

# 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.***RECEIPT**

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 _____

**RECEIPT**

Auditee/ Concerned I/C

Signature \_\_\_\_\_

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

Time: \_\_\_\_\_

**RECEIPT**

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**.