

MMS Production Inspection Form Procedural Handbook

This Handbook establishes guidance on the completion of the production inspection form that is currently used. Revisions to the regulations, inspection form or policy changes will be reflected in changes to the Handbook as appropriate. Where appropriate, the Handbook references the applicable regulation. This Handbook demonstrates the proper procedure on the completion of the Inspection form. The type of assigned inspection may determine the section or sections to be completed.

This handbook is to be used for the training of MMS's inspection personnel or to assist inspectors during the course of their inspection. This handbook can also be used as a guide for Operators in preparation for an inspection or to assist Operator personnel in regulatory compliance. For Operators, this inspection form may not provide adequate documentation of all safety devices. Always review the regulations, along with all referenced documents, and your Company policies to ensure that your inspection has achieved compliance.

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Table of Contents

Table of Contents: II
Acronyms: III
Master Record: 1 - 2
Structure Identification: 3 - 5
Contact Data
Company Data: 6
Contractor Data: 7
Helideck Data: 8
Summary/Enforcement: 9 - 10
Approved Departures: 11
Remarks: 11
Pumps: 12 - 13
Pipelines: 14 - 16
Wellbay: 17 - 20
Pressure and Atmospheric Vessels: 21 - 23
Headers: 24 - 25
Fired Vessels: 26 - 28
Compressors: 29 -31
Meters: 32 - 34
Fire Fighting: 35 – 36
Structural Inspection Data: 37
PINC Inspection Items: 38
Civil Penalty Review Information: 39
Inspection Summary: 40
Production Inspection Form (Blank) (Attachment A): 41

ACRONS USED

Enforcement Actions

W - Warning

C - Component Shut-in

S - Facility (Platform/Rig) Shut-in

Documents Referenced:

Current Policy Memos

ASME Boiler and Pressure Vessel Code

ANSI/ASME SPPE-1 Quality Assurance and Certification of Safety and Pollution Prevention Equipment Used in Oil and Gas Operations

ANSI Z88.2 Practices for Respiratory Protection

API RP 2D API Recommended Practice for Operation and Maintenance of Offshore Cranes

API RP 14C API Recommended Practice for Analysis, Design, Installation, and Testing of Basic Surface Safety Systems for Offshore Production Platforms

API RP 14F API Recommended Practice for Design and Installation of Electrical Systems for Offshore Production Platforms

API RP 14G API Recommended Practice for Fire Prevention and Control on Open Type Offshore Production Platforms

API RP 500 API Recommended Practice for Classification of Locations for Electrical Installations at Petroleum Facilities Classified as Class I, Division 1, and Division 2

API RP 505 API Recommended Practice for Classification of Locations for Electrical Installations at Petroleum Facilities Classified as Class I, Zone 0, Zone 1, and Zone 2

Other:

AFFF – Aqueous Film Forming Foam

ANSI - American National Standards Institute

API - American Petroleum Institute

ASH – Analyzer Safety High

ASME – American Society of Mechanical Engineers

ATC - Automatic Temperature Compensator

ATG - Automatic Temperature Gravity

BDV - Blowdown Valve

BSL - Burner Flame Detector (burner safety low)

CAC – Critical Area of Concern
CAL – Manual Calculation
CFR - Code of Federal Regulations
CIR – Circular Mechanical Chart
EFC – Electronic Flow Computers
ESD - Emergency Shutdown
FA – Flame Arrestor
FMP – Facility Measurement Point
FSL - Low Flow Sensor (flow safety low)
FSV - Flow Safety Valve (check valve)
hp - horsepower
H₂S - Hydrogen Sulfide
ID – Identification
Id – Internal Diameter
INC - Incident of Noncompliance
PINC - Potential Incident of Noncompliance
LEL - Lower Explosive Limit
LSH - Level Safety High (high level sensor)
LSL - Level Safety Low (low level sensor)
MAOP - Maximum Allowable Operating Pressure
MAWP- Maximum Allowable Working Pressure
MMS - Minerals Management Service
MODU - Mobile Offshore Drilling Unit
OCS - Outer Continental Shelf
od - outside diameter
0°F - degrees Fahrenheit
OS – Out of Service
pcf - pounds per cubic foot
PFD - Personal Flotation Device
PLC – Programmable Logic Controller
ppg - pounds per gallon
ppm - parts per million
PSH - Pressure Safety High (high pressure sensor)
psi - pounds per square inch
psig - pounds per square inch gauge
PSL - Pressure Safety Low (low pressure sensor)
PSV - Pressure Safety Valve (pressure relief valve)
RTU – Remote Terminal Unit
SA – Stack Arrestor
SAC - Safety Analysis Checklist
SCADA – Supervisory Control and Data Acquisition
SAFE - Safety Analysis Function Evaluation
SCSSV - Surface Controlled Subsurface Safety Valve
SDV - Shutdown Valve
SITP - Shut-in Tubing Pressure
SO₂ - Sulfur Dioxide

SSCSV - Subsurface Controlled Subsurface Safety Valve
SSSV - Subsurface Safety Valve
SSV - Surface Safety Valve
SSTI - Subsea Tie-In
STR – Strip Chart
TOT - Totalizer
TSE - Temperature Safety Element (fusible material)
TSH - Temperature Safety High (high temperature sensor)
TSL - Temperature Safety Low (low temperature sensor)
USV - Underwater Safety Valve
UV – Ultraviolet
YSH – Smoke Detector (Ionization)

Master Record

The first page of the inspection form lists the structure information of the platform.

The beginning date of the inspection:

Enter the date that the inspection was initiated; this may start with the paperwork portion conducted in the office. The date is listed on each page of the inspection and will not be addressed further.

The ending date of the inspection:

The ending date of the inspection is the date that the inspection has been completed, including all relevant information that the Inspector may have entered upon the completion of the physical portion of the inspection. This ending date is listed on each page of the inspection and will not be addressed further.

Complex ID:

The complex identification is the unique number that is assigned to the facility by the Office of Structural and Technical Support, within Field Operations. This number, once entered into the database, remains with the platform and does not change.

Lease:

The lease number is the number that is assigned by the Adjudication Unit. This number identifies the surface location of the platform. This number should not be confused with the bottomhole location of wells on the platform that may be completed in another lease.

Area:

This identifies the area the platform is physically located. In identifying an area, a two-letter designation is to be entered on this line, such as WR for Walker Ridge.

Block:

This identifies the block the platform is located. This is not to be confused with the bottomhole location that a well may be located in. A four-digit number may be entered here, such as 0123.

Field:

This identifies the field a discovery was first made in the area, related to production. This field entry may be different than the area block identification, such as WR 0123. This filed identifier is assigned by the Production and Development Section.

Manned (24 hours)

A platform or complex that is manned 24 hours a day is considered “Manned.” A Y for yes is to be entered. All other platforms or complexes are considered unmanned, and an N for No is to be entered for all those that are manned less than 24 hours a day.

Number of Rigs:

The total number of rigs that are physically located on the platform; include all rigs that are located on platforms that are attached by walkway. A two-digit number such as 01 is to be entered.

Number of Cranes:

The total number of cranes that are located on the platform; include all cranes that are located on platforms that are attached to this platform by walkway. A two digit number such as 02 is to be entered.

Code:

The corresponding Lease Operator code shall be entered. This number is a unique identifier of the Lease Operator. A five-digit number such as 00123.

Name:

The designated Lease Operator’s name should be entered. This should match the Lease Operator code.

Miles to Shore:

Using statute miles, enter the number of miles from the nearest shoreline to the platform location.

Water Depth:

Enter the water depth in which the platform was installed. Enter the number in feet, up to 5 digits.

Injection:

Enter the type of product that is being injected, such as gas, water or other hydrocarbons.

Commingle Flag:

This is a flag as to whether a location is commingling production or not. Enter Y for Yes, commingling is occurring, or N for No, commingling is not occurring.

Structure Identification:

MMS:

Enter a numerical value for the platform in ascending order. If there is only one platform, then 01 would be entered. If more than one or additional platforms are installed and are attached by walkway, list each and increase value accordingly.

Platform Name:

This is the letter or numerical number assigned to the platform or platforms, such as A or #12.

Number of Decks:

Enter the numerical value of deck(s) located on each platform. List only those decks that provide decking for wells or production equipment. Do not include small sump tank decks or plus 10 decks or boat landings as decks.

