GoM Induction Checklist

The contents of this GoM Induction Checklist is to be reviewed with all employees, contractors, and visitors who have not been present on the facility within the past 12 months. This document meets the requirements of OMS 2.2 People and Competence.

Our goals are simply stated: "no accidents, no harm to people, and no damage to the environment".

Induction Facilitator To Cover Items 1-4		***Induction Facilitator Signature: Date:***
New Arrival Initial		
	1.	**GoM Orientation Video:** • I have viewed the GoM orientation video and I understand BP's expectations around safe, reliable, and compliant operations.
	2.	**Facility Specific Orientation:** • If applicable I have viewed the facility specific orientation presentation and I understand the facility specific hazards and controls.
	3.	**Tour of Muster / Life Boat / Raft Stations:** • I have received a tour my primary and alternate life boat / muster station, life rafts, and life jacket boxes.
	4.	**Waste Management System:** • I understand that I must comply with the Waste Management System requirements. Only human bodily waste is to be flushed down toilets. I will dispose of wet wipes, including those labelled flushable, paper towels, and feminine products in a trash receptacle.

Medic to Cover Items 5-7		***Medic Signature: Date:***
New Arrival Initial		
	5.	**Hospital Hours and Sickness / Injury Reporting:** • Sickbay hours are 6 am to 6 pm. I understand that I must report any injuries to my supervisor immediately. I also understand that I must report all symptoms, medication, or preexisting illness that may interfere with my ability to work to the Medic as soon as practical.
	6.	**Prescription Drug Procedures:** • I understand that I must comply with the requirements of the Offshore Medication Policy regarding medication listed as Dangerous and Restricted. All medication must be in original containers. Contact Medic to review your medication.
	7.	**Complete Medical Information Form:** • The medical information form includes allergies, important health items and emergency contacts. It is used in medical emergencies. I have completed the medical information form and will advise the Medic and update when there are changes.

Supervisor to Cover Items 8-9		***Supervisor Signature: Date:***
New Arrival Initial		

	8.	**Offshore Work Rules Review:**
		• I understand that working offshore requires special attention to safety and following correct work procedures. I understand that my actions can impact everyone on the installation.
		• I have reviewed my job expectations and BP safe work practices with my BP supervisor.
		• SEMS/OMS requirements:
		  • I have confirmed that I will be using BP safe work practices
		  • I can discuss my company's safe work practices and shown proof of any instances where my company's policy is more stringent and must be followed.
		  • I can demonstrate my knowledge and experience to perform my job by providing appropriate records that document my knowledge and experience if requested. I understand that I will be asked to participate in further training and ongoing observation/evaluation of my job performance
		  • I understand my responsibility and authority to stop work
		  • I understand the expectation to participate in efforts to identify and manage hazards on BP operated facilities, do not commence any activity without conducting a Risk Assessment.
		• I understand that I must comply with the Waste Management System requirements. Only human bodily waste is to be flushed down toilets. I will dispose of wet wipes, including those labelled flushable, paper towels, and feminine products in a trash receptacle.

	9.	**Short Service Employee (SSE) Policy:** • I understand that I will be placed in a short service program, carefully supervised, and assigned a buddy. My assigned buddy will be knowledgeable of the appropriate BP and (where appropriate) contractor policies, procedures, standards, and expectations. I understand as an SSE that I must also wear an orange hard hat until removed from the SSE program. I have been provided the SSE documentation and will work with my assigned buddy towards completion.

GoM Induction Checklist

Mentor to Cover Items 10-11	*Mentor Signature:* *Date:*

New Arrival	Initial		
	10.	**Assignment of a Mentor:** • I understand that I have been assigned _____ as my mentor by my supervisor and that I am not allowed to perform any tasks without a review of potential hazards for the work to be performed with my mentor.
	11.	**Tour of Facility:** • I have received a tour of the quarters, work location, escape routes, manual alarm stations, PA system, and fire hoses / extinguishers. • I have been notified of the double hearing protection areas • I have been briefed on the barrier and barricade policy • I have been shown high risk areas or work activity that should be avoided

BCO to Cover Item 12	*BCO Signature:* *Date:*

New Arrival	Initial		
	12.	**Emergency Evacuation Training:** • Training exercise completed at and within a lifeboat covering the muster process, entry into the lifeboat, even loading of the lifeboat, strapping into the seating in crowded conditions and orientation to basic arrangement and operation of lifeboat and equipment.

OIM to Cover Item 13	*OIM Signature:* *Date:*

New Arrival	Initial		
	13.	**OIM Expectations:** • I have had a discussion with the OIM and I understand his / her expectations for the following: ○ Safety observations, reporting of unsafe conditions and acts, and my license to "STOP the Job" ○ Immediate reporting of Injuries and incidents ○ Harassment and disciplinary action ○ CoW and SIMOPS ○ Process Safety ○ Use of Procedures ○ Safety meeting participation ○ Manual Handling / Lifting Policy • I understand the Facility Security Officer is _____ and the facility's MARSEC Level is _____

New Arrival Signature:

I certify that I have completed the BP GoM Facility Induction process and fully understand and agree to comply with all rules and procedures outlined. I also certify that I am fully competent and qualified to carry out the required work that I have been assigned. I understand that working safely is a legal requirement and a condition of employment, I understand that BP expects all staff and contractors working on BP operated sites to understand and comply with: BP's commitment to health, safety, security, and environmental performance; BP's commitment to integrity, BP's Code of Conduct; All applicable laws, rules and regulations; and BP's requirements, rules, policies, practices, standards and procedures. If I have any further questions, need clarification, or acquire additional skills in addition to those assessed as part of this process, I will contact my immediate Supervisor or member of the BP Leadership Team for assistance.

Print Name		**Signature**			
Company		**Position**		**Date**	

HSE Site Lead Signature:

I certify that the above individual has completed the BP GoM Facility Induction process and that I have provided them a copy of the GoM site standards.

HSE Site Lead		**Signature**		**Date**	

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Refer to GOO GoM Management of Change Procedure for list of critical documents and additional guidance.

Document Details

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Document Sign Off

	Print Name & Title	Signature	Date
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