

**ACCIDENT PREVENTION PLAN**

**DRIVER SAFETY PLAN**

**FOR**

**MCG DRILLING & COMPLETING, LLC**

**PO BOX 399**

**ARCHER CITY, TEXAS 76351**

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# ACCIDENT PREVENTION PLAN

MCG Drilling & Completing, LLC. is dedicated to the performance of our work under conviction that the health, safety, and welfare of our most important asset, people, is one of our greatest responsibilities.

Employee safety is to be the first consideration in the operation of this business. We have committed to provide all mechanical and physical facilities to attain the highest standards of personal safety and health. Safe practices on the part of the workers must be part of all operations. Employees must understand their personal responsibility for the prevention of injuries on and off the job. All injuries can and should be prevented.

It is the responsibility of every manager to see that all employees are properly trained and informed regarding the rules, regulations, and methods for the safe conduct of the work assigned. It is the duty of employees to know and follow all rules, regulations, and methods. All employees must inform the Executive Director or his/her designee immediately of any hazardous conditions. Safety rules, regulations and practices will be consistent with local, state and federal regulations.

Our objective is a safety and health program that will reduce the number of injuries and illnesses to an absolute minimum.

We have taken the responsibility of leadership in the safety and health program, for its effectiveness and improvement, and for the training and safeguards required to ensure safe conditions. In turn, we ask each employee to accept the responsibility for wholehearted, genuine cooperation with all aspects of the safety and health program, including compliance with all rules and regulations and for continuously practicing safety while performing his/her job.

  
\_\_\_\_\_  
Mitch Green

# EMPLOYEES RESPONSIBILITIES

The effectiveness of our Accident Prevention Program depends upon the participation and cooperation of ALL employees.

The employees are responsible for understanding and practicing the safety rules, report any unsafe conditions to the supervisor immediately, and report any accidents or incidents immediately, regardless of who was at fault.

Employee's Basic Responsibilities Include:

1. Follow safety and health procedures and recognize and report hazards immediately to your supervisor.
2. Cooperate with your supervisor in preventing accidents and maintaining a clean and safe workplace.
3. Learn and abide by all general safety rules and specific to your particular position.
4. Make safety suggestions to your supervisor or submit written suggestions on the form provide.
5. Safeguard the company equipment and immediately report unsafe or defective equipment to your supervisor.
6. Wear personal protective equipment when appropriate.
7. Observe good housekeeping practices at all times.
8. Be familiar with and abide by all company safety and health rules.

## GENERAL SAFETY RULES

1. The following safety procedures shall be adhered to at all times:
  - A. Check your work area to determine if a problem or hazard may exist.
  - B. Since your activity may endanger other employees or the public, take all steps necessary to safeguard them.
  - C. Review the safety requirements for each work assignment, as needed, with your supervisor. You will not be expected or permitted to do your work in a manner which might result in injury to yourself or others.
2. Each employee shall acquaint themselves with emergency procedures and anticipate what you will do in an emergency.
3. All unsafe or defective equipment, hazardous conditions, or unsafe practices and behavior of other workers shall be reported to your supervisor.
4. Any employee engaged in horseplay or roughhousing may be subject to immediate discharge.
5. Employees shall not be permitted to work if known or reasonably believed to be under the influence of intoxicating liquor or drugs. (Ref. Drug and Alcohol Policy)
6. Employees shall not knowingly be permitted or required to work while their ability or alertness is so impaired by fatigue, illness, or other causes that it may unnecessarily present exposure to injury.
7. All work related injuries and illnesses shall immediately be reported to your supervisor, or as soon as possible prior to the end of the shift. Failure to promptly report any work injury or illness may result in disciplinary action.
8. Failure to follow practices relating to your safety or that of fellow employees, or failure to safeguard equipment, tools, or materials properly, may lead to disciplinary action.
9. All employees shall attend all short "tool box" type safety meeting conducted by supervisory personnel. Not only do these meetings stress regular safe practices, they are also used to communicate changes in safety related matters. Please take these meetings seriously and pay attention to the material covered.
10. For your protection, all warning signs such as "Keep Out," "No Smoking," or: "Authorized Personnel Only," shall be strictly adhered to.
11. For General Safety Reasons, all employee must contact their immediate supervisor and/or toolpusher, prior to their shift, in a case where the employee will be tardy or if the employee is unable to attend work during their shift. Repeated violations and non-conformance to any safety rules, procedures or activities could result in termination of employment.
12. The wearing of personnel protective equipment, such as safety glasses, hearing protection, or other equipment that has been deemed necessary for your protection is mandatory when performing any

job where such personal protective equipment is required. Failure to do so could result in disciplinary action.

13. Good housekeeping practices shall be observed at all times in the workplace. Do not leave tools, scrap, or materials where they can pose a hazard to others.
14. Recognize that your safety is ultimately your own responsibility and “common sense” is many times your best protection against injury. If something does not look safe, or if you are doing something that does not appear safe; chances are it probably is not safe. Rather than continuing and “taking your chances,” let someone know.
15. Recognize that safety is a “two way street.” You, in the course of your day-to-day activities, may see things which are not readily apparent to management or supervisory personnel. Your suggestions and input in these matters are not only appreciated, they are vital to the ongoing success of our safety efforts. If you have a “better idea,” we want to hear it.

Whenever a safety procedure has been established, either orally or in writing, you must obey it. The only exception to this would be in the case of a “life threatening” or “potentially serious injury” situation where “common sense” dictates temporarily deviating from established procedure in order to avoid injury.

## **DRUG-FREE WORKPLACE PROGRAM**

### **Purpose**

MCG Drilling & Completing, LLC strives to ensure a workplace that is free of illegal drugs and to eliminate illegal drug use by all employees in the MCG Drilling & Completing, LLC workplace. This document establishes the responsibilities, procedures and guidelines for a comprehensive companywide Drug-Free Workplace Program. It provides direction, which should be consulted for further information and guidance.

### **Policy**

It is a well-established fact that employees who use illegal drugs, on or off duty, tend to be less productive, less reliable, and prone to greater absenteeism, thereby impairing their ability to perform tasks that are critical to the company's focus and resulting in the potential for accidents on duty and failures that can pose serious threats to health, safety, and the protection of property. Illegal drug use is detrimental to the operations and functioning of MCG Drilling & Completing, LLC employees.

Therefore, it is the policy of MCG Drilling & Completing, LLC to ensure a workplace that is free of illegal drugs and to eliminate illegal drug use by all employees in the MCG Drilling & Completing, LLC workplace, including, to the extent possible, contractor employees. To achieve this policy and as deterrence to illegal drug use, MCG Drilling & Completing, LLC established a comprehensive drug-prevention program that emphasizes the following:

MCG Drilling & Completing, LLC employees will be treated with personal dignity, that their privacy will be respected in reaching MCG Drilling & Completing, LLC goal of a drug-free workplace

MCG Drilling & Completing, LLC guarantees that disciplinary action will not be taken against employees who voluntarily identify themselves as users of illegal drugs and who otherwise comply with the provisions of this Plan

While it is MCG Drilling & Completing, LLC intent to help employees overcome their drug-related problems, it must be clear to all that illegal drug use by employees will not be tolerated

It is the policy of MCG Drilling & Completing, LLC that its workplace be free from the illegal use, possession of, or distribution of controlled substances, by the officers and employees of MCG Drilling & Completing, LLC. The possession and distribution of controlled substances will be dealt with promptly in accordance with legal and administrative disciplinary procedures. However, the policy's primary goal is to ensure that illegal drug use is eliminated and that MCG Drilling & Completing, LLC workplace is safe, healthful, productive, and secure.



## **Nature, Frequency, and Type of Drug Testing**

This plan includes the following types of drug testing:

- Pre-employment testing
- Random testing of employees in safety sensitive positions
- Reasonable-suspicion testing
- Involvement in accidents or unsafe-practices
- Voluntary testing

The frequency of testing will depend on the type of testing to be conducted. Generally, 10 percent of the testing pool shall be subject to random testing each year. However, MCG Drilling & Completing, LLC management reserves the right to increase or decrease the frequency and testing percentage of any category of drug testing, consistent with the duty to achieve a drug-free workplace.

## **Responsibilities**

### **Human Resources Manager**

- Ensuring the implementation of this program
- Establishing the processes and procedures necessary to carry out this program
- Designating the MCG Drilling & Completing, LLC Drug Program Manager (DPM)

### **Drug Program Manager (DPM)**

- Reporting to the Human Resources Manager on the status of the Drug-Free Workplace Program
- Overseeing implementation of this program on a companywide basis
- Coordinating all Drug-Free Workplace Program activities wherever possible to conserve resources and to accomplish reliable and accurate testing efficiently
- Arrange for all testing authorized under this Plan
- Ensure that all employees, subject to random testing, receive individual notice and that such employees return a signed acknowledgement of receipt
- Coordinate administrative actions with management when a finding of illegal drug use occurs under this Plan
- Provide educational materials and training to managers, supervisors, and employees on illegal drugs in the workplace to include the recognition and documentation of facts and circumstances that support a reasonable suspicion that an employee may be using illegal drugs



Assist supervisors whose employees have performance and /or personal problems that may be related to illegal drug use

## **Supervisors**

Supervisors will become familiar with the requirements of this program, especially the provisions concerning ensuring employees that their personal dignity and privacy will be respected

Except as modified by MCG Drilling & Completing, LLC management to suit specific program responsibilities, all supervisors will attend a training session on illegal drug use in the workplace

Supervisors may recommend a reasonable suspicion test, after first making appropriate factual observations and documenting those observations and obtaining approval from the appropriate management officials

Upon finding of illegal drug use, supervisors will initiate appropriate disciplinary action

Supervisors will assist management in evaluating employee performance and/or personal problems that may be related to the use of illegal drugs

## **Training and Education**

### **Supervisory Training**

Since supervisors have a key role in establishing and monitoring a drug-free workplace, MCG Drilling & Completing, LLC, shall provide training to assist supervisors in recognizing and addressing illegal drug use by MCG Drilling & Completing, LLC employees. Supervisory training will be required of all supervisors and may be presented as a separate course or be included as part of an ongoing supervisory training program. Training will be provided as soon as possible after a person assumes supervisory responsibility; however, failure to receive such training will not invalidate otherwise proper management decisions relating to this program. The purpose of supervisory training is to provide the following information:

MCG Drilling & Completing, LLC policies relevant to work-performance problems and drug use

The rights of employees

The ways that performance and behavioral changes should be recognized and documented

The roles of the supervisors and personnel

### **Employee Education**

Drug education for all employees includes the following:

Objectives of the program

Types and effects of drugs

Rights of the employee

Symptoms of drug use and the effect on performance and conduct

Other relevant treatment, rehabilitative, and confidentiality issues

### **Testing for Illegal Drugs**

#### **Technical Guidelines for Drug Testing**

MCG Drilling & Completing, LLC Drug-Free Workplace Program shall have trained collection personnel, or a laboratory certification program, analytical standards and quality assurance requirements for urinalysis procedures, and strict confidentiality requirements.

All laboratories designated for analyzing drug tests must be approved by management personnel

All tested employees will receive written notification of their test results

If the verification test indicates the presence of an illegal drug, the employee will be contacted and provide him/her the opportunity to justify the positive test result. If the employee chooses to offer an explanation for the positive test result, he/she may present any information and/or declare any condition he/she believes might have affected the test result (e.g., prescribed medication). All information provided will be considered and will be submitted to MRO. Employees are not entitled to present evidence in a trial-type administrative proceeding, although discretion to accept evidence in any manner he/she deems most efficient or necessary

If it is determined that the employee's justification for the positive test result is adequate, the employee will be so notified, in writing, and the testing procedure is concluded at this point

If it is determined that the employee's justification for the positive test result is not sufficient, the findings are forwarded for further action

Upon receipt of finding the DPM shall advise the employee that he/she may request a second test of the specimen and the Company will give one (1) hour "at employees own expense" to go to an authorized drug testing facility and have a sample taken. If the facility drug test reflects a negative result, the employee will be reimbursed for that drug screening

#### **Privacy Provision**

Any individual, subject to testing under this program, shall be permitted to provide urine specimens in private and/or in a rest room stall or similar enclosure so that the employee is not observed while providing the sample, except in those cases where collection-site personnel, with the approval of the DPM, have reason to believe the individual may alter or substitute the specimen to be provided. Such belief should be supported by one of the following:

The individual's behavior suggest that he/she is under the influence of drugs at the time of the test

The individual has previously been found by MCG Drilling & Completing, LLC to be an illegal-drug user

At the time of testing, the individual is found to possess the means of tampering or altering urine samples

The individual has previously tampered with a sample

### **Notice to Employees**

A general notice announcing that MCG Drilling & Completing, LLC Drug-Free Workplace Program was provided to all employees at least 60 days prior to the implementation date of this Plan which explained:

The purpose of MCG Drilling & Completing, LLC Drug-Free Workplace Program:

That the Program included both voluntary and mandatory testing

That those who held positions selected for random testing would also receive an individual notice, prior to the commencement of testing, indicating that their position had been designated as safety sensitive

The circumstances under which testing may occur

That opportunity will be afforded to submit medical documentation of lawful use of an otherwise illegal drug

That the laboratory assessment is a series of tests which are highly accurate and reliable

That all medical records will be deemed confidential "patient" records and may not be disclosed without the prior written consent of the patient, except for the conditions or situations required by law

That a verified positive test result may only be disclosed to:

- a. The employee
- b. Any management employee whose duties necessitate review of the test result in order to process an adverse personnel action against the employee
- c. A court of competent jurisdiction or where required by the U.S. Government to defend against any adverse personnel action

That MCG Drilling & Completing, LLC may conduct reasonable-suspicion, accident, or unsafe-practice testing without regard to the 60-day notice requirement

### **Types of Testing**

**Random Testing** – Employees occupying safety sensitive positions are subject to random testing. The frequency of and the percentage of the random testing will be determined according to management's needs

**Individual Notice** – In addition to the general notice, an individual notice will be distributed to all employees subject to random testing, explaining, in addition to the information provided in the general notice, the following:

- (1) The employee's position has been designated a safety sensitive position
- (2) The employee has the opportunity to identify himself/herself voluntarily as a user of an illegal drug
- (3) It is MCG Drilling & Completing, LLC policy that disciplinary action will not be taken against employees who are found to be using an illegal drug, if the employee accomplishes the following:
  - (a) Voluntarily identifies himself/herself as a user of an illegal drug
  - (b) Thereafter refrains from using illegal drugs
  - (c) The employee will be subject to random testing no sooner than 30 days after the date of this notice
  - (d) Each employee in a safety sensitive position shall be asked to acknowledge, in writing, that the employee's position has been designated for random drug testing, and that refusal to submit to testing will result in initiation of disciplinary action, up to and including removal
  - (e) If the employee refused to sign the acknowledgement, the employee's supervisor shall not on the acknowledgement form that the employee received the notice. This acknowledgement shall be collected and maintained by Human Resources Director
  - (f) An employee's failure to sign the notice shall not preclude testing that employee or otherwise affect the implementation of the program since the general 60-day notice will have previously notified all employees of the requirement to be drug free

#### **Notification of Selection**

An individual selected for random testing, as well as, the first-level supervisor, will be notified on the same day that the test is scheduled. The supervisor will explain to the employee that the employee is under no suspicion of taking drugs, and that the employee's name was selected randomly

#### **Deferral of Testing**

If the first-and-second level supervisors agree, an employee's test may be deferred, if a compelling need necessitates a deferral on the following grounds:

- (1) The employee is in an approved leave status (administrative, annual, sick, or leave without pay status)
- (2) The employee is in official travel status or is about to embark on official travel; or
- (3) The employee needs to perform a task or function that is time critical and for which no other employee can be substituted

An employee whose test is deferred will be subject to an unannounced test within the 60 days following the deferral

## **Reasonable-Suspicion Testing**

Individuals Subject to Reasonable Suspicion Testing: Reasonable-suspicion testing may be required of any employee in a position that is designated for random testing when there is a reasonable suspicion that the employee uses illegal drugs whether on or off duty. Reasonable-suspicion testing may also be required of any employee in any position when there is reasonable suspicion of on-duty drug impairment

Reasonable-suspicion testing does not require certainty: however, undocumented “hunches” are not sufficient to warrant such testing. Among other things, reasonable-suspicion testing may be based upon the following:

- (1) Observable phenomena, such as direct observation of drug use or possession and/or the physical symptoms of being under the influence of a drug;
- (2) Arrest or conviction in the last year for a drug-related offense or the identification of an employee as the focus of a criminal investigation into illegal-drug possession, use, or trafficking (e.g. distribution of a controlled substance);
- (3) Information provided either by reliable and credible sources or by independent corroboration; or
- (4) Newly discovered evidence that the employee has tampered with a previous test result

## **Testing Procedures**

If an employee is suspected of using illegal drugs, the supervisor will document, in writing, the information, facts and circumstances that form the basis to recommend reasonable-suspicion testing. The written report will include, at a minimum, the appropriate dates and times of the drug-related incidents, reliable (credible) sources of information, and the rationale leading to the recommendation for the test. If reasonable-suspicion testing is conducted, the documentation will be appended to include the finding of the test and the action taken. Concurrence by a higher level supervisor is required, in advance, for all reasonable-suspicion test

## **Accident or Unsafe Practice Testing**

MCG Drilling & Completing, LLC is committed to providing a safe and secure working environment. It also has a legitimate interest in determining a cause of serious accidents so that it can undertake appropriate corrective measures. Post-accident drug testing can provide invaluable information furtherance of that interest. Accordingly, an employee may be subject to testing when, based upon the circumstances of the accident, their actions are reasonably suspected of having caused or contributed to an accident that meets the following criteria:

- a. The accident results in a death or personal injury requiring immediate hospitalization, or
- b. The accident results in damage estimated to be in excess of \$5,000.00 to company or private property



If an employee is suspected of having caused or contributed to an accident meeting either of the above criteria, the appropriate supervisor will present the facts leading to this suspicion to MCG Drilling & Completing, LLC Administrator (or designee) for approval. Once approval has been obtained and arrangements have been made for testing, the supervisor will prepare a written report detailing the facts and circumstances that warranted the testing. A test should be scheduled as expeditiously as possible

Employees not in safety sensitive positions may volunteer for unannounced random test. These employees will then be subject to random testing and will be subject to the same conditions and procedures for finding of illegal drug use as those employees found to use illegal drugs through any other means

### **Illegal Drug Use and Disciplinary Consequences**

An employee may be found to use illegal drugs on the basis of any appropriate evidence including, but not limited to, direct observation, evidence obtained from an arrest or criminal conviction, a verified positive test result, or an employee's voluntary admission

#### **Range of Consequences**

The severity of the disciplinary action taken against an employee found to use illegal drugs will depend on the circumstances of each case, will be consistent with the Order, and will include the full range of disciplinary actions, including removal. MCG Drilling & Completing, LLC shall initiate disciplinary action against any employee found to use illegal drugs but shall not discipline an employee who voluntarily admits to illegal drug use.

