



Oil & Gas Development Company Limited

Corrective and Preventive Action Request (CPR)

CPR Number:

Date: Time: Activity: Area: Area: Auditee / Concerned I/C: Reported / Requested By: ART II: Nonconformance / Deviation / Opportunity For Improvement: Pescription: Auditor/ MR / I/C HSEQ Classification Major Minor Obsr Auditor/ MR / I/C HSEQ Classification Major Minor Obsr Signature: Reported / Requested By Reported / Requested By	PART I: General								Team	Leader		
Procedure Procedure Process Product								Issue		Referer	ice	
Activity:		_						_				
Area: Product		_						Proced	dure			
Auditer / Concerned I/C: ART II: Nonconformance / Deviation / Opportunity For Improvement: Signature: Signature: Reported / Requested By: Incident Hazard Note	•	_						Process				
ART II: Nonconformance / Deviation / Opportunity For Improvement: Signature: Auditor/ NR / I/C HSEQ	Dura durat											
Signature: Signature: Reported / Requested By Incident Hazard Near Management Muman Damage Production Reputation Damage Damag	Reported / Requeste	ed By:										
Signature: Reported / Requested By Primary Surface Cause Incident Mazard Near Intervent Units) Damage Damage Injury(tes) Fatality(tes) Loss Damage D	PART II: Nonconford Description:	mance /	Deviation / Op	portu	nity	For Improve	men	t:		Auditor	/ MR / I/C	HSEQ
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Condition Continue						•				Incident	Hazard	Hit
Condition Continue										Primary	, Surface	Cause
Reported / Requested By Collision Damage						Signature				Unsafe		
Could have resulted in: To be specified/verified by I/C HSEQ. Time:						orginature:		orted /	Requested By	Condition	Behavio	r Boo
ART III: *Root Cause: (Attach Analysis / Investigation Report, If necessary) Date: Time:	(Impact-Value in		Environment	Н	uman	Damage						
Could have resulted in: To be specified/verified by I/C HSEQ. Date: Time:	relevant Units)	Damage	Damage	Injury(ies)	Fatality(ies)	1	LOSS	Damage			
Date: To be specified/verified by I/C HSEQ. Time: Time: Time: Time:	☐ Actual/Incurring:										Signature	
Date: Date: Da												
ART III: *Root Cause: (Attach Analysis / Investigation Report, if necessary) Ontributing Surface Cause(s): Unsafe Counentation Improper HSE Equipment Improper HSE Equipment Unsafe Design or Construction Poor / Inadequate Operating Conditions Inadequate Warning System Too Much Occupied/Over-worked/Fatigue Poor Housekeeping Any Other(s) Insafe Act of Causier(s) Unsafe Act of Fellow-Worker(s) Invaper Operation (. coanca iiii					To be spec	L cified,	/verifie	d by I/C HSEO.	Date:		
Auditee/ Concerned I/C Unsafe Cause(s):						,	,					
Auditee/ Concerned I/C Unsafe Cause(s): Unsafe Condition			ach Analysis / Ir	vestiga	ation	Report, if nec	essai	ry)			RECEIPT	
Improper HSE Equipment							- 1-			Auditee	/ Concerr	ned I/C
Improper HSE Documentation					Onc				r			
□ Improper / Incomplete Resources □ Unsafe Design or Construction □ Poor / Inadequate Operating Conditions □ Inadequate Warning System □ Too Much Occupied/Over-worked/Fatigue □ Poor Housekeeping □ Any Other(s) □ Any Other(s) □ No Hazards Identification & Risk Assessment [HIRA] □ NO Hazards Identification & Risk Assessment [HIRA] □ NO Hazards Identification & Risk Assessment [HIRA] □ NO SOP/Work Instruction(s) □ INADEQUATE Apple Collibration Plan(s) □ No Inspection/ Maintenance/Calibration Plan(s) □ No Inspection/ Maintenance/Calibration Plan(s) □ INADEQUATE Inspection / Maintenance/Calibration Plan(s) □ Unsfee Condition (Deperations) □ No Inspection / Maintenance/Calibration Plan(s) □ INADEQUATE Inspection / Maintenance/Calibration Plan(s) □ Unsfee Condition (Deperations) □ No Inspection / Maintenance/Calibration Plan(s) □ INADEQUATE Inspection / Maintenance/Calibration Plan(s) □ Untrainable or Unsfalled □ Worker/Operator □ Other □ Unsfee Conditions (Deperations) □ No Description (S) Inspection / Maintenance/Calibration Plan(s) □ INADEQUATE Inspection / Maintenance/Calibration Plan(s) □ INADEQUATE Inspection / Maintenance/Calibration Plan(s) □ INADEQUATE Inspection / Maintenance/Calibration Plan(s) □ Untrainable or Unsfalled □ Worker/Operator □ Other □ Unsfee Conditions (Deperations) □ Other □ Unsfee Act / Behavior [Management Program Description(s)/Spalpiment(s) Provided Invaperoprision or Monitoring Signature Date:							t Aut	Hority				
Poor / Inadequate Operating Conditions Inadequate Warning System Wrong Orders of Supervisor Lack of Skill / Knowledge of Worker(s) Unsafe Act of Outsider(s) Unsafe Act of Outsider(s) Unsafe Act of Outsider(s) Unsafe Act of Outsider(s) Unsafe Act of Skill / Knowledge of Worker(s) Unsafe Act of Outsider(s) Unsafe Act of Outsider(s) Unsafe Act of Outsider(s) Unsafe Act of Skill / Knowledge of Worker(s) Unsafe Act of Outsider(s) Unsafe Act of Outsider(s) Unsafe Act of Outsider(s) Unsafe Act of Outsider(s) Unsafe Act of Skill / Knowledge of Worker(s) Unsafe Act of Outsider(s)					Ove	erriding Safety					Signature	
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Unsafe Condition [Operations]	□ Any Other(s)						nviro	nmenta	Il Conditions			
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CPR Number: _____

