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ERRATA

The forms in Annexes A, B, C and D shall be replaced with the attached forms. A section for Corrosion has been added to each form.

MS Excel versions of these forms can also be found here:

<http://mycommittees.api.org/standards/ecs/sc8/Committee%20Documents/Forms/AllItems.aspx>

Annex A
(informative)

Drilling Mast Visual Inspection Form

The form in this annex is intended for free exchange between owners/operators of the equipment or users of this document.

Drilling Mast
Category III/IV - Visual Field Inspection Form

Type of inspection performed (check one box only):

Category III Inspection

Category IV Inspection

Mast—A structural tower comprised of one or more sections and then raised to the operating position. If the unit contains two or more sections, it may be telescoped or unfolded during the erection procedure.

PURPOSE & SCOPE OF INSPECTION: This report form and inspection procedure was developed as a guide for making and reporting field inspection in a thorough and uniform manner. The procedure is intended for use by operating personnel (or a designated representative) to the extent that its use satisfies conditions for which an inspection is intended. More detailed and critical inspections may be scheduled periodically, or ordered to supplement a program of these inspections; if masts are used in the upper range of their load limits, or if structures may have been subjected to critical conditions which could effect safe performance. This form is provided strictly as a guide, and the API accepts no liability whatsoever for its use or scope.

MARKING DAMAGE: At the time of inspection, damaged sections or equipment must be clearly and visibly marked so that needed repairs may be made. A bright, contrasting spray paint is suggested for this. When repairs are made, the visible markings should be removed by painting over them. It is also necessary for the inspector to write "None" when no damage markings are needed, as this is his indication that the item has passed inspection. It is recommended that inspection be made with assistance of manufacturer's assembly drawing and operating instructions. For items not accessible or that do not apply, draw a line through the item pertaining to the component.

Company: _____

Rig #: _____

Date: _____

Location: _____

Mast Manufacturer: _____

Date of Manufacture: _____

Manufacturer's Drawing Available for Use in Inspection:

Yes: _____ No: _____

Manufacturer's Rating: _____

Height: _____

Mast Serial #: _____

Mast Type: Telescoping: _____ Cantilevered: _____

Mast Position: Disassembled: _____ Standing: _____ Lying down: _____

Mast Nameplate on Structure: Yes: _____ No: _____

Component Numbers Present: Yes: _____ No: _____

Inspected By: _____

Representing: _____

DRILLING MASTS

Items that do not need attention should be checked to indicate that the item was inspected. Items that are not applicable should be marked in the box as "NA" (not applicable). Items that are warped, worn, damaged, cracked welds, rusted, bent, in need of repair or replacement, or otherwise in need of further attention, mark an "X" in the box and provide comments on the inspected items.

<input checked="" type="checkbox"/>	OK	<input type="checkbox"/>	X1	Requires immediate attention	Provide comments regarding inspected items.
<input type="checkbox"/>	NA Not applicable	<input type="checkbox"/>	X2	Requires attention next move	
<input type="checkbox"/>	U Unable to access	<input type="checkbox"/>	X3	Requires attention next maintenance	
<input type="checkbox"/>	M Missing	<input type="checkbox"/>	X4	Requires attention when convenient	

COMMENTS REGARDING INSPECTED ITEMS

1.0 Crown Assembly

Make/Model: _____

1.1 Sheaves

Number of Sheaves: _____ Main Cluster Sheave Diameter: _____

Fast Line Sheave Diameter: _____

Condition:

<input type="checkbox"/>	Sheaves:	_____
<input type="checkbox"/>	Grooves in Gage:	_____
<input type="checkbox"/>	Spacers or Seals:	_____
<input type="checkbox"/>	Grease Fittings:	_____
<input type="checkbox"/>	Bearings:	_____
<input type="checkbox"/>	Drilling Line Guards:	_____

1.2 Crown Platform

<input type="checkbox"/>	Decking:	_____
<input type="checkbox"/>	Holes Covered:	_____
<input type="checkbox"/>	Safety Gate:	_____
<input type="checkbox"/>	Ladder Access:	_____
<input type="checkbox"/>	Handrails:	_____
<input type="checkbox"/>	Frame Straight:	_____
<input type="checkbox"/>	Welds:	_____
<input type="checkbox"/>	Bolts and Nuts:	_____

1.3 Crown Support Beams:

<input type="checkbox"/>	Beam Straight:	_____
<input type="checkbox"/>	Pins & Bolts:	_____
<input type="checkbox"/>	Safety Pins/Keepers:	_____
<input type="checkbox"/>	Welds:	_____

1.4 Additional Sheave Assemblies in Crown:

Name: _____
 Condition: _____

1.5 Pad-eyes Under the Crown Platform:

<input type="checkbox"/>	SWL Marked:	_____
<input type="checkbox"/>	Welds:	_____
<input type="checkbox"/>	Pin Holes	_____

COMMENTS REGARDING INSPECTED ITEMS

1.6 Fall Arrest/Climbing Assist Device Mounting:

<input type="checkbox"/>	Support Pole:	_____
<input type="checkbox"/>	Base:	_____
<input type="checkbox"/>	Sheave Attachment:	_____
<input type="checkbox"/>	Weight Bucket Attach:	_____
<input type="checkbox"/>	Welds:	_____

1.7 Crown Saver Block(s):

<input type="checkbox"/>	Safety Mesh:	_____
<input type="checkbox"/>	Safety Cable:	_____
<input type="checkbox"/>	Block(s) Condition:	_____
<input type="checkbox"/>	Attachment Strapping:	_____
<input type="checkbox"/>	Strapping Welds:	_____

