

edication(s) Dispensed / Prescribed (name	e/dose/frequ		- —	Medic	cation(s)	Suggested (dosage/duration	/interval):
			- -				
ork Status							
ave reviewed the physical demand] :h. C		-4)
ither reviewed employee's written jol	o descriptio	n anu/o	raiscus	ssea wn	ın Comp	any representative presen	11)
Patient released to work without restr	ictions						
		1.	0 1.11		1 1 1		
Patient may work with the following re	estrictions (d	complete	Capabili	ity Table	e below if	returning to work with rest	rictions)
						1	
CAPABILITY TABLE	N	1	Capabili		1000/	Lift Push	Work Level
Sitting	None	25%	50%	75%	100%	Negligible – 10 lbs. Max	Sedentary
Walking StandingMin/Hr	$\dashv \vdash$	$\vdash \vdash \vdash$				11 lbs freq – 20 lbs. Max	Light
Bend/Squat/Twist/Crawl						21 lbs freq – 50 lbs. Max	Medium
Climb/Work on Heights						51 lbs freq – 100 lbs. Max	Regular
Grasp/Pinch							
Reach Above Shoulder							
Reach Beyond Forearm Limits	<u> </u>	Ш			ᄔᆜ		
Restriction(s) apply to: Left Arn	n/Leg L Rig	ht Arm/Le	eg LBot	th Arms/	Legs LI	Priving/Operating Machinery L	Lifting Clin
Comments/other restrictions or ac	commodatio	ns neede	d:				
Patient not able to work	Estimat	ed retur	n to wor	k date:	/	/	
	20011140	ou rour		_			
ntus / Follow Up Recommendations	c / Doforral	le.					
itus / Fonow op Recommendations	s / Referra	<u>.S</u>					
s Patient reached maximum medical impr	ovement?	∃Yes	□No		Estima	ated Date://	_
cient Discharged from Care: ☐ Yes ☐ N	0						
turn Appointment Required: Yes (Wh				г	□ No (u	nless condition worsens)	
					No (u.	mess condition worsens)	
ient Referred to:				For: _			
eating Physician Signature:						Date:/	
- h annin - Nama						Data / /	
scharging Nurse:						Date: / /	
perior Medical Records Representative	a						
ase provide all billing to the following:	<u> </u>						
Superior Energy Services		Phone: 5	04 507	7274			

601 Poydras St., Suite 2400 New Orleans, LA 70130 Attn: Betty Rogers

Email: betty.rogers@superiorenergy.com

Fax: 504-362-5891

STANDARD CORPORATE FORM

SCF-020

PARTICIPATING MEDICAL PROVIDER AGREEMENT

Revision Note: The contents in their entirety of this form have changed from the previous version.

Terms of Healthcare Services

Superior Energy Services, Inc. and its subsidiaries ("Superior") primary concern is the health and safety of all of its personnel. Superior is committed to improving policies and practices and to comply with the Occupational Safety and Health Administration (OSHA) and other professional standards regarding injury and illness classification. As such, all third party healthcare providers must agree to follow certain documentation to ensure accurate and timely insight into diagnosis and patient disposition.

Superior requires that you provide services according to the following terms:

- 1. Request and record the following prior to diagnosis or treatment of Superior personnel:
 - (a) Patient name and contact information
 - (b) Date of birth
 - (c) Employer name and contact information
- 2. Complete Superior's Medical Information Form ("MIF") in its entirety including work status and a detailed follow-up plan.
- 3. Ensure the Employee Medical Release section of the MIF is signed by the patient.
- 4. Record any diagnosis, dispositions, restrictions, abilities, recovery schedules, treatments and care plans accurately and completely. No subsequent changes to any such records are permitted unless dated and initialed with a written addendum. All corrective and convalescent actions and treatments are to be recorded.
- 5. Provide complete and comprehensive copies of all medical records related to the diagnosis, prognosis, treatment(s), and disposition of the employee/patient to the Superior HSE Representative and Office of the Medical Director (OMD) after receipt of the signed Medical Release. Records should be provided to the HSE Representative while they are at the clinic or by a method of their choosing and provide to OMD via secure fax to (281) 549-2416.
- 6. Send invoices to the Superior Medical Records Representative identified on the MIF.
- 7. Comply with any additional policies and practices provided in writing by Superior at any time as they relate to services you provide to Superior personnel.
- 8. If you feel that anyone is attempting to interfere with your medical diagnosis, prognosis, proposed treatment, determination of work status, or accurate and complete recordation of any of the foregoing, immediately notify Superior's Office of the Medical Director, Medical Records Representative, and/or General Counsel.

Superior Corporate Headquarters: (713) 654-2200

Superior Office of the Medical Director: (281) 784-4700 or (713) 870-1183

STANDARD CORPORATE FORM

SCF-020

PARTICIPATING MEDICAL PROVIDER AGREEMENT

MEDICAL PROVIDER

This Agreement is effective upon the date of execution by Superior.

Facility Name:		
riaaress.		
Phone:		
	Printed Nar	ne and Title
Sign	nature	Date
	SUPERIOR ENERG	GY SERVICES, INC.
Matthe	· · · · · · · · · · · · · · · · · · ·	Medical Director
	Printed Nar	ne and Title
Sign	nature	Date
	Office of the M	adical Divastor

Office of the Medical Director

Superior Energy Services, Inc. Drilling Technology Center 2202 Oil Center Court Houston, Texas 77073 Phone: (281) 784-4700

Fax: (281) 549-2416

STANDARD CORPORATE FORM

SCF-021

RESPIRATORY PROTECTION HAZARD EVALUATION PROFILE

tion:	Date:		
Job Procedure or Task	Hazardous Substances	Required Respirator	
Manager's Signatur	re	Date	

STANDARD CORPORATE FORM HAZARD REGISTER

	Work Task			Hazard Ex	pla	nat	tion		Risk Assessment w/o Controls		Hazard (Controls	RA w/ Controls			Status		
Hazard No.	Work Task Description	Routine	Non-Routine	Hazard Description	People	Equipment	Environment	Equipment &/or Chemicals Used	Impact / Consequence	Likelihood (1 - 5)	Severity (1 - 5)	Risk Rank (w/o Controls)	Regulatory / Policy / Procedure Associated	Corrective Action	Likelihood (1 - 5)	Severity (1 - 5)	Risk Rank (w/ Controls)	Comments
												0					0	
												0					0	
												0					0	
												0					0	
												0					0	
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												0					0	

This Certification of Hazard Assessment verifies that an assessment has been performed for the workplace referred to below. Workplace hazards have been identified, the appropriate personal protective equipment specified, and all necessary administrative and engineering controls have been put in place.

Certified By:	Date Cer	tified:	BU Certified:	

Prepared by:

STANDARD CORPORATE FORM

SCF-023

CARTRIDGE CHANGE OUT SCHEDULE

Respirator Model	Cartridge Type	Maximum Allowable Usage Time
		<u> </u>

Date:

STANDARD CORPORATE FORM TRAINING MATRIX

	Si	cills & Knowledge		
	Competency	Experience	Regulatory	Customer Required
SUPERIOR ENERGY SERVICES, INC.				
SUPERIOR				
ENERGY SERVICES INC				
ENERGY SERVICES, INC.				
Job Title Frequency Yrs				
(0=One Time)				
	- 		 	
	 	 		
	 	 		
	 			
	- 	- 		
				
				
	- 		 	
				
		- - - - - - - 		
		 		
		- 		
	- 	- 	 	
	- 			
	- 			
	- 		 	
			<u> </u>	

STANDARD CORPORATE FORM

SCF-025

CONTRACTOR SHORT SERVICE EMPLOYEE

Contractor must complete and submit form to the Operator location supervisor for approval prior to arrival on location. The Operator location supervisor (Field Supervisor, Drilling Supervisor, OIM) must approve the individual Short Service Employee (SSE) before he/she arrives on location.

I. SSE Information						
Contractor Company Name:			Request Date:			
SSE Name:						
Date of Employment:		Current Job Title:				
Years Oil Field Experience:		Experience in Current Posit	cion:Years	Mo	onths	
Is this employee in compliance	with your Substance Abuse	Policy?		Yes	No	
Have site contractor and HES policies been reviewed with SSE?				Yes	No	
Who has been assigned as the	SSE's mentor?					
	Mentor's Experience:	Years	Months			
List all training provided to the	e SSE:	List any previous spec	ial training:			
SSE(s) identified by:	Hard Hat – Hi Visibi	lity Orange				
II. SSE Crew Composition Rec Choose one of the crew types b		mitations are exceeded, proceed t	o the variance form on t	he back of this sh	ıeet.	
Single person crew – ca	nnot be an SSE (Variance Re	equired)				
2 – 4 person crew – no	more than one SSE					
5 or more person crew	- no more than 20% SSE(s)	per crew				
Exceeding 20% SSE per	crew (Variance Required)					
III. SSE Review and Approva	I					
Contractor Manager:			Date:			
Operator Location Supervisor:			Date:			

STANDARD CORPORATE FORM

SCF-025

CONTRACTOR SHORT SERVICE EMPLOYEE

Contractor SSE Variance Form

This form is to be filled out whenever the conditions on the front of this form or any other element of the Short Service Employee Policy cannot be met.

IV. Variance Information

Variance Justification (What are the current circumstances and what will be done to ensure an acceptable level of risk?)			
Alternatives to Variance (If the variance is denied, what are the alternatives to completing the scope of the work? Briefly detail the cost and operational impact of the alternatives.)			
List the steps to be taken to manage to the SSE risk to an acceptable level:			
1.			
2.			
3.			
4			
5.			
6.			
7.			
8.			
10			
V. Variance Review and Approvals			
Variance Expiration Date:			
Operator Location Supervisor		Approves	Denies
Signed:	Date:		
Contractor Manager / Supervisor		Approves	Denies
Signed:	Date:		

STANDARD CORPORATE FORM

SCF-026

TRANSITIONAL DUTY AGREEMENT

As required	has mot all the quitoria for norticipation in a
As required, (Employed transitional duty position.	has met all the criteria for participation in a name)
ACCEPT TRANSITIONAL DUTY	
I, (Employee)	, understand and accept my responsibilities of th
	ee to perform my job duties within the limits of my restrictio
listed below. It is further my und	lerstanding that my continued participation in the transition
duty position is subject to my comp	liance with the eligibility requirements of the policy.
Transitional Duty Start Date: (D.	NOTE: This transitional duty agreement expires in 2 we (an Extension Request may be submitted if necessary)
Restrictions (list the restrictions probe the Medical Provider):	ovided List the tasks or temporary job functions employed will perform during transitional period:
Employee Signature Date	Witness Signature Date
REFUSE TRANSITIONAL DUTY I,(Employee name)	do not wish to participate in the transitional duty position
Comments/Reason for refusal:	
Employee Signature Date	Witness Signature Date