Number of Slots:

Enter the numerical value of drilling slots available. Count all that are used and unused.

Number of Slots Drilled:

Enter the numerical value of slots that are used. Include all plugged and abandoned and temporarily abandoned. Include those that are used for water source, storage, injection, or fuel gas storage.

Major Platform:

Enter Y for yes if the platform is a major platform or N for no if platform is a minor platform. Do accordingly for each platform listed. Note: Use the current definition memo for selection. At present, a major is defined as a platform with 6 or more completions and any number of production process equipment or less than 6 completions and 2 or more pieces of production equipment.

Underwater Completions:

Enter the numerical value of the underwater completions that transport production to the platform via pipeline for processing or shipping to another platform. List those for each platform listed.

Satellite Wells:

Enter the numerical value of single or multi-well satellite platforms that flow to the facility for separation or shipping. Do not count satellite wells that are attached by walkways.

Date Installed:

Enter the date DD/MO/0000 of each platform installation. Enter all platforms that are attached by walkway or connected by bridge.

Date Removed:

Enter the date DD/MO/0000 of each platform removal as appropriate. Enter all platforms that were attached by walkway or connected by bridge.

Area:

This identifies the area in which the platform is physically located such as Walker Ridge. A two-letter designation is be entered on this line, such as WR.

Block:

This identifies the block in which the area of the platform is located. This is not be confused with the bottomhole location that a well may be located in. A four digit number may be entered here, such as 0123.

Location Departure:

This identifies the facility's physical location within the block. This information is obtained from the TIMS database and is automatically entered by the system and is not necessary to be entered by the field inspection.

Flaring Boom:

Enter an N for no or Y for yes if a flare boom is located on the platform.

Complex Status:

Under this section enter an N for no or a Y for yes for each of the questions.

Abandoned Y/N

Drilling Y/N

Production Y/N

Workover Y/N

Major Complex Y/N

General:

Heliport Y/N

Attended (8HRS) Y/N

Production Equipment Y/N

Compressor Y/N

Fired Vessel Y/N

Quarters (BEDS) (Enter number of beds available)

Power Generator Y/N

Power Source (Enter type fuel used for generation D=diesel, G=gas, or B=both)

Storage Tanks Y/N

Type Production:

Gas Y/N

Oil Y/N

Water Y/N

Condensate Y/N

Sulphur Y/N

Metering:

Sales, Gas Y/N

Allocation Y/N

Sales, Oil Y/N

Tank Gauge Y/N

Gas Flaring Y/N

Meter Prover Y/N

Contact Data

Company Data

Company Name:

Enter the name of the company that has been assigned as the designated operator.

Company ID Number:

The corresponding Lease Operator code shall be entered. This number is a unique identifier of the Lease Operator, number such as 00123.

Number of Company Personnel on Complex:

Enter the numerical value that represents the number of Company personnel; be sure not to list Contract personnel.

Contact Name:

Enter the name or names of Company personnel with whom the Inspector made contact with during the announcement of the inspection, or those who represented the Company.

Contact Title:

Enter the title of the person or persons listed in the previous column under Contact Name.

Phone Number:

Enter the phone number of the facility or the number of the location that you contacted to arrange for the inspection.

Fax Number:

Enter the fax number of the facility or the number of the location that you contacted to arrange for the inspection.

Contractor Data

Contractor:

Enter the name of the contractor or contractors who operate the platform.

Contractor's Identification Number:

Enter the numeric code that identifies the Contractor.

Number of Contractor Personnel on Complex:

Enter the numeric value of contractor personnel who stay on this platform.

Contact Name:

List the names of the contractor personnel who operate this platform.

Contact Title:

Enter the title of the persons from the contact name.

Phone Number:

Enter the phone number of the facility or the number of the location that you called for the contact personnel.

Fax Number:

Enter the Fax number of the facility or the number of the location that you called for the contact personnel.

Helideck Data

Structure Number:

Enter the numerical value of the platform from the first page of the inspection form. If there is more than one platform or heliport, ensure that each coincides with the platform number. If there is only one platform, then 1 would be entered. If more than one or additional platforms are installed and are attached by walkway, list each and increase the value accordingly. This structure number request is on each page of the inspection form and should coincide with the platform and equipment. No further reference shall be made as to the structure number.

Structure Name:

Enter the number assigned to the platform or platforms, such as A or #12, that coincides with the identification from the first page of the inspection form.

Support Weight (Kips):

Enter the support weight of each heliport. This weight should be listed on the heliport. It may be listed in pounds or kips; however, enter the weight value in Kips. Each kip represents 1,000 pounds.

Shape Code:

Enter the shape abbreviation code that describes the configuration of the heliport. Abbreviations: SQR for square, REC for rectangular, CIR for round, HEX for hexagon, or OCT for octagon.

Diameter:

Enter the diameter value of the heliport for those that are round in shape.

Length:

Enter the numeric value of those heliports that are square or rectangular in shape.

Width:

Enter the numeric value of those heliports that are square or rectangular in shape.

Fuel Stop:

Enter Y for yes or N for no if a helicopter fueling station is available.

Comments:

List any appropriate comments that pertain to the heliport.

Summary/Enforcement

Type Inspection:

Enter the type inspection that you are performing. Use the two-letter code from the TIMS database.

Date of Last Inspection:

The date that appears on the form is from the database and no entry is required by the Inspector.

Type Inspection Secondaries:

Enter those inspections that are performed while performing your regularly assigned inspection. Those may include Metering, Flaring, Pipeline or Environmental, etc. Use the two-letter code assigned by the TIMS data-base.

Time Summary:

The time for each category will total automatically when entered into TIMS.

Inspector's Code:

Under Current, enter the Inspectors' assigned numeric code for those that participated in the inspection.

Flight and Inspection Time:

Enter a whole number for flight days. Enter time in hours and tenths of hours for each Inspector individually.

Inspector's Name:

Each Inspector should enter his or her signature. Note: this signature signifies that all relevant PINC's have been checked.

Line Number:

This line number identifies the number of lines on which data have been entered. Enter numbers in ascending order, such as 01, 02, 03 etc. This appears on each page of the inspection and will not be addressed further in the manual.

Structure Number:

Enter the identification number of the platform on which the violation occurred.

INC Number:

Enter the appropriate INC number as issued from the National PINC list.

Enforcement Code:

Enter the appropriate enforcement code: W for Warning, C for Component, or S for Structure Shut-In.

Equipment Name:

Identify the name of the equipment or device that the violation occurred on or that is involved.

Remarks:

List all appropriate remarks that pertain to the violation.

Issued:

Enter the date and time that the violation was detected. This should correspond with the date and time list on the INC form.

Corrected:

Enter the date and time that the violation was corrected if violation is corrected prior the completion of the inspection.

Hours Down Time:

Enter the amount of time that a piece of equipment has been down because of the violation.

Approved Departures

Date Issued:

Enter the date that the departure was approved.

Date Terminated:

Enter the date that the departure expires.

Term Code:

Enter M for a MMS departure or C for a Company departure.

PINC Number:

Enter the appropriate PINC Number from the PINC list that corresponds with the departure.

Comments:

List pertinent information that pertains to the departure, such as type of device or any restrictions placed upon the departure.

Remarks:

List remarks that you believe need be entered into the database, such as ESD closure times, PSV or fire pump test dates, or observations made during the inspection that need be addressed during another inspection or comments made to operator personnel that are important. The Inspector should also list any observations on abnormal conditions that he or she noted during the inspection.

Pumps

Equipment Name:

List all pumps that are on the facility.

Out of Service:

In this column enter N for No as an indication that the pump is **not** out of service or Y for Yes that the pump **is** out of service.

Working Pressure:

Verify the working pressure of the pump and enter the working pressure in this column. (The discharge pressure may be used if compliance requirements differ)

Operating Range:

High: Verify from the operator's current range charts the highest operating range and enter that value in this column.

Low: Verify from the operator's current range chart the lowest operating range and enter that value in this column.

Record:

PSH: Review the operator's monthly test records and enter the latest PSH setting in this column. If the PSH has an approved SAC reference, enter the SAC reference in this column. Also, verify that the SAC reference is valid.