PART IV: Proposed Correctiv	e / Preventive Action:	
Proposed Solution(s):		RECEIPT
		Problem Solving Team Leader
·		_
		—
		— <u> </u>
		Signature
		Date.
		Date:
		Time:
		_
		—
		_
⁻ †Agreement Decision on the S	olution:	
		—
		Location In-Charge
entative Completion Date / Tin	ne for taking corrective/preventive action(s):	
To be consumed in the presence	of Location In Chargo	
To be concurred in the presence	e of Location In-Charge.	
Corrective / Preventive Action(s) Taken:	
Focused Area(s)	Description	Signature
Hazards Identification & Risk Assessment [HIRA]; Objective		Date:
and Management Programs		Date:
		Time:
Engineering Controls [Design		
of a workplace, Automation, Material handling devices, Use		
of technology for reducing		
emergency situations/		
waste/adverse health, etc.]		
Administrative Controls [SOP, Work Instruction(s), HazCom,		
Purchasing Criterion,		
Trainings, etc.]		
		COMPLETION
Inspection/ Maintenance/Calibration		Problem Solving
Plan(s)		Team Leader
Supervision / Surveillance		
Audits / Management Review Meetings		
Other(s)		Signature
		Date:
		Time:
PART V: Results of Action Ta	ken:	
	especially the preventive measures to avoid recurrence)	RECEIPT
		Auditor/ MR / I/C HSEQ
		_
		Signature
		_
		Date:
Follow-up Date / Time:		





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PAR	PART VI: Follow up Audit / Close Out details: (Implementation and effectiveness of action taken)						
#	Follow-ups Date / Time	Status	Description	I/C HSEQ Signature			
Actual Time Taken on rectification:							

Instructions

- 1. Requesting / reporting person shall report the issue through CPR to HSEQ.
- 2. *HSEQ* shall classify the issue, assign primary surface cause, determine the impact-value in relevant units and forward the reported issue to the **Concerned I/C** (in whose area issue apparently took place).
- 3. Concerned I/C shall:
 - Find the Contributing Surface Cause(s) and Design Root Cause after doing thorough investigation in consultation with all the stakeholders, and
 - Inform HSEQ.
- 4. *HSEQ* shall formulate the Problem Solving Team in consultation with the relevant In-Charges and get endorsement by Location management.
- 5. HSEQ shall forward copies of CPR to **Problem Solving Team** due to whom the issue has fundamentally arisen or who are responsible to rectify.
- 6. **Problem Solving Team** shall:
 - Propose actions in the presence of *HSEQ*
 - Agree on the decision regarding the final action(s) to be taken (endorsed by Location management)
 - Allot Completion-Time to correct / prevent the issue (to be concurred in the presence of Location In-Charge),
 - Take appropriate action(s), and
 - Timely intimate $\ensuremath{\mathit{HSEQ}}$ of the actions taken.
- 6. HSEQ on the promised date shall verify the corrective / preventive action and set follow-up date and time.
- 7. HSEQ shall follow-up, close CPR and note down actual / total time taken on rectification.

Note: Concerned I/C could also be the part of Problem Solving Team.

^{*} Root-cause describing 'why not-agree' with the reported issue is also required to be mentioned.