STANDARD CORPORATE FORM

SCF-027

TRANSITIONAL DUTY - EXTENSION REQUEST

As required,	has met all the criteria for pa	rticipation in a
(Employee name) transitional duty position, has just complete week extension.	ed 2 weeks of transitional duty and is el	igible for a six (6)
ACCEPT EXTENDED TRANSITIONAL DUTY	Υ	
I, (Employee) transitional duty position and agree to perf		f my restrictions
listed below. It is further my understand compliance with the eligibility requirements		s subject to my
Transitional Duty Extension Date:(Date)	NOTE: This transitional duty agre weeks (not eligible for an additiona	<u>=</u>
Restrictions (list the restrictions provided by the Medical Provider):	List the tasks or temporary job funct will perform during transitional peri	• •
Employee Signature Date	Witness Signature	Date
REFUSE EXTENDED TRANSITIONAL DUTY	ľ	
I,do rdo r	not wish to participate in the transition	al duty position.
Comments/Reason for refusal:		
Employee Signature Date	Witness Signature	Date

STANDARD CORPORATE FORM

SCF-028

RESPIRATORY FIT TEST RECORD

Name:				Dat	e:						
Employer:				Locatio	n:						
Evaluator: _											
Check the app	ropriate an	swer t	o the following	questions.							
Yes 🗌	No 🗌	1.	Have you rece	ived Respiratory Protect	tion Training?						
Yes 🗌	No 🗌	2.	Have you rece	ived a medical physical v	within the past 12 months?						
Yes 🗌	No 🗌	3.		acial hair or any facial ch ng edge of the respirator	aracteristics that would interfere face piece?						
Yes 🗌	No . 4. Do you wear contact lenses?										
Yes 🗌	No 🗌	5.	Do you need a	spectacle kit?							
						_					
Type of Respira	ntor										
	☐ Air Purifying ☐ Supplied Air ☐ Self Contained										
Manufacturer:	Manufacturer: Model:										
Style:	-			Si	ize:						
Seal Check:] Nega	tive Pressure	Pass	☐ Fail						
		Posit	ive Pressure	Pass	☐ Fail						
Fit Test:		Port-	A-Count	☐ Isoamylacetate	Saccharin						
		Bitre	X	☐ Irritant Smoke							
	, —	7 n									
	<u> </u>	Pass		☐ Fail							
				ormal and emergency op to wear, inspect and clea	peration and use of the respirator, an the unit.						
Signature:					Date:						
51g11ata1 c1											

STANDARD CORPORATE FORM

SCF-029

CONFINED SPACE ENTRY PERMIT

Date: Facility: Specific Location: Confined Space Description:	_	l Verification Juration: From:		' '	Alone Pern	
Work to be Performed: Hazards:	☐ Re	active	☐ Toxic		☐ Tempe	erature >100° or <50°
I. Check the Following Items When Complete		II. Atmosphere Ga	as Test			
1. Employee Training Verified		TEST ITEM	4	RESULTS		SAFE LIMITS
2. Safety Meeting/Assessment		TESTITEN	1	2	3	SAFE LIMITS
3. Rescue Plan Complete		1. Oxygen				19.5% - 23.5%
Rescue Equipment on Site		2. Flammability				10% LEL
5. Fire Equipment on Site		3. Hydrogen Sulfi	de			10 PPM
6. Confined Space Warning Signs		NORM (if appl.)				UR/HR
7. Electrical Lockout		5. Benzene				1 PPM
8. Mechanical Lockout		6. Other				
9. Isolation/Blinding/Skilleting		Time of Test(s):	1	2.		3.
10. Ventilation Continuously Forced Air		Person Conductin	g the Test(s):			
11. Explosion Proof Lighting			III. PPE Requir	ed		Rescue Equipment Required
12. Calibration Check Prior to Use in Uncontaminated Area		☐ Hard Hat	☐ St	eel Toe Shoes		Rescue Air/30 min.
Field Calibration O ₂ % LEL PP	M	☐ Safety Glasse	es \square H	and Protection		•
Test Results: OK Not OK		☐ Face Shield		earing Protection		50' Lifeline
		_		O		
Monitoring Equipment: Make:		Tyvek Suit		ıll Body Harnes		Full Body Harness
Serial #:		Respiratory Equip Other:	oment:	ir Line 🔲	APR	Other:
IV. Form of Communication that will be used	Hand Sig	· 	-Way Radio	Sound		ouler.
	_ Hana big	140	Way Radio	Bound		
V. Rescue Procedure						
Designated Team Leader/Entry Supervisor						
2. Location of Safe Briefing Area(s)						
3. Emergency Contact Numbers: Medical #			Res	cue #		
Customer Representative #			Faci	lity#		
ENTRY PERSONNEL	р	OSITION		SIGNAT	TIRE	
	1	OSITION		Sidivili	OKL	
1.						
2.						
3.						
4.						
5.						
6.						
7.						
POSITIONS: 1 = Entry Superviso	r 2 = En	trant 3 = Atte	ndant 4 = Re:	2010		
The Above Employees Have Reviewed and Understar				scuc		
Comments:		outo Entry Require				
Supervisor Signature Cu	stomer Rep	resentative Signatu	re		Cancellat	ion Time

VALID FOR ONE SHIFT OR 12 HOURS. ALL PERMIT COPIES REMAIN AT SITE UNTIL THE JOB IS COMPLETE.

STANDARD CORPORATE FORM

SCF-030

MOBILE CRANE DAILY CHECKLIST

Date: Facility: Inspected By:	_	l: facturer Number	-				
Mark the following boxes with a marked with "U" in Comments.	ın "S" (S	Satisfacto	ory) or "l	J" (Unsat	isfactory). Explai	n those
CHECK	SUN	MON	TUE	WED	THU	FRI	SAT
Front and Rear Outriggers Hooks and Hook Block Fast Line Condition							
Multi-Part Line Condition							
Boom Brake Condition							
Swing Brake Condition							
Fast Line Brake Operation							
Multi-Part Line Brake							
Control Functions							
Warning Horn							
Signal and Running Lights							
Boom Angle Indicator							
Load Chart							
Fire Extinguisher							
Lubrication							
Safety Devices (Anti-2-Block)							
Engine Oil Level							
Engine Coolant Level							
Hydraulic Fluid Level							
Transmission Fluid Level							
Fuel Level							
Battery, Cables and Clamps							
Tires							
Wire rope and contact surfaces							
Filter Condition Indicator							
INITIALS							
Comments:							
Supervisor Signature:					_		

STANDARD CORPORATE FORM

SCF-031

Page 1 of 1

PRE-USE CRANE INSPECTION REPORT

This form is to be updated at the beginning of each shift by a Qualified Inspector and reviewed by the Supervisor or Captain. A copy of the completed form shall be submitted to the appropriate Maintenance Manager for review and the original filed with the respective crane records.

Facility:		Crane Make:	Model:	
S/N:	Inspected By:	_	Date:	

Pre-Use Inspection may include but not limited to the following actions:

Check all fluid levels of prime mover

Inspector Signature:

- Check control mechanisms including brakes and clutches for proper operation
- Visually check for hoist lubricant oil leakage. In hoists where a sight glass is provided, also check the fluid level.
- Visually check for leakage or damage in the air and non-mechanical systems
 - o Check the following devices where applicable; Boom Hoist Pawl, Helicopter Warning Light, and Crane Hook Latch
- Perform a walk-around visual examination of the crane boom and support structure to ensure that no damage exists
- Ensure the correct load rating chart for the configuration in use is visible to the crane operator at the primary control station
- Visually check wire rope for evident deterioration and damage, or improper reeving
- Visually check for loose, missing, or corroded bolts, pins, keepers or cotter pins
- Visually check loose gear to be used, such as slings, sling hooks and shackles
- · Lubricate components and correct deficiencies as required based on the results of these inspections

Engino	S	U	Commonta
Engine	3	U	Comments
Oil Level	-	⊢ ⊢	
Coolant Level	\vdash	⊢ ⊢	
Radiator Hose Condition		LН	
Fuel Level	<u> </u>	 	
Start/Stop	\sqcup	<u> </u>	
Throttle Operation	Ш	ĻШ	
Hydraulic System	S	U	Comments
Oil Level		Ш	
Hoses and Fittings			
Boom Cylinders Condition			
Hydraulic Leaks			
Winch Condition			
Winch Gearbox Leaks			
Structural Condition	S	U	Comments
Boom Condition			
Pedestal Condition			
Cab Condition			
Cables and Blocks	S	U	Comments
Load Block/Hook Condition			
Auxiliary Block/Hook Condition			
Wire Rope Condition			
Cable Dead Ends Condition			
Slings, Sling Hooks, Shackles			
Indicators and Charts	S	U	Comments
Load Chart/SWL Marked			
Weight Indicator Operation			
Weight Indicator Leaks			
Boom Angle Indicator			
Hand Signal Chart			
Safety Devices	S	U	Comments
Anti-Two Block			
Swing Brake/Lock			
Boom Brake/Lock			
Boom Limit Device (Kick Out)			
Helicopter Warning Light			
ESD (Air Intake)			
		_	

STANDARD CORPORATE FORM

SCF-032

POST JOB CRANE INSPECTION REPORT

Instructions

- 1. A qualified SEMD Crane Operator shall complete this form <u>immediately</u> at the conclusion of every job assignment.
- 2. The completed form shall be submitted by the Crane Operator to the Captain for review and signature.
- 3. The Captain shall immediately review and sign the form and transmit the completed form by fax to the Operations Manager.
- 4. The Vessel Operations Manager shall review the completed form with the Crane Technician, document all responses on the form regarding any items to be resolved, and provide a copy of the completed from with notes to the Traffic Department Job Number Coordinator.
- 5. The original completed form shall be kept aboard the vessel in the crane file.
- 6. The Operations Manager's copy shall be placed on file with office crane files.
- 7. The Traffic copy shall be filed with Job Number Log.