PSL: Review the operator's monthly test records; enter the latest PSL setting in this column. If the PSL has an approved SAC reference, enter the SAC reference in this column. Also, verify that the SAC reference is valid.

Test:

PSH: Witness the testing of the PSH and enter the value of the initially observed setting. If the device fails to operate, enter 0. If the PSH has an approved SAC reference, this column may be left blank.

PSL: Witness the testing of the PSL and enter the value of the initially observed setting. If the device fails to operate, enter 0. If the PSL has an approved SAC reference, this column may be left blank.

Record Pressure Safety Valve:

Review the operator's monthly test records and enter the latest PSV setting in this column. If the PSV has an approved SAC reference, enter the SAC reference in this column. Also, verify that the SAC reference is valid.

Test Pressure Safety Valve:

Witness the testing of the PSV and enter the value of the initially observed setting. If the device fails to operate, enter 0. If the PSV has an approved SAC reference, this column may be left blank.

Temperature Safety Element:

Observe the pump(s) for the required coverage of TSE's and enter Y for yes, the pump has adequate coverage, or an N for No, it does not.

Flow Safety Valve:

Look for the FSV on the discharge side of the pump as required by API RP 14C. Enter a Y for Yes, that a FSV is installed or an N for No, it does not have a FSV.

Suction Shutdown Valve:

Observe that the pump's suction line is equipped with a SDV as required by API RP 14C. Enter Y for Yes that an SDV is installed or an N for No that it does not have a SDV.

Total Available for Inspection:

For a complete inspection, enter the total number of components that are available for inspection. If a sample inspection is being performed, enter the total number of components that have been selected for inspection. Do not count out of service vessels.

Total Number Inspected:

Enter the number of items that have been inspected.

Pipelines

Segment Number:

Review the pipeline application and enter the MMS assigned segment number for the pipeline.

Out of Service:

Flag: If pipeline is out of service, enter a Y for Yes, indicating it is out of service; or an N for No, indicating that it is not out of service.

Date: If the pipeline is out of service, enter the date that the line was taken out of service.

Maximum Allowable Operating Pressure:

Review the MMS approved pipeline application, then determine the MAOP of the pipeline and enter that value.

Authority:

Review the MMS approved pipeline application for departmental authority; if it's a Department of the Interior pipeline, enter I, a Department of Transportation pipeline, enter T.

Type:

Review the MMS approved pipeline application to determine if the pipeline was approved as a Departing, Incoming or Bi-directional pipeline. Enter D for Departing or I for Incoming or B for Bi-directional. Verify from the Operator's records and physical inspection of the line that the line is operated as approved.

Size Number:

Review the MMS approved application and enter the size of the line in inches. Verify from the Operator's records and physical inspection of the line that the line size is as approved.

Unit Number:

Review the operator's paperwork and enter the name or unique identifier that the operator has assigned to the line. This may not match the segment number as assigned by MMS.

Production:

Review the MMS approved application and determine the product type for which the pipeline was approved. Verify from the Operator's records that the product received by the line is as approved. Enter the type of production that the pipeline receives. (BLKO, BLKG, INJ, OIL, SPLY, etc.)

Depart to:

If the line is a departing pipeline, review the MMS approved application and enter the location or facility to which the line departs. Verify from the operator's records that the line departs to the location or facility as approved.

Receives Product From Facility:

If the line is a departing pipeline, review the MMS approved application and enter a Y for Yes or N for No if the pipeline receives production from the facility. A crossing line that does not deliver a product for processing would be entered as No.

Incoming From:

If the line is an incoming pipeline, review the MMS approved application and enter the location or facility from which the line comes. Verify from the operator's records that the line incomes from the location or facility as approved.

Delivers Product To Facility:

If the line was approved as an incoming pipeline, review the MMS approved application and enter a Y for Yes or N for No if production is delivered or not to the facility for processing. A crossing line that does not deliver a product for processing would be entered as No.

Departing/Bi-directional:

Operating Range:

High: Review and verify from the operator's current range charts the highest operating range and enter that value in this column.

Low: Review and verify from the operator's current range charts the lowest operating range and enter that value in this column.

Test:

PSH: Witness the testing of the PSH and enter the value of the initially observed setting. If the device fails to operate, enter 0. If the PSH has an approved SAC reference, enter the SAC reference in this column. Also, verify that the SAC reference is valid.

PSL: Witness the testing of the PSL and enter the value of the initially observed setting. If the device fails to operate, enter 0. If the PSL has an approved SAC reference, enter the SAC reference in this column. Also, verify that the SAC reference is valid.

Flow Safety Valve:

Verify the installation of the FSV as required by API RP 14C. Enter a Y for Yes that an FSV is installed. If an FSV is not installed, enter the applicable SAC reference. A holding test of the FSV by the Inspector is not required.

Pressure Safety Valve:

Witness the testing of the PSV and determine that the PSV is set as required or accept the operator's records of last setting. Enter a Y for yes, the PSV is set correctly; or an N for No, that the PSV is set incorrectly or that a PSV is not installed.

Auto-Operated Shutdown Valve:

Verify that the SDV is installed and that the safety system actuates the SDV. Enter Y for Yes or N for No.

Shutdown Operated by Emergency Shutdown:

Verify that the ESD system will actuate the closure of the SDV. Enter Y for Yes or N for No.

Wellbay

Lease Number:

Review the well records and enter the lease number from which production is established. If the well is a dual completion, enter the lease number of the deepest completion.

Well Identification:

Enter the well name that is designated by MMS.

Out of Service:

In this column, enter N for No as indication that the well is **not** out of service or Y for Yes, that the well has been placed out of service by being plugged and abandoned or temporary abandoned.

Completion Status:

In this column enter the well type and production status. Enter the status using the following codes: POW=Producing Oil Well, OSI=Oil Shut In, PGW=Producing Gas Well, GSI=Gas Shut In, WIW=Water Injection Well, GIW=Gas Injection Well, GLO=Gas Lift Oil, or CAP=Capacity.

Flowline Description:

Review the operator's paperwork and enter the unique identifier that the operator has assigned to each flowline segment (FA-1, FA-2, etc).

Sign:

Visually inspect the well for a sign and enter a Y for yes, indicating that the well is identified as required, or N for No, that there is no identification of the well or that the sign does not meet the regulations (Lease & Well No.).

Working Pressure of the Tree:

Visually inspect the wellhead for the stamped working pressure and enter the value.

Pressure Safety Valve:

If the well is equipped with a PSV, enter the value of the set pressure from the operator's records. If the PSV is inspected, enter the initially observed pressure setting. If the device fails to operate, enter 0. If the PSV has an approved SAC reference, enter the SAC reference in this column. Also, verify that the SAC reference is valid.

Tubing Pressure Shut-in Pressure

Review the operator's records and enter the value of the latest shut-in tubing pressure.

Pressure Flowing:

Review the operator's records and enter the value of the current flowing tubing pressure. The Inspector may request that operator personnel obtain a current flowing pressure if warranted.

Production Casing Pressure:

Review the operator's records and enter the value of latest pressure of the production casing. The Inspector may request that operator personnel obtain a current pressure of the casing if warranted.

Flowline Sensor:

Operating Range:

High: Verify from the operator's current range charts the highest operating range and enter that value in this column.

Low: Verify from the operator's current range charts the lowest operating range and enter that value in this column.

Records:

PSH: Review the operator's monthly test records and enter the latest PSH setting in this column. If the PSH has an approved SAC reference, enter the SAC reference in this column. Also, verify that the SAC reference is valid.

PSL: Review the operator's monthly test records, enter the latest PSL setting in this column. If the PSL has an approved SAC reference, enter the SAC reference in this column. Also, verify that the SAC reference is valid.

Test:

PSH: Witness the testing of the PSH and enter the value of the initially observed setting. If the device fails to operate, enter 0. If the PSH has an approved SAC reference, this column may be left blank.

PSL: Witness the testing of the PSL and enter the value of the initially observed setting. If the device fails to operate, enter 0. If the PSL has an approved SAC reference, this column may be left blank.

Surface Safety Valve:

In this column, enter the results of the SSV test. Enter H for Hold, indicating that the SSV has been tested and is not leaking, or L for Leaking and that the SSV does not meet the regulations. Additionally, review the operator's test records to ensure that testing has been conducted in accordance with 30 CFR 250.804 and API RP 14C.

