



Nobody Gets Hurt

Information
Provided on
Backing Sheet

Hazard ID Conditions or actions that deviate from expectations and could contribute to a future incident if not corrected.

Near Miss An undesirable or unexpected event that could have resulted in an injury, Operational incident or property damage under slightly different conditions of timing, space, position, or sequence of events.

Observation & Interaction The act of observing and interacting with someone when you see them performing a task in a 'safe' or 'at-risk' manner to reinforce positive, safe behaviors.

CODE	LOCATION
1	EM Haus
2	LNGP
3	HGCP
4	Angore
5	Komo
6	Moro
7	Well Pad
8	Marine
9	Pipeline
10	Upstream
11	Napa Napa

CODE	DEPARTMENT
1	Asset Management
2	Business Services
3	Commercial, Marine & Terminal Ops
4	Controllers
5	Drilling
6	EMIT
7	E&PS
8	Human Resources
9	Law
10	Logistics & Infrastructure
11	Management
12	Maintenance
13	MOH
14	MONG
15	Ops - LNG Plant
16	Operations Support
17	Ops Tech
18	Ops Upstream
19	P&GA
20	Planning
21	Procurement
22	Security
23	SHE

Your Location
(find code on
backing sheet)

Date of Observation

Department
(find code on backing sheet)

Visitor

Your
Employee
Code

Your Name

Shift

Report Type
(only pick one)

Near Miss
(select all that apply)

Description of what
you saw

Description of what
you have done

Section Reserved
for Supervisor

Was
Supervisor
Notified

Did an
Interaction
Occur

Nobody Gets Hurt Visitor

Date:

Observer First Name:

Observer Last Name:

Observation Location:

Dept. Observed:

Employee Code:

USE not not

USE BLUE OR BLACK INK ONLY

Shift: Day Night

[REPORT TYPE - SELECT ONE]

Near Miss Hazard ID Observation & Interaction

SELECT NEAR MISS TYPE
[SELECT ALL THAT APPLY]

Injury/Illness Transportation Process Safety

Security Fire/Explosion Well Control Event

Environmental Property/Equipment Failure Other, Please Specify

Description of Hazard or Near Miss:

FORM ID: 07187918

WRITE IN BLOCK LETTERS ONLY

Description of Action Taken:

Supervisor Notified

WRITE IN BLOCK LETTERS ONLY

SUPERVISOR SECTION

Potential for PHL3+ Injury Action Completed Positive Recognition Sharing

Additional Information or Follow Up Actions Required:

Responsible Dept.:

WRITE IN BLOCK LETTERS ONLY

Reviewing Supervisor Signature:

[SELECT ALL THAT APPLY]