Vesse	el: Dat	e:	Time:					AM 🗌 PM 🗌			
Capta	nin: Cra	ne Operator:	e Operator: Class:								
"MAK	COMPLETE FOR EACH CRANE. MARK "NONE" IN E" POSITION FOR VESSELS WITH ONE CRANE. IDE DATE AS REQUESTED. FOR INSPECT ITEMS,	Make: _ Model: _	Port (_ Make: _	Starboard				
CHECH	K "PASS" OR "FAIL" AS APPLICABLE. CHECK "N/A" TEMS THAT DO NOT APPLY.	Model: _				_ Model: _					
PROV	IDE WRITTEN COMMENTS FOR ALL "FAIL" ITEMS.		Complete Port Cra				Complete Starboard				
	Item	Date	Pass	Fail	N/A	Date	Pass	Fail	N/A		
1.	Inspections Aboard Vessel & Current										
	A. Annual Inspection & Pull Test										
	B. Quarterly Inspection										
	C. Current Bi-Weekly Inspection										
	D. Current Daily Inspection										
	E. Most Recent Post Job Inspection										
	F. Most Recent Customer Inspection										
2.	Wire Rope Certifications Aboard & Current										
	A. Main Hoist Cable Certification Date										
	B. Auxiliary Hoist Cable Certification Date										
	C. Boom Hoist Cable Cert. Date (Lattice Boom)										
	D. Pendant Cable Cert. Date (Lattice Boom)										
3.	Personnel Handling Cert. Aboard & Current										
	A. Main Hoist Winch Certification Date										
	B. Auxiliary Hoist Winch Certification Date										
	C. Boom Hoist Winch Certification Date										
4.	Crane Repair Docs Aboard (Past 3 years)										
5.	Rigging (Tagged/Cert. Date less than 1 year)										
	A. Wire Rope Slings Tagged/Cert. Date										
	Damage, Distorted, Broken Wires										
	B. Webbed Slings Tagged/Cert. Date										
	Damage, Distorted Plies, Knots										
	C. Shackles Mfg. By Crosby/Capacity Marked										
	D. Proper/Undistorted Shackle Pins In Use										
6.	Prime Mover (Engine & Drive Train)										
	A. Engine & Gearbox Oil Level										
	B. Engine Oil & Fuel Filters: Date Last Changed										
	C. Coolant Level & Condition										
	D. Hydraulic Oil Level										
	E. Hydraulic Return Filters: Date Last Changed										
	F. Hydraulic Hoses/Pumps										
	G. Fuel Tank Topped Off										
	H. Exhaust & Flame Arrestor										

STANDARD CORPORATE FORM

SCF-032

POST JOB CRANE INSPECTION REPORT

	Item	Date	Pass	Fail	N/A	Date	Pass	Fail	N/A
7.	Hydraulics	Date	1 033			Date			П
- '-	A. Hydraulic Oil Leaks		H	H			H	H	
	B. Corrosion, Rust Damage to Components			H			H	H	H
	C. Hydraulic Swivel Operation/Leaks			H			Ħ	Ħ	
	D. Hydraulic Hoses			H			Ħ	H	
	Weathering or Brittleness						H	H	
	Corroded/Rusted Fittings							H	
	Worn or Rotted Outer Covering		H	H	H		H	H	
	Exposed, Corroded, or Broken Braiding		H	H	H		H	H	$\vdash \vdash$
	E. Pull Test/Bleed Down		H	H	H		H	H	H
	Boom Hoist/Cylinder Holds 100%		 	H	H		H	H	
	Load Hoist Holds 100%			H			H	H	片片
	Auxiliary Hoist Holds 100%		 	H	H		H		
8.	Ballring Inspection (If Equipped)		 	 			++	H	岩
0.	A. Condition of Bolts (no excessive corrosion)		H	\vdash			H	H	-H
	B. All Bolts Tight		 	 	\vdash		H	H	
			 	 			H	H	-
	C. Washer Condition (no broken washers)		ᅡ	⊢∺		1	片	片	片
	D. Ballring Properly Greased (date of service)			片片	片片		片片	 	片片
	E. Metal/Foreign Particles In Grease			片片	\vdash		片片	 	片片
_	F. Ballring Operation		ᅡ	┝┼┼	┝┼┤	1	片	片	
9.	Load Block & Hook Inspection			片片			片片	 	片片
	A. Positive – Double Acting Safety Latch		H				 		井
	B. Thrust Bearing Condition, Play, Lubrication		 	 				H	- $ otherwise$
	C. Shieve Bearing Condition, Play, Lubrication		 	 	\vdash			H	
	D. Shieve Grooves Satisfactory		<u> </u>				⊢⊢	⊢⊢	
	E. Hook Opening Less Than 15%		<u> </u>				님	⊢⊢	
	F. Hook Twist Less Than 10%		<u> </u>				⊢⊢	⊢⊢	
	G. Wedge Socket		닏	닏			닏	닏	Щ.
	Properly Arranged On Cable			<u> </u>			$\vdash \sqcup$	<u> </u>	Щ
	Safety Loop		Ш					Ш	Щ
	Cable Clamp Quantity & Installation			<u> </u>			Щ_	Ц	Щ
10.	Auxiliary (Overhaul) Block			Щ					
	A. Positive – Double Acting Safety Latch			<u> </u>			Ц_		Щ.
	B. Thrust Bearing Condition, Play, Lubrication			Щ					
	C. Hook Opening Less Than 15%								
	D. Hook Twist Less Than 10%			Ш					
	E. Wedge Socket			Ш				Ш	Щ
	Properly Arranged On Cable								
	Safety Loop								
	 Cable Clamp Quantity & Installation 								
11.	Structural								
	A. Pedestal								
	Straight, No Corrosion, No Cracked Welds								
	B. Boom								
	Straight (Examine Telescoping Booms Fully								
	Extended)								
	No Excessive Corrosion/Rust								
	No Cracked Welds								
	Chord Damage (Lattice Booms)								
	Lattice Damage (Lattice Booms - 1 Bent Lattice per								
	10' Allowable Provided No Chord Damage Exists)								
	C. Upper Works								
	No Excessive Corrosion/Rust								
	No Cracked Welds								
					-				
						<u></u>			

STANDARD CORPORATE FORM

SCF-032

POST JOB CRANE INSPECTION REPORT

	Item	Date	Pass	Fail	N/A	Date	Pass	Fail	N/A	
12.	Safety Systems & Load Indicators									
	A. Anti Two Blocking Device – Load Block (must stop winch from pulling)									
	B. Anti Two Blocking Device – Auxiliary Block (must stop winch from pulling)									
	C. High Boom Angle Kick Out (Lattice Boom)									
	D. Boom Mounted Angle Indicator									
	E. Load Cell/Weight Indicator – Load Block									
	F. Load Cell/Weight Indicator – Auxiliary Block									
	F. Load Chart									
	Permanently Mounted & Readable									
	Specifies Correct Crane Make & Model									
	Chart For Correct Boom Length									
	Specifies Wire Rope Size/Construction									
	Specifies Parts of Line									
	Includes Dynamic & Static Load Charts									
	G. A2B Solar Panel And Battery									
	General									
	A. Wire Rope Free of Corrosion, Broken Wires, Distortion									
	B. Sheaves & Pivot Pins Greased									
	C. Sheave Grooves Satisfactory									
	D. Sheave Clearance/Wear									
	E. Brake Test Satisfactory (with Brake Valves Installed)									
	F. Hoists & Swing Gearboxes - Oil Levels									
	G. Approved/Inspected Fire Extinguisher									
	H. Hand Signal Chart Displayed									
	I. Bright Green Vest For Use Near Heliports									
	I. Bright Green Vest For Use Near Heliports									
#	Description of Deficiency									
	1									
	Inspected By (Signature)		Date			Quality		Date		
	Operations Manager (Signature)		Date			Traffic		Date		

STANDARD CORPORATE FORM

SCF-033

VESSEL BIWEEKLY CRANE INSPECTION REPORT

This form is to be completed every two weeks by a Qualified Inspector, reviewed by the Captain, and submitted to the appropriate Maintenance Manager. The Maintenance Manager shall forward one copy of the completed report to the Division Quality Assurance Department.

Vessel:				Crane Make/Model:			S/N:							
In	spected By	:				Date:								
Engine Inspection	Good	Bad	N/A	Load Hoist	Good	Bad	N/A	Auxiliary Hoist	Good	Bad	N/A			
Oil Pressure				Load Winch Bolts				Aux. Winch Bolts						
Oil Level				Load Winch Oil Level				Aux. Winch Oil Level						
Oil Filter				Drum				Drum						
Fuel Filter				Brake				Brake						
Water Temperature				Motor				Motor						
Radiator Condition				Sheaves				Sheaves						
Throttle				Wire Rope				Wire Rope						
Engine Mounts				Dead End Connection				Dead End Connection						
Starting System				Pressure				Pressure						
Shutdown System			П	Control Valve	П	П	П	Control Valve			ĪΠ			
Structural Inspection				Hoses and Fittings		П	П	Hoses and Fittings						
Pedestal				Leaks			П	Leaks						
Swing Bearing (Rotek)		П		Load Block	一百	П		Aux. Block						
Boom Tip			Ē	Load Block Latch		Ē		Aux. Block Latch			TH			
Boom Heel			П	Anti-Two Block System		П		Anti-Two Block System			TH			
Heel Pins				All Fittings Greased				All Fittings Greased						
Intermediate Boom Sections				Swing System	<u> </u>		<u> </u>	Indicators and Charts						
Cab Condition				Swing Motor Bolts				Load Chart						
Sheave Pins				Swing Motor Adjust				Load Indicator - Main						
Welds				Swing Bull Gear				Load Indicator Leaks						
Paint				Swing Pinion Gear				Load Indicator - Aux						
All Fittings Greased				Swing Motor Bolts				Load Indicator Leaks						
Boom Hoist				Chain Tension/Lube				Boom Angle Indicator						
Boom Winch Bolts				Pressure				Hand Signal Chart						
Boom Winch Oil Level				Control Valve										
Cylinder Pins				Hoses and Fittings										
Piston Seals				Leaks										
Brake				Swing Brake/Lock										
Motor				All Fittings Greased			П							
Sheaves					<u> </u>									
Pendent Lines				Comments:										
Boom Lock														
Boom Limit Device														
Pressure			Ц											
Hoses and Fittings			 	Inspector Signature:										
Leaks			$\vdash \vdash \vdash$											
All Fittings Greased				Captain Signature:										

STANDARD CORPORATE FORM

SCF-034

OVERHEAD CRANE AND HOIST DAILY CHECKLIST

Date: Facility: nspected By:	Model: Manufacturer Name: Serial Number:								
Mark the following boxes with an "S" (Satisfactory) or "U" (Unsatisfactory). Explain all U's in Comments.									
СНЕСК	SUN	MON	TUE	WED	THU	FRI	SAT		
Pendant									
Hooks and Safety Latch									
Rope Condition									
Bridge Travel									
Upper Block									
Lower Block									
Motor Brake Operation									
Load Brake Operation									
Control Functions									
Warning Horn and Lights									
Frolley Travel									
Load Attachment									
Chains									
Clevis									
Safety Devices									
Oil Level									
Grease Fittings									
Rail Stop									
Rail Hangers (if applicable)									
Rail Level (if applicable)									
Bearings and rollers									
Sprockets and gears									
INITIALS									
Comments:									
Facility Manager Signature:									

STANDARD CORPORATE FORM

SCF-035

HSEQ-MS REVISION LOG

Date	HSEQ-MS ID	Title	Rev#	Revision Description
				•

STANDARD CORPORATE FORM

SCF-036

FORKLIFT OPERATIONS AUTHORIZATION

Facility/Location:	
By signing this document, I, employees to operate the forklifts at	, authorize the below listed my facility.
Please print so names are legible.	
Name	Type & Model of Forklift Qualified to Drive
Signea:	_ Date:
Authorization should be undated no	riodically and nosted in a consnicuous location

STANDARD CORPORATE FORM

SCF-037

FORKLIFT PRE-USE INSPECTION

Check each of the following items before the start of each shift.	Let your Supervisor know of any problems.
Truck Serial Number:	Hour meter reading:

	1	1		1	1
Check	Good	Repair	Check	Good	Repair
Tires			Seatbelts (If included)		
Tire wear, splitting or missing material			In working condition		
Rim condition			Energy System		
Tight wheel nuts			Battery Powered Forklift		
Separation of rubber and rim		H	Battery mounting secure		
Tire pressure (if pneumatic tires are			battery mounting secure		
used)			Battery casing in good shape		
Proper tires used for forklift and		ш	battery casing in good snape		
			All connections secure		
surfaces	Ш	Ш			
Cylinders and Hydraulic Lines			Proper fluid levels		
Hydraulic fluid level:			Vent holes are clear		Ш
Damage or fluid leakage from lift and	_				
tilt cylinders			Gas, Propane or Diesel Fueled Forklift		
Mounting hardware on cylinders is		_			
secure	Ш		All valves and couplings		
			Fuel tanks (cracks, broken welds or		
Hydraulic lines			other damage)		
Hoses			Mounting hardware is secure		
Secure connections at fittings			Carriage, Mast and Backrest		
Engine			Visible damage		
Engine has no loose or frayed wiring			Secure mountings		
Air filter		ΙĦ	Broken welds		ΙĦ
Oil filter		ΙĦ	Roller tracks are lubricated		ΙĦ
Proper oil level:		ΙH	Gauges (Start forklift and check):		Ш
Transmission fluid			dauges (Start for klift and theck).		
level:			Caugagawankannananka		
		\vdash	Gauges work properly		
Radiator fluid level:			Indicators work properly		
			Moving parts work smoothly and		
No visible leaks under forklift	Ш	Ш	properly	Ш	Ш
Horns, Lights and Alarms			Mast and Tilt Cylinders		
			Lift carriage to max. height and lower		
Horns work properly	Ш		carriage to floor		
			Carriage moves smoothly and		
Strobe light			completely		
			Accelerator, Transmission and		
Lights work properly			Service Brake		
Reverse alarm and light			Release parking brake and check:		
Guards			Forklift accelerates smoothly		
			Brakes slow forklift without jerking or		
No broken welds			locking		ΙП
Mounted securely			Brakes are not too soft		l H
No visible damage		ΙĦ	Forklift moves forward properly		l H
Forks			Forklift moves lockward properly		
FUIKS			Backup signal sounds when moving in		
Fortre are contared an appliage					
Forks are centered on carriage			reverse	\Box	Ш
Forks are equally spaced		ᅵ片	Steering		
Forks have no cracks or other damage	l	l ∐	Steering wheel turns while stopped	l	▎▕▏
Forks are right for the job	l	l	Steering wheel turns while moving	l ∐	l
Locking pins work correctly			Steering wheel turns forklift smoothly		
Parking Brakes			Specification Plate		
Parking brake prevents movement			Identification plate is readable		

STANDARD CORPORATE FORM

SCF-037

FORKLIFT PRE-USE INSPECTION

Additional Comments:	
Operator Signature:	Date:
	D .
Supervisor Signature:	Date:

STANDARD CORPORATE FORM

SCF-038

SPECIFIC LOCKOUT/TAGOUT PLAN

Equipment, Machinery or Process:		
Lock Out Procedure Number:		
Date Approved/Implemented:		
NOTE: Required for all equipment, mach 1910.147(c)(4)(i) (in the U.S.).	hinery and/or processes that fails to meet	t the exceptions noted in 29 CFR
The purpose of this specific procedure is to	protect the life and limb(s) of the employee	s of:
NOTE: Failure to comply with these proced	dures will result in disciplinary action and ma	ay result in employee discharge.
Type(s) and magnitude(s) of energy and ha	azards:	
Name(s)/job title(s) of employees authoriz Name	zed to lock out/tag out: TITLE	
Name		
		<u> </u>
		_
Name(s) job title(s) of affected employees a	and how to notify:	
Name	TITLE	HOW TO NOTIFY
Type(s) and location of energy isolating me	eans:	
Type(s) of stored energy – methods to dissi	ipate or restrain:	
Mathed (2) and a tool (2) a landar to an addition		
Method(s) selected (i.e. locks, tags, addition	iai saiety measures, etc. J:	
-		
Type(s) of equipment checked to ensure dia	sconnection:	
Typo(c) of equipment encounce to encoure an		
Name(s)/job title(s) of employees authoriz	ed for group lock out or tag out:	
Special precautions not noted above (i.e. fir	re hazards, chemical reactions, required cool	down periods, etc.):

STANDARD CORPORATE FORM

SCF-039

ENERGY ISOLATION PERMIT

Instructions

- 1. This form shall govern ALL Lock Out/Tag Out (LOTO) process evolutions.
- 2. The Onsite Lead Supervisor or his Designee PRIOR to the start of any work requiring LOTO procedures shall complete this form.
- 3. All potentially affected personnel shall be identified and shall receive a full briefing of all pertinent information regarding the LOTO procedure AND the proposed activity.
- 4. A copy of the completed form shall be posted in the immediate area of the work.
- 5. Any personnel (specifically including the Onsite Lead Supervisors) with duties identified in this evolution shall not leave the location without formally transferring their assigned responsibilities to a designated relief person.
- 6. The Onsite Lead Supervisor shall review this evolution periodically during the work [at a minimum of one (1) review at the end of each work day or rotation].
- 7. The Onsite Lead Supervisor shall maintain responsibility for this evolution until the work is concluded and the locked out device/equipment has been fully restored to service.
- 8. The completed form shall be maintained on file for record keeping and auditing purposes.

Vessel/Facility:	Location:		Date:
Customer:	Customer Representative:		
Captain/Supervisor:	LOTO Performed By:		Position:
Equipment Being Removed From Service:		Location:	
Activity Requiring LOTO Procedure:			Estimated Completion
(crane repair, wiring repair, etc.)		Date:	Time:

STEP 1: INITIAL ITEMS AS COMPLETED (REQUIRED)						
1. Affected Personnel Notified*	5. Isolation Devices Locked/Tagged	9. Vents and Drains Closed/Secured				
2. Proper PPE In Use**	6. Valves Closed and Flanged/Capped	10. Switches/Controls In Neutral/Off				
3. Potential Energy Sources Identified	7. Equipment and Piping Pressure Relieved	11. Equipment De-energized				
4. Isolation Devices Listed and Identified	8. Moving Parts Locked Down	12. Isolation Function Tested				

STEP 2: IDENTIFY ISOLATION DEVICES AND MEASURES - PLACE IN SEQUENCE OF USE (USE ADDITIONAL PAGE IF NEEDED)							
INSTALL SEQUENCE	EQUIPMENT LOCKED OUT	LOTO DEVICE USED	ID NUMBER	LOCATION	INSTALLER		
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.					ļ		

STANDARD CORPORATE FORM

SCF-039

ENERGY ISOLATION PERMIT

STEP 3: IDENTIFY STEPS TO RESTORE SYSTEM TO SERVICE (SHOULD BE THE REVERSE SEQUENCE OF STEP 2)								
UNINSTALL SEQUENCE	EQUIPMENT LOCKED OUT	LOTO DEVICE USED	ID NUMBER	REMOVED BY	APPROVED BY			
10.								
9.								
8.								
7.								
6.								
5.								
4.								
3.								
2.								
1.								

* AFFECTED PERSONNEL	SIGNATURE	** PPE IDENTIFIED		TRANSFER OF CUSTODY	
			Hard Hat	Date:	Time:
			Eye Protection	Transfe	rred From
			Hearing Protection	Print Name:	
			Respiratory Protection	Signature:	
			Fall Protection	Transferred To	
			Personal Flotation	Print Name:	
			Hand Protection	C:t	
			NORM/Corrosives	Signature:	

STANDARD CORPORATE FORM

SCF-040

PERIODIC INSPECTION OF THE ENERGY CONTROL PROCEDURES

Date of Evalu	iation:		Evaluation made by:	
	cy has been reviewed: n General Policy:	Yes 🗌	No 🗌	
Employees ir	ncluded in inspection:			
and the assoc	cupational injuries and illne	injury/illness		
The following	(A Form 301 or equivalent) g injuries resulted from Loc procedures shall be review	kout/Tagout:		No 🗌
Equipment o	n which energy control pro	cedure was b	eing utilized:	
The following	g specific procedures were	modified or a	dded:	
Comments:				
Certified				
by:	Signature		Title	Date

STANDARD CORPORATE FORM

SCF-041

MEDICAL HISTORY & AUTHORIZATION FORM

Physical Address:	Last Name:	First Name: Dat					Oate Co	mpleted:	
Company Information	Physical Address:	City	:	County:			State:		Zip:
Company Name:	Mailing Address:				City:		State:		Zip:
Company Name:	Home Phone:				Alternate Phone	:			
Company Name:									
Name	Company Information		T				T		
Name:	Company Name:		Company	y Phone	Number:		City/S	State:	
Relationship:	Your Title:		Your Sup	ervisor	:				
Relationship:	Emergency Contact Information								
Personal Information			Relations	ship:			Phon	e Number:	
Male Female Social Security Number: Height: Weight: Blood Type : Last Tetanus Booster: Last TB Test:			ı				1		
Height: Weight: Blood Type: Last Tetanus Booster: Last TB Test:	Personal Information								
Medical History Please check all that apply	Date of Birth:	Age:		□ Ma	le 🗆 Female	Social Se	curity N	lumber:	
High Blood Pressure	Height: Weight:	Blood Ty	pe :		Last Tetanus Boost	er:		Last TB Te	st:
High Blood Pressure									
Broken Bones	Medical History Please check all that ap	ply 🗖 No Mo	edical Prol	olems					
Seizure Hepatitis A Hepatitis B Hepatitis C Other: Drug Allergies				I	□ Asthma	□ Hea	rt Attac	k □ 5	Stroke
Drug Allergies No Known Drug Allergies Penicillin Sulpha lodine Morphine Lidocaine Vour Prescribed Medication (List all medications you are currently taking as well as the strength and frequency you take them.) Medication Name Strength Quantity/Day What Medication Is For Doctor's Name Medication Name Strength What Medication Is For Doctor's Name 1	☐ Broken Bones ☐ Arthriti	s 🗆 (Cancer	1	☐ Heart Disease	□ Mig	raines		Back Problems
No Known Drug Allergies Penicillin Sulpha Iodine Morphine Lidocaine Other: Please List Please Complete Information on Second Page Your Prescribed Medication (List all medications you are currently taking as well as the strength and frequency you take them.) Medication Name Strength Quantity/Day What Medication Is For Doctor's Name 1 2 3 3 4 4 6 6 7 7 8 8 8 8 9 8 9 9 9 9 9 9 9 9 9 9 9 9	☐ Seizure ☐ Hepatitis A ☐ Hep	oatitis B [□ Hepatitis	s C	□ Other:				
No Known Drug Allergies Penicillin Sulpha lodine Morphine Lidocaine Other: Please List Please Complete Information on Second Page Your Prescribed Medication (List all medications you are currently taking as well as the strength and frequency you take them.) Medication Name Strength Quantity/Day What Medication Is For Doctor's Name 1									
Allergies	Drug Allergies								
Please Complete Information on Second Page Your Prescribed Medication List all medications you are currently taking as well as the strength and frequency you take them.) Medication Name Strength Quantity/Day What Medication Is For Doctor's Name 1		cillin	□ Sulpha	١	□ Iodine	□ Mor	phine	_ I	Lidocaine
Your Prescribed Medication (List all medications you are currently taking as well as the strength and frequency you take them.) Medication Name Strength Quantity/Day What Medication Is For Doctor's Name Under the management of the property of the management of t		d Dago							
Medication Name Strength Quantity/Day What Medication Is For Doctor's Name 1	1 lease complete information on secon	iu i age							
1	Your Prescribed Medication (List all	nedications yo	ou are curren	ntly taking	g as well as the strength	n and freque	ncy you ta	ake them.)	
2	Medication Name Strengt	<u>h</u> Qua	ntity/Day		What Medicat	ion Is For		<u>Doc</u>	tor's Name
3 4	1								
4	2			_					
	3								
	4								
	5								

