

Inspector Name: _____

Inspector Number: _____

District Name: _____

OCS Lease: _____

Date Interview Was Conducted: _____

EMPLOYEE/CONTRACTOR INTERVIEW

INSTRUCTIONS: The inspector conducting the interview shall not give this form to anyone. This form should be completed in its entirety.

NOTE TO INSPECTORS: The form only applies to well control (drilling, well completion, well workover and well servicing) and production operations and under no circumstances shall any other type of training program be evaluated using this form. No INC's shall be issued as a result of an interviewee's answers to the questions on this form. You must complete all sections of this form, including those sections requiring written comments. This form shall be completely filled out before returning it to your District Manager.

A. INTERVIEWEE CLASSIFICATION					
A1. Is the interviewee an:		a. Employee (Lessee Personnel)		b. Contractor	
A2. If the interviewee is a contractor, specify their present position:					
A3. Is the interviewee a supervisor?		a. Yes		b. No	
A4. Which of the following operations is the interviewee involved in: (please check appropriate box)		a. Production		b. Drilling	
		c. Well Completion		d. Well Workover	
		e. Well Servicing			
B. IDENTIFICATION					
B1. OPERATOR NAME		B2. OPERATOR ID #:	B3. CONTRACTOR NAME		B4. CONTRACTOR ID #:
B5. FACILITY NAME:		B6. RIG NAME		B7. RIG ID #:	B8. COMPLEX ID #:
C. OPERATION BEING CONDUCTED AT TIME OF THE INTERVIEW					
C1. DRILLING	C2. WELL COMPLETION	C3. WELL WORKOVER	C4. WELL SERVICING	C5. PRODUCTION	C6. OTHER (Specify)
D. INTERVIEWEE INFORMATION					
D1. YEARS WITH PRESENT EMPLOYER		D2. YEARS IN PRESENT POSITION		D3. TOTAL YEARS OF EXPERIENCE	
E. EMPLOYEE/CONTRACTOR TRAINING					
E1. When did the interviewee last receive training?		a. Last 6 months	b. 7-12 months	c. 13-24 months	d. 25-36 months
		f. >48 months	g. No training		
E2. How often does the company provide the interviewee with training for the duties assigned?		a. Every year	b. Every 2 years	c. Every 3 years	d. Every 4 or more years
					e. Unknown or no fixed frequency

E3. Did the well control or production training consist of alternative training (computer based, films, equivalent)?	a. Yes	b. No	c. Don't Know			
E4. If the interviewee received alternative training, did they also receive hands-on training?	a. Yes	b. No	c. Don't Know			
E5. If you answered YES to question E3 , what type of alternative training did the interviewee receive?	a. Internet/ Web-Based	b. Films/ Overheads	c. DVD Tutorials	d. Satellite Teleconference	e. Other (Please Specify in E9)	
E6. To what extent is the interviewee satisfied with the well control or production training they received from the training provider?	a. Very Satisfied	b. Somewhat Satisfied	c. Dissatisfied			
E7. What type of training has the employee/contractor participated in recently?	a. Drilling	b. Well Completion	c. Well Work-over	d. Well- Servicing	e. Production	e. Other (Please Specify in E9)
E8. Can the interviewee explain the operations he/she is involved in? (<i>Participate in a facility walkthrough with interviewee. Interviewee should explain main process flows and controls plus a general description of their duties</i>)	a. Yes	B. No	c. If "No" Please Specify in E9			
E9. Please Include Any Explanatory Comments For Section E Here.						
F. SUPERVISOR (These Questions Apply to Lessee/Contractor Supervisory Personnel Only)						
F1. If the supervisor is a lessee, how does he/she verify their contractors are trained to perform their assigned duties?						
F2. If the supervisor is a contractor, how does he/she verify their personnel are trained to perform their assigned duties?						
F3. Has the supervisor (<i>if lessee</i>) in charge performed any on-site verification of contractor (<i>i.e., temporary employees, outside service personnel or manufacturer representatives</i>) skills in well-control or production operations?	a. Yes	b. No	c. Don't Know			
F4. How does the supervisor rate the overall quality of the well control or production training being provided to his/her company's personnel?	a. High Quality	b. Average Quality	c. Low Quality			
F5. In the last 12 months did the supervisor's company provide classroom training, workshops, or seminars in well control or production operations for any of its personnel?	a. Yes	b. No	c. Don't Know			
F6. Does the supervisor's company perform Internal Training Audits?	a. Yes	b. No	c. Don't Know			
F7. If the answer to F6 is YES , how often are Internal Audits performed?						
F 8. Explain your answer to question F3.						
G. INSPECTOR COMMENTS: This Piece of Information is the Most Important Piece of Information						

Included on This Form. As Such, You Must Include an Explanation of Your Answer in the Box Below.			
G1. How would you (the inspector) rate the overall quality of the inspection completed on this facility?	a. Good		b. Poor
G2. If your answer to question G1 is Poor , please provide an explanation.			
G3. If INC's were issued during the inspection, list each individual INC number and enforcement action:	_____ _____ _____		
G4. What rationale was used in selecting the employee or contractor to be interviewed?	a. Random Selection	b. Made errors during inspection	c. Demonstrated a lack of knowledge during inspection
G5. What is your overall observation on the outcome of this interview?	a. Favorable		b. Unfavorable
G6. Explain your answer to question G5 .			
H. INSPECTOR RECOMMENDATIONS:			
H1. Should an audit be conducted for this operator?	a. Yes	b. No	c. N/A
H2. In your opinion, does the interviewee need additional training to perform his/her job duties safely?	a. Yes	b. No	
H3. If You Answered <u>YES</u> to Either Question H1 or H2 Please Provide an Explanation of Your Answer Here:			
Concurrent Signature of District Manager or Chief Inspector:			

Paperwork Reduction Act of 1995 Statement: The Paperwork Reduction Act of 1995 (44 U.S.C. 3501 *et seq.*) requires us to inform you that 30 CFR 250.1507(b) authorizes us to conduct oral interviews of OCS employees. We use the information to ensure that workers in the OCS are properly trained with the necessary skills to perform their jobs in a safe and pollution-free manner. We are conducting this interview to evaluate the effectiveness of the company's training program and to verify training compliance with MMS regulations. We are not asking any questions of a proprietary or confidential nature. Your responses are mandatory. An agency may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB has approved this collection under OMB Control Number 1010-0128. We estimate the reporting burden for this interview to average 30 minutes per respondent. You may direct comments regarding the burden estimate or any other aspect of this interview to the Information Collection Clearance Officer, Mail Stop 5438, Minerals Management Service, Department of the Interior, 1849 C Street, NW, Washington, DC 20240.