

## PERFORMANCE MEASURES DATA

**Provide Data on an Annual Basis for the Previous Calendar Year by March 31 of Each Year**

Company Name(s) \_\_\_\_\_ BSEE Region \_\_\_\_\_

Associated Company Name(s) \_\_\_\_\_

Operator Code(s)\* \_\_\_\_\_ Calendar Year \_\_\_\_\_

Contact Name \_\_\_\_\_ Email Address \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Date \_\_\_\_\_

<u>SAFETY</u>	<u>PRODUCTION OPERATIONS</u>	<u>DRILLING** OPERATIONS</u>	<u>CONSTRUCTION OPERATIONS</u>	<u>DECOMMISSION OPERATIONS</u>
A. No. of Company Employee Non-DART Recordable Injuries/Illnesses***	1 <sup>st</sup> Qtr _____	_____	_____	_____
	2 <sup>nd</sup> Qtr _____	_____	_____	_____
	3 <sup>rd</sup> Qtr _____	_____	_____	_____
	4 <sup>th</sup> Qtr _____	_____	_____	_____
B. No. of Contract Employee Non-DART Recordable Injuries/Illnesses***	1 <sup>st</sup> Qtr _____	_____	_____	_____
	2 <sup>nd</sup> Qtr _____	_____	_____	_____
	3 <sup>rd</sup> Qtr _____	_____	_____	_____
	4 <sup>th</sup> Qtr _____	_____	_____	_____
C. No. of Company Employee DART Injuries/Illnesses****	1 <sup>st</sup> Qtr _____	_____	_____	_____
	2 <sup>nd</sup> Qtr _____	_____	_____	_____
	3 <sup>rd</sup> Qtr _____	_____	_____	_____
	4 <sup>th</sup> Qtr _____	_____	_____	_____
D. No. of Contract Employee DART Injuries/Illnesses****	1 <sup>st</sup> Qtr _____	_____	_____	_____
	2 <sup>nd</sup> Qtr _____	_____	_____	_____
	3 <sup>rd</sup> Qtr _____	_____	_____	_____
	4 <sup>th</sup> Qtr _____	_____	_____	_____

<u><b>SAFETY</b></u>		<u><b>PRODUCTION OPERATIONS</b></u>	<u><b>DRILLING** OPERATIONS</b></u>	<u><b>CONSTRUCTION OPERATIONS</b></u>	<u><b>CONSTRUCTION OPERATIONS</b></u>
E. Company Employee Hours Worked	1 <sup>st</sup> Qtr	_____	_____	_____	_____
	2 <sup>nd</sup> Qtr	_____	_____	_____	_____
	3 <sup>rd</sup> Qtr	_____	_____	_____	_____
	4 <sup>th</sup> Qtr	_____	_____	_____	_____
F. Contract Employee Hours Worked	1 <sup>st</sup> Qtr	_____	_____	_____	_____
	2 <sup>nd</sup> Qtr	_____	_____	_____	_____
	3 <sup>rd</sup> Qtr	_____	_____	_____	_____
	4 <sup>th</sup> Qtr	_____	_____	_____	_____

**ENVIRONMENT**

G. For Oil Spills < 1 bbl

1. No. of Spills \_\_\_\_\_

2. Total Volume for Spills \_\_\_\_\_ **bbl**

\* Please list all operator codes that these data represent.

\*\* Drilling Operations include Drilling, Workover, and Allied Services.

\*\*\* Recordable injuries/illnesses that required medical treatment beyond first aid, but did not result in days away from work, restricted work, or transfer to another job (DART)

\*\*\*\* Formerly Lost Time Cases that include Days Away from work, Restricted duty, and Transfer situations.

**Paperwork Reduction Act of 1995 (PRA):** The PRA (44 U.S.C. 3501 *et seq.*) requires us to inform you that BSEE collects this information to carry out its responsibilities under the OCS Lands Act, as amended. BSEE will use the information to evaluate the effectiveness of industry’s continued improvement of safety and environmental management in the OCS. Responses are mandatory (43 U.S.C. 1334). No proprietary data are collected. We estimate the public reporting burden, including the time for reviewing instructions, gathering and maintaining data, and completing and reviewing the information to average 15 hours per response. An agency may not conduct or sponsor, and a person is 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 of information and assigned OMB Control Number 1014-0017. You may direct comments regarding the burden estimate or any other aspect of this collection of information to the Information Collection Clearance Officer, Bureau of Safety and Environmental Enforcement, 45600 Woodland Road, Sterling, VA 20166.

**COMPANY-SPECIFIC DATA COLLECTED UNDER THIS REQUEST IS INTENDED FOR GOVERNMENT USE ONLY**