**U.S. Department of the Interior OMB Control Number: 1014-0008**

**Bureau of Safety and Environmental Enforcement (BSEE) OMB Approval Expires: xx/xx/xxxx**

**INTERNAL USE ONLY**

**Inspector Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Inspector Number: \_\_\_\_\_\_\_\_**

**District Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OCS Lease: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Interview Was Conducted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMPLOYEE/CONTRACTOR INTERVIEW**

**INSTRUCTIONS:** The inspector conducting the interview must not give this form to anyone. This form must 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 will any other type of training program be evaluated using this form.** No INCs will 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 must be completely filled out before returning it to your District Manager.

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| **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 boxes) | | | | | | | | | | a. Drilling | | | | | | | | | | | | b. Well Completion | | | | | | | | | | | | | |
|  | | | | | | | | | | c. Well Workover | | | | | | | | | | | | d. Well Servicing | | | | | | | | | | | | | |
|  | | | | | | | | | | e. Production | | | | | | | | | | | | f. Other (specify) | | | | | | | | | | | | | |
| **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 | | | | | | | | | e. 37-48 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 Workover | | | | | | | d. Well Servicing | | | | | | | | | e. Production | | | | | | | e. Other (Please Specify in E9) | |
| E8.Can the interviewee explain the operations he/she is involved in? *(Participate in a facility walkthrough with interviewee. Interviewee should explain main process flows and controls plus a general description of their duties)* | | | | | | | | | | | | | | 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 (*if lessee*) in charge performed any on-site verification of contractor (*i.e., temporary employees, outside service personnel, or manufacturer representatives*) 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 INCs 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 YES 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 BSEE 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 1014-0008. We estimate the reporting burden for this interview to average 2 hours per respondent. You may direct comments regarding the burden estimate or any other aspect of this form to the Information Collection Clearance Officer, Bureau of Safety and Environmental Enforcement, 45600 Woodland Rd., Sterling, VA 20166.