Surface Safety Valve Second Valve in Vertical Run of the Wellbore:

Visually inspect the well for the location of the SSV. Enter Y for Yes, the SSV is located as the second valve in the vertical run of the wellbore, or N for No, it is not the second valve located in the wellbore.

Flow Safety Valve Leak Test:

Visually inspect the well to ensure that an FSV is installed. Enter the results of the FSV test by entering H for Hold, indicating that the FSV has been tested and is not leaking more than allowable leakage rate as prescribed by 30 CFR 250.804, or L for Leaking when the FSV is leaking more than the allowable leakage rate. Additionally, review the operator's test records to ensure that testing has been conducted in accordance with 30 CFR 250.804 (a) (5). Note! Testing should be accomplished as prescribed in API RP 14C. It is suggested that a mechanical device be used when testing the FSV to determine the leakage rate. The operator's monthly test records should reflect the leakage rate and be provided to MMS during their inspection.

Temperature Sensing Element:

Visually inspect the wellhead to verify that fusible plugs are installed as per API RP 14C. Enter in this column a Y for Yes, indicating that TSE's have been installed as per API RP 14C, or N for No, indicating that no TSE's have been installed or that coverage is not adequate.

Subsurface Safety Valve:

Review the operator's records to determine if the installed SSSV is surface controlled or subsurface controlled. Enter Y for Yes, it's surface controlled, or N for No, it's not surface controlled.

Make, Model and Type:

Review the operator's records and enter the make, model, and type subsurface safety valve installed.

Depth Set:

Review the operator's records and enter the value of the depth at which the subsurface safety valve is set.

Date Subsurface Safety Valve Removed and/or Inspected:

Review the operator's inspection records to determine if the SSSV has been inspected as required by 30 CFR 250.804 (a) (1) (i) (ii) (iii) (iv) and that testing procedures contained in API RP 14B are being followed. In this column enter the date of the last inspection. If the SSSV is inspected by an MMS inspector, enter the date of that inspection. Note! Testing by a mechanical device is an acceptable alternative to those listed in API RP 14B, provided a written procedure has been established by the operator and the leakage rate is documented and provided to MMS during the inspection.

Landing Nipple:

Review the operator's inspection records to determine if the subsurface safety valve is set in a landing nipple. Enter a Y for Yes, it is set in the landing nipple, or an N for No, it is not set in the landing nipple.

Pressure and Atmospheric Vessels

Equipment Name:

Review the operator's inspection records and enter the names of the vessels as shown on the approved SAFE chart. While conducting the physical inspection on the facility, look for vessels that may not be listed on the inspection form. Using the unique identifier from the SAFE chart is not mandatory. However, the identifier simplifies the identification of vessels.

Out of Service:

In this column, enter N for No as indication that the vessel is **not** of service, or Y for Yes, that the vessel is removed from service.

Working Pressure:

Review the operator's SAFE chart and enter the value of the MAWP of the vessel. Physically inspect each vessel to verify the stamped MAWP matches that of the approved SAFE chart.

Operating Range:

High: Verify from the operator's current range charts the highest operating range and enter that value in this column.

Low: Verify from the operator's current range charts the lowest operating range and enter that value in this column.

Record:

PSH: Review the operator's monthly test records, and enter the latest PSH setting in this column. If the PSH has an approved SAC reference, enter the SAC reference in this column. Also, verify that the SAC reference is valid.

PSL: Review the operator's monthly test records, and enter the latest PSL setting in this column. If the PSL has an approved SAC reference, enter the SAC reference in this column. Also, verify that the SAC reference is valid.

Test:

PSH: Witness the testing of the PSH and enter the value of the initially observed setting. If the device fails to operate, enter 0. If the PSH has an approved SAC reference, this column should be left blank.

PSL: Witness the testing of the PSL and enter the value of the initially observed setting. If the device fails to operate, enter 0. If the PSL has an approved SAC reference, this column should be left blank.

LSH: Witness the testing of the LSH and enter Y for Yes, that the device activated properly, or N for No, the device did not operate properly. If the device has an approved SAC alternate, enter the SAC number in this column and verify that the SAC reference is valid.

Oil LSL: Witness the testing of the LSL and enter Y for Yes, that the device activated properly, or N for No, the device did not operate properly. If the device has an approved SAC alternate, enter the SAC number in this column and verify that the SAC reference is valid.

H₂O LSL: Witness the testing of the LSL and enter the Y for Yes, that the device activated properly, or N for No, the device did not operate properly. If the device has an approved SAC alternate, enter the SAC number in this column and verify that the SAC reference is valid.

Record Pressure Safety Valve:

Review the operator's monthly test records, and enter the latest PSV setting in this column. If the PSV has an approved SAC reference, enter the SAC reference in this column. Also, verify that the SAC reference is valid.

Test Pressure Safety Valve:

Witness the activation of the PSV and enter the initially observed value in this column. If the device fails to operate, enter 0. If the PSV has an approved SAC reference, this column should be left blank.

Oil Flow Safety Valve:

Verify that the oil FSV is installed and enter Y for Yes, that the valve is installed, or N for No, indicating that the valve is not installed. If the device has an approved SAC alternate, enter the SAC number in this column and verify that the SAC reference is valid.

H₂O Flow Safety Valve:

Verify that the H₂O FSV is installed and enter Y for Yes, that the valve is installed, or N for No, indicating that the valve is not installed. If the device has an approved SAC alternate, enter the SAC number in this column and verify that the SAC reference is valid.

Gas Flow Safety Valve:

Verify that the gas FSV is installed and enter Y for Yes, that the valve is installed, or N for No, indicating that the valve is not installed. If the device has an approved SAC alternate, enter the SAC number in this column and verify that the SAC reference is valid.

Temperature Sensor High:

Enter the initially observed value of the TSH if the sensor can be checked without destructing; otherwise, review the operator's test records and enter the set temperature.

Flame Arrestor:

Verify that a flame arrestor is installed on the vent lines of atmospheric pressure vessels. Enter Y for Yes, if a flame arrestor is installed or N for No, that a flame arrestor is not installed.

Discharges to Flare:

Inspect the vessel to verify if the gas goes to flare. Enter Y for Yes that it goes to flare, or N for No, it does not go to flare.

Temperature Sensing Element:

Visually inspect each vessel to verify that fusible plugs have been installed as per API RP 14C. Enter in this column a Y for Yes, indicating that TSE's have been installed as per API RP 14C, or N for No, indicating that no TSE's have been installed or that coverage is not adequate.

Headers

Header System:

Review the operator's inspection records and enter the names of each header system as shown on the approved SAFE chart. While conducting the physical inspection of the facility, enter each header that may not be listed on the inspection form. Using the unique identifier from the SAFE chart is not mandatory. However, the identifier simplifies the identification of the header system.

Out of Service:

In this column enter N for No, as indication that the header system is **not** out of service, or Y for Yes, that the header system is removed from service.

Working Pressure:

Review the operator's SAFE chart and enter the value of the MAWP of the header system. Visually inspect each header log to verify the stamped MAWP matches that of the approved SAFE chart, and enter the value of the MAWP in this column.

Operating Range:

High: Verify from the operator's current range charts the highest operating range and enter that value in this column.

Low: Verify from the operator's current range charts the lowest operating range and enter that value in this column.

Record:

PSH: Review the operator's monthly test records, and enter the latest PSH setting in this column. If the PSH has an approved SAC reference, enter the SAC reference in this column. Also, verify that the SAC reference is valid.

PSL: Review the operator's monthly test records, and enter the latest PSL setting in this column. If the PSL has an approved SAC reference, enter the SAC reference in this column. Also, verify that the SAC reference is valid.

Test:

PSH: Witness the testing of the PSH and enter the value of the initially observed setting. If the device fails to operate, enter 0. If the PSH has an approved SAC reference, this column should be left blank.

PSL: Witness the testing of the PSL and enter the value of the initially observed setting. If the device fails to operate, enter 0. If the PSL has an approved SAC reference, this column should be left blank.

Record Pressure Safety Valve:

Review the operator's monthly test records and enter the latest PSV setting in this column. If the PSV has an approved SAC reference, enter the SAC reference in this column. Also, verify that the SAC reference is valid.

