



## Temporary Equipment Checklist

Location:		Date:				
Company Name (owner of equipment):		ID No.:				
Type of Equipment:						
Permit / WCC number:						
Equipment supporting: Operations <input type="checkbox"/> Wells <input type="checkbox"/> Projects <input type="checkbox"/>						
<b>General</b>				<b>Yes</b>	<b>No</b>	<b>N/A</b>
Will the equipment operator require special PPE? (double hearing protection, respirator, dust mask, goggles, face shield, etc.)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, is correct PPE on hand and operator trained in the use of the PPE?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are required SDS readily available on location?				<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"/>
Are spill control and waste management procedures in place?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are temporary hoses in compliance with BP hose management requirements in DWGOM GP-28-0001 (ETP library) and UPS-US-SW-GOM-HSE-DOC-00693-2 (HSSE Atlas)?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identify platform utilities supplied to temporary equipment?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are P&ID or layout drawings available?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are equipment operations manuals or procedures available?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has PSRE reviewed the risk?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the GoM Environmental Compliance Checklist (UPS-US-SW-GOM-HSE-DOC-00956-2 in HSSE Atlas) been completed?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Platform utilities / services required:						
Utility Air <input type="checkbox"/>	Instrument Air <input type="checkbox"/>	Sea Water <input type="checkbox"/>	Potable Water <input type="checkbox"/>	Nitrogen <input type="checkbox"/>		
Diesel Fuel <input type="checkbox"/>	Electrical Power 110v <input type="checkbox"/> 480v <input type="checkbox"/>		Other <input type="checkbox"/> Specify:			
Verify equipment does not block access to emergency and fire-fighting equipment?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verify equipment does not block line of sight detectors				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verify equipment does not block access to emergency eye wash / shower stations?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verify equipment does not block emergency egress routes?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verify equipment does not exceed load rating of deck or floor				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verify equipment does not exhaust within 26 feet of HVAC air intake				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operations Tech (Print / Signature):						



## Temporary Equipment Checklist

<b>Mechanical</b>	<b>Yes</b>	<b>No</b>	<b>N/A</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 and visible?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are guards for rotating or moving parts properly installed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are spark arrestors fitted on engine exhausts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are spark arrestor and exhaust systems properly wrapped?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are high-pressure lines secured properly or snubbed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the equipment free from leaks (oil, fuel, acid, nitrogen)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are pressure vessels protected with properly rated pressure release devices, and are they uniquely identified and tagged or stamped with an ASME code?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are current PSV testing certificates available and do they match the tag/physical identifier of each PSV?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are PSV block valves in a locked open position?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the equipment have an air manifold shutdown system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the equipment have an emergency shut off on the fuel system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have the ESD systems on this equipment been tested before operation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are critical spare parts and fluids available as needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are most recent maintenance / inspection records available for review?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the equipment maintenance plan / schedule available on the platform?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have mechanical end connectors that will be mated in the field been visually inspected (i.e. flanges, couplings, fittings, threads, hammer unions, swivels, etc.)? Are they compatible (i.e. type, pressure class, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mechanical Tech (Print / Signature):			
<b>Electrical</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
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"/>
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 surge suppression equipment required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is sufficient lighting available 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"/>
Are platform circuits able to handle load requirements of the equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is functional overload protection installed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will electric motor phase rotation verification be required before start up?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical Tech (Print / Signature):			



## Temporary Equipment Checklist

<b>Temporary Buildings / Storage</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
Is the unit occupied?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is gas detection in the unit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is smoke detection in the unit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is fire detection/suppression in the unit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the unit have hurricane tie downs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will the temporary installation exceed the load rating of the deck or floor ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operations Tech (Print / Signature):			
<b>Equipment Operator</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
Verified equipment operator has current equipment operating procedures available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verified equipment operator has appropriate skills and knowledge to operate equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verified operator understands facility safe work practices including CoW, PTW, LOTO, and safe working practices as they apply to the temporary equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verified with operator which Safe Work Practice to apply while operating the equipment, contractor or BP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verified equipment operator understands hazards of the equipment and actions in an emergency situation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verified operator understands facility emergency procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verified operator has been briefed on facility SEMS program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IA / PA (Print / Signature):			

<b>Additional Considerations</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
If equipment is tied into an existing process, has a HAZOP been performed for it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is an appropriate inherently safer alternative to the use of temporary equipment available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is a nitrogen or fluid supply device in use that has the potential to exceed system design pressure i.e. consider regulator failure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are HP / LP interfaces identified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is pressure regulation and protection in place to protect the interconnected equipment from overpressure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are procedures in place for pressure testing, purging, or pigging activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are vent or pressure relief systems appropriately routed and secured? Consider material flammability and potential area affected by release (i.e. oil on hot surfaces)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does this equipment require a PM in Maximo be created for it, while it is in use offshore? (BP owned equipment only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the sound level (steady state or intermittent), produced by the equipment, below 85 dBA beyond a 3 ft perimeter from all equipment surfaces?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## Temporary Equipment Checklist

*Identified Deficiencies:*

*Corrective Actions:*

Function	BP OIM Authorizing Use	Representative Team Lead	Third-Party Representative
<b>Name</b>			
<b>Signature</b>			
<b>Date</b>			

### AMENDMENT RECORD

Amendment Date	Revision Number	Amender Initials	Amendment
18-May-2015	5	KCR	“Temporary buildings” section now encompasses storage units and updated custodian and authority
17-Aug-2015	6	KCR	Clarified the need to have a PSV and its paperwork match in the mechanical section
16-Feb-2016	7	KCR	Clarified names and locations of hose and environmental procedures in General section



# Temporary Equipment Checklist

## Gulf of Mexico

### Document Authorization Form

Navigate through the form with the Tab key to fill in data. Just click on the boxes you wish to check



Document Details			
<b>Special Instructions</b>			
<b>Document Number</b>	2030-T2-OP-FM-0001	<b>Revision</b>	7
<b>Document Title</b>	Pre-Use Inspection and Qualification Checklist for Temporary Equipment		
<b>Next Review Date</b>			
This form to be used for authorizing new, revised and obsolete documents, please indicate clearly which category applies:			
<b>Reason for Issue:</b> (check as applicable)	<input type="checkbox"/> New Document	<input checked="" type="checkbox"/> Revised Document	<input type="checkbox"/> Obsolete Document

### Document Sign Off

	Print Name & Title	Signature	Date
Custodian	Kevin Robison	<i>Kevin Robison</i>	2/16/16
Reviewer(s)			
Authority	Dennis McMurtry	<i>Dennis McMurtry</i>	2/18/16

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