Disciplinary action, consistent with any collective-bargaining agreement and employment laws and other statutes, MCG Drilling & Completing, LLC orders, and regulations, may include any of the following measures, but some disciplinary action must be initiated:

- Reprimanding the employee in writing
- Placing the employee in an enforced leave status
- Suspending the employee for 15 days or more
- Reducing the employee in pay or grade
- Removing the employee from employment with the company

# DRUG POLICY

MCG Drilling & Completing, LLC, has adopted an alcohol and controlled substance policy to ensure the safety and well being of all our employees. Company policy forbids the possession or consumption of alcoholic beverages and the possession or use of any controlled substance on the premises, or while on company business.

The definition of a controlled substance is any drug, narcotic, hallucinogen, inhalant, barbiturate, amphetamine, mixture, or compound not prescribed by a licensed physician for the legitimate treatment of a specific employee's medical condition. All prescription drugs taken for an illness or other legitimate medical need must be registered with the department head and the personnel manager. Persons failing to register their prescriptions with the above personnel will be subject to immediate disciplinary action.

Users of illicit drug mixtures, compounds, or alcohol present a serious danger not only to themselves, but to all other employees with whom they work or come in contact. Lack of mental alertness, slow reactions, and other effects of alcohol and drugs lead to poor judgment and errors that place the safety of our workers and facility in great danger. Management cannot and will not allow the safety of our workers and facility to be compromised.

Violations of any of the following rules will result in immediate dismissal:

1. No alcoholic beverages may be brought onto or consumed on company property, or consumed while on company business
2. No illicit drug, mixture, or compound may be brought onto, used, or consumed on company property, while on company business.
3. All legitimate prescription drugs prescribed for a specific employee by a licensed physician for a specific illness or other legitimate medical need, will require a doctor's statement, indicating the name of the drug, the duration of the treatment, and that the drug will not interfere with the Employee's ability to work safely. The employee must register the prescription with the personnel Manager and the department head immediately upon reporting to work on the first day of use of the Drug.
4. Any employee taking a prescription drug as noted above will immediately inform his/her supervisor or department head of any adverse side effects occurring from use of the drug as soon as such adverse side effects become evident to the employee.
5. No employee may give, sell, or otherwise transfer any drug, mixture, or compound to any other Employee. To do so is a violation of federal law, and the employee involved will be reported to law enforcement authorities immediately.
6. The use, possession, solicitation for, or sale of narcotics or other illegal drugs, alcohol, or prescription Medication without a prescription on Company or customer premises or while performing an assignment.
7. Being impaired or under the influence of legal or illegal drugs or alcohol away from the Company or customer premises, if such impairment or influence adversely affects the employee's work performance, the safety of the employee or of others, or puts at risk the Company's reputation.



8. The presence of any detectable amount of prohibited substances in the employee's system while at work, while on the premises of the company or its customers, or while on company business. "Prohibited substances" include illegal drugs, alcohol, or prescription drugs not taken in accordance with a prescription given to the employee.

The Company has the authority to conduct drug testing under one or another of the following circumstances:

- \*RANDOM TESTING: Employees may be selected at random for drug testing at any interval determined by the Company.
- \*FOR CAUSE TESTING: The Company may ask an employee to submit to a drug test at any time it feels that the employee may be under the influence of drugs or alcohol, including, but not limited to, the following circumstances:
  - evidence of drugs or alcohol on or about the employee's person or in the employee's vicinity,
  - unusual conduct on the employee's part that suggests impairment or influence of drugs or alcohol, negative performance patterns, or excessive and unexplained absenteeism or tardiness.
- \*POST-ACCIDENT TESTING: Any employee involved in an on-the-job accident or injury under circumstances that suggest possible use or influence of drugs or alcohol in the accident or injury event may be asked to submit to a drug and/or alcohol test. "Involved in an on-the-job accident or injury" means not only the one who is injured, but also any employee who potentially contributed to the accident or injury event in any way.

If an employee is tested for drugs or alcohol outside of the employment context and the results indicate a violation of this policy, the employee may be subject to appropriate disciplinary action, up to and possibly including discharge from employment. In such case, the employee will be given an opportunity to explain the circumstances prior to any final employment action becoming effective. All employees are cautioned that violation of the above rules will lead to immediate dismissal and possible criminal charges being filed in those cases where illicit drugs are involved or the transfer of prescription drugs takes place.



**MCG DRILLING & COMPLETING, LLC**

**EMPLOYEE AGREEMENT AND CONSENT TO DRUG AND/OR ALCOHOL TESTING**

I hereby agree, upon a request made under the drug/alcohol testing policy of MCG Drilling & Completing, LLC, to submit to a drug or alcohol test and to furnish a sample of my urine, hair follicle, breath, and/or blood for analysis. I understand and agree that if I at any time refuse to submit to a drug or alcohol test under company policy, or if I otherwise fail to cooperate with the testing procedures, I will be subject to immediate termination. I authorize the Company to perform an on-site drug test and if I disagree with the results, the Company will give me 1 hour "at my own expense" to go to an authorized drug testing facility and have a sample taken. If the facility drug test reflects a negative result, I will be reimbursed for that drug screening. I further authorize and give full permission to have the Company and/or treating medical facility to release any and all documentation relating to such test to the Company and/or to any governmental entity involved in a legal proceeding or investigation connected with the test. I will hold harmless the Company, treating medical facility, and any testing laboratory the Company might use, meaning that I will not sue or hold responsible such parties for any alleged harm to me that might result from such testing, including loss of employment or any other kind of adverse job action that might arise as a result of the drug or alcohol test, even if a Company or laboratory representative makes an error in the administration or analysis of the test or the reporting of the results. I will further hold harmless the Company, testing medical facility, and any testing laboratory the Company might use for any alleged harm to me that might result from the release or use of information or documentation relating to the drug or alcohol test, as long as the release or use of the information is within the scope of this policy and the procedures as explained in the paragraph above.

This policy and authorization have been explained to me or I have read this policy, and I have been told that if I have any questions about the test or the policy, they will be answered.

**I UNDERSTAND THAT THE COMPANY WILL REQUIRE A DRUG SCREEN TEST UNDER THIS POLICY WHENEVER I AM INVOLVED IN AN ON-THE-JOB ACCIDENT OR INJURY UNDER CIRCUMSTANCES THAT SUGGEST POSSIBLE INVOLVEMENT OR INFLUENCE OF DRUGS OR ALCOHOL IN THE ACCIDENT OR INJURY EVENT. I ALSO UNDERSTAND THAT THE COMPANY HAS A RIGHT TO CONDUCT A RANDOM DRUG SCREEN AT ANY TIME.**

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Name of Company representative

\_\_\_\_\_  
Date

## SEARCH POLICY

The Company reserves the right to conduct searches to monitor compliance with rules concerning safety employees, security of company and individual property, drugs and alcohol, and possession of other prohibited items. "Prohibited items" includes illegal drugs, alcoholic beverages, prescription drugs or medications not used or possessed in compliance with a current valid prescription, weapons, any items of an obscene, harassing, demeaning, or violent nature, and any property in the possession or control of an employee who does not have authorization from the owner of such property to possess or control the property. "Control" means knowing where a particular item is, having placed an item where it is currently located, or having any influence over its continued placement. In addition to Company premises, the Company may search employees, their work areas, lockers, personal vehicles if driven or parked on company property, and other personal items such as bags, purses, briefcases, backpacks, lunch boxes, and other containers. In requesting a search, the Company is by no means accusing anyone of theft, some other crime, or any variety of improper conduct.

There is no general or specific expectation of privacy in the workplace of MCG Drilling & Completing, LLC, either on the premises of the Company or while on duty. In general, employees should assume that what they do while on duty or on the company premises is not private. All employees and all of the areas listed above are subject to search at any time; if an employee uses a locker or other storage area at work, including a locking desk drawer or locking cabinet, the Company will either furnish the lock and keep a copy of the key or combination, or else allow the employee to furnish a personal lock, but the employee must give the company a copy of the key or combination. The areas in question may be searched at any time, with or without the employee being present. As a general rule, with the exception of items relating to personal hygiene or health, no employee should ever bring anything to work or store anything at work that he or she would not be prepared to show and possibly turn over to Company officials and/or law enforcement authorities.

All employees of MCG Drilling & Completing, LLC, are subject to this policy. However, any given search may be restricted to one or more specific individuals, depending upon the situation. Searches may be done on a random basis or based upon reasonable suspicion. "Reasonable suspicion" means circumstances suggesting to a reasonable person that there is a possibility that one or more individuals may be in possession of a prohibited item as defined above. Any search under this policy will be done in a manner protecting employees' privacy, confidentiality, and personal dignity to the greatest extent possible. The Company will respond severely to any unauthorized release of information concerning individual employees.

No employee will ever be physically forced to submit to a search. However, an employee who refuses to submit to a search request from the Company will face disciplinary action, up to and possibly including immediate termination of employment.

# DISCIPLINARY POLICY

MCG Drilling & Completing, LLC, developed a disciplinary policy that applies to the safety and health program of this company. This disciplinary policy will be a tool to ensure enforcement of the rules and procedures for a safe and healthful working environment. The disciplinary policy applies to all employees of this company.

## Verbal Warnings

Management or supervisors may issue verbal warnings to employees that commit minor infractions or violations of the safety work practices. Continued violations or verbal warnings will lead to more stringent action.

## Written Warnings

1. Management or supervisors may issue written warnings for the following:
2. Repeated minor violations of safety rules or procedures.
3. Single serious violations of a rule or procedure that could have potentially resulted in injury to themselves or another employee or could have caused property damage.
4. Activity that could potentially result in injury or property damage.

## Disciplinary Leave

Supervisors may recommend and management may institute disciplinary leave for the above reasons and the following:

1. A single serious violation, of a rule or procedure, that results in injury to an employee or property damage.
2. Repeated violations, non-conformance to safety rules or procedures or activities that could potentially result in injury or property damage.

## Termination

Supervisors may recommend and management may concur in the termination of any employee for repeated serious violation of the above circumstances.

## Documentation:

Personnel management will establish employee files. Violations of company rules and/or safety rules, regulations or procedures will be documented by filling out a report on the employee. The report will state the type of violation and corrective action taken. The employee must read and sign the report acknowledging that they understand the seriousness of the violation.

## RETURN TO WORK POLICY

MCG Drilling & Completing, LLC, is committed to providing a safe and healthy workplace for its employees. The prevention of injuries and illnesses is our primary objective. In the event an employee is injured on the job, this company has developed and implemented a Return to Work Process. This process will provide the injured employee with immediate appropriate medical attention and will attempt to provide opportunities to return the employee to safe, productive work as soon as medically possible. The ultimate goal is to return the employee to his or her original job, by maintaining contact with the insurance company, the treating physician, and the injured employee. If the injured employee is unable to perform the tasks of the regular job, the Return to Work process will attempt to provide alternative productive work that meets the injured employee's capabilities and restrictions. We understand that by providing alternate duty jobs to return the injured employee to work helps boost the morale of the employee as well as fills the necessary jobs that would otherwise require overtime or might not be completed. The support and participation of management and all employees are essential for the success of the Return to Work Process for this company.

## ACCIDENT INVESTIGATION

Investigations are required on all accidents including those "near misses" not producing injuries. Near misses are reviewed to determine if a recurring hazard exists, therefore, they must be thoroughly investigated and reported. Accidents that do not produce injury have probably produced other job hindrances such as delay, damaged equipment, etc.

All accidents will be investigated by the immediate supervisor. Investigations will be conducted as soon as possible, within 24 hours after the accident. Corrective action will be taken on all incident investigations with the time frame for correction determined by the drilling superintendent.

Annual reviews will be conducted to determine if trends are occurring. The first aid log will be checked monthly to determine if trends are developing and to replenish the first aid supplies used.

In order to produce a thorough and effective investigation, it may be necessary to:

- \*Understand the need for the investigation
- \*Prepare for the investigation
- \*Gather facts concerning the investigation
- \*Interview the injured employee
- \*Take pictures
- \*Draw diagrams
- \*Get witness statements
- \*Analyze the facts
- \*Develop conclusions
- \*Make a detailed report
- \*Correct the situations that caused the accident
- \*Follow through on corrective action
- \*Double check the corrective action
- \*Critique the investigation

The intent of the accident investigation is to determine what basic condition or act caused the accident so corrective action can be taken to prevent recurrence and not to identify the guilty party. The goal is to determine the facts, not the fault.

All accident investigations will list the corrective action necessary to prevent recurrence and a date when that corrective action was implemented.





**MCG Drilling & Completing, LLC**

**ACCIDENT CORRESPONDENCE**

MCG Drilling & Completing, LLC is asking you to sign the following statement as a condition of your employment with this company. It is not to deny you any benefits or compensation due you should become involved in a work related injury. Rather, it is our sincere hope that by requesting each employee to comply with these safety standards, we will provide you with a safe place in which to work. Be sure that you understand the following paragraphs before you sign the statement. See your supervisor if you should have any questions.

1. In the event I am injured while in the course of my work, I will report the injury to my supervisor before reporting to a doctor or medical facility for medical treatment
2. I have received/acknowledged and read a copy of the Company Accident Prevention Program Safety Policies, Procedures, and Plans
3. I understand the Company's Safety Policies and Procedures as well as the possible disciplinary actions that may be taken if I do not comply with these safety standards or policy procedures
4. I accept my responsibility to comply with all established rules and agree as a condition of employment

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Print Name

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Month / Day / Year

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Employee's Signature



## RETURN TO WORK POLICIES/PROCEDURES

All Return to Work activity and processing shall be coordinated through the Return to Work Coordinator.

- A. All employees will immediately notify their supervisor or other appropriate personnel at the time of injury/incident.
- B. An incident record will be completed for every reported incident whether or not medical attention is needed.
- C. If medical attention is required, the injured employee will, if possible, be accompanied by his/her Supervisor to receive medical services.
  1. The employee or supervisor will provide the treating physician, at the time of treatment or as soon as possible thereafter, with a copy of his/her job description, essential elements, and introductory letter explaining the Return to Work Process.
  2. A TWCC-1 will be completed upon report of injury.
- D. If employee is restricted from work, his/her supervisor (RTW Coordinator, or other identified personnel) will maintain the communication with the employee on the day of injury and every week until returned to work. Communication with the treating physician will be completed by the identified personnel weekly.
- E. A copy of the work release from the physician will be kept in the employee's record.
- F. The supervisor will follow up with the employee on a regular basis after the return back to work.