Test Pressure Safety Valve:

Witness the activation of the PSV and enter the initially observed value in this column. If the device fails to operate, enter 0. If the PSV has an approved SAC reference, this column should be left blank.

Temperature Sensing Element:

Visually inspect each header to verify that fusible plugs have been installed as per API RP 14C. Enter in this column a Y for Yes, indicating that TSE's have been installed as per API RP 14C, or N for No, indicating that no TSE's have been installed or that coverage is not adequate.

Fired Vessels

Vessel Number / Name:

Review the operator's inspection records and enter the names of each fired vessel as shown on the approved SAFE chart. While conducting the physical inspection, enter those fired vessels that may not be listed on the inspection form. Using the unique identifier from the SAFE chart is not mandatory. However, the identifier simplifies the identification of the fired vessel.

Out of Service:

In this column, enter N for No as indication that the header is **not** of service, or Y for Yes, that the header is removed from service.

Fuel Supply:

Records:

PSH: Review the operator's monthly test records, and enter the latest PSH setting in this column. If the PSH has an approved SAC reference, enter the SAC reference in this column. Also, verify that the SAC reference is valid.

PSL: Review the operator's monthly test records, and enter the latest PSL setting in this column. If the PSL has an approved SAC reference, enter the SAC reference in this column. Also, verify that the SAC reference is valid.

Test:

PSH: Witness the testing of the PSH and enter the value of the initially observed setting. If the device fails to operate, enter 0. If the PSH has an approved SAC reference, this column should be left blank.

PSL: Witness the testing of the PSL and enter the value of the initially observed setting. If the device fails to operate, enter 0. If the PSL has an approved SAC reference, this column should be left blank.

Shutdown Valve:

Verify that the SDV is installed and operational according to API RP 14C.

Heaters:

Stack Flame Out:

Temperature Safety High: Review the operator's records and enter the value of the set temperature of the TSH or the appropriate SAC reference. Verify upon inspection of the facility that the TSH is installed and operational. If the TSH has an approved SAC reference, enter the SAC reference and verify.

Burner Safety Low/Temperature Safety Low: Review the operator's records for the installation of a BSL/TSL. Verify upon inspection of the vessel that the BSL/ TSL is installed and operational. Enter Y for Yes, a BSL/TSL is installed and operational, or N for No, the device is not installed or operational.

Level Safety Low: Review the operator's records for the installation of an LSL and witness the testing of the LSL upon the inspection of the vessel and enter Y for Yes, that the device activated properly, or N for No, the device did not operate properly.

Natural Draft:

Flame Arrestor:

Verify during the inspection of the vessel that the fire chamber is equipped with a flame arrestor. Enter Y for Yes, that the fire chamber is equipped with a flame arrestor, N for No, that the fire chamber is not equipped with a flame arrestor, or enter the appropriate SAC reference from the operator's approved SAFE chart and verify the SAC reference.

Stack Arrestor:

Verify during the inspection of the vessel that the stack is equipped with a stack arrestor. Enter Y for Yes, that the stack is equipped with a stack arrestor, or N for No, that the stack is not equipped with a stack arrestor, or enter the appropriate SAC reference from the operator's approved SAFE chart and verify the SAC reference.

Temperature Safety Element:

Visually inspect each fired component to verify that fusible plugs have been installed as per API RP 14C. Enter in this column a Y for Yes, indicating that TSE's have been installed as per API RP 14C, or N for No, indicating that no TSE's have been installed or that coverage is not adequate.

Air Intake on Forced Draft:

Record Pressure Safety Low: Review the operator's monthly test records, and enter the latest PSL setting in this column. If the PSL has an approved SAC reference, enter the SAC reference in this column. Also, verify that the SAC reference is valid.

Test of Pressure Safety Low: Witness the testing of the PSL and enter the value of the initially observed setting. If the device fails to operate, enter 0. If the device has an approved SAC reference, this column may be left blank.

Motor Interlock:

Review the operator's monthly test records to verify if the operator has inspected the device, witness the operation of the motor interlock, and enter Y for Yes if the device is operational. Enter N for No if the device is not installed or operational. If the PSL has an approved SAC reference, enter the SAC reference in this column. Also, verify that the SAC reference is valid.

Shell/Tube:

Record Pressure Safety Valve:

Review the operator's monthly test records and enter the latest PSV setting in this column. If the PSV has an approved SAC reference, enter the SAC reference in this column. Also, verify that the SAC reference is valid.

Test Pressure Safety Valve:

Witness the activation of the PSV and enter the initially observed value in this column. If the device fails to operate, enter 0. If the PSV has an approved SAC reference, this column should be left blank.

Flow Safety Low:

Review the operator's test records to verify if the operator has inspected the FSL annually as required. Enter Y for Yes if the device is installed and operable. Enter N for No if the device is not installed or operable. If the FSL has an approved SAC reference, enter the SAC reference in this column and verify that the SAC is valid.

Compressors

Equipment Name:

Review the operator's inspection records and enter the names of the components as shown on the approved SAFE chart. While conducting the physical inspection on the facility, look for components that may not be listed on the inspection form. Using the unique identifier from the SAFE chart is not mandatory. However, the identifier simplifies the identification of components.

Out of Service:

In this column enter N for No as indication that the vessel is **not** out of service or Y for Yes, that the vessel is removed from service.

Working Pressure:

Review the operator's SAFE chart and enter the value of the MAWP of the vessel. During the physical portion of the inspection, verify the MAWP and enter the value of the MAWP in this column.

Operating Range:

High: Verify from the operator's current range charts the highest operating range and enter that value in this column.

Low: Verify from the operator's current range charts the lowest operating range and enter that value in this column.

Record:

PSH: Review the operator's monthly test records, and enter the latest PSH setting in this column. If the PSH has an approved SAC reference, enter the SAC reference in this column. Also, verify that the SAC reference is valid.

PSL: Review the operator's monthly test records, and enter the latest PSL setting in this column. If the PSL has an approved SAC reference, enter the SAC reference in this column. Also, verify that the SAC reference is valid.

Test:

PSH: Witness the testing of the PSH and enter the value of the initially observed setting. If the device fails to operate, enter 0. If the PSH has an approved SAC reference, this column should be left blank.

PSL: Witness the testing of the PSL and enter the value of the initially observed setting. If the device fails to operate, enter 0. If the PSL has an approved SAC reference, this column should be left blank.

Operable Level Safety High/Low:

LSH: Witness the testing of the LSH and enter Y for Yes, that the device activated properly, or N for No, the device did not operate properly. If the device has an approved SAC alternate, verify that the SAC reference is valid.

LSL: Witness the testing of the LSL and enter Y for Yes, that the device activated properly, or N for No, the device did not operate properly. If the device has an approved SAC alternate, enter the SAC number in this column and verify that the SAC reference is valid.

Record Pressure Safety Valve:

Review the operator's monthly test records and enter the latest PSV setting in this column. If the PSV has an approved SAC reference, enter the SAC reference in this column. Also, verify that the SAC reference is valid.

Test Pressure Safety Valve:

Witness the activation of the PSV and enter the initially observed value in this column. If the device fails to operate, enter 0. If the PSV has an approved SAC reference, this column should be left blank.

Blowdown Valve:

If compressor driver is 1,000 hp or more, review the operator's records to ensure that the operator has inspected the device. Witness the operation of the BDV upon activation of the ESD system. Enter Y for Yes if device is operational, enter N for No if the device is not installed or operational.

Suction Shutdown Valve:

Review the operator's records to verify that the operator has tested the compressor's suction intake lines SDV. Witness the operation of the SDV upon activation of the ESD system. Enter Y for Yes if device is operational, enter N for No if the device is not installed or operational.

Fuel Shutdown Valve:

Review the operator's records to verify that the operator has tested the compressor engine's fuel intake line SDV. Witness the operation of the SDV upon activation of the ESD system. Enter Y for Yes if the device is operational, enter N for No if the device is not installed or operational.

Temperature Sensor High:

Review the operator's records to verify that the TSH is being inspected as required. Test the TSH if the sensor can be checked without destructing; otherwise enter Y for Yes if the device is operational. Enter N for No if the device is not installed or operational.

Liquid Flow Safety Valve:

Review the operator's approved SAFE chart for the location of the FSV. Upon inspection of the compressor, verify that the device is installed as approved.