Continue on next page if necessary

STANDARD CORPORATE FORM

SCF-041

MEDICAL HISTORY & AUTHORIZATION FORM

Social History							
Smoke Tobacco? How long?	Chew Tobacco?	How long?	Alcohol?	How long?			
•							
Physician Information							
Name:	City/State:		Phone Number	er:			
Please answer the following questions by marking	ng the appropriate bo	ox.					
Have you had a persistent cough for more than a week? If yes, please explain	□ No □ Yes						
Have you had night sweats that have been unexplained? If yes, please explain	□ No □ Yes						
Have you had a sudden loss in weight for an unknown reason? If yes, please explain	□ No □ Yes						
Have you been to see a physician within the last year? If yes, please explain	□ No □ Yes						
Have you ever had any surgeries?	□ No □ Yes	Type of Surgery?					
Did you have any adverse reactions to the anesthesi during surgery or ever have an adverse reaction afto seeing a dentist? If yes, please explain	a □ No □ Yes er						
Have you given blood within the last year?	□ No □ Yes						
Have you traveled internationally within the last year? If yes, please explain.							
Authorization to Treat in an Emergency							
If I am injured or become ill I give my permission wi treatment or to communicate my information as he			Director to ren	der aid and			
Signature	Date						

STANDARD CORPORATE FORM

SCF-042

	LANYARD INSPECTION							
Location:								
Refer to manufacturer's manual if more detailed task information is required.								
TASKS Satisfactory Unsatisfactory								
Perform inspections	on lanyard							
	osorbing lanyard for broken fibers, frayed edges, y sharp edges, burrs, cracks, or corrosion							
Inspect the connectir	ng hooks for correct operation							
Hook gates must mov	ve freely and lock upon closing							
Ensure adjusters (if p	present) work freely							
Inspect the energy ab	osorber to determine if its been activated							
Ensure energy absor	ber cover is secure and not torn or damaged							
Inspect all identificat	ion and warning labels							
Inspect each system	component or subsystem							
	OVERALL SATISFACTION							
If inspection	or operation reveals a defective condition, remove	from service imi	nediately					
Serial Number	Equipment Descript	ion						
Inspected by:								
Name	Signature	Date						

STANDARD CORPORATE FORM

SCF-043

FULL BODY HARNESS INSPECTION

Location:								
Refer to manufacturer's manual if more detailed task information is required.								
	TASKS	Satisfactory	Unsatisfactory					
Perform inspection	s on full body harness							
	rings, snaps, thimbles, and wear pads. They shall have sharp edges, burrs, cracks, or worn parts.							
Make sure the buck	des work freely							
	ree of frayed or broken fiber, pulled stitches, tears, arns, or discoloration.							
Inspect the webbin object. Look for bro	g by bending and pressing over a 1.5" diameter oken fibers.							
Labels should be pr	resent and fully legible							
Clean with appropr dry area free of che	riate water and soap. Store in a clean, cool, dark, emical fumes.							
	OVERALL SATISFACTION							
If inspection	n or operation reveals a defective condition, remo	ve from service im	nmediately					
Serial Number	Equipment Descri	ption						
Inspected by:								
Name	Signature	Date						

STANDARD CORPORATE FORM

SCF-044

	LIFELINE INSPECTION				
Location:					
Refer to manufacture	r's manual if more detailed task information is require	d.			
	TASKS	Satisfactory	Unsatisfactory		
Perform inspections on lifeline					
Inspect lifeline hardy edges, burrs, cracks,					
Inspect the connectir move freely and lock	ng hooks for correct operation. Hook gates must upon closing.				
	ect the full length for cuts, severe abrasion, wear, or				
	r, or for contact with chemicals				
	ion and warning labels				
Inspect each system	component or subsystem				
	OVERALL SATISFACTION				
If inspection	or operation reveals a defective condition, remove	from service imi	nediately		
Serial Number	Equipment Descript	ion			
Serial Number	Equipment Descript				
Inspected by:					
Name	Signature	Date	:		

STANDARD CORPORATE FORM

SCF-045

TAG LINE INSPECTION

Location:		<u> </u>	
Refer to manufactur	er's manual if more detailed task informati	ion is required.	
	TASKS	Satisfactory	Unsatisfactory
Perform inspection	s on tag lines		
	dware for damage, distortion, or have ırrs, cracks or corrosion		
Inspect the connect gates must freely lo	ting hooks for correct operation. Hook ock upon closing.		
	pect the full length for cuts, severe or contact with chemicals		
Inspect all identific	ation and warning labels		
Inspect each syster	n component or subsystem		
If inspection or o	operation reveals a defective condition, r	emove from servi	ice immediately
Serial Number	Equipment De	escription	
	-	-	
Inspected by:			

STANDARD CORPORATE FORM

SCF-046

	Superior Business Unit HSEQ Reference			ive Action		Notes / Action Status / General Comments
Superior Energy Services HSEQ Management System	How the BU will meet or exceeds the requirements of the Superior HSEQ-MS	Gap(s) Identified	Action Plan for Compliance	Responsible Party / Target Date	Action Closure Date	
100 LEADERSHIP & COMMITME	ENT TO HSEQ					
• HSEQ-SESI-PM-101,	•	•	•			
Management System Structure						
• HSEQ-SESI-PM-102, HSEQ	•	•	•			
Policy Statement						
• HSEQ-SESI-PM-103, Goals and	•	•	•			
Objectives						
• HSEQ-SESI-PM-104,	•	•	•			
Organizational Structure						
 HSEQ-SESI-PM-105, RESERVED 	•	•	•			
• HSEQ-SESI-PM-106, HSEQ	•	•	•			
Commitment & Responsibilities						
• HSEQ-SESI-PM-107, Stop	•	•	•			
Work Authority						
• HSEQ-SESI-PM-108,	•	•	•			
Behavioral Based Safety						
HSEQ-SESI-PM-109, Legal &	•	•	•			
Other Requirements						
• HSEQ-SESI-PM-110,	•	•	•			
Applicability to Superior						
Business Units		_				
• HSEQ-SESI-PM-111, SEMS	•	•	•			
200 COMMUNICATIONS						
• HSEQ-SESI-PM-201, Safety	•	•	•			
Meetings						
• HSEQ-SESI-PM-202,	•	•	•			
Orientation						

SESI STANDARD CORPORATE FORM

SCF-046

	Superior Business Unit HSEQ Reference		Corrective Action			
Superior Energy Services HSEQ Management System	How the BU will meet or exceeds the requirements of the Superior HSEQ-MS	Gap(s) Identified	Action Plan for Compliance	Responsible Party / Target Date	Action Closure Date	Notes / Action Status / General Comments
HSEQ-SESI-PM-203, HSEQ	•	•	•			
Training						
• HSEQ-SESI-PM-204, Worksite Coordination	•	•	•			
• HSEQ-SESI-PM-205,	•	•	•			
Contractor, Subcontractor, &						
Visitor Management Plan						
• HSEQ-SESI-PM-206,	•	•	•			
Disciplinary Program						
HSEQ-SESI-PM-207, Short	•	•	•			
Service Employees (SSE)						
300 HAZARD CONTROL			T	l .		
HSEQ-SESI-PM-301, Hazard	•	•	•			
Identification & Risk						
Assessment	-	_	_			
HSEQ-SESI-PM-302, Job Safety Analysis	•	•	•			
400 INCIDENT REPORTING & IN	 VESTICATION					
		_		<u> </u>		
HSEQ-SESI-PM-401, Incident Reporting & Notification	•	•	•			
HSEQ-SESI-PM-402, Injured /	•	•	•			
Ill Employee Care & Case						
Management						
HSEQ-SESI-PM-403, Incident	•	•	•			
Investigation						
HSEQ-SESI-PM-404, Incident	•	•	•			
Recording						
HSEQ-SESI-PM-405, Fatality &	•	•	•			
Serious Event						

STANDARD CORPORATE FORM

SCF-046

	Superior Business Unit	HSEO Reference	Correct	Corrective Action					
Superior Energy Services HSEQ Management System	How the BU will meet or exceeds the requirements of the Superior HSEQ-MS	Gap(s) Identified	Action Plan for Compliance	Responsible Party / Target Date	Action Closure Date	Notes / Action Status / General Comments			
500 OPERATIONAL CONTROL & SAFE SYSTEMS OF WORK									
HSEQ-SESI-PM-501, Confined Space Entry	•	•	•						
HSEQ-SESI-PM-502, Crane Operations & Inspection	•	•	•						
HSEQ-SESI-PM-503, Perforating Operations	•	•	•						
HSEQ-SESI-PM-504, Forklifts / Mobile Equipment	•	•	•						
HSEQ-SESI-PM-505, Hand and Power Tools	•	•	•						
• HSEQ-SESI-PM-506, Hot Work	•	•	•						
HSEQ-SESI-PM-507, Rigging	•	•	•						
HSEQ-SESI-PM-508, Vehicle Operation Standards & Safe Practices	•	•	•						
HSEQ-SESI-PM-509, Ladders	•	•	•						
HSEQ-SESI-PM-510, Scaffolds	•	•	•						
HSEQ-SESI-PM-511, Compressed Gas Cylinders	•	•	•						
HSEQ-SESI-PM-512, Welding, Cutting, Brazing & Burning	•	•	•						
HSEQ-SESI-PM-513, Mechanical & Operational Integrity Principles	•	•	•						
HSEQ-SESI-PM-514, Offshore Safety	•	•	•						