## SAFETY RESPONSIBILITIES

The prevention of accidents and injuries is achieved through control of the working environment and control of people's actions. Unless responsibilities for safety are assigned, there is no assurance that safeguards are implemented or enforced.

This plan will be reviewed with all employees during the first safety meeting of each year and during the new employee orientation process.

Upon the assignment of responsibilities, the person must be held accountable for the fulfillment of those areas of responsibility. The lack of procedures for fixing accountability is safety's greatest failing. When people are held accountable, they will accept the given responsibility.

The Tool Pushers, will be the primary persons responsible for the implementation and enforcement of the company's safety policy. The drilling superintendent will verify compliance with federal, state and/or national safety standards/regulations. The drilling superintendent will also ensure training in areas affecting safety and health of the work place, and the investigation of accidents, property damage, incidents and near misses. In the absence of the drilling superintendent, the tool pusher will assume the responsibility for enforcing the program.

The drilling superintendent and the office manager will also be responsible for all documentation and records developed as a result of safety training, meetings, accident investigations and hazard reports required by this plan.

The drilling superintendent is responsible for visually inspecting the rig at the beginning of the shift to verify that the safety procedures are being adhered to. The drilling superintendent has the authority to intervene when unsafe behavior is observed and correct hazardous conditions that have been observed or reported.

The employees are responsible for understanding and practicing the safety rules, report any unsafe conditions to the drilling superintendent or tool pusher immediately, and report any accidents or incidents immediately, regardless of who was at fault.

## SAFETY EDUCATION & TRAINING

The training of employees is vital in a successful Safety Program. The Tool Pushers or a designated employee under the superintendent's direction will conduct the training.

Safety training is not a one-time occurrence. Continual monitoring and interaction supports accident prevention efforts. This will be completed by the drilling superintendent.

Upon implementation of this plan, it will be reviewed with all employees in the company. This will be completed by the drilling superintendent. Safety training will be conducted at the beginning of each rig site. The safety training will be conducted at minimum on a monthly basis and documented in written format. Office training will be conducted annually in December for all employee personnel and documented in written format.

All new employees will receive safety orientation training. This will include a review of the accident prevention plan, review of the company safe work rules, a tour of the facilities explaining the operation process and any equipment.

Immediately, upon implementation of this plan, all employees will receive a tour of the facilities, review of the accident prevention plan and review of the company's safe work rules.

Analyzed needs of this company include aggressive behavior training, manual material handling, preventing slips, trips and falls, and safety awareness. These training topics will be provided to the employees during the new employee orientation and during the annual retraining.

It is vital to our Safety Program that all safety training programs and meetings be carefully documented. Written records of all training activities will be kept. We are committed to good safety training that positively develops an attitude in all employees that strengthens and supports safety awareness. At the bottom of each safety meeting, the employees that were unable to attend the meeting will be listed and the date when the meeting materials were reviewed with those individuals will be listed.

## ACCIDENT ANALYSIS

Every year, the accident prevention plan will be reviewed by the Office Manager to determine any changes necessary in the process. This will be based on trends that have developed during the hazard identification process, the first aid log information and the accident investigations.

All accidents and incidents on the accident investigation form, hazard reports, inspection reports and the OSHA 300 form will be reviewed quarterly, in January, April, July and October to determine any trends that have developed based on the cause of the injury, the body part injured and the time of day and day of week of the injury. All hazards noted during the inspection processes will be charted to determine if the same hazards are recurring factors. These trends will be reviewed with all of the employees at the safety meeting in the month following the quarterly review.

Any trends identified whether in the incident investigation process or in the hazard identification process will be followed up by the office manager and documented on the analysis identification chart. These trends will be used to adjust the elements of the programs, including inspection, training and accident investigation. Documentation and operations will be used to determine needs for component changes.

# ACCIDENT AND HAZARD ANALYSIS REVIEW

Date: \_\_\_\_\_

1. Review of all incident investigation forms  
revealed: \_\_\_\_\_

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2. Repetitive accident/incident trends  
revealed: \_\_\_\_\_

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3. Recommended corrective action and completion dates for trends  
identified: \_\_\_\_\_

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Reviewed by: \_\_\_\_\_

# SAFETY RECORD KEEPING

Documentation of all accident prevention plan components is necessary for review of trends and follow-up procedures. All records will include the date of the process, the information required, and be signed by the person responsible for the process. Forms will be used to maintain consistency. All managers and employees will receive training regarding the required documents during the first safety meeting of each year and during the new employee orientation process.

Records will be maintained on the following:

## \*\*INJURY RECORDS

- \*An injury log will be maintained in the office by the Office Manager.
- \*Injury records will be retained for a period of five calendar years.
- \*Each employee injury file will contain a TWCC Employer's First Report of Injury of Illness, the Accident Investigation form, all supporting medical forms and information, correspondence, and a phone log.
- \*There will be a log to record all first aid cases in the first aid kit. This will be reviewed by the office manager on a monthly basis to determine if there have been first aid cases and to replenish the first aid supplies that were used.

## \*\*INSPECTION REPORTS

- \*All inspection reports will be maintained in the office by the office manager.
- \*Inspection records will be retained for a period of two calendar years.
- \*Each record will record the date of inspection, the name of the person conducting the inspection, any hazards noted, the person responsible for correction and the date of the correction.

## \*\*SAFETY MEETINGS/TRAINING

- \*All safety meetings and training records will be maintained in the office by the office manager.
- \*Safety meetings and training records will be maintained for a period of five calendar years.
- \*Each record will include the date of training, the name of the person conducting the training, the topics discussed and a signature of everyone that attended the training. At the bottom of the sheet, the individuals that were unable to attend the training will be listed and the date when the training materials were reviewed with those individuals will be listed.

## SELF-AUDIT & SAFETY INSPECTION

The Tool Pushers, will be responsible for conducting and documenting the safety inspections of the rig. The drilling superintendent will conduct the safety inspections throughout the job. This information will also be given to the office manager.

All rig self-audits and inspections will include a detailed survey of the equipment, work areas, means of egress and any unsafe acts observed. These inspections will be conducted at the time the rig is initially set up on the job. The inspections will be done at minimum on a monthly basis. The Safety Inspection on Rotary Rigs form will be used to conduct the inspections. These records will be maintained at the rig and at the main office.

The records will list all hazards, corrective actions and the date of correction. Employees will be notified of the hazards that pose an immediate threat of physical harm or property damage and measures or steps that will be taken to eliminate, correct or control the hazards.

The drilling superintendent is responsible for conducting daily visual inspections of the rig and correcting the condition if possible. Employees should contact the drilling superintendent or tool pusher of any identified hazards immediately. No records will be kept of the daily visual inspections.

The records will be reviewed on a quarterly basis by the office manager to determine if there are any trends that have developed and these will be addressed.



# SAFETY INSPECTION ON ROTARY RIGS ANALYSIS REVIEW

Date: \_\_\_\_\_

1. Review of all rig inspection entries  
revealed: \_\_\_\_\_

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2. Review of all rig inspection reports and hazard reports  
revealed: \_\_\_\_\_

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3. Recommended corrective action and completion dates for trends  
identified: \_\_\_\_\_

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Reviewed by: \_\_\_\_\_

## PROGRAM REVIEW & REVISION

The Office Manager will review and revise the Accident Prevention Plan to reflect current hazards identified in the work place, change in operations, equipment or job descriptions. This will be completed each year on an annual basis during the month of December. Any new hazards identified during the review will be included in the Accident Prevention Plan and employees will receive immediate training as required. The annual reviews will be documented showing the date of the review and new areas of exposure will be included.

# YEARLY ACCIDENT PREVENTION PLAN REVIEW

Date: \_\_\_\_\_

1. Review of all components in the Accident Prevention Plan revealed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

2. Implementation of new components to the Accident Prevention Plan revealed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3. New components implemented on and discussed by revealed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Reviewed

by: \_\_\_\_\_

## ***New Employee Safety Orientation Guidelines***

### **Purpose**

To provide the employee with the tools to prevent injury to themselves and others as they perform their new job. The orientation helps ensure that MCG Drilling & Completing, LLC is in compliance with state and federal workplace safety regulations.

### **Department Reporting Procedures**

New employees are to immediately report emergencies, accidents, incidents, near misses, motor vehicle accidents (if driving Company vehicle) and any unsafe conditions or acts to their supervisors.

#### **Reporting Accidents, Incidents, and Near Misses**

Employee is to immediately report on-the-job accidents, near-misses etc. to supervisor. Employee will submit to Supervisor an explanation, in writing, as to the extent of the injury, e.g. what, where, when, why, and how. Supervisors are to complete an accident/incident investigation form and submit to office immediately along with the employee's written statement of injury. Supervisors will also conduct whether there is a trend in any accident, incidents and/or near misses. All investigation forms are located in the doghouse at the Rig.

Reporting all accidents and incidents helps MCG Drilling & Completing, LLC and the employing departments initiate effective safety programs and accident prevention measures.

#### **Reporting Motor Vehicle Accidents**

All automobile accidents in Company owned vehicles must also be reported to office immediately, whether or not there appears to be personal injury or property damage.

#### **Emergency Numbers**

All pertinent emergency numbers are listed on the bulletin board in the doghouse. In case of an emergency, dial 911.

#### **Workers' Compensation and Industrial Insurance**

All work-related injuries or illnesses resulting in medical expenses or time loss are covered by State Worker's Compensation. To establish a Worker's Compensation claim, employees must submit information to office personnel to complete an Employer's First Report of Injury or Illness form. Prompt reporting of accidents to supervisors, will make claims process easier and may allow employee modified work during recovery.

### **First Aid**

#### **Obtaining Treatment**

Explain what actions employees should take if they or others are injured.

### **Location/Operation of Equipment**

Employees are to be shown where first aid kits are located. Demonstrate how eye wash stations are to be used and where they are located.

### **Potential Hazards on the Job**

#### **Reporting Hazards or Unsafe Acts**

Employees should report all unsafe conditions and/or acts to their supervisors. Employees should take the responsibility for correcting unsafe conditions when feasible, e.g. wiping up small, non-toxic spills and removing trip hazards.

#### **What are Hazards?**

Hazards are defined as a source of danger; a possibility of incurring loss or misfortune.

#### **How to Handle Hazards Safely**

The manufacturer's recommended procedures must always be followed as shown on the Material Safety Data Sheets. All gasoline and other flammable or combustible solvents must be stored in approved containers for that purpose.

#### **Personal Protective Equipment (PPE)**

Explain precisely the use, care, cleaning, and storage of any personal protective equipment the employee will be required to use on the job. Stress the need for strict adherence on the use of PPE. Personal Protective Equipment includes mandatory use of gloves, hard hats, safety glasses/goggles/face shields, hearing protectors, fall protection, and non-slip steel toe boots.

#### **Hazard Communication Program (Chemical Safety) (Worker Right-to-Know, Haz-Com)**

##### **General (all employees)**

New employees should be shown where hazardous materials are used or stored. The labeling system of any hazardous material should be explained to employee. Safety Material Data Sheets (generally given by the mud companies) are located in the doghouse or explain how they can obtain an MSDS. Employees will be trained in the safe handling of any hazardous materials they will be using.

*Hazard Communication training is conducted by supervisors or a designated departmental trainer (mud company).*

Inform new employees that hazardous materials emergencies, such as spills or releases too big for them to clean up, are to be reported to \_\_\_\_\_. Dispose of hazardous materials properly.

### **What to Do in Emergencies**

Tell and show new employees the police, medical, and fire emergency reporting number – 911.

### **Exit Locations and Evacuation Routes**

New employees should be walked through the appropriate evacuation route for their work area. Also point out the secondary emergency evacuation route to be used if the primary route is blocked. Employee should be shown where they are to assemble after evacuation.

### **Fire Extinguishers**

The employee should be shown where the portable fire extinguishers are located. The portable fire extinguishers are to be used if the fire is small (waste basket size) and they have a clear evacuation route. All employees are to be instructed on how the fire extinguishers are operated.

### **Procedures for Medical, Chemical, and Fire Emergencies**

Instruct employees the difference in treatment or calls needed in case of a medical, chemical or fire emergencies.

### **Total Safety Program**

The employees should understand the safety policies and the procedures that pertain to the work they do. Employee should be instructed where the Accident Prevention Plan manual is located and adheres to comply with all policies.

Safety is important because we care about our employees and each other. It reduces our premiums on workers' compensation insurance, increases productivity and efficiency when people are not injured, sends message to employees that they are important, and manages regulatory compliances, etc.

### **Bulletin Boards**

Employees are to be shown the location of the bulletin board in doghouse and explain that items of importance can be found there, e.g. emergency numbers, Notice to Employees, State Labor and Industry Posters. Other safety notices, safety meetings, etc. should be posted here also.

### **Safety Policies and Rules**

Employees should understand that supervisors will provide job safety instruction and inspection on a continuing basis. Conduct an on-the-job review of the practices necessary to perform the initial job assignments in a safe manner.

### **Safety Meetings**

Tool Box Safety Meetings will be conducted on a daily basis on each tour. An in-depth safety meeting will be held at the beginning of each well briefing the prognosis of the well, evacuation procedures and a safety meeting topic.

### **Lockout/Tagout**

The Lockout/Tagout program is to establish procedures to ensure that all machines or equipment are stopped and isolated from all potentially hazardous energy sources and locked out before employees perform any servicing or maintenance where unexpected energization or start up of the machine or equipment or release of stored energy could cause injury.

### **Personal Work Habits**

#### **Proper Lifting Techniques, Avoiding Slips and Falls**

Employees should use proper lifting techniques using legs (bending at the knees) instead of the back when picking items up from floor. Employee should get help if item is too big or bulky for one person to lift/haul. Clean up objects/liquids from floor to avoid slips and falls.

#### **Good Housekeeping, Prohibited Smoking Areas, Violence in the Workplace**

Employees should maintain a clear working area to refrain from accidents. All tools are to be placed where they belong and not on the ground. Employees should use the designated smoking areas to smoke. Violence in the workplace will not be tolerated. Any employee that demonstrates violence will result in disciplinary actions.

#### **Safe Work Procedures; No Horse Playing**

Employees should perform job duties in a safe manner. This industry is dangerous and if an employee demonstrates horse playing, the employee will be reprimanded. Horse Playing will Not be tolerated.

#### **Worksite Warning Signs and Labels**

Employees are to obey all posted warning signs and labels. Warning signs should be posted regarding but not limited to: potable water, smoking signs, eyewash station, etc.

### **On the Job Training and Tour Department/Facility Reviewing Worksite Hazards**

#### **Answer any Questions Employees might have**

The employees should be encouraged to ask questions and to develop a sense of safety consciousness. Supervisors should respond promptly to questions or issues the employee raises.

#### **Safety Consciousness**

The employee should have a tour around the worksite to introduce equipment, work environment, safety equipment, key personnel with safety responsibilities, identify hazards, etc. The employee should understand the importance of safe work habits.



# MCG DRILLING & COMPLETING, LLC

## Safety Orientation Checklist

To be completed first day of employment

Employee Name	Date Hired	Orientation Date
Position/Job Assignment	Rig #	
Check one: <input type="checkbox"/> New Employee <input type="checkbox"/> Transfer <input type="checkbox"/> Rehire <input type="checkbox"/> Temporary		

### Check Items Discussed

Purpose of orientation

Reporting all (vehicle, injury, near-miss) accidents, emergencies or unsafe conditions to supervisor and/or office personnel immediately

- Injury Report Form
- Correcting unsafe conditions when feasible
- Emergency numbers listed.....
- Worker's Compensation and Industrial Insurance
- First aid kit
  - Obtaining treatment
  - Location and operation of emergency equipment (first aid kits, eyewash stations, etc.)
- Potential hazards on the job
  - How to report hazards or unsafe acts
  - What are the hazards?
  - How to handle hazards safely
  - Required personal protective equipment (PPE), care, and use
  - Hazard Communication Program (Chemical Safety)
- What to do in the event of emergencies
  - Exit locations and evacuation routes
  - Location and operation of fire extinguishers
  - Specific procedures for medical, chemical, fire emergencies
- The total safety program
  - Function of bulletin boards
  - Safety policies and rules
  - Safety meetings
  - Lock out/Tag out procedures
- Personal work habits
  - Proper lifting techniques, avoiding slips and falls
  - Good housekeeping, prohibited smoking areas, violence in the workplace

- Safe work procedures; no horse playing
- Worksite warning signs and labels
- On the Job Training and Tour Department/Facility Reviewing Worksite Hazards
  - Answer any questions employees might have
  - To develop a sense of safety consciousness
- Other (Write additional topics covered on back)

I have instructed this employee on the items checked.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor

I have received orientation on the items checked.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee

# Confined Spaces Program

## 1.0 Introduction

The purpose of the confined space program at MCG Drilling & Completing, LLC, hereafter referred to as MCG, is to establish procedures to ensure that all confined spaces are identified on the Rig and the employees are aware of and practice proper procedures for entry into these potentially hazardous spaces. The procedures in this program apply to any space or area at Rig that is by definition a confined space. A **Confined Space** means a space that 1) is large enough and so configured that an employee can bodily enter and perform assigned work; 2) has limited or restricted means for entry or exit, and 3) is not designed for continuous employee occupancy. These spaces may include, but are not limited to, cellar, pits, water tank, mud hopper, and tool rooms in subs.