Requires a visual inspection only. Enter Y for Yes if the device is installed and operational. Enter N for No if the device is not installed or inoperable.

Discharge Flow Safety Valve:

Review the operator's approved SAFE chart for the location of the FSV. Upon inspection of the compressor discharge, verify that the device is installed as approved. Requires a visual inspection only. Enter Y for Yes if the device is

installed and operational. Enter N for No if the device is not installed.

Meters
(the current policy memo should be used, presently 6/2/09)

Facility Measurement Point Number:

Review operator's records and record the federal measurement point number that has been assigned by MMS. Confirm that the number matches that in the TIMS database.

Facility Measurement Point Type:

Enter the FMP type, that is: ACT, GAS, allocation (ALL – liquid or ALG - gas), INV – inventory tank, or TKG – royalty tank.

Status:

In this column enter A (active), I (inactive), or T (terminated) to indicate the status of the meter.

Location Name:

Enter the area, block, and platform letter designation of the facility on which the meter is physically located. Verify that it coincides with that in the database.

Serial Number / Meter or Tank ID:

Review the operator's records for the serial number/ID of the meter or tank ID. Verify the number with that listed in the database to ensure proper approval of the meter/tank has been obtained. NOTE: Allocation meters only need meter ID. For gas meters, use the serial on EFC.

Discrepancies:

After reviewing the records and inspecting the meter, enter Y for Yes, there are discrepancies, or N for No, there are no discrepancies of the meter. If one does exist, enter a brief description of the discrepancy in the Discrepancy Remarks space include contact names and phone numbers.

Meter type:

Enter the meter type that is, positive, turbine, or orifice (pos, tur, or orf).

Meter Make:

Enter the meter make and confirm that it is the make approved and entered into the database. Visually inspect the meter to verify the make.

Meter Size:

Review the operator's records and enter the size in inches in this column. Review the approval to ensure that it is the size approved. Visually inspect the meter to verify the size as approved.

Recorder Type:

Review the operator's records and enter the type recorder and verify the MMS approval. Visually inspect the recorder to verify if the recorder in place is the type approved. (CAL, CIR, EFC, ALL, STR, TOT, or OTH – Other)

Recorder Make:

Review the operator's records along with the MMS approval and enter the make of recorder. Inspect the recorder and verify that it is the approved make. Enter the make of recorder in this column.

Site Security:

Upon completion of the meter inspection, enter Y for Yes, site security inspection has been performed, or N for No, a site security inspection has not been performed and enter a brief reason why not (Fly-by, unsafe to board, etc.) Refer to current policy memo.

Witness Proving:

If you have witnessed a proving of the meter/s, enter Y for Yes, proving has been witnessed, or N for No, indicating no witnessing of the meter proving has been performed.

Copy of Calibrated Proving:

After completion of the proving, signify if a copy of the proving has been obtained by entering Y for Yes, or N for No, indicating that a copy has not been obtained.

Seals and records:

Review the operator's records to ensure that the operator has sealed the meter as required and recorded the seal numbers. Inspect the meter to verify that the meter seals are secured and recorded as indicated in the operator's records. Refer to current meter policy, presently 6/2/09.

Bypass:

Inspect the meter/s and all associated piping to ensure that no bypasses have been installed around the meter. Enter N for No, indicating that no bypasses have been installed, or Y for Yes, indicating that a bypass has been detected. Refer to current meter policy.

Sampler:

Inspect the metering station to verify that a sampler has been installed and is operational. Enter Y for Yes, that a sampler is installed, or N for No, indicating that it is not installed or operational.

Water Draw Date:

Review the operator's records to verify that each mechanical displacement prover, prover tank, or other type of prover is traceable to test measures that have been certified by the National Institute of Standards and Technology. Enter the latest Water Draw Date. Each prover must be calibrated at least once every 5 years.

Fire Fighting Systems

Approved:

Enter (yes) in the appropriate column for the approved fire fighting system, firewater or chemical. Review the District records and enter the date the system was approved. Enter (yes) in the installed column if installed as approved or (no) if not installed as approved.

Firewater System:

Record:

Prime Mover Type: Review operator's records to determine mover type and enter.

Prime Mover Run Time: Review operator's records and enter run time. (30 min.)

Dual Nozzle Discharge Pressure: Review operator's records and enter the latest discharge pressure with 2 nozzles open. (75 psi) No INC

Test:

Prime Mover Last Weekly Test: Enter date of last test.

Prime Mover Run Time: Visually inspect run time capacity. (30 min.) Test tolerance is (25 min.)

Dual Nozzle Discharge Pressure: Witness pressure with 2 nozzles open. (75 psi) Test tolerance is (60 psi)

No. Handheld Hose Station, Fixed Monitors, Fixed Water Spray (deluge):

Approved:

Review the District approval and enter the appropriate number.

Installed:

Physically count the number of units installed and enter that number.

Auxiliary:

Physically count the number of auxiliary units and enter that number.

Inspected:

Enter the total number of units inspected in each category.

Remarks:

Indicate if a chemical system has been approved in lieu of firewater.

Chemical System:

Dry Chemical Last Inspected Date:

Review the operator's records and enter the last date inspected.

Foam:

Review the operator's records and enter the last date the foam was sampled.

Gaseous:

Review the operator's records and enter the last date inspected.

No. of Handhelds, Wheel Units, Fixed Units, Light Water, AFFF, CO2, and Halon:

Approved:

Review the District approval and enter the appropriate number.

Installed:

Physically count the number of units and enter that number.

Auxiliary:

Physically count the number of units and enter that number.

Inspected:

Enter the total number of units inspected in each category.

Structural Inspection Data

Grade:

Condition A:

Good – Relatively new system. Refresh possible. No maintenance necessary.

Condition B:

Fair – System 5 to 8 years old. System marginally effective. Damage becoming more general.

Condition C:

Poor - System 10+ years old. System restoration required. Substrate actively corroded.

Critical Area of Concern:

Regardless of grade, there may be a Critical Area of Concern or Imminent Safety Hazards associated with this structural element. Enter yes if there is an area of concern (localized corrosion, either pitting or crevices, which penetrates greater than 20% of the thickness) and leave blank if not.

Description: Brief Summary:

Enter a brief description and location of the area of concern.

PINC Inspection Items

If a Sample Inspection form is generated for the purpose of a Sample Inspection, a selected PINC list will be generated listing those PINC's to be inspected. The selected PINC's should be reviewed and completed following the National PINC list guidelines book.

Civil Penalty Review Information

This page is completed after the completion of the inspection and collects all data that may be needed to conduct a compliance review.

INC Number:

Enter the appropriate INC number for the violation intended.

Regulation:

Enter the regulation number and reference that are appropriate for the violation.

Operation Type:

Enter the type operation that was being conducted during the violation using the abbreviated code. (P-Production, D-Drilling, W-Workover, C-Completion, M-Decommission, or O-Other)

Violation Type:

Enter the type violation code that was detected during the inspection. (F-Failure To correct, T-Threat, or O-Occurrence)

Start Date:

Enter the date that the violation initially occurred.

End Date:

Enter the date that the violation either stopped or the date that operations were shut-in by MMS.

Rationale:

List all rationale that may be appropriate for the review process.

Inspection Summary

This Inspection Summary page is intended for the operator and therefore should be completed immediately upon completion of the inspection and left with the operator.

Type Inspection:

Enter the type inspection that was conducted. Verify that the type inspection entered here matches that of the Summary/Enforcement page of the inspection form.

Number of Components Inspected:

Enter the number of components that were inspected.

Number of INC's Written:

Enter the number of INC's that were issued during the inspection.

Inspector's Name:

Enter the name of each inspector who assisted in the inspection.

Code:

Enter each inspector's number.

ATTACHMENT A

BLANK INSPECTION FORM

Page 16 and 17 are identical so page 17 is not included. The form is a sample type inspection.