STANDARD CORPORATE FORM

SCF-046

	Superior Business Unit HSEQ Reference	oronco	Corrective Action			
Superior Energy Services HSEQ Management System	Superior Energy Services How the Bill will most or	Gap(s) Identified	Action Plan for Compliance	Responsible Party / Target Date	Action Closure Date	Notes / Action Status / General Comments
HSEQ-SESI-PM-515, Electrical Safety	•	•	•			
HSEQ-SESI-PM-516, Assured Grounding	•	•	•			
• HSEQ-SESI-PM-517, Lockout / Tagout	•	•	•			
• HSEQ-SESI-PM-518, Machine Guarding	•	•	•			
• HSEQ-SESI-PM-519, Excavations	•	•	•			
 HSEQ-SESI-PM-520, Employee Right to Know – Hazard Communication 	•	•	•			
• HSEQ-SESI-PM-521, Hydrogen Sulfide (H ₂ S)	•	•	•			
 HSEQ-SESI-PM-522, Benzene 	•	•	•			
 HSEQ-SESI-PM-523, Gas Hazards 	•	•	•			
600 EMERGENCY PREPAREDNE	SS					
• HSEQ-SESI-PM-601, Emergency Preparedness & Response	•	•	•			
• HSEQ-SESI-PM-602, Fire Safety	•	•	•			
700 PERSONNEL WORK APPAR	EL & PROTECTIVE EQUIPM	ENT				
HSEQ-SESI-PM-701, Personal Protective Equipment	•	•	•			
HSEQ-SESI-PM-702, Fall Protection	•	•	•			

STANDARD CORPORATE FORM

SCF-046

	Superior Business Unit HSEQ Reference	anca	Corrective Action			
Superior Energy Services HSEQ Management System	How the BU will meet or exceeds the requirements of the Superior HSEQ-MS	Gap(s) Identified	Action Plan for Compliance	Responsible Party / Target Date	Action Closure Date	Notes / Action Status / General Comments
• HSEQ-SESI-PM-703,	•	•	•			
Respiratory Protection						
800 OCCUPATIONAL HEALTH C	CONTROL					
• HSEQ-SESI-PM-801, Bloodborne Pathogens	•	•	•			
• HSEQ-SESI-PM-802, Hearing Conservation	•	•	•			
HSEQ-SESI-PM-803, Manual Lifting	•	•	•			
HSEQ-SESI-PM-804, Office Safety	•	•	•			
HSEQ-SESI-PM-805, Fatigue	•	•	•			
HSEQ-SESI-PM-806, Heat Stress	•	•	•			
HSEQ-SESI-PM-807, Drug, Alcohol & Contraband	•	•	•			
HSEQ-SESI-PM-808, First Aid & Medical Treatment	•	•	•			
• HSEQ-SESI-PM-809, RESERVED	•	•	•			
HSEQ-SESI-PM-810, Malaria	•	•	•			
HSEQ-SESI-PM-811, Fit For Duty	•	•	•			
900 ENVIRONMENT PROTECTION	ON					
HSEQ-SESI-PM-901, Waste Management	•	•	•			
HSEQ-SESI-PM-902, Water Pollution Prevention	•	•	•			

SESI STANDARD CORPORATE FORM

SCF-046

	Superior Business Unit HSEQ Reference How the BU will meet or exceeds the requirements of the Superior HSEQ-MS	Gap(s) Identified	Corrective Action			
Superior Energy Services HSEQ Management System			Action Plan for Compliance	Responsible Party / Target Date	Action Closure Date	Notes / Action Status / General Comments
HSEQ-SESI-PM-903, Air	•	•	•			
Pollution Prevention						
HSEQ-SESI-PM-904, Spill Prevention	•	•	•			
HSEQ-SESI-PM-905, Chemical	•	•	•			
Inventory & Reporting						
• HSEQ-SESI-PM-906,	•	•	•			
Environmental Site						
Assessments – New Facilities						
• HSEQ-SESI-PM-907, Disposal	•	•	•			
Well Environment						
1000 AUDITS, INSPECTIONS, MI	EASUREMENTS & IMPROVE	CMENT				
• HSEQ-SESI-PM-1001, Internal	•	•	•			
Audit						
HSEQ-SESI-PM-1002, External	•	•	•			
Audit						
• HSEQ-SESI-PM-1003,	•	•	•			
Nonconformity, Corrective &						
Preventive Actions						
HSEQ-SESI-PM-1004, Performance Measurement	•	•	•			
1100 QUALITY & SYSTEM CONTROLS						
HSEQ-SESI-PM-1101, Control SEQ-SESI-PM-1101, Control SESI-PM-1101, Control SESI	•	•	•			
of HSEQ Management System Documents						
HSEQ-SESI-PM-1102,	•	•	•			
Management of Change	-	-				
• HSEQ-SESI-PM-1103,	•	•	•			
Management Review						

STANDARD CORPORATE FORM

SESI

SCF-046

	Superior Business Unit HSEQ Reference	Gap(s) Identified	Corrective Action			
Superior Energy Services HSEQ Management System	How the BU will meet or exceeds the requirements of the Superior HSEQ-MS		Action Plan for Compliance	Responsible Party / Target Date	Action Closure Date	Notes / Action Status / General Comments
• HSEQ-SESI-PM-1104, HSEQ	•	•	•			
Record Management &						
Retention						
• HSEQ-SESI-PM-1105,	•	•	•			
Operational Control						
HSEQ-SESI-PM-1106, System	•	•	•			
Compliance						

STANDARD CORPORATE FORM

SCF-047

SELF-LOCKING CARABINERS INSPECTION

Location:				
Refer to manufactur	er's manual if more detailed task informat	ion is required.		
	TASKS	Satisfactory	Unsatisfactory	
Perform inspections on self-locking carabiners				
Inspect the carabiners for damage, distortion, or have any sharp edges, burrs, cracks, or corrosion				
Inspect the carabiner close and engage nos	s for correct operation. Gates must fully e of hooks.			
Hook gates must move freely and lock upon closing				
Inspect each system component or subsystem				
OVERALL SATISFACTION				
If inspection of	r operation reveals a defective condition, re	emove from service	eimmediately	
Serial Number	Serial Number Equipment Description			
Inspected by:				
Name	Signature	Da	ite	

STANDARD CORPORATE FORM

SCF-048

SRL INSPECTION

Location:		_	
Refer to manufactur	er's manual if more detailed task informati	ion is required.	
	TASKS	Satisfactory	Unsatisfactory
Perform inspections	on webbed SRLs		
Inspect for loose and	bent or damaged parts		
Inspect housing for d	listortion, cracks, or other damages		
Lifeline must extend	and retract fully		
	locks up when lifeline is jerked sharply. ositive with no slipping.		
Labels should be pre	sent and fully legible		
Look for signs of cor	rosion on entire unit		
Inspect the lifeline fo	r cuts, burns, chemical contact areas		
Inspect connecting h corrosion, and gener	ooks or carabiners for signs of damage, al condition		
Inspect the lifeline pa	ayout		
	dicator. If the stitched loop of the web ok, SRL should be removed from service.		
	OVERALL SATISFACTION		
If inspection or o	operation reveals a defective condition, r	emove from servi	ce immediately
Serial Number	Equipment De	escription	
Inspected by:			
mopected by.			
Name	Signature	Dat	te

STANDARD CORPORATE FORM

SCF-049

SRL SEALED UNIT INSPECTION

Location:		_			
Refer to manufacture	r's manual if more detailed task informati TASKS	-	Unactiofostowy		
Perform inspection on		Satisfactory	Unsatisfactory		
Inspect for loose, bent					
-	stortion, cracks, or other damage				
Lifeline must extend a					
	ocks up when lifeline is jerked sharply.				
Labels should be prese	ent and fully legible				
Look for signs of corro	osion on entire unit				
Inspect the lifeline for	cuts, burns, and chemical contact areas				
Inspect connecting hocorrosion, and general	oks or carabiners for signs of damage, I condition				
Inspect the lifeline pay	out .				
	for distortion or other damages; crank arm ank arm with ease and push button should				
	te freely when engaging/disengaging. Ring pring back when released.				
Inspect retrieval mode	e for proper operation				
Retrieval ratchet shiel	d should be secure and not deformed				
	icator, if the stitched loop of the web a. SRL should be removed from service.				
	OVERALL SATISFACTION				
If inspection or o	peration reveals a defective condition, r	emove from servi	ce immediately		
Serial Number	Serial Number Equipment Description				
Serial Hamber	<u> </u>	, our ip tion			
Inspected by:					
Name	Signature	Da	te		

STANDARD CORPORATE FORM

SCF-050

RESCUE / POSITIONING DEVICE INSPECTION

Location:					
Refer to manufacturer's manual if more detailed task information is required.					
	TASKS	Satisfactory	Unsatisfactory		
Perform inspection or	rescue-positioning device				
Inspect for loose screv	ws and bent or damaged parts				
Inspect housing for di	stortion, cracks, or other damage				
Inspect the ropes for owith chemicals	cuts, severe abrasion, wear and for contact				
Inspect the compressi	on sleeves on both ends of the rope				
Check the pulleys for a	any sign of wear or strain				
Test the unit over spe	ed protection				
Inspect all identification	on and warning labels				
Operate the system in	both directions				
Inspect each system c	omponent or subsystem				
	OVERALL SATISFACTION				
If inspection or o	peration reveals a defective condition, r	emove from servi	ce immediately		
Serial Number	Equipment De	escription			
	L				
Inspected by:					
Name	Signature	Dar	te		

STANDARD CORPORATE FORM

SCF-051

FALL PROTECTION RESCUE PLAN

Location/Vessel:	Date:	Time:	□АМ □РМ
Supervisor:	PSL Division:		
Customer:	Well Number:		
Work Being Performed:			
Pre-Job Hazard Assessment Performed by	Crew: Yes No		
Hazards (List)			
Fall Protection to be used (List)			
Self-rescue	☐ Single Person Rescue	Multij	ole Person Rescue
Procedures Required for Rescue:			
Equipment Required for Rescue:			
Emergency Phone Numbers:			
Name (Print)	Members of Work Team:	Signatur	10
		Signatui	

NOTE: Rescue procedures should include the following contingency-based items:

- 1. Rescue should be accomplished within 15 minutes or less.
- If self-rescue is impossible, or if rescue cannot be performed promptly, the employee should use the suspension trauma straps (hook and loop) attached to the harness to reduce the risk of Venous Pooling (blood clotting).
- $3. \quad \textit{Continuous monitoring of the employee for signs and symptoms of orthostatic intolerance and suspension trauma.}$

Definitions:

Orthostatic Intolerance The development of symptoms such as light-headedness, poor concentration, fatigue, nausea, dizziness,

headache, sweating and weakness.

<u>Suspension Trauma</u> Prolonged time the suspended employee is immobile and the level of venous pooling. The resulting

orthostatic intolerance may lead to death.

