0McVay Drilling Observation Card

Near-Incident Report

Date: _____ Rig: _____

Observer: _____

Activity Observed: _____

Personnel Observed: ☐ Company ☐ Contractor

Near-Incident Report:

☐ Personal Injury ☐ Property Damage

☐ Vehicle Damage ☐ Spill or Release

☐ Other _____

Personal Protective Equipment

S	AR		S	AR	
☐	☐	Head	☐	☐	Clothing
☐	☐	Eyes	☐	☐	Hardhat
☐	☐	Face	☐	☐	Feet
☐	☐	Ears	☐	☐	Hands
☐	☐	Respirator			
☐	☐	Other _____			

Slips - Trips - Falls

S	AR		S	AR	
☐	☐	Housekeeping	☐	☐	Hoses
☐	☐	Handrails	☐	☐	Stairs/Steps
☐	☐	Ladders	☐	☐	Scaffolding
☐	☐	Walkways	☐	☐	Fall Protection
☐	☐	Other _____			

Materials Handling

S	AR		S	AR	
☐	☐	Manual Lifting	☐	☐	Taglines
☐	☐	Body Position	☐	☐	Signals
☐	☐	Mechanical Lifting	☐	☐	Slings
☐	☐	Other _____			

Tools

S	AR		S	AR	
☐	☐	Proper Tool	☐	☐	Guards/Safetys
☐	☐	Proper Condition	☐	☐	Pinch Points
☐	☐	Proper Use	☐	☐	Hot Spots
☐	☐	Other _____			

Procedures/Permits

S	AR		S	AR	
☐	☐	Welding/Cutting	☐	☐	Hot Work
☐	☐	Grinding	☐	☐	Confined Space
☐	☐	LOTO	☐	☐	Elevated Work
☐	☐	Painting/Blasting	☐	☐	Tools at Height
☐	☐	Other _____			

Was Feedback Given? ☐ Yes ☐ No

Feedback Comments:

S = Satisfactory **AR = Action Required**

At Risk Behavior:

Description of Incident:

Time of Day: _____ am/pm

Day of Week: Mon Tue Wed Thu Fri Sat Sun

Approx Temp: _____

Outside Visibility: Dawn Day Dusk Night
Clear Rain Fog Cloudy T-Storm

Root Cause:

Corrective Action:

Supervisor's Review:

Near-Incident Classification:

Risk Assessment:

☐ Low Risk

☐ Medium Risk

☐ High Risk

Medium to High Risk
Perform Work Group Investigation