Complex Id Number: _____

Blank Complex Inspection Form

COMPLEX ID NUMBER: _____ TIERS INSPECTED
BEGINNING DATE OF INSP.: _____ LAST CURRENT
END DATE OF INSP. : _____

MASTER RECORD

COMPLEX ID	LEASE	AREA	BLOCK	FIELD	MANNED (24HRS)	NO. RIGS	NO. CRANES	MILES TO	WATER	INJECTION	COMGL FLAG	FLARING BOOM
C	*-----LEASE OPERATOR-----*											
	CODE	NAME										
C	STRUCTURE ID	NO. DCKS	NO. SLOTS	SLOTS DRILL MAJ	COMPLETIONS U/WTR SAT	DATE INST	DATE REMOV	AREA	BLOCK	LOCATION DEPARTURE		
N	MMS CO. NAME											
N												
N												
N												
N												
N												
N												

COMPLEX STATUS: _____
 ABANDONED _____
 DRILLING _____
 PRODUCTION _____
 WORKOVER _____
 MAJOR COMPLEX _____
 GENERAL: _____
 HELIPORT _____
 ATTENDED (8HRS) _____
 PRODUCTION EQUIPMENT _____
 COMPRESSOR _____
 FIRED VESSEL _____
 QUARTERS (BEDS) _____
 POWER GEN. _____
 POWER SRCE. _____
 STORAGE TANKS _____
 TYPE PRODUCTION: _____
 GAS _____
 OIL _____
 WATER _____
 CONDENSATE _____
 SULFUR _____
 METERING: _____
 SALES, GAS _____
 ALLOCATION _____
 SALES, OIL _____
 TANK GAUGE _____
 GAS FLARING _____
 METER PROVER _____

CONTACT DATA

* * * * * UNCLASSIFIED * * * * *

INISFFRB

INSPECTION
25-AUG-2009
PAGE: 2

Complex Id Number: _____

Blank Complex Inspection Form

COMPLEX ID NUMBER: _____
BEGINNING DATE OF INSP.: _____
END DATE OF INSP.: _____

CONTACT DATA

COMPANY DATA

Company

Company ID Number

Number of Company Representatives on Complex

Contact Name

Contact Title

Phone Number

Fax Number

N

N

N

CONTRACTOR DATA

Contractor

Contractors ID Number

Number of Contractor Personnel on Complex

Contact Name

Contact Title

Phone Number

Fax Number

N

N

N

HELIDECK DATA

Structure Number	Structure Name	Support Wgt. (kips)	Shape Code	Diameter	Length	Width	Fuel Stop	Comments
N	_____	_____	_____	_____	_____	_____	_____	_____
N	_____	_____	_____	_____	_____	_____	_____	_____
N	_____	_____	_____	_____	_____	_____	_____	_____

N

N

N

* * * * *

UNCLASSIFIED

* * * * *

INISPPRB

INSPECTION
25-AUG-2009
PAGE: 3

Complex Id Number: _____

Blank Complex Inspection Form

COMPLEX ID NUMBER: _____
BEGINNING DATE OF INSP.: _____
END DATE OF INSP.: _____

SUMMARY/ENFORCEMENT

OPERATOR: _____ OPERATOR/PHONE NO : _____ DATE: _____

***** TYPE INSPECTION *****		*** TIME SUMMARY ***			**INSPECTORS CODE **			FLIGHT	INSP	PAPER	WAIT	TRAVEL	INSPECTOR
CURRENT	SECONDARIES	LAST	CURRENT	Comp	Last	Curr	DAYS	TION	Work	ING	TIME	NAME	
_____	_____	INSPECTION	_____ MHRS	lete	_____	_____	_____	_____	_____	_____	_____	_____	
_____	_____	PAPERWORK	_____ MHRS	_____	_____	_____	_____	_____	_____	_____	_____	_____	
_____	_____	WAITING	_____ MHRS	_____	_____	_____	_____	_____	_____	_____	_____	_____	
_____	_____	TRAVEL	_____ MHRS	_____	_____	_____	_____	_____	_____	_____	_____	_____	
UNANNOUNCED	_____	TOTAL	_____ MHRS	_____	_____	_____	_____	_____	_____	_____	_____	_____	
_____	_____	NPDES PERMIT FLAG	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	

** ALL PINCS RELEVANT TO THIS INSPECTION HAVE BEEN CHECKED

LINE NO.	S TF	INC NO.	ENF CODE	EQUIPMENT NAME	REMARKS	*----- ISSUED -----*	*--- CORRECTED ---*	---* RESCINDED ---*	HRS DOWN TIME
						DATE	DATE	TIME	TIME
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

INISPPRB

INSPECTION
25-AUG-2009
PAGE: 4

Complex Id Number: _____

Blank Complex Inspection Form

COMPLEX ID NUMBER: _____
BEGINNING DATE OF INSP.: _____
END DATE OF INSP.: _____

APPROVED DEPARTURES

LINE	STRUCTURE	DATE ISSUED	DATE TERMINATE	TERM. CODE M-MMS C-Company	PINC NUMBER	COMMENTS
N	_____	_____	_____	_____	_____	_____
N	_____	_____	_____	_____	_____	_____
N	_____	_____	_____	_____	_____	_____
N	_____	_____	_____	_____	_____	_____
N	_____	_____	_____	_____	_____	_____
N	_____	_____	_____	_____	_____	_____
N	_____	_____	_____	_____	_____	_____
N	_____	_____	_____	_____	_____	_____

REMARKS: _____

INISPPRB

INSPECTION
25-AUG-2009
PAGE: 5

Complex Id Number: _____

Blank Complex Inspection Form

COMPLEX ID NUMBER: _____
BEGINNING DATE OF INSP.: _____
END DATE OF INSP.: _____

PUMPS

F A T I L E E R D	LN NO.	STR NO.	EQUIPMENT NAME	O S	WORKING PSI	OPERATING HIGH	RANGE LOW	*-----RECORD-----*		*-----TEST-----*		REC PSV	TEST PSV	TSE Y/N	SUCT	
								PSH	PSL	PSH	PSL				FSV Y/N	SDV Y/N
N																
N																
N																
N																
N																
N																
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Total Available for Inspection: _____

Total Inspected: _____

INISPPRB

INSPECTION
25-AUG-2009
PAGE: 7

Complex Id Number: _____

Blank Complex Inspection Form

COMPLEX ID NUMBER: _____
BEGINNING DATE OF INSP.: _____
END DATE OF INSP. : _____

WELLBAY

F A T I L												PROD *-----FLOWLINE				SENSOR-----* S 2 F T S MAKE				DATE		LND							
E E	LN	STR	LEASE	WELL	O	CMP	PA	G	WP	TBG	PSI	PRES	CGS	*---RANGE---	*---RECORD---	*---TEST---	* S	N	S	S	U	MOD	DPTH	REM/	NIP				
R	D	NO.	NO.	NO.	ID	S	STA	DESCN	PSI	PSV	SI	FLOW	PSI	HIGH	LOW	PSH	PSL	PSH	PSL	V	D	V	E	R	TYPE	SET	INSP	Y/N	
N	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	
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Total Available for Inspection: _____ Total Inspected: _____

INISPF RB

INSPECTION
25-AUG-2009
PAGE: 8

Complex Id Number: _____

Blank Complex Inspection Form

COMPLEX ID NUMBER: _____
BEGINNING DATE OF INSP.: _____
END DATE OF INSP.: _____

PRESSURE AND ATMOSPHERIC VESSELS

F A T I L R E R D	LN	STR	*--- EQUIPMENT NAME	* S	O WORK PRSS	*-- OPERATING --*		*-- RECORD--*				*---TEST---				LSH	OIL LSL	H2O LSL	REC. PSV	TEST PSV	OIL FSV	H2O FSV	GAS FSV	TSH	DI FA TO T ON FL S YN YN E
						HIGH	LOW	PSH	PSL	PSH	PSL	LSH	LSL	LSL	PSV										
N	---	---	-----	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	
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Total Available for Inspection: _____ Total Inspected _____

INISPPRB

INSPECTION
25-AUG-2009
PAGE: 9

Complex Id Number: _____

Blank Complex Inspection Form

COMPLEX ID NUMBER: _____
BEGINNING DATE OF INSP.: _____
END DATE OF INSP. : _____

HEADERS

F A T I L E E R D	LN NO.	STR NO.	*----- HEADER SYSTEM-----*	O S	WORK PRSS	*--- RANGE ---*		*---RECORD---*		*--- TEST ---*		REC PSV	TEST PSV	TSE Y/N
						HIGH	LOW	PSH	PSL	PSH	PSL			
N	---	---	-----	---	---	---	---	---	---	---	---	---	---	---
N	---	---	-----	---	---	---	---	---	---	---	---	---	---	---
N	---	---	-----	---	---	---	---	---	---	---	---	---	---	---
N	---	---	-----	---	---	---	---	---	---	---	---	---	---	---
N	---	---	-----	---	---	---	---	---	---	---	---	---	---	---
N	---	---	-----	---	---	---	---	---	---	---	---	---	---	---
N	---	---	-----	---	---	---	---	---	---	---	---	---	---	---
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Total Available for Inspection: _____											Total Inspected: _____			