## 2.0 Policy

MCG employees will be trained to enter confined spaces and enable the use of alternate entry procedures.

All employees will be made aware of the provisions of this program as those provisions apply to the employee's respective role. The types of employees covered by this program include, but are not limited to, floor hands, derrick hands, drillers, etc.

### 2.1 Compliance

All employees are required to comply with this program. Because of the potentially deadly nature of hazards in confined spaces, strict disciplinary procedures will be followed for employees violating these rules.

## 3.0 Responsibilities

### 3.1 Toolpusher Responsibilities

The toolpushers are responsible for ensuring that employee training and retraining programs on this procedure are available for all affected employees.

### 3.2 Superintendents Responsibilities

- The superintendent is responsible for ensuring that affected employees get trained.
- The superintendent will assure that the testing and safety equipment required for compliance with the procedures are accessible to all affected employees as needed.
- The superintendent of affected employees is responsible for effectively enforcing compliance with these confined space procedures. This includes the use of corrective disciplinary action when necessary for violations of procedures.

### **3.3 Employee Responsibilities**

- All affected employees are expected to comply with the confined spaces procedures in this program.
- All affected employees are expected to use the testing and safety equipment required by the procedures and provided by MCG.
- Employees should consult with their toolpusher whenever there are any questions regarding their personal protection during maintenance, service, or routine operations in confined spaces.
- Employees should report new data, problems or changes to confined space to their toolpusher.

### **3.4 Entrant Duties**

- Know the hazards that may be faced during entry.
- Know how to properly use the safety and monitoring equipment required for the job.
- Exit from the space immediately when the entrant detects signs and symptoms of exposure, or a prohibited condition.
- Arrange for another employee to check on you periodically when using alternate entry procedures.

## **4.0 Training Requirements**

All employees who must enter confined spaces will be trained in this program before the employee is assigned confined space responsibilities. It is the toolpusher's responsibility to arrange training for the employee.

Training records containing the employee's name, date of training, signature of trainers, and identity of trainer must be retained by the toolpusher. (Safety Orientation Checklist will be sufficient as long as training is completed correctly.)

### **4.1 Initial Training**

Employee training will include but not limited to:

- Identification and location of known confined spaces.
- Identification of known or potential hazards in confined spaces.
- Use of testing procedures for confined spaces.
- Use of testing equipment.
- Introduction of entry procedures.

### **4.2 Retraining**

Retraining for confined spaces will be provided bi-annually. Otherwise, training will be provided when there is a change in job assignments, a change in machine, equipment or a process that present a new hazard, a change in entry procedures, or when periodic inspection reveals that there are deviations in employee knowledge of the procedures.

## **5.0 Contractors**

The toolpusher or superintendent will notify the outside contractors, of MCG's confined spaces policy and procedures, for who have employees engaged in activities that may require entry into confined spaces.

The toolpusher or superintendent will identify all known confined spaces to the contractor. The contractor will supply his or her own equipment and employee training for confined spaces entry. All contractors must, at minimum, abide by MCG's confined spaces procedures; failure to comply with these procedures will result in cancellation and expulsion of the contractor from the Rig.

Contractors must coordinate entry with employees who will also be working in the space.

Contractors must report problems or changes to a confined space to the toolpusher who will convey those changes to the superintendent.

## **6.0 Confined Space Procedures**

### **6.1 Identification of Confined Spaces**

The types of confined spaces on the Rig are listed in Appendix A. This list includes the risks associated with the space. Signs will be posted at the entrance to the spaces identified in the confined space list. Some areas of confinement will not have a particular place to put a sign; therefore, the areas of concern will be conducted in the Safety Orientation.

Evaluation of potential confined spaces on the Rig will be done on a continuous basis. As new confined spaces become known or as hazards are eliminated or identified in existing spaces the Appendix A will be adjusted accordingly. Employees who are aware of such changes shall notify the toolpusher or superintendent.

### **6.2 Alternate Entry Procedures**

Confined spaces are defined as: that have hazards that can be controlled from the outside leaving only an actual or potential atmospheric hazard may be entered under alternate entry procedures. Employees may enter the space using the following procedure. The space is continuously ventilated while the entrant is inside. Entrants must exit the space should any unsafe atmospheric or the space cannot be continuously ventilated.

- Get the help of another confined space entry trained employee.
- Control hazards by completing lockout/tagout procedures from outside the space.
- Identify and control other hazards by using appropriate control methods from outside the space.

- Cool to ambient temperature
- Stabilize loose materials or enter when empty
- Use fall protection harness or guardrail
- Use buddy system
- Use ladder
- ***If hazards cannot be controlled from outside the space, you may not enter it.***
- Install guardrails and toe boards to prevent items and people from falling into space.
- Relative to the hazards of the confined space, make arrangements to be checked on periodically by another confined space entry trained person while you are in the confined space.

### **6.3 Lockout/Tagout Procedures**

All Lockout/Tagout procedures will follow MCG's Lockout/Tagout program.

### **6.4 Equipment Use**

Ventilation: Spaces must be monitored before and during entry and must be within acceptable limits before entry is permitted.

Personal Protective Equipment (PPE): Appropriate personal protective equipment will be used to enter any confined space as outlined in the procedures for that space. All PPE must be readily available to the employee and regularly inspected before each use.

### **6.5 Testing and Monitoring Spaces**

Spaces should be monitored for oxygen level, flammable gases, and toxic gases (carbon monoxide and hydrogen sulfide) before and during entry.

### **6.6 Emergency Procedures**

If someone becomes trapped or disabled in a confined space, call 911 for help.

### **7.0 Review**

This program will be updated as new spaces or conditions are identified and procedures developed.

Appendix A. BGD Confined Spaces

Type of Confined Space	Risks
Cellar	
Pits	
Water Tank	
Mud Hopper	
Tool Rooms in Subs	
Additional:	

# Fall Protection Procedures

## 1.0 Fall Protection Introduction

If an employee is exposed to a fall hazard of ten (10) feet or more in height, the employee must use a fall restraint, fall arrest system, or positioning device system as described below.

## 2.0 Responsibilities

### 2.1 Competent Person

A "competent person" is an individual knowledgeable of fall protection equipment, including the manufacturer's recommendations and instructions for the proper use, inspection, and maintenance; and who is capable of identifying the existing and potential fall hazards; and who has the authority to take prompt corrective action to eliminate those hazards; and who is knowledgeable of the rules contained in this section regarding the erection, use, inspection, and maintenance of fall protection equipment and systems.

Supervisors can use the evaluation form in Appendix A to evaluate an employee for appointing as a competent person. Competence must be demonstrated and training provided to establish and maintain competence.

The competent person evaluates conditions:

- Identifies hazards
- Selects fall system
- Trains users
- Fills out fall protection plans
- Installs systems
- Supervises
- Monitors
- Enforces
- Inspects
- Stops work when necessary



## **2.2 Qualified Person**

One who has a recognized degree, certificate, or professional standing, or who has successfully demonstrated the ability to resolve fall protection and rescue problems.

The qualified person will design, install, and supervise:

- Horizontal lifelines
- Emergency removal (Coordinate with Fire Department before incident happens)
- Development of fall protection plan
- Evaluate anchorage on structures

The manufacturer of Fall Arrest System components is the qualified person as long as we install them per instructions.

## **2.3 Supervisor**

- Appoint one or more employees to be the competent person. Use the evaluation form in Appendix A to evaluate employees for appointment as competent employees.
- Ensure employees are trained to identify and control fall hazards
- Enforce compliance with fall protection standards

## **2.4 Contractors and Effected Employees**

Employees who have been assigned to work in areas where fall hazards exist must:

- Be knowledgeable in the fall protection equipment and procedures that apply to its proper use.
- Inspect fall protection devices and systems before use.
- Identify existing hazards.
- Correct existing hazards.

## **3.0 Training**

Employees who have fall exposures must be trained to identify those exposures. If an employee will require the use of fall arrest system equipment, the employee shall be trained to use and maintain the equipment.

Employees who have received fall protection training are capable of identifying work-place hazards, filling out the fall protection work-site plan, and are expected to correct, wherever possible, unsafe work-place conditions that they may be exposed. Every employee has the authority to correct hazards when they are able to do so. If they are unable to correct the hazard, or provide adequate protection, then work must be postponed until the supervisor and/or competent person can be contacted for guidance in correcting the hazards.

An employee who falls must be rescued within 15 minutes to avoid permanent physical harm. The superintendent/toolpusher can assist you in coordinating emergency response planning.

#### **4.0 Safe Access to Elevated Surfaces**

All employees of MCG will ensure that they use safe access to get onto and off of an elevated surface.

Employees will ensure that they do not expose themselves to a fall hazard while working heights without using the proper fall restraint.

#### **5.0 Fall Protection Equipment**

Fall Protection equipment includes, but is not limited to, the following:

##### **5.1 Full Body Harness**

An approved Class III full body harness must be used. The harness must properly fit the employee who will be using it.

##### **5.2 Lanyards and Lines**

- Safety lines and lanyards will be protected against being cut or abraded.
- Lanyards must be adjusted so their length is only long enough to allow the employee the ability to move in the safe areas
- Lanyards must have a minimum tensile strength of 5,000 pounds.
- The attachment point of the lanyard to the body harness must be located in the center of the wearer's back near the shoulder level, or above the wearer's head.

##### **5.3 Hardware**

- Hardware must be drop forged, pressed or formed steel, or made of materials equivalent in strength.
- Hardware must have a corrosion resistant finish, and all surfaces and edges must be smooth to prevent damage to the attached body harness or lanyard.
- All components of body harness systems, unless otherwise specified, must be capable of supporting a minimum fall impact load of 5,000 pounds (fall arrest) or 4,000 pounds (fall restraint) applied at the lanyard point of connection.

##### **5.4 Anchors**

- Full body harness systems used for fall arrest must be secured to anchorages capable of supporting 5,000 pounds per employee.
- Anchorage points used for fall restraint must be capable of supporting four (4) times the intended load.

### 5.5 Snap Hooks

- Snap hooks must be self-closing and self-locking.
- Snap hooks may not be connected to loops made in webbing type lanyards.
- Snap hooks may not be connected to each other.
- Not more than one snap hook may be connected to any one D ring unless they are the double locking type.

### 5.6 Inspection of Components

- Full body harness systems must be inspected prior to each use. Inspect for mildew, wear, damage, other deterioration, and defective components. Remove from service when the function or strength has been adversely affected.
- Systems or components that have been subjected to impact loading (a fall) must be immediately removed from service and not used again unless inspected and determined by a competent person to be undamaged and suitable for reuse.
- Fall protection equipment must be inspected at least twice each year by a "competent person" according to the manufacturer's recommendation. Defective equipment shall be removed from service immediately.

### 5.7 Storage

Fall protection equipment shall be stored where protected from environmental factors, such as heat, light, excessive moisture, oil, chemicals and vapors, and any other damaging factors.

**Appendix A. Competent Person Evaluation Form**

Employee's Name: \_\_\_\_\_

Position: \_\_\_\_\_

Length of Time w/ Employer: \_\_\_\_\_

Length of Experience in Fall Protection: \_\_\_\_\_

**TRAINING**

Does the named individual have training in:	YES	NO
• Use of fall protection equipment		
• Inspection requirements of fall protection equipment		
• Maintenance of fall protection equipment		
• Storage of fall protection equipment		
• Identifying fall hazards		
• Requirements of the fall restraint & fall arrest standards		
• Current first aid		

**KNOWLEDGE**

Does the named individual have knowledge about:	YES	NO
• Fall hazards		
• Use of protective systems		
• Requirements of the standards		
• Residual risk classifications		
• Fall protection work plans		
• Emergency removal		
• Line capacity		

**AUTHORITY**

Does the named individual have authority to:	YES	NO
• Take prompt corrective measures to eliminate existing and predictable hazards		
• Stop work until hazards are corrected or eliminated or controlled and remove employees from the hazardous area until proper systems are in place		

**COMMENTS**

	YES	NO
Do you consider the named individual to be <b>COMPETANT</b> within the requirements of the <b>FALL RESTRAINT AND FALL ARREST STANDARD</b> ?		
If not, <b>WHY</b> ?		
<b>Areas to be strengthened:</b>		

Employer Representative Signature: \_\_\_\_\_

Date of evaluation by employer: \_\_\_\_\_

# Hazard Communication Program

## 1.0 Introduction

MCG employees can review a copy of this written program in the office, as well as at each Rig affected by these regulations.

The purpose of the Hazard Communication Program is to ensure that all employees are aware of the dangers associated with hazardous materials.

## 2.0 Responsibilities

### 2.1 Supervisors

- Verify container labeling.
- Maintain MSDS binder and list of hazardous products.
- Forward MSDS and updated hazardous products lists to the office.
- Arrange employee training.
- Review new MSDS for new hazards and controls and train affected employees.
- Duties may be delegated.

## 3.0 Common Hazardous Chemical Procedures

The manufacturer's recommended procedures must always be followed. These procedures can be found on each Material Safety Data Sheet (MSDS). Material Safety Data Sheets are explained below.

No employee is permitted to use a hazardous chemical product until the MSDS is on site.

No employee is permitted to use a hazardous chemical product until the employee has had hazard communication training.

Approved containers must be used for gasoline and other flammable or combustible solvents. Equipment power cords must be disconnected before the equipment is cleaned with solvents. Proper ventilation must be used when there is the possibility of fumes or vapors accumulating.

## **4.0 Container Labeling**

All containers of hazardous materials must have securely affixed warning labels.

The labels must be prominently displayed, written in English, and clearly legible. It is strongly encouraged that departments use the HMIS or NFPA labeling system, which uses color and number coding to identify hazards.

The original manufacturer's label or a hand-written label will be acceptable, if the hand written label contains the original information and is clearly legible, in English.

### **4.1 Primary Containers**

On the primary (original) container, labels must include the following information:

- Identify of the hazardous chemical in the container. The chemical or product name must correspond to a specific Material Safety Data Sheet (MSDS) with the same name.
- Appropriate hazard warnings. The warning must be a word, symbol, picture, or combination thereof, which provides at least general information regarding the hazards of the chemicals, such as "toxic" or "corrosive". The hazard warning when used in conjunction with the other information immediately available to the employee (i.e. MSDS) will provide specific information regarding the physical or health hazards of the chemical.

### **4.2 Secondary Containers**

Repackaged secondary or temporary hazardous chemicals must be labeled with the same information that was included on the primary container.

## **5.0 Material Safety Data Sheets (MSDS's)**

Copies of the Material Safety Data Sheets (MSDS) will be available to all affected employees for all hazardous chemicals located at Rig location.

Each Rig will keep a binder of MSDS for the chemicals used in that work area. The MSDS binder will be readily available for review by all employees during each work shift.

The toolpusher/superintendent are responsible for establishing and monitoring the MSDS system, including procedures for obtaining MSDS's. The manufacturers of hazardous chemicals are required to supply MSDS for their products. The user shall forward a copy of all MSDS received to the office so that a complete set of MSDS for all hazardous materials will be maintained in one office.



### **5.1 Reviewing and Updating MSDS's**

Each supervisor will review incoming MSDS for new and significant health or safety information and will see that any new information is passed on to affected employees through training. MSDS's will be updated as new products are added or old ones discontinued.

### **6.0 New Product Hazards**

Before any new chemical is introduced into the work place, each employee will be given hazardous product information in the same manner as during the initial Hazard Communication training. The employee's supervisor is responsible for providing this information.

#### **6.1 New Chemical Labeling and MSDS's**

Each supervisor must verify that new containers of hazardous chemicals are properly labeled before they are brought into the specific work area. Labels must be legible. MSDS's on new chemicals must be entered into the Rig's MSDS folder.

### **7.0 List of Hazardous Chemicals**

The supervisor of each Rig is responsible for keeping an up-to-date list or inventory of hazardous chemicals used in that area. The list must refer to a chemical by the same name(s) used on the corresponding Material Safety Data Sheet and the container label. This list must be kept with the binder containing the MSDS for these hazardous chemicals. This list and the MSDS binder must be available for review by employees during any work shift.

The supervisor must note the date a new hazardous chemical is added to, or taken from the list. A revised list and a copy of the MSDS must be forwarded to the office. The office will maintain MSDS for hazardous products that are no longer on site, as an historical record or archive.