Number of Visible Marks Applied: _____

2.0 Mast Legs:

2.1 Front Leg, Drillers Side:

<input type="checkbox"/>	Leg Straight:	_____
<input type="checkbox"/>	Pin Connections:	_____
<input type="checkbox"/>	Pin Hole(s):	_____
<input type="checkbox"/>	Pins:	_____
<input type="checkbox"/>	Safety Pins/Keepers:	_____
<input type="checkbox"/>	Welds:	_____

2.2 Front Leg, Off Drillers Side:

<input type="checkbox"/>	Leg Straight:	_____
<input type="checkbox"/>	Pin Connections:	_____
<input type="checkbox"/>	Pin Hole(s):	_____
<input type="checkbox"/>	Pins:	_____
<input type="checkbox"/>	Safety Pins/Keepers:	_____
<input type="checkbox"/>	Welds:	_____

2.3 Rear Leg, Drillers Side:

<input type="checkbox"/>	Leg Straight:	_____
<input type="checkbox"/>	Pin Connections:	_____
<input type="checkbox"/>	Pin Hole(s):	_____
<input type="checkbox"/>	Pins:	_____
<input type="checkbox"/>	Safety Pins / Keepers:	_____
<input type="checkbox"/>	Welds:	_____

2.4 Rear Leg, Off Drillers Side:

<input type="checkbox"/>	Leg Straight:	_____
<input type="checkbox"/>	Pin Connections:	_____
<input type="checkbox"/>	Pin Hole(s):	_____
<input type="checkbox"/>	Pin(s):	_____
<input type="checkbox"/>	Safety Pins/Keepers:	_____
<input type="checkbox"/>	Welds:	_____

Number of Visible Marks Applied: _____

COMMENTS REGARDING INSPECTED ITEMS

3.0 Spreaders (Back Panel Trusses)

Members Straight: _____

Bolts: _____

Pin/Bolt Hole(s): _____

Pins: _____

Safety Pins/Keepers: _____

Welds: _____

Number of Visible Marks Applied: _____

4.0 Girt(s) and Bracing:

Members Straight: _____

Welds: _____

Number of Visible Marks Applied: _____

5.0 Mast Feet or Pivots

Condition: _____

Pin Hole(s): _____

Pins: _____

Safety Pins/Keepers: _____

Welds: _____

Number of Visible Marks Applied: _____

6.0 Deadline Anchor Mounting: (Reference API RP 8B)

Supports: _____

Bolts: _____

Anchor Mounting Welds: _____

Brass Inserts: _____

Number of Visible Marks Applied: _____

7.0 A-Frame/Gin Pole

7.1 Driller's Side Legs:

Leg Straight: _____

Pin Hole(s): _____

Pins: _____

Safety Pins/Keepers: _____

Welds: _____

7.2 Off Driller's Side Legs:

Leg Straight: _____

Pin Hole(s): _____

Pins: _____

Safety Pins/Keepers: _____

Welds: _____

7.3 Spreaders or Trusses:

Members: _____

Welds: _____

7.4 Upper Connections:

Members: _____

Welds: _____

COMMENTS REGARDING INSPECTED ITEMS

7.5 Lower Connections:

<input type="checkbox"/>	Pin Connections:	_____
<input type="checkbox"/>	Pin Hole(s):	_____
<input type="checkbox"/>	Pins:	_____
<input type="checkbox"/>	Safety Pins/Keepers:	_____
<input type="checkbox"/>	Welds:	_____

Number of Visible Marks Applied: _____

See Section 10.0 for Raising Sheave Check List.

8.0 Working Platforms:

8.1 Pipe Racking Platform:

<input type="checkbox"/>	Frame Straight:	_____
<input type="checkbox"/>	Pin Hole(s):	_____
<input type="checkbox"/>	Pins:	_____
<input type="checkbox"/>	Safety Pins/Keepers:	_____
<input type="checkbox"/>	Frame Welds:	_____
<input type="checkbox"/>	Working Platform:	_____
<input type="checkbox"/>	Landing Platform:	_____
<input type="checkbox"/>	Handrails:	_____
<input type="checkbox"/>	Ladder Access:	_____
<input type="checkbox"/>	Fingers Straight:	_____
<input type="checkbox"/>	Finger Welds:	_____
<input type="checkbox"/>	Finger Safety Line(s):	_____
<input type="checkbox"/>	Hoist Mounting:	_____

Number of Visible Marks Applied: _____

8.2 Casing Stabbing Board:

<input type="checkbox"/>	Frame Straight:	_____
<input type="checkbox"/>	Welds:	_____
<input type="checkbox"/>	Handrails:	_____
<input type="checkbox"/>	Working Platform:	_____
<input type="checkbox"/>	Hoisting Assembly:	_____
<input type="checkbox"/>	Hoist Mounting:	_____
<input type="checkbox"/>	Lower Travel Stops:	_____
<input type="checkbox"/>	Pin or Bolt Holes:	_____
<input type="checkbox"/>	Pins or Bolts:	_____
<input type="checkbox"/>	Safety Pins/Keepers:	_____