INISPFBR

INSPECTION
25-AUG-2009
PAGE: 10

Complex Id Number: _____

Blank Complex Inspection Form

COMPLEX ID NUMBER: _____
BEGINNING DATE OF INSP.: _____
END DATE OF INSP.: _____

FIRE VESSELS

F A T I L		*----- FUEL SUPPLY -----*				*---- HEATERS ----*			*---- NATURAL ----*			*-- AIR --* MOTOR *--- SHELL/TUBE ---*										
E E	LN STR	O *-- RECORD --*		*-- TEST --*		STACK FLAMOUT			*---- DRAFT ----*			REC	TEST	INTER	REC	TEST						
R D	NO. NO.	*----- VESSEL NO./NAME -----*		S	PSH	PSL	PSH	PSL	SDV	TSH	BSL/TSL	LSL	FA	SA	TSE	PSL	PSL	LOCK	PSV	PSV	FSL	
N	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
N	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
N	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
N	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
N	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
N	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
N	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
N	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

Total Available for Inspection: _____ Total Inspected _____

INISPFRB

INSPECTION
25-AUG-2009
PAGE: 11

Complex Id Number: _____

Blank Complex Inspection Form

COMPLEX ID NUMBER: _____
BEGINNING DATE OF INSP.: _____
END DATE OF INSP.: _____

COMPRESSORS

F A T I L E	LN	STR	O WORKING	OPERATING	*-- RECORD --*	*---TEST ---*	OPERABLE	REC	TEST	BD	SUCT FUEL		TSH	LIQ DISC	
				-- RANGE--							SDV	SDV		FSV	FSV
N	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
N	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
N	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
N	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
N	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
N	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
N	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
N	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
N	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
N	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

Total Available for Inspection: _____ Total Inspected: _____

INISPF RB

INSPECTION
25-AUG-2009
PAGE: 12

Complex Id Number: _____

Blank Complex Inspection Form

COMPLEX ID NUMBER: _____
BEGINNING DATE OF INSP.: _____
END DATE OF INSP. : _____

STR NO. FMP NUMBER	FMP U TYP S NAME	LOCATION SERIAL NUMBER/TANK	OR ID	D I S C R E P T Y /	METERS / TANKS METER TYPE MAKE	R E C. T Y P E	RECORDER MAKE	S I W T I E T C O P Y O F S E A L S P R E C O R D S S E R V I C E	S E A L S P R E C O R D S S E R V I C E	WATER DRAW DATE
N										
N										
N										
N										
N										
N										
N										
N										

AVAILABLE = _____ SITE SECURITY INSPECTIONS = _____ GAS CALIBRATIONS WITNESSED = _____ LIQUID PROVINGS WITNESSED = _____ WATER DRAWS WITNESSED = _____

INISPFBR

INSPECTION
25-AUG-2009
PAGE: 13

Complex Id Number: _____

Blank Complex Inspection Form

COMPLEX ID NUMBER: _____
BEGINNING DATE OF INSP.: _____
END DATE OF INSP.: _____

----- Approved ----- FIRE FIGHTING SYSTEMS

	Firewater	Chemical	Firewater	Approved	Installed
File		YES		22-FEB-2006	Yes
Curr.					

----- FIREWATER SYSTEMS -----

	RECORDS			TEST		
	Prime Mover Type	Prime Mover Run Time	Dual Nozzle Discharge Pressure	Prime Mover Last Weekly Test	Prime Mover Run Time	Dual Nozzle Discharge Pressure
File						
Curr.						

	APPROVED	INSTALLED	AUXILLARY	INSPECTED
File				
Curr.				

File NO. HANDHELD HOSE STATIONS: _____
Curr. _____
File NO. FIXED MONITORS: _____
Curr. _____
File NO. FIXED WATER SPRAY (DELUGE): _____
Curr. _____

Remarks: CHEMICAL IN LIEU OF FWS

COMPONENTS AVAILABLE 1 INSPECTED _____

----- CHEMICAL SYSTEMS -----

	DRY CHEMICAL	FOAM	GASEOUS
	Last Inspected Date	Last Sample Date	Last Inspected Date
File			
Curr.	13-FEB-2008		

	APPROVED	INSTALLED	AUXILLARY	INSPECTED
File		2	2	2
Curr.				

File NO. HANDHELD: _____
Curr. _____
File NO. WHEEL UNITS: _____
Curr. _____
File NO. FIXED UNITS: _____
Curr. _____
File NO. LIGHT WATER: _____
Curr. _____
File AFFF: _____
Curr. _____
File CO2: _____
Curr. _____
File HALON: _____
Curr. _____

COMPONENTS AVAILABLE 1 INSPECTED _____

INISPF RB

INSPECTION
25-AUG-2009
PAGE: 14

Complex Id Number: _____

Blank Complex Inspection Form

COMPLEX ID NUMBER: _____
BEGINNING DATE OF INSP.: _____
END DATE OF INSP. : _____

*** STRUCTURAL INSPECTION DATA ENTRY FORM ***

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

* * * * * UNCLASSIFIED * * * * *

INISPFBR

INSPECTION
25-AUG-2009
PAGE: 15

Complex Id Number: _____

Blank Complex Inspection Form

COMPLEX ID NUMBER: _____
BEGINNING DATE OF INSP.: _____
END DATE OF INSP. : _____

MITIGATIONS

	<u>Str Number</u>	<u>Inspection Type</u>	<u>Number</u>	<u>Effective Date</u>	<u>Review Date</u>	<u>Termination Date</u>
New	_____	_____	_____	_____	_____	_____
New	Description: _____					
New	Remarks: _____					

* * * * *

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INISPFRE

INSPECTION
25-AUG-2009
PAGE: 16

Complex Id Number: _____

Blank Complex Inspection Form

COMPLEX ID NUMBER: _____
BEGINNING DATE OF INSP.: _____
END DATE OF INSP. : _____

CIVIL PENALTY REVIEW INFORMATION

LN NO.	STR NO.	INC NO.	REGULATION	OPERATION TYPE++	*-----VIOLATION-----*	RATIONALE	INSP CODE
					TYPE+ START DATE END DATE		
N	_____	_____	_____	_____	_____	_____	_____
						_____	_____
						_____	_____
N	_____	_____	_____	_____	_____	_____	_____
						_____	_____
						_____	_____
N	_____	_____	_____	_____	_____	_____	_____
						_____	_____
						_____	_____
N	_____	_____	_____	_____	_____	_____	_____
						_____	_____
						_____	_____

INISPF RB

INSPECTION
25-AUG-2009
PAGE: 18

Complex Id Number: _____

Blank Complex Inspection Form

COMPLEX ID NUMBER: _____
BEGINNING DATE OF INSP.: _____
END DATE OF INSP. : _____

TYPE INSPECTION: _____

	COMPLEX ID	LEASE	AREA	BLOCK
C	_____	_____	_____	_____
	-----LEASE OPERATOR-----			
	CODE	NAME		
C	_____	_____	_____	_____

* * * * *

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* * * * *

INISPPRB

Complex Id Number: _____

Blank Complex Inspection Form

COMPLEX ID NUMBER: _____
BEGINNING DATE OF INSP.: _____
END DATE OF INSP.: _____

INSPECTION SUMMARY

Number of Components Inspected _____

No of INC's Written _____

	STRUCTURE ID			INSPECTOR'S NAME	CODE
	MMS	CO.	NAME		
N	_____	_____	_____	_____	_____
N	_____	_____	_____	_____	_____
N	_____	_____	_____	_____	_____
N	_____	_____	_____	_____	_____
N	_____	_____	_____	_____	_____
N	_____	_____	_____	_____	_____
N	_____	_____	_____	_____	_____
N	_____	_____	_____	_____	_____