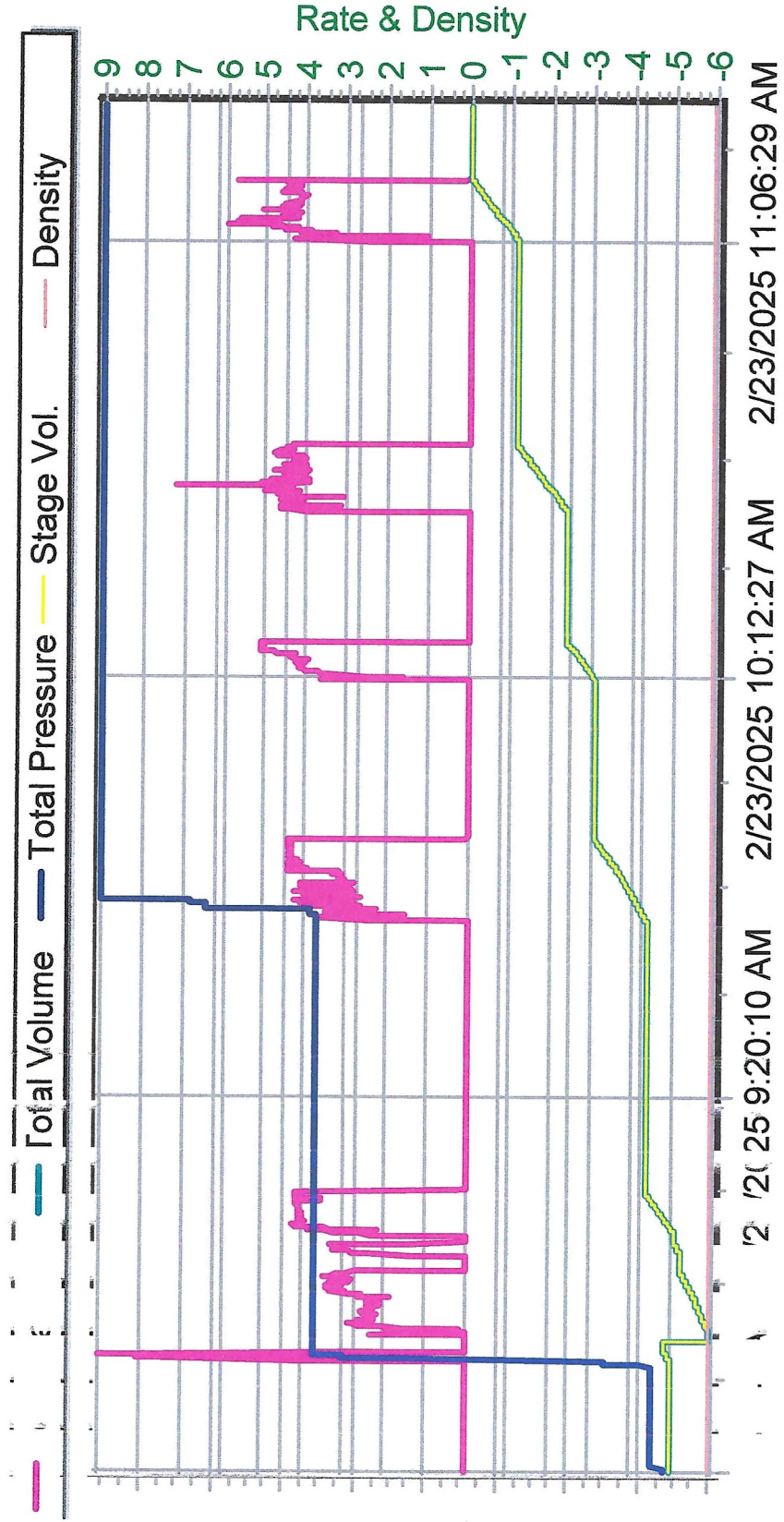


TRES MANAGEMENT INC JACKSON 31 SURFACE 2-23-25





Job Safety Analysis Checklist -JSA

Form 181-4/185-2

10/1/24
JSA

Company: TRES MANAGEMENT INC
Location: KIM COLORADO
Weather: CLOUDY
Type of Job: SURFACE
Line Boss: PHILLIP GRANO

Date: 2/22/25
Well Name: JACKSON 31
Temp.: 55 **Wind Direction:** N
Person in Charge: JESSE PAXTON
Emergency Driver: ED MENDOZA

Emergency Info.	PPE/Body Hazards	Confined Space
<input type="checkbox"/> Eye Wash	<input checked="" type="checkbox"/> Hard hat	<input type="checkbox"/> Rescue Plan
<input type="checkbox"/> Shower Station	<input checked="" type="checkbox"/> Hearing Protection	<input type="checkbox"/> Hole Watch / Communication
<input type="checkbox"/> Fire Extinguishers Loc/Tag	<input checked="" type="checkbox"/> Proper Work Boots	<input type="checkbox"/> Atmosphere Testing
<input checked="" type="checkbox"/> Evacuation Route / Muster	<input checked="" type="checkbox"/> Eye Protection	<input type="checkbox"/> Ventilation
<input checked="" type="checkbox"/> Leak/Spill Reporting	<input checked="" type="checkbox"/> Hand Protection	<input type="checkbox"/> Respirator
<input checked="" type="checkbox"/> Fire Reporting	<input checked="" type="checkbox"/> Flame Resistant Clothing FR	
	<input checked="" type="checkbox"/> Fall protection	Tools / H2O
	<input checked="" type="checkbox"/> Lock Out / Tag Out	<input checked="" type="checkbox"/> Right Tool for the Job
	<input checked="" type="checkbox"/> Respiratory- Silica, Chemical	<input checked="" type="checkbox"/> Inspection
		<input checked="" type="checkbox"/> Drinking Water

Hospital Information

Hospital: _____
 Phone #: _____
 Address: _____

Scope of Work	Potential Hazards	Safety Controls
1 RIG UP	HEAVY LIFTING; LIFTING OVERHEAD	TEAMWORK, COMMUNICATION
2 PUMPING OPERATION	PRESSURIZED LINES	TEAMWORK, COMMUNICATION
3 RIG DOWN	HEAVY LIFTING; LIFTING OVERHEAD	TEAMWORK, COMMUNICATION

Print Name	Signature	Company
1 JESSE PAXTON		TRES
2 PHILLIP GRANO		
3 ED MENDOZA		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		

Total # Workers: _____



Bill of Lading

Driver: Eduardo Hernandez Date: 2 22 25

Truck/Trailer #: 18 9 66021

FOB (City/State): Liberal, KS

Destination (City/State) Kim 10

Ending Odometer:

QTY.	Description
18 7 37	A lead

EMERGENCY RESPONSE PROVIDER:
IN CASE OF LEAK, SPILL, FIRE, OR OTHER EMERGENCY CALL
VERISK 3E AT: 1-800-451-8346
ID Number: 16843