



Cold Weather Equipment Operating Risk Assessment and Acceptance

Work Location: _____ Initiator: _____

Company Performing Work: _____

Date: _____ Local Ambient Temp: _____ Wind speed: _____

EVALUATION OF NEED:

- | | Yes | No |
|--|--------------------------|--------------------------|
| • Is this safety critical work? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is this time sensitive work? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is the weather forecast expected to improve during the working period? | <input type="checkbox"/> | <input type="checkbox"/> |

EVALUATION OF EXPOSURE DURATION:

Can the work be completed within:

- | | | |
|-------------------|--------------------------|--------------------------|
| • 1 hour? | <input type="checkbox"/> | <input type="checkbox"/> |
| • 3 hours? | <input type="checkbox"/> | <input type="checkbox"/> |
| • 6 hours? | <input type="checkbox"/> | <input type="checkbox"/> |
| • One work shift? | <input type="checkbox"/> | <input type="checkbox"/> |

EVALUATION OF FAILURE POTENTIAL:

- | | | |
|---|--------------------------|--------------------------|
| • Is the equipment being used operating within available Manufacturer's recommendations (see equipment operating minimums)? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is the equipment being used for a critical lift? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Have equipment de-ratings been accommodated? | <input type="checkbox"/> | <input type="checkbox"/> |

***Note: The operator has the option to refuse to run the equipment if they feel that it is an unsafe operating situation/condition.*

Brief description of work:

Equipment number:

List Steps Taken to Mitigate the Risk Associated With Operating Equipment Beyond -35°

Signature of Authorization
Equipment Representative

COPA Area/Functional Superintendent
(or designee)

Print Name

Print Name

****Established locations for temperature and wind speed readings:**

- Kuparuk: weather station at DS1C. Alpine: ATAC temperature. Consider local temperatures and equipment sensitivity.
- Remote location(s): Certified hand-held or remote units.



[Authorized
Superintendent
Approvers List](#)

Authorized Superintendent Approvers are listed below:

Alpine

- Alpine Operations Superintendent, Alpine Maintenance Superintendent, Alpine Fieldwide Ops. Superintendent.

Kuparuk

All facilities and drillsites	Everywhere else in Kuparuk
NSK Operations Superintendent	<ul style="list-style-type: none">• NSK Fieldwide Operations Superintendent• NSK Ops Support & Field Services Supervisor• NSK Maintenance Superintendent (Westside of KCS Pad)

CPO

- Construction Superintendent

Wells

- Wells Superintendent

Drilling

- Drilling Supervisor

Seismic/Exploration

- Project COPA Supervisor.