### **8.0 Hazardous Non-Routine Tasks**

Employees may be required to perform non-routine tasks involving hazardous products. Prior to starting work on such projects, each affected employee will be given information by supervisor about hazardous chemicals to which they may be exposed during such activity. This information will include:

- Specific chemical hazards
- Protective/Safety measures the employee can take
- MCG has taken to lessen the hazards including ventilation, respirators, product substitution, pressure of another employee, and emergency procedures.

It is MCG's policy that no employee will begin work in a confined space or on any non-routine task involving hazardous materials without first receiving a safety briefing form the Rig supervisor.

## 9.0 Informing Contractors

It is the responsibility of the supervisor to provide contractors with information regarding hazardous chemicals in the contractor's work area. The notification shall be in writing and will include:

- MCG safety rules
- Hazardous chemicals to which they may be exposed while on the job site
- Measures the contractor's employees may take to lessen the possibility of exposure.
- Steps MCG has taken to lessen the risks of chemical exposure or injury.
- Availability and location of MSDS for all hazardous chemicals.
- Emergency procedures to follow in case of exposure

It is the contractor's responsibility to notify the Supervisor, in writing, when hazardous chemicals will be brought onto Rig. The contractor will provide the following information:

## 10.0 Employee Training and Information

All employees of MCG who may be exposed to hazardous chemicals will be provided information and training on the chemicals in their work area. Prior to starting work, each new employee with potential exposure to hazardous products will attend a health and safety orientation and will receive information and training on the following:

- An overview of the requirements contained in the Hazard Communication Standard.
- Hazardous chemicals present in work places or operations.
- Location and availability of MCG's written Hazardous Communication Program.
- Physical and health effects of the hazardous chemicals used.
- Methods and observation techniques used to determine the presence or release of hazardous chemicals in the work area.
- How to lessen or prevent exposure to hazardous chemicals through use of control procedures, work practices, and personal protective equipment.
- Steps MCG has taken to lessen or prevent exposure to these chemicals.
- Emergency procedures to follow if exposed to these chemicals.
- How to read labels and review Material Safety Data Sheets to obtain appropriate hazard information.

- Location and availability of the MSDS file and lists of hazardous chemicals present in the employee's work area.

It is the responsibility of the supervisor to ensure that employees have received this training before working in an area with hazardous chemicals.

Periodic notices will be posted at the Rig, which provide an explanation of the container labeling system and the location of MCG's written Hazard Communication Program.

The Toolpusher will be responsible for assisting supervisors in arranging the employee training and information program.

#### 11.0 Emergency Procedures

In case of a chemical spill or accidental exposure to hazardous chemicals, refer to the appropriate MSDS for emergency instructions and relay this information to a supervisor immediately.

#### 12.0 Disposing of Hazardous Materials

A hazardous material is any substance in any quantity or form that could jeopardize health, safety, or property. Such materials include toxic chemicals, flammable liquids or solids, poisons, corrosives, compressed gases and others. Approval must be obtained from the supervisor before disposing of potentially hazardous material.

# Personal Protection

## Personal Protection Equipment (PPE)

### 1.0 Introduction

MCG Drilling & Completing, LLC, hereafter referred to as MCG, will provide most required personal protective equipment (PPE). The employee may be required to provide PPE that is of personal nature and that may be worn off the job, such as slip resistant, steel toe footwear along with safety hard hats.

An employee who comes to work without their PPE may be sent home on their own time to retrieve the equipment. Employees who do not follow MCG's PPE program may result in disciplinary actions.

### 2.0 Hazard Assessment

Each supervisor is responsible for conducting regular hazard assessments. The process involves looking for and identifying potential hazards in the workplace to determine whether PPE is needed and what type. The toolpusher is available to assist in this process.

PPE alone is not to be relied on to provide protection for employees. PPE may be used after all other reasonable means of reducing hazards have been explored. Take active steps to eliminate all identified hazards through the use of other methods, materials, processes or engineering controls. A periodic review of the hazard assessment should be conducted.

The hazard assessment or review must be documented, in writing or electronic form and approved by the toolpusher. The hazard assessment must contain the following information:

- Name of the Department
- Name of person certifying that a workplace hazard assessment was done
- Date(s) the workplace hazard assessment was done
- Statement identifying the document as the certification of hazard assessment of PPE for the workplace

Sample evaluation forms can be found in Appendix A.

### 3.0 Selection and Use of PPE

Following the hazard assessment, appropriate PPE must be selected to protect against injuries or damage from the hazards that could not be otherwise eliminated.

PPE must meet the most current ANSI (American National Standards Institute) standard. Eye protection must meet ANSI Z87.1 – 1989. Head protection must meet ANSI Z89.1 – 1986. Foot protection must meet ANSI Z41 – 1991. The safety equipment vendor must supply upon your request, written evidence that PPE purchased meets these ANSI standards.

Before each day's use, employees must carefully inspect PPE, clothing and equipment to make sure they are clean and undamaged. Those items found to be defective must be taken out of service immediately.

#### **4.0 Training**

Employees must be trained so that each employee knows what PPE is required for the various work areas or tasks that employee may be assigned. Employees should know:

- When PPE is necessary
- What PPE is necessary
- How to put on the equipment correctly
- How to adjust and remove equipment
- The limitations of the PPE
- Proper care, maintenance, lifespan, and disposal of the PPE

The supervisor must keep training records. Training records should include the name of the employee and the date(s) of the training. The Personal Protective Training List may be used to track employee training. See Appendix B.

The supervisor is responsible for assuring compliance with this policy. Retraining may be necessary when an employee does not use the equipment as directed by the manufacturer and according to code requirements.

#### **5.0 PPE Standards**

##### **5.1 Occupational Head Protection**

Employees must wear appropriate head protection whenever exposed to hazards that could cause head injuries, such as, from flying, propelled, or falling objects or materials. Head protection must meet ANSI Z89.1. Caps with metal buttons or metal visors may not be work around electrical hazards. Hard hats are to be worn at ALL times while on the wellsite location.

##### **5.2 Eye and Face Protection**

MCG requires employees to use appropriate eye or face protection when exposed to eye or face hazards from flying particles, molten metal, liquid chemicals, acids, or caustic liquids, chemical gases or vapors, or potentially injurious light radiation.

Further, each affected employee must use eye protection that provides side protection when there is a hazard from flying objects. Employees who wear prescription glasses will be provided

with safety eye wear that fits over the glasses. Employees may, at their own expense, opt to purchase their own prescription safety glasses that meet ANSI standards.

- Proper eye protection must be worn whenever there is a reasonable possibility that an eye injury could occur.
- Suitable eye protection may include safety glasses, goggles, face shields or approved dark glasses. The degree and type of hazard indicates the type of eye protection.
- Eye protection is required in operations involving welding, drilling, chipping, hammering, chemical handling, or other hazardous equipment and operations.

### **5.3 Hand Protection**

Employees must use appropriate hand protection when their hands are exposed to hazards such as those from skin absorption of harmful substances, cuts or lacerations, abrasions, punctures, chemical burns, temperature extremes, harmful radiation or other material handling hazards. Employees must be aware of all "pinch points" and watch hand placement.

### **5.4 Foot Protection**

MCG requires employees to wear "substantial" footwear made of leather or other equally firm material, slip resistant and steel toe boots while on wellsite location. Or, whenever there is a danger of injury to the feet through falling or moving objects, or from burning, cutting, penetration, electrical, or like hazard. Footwear must meet ANSI standard Z41 - 1991 specifications.

### **5.5 Hearing Protection**

Hearing protection must be worn whenever an employee is exposed to high or long duration noise levels such as grinders, gas-powered machines, or air tools. Employees who are exposed to sound levels that exceed 85 dB time weighted average (TWA) will be included in the formal hearing protection program.

### **5.6 Fall Protection Devices**

MCG requires all employees working in extreme heights to use the personal fall protection devices. These devices include rope and harness assemblies, safety hooks, lanyards, belts, nets and/or helmets. They typically provide additional safety precautions in conjunction with those already in place (i.e., guardrails and rigging). The use of personal fall protection equipment requires proper placement and arrangement of all components, as well as effective safety checks on harness, anchor and connection devices. Ropes, belts, harnesses and cables should be regularly checked for any fraying or tears, and should be discarded as necessary. Nylon and other regularly used materials may also be affected by facility or environmental conditions.

## **6.0 Clothing and Jewelry**

Clean clothing sufficient to protect against the hazards of the operations being performed must be used. For example: clothes that have diesel or such spilled on them should not become associated



with anything flammable. Loose shirtsleeves, coverall sleeves or rings, earrings, wristwatches, and other jewelry must not be worn when working with power equipment or machinery. Long sleeves and pants must be worn when there is the risk of chemical splash or flying objects.

#### **7.0 Illumination of Work**

Whenever natural light is insufficient to illuminate work operations, artificial illumination will be provided to enable the work to be performed safely.



## Appendix A. Hazard Assessment Checklist

Some work activities are more hazardous than others. This list can help identify those activities that may create hazards for your employees. Read through the list, putting a check next to any word that describes an activity in your workplace. We've grouped the activities according to what part of the body might need PPE.

### Eyes

#### Work activities

- |  |   |                                       |
|--|---|---------------------------------------|
| <input type="checkbox"/> abrasive blasting | <input type="checkbox"/> grinding               | <input type="checkbox"/> sanding      |
| <input type="checkbox"/> chopping          | <input type="checkbox"/> hammering              | <input type="checkbox"/> sawing       |
| <input type="checkbox"/> cutting           | <input type="checkbox"/> intense light/welding  | <input type="checkbox"/> other: _____ |
| <input type="checkbox"/> drilling          | <input type="checkbox"/> punch press operations |                                       |

#### Work related exposure to:

- airborne dust
- flying particles
- blood splashes
- hazardous liquid chemicals
- other: \_\_\_\_\_

### Face

#### Work activities

- |  |   |                                       |
|--|---|---------------------------------------|
| <input type="checkbox"/> cleaning            | <input type="checkbox"/> mixing               | <input type="checkbox"/> welding      |
| <input type="checkbox"/> cooking             | <input type="checkbox"/> painting             | <input type="checkbox"/> other: _____ |
| <input type="checkbox"/> dip tank operations | <input type="checkbox"/> pouring molten metal |                                       |
| <input type="checkbox"/> foundry work        | <input type="checkbox"/> siphoning            |                                       |

#### Work related exposure to:

- hazardous liquid chemicals
- extreme heat
- cold
- potential irritants
- other: \_\_\_\_\_

## Head

### Work activities

- |  |  |                                       |
|--|--|---------------------------------------|
| <input type="checkbox"/> building maintenance      | <input type="checkbox"/> use of catwalks       | <input type="checkbox"/> other: _____ |
| <input type="checkbox"/> confined space operations | <input type="checkbox"/> use of conveyor belts |                                       |
| <input type="checkbox"/> construction              | <input type="checkbox"/> use of crane loads    |                                       |
| <input type="checkbox"/> electrical wiring         | <input type="checkbox"/> utility work          |                                       |

### Work related exposure to:

- beams
- exposed electrical wiring or components
- falling objects
- machine parts
- pipes
- other: \_\_\_\_\_

## Feet

### Work activities

- |   |                                       |  |
|---|---------------------------------------|--|
| <input type="checkbox"/> building maintenance | <input type="checkbox"/> foundry work | <input type="checkbox"/> use of highly flammable materials |
| <input type="checkbox"/> construction         | <input type="checkbox"/> logging      | <input type="checkbox"/> welding                           |
| <input type="checkbox"/> demolition           | <input type="checkbox"/> plumbing     | <input type="checkbox"/> other: _____                      |
| <input type="checkbox"/> food processing      | <input type="checkbox"/> trenching    |  |

### Work related exposure to:

- explosive atmosphere
- explosives
- exposed electrical wiring or components
- heavy equipment
- slippery surfaces
- tools
- other: \_\_\_\_\_

## Hands

### Work activities

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> baking                          | <input type="checkbox"/> hammering         | <input type="checkbox"/> use of computers   |
| <input type="checkbox"/> cooking                         | <input type="checkbox"/> material handling | <input type="checkbox"/> use of knives      |
| <input type="checkbox"/> dental and health care services | <input type="checkbox"/> sanding           | <input type="checkbox"/> welding            |
| <input type="checkbox"/> grinding                        | <input type="checkbox"/> sawing            | <input type="checkbox"/> working with glass |
|  |  | <input type="checkbox"/> other: _____       |

Work related exposure to:

- blood
- irritating chemicals
- tools or materials that could scrape, bruise, or cut
- other: \_\_\_\_\_

**Inhalation**

Work activities

- cleaning
- compressed air or gas operations
- fiberglass installation
- mixing
- painting
- pouring
- sawing
- other: \_\_\_\_\_

Work related exposure to:

- extreme heat/cold
- irritating dust
- other: \_\_\_\_\_

**Hearing**

Work activities

- generators
- ventilation fans
- grinding
- machining
- motors
- pneumatic equipment
- routers
- punch or brake presses
- sanding
- sawing
- use of conveyors
- other: \_\_\_\_\_

Work related exposure to:

- loud noises
- loud work environment
- noisy machines/tools
- punch or brake presses
- other: \_\_\_\_\_

**General hazards**

Work activities

- building maintenance
- construction
- logging
- utility work
- other: \_\_\_\_\_

Work related exposure to:

- working from heights of 10 feet or more
- working near water/pits
- other: \_\_\_\_\_

**Skin**

Work activities

- baking or frying
- battery charging
- dip tank operations
- fiberglass installation
- irritating chemicals
- sawing
- other: \_\_\_\_\_

Work related exposure to:

- chemical splashes
- extreme heat/cold
- sharp or rough edges
- other: \_\_\_\_\_

**Appendix A. Hazard Assessment Checklist**

Your name: \_\_\_\_\_

Name of workplace/rig: \_\_\_\_\_

Workplace/Rig county: \_\_\_\_\_

Dates of Hazard Assessment for PPE: \_\_\_\_\_

Appendix B. PPE Training Checklist

**PERSONAL PROTECTIVE EQUIPMENT (PPE) TRAINING LIST**

Please list the protective equipment going to be used by said employee and the date they received training for use of equipment. For additional space, attach extra sheets. Please Print.

Employee Name: \_\_\_\_\_

Department/Rig Name: \_\_\_\_\_

	Received Training <i>Please enter date</i>
Eye: _____ _____	<input type="text"/> <input type="text"/>
Foot/Leg: _____ _____	<input type="text"/> <input type="text"/>
Hand/Arm: _____ _____	<input type="text"/> <input type="text"/>
Head: _____ _____	<input type="text"/> <input type="text"/>
Hearing: _____ _____	<input type="text"/> <input type="text"/>
Respiratory: _____ _____	<input type="text"/> <input type="text"/>
Other: _____ _____ _____	<input type="text"/> <input type="text"/> <input type="text"/>

# Lockout/Tagout Program

## 1.0 Introduction

The purpose of the Lockout/Tagout program at MCG is to establish procedures to ensure that all machines or equipment are stopped and isolated from all potentially hazardous energy sources and locked out before employees perform any servicing or maintenance where unexpected energization or start up of the machine or equipment or release of stored energy could cause injury.

## 2.0 Application

The procedures in this program apply to any energy source in which direct or stored energy could cause injury to employees at MCG. These energy sources include, but are not limited to, electrical, mechanical, hydraulic, pneumatic, chemical, and thermal energy.

## 3.0 Compliance

All affected employees are required to comply with this program. Because of the potential deadly nature of uncontrolled energized equipment or machines, strict disciplinary procedures will be followed for employees violating these rules.

## 4.0 Responsibilities

All employees will be made aware of the provisions of this program as those provisions apply to the employee's role. The types of employees covered by this program are:

### 4.1 Authorized

An employee who locks out or tags out machines or equipment in order to service or maintain that machine.

### 4.2 Affected

An employee whose job requires the use/operate of a machine or equipment on which service or maintenance is being performed under lockout or tagged out, no attempt shall be made to start the machine or activate the switch. The proper procedure is to contact the person whose name is on the tag or lock. That person may remove the lock or tag.

*It is expressly forbidden for any person, other than a supervisor or the one who installed the tag or lockout, to remove the lock or activate a tagged power panel, valve, switch, or piece of power*

*equipment. Failure to follow this procedure could result in serious damage, injury or even loss of life and may result in disciplinary action.*

## **5.0 Training Requirements**

All employees who service and /or maintain equipment or machines, or who must remove or bypass guarding during normal production activities, will be trained in this program. Training records containing the employee's name and date of training must be retained by the supervisor and placed in the employee's personnel file.