Number of Visible Marks Applied: _____

8.3 Tubing Support/Belly Board:

<input type="checkbox"/>	Frame Straight:	_____
<input type="checkbox"/>	Welds:	_____
<input type="checkbox"/>	Handrails:	_____
<input type="checkbox"/>	Pin Holes:	_____
<input type="checkbox"/>	Pins:	_____
<input type="checkbox"/>	Safety Pins/Keepers:	_____
<input type="checkbox"/>	Support Cables:	_____
<input type="checkbox"/>	Cable Connections:	_____

Number of Visible Marks Applied: _____

COMMENTS REGARDING INSPECTED ITEMS

9.0 Ladders:

<input type="checkbox"/>	Vertical Rails Straight:	_____
<input type="checkbox"/>	Rails in Alignment:	_____
<input type="checkbox"/>	Ladder Stand Offs:	_____
<input type="checkbox"/>	Stand Off Connections:	_____
<input type="checkbox"/>	Rail Welds:	_____
<input type="checkbox"/>	Rungs:	_____
<input type="checkbox"/>	Rung Welds:	_____
<input type="checkbox"/>	Rung Spacing:	_____
<input type="checkbox"/>	Access at Rig Floor:	_____
<input type="checkbox"/>	Cage:	_____
<input type="checkbox"/>	Toe Clearance:	_____

Number of Visible Marks Applied: _____

10.0 Raising and Telescoping System

10.1 Raising Line System—Refer to API Spec 9B, for Specifications:

<input type="checkbox"/>	Wireline:	_____
<input type="checkbox"/>	Wireline—Sockets:	_____
<input type="checkbox"/>	Pins:	_____
<input type="checkbox"/>	Safety Pins/Keepers:	_____
<input type="checkbox"/>	Sheaves Turn Freely:	_____
<input type="checkbox"/>	Sheaves:	_____
<input type="checkbox"/>	Grooves in Gage:	_____
<input type="checkbox"/>	Spacers or Seals	_____
<input type="checkbox"/>	Grease Fittings:	_____
<input type="checkbox"/>	Bearings:	_____
<input type="checkbox"/>	Line Guards:	_____
<input type="checkbox"/>	Welds:	_____
<input type="checkbox"/>	Equalizer Assembly:	_____

Number of Visible Marks Applied: _____

10.2 Hydraulic or Telescoping System:

Hydraulic Cylinders—Raising:

<input type="checkbox"/>	Seals:	_____
<input type="checkbox"/>	Main Ram:	_____
<input type="checkbox"/>	Cylinder Hinge Points:	_____
<input type="checkbox"/>	Hinge Pin Hole(s):	_____
<input type="checkbox"/>	Hinge Pins:	_____
<input type="checkbox"/>	Safety Pins/Keepers:	_____
<input type="checkbox"/>	Hydraulic Hoses:	_____
<input type="checkbox"/>	Hose Connections:	_____
<input type="checkbox"/>	Bleed Valve:	_____

Hydraulic Cylinder(s) Telescoping:

<input type="checkbox"/>	Seals:	_____
<input type="checkbox"/>	Main Ram:	_____
<input type="checkbox"/>	Cylinder Hinge Points:	_____
<input type="checkbox"/>	Pin Hole(s):	_____
<input type="checkbox"/>	Pins:	_____
<input type="checkbox"/>	Safety Pins/Keepers:	_____
<input type="checkbox"/>	Hydraulic Hoses:	_____
<input type="checkbox"/>	Hose Connections:	_____
<input type="checkbox"/>	Cylinder Stabilizers:	_____
<input type="checkbox"/>	Bleed Valve:	_____
<input type="checkbox"/>	Lubrication:	_____

COMMENTS REGARDING INSPECTED ITEMS

Mast Guides:
 Cleaned: _____
 Lubricated: _____
 Number of Visible Marks Applied: _____

11.0 Locking Device & Seats—Telescoping Masts:

Pin Hole(s): _____
 Pins: _____
 Safety Pins/Keepers: _____
 Bars/Dogs or Pawls: _____
 Seats: _____
 Mechanism: _____
 Number of Visible Marks Applied: _____

12.0 Tong Counterweights:

Guides: _____
 Weight Device: _____
 Sheaves/Shfts: _____
 Wirelines: _____
 Cable Clamps: _____
 Welds: _____
 Number of Visible Marks Applied: _____

13.0 Miscellaneous Sheave Assemblies:

Clevis/Shackle: _____
 Mast Pad-eye: _____
 Sheaves: _____
 Bearings: _____
 Shafts: _____
 Sheave Bolt: _____
 Side Plate Bolts: _____
 Bolt Safety Pins: _____
 Grease Fittings: _____
 Safety Line: _____

14.0 Mast Boom Assembly:

Mounting Brackets: _____
 Sheaves: _____
 Boom Pole: _____
 Support Cable/Clamps: _____
 Bolts/Nuts: _____
 Sheave Shaft: _____
 Bolt Safety Pins: _____
 Grease Fittings: _____
 Number of Visible Marks Applied: _____

15.0 Ancillary Equipment:

15.1 Mud Line Clamps:
 Pipe Clamps: _____
 Leg Clamps: _____
 Welds: _____
 Bolts/Nuts: _____

Annex B
(informative)

Well Servicing Masts Visual Inspection Form

The form in this annex is intended for free exchange between owners/operators of the equipment or users of this document.

