



AMSYS ENERGY

FIELD TICKET

80002

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Company: _____ Date: _____
 Lease: _____
 Well #: _____
 Rig #: _____ Driver: _____
 Disposal Ticket #: _____ Truck Unit #: _____ Trailer Unit #: _____
 Ordered by: _____ Time In: _____ Time Out: _____

LOCATION TIME: _____ **ENDING GAUGE:**
BEGINNING GAUGE: Total Reading _____ ft. _____ inches
TANK: _____ Water Reading _____ ft. _____ inches
 Total Reading _____ ft. _____ inches **Amount of water pulled:** _____ ft. _____ inches
 Water Reading _____ ft. _____ inches Barrels pulled

SERVICE TYPE Freshwater Flowback Saltwater Cellars Tank Bottoms Oil Transfer Standby Time

QTY	DESCRIPTION	RATE	TOTAL

SERVICE DESCRIPTION Production Completion

SAFETY EQUIPMENT REQUIRED TO DO THIS JOB

<input type="checkbox"/> Hard Hat	<input type="checkbox"/> Back Support Belts	<input type="checkbox"/> Proper Clothing	<input type="checkbox"/> Steel Toed Boots
<input type="checkbox"/> Fire Extinguishers	<input type="checkbox"/> Safety Harness/Anti Fall Device	<input type="checkbox"/> Safety Glasses	<input type="checkbox"/> Lock-Out/Tag Out
<input type="checkbox"/> Face Shields/Goggles	<input type="checkbox"/> Cotton/Rubber Gloves	<input type="checkbox"/> Work Permit Required	<input type="checkbox"/> Hearing Protection
<input type="checkbox"/> H2S/Tri-Monitors	<input type="checkbox"/> Confined Space Permit	<input type="checkbox"/> Ground Cable	<input type="checkbox"/> Wheel Chock

PRE-JOB HAZARD ASSESSMENT

LIFTING	Y	N	HAZARDS	Y	N	BODY POSITION MOVEMENTS	Y	N
Manual Lifting (Body Position)	<input type="checkbox"/>	<input type="checkbox"/>	Proper Tool/Material Placement	<input type="checkbox"/>	<input type="checkbox"/>	Climbing	<input type="checkbox"/>	<input type="checkbox"/>
Mechanical Lifting Equipment	<input type="checkbox"/>	<input type="checkbox"/>	Hot/Cold Surface Or Material	<input type="checkbox"/>	<input type="checkbox"/>	Pulling, Pushing	<input type="checkbox"/>	<input type="checkbox"/>
Awkward Body Position	<input type="checkbox"/>	<input type="checkbox"/>	Inadequate Lighting	<input type="checkbox"/>	<input type="checkbox"/>	Bending	<input type="checkbox"/>	<input type="checkbox"/>
Slip/Trip Potential	<input type="checkbox"/>	<input type="checkbox"/>	Fall Protection/Anchor Points	<input type="checkbox"/>	<input type="checkbox"/>	Twisting Motion	<input type="checkbox"/>	<input type="checkbox"/>
Lifting With Other Employees	<input type="checkbox"/>	<input type="checkbox"/>	Pinch Points	<input type="checkbox"/>	<input type="checkbox"/>	Walking	<input type="checkbox"/>	<input type="checkbox"/>
Proper Rigging Practices	<input type="checkbox"/>	<input type="checkbox"/>	Trenching/Excavation	<input type="checkbox"/>	<input type="checkbox"/>	Swinging	<input type="checkbox"/>	<input type="checkbox"/>
			Electrical Hazards	<input type="checkbox"/>	<input type="checkbox"/>	Straining	<input type="checkbox"/>	<input type="checkbox"/>
ACCESS/EGRESS	Y	N	Welding/Flame Cutting	<input type="checkbox"/>	<input type="checkbox"/>	Stretching	<input type="checkbox"/>	<input type="checkbox"/>
Scaffold (Properly Inspected)	<input type="checkbox"/>	<input type="checkbox"/>	Mechanical Equipment	<input type="checkbox"/>	<input type="checkbox"/>	Reaching	<input type="checkbox"/>	<input type="checkbox"/>
Ladder	<input type="checkbox"/>	<input type="checkbox"/>				Over Extending	<input type="checkbox"/>	<input type="checkbox"/>
Hoisting Of Tools/Material	<input type="checkbox"/>	<input type="checkbox"/>	ENVIRONMENTAL	Y	N	Jumping	<input type="checkbox"/>	<input type="checkbox"/>
Secure Footing	<input type="checkbox"/>	<input type="checkbox"/>	Pollution Personal Expose	<input type="checkbox"/>	<input type="checkbox"/>	Crawling	<input type="checkbox"/>	<input type="checkbox"/>

Signature _____ Date _____