

# WCR Equipment Failure Report Form

OMB Control Number: 2138-0046

## Burden Statement

A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2138-0046 (Exp. Date 03/31/2017). Reporting of an Equipment Failure is estimated to take approximately 30 minutes, including the time for reviewing instructions, completing and reviewing the report. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: SafeOCS Data Collection Office, Demetra Colliia, US DOT/ BTS, 1200 New Jersey Avenue SE, Room E36-302, Washington, D.C. 20590 or e-mail: Demetra.colliia@dot.gov

## Pledge of Confidentiality

The information you provide will be used for statistical purposes only. In accordance with the BTS confidentiality statute (49 U.S.C. 6307) and the Confidential Information Protection provisions of Title V, Subtitle A, Public Law 107-347, your responses will be kept confidential and will not be disclosed in identifiable form to anyone other than BTS employees or BTS agents such as telephone interviewers. In accordance with these confidentiality statutes, only statistical and non-identifying data will be made publicly available through aggregate reports. By law, every BTS employee and BTS agent has taken an oath of confidentiality and is subject to a jail term of up to 5 years, a fine of up to \$250,000, or both if he or she discloses ANY identifiable information about the respondent or reporting company or operator. BTS will not release to the Bureau of Safety and Environmental Enforcement, Department of Interior, or any other public or private entity any information that might reveal the identity of individuals or company/operator names mentioned in near-miss reports.

### RECORD IDENTIFICATION INFORMATION

IADC Incident No:	Operator/Company Assigned Reference No:	BTS Reference No:
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

### WELL IDENTIFICATION

Lease No:	Well No:	API Well No:
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

### RIG OWNER INFORMATION

Rig Owner / Drilling Contractor:	Rig Name:	Operator:
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
If "Other", specify:	If "Other", specify:	If "Other", specify:
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Owner's Primary Contact: _____		Owner's Primary Contact's Email: _____
Name of Person Reporting: _____		
Name of OEM Representative Onboard, if applicable: _____		

### Other Information

Owner's Specific Equipment ID Number: _____	Equipment sent on shore for: <input style="width: 95%;" type="text"/>
OEM Incident Reference Number: _____	

### EQUIPMENT DATA

BOP Use:	<input style="width: 95%;" type="text"/>	
Equipment Integrator:	<input style="width: 95%;" type="text"/>	<----- If "Other", specify: <input style="width: 95%;" type="text"/>
Subunit:	<input style="width: 95%;" type="text"/>	
Item:	<input style="width: 95%;" type="text"/>	
Component:	<input style="width: 95%;" type="text"/>	Component Quantity: <input style="width: 95%;" type="text"/>
Component Manufacturer:	<input style="width: 95%;" type="text"/>	OEM Part Number: <input style="width: 95%;" type="text"/>
If "Other", specify:	<input style="width: 95%;" type="text"/>	OEM Serial Number: <input style="width: 95%;" type="text"/>
Model:	<input style="width: 95%;" type="text"/>	
Size (in inches):	<input style="width: 15%;" type="text"/> and <input style="width: 15%;" type="text"/>	Item/Component Pressure Rating: <input style="width: 15%;" type="text"/>
Observed Failure:	<input style="width: 95%;" type="text"/>	

**EQUIPMENT HISTORY**

Date Affected Component Installed:	<input type="text"/>	
Maintenance Deferred on Equipment:	<input type="text"/>	<--If Yes, what maintenance was deferred: <input type="text"/>
		<i>If "Other", specify:</i> <input type="text"/>
Date of Last Maintenance:	<input type="text"/>	Description of completed last maintenance ↓:
Amount of Usage at the Time of Failure:	<input type="text"/>	<input type="text"/>

**SITE SPECIFIC INFORMATION**

IADC Code - Description:	<input type="text"/>	<----- <i>If "Other", specify:</i> <input type="text"/>
Location (Region):	<input type="text"/>	Location (Country): <input type="text"/>
Water Depth:	<input type="text"/>	
Drilling Fluid Type:	<input type="text"/>	
BOP Control Fluid :	<input type="text"/>	<----- <i>If "Other", specify:</i> <input type="text"/>
BOP Control Fluid Concentration:	<input type="text"/>	Glycol Concentration: <input type="text"/>
Was the last laboratory sample acceptable?	<input type="text"/>	Date of last sample: <input type="text"/>

**EVENT DATA**

Event Date:	<input type="text"/>	Event Date means: <input type="text"/>
When did the event occur?	<input type="text"/>	

**Description of Event:**

Hours of NPT:	<input type="text"/>	Hours of Repair time:	<input type="text"/>
Did the event cause a BOP Stack pull?	<input type="text"/>	Detection Method:	<input type="text"/>
Immediate Corrective Action:	<input type="text"/>	Root Cause:	<input type="text"/>
<i>If "Other", specify:</i>	<input type="text"/>	<i>If "Other", specify:</i>	<input type="text"/>
		RCA Status:	<input type="text"/>

**Reason :**