Well Servicing Masts (Guyed, Carrier/Trailer Mounted)
Category III/IV - Visual Field Inspection Form

Type of inspection performed (check one box only):

Category III Inspection

Category IV Inspection

PURPOSE & SCOPE OF INSPECTION: This report form and inspection procedure was developed as a guide for making and reporting field inspection in a thorough and uniform manner. The procedure is intended for use by operating personnel (or a designated representative) to the extent that its use satisfies conditions for which an inspection is intended. More detailed and critical inspections may be scheduled periodically, or ordered to supplement a program of these inspections; if masts are used in the upper range of their load limits, or if structures may have been subjected to critical conditions which could effect safe performance. This form is provided strictly as a guide, and the API accepts no liability whatsoever for its use or scope.

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Company: _____ Rig #: _____

Date: _____

Location: _____ Mast Manufacturer: _____

Manufacturer's Drawing Available for Use in Inspection: Yes: _____ No: _____

Manufacturer's Rating: _____ Height: _____

Mast Serial #: _____

Mast Type: One Piece _____ Telescoping _____ Folding _____

Mast Position: Standing _____ Lying down _____ Disassembled _____

Mast Nameplate on Structure: Yes: _____ No: _____

Inspected By: _____ Representing: _____

GUYED MAST

Items that do not need attention should be checked to indicate that the item was inspected. Items that are not applicable should be marked in the box as "NA" (not applicable). Items that are warped, worn, damaged, cracked welds, rusted, bent, in need of repair or replacement, or otherwise in need of further attention, mark an "X" in the box and provide comments on the inspected items.

<input checked="" type="checkbox"/>	OK	<input type="checkbox"/>	X1	Requires immediate attention	Provide comments regarding inspected items.
<input type="checkbox"/>	NA Not applicable	<input type="checkbox"/>	X2	Requires attention next move	
<input type="checkbox"/>	U Unable to access	<input type="checkbox"/>	X3	Requires attention next maintenance	
<input type="checkbox"/>	M Missing	<input type="checkbox"/>	X4	Requires attention when convenient	

COMMENTS REGARDING INSPECTED ITEMS

1.0 Crown Assembly

1.1 Sheaves

Number of Sheaves: _____ Main Cluster Sheave Diameter: _____

Hoisting Line Size: _____ Fast Line Sheave Diameter: _____

Condition:

<input type="checkbox"/>	Main Sheaves:	_____
<input type="checkbox"/>	Fastline Sheaves:	_____
<input type="checkbox"/>	Sandline Sheaves:	_____
<input type="checkbox"/>	Grooves in Gage:	_____
<input type="checkbox"/>	Bearings:	_____
<input type="checkbox"/>	Seals:	_____
<input type="checkbox"/>	Line Guards:	_____
<input type="checkbox"/>	Grease Fittings:	_____
<input type="checkbox"/>	Center Pin Locks:	_____
<input type="checkbox"/>	Winch Line Sheaves:	_____
<input type="checkbox"/>	Retracting Line Sheaves:	_____
<input type="checkbox"/>	Sheave Material Type:	Cast Iron _____ Fab _____ Steel _____ Phenolic Resin _____

Number of Visible Marks Applied: _____

2.0 Crown Block Structure

<input type="checkbox"/>	Crown Railing:	_____
<input type="checkbox"/>	Crown Frame:	_____
<input type="checkbox"/>	Safety Gate:	_____
<input type="checkbox"/>	Guyline Support Eyes:	_____
<input type="checkbox"/>	Loadline Support Eyes:	_____
<input type="checkbox"/>	Sheave Pedestal Mounts:	_____
<input type="checkbox"/>	Crown Decking:	_____
<input type="checkbox"/>	Fall Protection Mount:	_____
<input type="checkbox"/>	Fall Protection Device:	_____

Number of Visible Marks Applied: _____

3.0 Upper Mast Section

<input type="checkbox"/>	Operator's Side Front Leg:	_____
<input type="checkbox"/>	Operator's Side Rear Leg:	_____
<input type="checkbox"/>	Off Side Front Leg:	_____
<input type="checkbox"/>	Off Side Rear Leg:	_____
<input type="checkbox"/>	C Sections:	_____
<input type="checkbox"/>	Diagonal Bracing:	_____
<input type="checkbox"/>	Back Bracing:	_____
<input type="checkbox"/>	Rod Basket Mounts:	_____
<input type="checkbox"/>	Tubing Board Mounts:	_____
<input type="checkbox"/>	Upper Latch Assembly (Lo	_____
<input type="checkbox"/>	Cotter Keys in Place:	_____
<input type="checkbox"/>	Ram Stabilizers:	_____
<input type="checkbox"/>	Mast Lighting Mounts:	_____

Number of Visible Marks Applied: _____

COMMENTS REGARDING INSPECTED ITEMS

4.0 Lower Mast Section

- Operator's Side Front Leg: _____
- Operator's Side Rear Leg: _____
- Off Side Front Leg: _____
- Off Side Rear Leg: _____
- C Sections: _____
- Diagonal Bracing: _____
- Back Bracing: _____
- Lower Latch Assembly (Lock): _____
- Cotter Keys in Place: _____
- Mast Hinge Points: _____
- Stand Pipe Mounts: _____
- Block Hanging Assembly: _____
- Leg Adjustment Screws: _____
- Rating Tags in Place: _____
- Telescoping Cylinder Stabilizers: _____

Number of Visible Marks Applied: _____

5.0 Tubing Board

- Tubing Board Frame: _____
- Frame Hinge Points: _____
- Tail Gate Hinge Points: _____
- Left Support Line Anchor: _____
- Right Support Line Anchor: _____
- Diving Board: _____
- Hand Rails: _____
- Fingers: _____
- Safety Cables on Fingers: _____
- Support Cables: _____

