

Facility Information Form

Company Name	
Job Number	
Company Reporting contact	
Facility Name	
Facility type	
Facility contact name	
Facility contact phone #	
Facility location / LSD	
Date required on site	
What time, if other than 08:00 are we required on site?	
Directions to facility	See below
Is the facility sweet or sour?	Sweet <input type="checkbox"/> Sour <input type="checkbox"/>
Where and when will safety meeting be required?	Time: _____
Does the facility have a specific problem or are we to carry out a full survey?	
Other than emergency first aid, H2S and WHMIS are there any other special certification requirements for being on site?	
Do we need any special permission to access any facility such as right of way, landowners consent?	
What is the midstream gas price you would like the calculations based on?	\$ _____ / 10 ³ m ³
Personal LEL detectors available unless supplied at plant?	
Is there a site plan and P&ID's available?	

Additional comments: