



**LEVEL III / IV
MAST INSPECTION SUMMARY FORM**

Owners are responsible for submitting completed summary form to
rpfeedback@caoec.ca

Level III Inspection

Level IV Inspection

Date: _____

Company: _____

Rig #: _____

Location: _____

Mast Manufacturer: _____

Date of Manufacture: _____

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

Historical Inspection Reports Available: Yes: No:

Manufacturer's Rating: _____

Mast Serial #: _____

Mast Type: _____

Clear Height: _____

Mast Position: _____

Mast Nameplate on Structure: Yes: No:

% Major Damage / Defects: _____

% Minor Damage / Defects: _____

Comments: _____

(PLEASE WRITE LEGIBLY)

Inspection Company: _____

Inspector Name: _____

Engineering Company: _____

Professional Engineer Name: _____

LEVEL III / IV MAST INSPECTION CHECKLIST

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.

✓	OK	X1	Major - Requires immediate attention (Provide comments regarding inspected items.)
NA	Not applicable	X2	Major - Requires attention next move
U	Unable to access	X3	Minor - Requires attention next maintenance
M	Missing	X4	Minor - Requires attention prior to the next Category III 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 affect safe performance. This form is provided strictly as a guide, and the CAOEC 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 the 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.

1.0 Mast

1.1 Lugs Under the Crown Platform:

	SWL Marked:			N/A
	Welds:			N/A
	Pin Holes			N/A

1.2 Fall Arrest/Climbing Assist Device Mounting

	Support Pole:			N/A
	Base:			N/A
	Sheave Attachment:			N/A
	Weight Bucket Attach:			N/A
	Welds:			N/A

1.3 Crown Saver Block(s):

	Safety Mesh:			N/A
	Safety Cable:			N/A
	Block(s) Condition:			N/A
	Attachment Strapping:			N/A
	Strapping Welds:			N/A

2.0 Mast Legs:

2.1 Front Leg, Drillers Side:

	Leg Straight:			N/A
	Pin Connections:			N/A
	Pin Hole(s):			N/A
	Pins:			N/A
	Safety Pins/Keepers			N/A
	Welds:			N/A

2.2 Front Leg, Off Drillers Side:

	Leg Straight:			N/A
	Pin Connections:			N/A
	Pin Hole(s):			N/A
	Pins:			N/A
	Safety Pins/Keepers			N/A
	Welds:			N/A

2.3 Rear Leg, Drillers Side:

	Leg Straight:			N/A
	Pin Connections:			N/A
	Pin Hole(s):			N/A
	Pins:			N/A
	Safety Pins/Keepers			N/A
	Welds:			N/A

2.1 Rear Leg, Off Drillers Side:

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

3.0 Spreaders (Back Panel Trusses)

<input type="checkbox"/>	Members Straight:	_____	<input type="checkbox"/>	N/A
<input type="checkbox"/>	Bolts:	_____	<input type="checkbox"/>	N/A
<input type="checkbox"/>	Pin/Bolt Hole(s):	_____	<input type="checkbox"/>	N/A
<input type="checkbox"/>	Pins:	_____	<input type="checkbox"/>	N/A
<input type="checkbox"/>	Safety Pins/Keepers	_____	<input type="checkbox"/>	N/A
<input type="checkbox"/>	Welds:	_____	<input type="checkbox"/>	N/A

4.0 Girt(s) and Bracing:

<input type="checkbox"/>	Members Straight:	_____	<input type="checkbox"/>	N/A
<input type="checkbox"/>	Welds:	_____	<input type="checkbox"/>	N/A

5.0 Mast Feet or Pivots

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

6.0 Deadline Anchor Mounting:

<input type="checkbox"/>	Supports:	_____	<input type="checkbox"/>	N/A
<input type="checkbox"/>	Bolts:	_____	<input type="checkbox"/>	N/A
<input type="checkbox"/>	Anchor Mounting Welds:	_____	<input type="checkbox"/>	N/A
<input type="checkbox"/>	Brass Inserts:	_____	<input type="checkbox"/>	N/A