Number of Visible Marks Applied: _____

6.0 Rod Basket

- Rod Basket Frame: _____
- Rod Racks (fingers): _____
- Load Line Anchor Points: _____
- Rod Rack Hinge Points: _____
- Support Cables: _____

Number of Visible Marks Applied: _____

7.0 Pipe Racking Platform (Drilling Applications):

- Frame Straight: _____
- Pin Hole(s): _____
- Pins _____
- Safety Pins/Keepers: _____
- Frame Welds: _____
- Working Platform: _____
- Landing Platform: _____
- Handrails: _____
- Ladder Access: _____
- Fingers Straight: _____
- Finger Welds: _____
- Finger Safety Line(s): _____
- Hoist Mounting: _____

Number of Visible Marks Applied: _____

COMMENTS REGARDING INSPECTED ITEMS

8.0 Base Mast Section

<input type="checkbox"/>	Base Section Structure:	_____
<input type="checkbox"/>	Diagonal Supports:	_____
<input type="checkbox"/>	Turnbuckles:	_____
<input type="checkbox"/>	Hinge Points:	_____
<input type="checkbox"/>	Push Points:	_____
<input type="checkbox"/>	Mast Locking Device:	_____
<input type="checkbox"/>	Support Beam:	_____
<input type="checkbox"/>	Angle Adjustment Screws:	_____
<input type="checkbox"/>	Load Adjustment Screws:	_____
Number of Visible Marks Applied:		_____

9.0 Main Hydraulic Ram/Raising Cylinder
(Shall be inspected during rig-up/rig-down operation.)

<input type="checkbox"/>	Cylinder Hinge Points:	_____
<input type="checkbox"/>	Hydraulic Connections:	_____
<input type="checkbox"/>	Hydraulic Hoses:	_____
<input type="checkbox"/>	Hinge Pins:	_____
<input type="checkbox"/>	Retaining Pins or Locks:	_____
<input type="checkbox"/>	Main Ram:	_____
<input type="checkbox"/>	Seals:	_____
<input type="checkbox"/>	Bleed Valve:	_____

10.0 Telescoping Hydraulic Ram/Cylinder

<input type="checkbox"/>	Cylinder Push Points:	_____
<input type="checkbox"/>	Hydraulic Connections:	_____
<input type="checkbox"/>	Hydraulic Hoses:	_____
<input type="checkbox"/>	Connecting Pins:	_____
<input type="checkbox"/>	Retaining Pins or Locks:	_____
<input type="checkbox"/>	Telescoping Ram:	_____
<input type="checkbox"/>	Seals:	_____
<input type="checkbox"/>	Bleed Valve:	_____

11.0 Ladders:

<input type="checkbox"/>	Vertical Rails Straight:	_____
<input type="checkbox"/>	Rails In Alignment:	_____
<input type="checkbox"/>	Ladder Stand Offs:	_____
<input type="checkbox"/>	Stand Off Connections:	_____
<input type="checkbox"/>	Rail Welds:	_____
<input type="checkbox"/>	Rungs/Welds:	_____
<input type="checkbox"/>	Rung Spacing:	_____
<input type="checkbox"/>	Access at Rig Floor:	_____
<input type="checkbox"/>	Toe Clearance:	_____

Number of Visible Marks Applied: _____

12.0 Tong Counterweights (Drilling Applications):

<input type="checkbox"/>	Guides:	_____
<input type="checkbox"/>	Weight Device:	_____
<input type="checkbox"/>	Sheaves/Shfts:	_____
<input type="checkbox"/>	Wirelines:	_____
<input type="checkbox"/>	Cable Clamps:	_____
<input type="checkbox"/>	Welds:	_____

Number of Visible Marks Applied: _____

Annex C
(informative)

Drilling Derrick Visual Inspection Form

The form in this annex is intended for free exchange between owners/operators of the equipment or users of this document.

**Drilling Derrick
Category III / IV - Visual Field Inspection Form**

Type of inspection performed (check one box only):

Category III Inspection

Category IV Inspection

Derrick—A semi-permanent structure of square or rectangular cross-section having members that are latticed or trussed on all four sides. This unit must be assembled in the vertical or operation position, as it includes no erection mechanism.

PURPOSE & SCOPE OF INSPECTION: This report form and inspection procedure was developed as a guide for making and reporting field inspection in a thorough and uniform manner. The procedure is intended for use by operating personnel (or a designated representative) to the extent that its use satisfies conditions for which an inspection is intended. More detailed and critical inspections may be scheduled periodically, or ordered to supplement a program of these inspections; if derricks are used in the upper range of their load limits, or if structures may have been subjected to critical conditions which could effect safe performance. This form is provided strictly as a guide, and the API accepts no liability whatsoever for its use or scope.

MARKING DAMAGE: At the time of inspection, damaged sections or equipment must be clearly and visibly marked so that needed repairs may be made. A bright, contrasting spray paint is suggested for this. When repairs are made, the visible markings should be removed by painting over them. It is also necessary for the inspector to write "None" when no damage markings are needed, as this is his indication that the item has passed inspection. It is recommended that inspection be made with assistance of manufacturer's assembly drawing and operating instructions. For items not accessible or that do not apply, draw a line through the item pertaining to the component.

Company: _____ Rig #: _____

Date: _____

Location: _____ Derrick Manufacturer: _____

Date of Manufacture: _____

Manufacturer's Drawing Available for Use in Inspection: Yes: _____ No: _____

Manufacturer's Rating: _____ Height: _____

Derrick Serial #: _____

Derrick Type: Bolted _____ Welded _____

Type Rig: Platform _____ Jackup _____ Submersible _____

Semi-submersible _____ Drill Ship _____

Nameplate on Structure: Yes: _____ No: _____

Component Numbers Present: Yes: _____ No: _____

Inspected By: _____ Representing: _____

DERRICK

Items that do not need attention should be checked to indicate that the item was inspected. Items that are not applicable should be marked in the box as "NA" (not applicable). Items that are warped, worn, damaged, cracked welds, rusted, bent, in need of repair or replacement, or otherwise in need of further attention, mark an "X" in the box and provide comments on the inspected items.

<input checked="" type="checkbox"/> OK	<input type="checkbox"/> X1 Requires immediate attention	Provide comments regarding inspection
<input type="checkbox"/> NA Not applicable	<input type="checkbox"/> X2 Requires attention next move	
<input type="checkbox"/> U Unable to access	<input type="checkbox"/> X3 Requires attention next maintenance	
<input type="checkbox"/> M Missing	<input type="checkbox"/> X4 Requires attention when convenient	

COMMENTS REGARDING INSPECTED ITEMS

1.0 Crown Assembly

Make/Model: _____

1.1 Sheaves

Number of Sheaves: _____ Main Cluster Sheave Dia: _____

Fast Line Sheave Dia: _____

Condition:

- Sheaves: _____
- Grooves in Gage: _____
- Spacers or Seals: _____
- Grease Fittings: _____
- Bearings: _____
- Drilling Line Guards: _____

1.2 Crown Platform

- Decking: _____
- Holes Covered: _____
- Safety Gate: _____
- Ladder Access: _____
- Handrails: _____
- Frame Straight: _____
- Welds: _____
- Bolts and Nuts: _____

1.3 Crown Support Beams:

- Beam Straight: _____
- Pins & Bolts: _____
- Safety Pins/Keepers: _____
- Welds: _____

1.4 Additional Sheave Assemblies in Crown:

Name: _____
 Condition: _____

1.5 Pad-eyes Under the Crown Platform:

- SWL Marked: _____
- Welds: _____
- Pin Holes: _____

COMMENTS REGARDING INSPECTED ITEMS

1.6 Fall Arrest/Climbing Assist Device Mounting:

<input type="checkbox"/>	Support Pole:	_____
<input type="checkbox"/>	Base:	_____
<input type="checkbox"/>	Sheave Attachment:	_____
<input type="checkbox"/>	Weight Bucket Attach.:	_____
<input type="checkbox"/>	Welds:	_____

1.7 Crown Saver Block(s):

<input type="checkbox"/>	Safety Mesh:	_____
<input type="checkbox"/>	Safety Cable:	_____
<input type="checkbox"/>	Block(s) Condition:	_____
<input type="checkbox"/>	Attachment Strapping:	_____
<input type="checkbox"/>	Strapping Welds:	_____

1.8 A-Frame/Gin Pole:

<input type="checkbox"/>	Frame Legs:	_____
<input type="checkbox"/>	Bolt Connections:	_____
<input type="checkbox"/>	Welds:	_____
<input type="checkbox"/>	Access Platform:	_____
<input type="checkbox"/>	Ladder:	_____
<input type="checkbox"/>	Pad-eyes:	_____

1.9 Top Beams/Water Table:

<input type="checkbox"/>	Frame:	_____
<input type="checkbox"/>	Welds:	_____
<input type="checkbox"/>	Bolt Connections:	_____

Number of Visible Marks Applied: _____

2.0 Derrick Legs:

2.1 Front Leg, Drillers Side:

<input type="checkbox"/>	Leg Straight:	_____
<input type="checkbox"/>	Bolt Connections:	_____
<input type="checkbox"/>	Splice Connections:	_____
<input type="checkbox"/>	Welds:	_____

2.2 Front Leg, Off Drillers Side:

<input type="checkbox"/>	Leg Straight:	_____
<input type="checkbox"/>	Bolt Connections:	_____
<input type="checkbox"/>	Splice Connections:	_____
<input type="checkbox"/>	Welds:	_____

2.3 Rear Leg, Drillers Side:

<input type="checkbox"/>	Leg Straight:	_____
<input type="checkbox"/>	Bolt Connections:	_____
<input type="checkbox"/>	Splice Connections:	_____
<input type="checkbox"/>	Welds:	_____

2.4 Rear Leg, Off Drillers Side:

<input type="checkbox"/>	Leg Straight:	_____
<input type="checkbox"/>	Bolt Connections:	_____
<input type="checkbox"/>	Splice Connections:	_____
<input type="checkbox"/>	Welds:	_____

Number of Visible Marks Applied: _____

COMMENTS REGARDING INSPECTED ITEMS

3.0 Girts & Braces:

<input type="checkbox"/>	Members Straight:	_____
<input type="checkbox"/>	Bolt Connections:	_____
<input type="checkbox"/>	Welds:	_____
Number of Visible Marks Applied:		_____

5.0 Pedestals, Base Plates:

<input type="checkbox"/>	Condition:	_____
<input type="checkbox"/>	Anchor Bolts:	_____
<input type="checkbox"/>	Welds:	_____
Number of Visible Marks Applied:		_____