STANDARD CORPORATE FORM

SCF-052

AUDIT DOCUMENT REQUEST

Fasilita / Massal	De soon out De soo et Dete	
Facility / Vessel:	Document Request Date:	

Item	Description	Document Requested	Date Range (Sample)
HSEQ-SESI-SCF-001	Chemical Inventory		
HSEQ-SESI-SCF-002	Corrective Action List		
HSEQ-SESI-SCF-003	Training Record		
HSEQ-SESI-SCF-004	Daily Safety Meeting Record		
HSEQ-SESI-SCF-005	Monthly Safety Meeting Record		
HSEQ-SESI-SCF-006	Job Safety Analysis		
HSEQ-SESI-SCF-007	Hot Work Permit		
HSEQ-SESI-SCF-008	Job Skills Verification		
HSEQ-SESI-SCF-009	Management of Change – Deviation		
HSEQ-SESI-SCF-010	Management of Change - Request		
HSEQ-SESI-SCF-011	Records List		
HSEQ-SESI-SCF-012	Incident Investigation Report		
HSEQ-SESI-SCF-013	Hepatitis B Vaccine Declination		
HSEQ-SESI-SCF-014	Injury / Illness Incident Report		
HSEQ-SESI-SCF-015	Motor Vehicle Incident Report		
HSEQ-SESI-SCF-016	Near Miss – Unsafe Act – Unsafe Condition Report		
HSEQ-SESI-SCF-017	Environmental – Property Incident Report		
HSEQ-SESI-SCF-018	Third Party Incident Report		
HSEQ-SESI-SCF-019	Medical Information		
HSEQ-SESI-SCF-020	Preferred Medical Provider Agreement		
HSEQ-SESI-SCF-021	Respiratory Protection Hazard Evaluation Profile		
HSEQ-SESI-SCF-022	Hazard Register		
HSEQ-SESI-SCF-023	Cartridge Change Out Schedule		

STANDARD CORPORATE FORM

SCF-052

AUDIT DOCUMENT REQUEST

Item	Description	Document Requested	Date Range (Sample)
HSEQ-SESI-SCF-024	Training Matrix		
HSEQ-SESI-SCF-025	Contractor Short Service Employee		
HSEQ-SESI-SCF-026	Transitional Duty Agreement		
HSEQ-SESI-SCF-027	Transitional Duty - Extension Request		
HSEQ-SESI-SCF-028	Respiratory Fit Test Record		
HSEQ-SESI-SCF-029	Confined Space Entry Permit		
HSEQ-SESI-SCF-030	Mobile Crane Daily Checklist		
HSEQ-SESI-SCF-031	Pre-Use Crane Inspection report		
HSEQ-SESI-SCF-032	Post Job Crane Inspection Report		
HSEQ-SESI-SCF-033	Vessel Biweekly Crane Inspection Report		
HSEQ-SESI-SCF-034	Overhead Crane and Hoist Daily Checklist		
HSEQ-SESI-SCF-035	RESERVED		
HSEQ-SESI-SCF-036	Forklift Operations Authorization		
HSEQ-SESI-SCF-037	Forklift Pre-Use Inspection		
HSEQ-SESI-SCF-038	Lockout / Tagout		
HSEQ-SESI-SCF-039	Energy Isolation Permit		
HSEQ-SESI-SCF-040	Periodic Inspection of the Energy Control Procedures		
HSEQ-SESI-SCF-041	RESERVED		
HSEQ-SESI-SCF-042	Lanyard Inspection		
HSEQ-SESI-SCF-043	Full Body Harness Inspection		
HSEQ-SESI-SCF-044	Lifeline Inspection		
HSEQ-SESI-SCF-045	Tag Line Inspection		
HSEQ-SESI-SCF-046	RESERVED		
HSEQ-SESI-SCF-047	Self-Locking Caribiners Inspection		
HSEQ-SESI-SCF-048	SRL Inspection		

STANDARD CORPORATE FORM

SCF-052

AUDIT DOCUMENT REQUEST

Item	Description	Document Requested	Date Range (Sample)
HSEQ-SESI-SCF-049	SRL Sealed Unit Inspection		
HSEQ-SESI-SCF-050	Rescue/Positioning Device Inspection		
HSEQ-SESI-SCF-051	Fall Protection Rescue Plan		
HSEQ-SESI-SCF-052	Audit Document Request		
HSEQ-SESI-SCF-053	Audit Attendance Record		
HSEQ-SESI-SCF-054	Audit Addendum Sheet		
HSEQ-SESI-SCF-055	Audit Setup Worksheet		
HSEQ-SESI-SCF-056	Audit Opening Conference Record		
HSEQ-SESI-SCF-057	Audit Closing Conference Record		
HSEQ-SESI-SCF-058	Audit Cover Sheet		
HSEQ-SESI-SCF-059	Audit Template		
HSEQ-SESI-SCF-060	New Facility Environmental Considerations		
HSEQ-SESI-SCF-061	Internal Audit Schedule		
HSEQ-SESI-SCF-062	Pre-Environmental Site Assessment Property Evaluation		
Person(s) Providing	Requested Documentation: Title and Date	Sent	
Name:			
Name:			
Name:			
B . 15	_	_	
Received By:	Da ⁻	te:	

STANDARD CORPORATE FORM

SCF-053

AUDIT ATTENDANCE RECORD

Горіс:	
Conducted by:	
Date:	

Please sign in below verifying you have attended:

No.	EMPLOYEE NAME (PRINT)	SIGNATURE
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		

STANDARD CORPORATE FORM

SCF-054

AUDIT ADDENDUM SHEET

Version	Page Number	Paragraph	Change Description	Approved By	Effective Date

STANDARD CORPORATE FORM

SCF-055

AUDIT SETUP WORKSHEET

This document is designed to prepare the Corporate HSEQ Audit Team and verify all information about a Business Unit prior to beginning a Corporate Compliance Audit.

Business Unit Name:	
Business Unit Location/Division Name:	
List Any Other Business Units at Location:	
Number of Employees at Site:	
Address:	
Phone:	
Management Contact Name:	
Management Contact Phone:	
HSEQ Contact Name:	
HSEQ Contact Phone:	
Occupancy Date (Occupancy Date can be found on the Occupancy License):	
Occupancy Type (Industrial, high hazard industrial, business, service, special purpose, or storage occupancy – type can be found on the Occupancy License):	
Please provide a copy of the Emergency Action P with Assembly Points for this location with this o	
Person Completing Report: Title:	Date:

HSEQ POLICY MANUAL

SCF-056

AUDIT OPENING CONFERENCE RECORD

Loca	ation/Vessel:		Date of Meeti	ng: _	
			Topic(s):		
	Opening Conference Conducted		Introduction of all Team Members		Auditor Provided General Overview Audit Process – Interviews, Documentation, Inspections
	Interview Times Established		Documents Requested Provided		Photograph/Video/Recording Protocol Addresses
	Environmental Concerns Addressed		Confirmation of SWA Procedures Addressed		PPE Requirements in addition to SESI Mandatory Requirements
	Chemical Inventory List Provided By Business Unit		Onsite Hazards and Processes Presented by the Business Unit		Review of Internal Audit (HSEQ- SESI-PM-1001) and External Auidt (HSEQ-SESI-PM-1002) Policies
	Orientation provided by the Business Unit		Lunch time and coordination addressed – lunch delivered?		All team members printed, signed and provided employee ID number
	Environmental Conditions – Hot/Cold		Projected Closing Conference Time/Date/Location Established		Auditors answered Questions from the Business Unit
<u> </u>	EMPLOYEE NAME (PRINT)		SIGNATURE		COMPANY/EMPLOYEE ID
		_		\perp	
		_		+	
				-	
Com	ments or Suggestions:				
Cond	ducted By:				
		_		_	
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HSEQ POLICY MANUAL

SCF-056

AUDIT OPENING CONFERENCE RECORD

Additional Sign-In If Needed

Employee Name (Print)	Signature	Company/Employee ID
_		

HSEQ POLICY MANUAL

SCF-057

AUDIT CLOSING CONFERENCE RECORD

Location/Vessel: Date of Meeting:					
	Topic(s):				
Closing Conference Conducted Introduction of all Team Members Auditor Provided General Overview Documents Requested Returned Stop Work Authority Exercised; Y N Auditor Established Timeline for Rep Auditors Answered Questions for the ALL Team Members Printed, Signed, Tentative Distribution Date of Finalized F Are there follow-up information/ques	port Finalization and Distribution e Business Unit and Provided Employee ID Numbe Report;				
Every overs Navis (Propers)	Crowneype	Corrective (Franciscum ID			
EMPLOYEE NAME (PRINT)	Signature	COMPANY/EMPLOYEE ID			
Comments or Suggestions:					
Conducted By:					

HSEQ POLICY MANUAL

SCF-057

AUDIT CLOSING CONFERENCE RECORD

Additional Sign-In If Needed

Employee Name (Print)	Signature	Company/Employee ID
_		

SCF-058

HSEQ POLICY MANUAL

AUDIT COVER SHEET

Audit Start Date: Audit Review Date:		Audit Completion Date:					
Site Contact Data: Busin	ess Unit:	Phone	::				
Title:	Email:						
	City:		Zip Code:				
Management Contact Na	me:	Phone:_					
Title:	Email:						
Street:	City:	State:	Zip Code:				
HSEQ Contact Name:		Phone: _					
Title:		,					
Street:			Zip Code:				
Audit Data: Company / N	Jame:	Phone					
Title:							
Street:	<u>_</u>		Zip Code:				
Auditor Name:		Phone:					
Title:	Email:						
Street:	City:	State:	Zip Code:				
Title:	Email:						
Street:	City:	State:	Zip Code:				
Received By:	Date:						
Company Representative:		Date:					
Signature of Approval by S	SESI General Manager/Manager:	.	Date:				
Signature of Approval by S	SESI President or Vice President:		Date:				

SCF-058

HSEQ POLICY MANUAL

AUDIT COVER SHEET

		HODI	COVERD	IIDDI		
	Proposed change discusse personnel	d with releva	nt operationa	al 🗆	Persor	nnel Present:
	Response to proposed cha	nges:			Other	change options:
	Employees part of the aud	it:			Intervi sheet.	iew/time: annotate on next
	Employee Name	Purp	Interview	Times	Comments	
1.	Employee nume	Turp	7030	THICH VIEW	IIIICS	Comments
2.						
3.						
4.						
1. 2. 3. 4. 5. 6.						
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7.						
8. 9. 10.						
9.						
10.						
11. 12. 13. 14.						
12.						
13.						
14.						
15.						
	Emergency Evacuation Plan	ı				
Area	Comments	Area	Comr	nents	Area	Comments
Code	Gomments	Code	Goilli		Code	Gommenes

STANDARD CORPORATE FORM

SCF-060

NEW FACILITY ENVIRONMENTAL CONSIDERATIONS

Reviewer (s):		Date:	
		Facility:	
		Location:	
This is for a:			
New Leas	e New Property	Purchase	☐ Facility Addition/Modification

INSTRUCTIONS:

Use this form to guide the evaluation of new properties or facilities for environmental requirements prior to and during the design phase. This form should be completed and distributed as early in the process as possible. Completed forms shall be emailed to the SESI Corporate Director of Environmental Affairs, SESI Corporate Asset Manager and to the HSEQ Director/Manager of the appropriate Business Unit.

NOTE: Certain environmental permits must be obtained or applied for **prior to** construction of the facility or installing the equipment. Prompt completion and distribution of this form will assist in the Company's compliance with those requirements.

