



Oil & Gas Development Company Limited Corrective and Preventive Action Request (CPR)

OGF - HSE - 047(3)

CPR Number: _____

Initiator → HSEQ → Concerned Section → HSEQ → Problem Solving Team Leader → HSEQ

PART I: General

Date: _____
 Time: _____
 Activity: _____
 Area: _____
 Auditee / Concerned I/C: _____
 Reported / Requested By: _____

Issue	Reference
<input type="checkbox"/> Procedure	_____
<input type="checkbox"/> Process	_____
<input type="checkbox"/> Product	_____

PART II: Nonconformance / Deviation / Opportunity For Improvement:

Description:

Signature: _____
Reported / Requested By

(Impact-Value in relevant Units)	Asset Damage	Environment Damage	Human Damage		Production Loss	Reputation Damage
			Injury(ies)	Fatality(ies)		
<input type="checkbox"/> Actual/Incurring:						
<input type="checkbox"/> Could have resulted in:						

To be specified/verified by I/C HSEQ.

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Auditor/ MR / I/C HSEQ

Classification

Major	Minor	Obsr.

Incident	Hazard	Near Hit

Primary Surface Cause

Unsafe Condition	Unsafe Behavior	Both

Signature

Date: _____

Time: _____

PART III: *Root Cause: (Attach Analysis / Investigation Report, if necessary)

Contributing Surface Cause(s):

Unsafe Condition	Unsafe Act/Behavior
<input type="checkbox"/> Improper HSE Equipment	<input type="checkbox"/> Operating without Authority
<input type="checkbox"/> Improper HSE Documentation	<input type="checkbox"/> Horseplay
<input type="checkbox"/> Improper / Incomplete Resources	<input type="checkbox"/> Overriding Safety Devices
<input type="checkbox"/> Unsafe Design or Construction	<input type="checkbox"/> Disobeying Instructions / Not Following SOP
<input type="checkbox"/> Poor / Inadequate Operating Conditions	<input type="checkbox"/> Wrong Orders of Supervisor
<input type="checkbox"/> Inadequate Warning System	<input type="checkbox"/> Lack of Skill / Knowledge of Worker(s)
<input type="checkbox"/> Too Much Occupied/Over-worked/Fatigue	<input type="checkbox"/> Unsafe Act of Outsider(s)
<input type="checkbox"/> Poor Housekeeping	<input type="checkbox"/> Unsafe Act of Fellow-Worker(s)
<input type="checkbox"/> Bad Environmental Conditions	<input type="checkbox"/> Working in Bad Environmental Conditions
<input type="checkbox"/> Any Other(s) _____	<input type="checkbox"/> Any Other(s)

Design Root Cause(s):

Unsafe Condition [Operations]	Unsafe Act/Behavior [Management]
<input type="checkbox"/> NO Hazards Identification & Risk Assessment [HIRA]	<input type="checkbox"/> Hazards NOT Communicated / NO HazCom System
<input type="checkbox"/> INADEQUATE Hazards Identification & Risk Assessment [HIRA]	<input type="checkbox"/> Provided INAPPROPRIATE Tool(s)/Equipment(s)
<input type="checkbox"/> NO SOP/Work Instruction(s)	<input type="checkbox"/> Provided INAPPROPRIATE Chemical(s)/Material(s)
<input type="checkbox"/> FLAWED SOP/Work Instruction(s)	<input type="checkbox"/> Provided INAPPROPRIATE Control(s)/Warning System
<input type="checkbox"/> INADEQUATE SOP/Work Instruction(s)	<input type="checkbox"/> Provided INADEQUATE Job Description(s)/JARD(s)
<input type="checkbox"/> INCONSISTENT compliance of Operational Controls	<input type="checkbox"/> INADEQUATE Supervision or Monitoring
<input type="checkbox"/> NO Inspection/ Maintenance/Calibration Plan(s)	<input type="checkbox"/> INADEQUATE Internal Audits & Follow-ups
<input type="checkbox"/> FLAWED Inspection/ Maintenance/Calibration Plan(s)	<input type="checkbox"/> INADEQUATE Management Review Meetings
<input type="checkbox"/> INADEQUATE Inspection / Maintenance/Calibration Plan(s)	<input type="checkbox"/> SOP/Work Instruction(s) NOT Enforced
<input type="checkbox"/> UNTRAINED or UNSKILLED Worker/Operator	<input type="checkbox"/> Inspection/ Maintenance/Calibration Plan(s) NOT Enforced
<input type="checkbox"/> NO Objective and Management Program	<input type="checkbox"/> INADEQUATE Training Program
<input type="checkbox"/> INADEQUATE Objective and Management Program	<input type="checkbox"/> Training Effectiveness NOT Measured
<input type="checkbox"/> Other _____	<input type="checkbox"/> INCONSISTENT Trainings / Refresher Courses
	<input type="checkbox"/> Objective and Management Program NOT Enforced
	<input type="checkbox"/> Other _____

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Auditee/ Concerned I/C

Signature

Date: _____

Time: _____

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Auditor/ MR / I/C HSEQ

† Problem Solving Team

1. _____

2. _____

3. _____

Signature

Date: _____

Time: _____

† **ENDORSEMENT**
Location In-Charge

Signature

Date: _____

Time: _____



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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: _____

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

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 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**.