### **5.1 Initial Training**

Authorized employee training will include:

- Recognition of hazardous energy sources
- The types and magnitude of energy in the workplace
- Methods for energy isolation/control

Affected employee training will include:

- The purpose and use of energy control procedures
- Prohibition on restarting machines or equipment

### **5.2 Retraining**

Retraining will be provided when periodic inspection reveals that an employee may not be aware of procedures, or whenever there is a change in job assignments; a change in machine, equipment, process or a change in energy control procedures that presents a new hazard.

## **6.0 Responsibilities**

### **6.1 Toolpusher/Supervisor**

The Toolpusher and /or superintendent is responsible for assisting supervisors in arranging employee training and retraining programs on this procedure.

### **6.2 Management Responsibilities**

- Each supervisor will assure that the locks and devices required for compliance with the procedures are provided to authorize employees as needed.
- Each supervisor of authorized and affected employees are responsible for effectively enforcing compliance with the lockout procedure. Enforcement includes the use of corrective disciplinary action where necessary for violations of procedures.

### **6.3 Employee Responsibilities**

- Authorized and affected employees are expected to comply with the lockout/tagout policy and procedures.



- When employees are issued personal safety locks, keys, or tags, they will be expected to take care of them; keep them in their possession and not loan them to other employees; and notify their supervisor if the lock, key, or tag becomes damaged or lost.
- Employees should consult with their supervisor whenever there are any questions regarding their personal protection during maintenance, service, or routine operations.

#### **6.4 Outside Contractors**

The Toolpusher or Superintendent will notify outside contractors whose employees are engaged in activities that require lockout/tagout of the policy and procedures. All contractors must abide by BGD's lockout/tagout procedures as a condition of their contract.

#### **7.0 General Rules:**

- Safety locks are for the personal protection of the employee and are only to be used for locking out equipment. Employees are not allowed to "loan" their locks to other employees.
- No two-safety lock configurations will be the same. Each key will fit only one lock and only one key will be issued to each employee.
- Supervisory locks will be used to lockout equipment for an extended period of time. The supervisor will retain all supervisory locks and keys.
- Only the employee who applies a safety lock may remove it. If the employee is not available to remove a lock, specific procedures in section 12.0 (below) must be followed.

#### **8.0 Placement of Tags or Locks**

Each lock or tag must be identified with:

- The name of the person performing the work
- A description of the work
- The date
- The department performing the work

If more than one person is working on the equipment, each worker must place his or her own lock and tag on the control or switch. A multiple user hasp may be used in cases where more than one person is working on the equipment. In such places where multiple locks are not possible, each employee should affix their own tag to the single lock that is in place. If the control or switch is always in sight, the worker may choose to use a tag on the control or switch.

#### **8.1 Verifying**

Before starting work, press the "on" switch to make sure that the equipment cannot be started, set in motion or energized by alternate power sources or stored energy. Where there is potential exposure to electrical wiring, test all poles or lines of the power source to ensure that they are all disconnected.

## 8.2 Removal

When the job is finished, each worker must remove their lock and tag. One worker must not remove the lock or tag of another worker.

In some circumstances, supervisors may need to remove or grant permission to remove a worker's lock or tag. This may only be done after a thorough inspection has been made of the area, by the supervisor, to assure that no person will be exposed to dangers as a result of activating the system.

The supervisor must insure that the person whose name is on the lock or tag is contacted and notified that their lock or tag is being or has been removed.

Each padlock will have only one key, which is used by the employee, and a master, which must be retained by the supervisor. If a key is lost, report it immediately to the supervisor.

## 9.0 Locking and Tagging Equipment or Machines

The following procedures must be followed when locking and tagging equipment to work on.

- The authorized employee will notify affected employees that equipment is to be locked out. The equipment under repair is to be locked and tagged by ALL workers performing service on the equipment. The lock may be removed ONLY by the authorized employee who placed it on the equipment, except in special circumstances as described in this chapter.
- All electric power to the equipment must be turned OFF and locked OFF with the padlock. Energy must be isolated so that it is not possible to inadvertently re-energize the equipment.
- A red tag reading "Danger: Do Not Operate" must be attached, initialed, and dated by the authorized employee.
- Before work is started, all pneumatic, hydraulic, or other fluid lines in the machine must be checked for stored energy. All pressure must be vented or safely isolated from the area where work is to be done.
- Contents of line accumulators or tanks must be drained as necessary. Valves must be locked in either the open or closed position as the situation requires, preventing a buildup of pressure.
- Any mechanisms under spring tension or compression must be blocked, clamped, or chained in position if the stored energy cannot be safely released.
- Any suspended mechanisms or parts which might drop or cycle through a lower position must be moved to a safe position, or if necessary blocked, clamped or chained in place.
- All moving parts must be at rest and the start button must be activated to assure that the machine is in a *zero mechanical state* before starting work. Operating controls must be returned to the OFF position after the isolation of the equipment is verified.
- Equipment with power panels at public locations must be locked out or positively disabled at two separate locations.

- Plug-in cord equipment operated by a single electrical source will be unplugged and a TAGOUT sign attached to the plug, unless the plug is under the exclusive control of the employee or constant sight of the employee.

#### **10.0 Ongoing Repairs**

- If repairs must continue beyond the authorized employee's shift, they must confer with their supervisor to determine whether another authorized employee will continue repairs.
- If another authorized employee will be continuing the repair, then the status of the repair must be forwarded to that employee. The initial lock and tag must be removed in the presence of the replacement employee, and the replacement employee must install their own lock and tag before continuing with the repair.
- If repairs will be suspended in the time between shifts, the employee must remove their lock and tag in the presence of their supervisor and the supervisor must install a supervisory lock and tag.

#### **11.0 Removing Locks and Tags**

Locks and tags may ONLY be removed by the authorized employee who initially put them in place except as noted in this chapter. Before the last lock/tag is removed from machinery or equipment, all of the following conditions that apply must be completed.

- All guards must be installed.
- All exposed electrical wiring must be covered.
- All open pipes must be closed and properly connected.
- Verify that all controls are in neutral position.
- The authorized employee must insure that systems and equipment are safe to operate and that all nonessential items have been removed from the work area.

The authorized employee must check to insure that all other employees have been safely positioned or removed from the area.

The authorized employee must notify effected employees that the servicing or maintenance is completed and the machine or equipment is ready for use.

Remove the lock/tag.

#### **12.0 Supervisory Removal of Locks and Tags**

In very unusual cases, a supervisor may remove a lock/tag installed by an authorized employee. The supervisor must verify the following:

- The authorized employee who installed the lock/tag is not on location at that time.

- All reasonable efforts have been made to contact the authorized employee and inform them that the lock/tag has been removed.
- The authorized employee is informed that the lock/tag has been removed before resuming back on location.
- All other criteria of section 11.0 Removing Locks and Tags have been met.

### **13.0 Procedures for Locked/Tagged Equipment or Machines**

If another employee or person at MCG comes across a machine or equipment that has been locked/tagged out and that machine or equipment must be operated, the authorized employee who placed the lock/tag must be contacted.

Under no circumstances may any MCG employees other than the authorized employee who placed the lock/tag or the supervisor (Section 12.0) remove any locks or tags.

Failure to follow these rules may result in disciplinary action.



# VEHICLE FLEET SAFETY PROGRAM

## Table of Contents

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## MOTOR VEHICLE SAFETY POLICY

### 1. Policy

Many employees operate company owned, leased, rental or personal vehicles as part of their jobs. Employees are expected to operate vehicles safely to prevent accidents which may result in injuries and property loss. It is the policy of *MCG Drilling & Completing, LLC.* to provide and maintain a safe working environment to protect our employees and the citizens of the communities where we conduct business from injury and property loss. The company considers the use of automobiles part of the working environment. The company is committed to promoting a heightened level of safety awareness and responsible driving behavior in its employees. Our efforts and the commitment of employees will prevent vehicle accidents and reduce personal injury and property loss claims. This program requires the full cooperation of each driver to operate their vehicle safely and to adhere to the responsibilities outlined in the Motor Vehicle Safety Program. Elements of this program include:

- Assigning responsibilities at all levels of employment.
- Vehicle use and insurance requirements.
- Employee driver's license checks and identification of high risk drivers.
- Accident reporting and investigation.
- Company Accident Review Board.
- Vehicle selection and maintenance.
- Training standards.
- Safety regulations.

### 2. Responsibility

Management is responsible for successful implementation and on-going execution of this program. Supervisors and employees are responsible for meeting and maintaining the standards set forth in this program.

### 3. Scope

This policy applies to employees who operate vehicles on company business and will be reviewed by managers and supervisors to ensure full implementation and compliance.



## ORGANIZATION AND RESPONSIBILITIES

1. Company President:

The company president is responsible for directing an aggressive vehicle safety program.

2. Management will:

- A. Implement the Motor Vehicle Safety Program in their areas of responsibility.
- B. Establish measurement objectives to ensure compliance with the program.
- C. Provide assistance and the resources necessary to implement and maintain the program.

3. Supervisors will:

- A. Investigate and report all accidents involving a motor vehicle used in performing company business. Forward all accident reports to the Vehicle Safety Coordinator.
- B. Be responsible for taking appropriate action to manage high risk drivers as defined by this program.
- C. Provide driver training either internally or through external means for high risk drivers.

4. Vehicle Safety Coordinator:

- A. Issue periodic reports of losses for the president's review.
- B. Review motor vehicle accident reports as part of the Company Accident Review Board.
- C. Revise and distribute changes to the Motor Vehicle Safety Program to managers, supervisors and drivers as necessary.
- D. Maintain appropriate records.

5. Drivers will:

- A. Always operate a motor vehicle in a safe manner as explained under the section titled, "Driver Safety Regulations".
- B. Maintain a valid driver's license and minimum insurance requirements on personal vehicles used in company business.
- C. Maintain assigned vehicles according to established maintenance standards.

## VEHICLE USE

### 1. Company Owned Vehicles

#### A. Passenger Cars

Employees authorized by their supervisors will be permitted to operate a passenger car. When the vehicle is driven for personal use, if authorized by management personnel, only the employee will be permitted to operate the vehicle. No one under the age of 21 will be permitted to operate the vehicle.

#### B. Commercial Vans and Trucks

Employees with appropriate commercial driver's license (if required by the state), authorization from their supervisor and qualified by state and Federal DOT when applicable will be permitted to operate the vehicle.

### 2. Personal Vehicles on Company Business

A. Employees who drive their personal vehicles on company business are subject to the requirements of this program including:

1. Maintaining auto liability insurance with minimum limits of \$100,000 for bodily injury coverage per person and \$300,000 for bodily injury coverage per accident and \$100,000 for property damage per accident.
2. Maintain current state vehicle inspections.
3. Maintain employees own vehicle in a safe operating condition when driven on company business.

### 3. Unauthorized Use of Vehicles

Assigned drivers and other authorized employees will not allow an unauthorized individual to operate a company vehicle. No exceptions! Disciplinary action may be taken. Additionally, if unauthorized use results in an accident, the responsible employee will be required to make restitution for the damages.

## DRIVER SELECTION

### 1. Driver Evaluation:

Employees will be evaluated and selected based on their driving ability. To evaluate employees as drivers, management will:

- A. Review past driving performance and work experience through previous employer's reference checks. All new employees and current employees recently assigned to driving duties will be required to complete the "Application Addendum for Employment Requiring Driving".
- B. Review the employee's Motor Vehicle Record (MVR) annually (more frequently if reasons warrant).
- C. Ensure the employee has valid driver's license.
- D. Ensure the employee is qualified to operate the type of vehicle he/she will drive.

### 2. Driver Qualification:

Effective driver qualification controls are important elements of a successful motor vehicle safety program. Management developed and incorporated standards into this program which reflect the skills necessary for satisfactory job performance while taking into consideration applicable Federal and State regulations.

- A. The company has implemented three levels of driver qualification criteria. Use of any or all of these criteria is dependent upon the nature and scope of the driving requirements.
  - 1. State-regulated driver qualification parameters must be met. Regulatory information will be obtained from applicable state departments of transportation and motor vehicle services.
  - 2. Where applicable, drivers will comply with DOT Commercial Driver License (CDL) regulations.
  - 3. Drivers involved in interstate or foreign commerce in vehicles with Gross Motor Vehicle Weight Rating (GMVR) of 10,001 pounds or more, designed to transport 16 or more passengers, including the driver, or used in the transportation of hazardous materials in a quantity requiring placarding under the DOT Hazardous Materials Regulations, are subject to the requirements of the DOT Federal Highway Administration's Federal Motor Carrier Safety Regulations.

4. Drivers involved in intra or interstate operations with GMVR of 26,001 pounds or more must have a CDL license and be enrolled in a DOT Drug and Alcohol Testing Program.
- B. The following criteria are established to identify high risk drivers. A driver is unacceptable if the driver's accident/violation history includes one or more of the following moving violation convictions:
1. Driving under the influence of alcohol or drugs (DWI).
  2. Hit and run.
  3. Failure to report an accident.
  4. Negligent homicide arising out of the use of a motor vehicle.
  5. Operating during a period of suspension or revocation.
  6. Using a motor vehicle for the commission of a felony.
  7. Operating a motor vehicle without the owner's authority.
  8. Permitting an unlicensed person to drive.
  9. Reckless driving.
  10. Speeding (3 or more in a 3 year period).
  11. Two or more preventable accidents in a 12 month period.

Drivers who are identified as high risk or in violation may be subject to several actions from management including, but not limited to:

1. Driver may be required to attend a Defensive or Safety Driving course on their own time & expense.
2. Driver may be required to operate employees own personal vehicle on company business.
3. Driver may have their driving Privileges suspended or revoked.

## ACCIDENT RECORDKEEPING, REPORTING AND ANALYSIS

1. This company considers elimination of motor vehicle accidents as a major goal. To meet this objective, all accidents will be reported to management, investigated, documented and reviewed by the Company Accident Review Board. The investigation identifies need for:

- A. A more intensive driver training and/or remedial training.
- B. Improved driver selection procedures.
- C. Improve vehicle inspection and/or maintenance activities.
- D. Changes in traffic routes.

2. Motor vehicle accident recordkeeping procedures consist of the following components:

- A. Documentation of causes and corrective action.
- B. Management review to expedite corrective action.
- C. Analysis of accidents to determine trends, recurring problems and the need for further control measures.

3. Responsibility:

Implementation of these procedures remains the responsibility of both the driver and manager.

- A. Driver

Since the driver is the first person at the accident scene, he/she will initiate the information-gathering process as quickly and thoroughly as is feasible.

- B. Management

Management will obtain accident data from the driver through the Transportation Accident Report form and/or by verbal communication. It is important for management to determine the extent of the accident, especially if it involves injury or death to the driver, passengers, or other parties.

- C. Management will immediately proceed with a formal investigation to determine the underlying causes as well as what can be done to prevent similar occurrences. The accident report will be forwarded to the insurance claims office along with any additional support data (e.g., witness statements, photographs, police reports, etc.).

4. Driver Participation In Repair Costs:

If a vehicle is involved in an accident which is determined preventable, driver reimbursement to the company should be as follows:

- A. The first 50% of the repair cost, up to a maximum reimbursement of \$250.00 per accident, if the vehicle is repairable, will be charged back to the driver.
- B. If the vehicle is a total loss, the driver will be charged \$250.00.

5. Preventable/Non-Preventable Accidents:

The following definitions relate to motor vehicle accidents:

- A. A motor vehicle accident is defined as "any occurrence involving a motor vehicle which results in death, injury or property damage, unless such vehicle is properly parked. Who was injured, what property was damaged and to what extent, where the accident occurred, or who was responsible, are not relative factors."
- B. A preventable accident is defined as "any accident involving the vehicle, unless properly parked, which results in property damage or personal injury and in which the driver failed to do everything he/she reasonably could have done to prevent or avoid the accident".

NOTE 1: A properly parked motor vehicle is one that is completely stopped and parked where it is legal and prudent to park such a vehicle or to stop to load/unload property. Vehicles stopped to load/unload passengers are not considered parked.

NOTE 2: Parking on private property will be governed by the same regulations that apply on public streets and highways. A vehicle stopped in traffic in response to a sign, traffic signal or the police is not considered parked.

- C. The determination of preventability of an accident is the function of the Company Accident Review Board.



## VEHICLE SELECTION, INSPECTION AND MAINTENANCE

### 1. Introduction:

Proper selection and maintenance of equipment are important aspects of this program. Reduced operational costs and accidents from vehicle defects are the direct result of a well implemented maintenance policy.

### 2. Vehicle Selection:

Selection of vehicles begins with understanding the wrong equipment can result in excessive breakdowns, create hazards to personnel, incur costly delays and contribute to poor service and customer complaints. The company will purchase vehicles designed for their intended use.

### 3. Vehicle Inspection:

The employee responsible for the vehicle will inspect the vehicle semi-annually using the Vehicle Inspection Report form (see appendix) and forward the report to the Vehicle Safety Coordinator. More frequent inspections and reports may be required based on heavy use.