6.0 Working Platforms:

6.1 Pipe Racking Platform:

<input type="checkbox"/>	Frame Straight:	_____
<input type="checkbox"/>	Pin Hole(s):	_____
<input type="checkbox"/>	Pins	_____
<input type="checkbox"/>	Safety Pins/Keepers:	_____
<input type="checkbox"/>	Frame Welds:	_____
<input type="checkbox"/>	Working Platform:	_____
<input type="checkbox"/>	Landing Platform:	_____
<input type="checkbox"/>	Handrails:	_____
<input type="checkbox"/>	Ladder Access:	_____
<input type="checkbox"/>	Fingers Straight:	_____
<input type="checkbox"/>	Finger Welds:	_____
<input type="checkbox"/>	Finger Safety Line(s)	_____
<input type="checkbox"/>	Hoist Mounting:	_____

Number of Visible Marks Applied: _____

6.2 Casing Stabbing Board:

<input type="checkbox"/>	Frame Straight:	_____
<input type="checkbox"/>	Welds:	_____
<input type="checkbox"/>	Handrails:	_____
<input type="checkbox"/>	Working Platform:	_____
<input type="checkbox"/>	Hoisting Assembly*:	_____
<input type="checkbox"/>	Hoist Mounting:	_____
<input type="checkbox"/>	Lower Travel Stops:	_____
<input type="checkbox"/>	Pin or Bolt Holes:	_____
<input type="checkbox"/>	Pins or Bolts:	_____
<input type="checkbox"/>	Safety Pins/Keepers:	_____
<input type="checkbox"/>	Ladder Access:	_____

Number of Visible Marks Applied: _____

* See user's manual for specific inspection requirements.

6.3 Tubing Support/Belly Board:

<input type="checkbox"/>	Frame Straight:	_____
<input type="checkbox"/>	Welds:	_____
<input type="checkbox"/>	Handrails:	_____
<input type="checkbox"/>	Pin Holes:	_____
<input type="checkbox"/>	Pins:	_____
<input type="checkbox"/>	Safety Pins/Keepers:	_____

Number of Visible Marks Applied: _____

COMMENTS REGARDING INSPECTED ITEMS

6.4 Fourble Platform:

- Handrails: _____
- Decking: _____
- Bolt Connections: _____
- Welds: _____
- Safety Gates: _____

Number of Visible Marks Applied: _____

7.0 Ladders:

- Vertical Rails Straight: _____
- Rails in Alignment: _____
- Ladder Stand Offs: _____
- Stand Off Connections: _____
- Rail Welds: _____
- Rungs: _____
- Rung Welds: _____
- Rung Spacing: _____
- Access at Rig Floor: _____
- Cage: _____
- Toe Clearance: _____

Number of Visible Marks Applied: _____

8.0 Tong Counterweights:

- Guides: _____
- Weight Device: _____
- Sheaves: _____
- Wirelines: _____
- Cable Clamps: _____
- Welds: _____

Number of Visible Marks Applied: _____

9.0 Miscellaneous Sheave Assemblies:

- Clevis/Shackle: _____
- Derrick Pad-eye: _____
- Sheaves: _____
- Bearings: _____
- Shafts: _____
- Sheave Bolt: _____
- Side Plate Bolts: _____
- Bolt Safety Pins: _____
- Grease Fittings: _____
- Safety Line: _____

10.0 Ancillary Equipment:

10.1 Mud Line Clamps

- Pipe Clamps: _____
- Leg Clamps: _____
- Welds: _____
- Bolts/Nuts: _____

Annex D
(informative)

Substructure Visual Inspection Form

The form in this annex is intended for free exchange between owners/operators of the equipment or users of this document.

Substructure
Category III/IV - Visual Field Inspection Form

Type of inspection performed (check one box only):

Category III Inspection

Category IV Inspection

PURPOSE & SCOPE OF INSPECTION: This report form and inspection procedure was developed as a guide for making and reporting field inspection in a thorough and uniform manner. The procedure is intended for use by operating personnel (or a designated representative) to the extent that its use satisfies conditions for which an inspection is intended. More detailed and critical inspections may be scheduled periodically, or ordered to supplement a program of these inspections; if substructures are used in the upper range of their load limits, or if structures may have been subjected to critical conditions which could effect safe performance. This form is provided strictly as a guide, and the API accepts no liability whatsoever for its use or scope.

MARKING DAMAGE: At the time of inspection, damaged sections or equipment must be clearly and visibly marked so that needed repairs may be made. A bright, contrasting spray paint is suggested for this. When repairs are made, the visible markings should be removed by painting over them. It is also necessary for the inspector to write "None" when no damage markings are needed, as this is his indication that the item has passed inspection. It is recommended that inspection be made with assistance of manufacturer's assembly drawing and operating instructions. For items not accessible or that do not apply, draw a line through the item pertaining to the component.

Company: _____ Rig #: _____

Date: _____

Location: _____ Manufacturer: _____

Date of Manufacture: _____

Manufacturer's Rating: _____ Height: _____

Substructure Serial #: _____

Substructure Type: Box on Box _____ Self Elevating _____

 Telescoping _____ Offshore _____

Substructure Position: Elevated: _____ Lowered: _____ Disassembled: _____

Manufacturer's Drawing Available: Yes: _____ No: _____

Assembly Drawings Used in Inspection: Yes: _____ No: _____

Nameplate on Structure: Yes: _____ No: _____

Component Numbers Present: Yes: _____ No: _____

Inspected By: _____ Representing: _____

SUBSTRUCTURES

Items that do not need attention should be checked to indicate that the item was inspected. Items that are not applicable should be marked in the box as "NA" (not applicable). Items that are warped, worn, damaged, cracked welds, rusted, bent, in need of repair or replacement, or otherwise in need of further attention, mark an "X" in the box and provide comments on the inspected items.

<input checked="" type="checkbox"/>	OK	<input type="checkbox"/>	X1	Requires immediate attention	Provide comments regarding inspected items.
<input type="checkbox"/>	NA	Not applicable	<input type="checkbox"/>	X2	Requires attention next move
<input type="checkbox"/>	U	Unable to access	<input type="checkbox"/>	X3	Requires attention next maintenance
<input type="checkbox"/>	M	Missing	<input type="checkbox"/>	X4	Requires attention when convenient

COMMENTS REGARDING INSPECTED ITEMS

1.0 Shoes, Pedestals:

<input type="checkbox"/>	Pin Connections:	_____
<input type="checkbox"/>	Pin Holes:	_____
<input type="checkbox"/>	Bolt Connections:	_____
<input type="checkbox"/>	Bolt Holes:	_____
<input type="checkbox"/>	Pins/Bolts:	_____
<input type="checkbox"/>	Safety Pins:	_____
<input type="checkbox"/>	Support Beams:	_____
<input type="checkbox"/>	Welds:	_____

Number of Visible Marks Applied: _____

2.0 Floor Area:

<input type="checkbox"/>	Floor Plates:	_____
<input type="checkbox"/>	Handrails & Toe Boards:	_____
<input type="checkbox"/>	Handrail Connections:	_____
<input type="checkbox"/>	Setback Material:	_____
<input type="checkbox"/>	Floor Bracing:	_____
<input type="checkbox"/>	Welds:	_____

Number of Visible Marks Applied: _____

3.0 Sub-Spreaders and Rotary Beams:

<input type="checkbox"/>	Rotary Beams:	_____
<input type="checkbox"/>	Spreaders:	_____
<input type="checkbox"/>	Pin Connections:	_____
<input type="checkbox"/>	Pin Holes:	_____
<input type="checkbox"/>	Pins:	_____
<input type="checkbox"/>	Pad-eyes:	_____
<input type="checkbox"/>	Welds:	_____

Number of Visible Marks Applied: _____

4.0 Deadline Anchor Mounting:

<input type="checkbox"/>	Supports:	_____
<input type="checkbox"/>	Bolts:	_____
<input type="checkbox"/>	Flooring:	_____
<input type="checkbox"/>	Breakover Assembly:	_____
<input type="checkbox"/>	Handrails:	_____
<input type="checkbox"/>	Welds:	_____

Number of Visible Marks Applied: _____

COMMENTS REGARDING INSPECTED ITEMS

5.0 Substructure Components:

<input type="checkbox"/>	Beams Straight:	_____
<input type="checkbox"/>	Cross Braces:	_____
<input type="checkbox"/>	Pin/Bolt Holes:	_____
<input type="checkbox"/>	Pin/Bolts:	_____
<input type="checkbox"/>	Safety Pins:	_____
<input type="checkbox"/>	Pull Back Posts:	_____
<input type="checkbox"/>	Drawworks Tiedowns:	_____
<input type="checkbox"/>	Welds:	_____
<input type="checkbox"/>	BOP Anchor Pad-eyes:	_____
<input type="checkbox"/>	Pad-eyes:	_____

Number of Visible Marks Applied: _____

6.0 Engine Foundation:

<input type="checkbox"/>	Support Beams:	_____
<input type="checkbox"/>	Cross Braces:	_____
<input type="checkbox"/>	Pin/Bolt Holes:	_____
<input type="checkbox"/>	Pins/Bolts:	_____
<input type="checkbox"/>	Safety Pins:	_____
<input type="checkbox"/>	Pad-eyes:	_____

Number of Visible Marks Applied: _____

7.0 Engine Foundation Spreaders:

<input type="checkbox"/>	Beams:	_____
<input type="checkbox"/>	Cross Braces:	_____
<input type="checkbox"/>	Pins / Bolt Holes:	_____
<input type="checkbox"/>	Pins / Bolts:	_____
<input type="checkbox"/>	Safety Pins:	_____
<input type="checkbox"/>	Welds:	_____

Number of Visible Marks Applied: _____

8.0 BOP Trolley Beams:

<input type="checkbox"/>	Beams:	_____
<input type="checkbox"/>	Pin Holes:	_____
<input type="checkbox"/>	Pins:	_____
<input type="checkbox"/>	Safety Pins:	_____
<input type="checkbox"/>	Welds:	_____

Number of Visible Marks Applied: _____

9.0 Raising Equipment:

<input type="checkbox"/>	Pin Connections:	_____
<input type="checkbox"/>	Pin Holes:	_____
<input type="checkbox"/>	Pins:	_____
<input type="checkbox"/>	Wirelines:	_____
<input type="checkbox"/>	Sheaves:	_____
<input type="checkbox"/>	Bearings:	_____
<input type="checkbox"/>	Seals:	_____
<input type="checkbox"/>	Grease Fittings:	_____
<input type="checkbox"/>	Hydraulic Winches:	_____
<input type="checkbox"/>	Hydraulic Cylinders:	_____
<input type="checkbox"/>	Hydraulic Hoses:	_____
<input type="checkbox"/>	Cylinder Hinge:	_____

Number of Visible Marks Applied: _____