OBSERVATION & INTERACTION CHECKLIST

<p>S AR LIFE SAVING ACTIONS</p> <p>1. <input type="checkbox"/> <input type="checkbox"/> Work Authorization</p> <p>2. <input type="checkbox"/> <input type="checkbox"/> Energy Isolation</p> <p>3. <input type="checkbox"/> <input type="checkbox"/> Breaking Containment</p> <p>4. <input type="checkbox"/> <input type="checkbox"/> Critical Devices</p> <p>5. <input type="checkbox"/> <input type="checkbox"/> Hot Work</p> <p>6. <input type="checkbox"/> <input type="checkbox"/> Working at Height</p> <p>7. <input type="checkbox"/> <input type="checkbox"/> Confined Space Entry</p> <p>8. <input type="checkbox"/> <input type="checkbox"/> Lifting & Hoisting</p> <p>9. <input type="checkbox"/> <input type="checkbox"/> Critical Procedures</p> <p>S AR COMMUNICATION</p> <p>10. <input type="checkbox"/> <input type="checkbox"/> Effective Verbal Communication / Multiple Languages</p> <p>11. <input type="checkbox"/> <input type="checkbox"/> Hand / Signals Clear and Understood</p> <p>12. <input type="checkbox"/> <input type="checkbox"/> Clear Written Communication</p> <p>S AR WORK SITE / WORK EXECUTION</p> <p>13. <input type="checkbox"/> <input type="checkbox"/> Work Permit Authorize & Controls in Place</p> <p>14. <input type="checkbox"/> <input type="checkbox"/> Short Service Workers Managed</p> <p>15. <input type="checkbox"/> <input type="checkbox"/> LMRA Stic-2-Safety used</p> <p>16. <input type="checkbox"/> <input type="checkbox"/> SIMOPS identified and Managed</p> <p>17. <input type="checkbox"/> <input type="checkbox"/> Correct Tools and Equipment used</p> <p>18. <input type="checkbox"/> <input type="checkbox"/> Condition of Tools and Equipment</p> <p>19. <input type="checkbox"/> <input type="checkbox"/> House Keeping / Clear Working Area</p> <p>20. <input type="checkbox"/> <input type="checkbox"/> Warning Signs / Barriers required / used</p> <p>21. <input type="checkbox"/> <input type="checkbox"/> Equipment Reinstatement</p> <p>S AR PPE</p> <p>22. <input type="checkbox"/> <input type="checkbox"/> Appropriate PPE selected for Task</p> <p>23. <input type="checkbox"/> <input type="checkbox"/> PPE Worn correctly</p> <p>24. <input type="checkbox"/> <input type="checkbox"/> PPE in good condition</p>	<p>S AR RISK TOLERANCE</p> <p>25. <input type="checkbox"/> <input type="checkbox"/> Hazards Identified</p> <p>26. <input type="checkbox"/> <input type="checkbox"/> Seriousness of outcome understood</p> <p>27. <input type="checkbox"/> <input type="checkbox"/> Task Performed at safe pace</p> <p>28. <input type="checkbox"/> <input type="checkbox"/> Safety Leadership Demonstrated</p> <p>29. <input type="checkbox"/> <input type="checkbox"/> Eyes & Mind on task</p> <p>S AR WORKERS POSITION</p> <p>30. <input type="checkbox"/> <input type="checkbox"/> Clear of Line of Fire - Caught-in or between, Struck by or Released stored energy</p> <p>31. <input type="checkbox"/> <input type="checkbox"/> Body Position / Ergonomics</p> <p>S AR VEHICLES CRANES & MOBILE EQUIP.</p> <p>32. <input type="checkbox"/> <input type="checkbox"/> Use of Signaler / Spotter</p> <p>33. <input type="checkbox"/> <input type="checkbox"/> Defensive Driving Practiced / Circle of Safety</p> <p>34. <input type="checkbox"/> <input type="checkbox"/> Crane / Rigging / Forklift / Mobile Equipment Operations</p> <p>35. <input type="checkbox"/> <input type="checkbox"/> Exclusion Zone Management</p> <p>S AR SECURITY</p> <p>36. <input type="checkbox"/> <input type="checkbox"/> Aware / Alert to Situation Awareness</p> <p>37. <input type="checkbox"/> <input type="checkbox"/> Journey Management Approved</p> <p>38. <input type="checkbox"/> <input type="checkbox"/> Access control / Tailgating</p> <p>39. <input type="checkbox"/> <input type="checkbox"/> Protection of Assets / Information</p> <p>S AR ENVIRONMENTAL PROTECTION</p> <p>40. <input type="checkbox"/> <input type="checkbox"/> Waste Management procedures followed</p> <p>41. <input type="checkbox"/> <input type="checkbox"/> Storage and Disposal of materials</p>
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Item Number:

What did you see? (Describe what you observed.) What did you do? (Describe your conversation and action.)

WRITE IN BLOCK LETTERS ONLY

Did an interaction occur? Yes

FORM ID: 07187918

Created 07/18
Powered by etracker

Safe or At Risk
Observation

Item Code
(number found in
observation &
interaction checklist
section)

Description of what
was seen

Description of what
was done