



Third-Party Equipment Inspection Form - Rev 5

No. GOM-MS0602-APC-FRM-00003

FILE COMPLETED FORM WITH FACILITY HSE

### THIRD-PARTY EQUIPMENT INSPECTION FORM

PERMIT # \_\_\_\_\_

<b>Facility:</b>	<b>Date:</b>
<b>Company Name</b> (owner of equipment):	
<b>Type of Equipment:</b>	

	Yes	No	N/A
<b>Operations or Drilling</b>			
Will the equipment need to be secured and any HP lines snubbed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are high-pressure lines secured properly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will the operator require additional PPE? (in addition to Hard Hat, Safety Glasses, steel toed footwear, and hearing protection)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, does the person have the correct PPE and training?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are skid drip pans free of leaks, plugged and clean?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If required, are the SDS is readily available (on location)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In the case of pressure vessels, is the system protected with pressure release devices and has a tag stamped with an ASME code?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If equipment requires a PSV, does it have certificates where it has been tested within 1 year of the current date and are the block valves in a locked open position?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are spill control procedures in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is this equipment blocking access to fire fighting equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is this equipment blocking access to emergency eye wash / shower stations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the equipment location blocking emergency egress routes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If temporary hoses are being used, are there properly designed whip checks on all connections and are the whip checks in good repair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If temporary hoses are being used with camlock or crowfoot connections, are properly designed cotter pins being used to secure connection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If temporary hoses are being used, are hoses in compliance with APC SPM requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Operations Tech (Print / Signature):</b>			
<b>Mechanical</b>			
Are warning signs required around this equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are warning and shut down signs properly installed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there spark arresters on engine's exhausts and emergency shut off on the fuel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you test the ESD on this equipment before allowing operation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the spark arrester and exhaust properly wrapped?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the equipment free from leaks (oil, fuel, acid, nitrogen....) and is the skid pan plugged?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are all guards properly installed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is all piping and clamps for the exhaust and intake of the turbocharger in good condition and tightened properly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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	Yes	No	N/A	
Is maintenance up to date prior to use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
- Are the above documents readily available for review?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are the manufacturers maintenance requirements and intervals defined and being completed while in use on the location? (TO BE DONE BY OWNER / RENTER OF THE EQUIPMENT) (This needs to be available for review as well)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Identify the utilities the platform will supply:				
Utility Air <input type="checkbox"/>	Instrument Air <input type="checkbox"/>	Seawater <input type="checkbox"/>	Potable Water <input type="checkbox"/>	Nitrogen <input type="checkbox"/>
Diesel Fuel <input type="checkbox"/>	Electrical Power <input type="checkbox"/>	Other (Specify): <input type="checkbox"/>		
Did you test the Air Intake Manifold shutdown (equipment operating) for proper ESD?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>NOTE: All maintenance for equipment brought to an Anadarko facility by a contractor is the responsibility of the contractor in charge of that equipment.</b>				
<b>Mechanical Tech (Print / Signature):</b>				
<b>Electrical</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is the equipment to be located in a hazardous area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is the equipment explosion proof where applicable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has the ESD equipment been installed and tested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are the terminal connections adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is the equipment properly grounded?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is ground fault protection required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is there sufficient lighting in the operating area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do power inputs/outputs have proper terminal connections?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is there any functional overload protection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Will an electric motor phase rotation verification be required before start up?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Does this temporary equipment require a TSE loop to be installed while equipment is on location?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Were all the connections on the TSE loop checked? (Use Snoop to check for leaks.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If yes to the above question, has the appropriate locking device been installed on the valve or connection used to connect the Third-Party Equipment to the facilities' existing TSE circuit and the Lock Open Register updated accordingly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If yes to the above question, has the appropriate signage been installed stating "TSE – Contact Control Room before disconnecting."?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is the ESD Loop routed in such a way that it is protected from external contact and damage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If the internal ESD loop is poly flow, is it routed to avoid any potential heat source that could melt the line and trigger a TSE?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ensure that all TSE Line connections are connected properly to properly to avoid leaks. (Use "Snoop" to check for leaks.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Electrical Tech (Print / Signature):</b>				



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	Yes	No	N/A
<p><u><b>Identified Deficiencies:</b></u></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>			
<p><u><b>Corrective Actions:</b></u></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>			

Function	APC OIM Authorizing Use	APC HSE Representative	Third-Party Representative
Name			
Signature			
Date			