### 4. Vehicle Maintenance:

Vehicle maintenance can take the form of three distinct programs: preventive maintenance, demand maintenance, and crisis maintenance. While all three types have their role in the Motor Vehicle Safety Program, the most cost effective control is preventive maintenance. The groundwork for a good preventive maintenance program starts with management. A review of manufacturer's specifications and recommendations for periodic preventive maintenance should be integrated with the actual experience of the vehicles.

- A. Preventive maintenance (PM) is performed on a mileage or time basis. Typical PM includes oil/filter changes, lubrication, tightening belts and components, engine tune-ups, brake work, tire rotation, hose inspection/replacement and radiator maintenance.
- B. Demand maintenance is performed only when the need arises. Some vehicle parts are replaced only when they actually fail. These include light bulbs, window glass, gauges, wiring, air lines, etc. Other "demand maintenance" items involve vehicle components that are worn based on information from the vehicle condition report. These include tires, engines, transmissions, universal joints, bushings, batteries, etc. Since these situations are identified through periodic vehicle inspection, they can actually be classified within the PM program.



C. Crisis maintenance involves a vehicle breakdown while on the road. While situations of this type may happen regardless of the quality of the PM program, it is an expensive alternative to not having an effective preventive maintenance program at all. Crisis maintenance situations should be minimized through proper PM procedures.

5. Recordkeeping:

This company's vehicle selection, inspection and maintenance program is only as good as its recordkeeping procedures. Employees will forward all vehicle maintenance records for maintenance performed each quarter to the Vehicle Safety Coordinator.

## VEHICLE ACCIDENT REPORTING PROCEDURE

Employees will take the following actions when there are injuries to persons and/or damage to other vehicles or property:

1. If possible, move the vehicle to a safe location out of the way of traffic. Call for medical attention if anyone is hurt.
2. Secure the names and addresses of drivers and occupants of any vehicles involved, their operator's license numbers, insurance company names and policy numbers, as well as the names and addresses of injured persons and witnesses. Record this information on the Accident Report form. Do not discuss fault with, or sign anything for anyone except an authorized representative of *MCG Drilling & Completion, LLC*, a police officer, or a representative of the *Company's Insurance Company*.
3. Immediately notify the Vehicle Safety Coordinator, *MCG Drilling & Completion, LLC – 940-574-2855*. If any injuries were involved and the Vehicle Safety Coordinator is not available, contact your supervisor immediately.
4. You will be contacted by the Vehicle Safety Coordinator to advise you how to arrange for repairs to the vehicle. Do not have the vehicle repaired until you receive authorization from the Vehicle Safety Coordinator.

When there is theft of or damage to your vehicle only:

1. If you did not witness the damage to the vehicle, you must notify the local police department immediately.
2. Immediately notify Vehicle Safety Coordinator, *MCG Drilling & Completion, LLC – 940-574-2855*.
3. You will be contacted by the Vehicle Safety Coordinator to advise you how to arrange for repairs or replacement of the vehicle. Do not have the vehicle repaired until you receive authorization from the Vehicle Safety Coordinator.
4. Send a copy of the police report along with a memo outlining any additional information to the Vehicle Safety Coordinator.

Note: Accident reporting kits: every company vehicle should have an accident reporting kit in the glove box. This should include an accident report form, pen or pencil, and an inexpensive or disposable camera.

## **COMPANY ACCIDENT REVIEW COMMITTEE**

All vehicle collisions should be analyzed, and a written report submitted to management for review. A determination of accident preventability should be made. Where the collision was preventable by the company driver, the driver should be counseled, given additional training, given time off without pay, placed on probation, transferred to non-driving duties, disciplined in other ways, or employment (or services for independent contractors) terminated according to corporate, union, and governmental guidelines.

However, this does not absolve management from improving safety of the work and driving environment. The Vehicle Safety Coordinator, drivers and management personnel should each participate in the analysis. Management deficiencies and/or lack of management action should also be part of the accident review. Management has the legal obligation not only for driver safety but the safety of the general public as well.

To determine preventability an accident review board has been established. Members consist of both management and field personnel. Their main charge, of the review board, is to determine whether the fleet accident was preventable or not preventable and whether or not it is chargeable to the driver.

The committee will report to the Vehicle Safety Coordinator within 3 working days the results of their review. The Vehicle Safety Coordinator will take the appropriate steps and communicate the results to the affected driver and supervisor.

## DRIVER TRAINING

1. Drivers hired by this company to operate a motor vehicle will have the basic skills and credentials necessary to perform this function as confirmed through the driver selection process.
  
2. New employees, contractor, and temporary hires will receive a copy of this program as part of their initial orientation. A formal orientation program is established to help assure all drivers are presented with the company policy, understand their responsibilities and are familiarized with their vehicle. Areas that must be addressed, with the driver, include:
  - a. Understand, review and given a copy of the Fleet Safety Program.
  - b. Understand and sign the Vehicle Use Agreement.
  - c. Review individual Motor Vehicle Report (MVR).
  - d. Understand accident reporting & emergency procedures.
  - e. Review operation and controls of vehicle being assigned.
  - f. Inspect vehicle using Vehicle Inspection Form.

A copy of this program will be kept in the vehicle.

### 3. License Suspension:

Drivers must notify the Vehicle Safety Coordinator if their license is suspended or revoked.

### 4. Remedial Training:

Drivers may be required to attend a safe driving school (National Safety Council Defensive Driving course of equivalent) or an alcohol/drug abuse program on their own time and at their own expense if a review of the driver's MVR indicates:

- A. One or more violation convictions within any one-year period, or
- B. A conviction for driving while under the influence of alcohol or drugs.

Also, depending on the severity of the conviction, the employee's driving privileges will be revoked and/or may result in employment termination.

## DRIVER SAFETY REGULATIONS

1. Safety Belts:

The driver and all occupants are required to wear safety belts when the vehicle is in operation or while riding in a vehicle. The driver is responsible for ensuring passengers wear their safety belts. Children less than four years of age or under 40-pounds in weight must be secured in a DOT approved child safety seat.

2. Lock and Secure Company Vehicles

Employees are required to lock their company vehicles when the vehicle is parked and is unattended.

3. Impaired Driving:

The driver must not operate a vehicle at any time when his/her ability to do so is impaired, affected, influenced by alcohol, illegal drugs, prescribed or over-the-counter medication, illness, fatigue or injury.

3. Traffic Laws:

Drivers must abide by the Federal, state and local motor vehicle regulations, laws and ordinances.

5. Vehicle Condition:

Drivers are responsible for ensuring the vehicle is maintained in safe driving condition. Drivers of daily rentals should check for obvious defects before leaving the rental office/lot and, if necessary, request another vehicle if the first vehicle is deemed unsafe by the employee. Drivers are encouraged to rent vehicles equipped with air bags and ABS brakes, where available.

6. Cellular Telephones, Walkmans and Pagers:

The following procedures apply to employees driving on company business who wish to use cellular telephones in the vehicle.

- A. External speaker and microphone must be included to allow hands-free operation.
- B. Phone number memory and programming capabilities are to be included.
- C. Drivers are to refrain from placing outgoing calls or responding to pagers while the vehicle is in motion.
- D. Incoming calls should be limited.
- E. For any vehicle equipped with cellular telephone that does not meet the above equipment specifications, use of the telephone/pager is authorized when the vehicle is safely parked.
- F. Employees are prohibited from using a Walkman or similar device while operating a motor vehicle.

7. Motorcycles:

Employees are prohibited from using motorcycles when traveling on company business.

8. General Safety Rules:

Employees are not permitted to:

- A. Pick up hitchhikers.
- B. Accept payment for carrying passengers or materials.
- C. Use any radar detector, laser detector or similar devices.
- D. Push or pull another vehicle.
- E. Transport flammable liquids or gases unless a DOT or Underwriters' Laboratories approved container is used, and only then in limited quantities.
- F. Use of burning flares will be discouraged. The preferred method is the use of reflective triangles.
- G. Assist disabled motorists or accident victims beyond their level of medical expertise. If a driver is unable to provide the proper medical care, he/she must restrict his/her assistance to calling the proper authorities. Your safety and well being is to be protected at all times.

9. Company and Personal Property:

Employees are responsible for company property such as computers, work papers and equipment under their control. The company will not reimburse the employee for stolen personal property.

## **CELL PHONE USE POLICY**

### **Company Owned and Supplied Devices or Vehicles**

An employee who uses a company-supplied device or a company-supplied vehicle is prohibited from using a cell phone, hands on or hands off, or similar device while driving, whether the business conducted is personal or company-related. This prohibition includes receiving or placing calls, text messaging, surfing the Internet, receiving or responding to email, checking for phone messages, or any other purpose related to your employment; the business; our customers; our vendors; volunteer activities, meetings, or civic responsibilities performed for or attended in the name of the company; or any other company or personally related activities not named here while driving. Use of company owned vehicles or devices for personal business is discouraged.

### **Personal Cell Phone or Similar Device Use for Business**

Your company is aware that employees currently use their cell phones for business purposes while driving in their personal vehicle and using their personal cell phone or similar device. Due to research that indicates that cell phone use while driving is dangerous, and may even approach the equivalent danger of driving while drunk, according to some studies, your company prohibits employee use of personal cellular phones, either hands on or hands free, or similar devices, for business purposes related in any way to our company, while driving.

This prohibition of cell phone or similar device use while driving includes receiving or placing calls, text messaging, surfing the Internet, receiving or responding to email, checking for phone messages, or any other purpose related to your employment; the business; our customers; our vendors; volunteer activities, meetings, or civic responsibilities performed for or attended in the name of the company; or any other company related activities not named here while driving. You may not use your cellular phone or similar device to receive or place calls, text messages, surf the Internet, check phone messages, or receive or respond to email while driving if you are in any way doing activities that are related to your employment.

We recognize that other distractions occur during driving, however curbing the use of cell phones, while driving, is one way to minimize the risk, for our employees, of accidents. Therefore, you are required to stop your vehicle in a safe location so that you can safely use your cell phone or similar device. Engaging in your company business using a cell phone or similar device while driving is prohibited. Engaging in your company business using a cell phone or similar device that is supplied by the company, or while driving a company-supplied vehicle, while driving, is prohibited.

Employees who violate this policy will be subject to disciplinary actions, up to and including employment termination



## APPENDIX

### Forms/Attachments

- Vehicle Use Agreement
- Application Addendum for Employment Requiring Driving
- Vehicle Inspection Report



## Vehicle Use Agreement

### Guidelines for Using Company Vehicles

Company owned vehicles are to be used for business use only. Personal use of a company vehicle is prohibited unless approved by management. Company vehicles that are driven to and parked at employee residences must be secured when not occupied and have the contents reasonably safeguarded.

Only those employees whose names appear on the company's list of authorized drivers and have management permission shall operate a company owned or leased vehicle.

I have read, or have had read to me, the above guidelines and agree to comply with all requirements. I have been given the opportunity to ask questions and fully understand the meaning of the policy. Additionally, I understand that I should contact a company supervisor should I have any future questions or concerns. By signing below, I acknowledge having receipt of this policy and consent to agree to abide by the contents.

---

Name (Please Print)

---

Signature

---

Date

## VEHICLE USE AGREEMENT

The undersigned hereby acknowledges receipt of a company-owned or leased automobile. I understand this vehicle is to be regularly maintained and serviced, according to the service schedule outlined in the Owner's Manual or the instructions issued by the Vehicle Safety Coordinator, whichever is appropriate.

Further, it is agreed this vehicle will be operated in a safe manner. I agree to wear my seat belt whenever the vehicle is in motion. I agree that the company vehicle is for business use only and agree that the only passengers are to be employees of the Company in accordance to company insurance policy procedures. I agree to be responsible for all traffic and parking violations that occur while the vehicle is assigned to me.

I understand articles of this agreement apply regardless of who is operating this vehicle. I may authorize others to drive this vehicle according to the following guidelines:

- Other licensed drivers as I so designate in emergency situations only.

I agree to promptly report all accidents or incidents resulting in injury or damage to the vehicle or other property, no matter how slight.

I understand I am required to maintain a valid driver's license. Further, I herewith grant *MCG Drilling & Completing, LLC*, the right to investigate my motor vehicle driving record at any time. My current driver's license is issued from the State of \_\_\_\_\_ and is No. \_\_\_\_\_. I understand that I am responsible for my own license plate renewal if driving personal vehicle.

If my driving record contains two moving violations within one-year period, my record will be brought up before the Company Accident Review Board for consideration of remedial training and/or loss of driving privileges.

I will be required to attend a safe driving class on my own time and at my expense, and to provide the Vehicle Safety Coordinator with confirmation of attendance within thirty days of notification if decided by the review board.

I understand I am not to modify the vehicle in any way without written permission. This specifically applies to the installation of cellular telephones, radios, CBs, speakers, etc. Further, I will not take this vehicle out of the United States without written permission from the Vehicle Safety Coordinator.

I agree to reimburse the company for damages done to this vehicle because of my negligence. In the event of an accident, which has been determined to have been my fault by citation, traffic court conviction, by my own admission, or determination by management, I recognize that I am responsible for the first 50% of the repair cost, up to a maximum reimbursement of \$250 per

I understand the operation of this vehicle in a safe operating condition is my responsibility. If this vehicle becomes unsafe, it is my responsibility to notify my supervisor immediately.

I read and agree to the provisions of this Vehicle Assignment Agreement and the requirements of the Motor Vehicle Safety Program.

\_\_\_\_\_  
**SIGNATURE**                      **DATE**

VEHICLE ASSIGNED: \_\_\_\_\_  
VIN NUMBER: \_\_\_\_\_  
PLATE NUMBER: \_\_\_\_\_  
MILEAGE: \_\_\_\_\_

OTHER DRIVERS

The undersigned agree to comply with the requirements of this Agreement, The Vehicle Safety Rules and the Vehicle Safety Program. (This section is to be completed by any other employees of the Company who seek eligibility to operate the Company vehicle.)

<u>Name (Print)</u>	<u>Signature/Date</u>	<u>License #</u>	<u>ST</u>	<u>Birthdate</u>	<u>SS #</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**APPLICATION ADDENDUM FOR EMPLOYMENT REQUIRING DRIVING**

COMPANY \_\_\_\_\_

ADDRESS \_\_\_\_\_

NAME \_\_\_\_\_ PHONE: ( \_\_\_\_\_ ) \_\_\_\_\_  
                    First           Middle           Last

**DRIVER LICENSES:** (list all licenses held in past 3 years and indicate those that are current)

STATE	LICENSE NUMBER	CLASS	ENDORSEMENT(S)	EXPIRATION

Have you ever been denied, or had revoked or suspended any license, permit, or privilege to operate a motor vehicle?    Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered YES to the above questions, give details: (if additional space is needed, attach sheet)

**TRAFFIC CONVICTIONS AND FORFEITURES FOR PAST 3 YEARS:** (Other than parking)

LOCATION (CITY & STATE)	DATE	CHARGE	PENALTY

**DRIVING EXPERIENCE:**

CLASS OF EQUIPMENT	DATES		APROX. NO. OF TOTAL MILES
	FROM	TO	
Automobile			
Van/Pickup			
Truck/Tractor			
Bus			
Other (Specify)			

**ACCIDENT RECORD FOR PAST 3 YEARS:** (if additional space is needed, attach sheet)

DATE	LOCATION	NATURE OF ACCIDENT	FATALITIES	INJURIES

**GENERAL:**

Have you ever been convicted of a felony?      Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been refused bond?              Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered YES to either question, give details: (if additional space is needed, attach sheet)

**LIST SPECIAL TRAINING RELATED TO TRANSPORTATION:**

(If additional space is needed, attach sheet)

**TO BE READ AND SIGNED BY APPLICANT:**

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge. I understand that, if hired, any misrepresentation of information in this application is cause for immediate dismissal. I authorize *MCG Drilling & Completing, LLC* to investigate my background to ascertain all information of concern to my employment history, whether same is of record or not, and release those providing such information from all liability for any damages resulting from furnishing this information. Further, I understand that I may be asked to demonstrate my ability to perform the essential functions necessary to complete the job and, if offered the job, that it may be conditioned on results of a physical examination, and controlled substances and alcohol misuse test.

