

NITSCHKE
GROUP

JOB SAFETY & ENVIRONMENT ANALYSIS (JSEA) WORKSHEET

No: 0000

INTRODUCTION

Date: 12/2/26

Customer: ORIGIN

Site:

Location: Con 277

Task Description:

N/A + N/D BOP on Conventional well
with Telehandler. Bear Pump Head

List other documentation relevant to this JSEA:

BOP - OIS N/A BOP (conventional wellhead)

REQUIREMENTS

Personal Protective Equipment		Plant, Equipment & Tools		Tagging & Signs
<input checked="" type="checkbox"/> Hard hat	<input checked="" type="checkbox"/> Hi Vis clothing	<input checked="" type="checkbox"/> Hand tools	<input type="checkbox"/> Fans	<input type="checkbox"/> Danger - Do not enter
<input type="checkbox"/> Wide brim sun visor	<input type="checkbox"/> Contamination suit	<input type="checkbox"/> Shovel / Pick / Crowbar	<input type="checkbox"/> Light vehicle	<input type="checkbox"/> Authorised personnel
<input checked="" type="checkbox"/> Tinted safety glasses	<input type="checkbox"/> Welding coat	<input type="checkbox"/> Power tools	<input type="checkbox"/> Truck	<input type="checkbox"/> Warning sign
<input checked="" type="checkbox"/> Clear safety glasses	<input checked="" type="checkbox"/> Gloves - Riggers	<input type="checkbox"/> Power source / Gen Set	<input type="checkbox"/> Trailer	<input type="checkbox"/> Caution sign
<input type="checkbox"/> Goggles	<input type="checkbox"/> Gloves - PVC	<input type="checkbox"/> Extension leads	<input type="checkbox"/> Drill Rig	<input type="checkbox"/> Barrier mesh
<input type="checkbox"/> Face shield	<input type="checkbox"/> Gloves - Welding	<input type="checkbox"/> Welding machine	<input type="checkbox"/> Light / Lighting tower	<input type="checkbox"/> Flagging / cones
<input type="checkbox"/> Welding face shield	<input type="checkbox"/> Barrier cream	<input type="checkbox"/> Oxy/Acetylene kit	<input checked="" type="checkbox"/> Loader / Forklift	<input type="checkbox"/> Personal locks / hasp
<input type="checkbox"/> Hearing protection	<input checked="" type="checkbox"/> Sun screen	<input type="checkbox"/> Welding screen	<input type="checkbox"/> EWP / Basket / Bucket	<input type="checkbox"/> Personal danger tags
<input type="checkbox"/> Dust mask	<input checked="" type="checkbox"/> Steel capped boots	<input type="checkbox"/> Scaffolding	<input type="checkbox"/> Stinger / Forks	<input type="checkbox"/> Out of service tags
<input type="checkbox"/> Respirator	<input type="checkbox"/> Static line	<input checked="" type="checkbox"/> Ladder	<input type="checkbox"/> HIAB / Crane	<input type="checkbox"/> Commissioning tags
<input type="checkbox"/> Airline	<input checked="" type="checkbox"/> Safety harness / equip	<input checked="" type="checkbox"/> Winch	<input type="checkbox"/> Excavator / Backhoe	<input type="checkbox"/> Information tags

Permits & Instructions		Emergency Response	Other
<input type="checkbox"/> Cold work permit	<input type="checkbox"/> Excavation permit	<input checked="" type="checkbox"/> First aid kit	<input type="checkbox"/> Other:
<input type="checkbox"/> Hot work permit	<input type="checkbox"/> Inductions	<input type="checkbox"/> Snake bite / Trauma kit	<input type="checkbox"/> Other:
<input checked="" type="checkbox"/> W@H permit	<input checked="" type="checkbox"/> Procedures	<input checked="" type="checkbox"/> First aid officer	<input type="checkbox"/> Other:
<input type="checkbox"/> Confined space permit	<input type="checkbox"/> Work instructions	<input checked="" type="checkbox"/> Emergency Service	<input type="checkbox"/> Other:
<input type="checkbox"/> Electrical work permit	<input type="checkbox"/> Instruction manual	<input checked="" type="checkbox"/> Fire extinguisher	<input type="checkbox"/> Other:
<input type="checkbox"/> Pressure work permit	<input type="checkbox"/> MSDS	<input checked="" type="checkbox"/> Emergency response plan or procedure	<input type="checkbox"/> Other:



IDENTIFY, ASSESS, CONTROL

Step No.	Sequence of basic steps What is performed at this step?	What are the potential Hazards at this step? List all identified hazards.	Risk Score	What are the recommended controls for each hazard?	New Risk Score
①	STEP 7 / TBN	- CREW ABSENT - NOT PAID ATTENTION	7	ALL CREW INVOLVED PRESENT CREW LOCKED IN + ENGAGED.	3
②	POSITION LIFTING HALL IN CORRECT POSITION WITH MUD CROSS + FALCH SCUFF TANK	- UNCONTROLLED MOVEMENT OF TELEHANDLER - EQUIPMENT DAMAGE	13	TRAINED COMPETENT OPERATOR TO COMPLETE TASK	5
			9	SPOTTER TO OBSERVE THE BOB LIFTING UP TO MUD CROSS	3
③	TELEHANDLER OPERATOR TO INSERT TINES INTO TEST STUMP SKID + PLACE AS CLOSE TO WELL HEAD	UNCONTROLLED MOVEMENT OF TELEHANDLER - EQUIPMENT DAMAGE TO PROXIMITY EQUIPMENT	14		5
			9		3
④	DEL LOWER MACHINE WITH 3 LEFT CHAINS + ATTACH TO BOB	- SUSPENDED LOAD	13	STANDBY CLEAR OF DROP ZONE.	5

NITSCHKE
G R O U P

JOB SAFETY & ENVIRONMENT ANALYSIS (JSEA) WORKSHEET

No: 0000

IDENTIFY, ASSESS, CONTROL

Step No.	Sequence of basic steps What is performed at this step?	What are the potential Hazards at this step? List all identified hazards.	Risk Score	What are the recommended controls for each hazard?	New Risk Score
5	Telehandler to Pick up BOP/ TILL ABOVE B-SECTION & DRILLER TO TAKE WEIGHT WITH MAIN LINE/3 LEGGED CHAINS.	- Equipment Damage - incorrect links to BOP - Poor manual handling.	12	Spotter used AT ALL TIMES - verify with DEL operator LINKAGE TO CHAINS GOOD HAND BOP Placement	5
6	Remove SK NUTS. DEL TO LIFT OFF BOP SKID	- Poor hand placement / incorrect Pawls.	9	Partner Spover used WITH Hammer Spanner.	3
7	TELEHANDLER OPERATOR TO REVERSE WITH BOP SKID TILL CLEAR OF WELLHEAD	uncontrolled movement Equipment Damage TO WELL HEAD	13	Trained Competent operator Spotter BE USED WHEN TELEHANDLER IS moving Around wellhead	5
8	Refer to BOP OOS STEP 3.				



NITSCHKE
G R O U P

JOB SAFETY & ENVIRONMENT ANALYSIS (JSEA) WORKSHEET

No: 0000

RECORD DRAWINGS, SKETCHES, DESIGNS AND LAYOUTS

--

Notes:	



SIGN OFF

THIS JSEA IS NOT VALID UNTIL SIGNED BY A NITSCHKE ENERGY SUPERVISOR / MANAGER.**PARTICIPANTS: Sign below if you are involved in the job and will comply with the JSEA requirements.**

Personnel involved in the job must be involved in developing the JSEA. The Supervisor / Manager must review the job site before starting the JSA. When the JSEA is completed, all persons involved in the task must sign off on the worksheet. Workers joining the team for the job after the JSEA is approved must sign the JSEA only after they have read, understood and agree with the JSEA.

Name	Position	Signature
Travis Fiechtner	Driller	
JACOB NIGGAWATT	hFM	
Justin Brown	A.D	
McDonzon	PH	
Jacob Madden-Davies	L.H	

Name	Position	Signature

APPROVER: Current Shift Supervisor / Manager to sign below.

In signing below, I acknowledge that I have reviewed the JSEA, that all sections have been completed correctly, that I have viewed the job location, I am satisfied that the hazards associated with the job have been adequately controlled and are in place.

Name	Position	Signature	Date	Comments
Robert Bryant	RA		12/2/26	

APPROVER: Next Shift Supervisor / Manager to sign below.

If the Job continues over consecutive shifts, the Supervisor / Manager assuming responsibility for the next shift/job must sign the JSEA only after they have read, understood and agree with the JSEA.

In signing below, I acknowledge that I have reviewed the JSEA, that all sections have been completed correctly, that I have viewed the job location, I am satisfied that the hazards associated with the job have been adequately controlled and are in place.

Name	Position	Signature	Date	Comments
Jay Chantre	Nem		12/2/26	

ALL COMPLETED JSEA's MUST BE SENT TO HSEQ & TRAINING DEPARTMENT

Distribution: White: Hahndorf Pink: Book