PRE-LEASE / PRE-PURCHASE	Yes/No	CONSIDERATIONS	COMMENTS
Has an environmental site assessment (ESA) been performed on this property?		An ESA is required on all properties to be leased or purchased. An ESA performed by or for the property owner or by or for a previous tenant may not be adequate. SESI HSEQ approved consultants should be used to perform ESAs. Contact SESI HSEQ.	
If an ESA was performed, were any recognized environmental conditions (RECs) detected?		All RECs must be responded to. For a leased property, the Landlord will generally be responsible. For a purchased property, it may be Superior or the previous owner depending on terms of the sales contract.	
Does the contract or lease include language that protects the Company from pre-existing environmental conditions?		Contact SESI Legal Department.	
PRE-CONSTRUCTION	Yes/No	CONSIDERATIONS	COMMENTS
Will more than one acre be disturbed (clearing, grading or excavating, for example)?		If so, a stormwater construction permit is required within the U.S ensure that the construction contractor obtains a stormwater permit and that a stormwater pollution prevention plan (SWPPP) is implemented during the construction.	
Are there utility easements?		Pipelines and other utility easements may restrict land use.	

STANDARD CORPORATE FORM

SCF-060

NEW FACILITY ENVIRONMENTAL CONSIDERATIONS

PRE-CONSTRUCTION	Yes/No	CONSIDERATIONS	COMMENTS
Is the location in an area requiring installation of a stormwater detention pond?		Ensure that the property being leased/purchased is adequately sized for the detention pond and all planned operations. Develop procedures for regular detention pond maintenance.	
Will this location house multiple Business Units?		Ensure that HSE managers from each of the Business Units are included in the planning and design stages.	
OPERATIONAL DESIGN	Yes/No	CONSIDERATIONS	COMMENTS
Will the facility operations include spray painting?		An air permit may be required. There may be distance requirements related to the property line and/or off-property buildings, and paint booth stack height requirements.	
Will the facility operations include abrasive blasting?		An air permit may be required. There may be distance requirements related to the property line and/or off-property buildings.	
Will the operations include bulk material handling silos?		An air permit may be required. There may be distance requirements related to the property line and/or off-property buildings.	
Will the operation include a steam cleaning unit?		An air permit may be required. The unit should be separated from fuel tanks and petroleum storage areas.	
Will the operations include petroleum storage in drums or tanks of 55 gallon (200 liters) size or greater?		Within the U.S., a Spill Prevention Control and Countermeasures Plan (SPCC) is required if aggregate storage capacity is >1,320 gals. (5000 liters) Louisiana SPCC regulations also cover certain other liquid chemicals in an aggregate storage capacity of >1,320 gals. or a single container of 660 gal. or more.	
Will the operations include fuel or other chemical storage tanks?		Aboveground storage tank registration may be required, depending on size of tank.	
Will the operations generate industrial waste?		If so, plan for waste storage areas. Incompatible waste materials must be stored separately and ignitable waste must be stored at least 50 feet from any property line. Consideration should be given to whether the location will require registration for an EPA ID Number and/or state ID number.	

STANDARD CORPORATE FORM

SCF-060

NEW FACILITY ENVIRONMENTAL CONSIDERATIONS

OPERATIONAL DESIGN	Yes/No	CONSIDERATIONS	COMMENTS
Will the operations generate industrial wash water?		Facility should be designed to contain wash water to prevent it from flowing directly to the environment. Consider installing a nodischarge recycle unit, or be aware of discharge permitting requirements. Pressure washing or steam cleaning should be performed indoors or means to contain overspray should be implemented. A permit or authorization may be required for discharges to a municipal system.	
Has rainfall (or snowmelt) runoff from the property been considered?		Within the U.S., an industrial stormwater discharge permit may be required for manufacturing facilities and other facilities operating under SICs other than 1389. SIC 1389 facilities are required to have a stormwater permit in certain states, including AR, LA and WY and within OK City and a permit may be required elsewhere if the facility has a history of reportable releases or poses a threat to water quality.	
Has consideration been given to how sanitary waste water will be handled? If so, indicate how it will be handled in the "Comments" section.		A permit will be required for a direct discharge treatment system. A permit will usually be required for an on-site wastewater treatment system (i.e. conventional septic system or aerobic system). On-site systems will often have distance requirements and require testing of the surrounding soils.	
Will the operations require the storage of chemicals in drums, totes or tanks?		If so, NFPA 30 or analogous national codes or State Fire Marshal requirements must be consulted for distances between drums, tanks, property lines, and buildings. For example, incompatible materials must be separated by a distance of at least 25 feet. State Fire Marshall or local Fire Department tank installation, inspection and registration requirements must be determined prior to installation.	
Will the operations use or store radioactive material and/or explosives?		If so, ensure that storage units are built to applicable codes. Ensure that required licenses and/or permits are obtained.	
LOCATION	Yes/No	CONSIDERATIONS	COMMENTS
Proximity to neighbors?		Consider impact of air emissions, odors, runoff, noise and lighting on neighbors.	

STANDARD CORPORATE FORM

SCF-060

NEW FACILITY ENVIRONMENTAL CONSIDERATIONS

LOCATION	Yes/No	CONSIDERATIONS	COMMENTS
Proximity to a water body (stream, lake, ditch, etc.)?		Consider spill potential and stormwater runoff when designing yard layout.	
Is the site in a municipality that has zoning or permitting rules?		There may be restrictions on operations, or a permit may be required.	

STANDARD CORPORATE FORM INTERNAL AUDIT SCHEDULE

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Year:	

Operating Unit/ Division / Location	Audit Type	Audit Personnel	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec

Color Key:

Planned

Complete with Findings



Closed



STANDARD CORPORATE FORM

SCF-062

Instructions:						
Use this form to guide pre-environmental assessment evaluation of properties or sites your business unit is						
considering for lease or purchase. Please fill out this form as completely as possible. E-mail completed forms and attachments to the SESI Director of Environmental Affairs.						
The information on this form will be very helpful in evaluating the environmental condition of the property.						
	Note: Completion of this form may not satisfy <i>all</i> of the requirements of Superior Energy's procedure,					
HSEQ-SESI-PM-906, E	Environn	nental Site Assessments – New Facilities.				
Completed by						
Business Unit						
Date						
General Information	on					
Site Physical Location	n					
Site Mailing Address						
Driving Directions						
Proposed Site Use						
County/Parish/Province	ce	Latitude/Longitude				
Business Unit propos		Lease or Purchase (check one) the site or a portion of the site.				
Business Unit propos Site Owner (name add	es to 🗌	Lease or Purchase (check one) the site or a portion of the site.				
	es to 🗌	Lease or Purchase (check one) the site or a portion of the site.				
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Site Owner (name add An area map with site Area maps can general	dress and location	Lease or Purchase (check one) the site or a portion of the site. d phone number) n indicated is included with this form? Yes or No tained from government agencies; for example in the United States, the USGS				
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STANDARD CORPORATE FORM

SCF-062

SITE FEATURES
Check which of the following features are present at the site:
Check which of the following features are present at the site: Buildings - how many of each: Office Warehouse Covered work areas Storage yard -
SITE SPECIFIC INFORMATION
Obtain a diagram or make a sketch (scaled if possible) of the site or portion of the site the Business Unit proposes to lease or purchase including onsite features indicated in the site features section of this form.
Name of companies or operators on adjacent properties and their activities:
North North
East
South
West Control of the C

STANDARD CORPORATE FORM

SCF-062

STANDARD CORPORATE FORM

SCF-062

Is dead vegetation present? ☐ Yes or ☐ No If yes, list where and probable cause (e.g. seasonal die off, suspected soil contamination, weed control)				
Are there concrete slabs at access points to the site or building? Yes No Not Applicable If yes, examine the areas adjacent to these concrete aprons for staining and dead vegetation. Photograph, add to site diagram and describe (size of area, color, odor, etc.)				
Housekeeping (indoors) ☐ Building ☐ No buildings • Overall:				
o overall.				
Portion of the site to be leased/purchased:				
Housekeeping (outdoors) No storage yard Overall:				
• Overall.				
Portion of the site to be leased/purchased:				

STANDARD CORPORATE FORM

SCF-062

PRE-ENVIRONMENTAL ASSESSMENT PROPERTY/SITE EVALUATION

ATTACH MAPS / DRAWINGS / PHOTOS

STANDARD CORPORATE FORM

SCF-063

GLOBAL HSEQ EXPECTATIONS GAP ASSESSMENT / BRIDGING DOCUMENT

	Superior Business Unit HSEQ Reference How the BU will meet or exceeds the requirements of the Global HSEQ Expectations	Gap(s) Identified	Corrective Action			
Global HSEQ Expectations HSEQ-SESI-GE-002			Action Plan for Compliance	Responsible Party / Target Date	Action Closure Date	Notes / Action Status / General Comments
• 5.1, Leadership & Accountability	•	•	•			
• 5.2, HSEQ Roles & Responsibilities	•	•	•			
• 5.3, Legal & Other Requirements	•	•	•			
• 5.4, Hazard Identification & Risk Assessment	•	•	•			
• 5.5, Performance Goals & Objectives	•	•	•			
• 5.6, Recordkeeping & Document Control	•	•	•			
• 5.7, Employee Training, Competency & Awareness	•	•	•			
• 5.8, Employee Participation & Communication	•	•	•			
• 5.9, Operational Controls & Emergency Preparedness	•	•	•			
• 5.10, Environmental Protection	•	•	•			
• 5.11, Monitoring, Evaluating, Inspecting & Correcting	•	•	•			
• 5.12, Management of Change	•	•	•			
• 5.13, Mechanical & Operational Integrity	•	•	•			
• 5.14, Management Review	•	•	•			
• 6.1, Incident Management	•	•	•			

STANDARD CORPORATE FORM

SCF-064

GENERAL MEETING LOG

☐ Safety Meeting	☐ Quality Meeting	☐ HSE Committee Meeting			
Operations Meeting	☐ Managers' Meeting	☐ Other			
Location/Vessel:	Date o	of Meeting:			
Time Meeting Started:					
	Topic(s):				
Employee Name (Print)	Signature	Company/Division/Location			
	Conducted By:				

STANDARD CORPORATE FORM

SCF-065

MALARIA POLICY ACKNOWLEDGEMENT

With my signature below, I acknowledge that I have read and understand the Superior Energy Services malaria policy, HSEQ-SESI-PM-810, *Malaria* ("Policy").

I understand the purpose of this policy is to mitigate the risk of malaria that could result in serious illness and could potentially be fatal. Therefore, I agree to consult with my respective HSE representative and Superior's Office of the Medical Director and to plan and prepare appropriately according to the Policy before traveling internationally to a potentially malaria endemic area. In addition, pursuant to the Policy, I agree to properly take the appropriate medication prescribed by my physician as clinically directed throughout the duration of, scope of, and post, work/travel as clinically indicated. I will immediately notify my respective HSE representative if I experience symptoms and if noncompliance of the Policy will or has occurred.

I will comply with the antimalarial plan developed as part of my travel preparation, including, but not limited to repellent use, barriers, and environmental hygiene.

Further, I understand compliance with the Policy is mandatory and a condition of my employment, and that my non-compliance could subject me to removal from duty and corrective action, including termination.

Print Name:	Date:
Signature:	