DATE \_\_\_\_\_ APPLICANT'S SIGNATURE \_\_\_\_\_



## VEHICLE INSPECTION REPORT

This report is due during the month of **April** and **October** each year. A separate report must be completed for each unit. After completion this report should be forwarded to: \_\_\_\_\_

Date: \_\_\_\_\_  
Vehicle unit number: \_\_\_\_\_ License number: \_\_\_\_\_ Mileage: \_\_\_\_\_  
Branch and Department number: \_\_\_\_\_ Driver: \_\_\_\_\_  
Reporting office: \_\_\_\_\_ Department: \_\_\_\_\_  
Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_  
Serial number: \_\_\_\_\_

4 cylinder      6 cylinder      \_\_\_\_\_ other      Cruise      Tilt wheel

### **INSPECT AND CHECK ONE:**

#### Lights

Head:	<input type="checkbox"/> OK	<input type="checkbox"/> Out	Back-up:	<input type="checkbox"/> OK	<input type="checkbox"/> Out
Parking:	<input type="checkbox"/> OK	<input type="checkbox"/> Out	Side:	<input type="checkbox"/> OK	<input type="checkbox"/> Out
Tail:	<input type="checkbox"/> OK	<input type="checkbox"/> Out	Flashers:	<input type="checkbox"/> OK	<input type="checkbox"/> Out
Directional:	<input type="checkbox"/> OK	<input type="checkbox"/> Out			

#### Tires

Front left:	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	Front right:	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Rear left:	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	Rear right:	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Conventional spare:	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	Snow tires:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Mini spare:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor		

Note and explain uneven wear: \_\_\_\_\_  
\_\_\_\_\_

#### Brakes

Check for master cylinder leaks. If unusual conditions, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check brake pedal:     High     Low

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check brake fluid:     Full     Low

**Exterior**

- Paint, overall condition:     Good     Fair     Poor
- Chrome, overall condition:    Good     Fair     Poor
- Glass, overall condition:     No damage     Damage

Explanation of overall exterior condition: \_\_\_\_\_  
\_\_\_\_\_

Nonstandard ornamentation or equipment? (decals, trailer hitch, etc.)     Yes     No

If "Yes," describe: \_\_\_\_\_  
\_\_\_\_\_

Exterior damage?     Yes     No

If "Yes," note and explain estimated cost of repairs: \_\_\_\_\_  
\_\_\_\_\_

If "Yes," was claim submitted?     Yes     No

If "No," why not: \_\_\_\_\_  
\_\_\_\_\_

**Interior**

- Overall appearance:     Clean     Worn     Dirty
- Condition of seats:     Good     Springs broken     Sagging
- Condition of upholstery:    Clean     Worn     Dirty     Torn     Burn holes
- Condition of carpets:     Clean     Worn     Dirty     Torn
- Floor mats:     Yes     No
- Windshield wipers:     Good     Fair     Poor
- Knobs, handles, etc.:     Good     Broken     Missing

Accessories:

- Flash light:     Yes     No
- Horn working:     Yes     No
- Safety belts:     Working     Nonworking
- Windshield scraper: (if applicable)    Yes     No
- Rear window defroster:     Working     Nonworking
- Accident report kit:     Yes     No
- Driver's manual:     Yes     No
- Condition of trunk:     Clean     Dirty

Accessories:

- Jack:     Yes     No
- Handle and base:     Yes     No
- Lug wrench:     Yes     No
- Flares or reflectors (2-6):     Yes     No

**Under Hood**

Engine:       Clean       Dirty

Note apparent leakage: \_\_\_\_\_  
\_\_\_\_\_

Engine oil:       Full       Low  
Condition: \_\_\_\_\_

Mileage of last oil change: \_\_\_\_\_ Mileage of last filter change: \_\_\_\_\_  
Mileage of last lubrication: \_\_\_\_\_

Windshield washer fluid:       Full       Low  
Battery water level:       Full       Low  
    Nonfillable:       Yes       No  
Transmission fluid condition:  Full       Low      Color:       Red       Black  
Power steering fluid:       Full       Low

**Overall Rating of Car**

Excellent       Good       Fair       Poor

Driver's comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Inspector's comments and recommendations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Inspector's signature: \_\_\_\_\_  
Branch/Fleet Coordinator signature: \_\_\_\_\_  
Driver's signature: \_\_\_\_\_  
Scheduled completion date of corrective action: \_\_\_\_\_

<b>MOTOR VEHICLE ACCIDENT REPORT</b>	Please read the Privacy Act Statement on Page 3	<b>INSTRUCTIONS:</b> Sections I through IX are filled out by the vehicle operator. Section X, items 72 thru 82c are filled on by the operator's supervisor. Section XI thru XIII are filled out by an accident investigator for bodily injury, fatality, and/or damage exceeding \$500.
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**SECTION I - FEDERAL VEHICLE DATA**

1. DRIVER'S NAME (Last, first, middle)		2. DRIVER'S LICENSE NO./STATE/LIMITATIONS		DATE OF ACCIDENT	
4a. DEPARTMENT/FEDERAL AGENCY PERMANENT OFFICE ADDRESS				4b. WORK TELEPHONE NUMBER	
5. TAG OR IDENTIFICATION NUMBER	6. EST. REPAIR COST \$	7. YEAR OF VEHICLE	8. MAKE	9. MODEL	10. SEAT BELTS USED <input type="checkbox"/> YES <input type="checkbox"/> NO
11. DESCRIBE VEHICLE DAMAGE					

**SECTION II - OTHER VEHICLE DATA (Use Section VIII if additional space is needed)**

12. DRIVER'S NAME (Last, first, middle)		13. SOCIAL SECURITY NO./ TAX IDENTIFICATION NO.	14. DRIVER'S LICENSE NO./STATE/LIMITATIONS		
15. a DRIVER'S WORK ADDRESS				15b. WORK TELEPHONE NUMBER	
16a. DRIVER'S HOME ADDRESS				16b. HOME TELEPHONE NUMBER	
17. DESCRIPTION OF VEHICLE DAMAGE				18. ESTIMATED REPAIR COST \$	
19. YEAR OF VEHICLE	20. MAKE OF VEHICLE	21. MODEL OF VEHICLE		22. TAG NUMBER AND STATE	
23a. DRIVE'S INSURANCE COMPANY NAME AND ADDRESS				23b. POLICY NUMBER	
				23c. TELEPHONE NUMBER	
24. VEHICLE IS <input type="checkbox"/> CO-OWNED <input type="checkbox"/> RENTAL <input type="checkbox"/> LEASED <input type="checkbox"/> PRIVATELY OWNED		25a. OWNER'S NAME(S) (Last, first, middle)		25b. TELEPHONE NUMBER	
26. OWNER'S ADDRESS(ES)					

**SECTION III - KILLED OR INJURED (Use Section VIII if additional space is needed)**

27. NAME (last, first, middle)		28. SEX	29. DATE OF BIRTH			
30. ADDRESS						
<b>A</b>	31. MARK "X" IN TWO APPROPRIATE BOXES <input type="checkbox"/> KILLED <input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER <input type="checkbox"/> INJURED <input type="checkbox"/> HELPER <input type="checkbox"/> PEDESTRIAN		32. IN WHICH VEHICLE <input type="checkbox"/> FED <input type="checkbox"/> OTHER (2)	33. LOCATION IN VEHICLE	34. FIRST AID GIVEN BY	
	35. TRANSPORTED BY		36. TRANSPORTED TO			
37. NAME (last, first, middle)		38. SEX	39. DATE OF BIRTH			
40. ADDRESS						
<b>B</b>	41. MARK "X" IN TWO APPROPRIATE BOXES <input type="checkbox"/> KILLED <input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER <input type="checkbox"/> INJURED <input type="checkbox"/> HELPER <input type="checkbox"/> PEDESTRIAN		42. IN WHICH VEHICLE <input type="checkbox"/> FED <input type="checkbox"/> OTHER (2)	43. LOCATION IN VEHICLE	44. FIRST AID GIVEN BY	
	45. TRANSPORTED BY		46. TRANSPORTED TO			

<b>47. Pedestrian</b>	a. NAME OF STREET OR HIGHWAY		b. DIRECTION OF PEDESTRIAN (SW corner to NW corner, etc.)		
			FROM	TO	
	c. DESCRIBE WHAT PEDESTRIAN WAS DOING AT TIME OF ACCIDENT (crossing intersection with signal, against signal, diagonally, in roadway playing, walking, hitchhiking, etc.)				

**SECTION IV - ACCIDENT TIME AND LOCATION (Use section VII if additional space is needed.)**

48. DATE OF ACCIDENT \_\_\_\_\_ 49. PLACE OF ACCIDENT (Street address, city, state, ZIP Code; Nearest landmark; Distance nearest intersection; Kind of locality (industrial, business, residential, open country, etc.); Road description).  
 50. TIME OF ACCIDENT  
 AM  
 PM

51. INDICATE ON THIS DIAGRAM HOW THE ACCIDENT HAPPENED

Use one of these outlines to sketch the scene. Write in street or highway names or numbers.

a. Number Federal vehicle as 1, other vehicle as 2, additional vehicle as 3 and show direction of travel with arrow

Example. → 1 ← 2 ←

b. Use solid line to show path before accident and broken line after the accident

c. Show pedestrian by → ○

d. Show railroad by ++++++

e. Place arrow in this circle to indicate NORTH

52. POINT OF IMPACT (Check one for each vehicle)

FED	2	AREA
		a. Front
		b. R. Front
		c. L. Front
		d. Rear
		e. R. Rear
		f. L. Rear
		g. R. Side
		h. L. Side

53. DESCRIBE WHAT HAPPENED (Refer to vehicles as "Fed", "2", "3", etc. Please include information on posted speed limit, approximate speed of vehicles, road conditions, weather conditions, driver visibility, condition of accident vehicles, traffic controls (warning light, stop signal, etc.), condition of light (daylight, dusk, night, dawn, artificial light, etc.), and driver actions (making a U-turn, passing, stopped in traffic, etc.)

**SECTION V - WITNESS/PASSENGER (Witness must fill out SF 94, Statement of Witness) (Continue in Section VIII.)**

54. NAME (Last, first, middle)	55. WORK TELEPHONE NUMBER	56. HOME TELEPHONE NUMBER
A 57. WORK ADDRESS		58. HOME ADDRESS
59. NAME (Last, first, middle)	60. WORK TELEPHONE NUMBER	61. HOME TELEPHONE NUMBER
B 62. WORK ADDRESS		63. HOME ADDRESS

**SECTION VI - PROPERTY DAMAGE (Use Section VIII if additional space is needed.)**

64a. NAME OF OWNER (Last, first, middle)	64b. WORK TELEPHONE NUMBER	64c. HOME TELEPHONE NUMBER
64d. WORK ADDRESS		64e. HOME ADDRESS
65a. NAME OF INSURANCE COMPANY	65b. TELEPHONE NUMBER	65c. POLICY NUMBER
66. ITEM DAMAGED	67. LOCATION OF DAMAGED ITEM	68. ESTIMATED COST

**SECTION VII - POLICE INFORMATION**

69a. NAME OF POLICE OFFICER	69b. BADGE NUMBER	69c. TELEPHONE NUMBER
70. PRECINCT OR HEADQUARTERS	71a. PERSON CHARGED WITH ACCIDENT	71b. VIOLATION(S)

**SECTION VIII - EXTRA DETAILS**

SPACE FOR DETAILED ANSWERS. INDICATE SECTION AND ITEM NUMBER FOR EACH ANSWER. IF MORE SPACE IS NEEDED, CONTINUE ITEMS ON PLAIN BOND PAPER.

**PRIVACY ACT STATEMENT**

The information on this form is subject to the Privacy Act of 1974 (5 U.S.C. section 552a). Authority to collect the information is Title 40 U.S.C. Section 491 and the title 31 U.S.C. Section 7701. The formation is required by federal Government agencies to administer motor vehicle programs, including maintaining records on accidents involving privately owned and Federal fleet vehicles, and collecting accident claims resulting from accidents. Federal employees, and employees under contract, will use the information only in the performance of their official duties. Routine uses of the collected information may include disclosures to: appropriate Federal, State, or local agencies or contractors when relevant to civil, criminal, or regulatory investigations or prosecutions; the Office of personnel Management and the General Accounting Office for program evaluation purposes; a Member of Congress or staff in response to a request for assistance by the individual of record; another Federal agency, including the Department of Treasury and Justice, or a court under judicial proceedings; agency Inspectors General in conducting audits; private insurance and the collection agencies (including agencies under contract to Treasury to collect debt), and to other agency finance offices for federal management and debt collection. Furnishing the requested information is mandatory, including the Social security Number or Taxpayer's Identification Number(TIN) for use as a unique identifier to ensure accurate identification for individuals or firms in the system.

**SECTION IX - FEDERAL DRIVER CERTIFICATION**

I certify that the information on this form (Sections I thru VII) is correct to the best of my knowledge and belief.

72a. NAME AND TITLE OF DRIVER

72b. DRIVER'S SIGNATURE AND DATE

**SECTION X - DETAILS OF TRIP DURING WHICH ACCIDENT OCCURRED**

73. ORIGIN

74. DESTINATION

75. EXACT PURPOSE OF TRIP

76. TRIP BEGAN	DATE	TIME (Include AM or PM)	77. ACCIDENT OCCURRED	DATE	TIME (Include AM or PM)
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78. AUTHORITY FOR THE TRIP WAS GIVEN TO THE OPERATOR

ORALLY  IN WRITING (Explain)

79. WAS THERE ANY DEVIATION FROM DIRECT ROUTE?

NO  YES (Explain)

80. WAS THE TRIP MADE WITHIN ESTABLISHED WORKING HOURS?

YES  NO (Explain)

81. DID THE OPERATOR, WHILE ENROUTE, ENGAGE IN ANY ACTIVITY OTHER THAN THAT FOR WHICH THE TRIP WAS AUTHORIZED?

NO  YES (Explain)

82. COMPLETED BY DRIVER'S SUPERVISOR

YES  
 NO

b. COMMENTS

83a. NAME AND TITLE OF SUPERVISOR

83b. SUPERVISOR'S SIGNATURE AND DATE

83c. TELEPHONE NUMBER

**SECTION XI - ACCIDENT INVESTIGATION DATA**

84. DID THE INVESTIGATION DISCLOSE CONFLICTING INFORMATION.  NO  YES (If checked, explain below.)

**85. PERSONS INTERVIEWED**

NAME		DATE	NAME		DATE
a.			c.		
b.			d.		

86. ADDITIONAL COMMENTS (Indicate section and item number of each comment).

**SECTION XII - ATTACHMENTS**

87. LIST ALL ATTACHMENTS TO THIS REPORT

**SECTION XIII - COMMENTS/APPROVALS**

88. REVIEWING OFFICIAL'S COMMENTS

89. ACCIDENT INVESTIGATOR			90. ACCIDENT REVIEWING OFFICIAL		
a. SIGNATURE	b. DATE		a. SIGNATURE	b. DATE	
c. NAME (First, middle, last)			c. NAME (First, middle, last)		
d. TITLE			d. TITLE		
e. OFFICE			e. OFFICE		
f. OFFICE TELEPHONE NUMBER			f. OFFICE TELEPHONE NUMBER		
AREA CODE	NUMBER	EXTENSION	AREA CODE	NUMBER	EXTENSION



<b>STATEMENT OF WITNESS</b> <i>(Attach additional sheets if necessary)</i>	1. DID YOU SEE THE ACCIDENT?	2. WHEN DID THE ACCIDENT HAPPEN?	
		A. TIME      — a.m. — p.m.	B. DATE

3. WHERE DID THE ACCIDENT HAPPEN? *(Give street location and city)*

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4. TELL IN YOUR OWN WAY HOW THE ACCIDENT HAPPENED

---

5. WHERE WERE YOU WHEN THE ACCIDENT OCCURRED?

---

6. WAS ANYONE INJURED, AND IF SO, EXTENT OF INJURY IF KNOWN?

---

7. DESCRIBE THE APPARENT DAMAGE TO PRIVATE PROPERTY

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8. DESCRIBE THE APPARENT DAMAGE TO GOVERNMENT PROPERTY	9. IF TRAFFIC CASE GIVE APPROXIMATE SPEED OF:
	a. GOVERNMENT VEHICLE      MPH
	b. OTHER VEHICLE      MPH

10. GIVE THE NAMES AND ADDRESSES OF ANY OTHER WITNESSES TO THE ACCIDENT *(If known)*

A. NAMES	B. ADDRESSES

<b>WITNESS COMPLETING THIS FORM</b>	11. HOME ADDRESS <i>(INCLUDE ZIP CODE)</i>	12. WITNESS (PRINT OR TYPE NAME)	A. HOME TELEPHONE NO.
		SIGN HERE	B. TODAY'S DATE

13. BUSINESS ADDRESS <i>(INCLUDE ZIP CODE)</i>	TELEPHONE NO.

14. INDICATE ON THE DIAGRAM BELOW WHAT HAPPENED:

- 1. Number Federal vehicle as 1—other vehicle as 2—additional vehicle as 3, and show direction of travel by arrow  
*(Example: → [1] ← [2] ← [3])*
- 2. Use solid line to show path before accident  
Broken line after accident
- 3. Show pedestrian by
- 4. Show railroad by
- 5. Give names or numbers of streets or highways
- 6. Indicate north by arrow in this circle