7.0 A-Frame/Gin Pole

7.1 Driller's Side Legs:

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

7.2 Off Driller's Side Legs:

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

7.3 Spreaders or Trusses

	Members:			N/A
	Welds:			N/A

7.4 Upper Connections:

	Members:			N/A
	Welds:			N/A

7.5 Lower connections:

	Pin connections:			N/A
	Pin Hole(s):			N/A
	Pins:			N/A
	Safety Pins/Keepers:			N/A
	Welds:			N/A

8.0 Working Platforms

8.1 Racking Board:

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

8.2 Casing Stabbing Board:

	Frame Straight:			N/A
	Welds:			N/A
	Handrails:			N/A
	Working Platform:			N/A
	Hoisting Assembly:			N/A
	Hoist Mounting:			N/A
	Lower Travel Stops:			N/A
	Pin or Bolt Holes:			N/A
	Pins or Bolts:			N/A
	Safety Pins/Keepers			N/A

8.3 Tubing Support/Belly Board:

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

9.0 Ladders:

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

10.0 Raising and Telescoping System:

10.1 Raising Line System:

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

**10.2 Hydraulic or Telescoping System:
Hydraulic Cylinders—Raising:**

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

Hydraulic Cylinder(s) Telescoping:

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

Mast Guides:

<input type="checkbox"/>	Cleaned:	_____	<input type="checkbox"/>	N/A
<input type="checkbox"/>	Lubricated:	_____	<input type="checkbox"/>	N/A

11.0 Latching Device & Seats—Telescoping Masts

<input type="checkbox"/>	Pin Hole(s):	_____	<input type="checkbox"/>	N/A
<input type="checkbox"/>	Pins:	_____	<input type="checkbox"/>	N/A
<input type="checkbox"/>	Safety Pins/Keepers:	_____	<input type="checkbox"/>	N/A
<input type="checkbox"/>	Bars/Dogs or Pawls:	_____	<input type="checkbox"/>	N/A
<input type="checkbox"/>	Seats:	_____	<input type="checkbox"/>	N/A
<input type="checkbox"/>	Mechanism:	_____	<input type="checkbox"/>	N/A

12.0 Tong Counterweights

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

13.0 Miscellaneous Sheave Assemblies:

<input type="checkbox"/>	Clevis/Shackle:	_____	<input type="checkbox"/>	N/A
<input type="checkbox"/>	Mast Lugs:	_____	<input type="checkbox"/>	N/A
<input type="checkbox"/>	Sheaves:	_____	<input type="checkbox"/>	N/A
<input type="checkbox"/>	Bearings:	_____	<input type="checkbox"/>	N/A
<input type="checkbox"/>	Shafts:	_____	<input type="checkbox"/>	N/A
<input type="checkbox"/>	Sheave Bolt:	_____	<input type="checkbox"/>	N/A
<input type="checkbox"/>	Side Plate Bolts:	_____	<input type="checkbox"/>	N/A
<input type="checkbox"/>	Bolt Safety Pins:	_____	<input type="checkbox"/>	N/A
<input type="checkbox"/>	Grease Fittings:	_____	<input type="checkbox"/>	N/A
<input type="checkbox"/>	Safety Line:	_____	<input type="checkbox"/>	N/A

14.0 Mast Boom Assembly:

<input type="checkbox"/>	Mounting Brackets:	_____	<input type="checkbox"/>	N/A
<input type="checkbox"/>	Sheaves:	_____	<input type="checkbox"/>	N/A
<input type="checkbox"/>	Boom Pole:	_____	<input type="checkbox"/>	N/A
<input type="checkbox"/>	Support Cable/Clamps:	_____	<input type="checkbox"/>	N/A
<input type="checkbox"/>	Bolts/Nuts:	_____	<input type="checkbox"/>	N/A
<input type="checkbox"/>	Sheave Shaft:	_____	<input type="checkbox"/>	N/A
<input type="checkbox"/>	Bolt Safety Pins:	_____	<input type="checkbox"/>	N/A
<input type="checkbox"/>	Grease Fittings:	_____	<input type="checkbox"/>	N/A

15.0 Ancillary Equipment:

15.1 Mud Line Clamps:

<input type="checkbox"/>	Pipe Clamps:	_____	<input type="checkbox"/>	N/A
<input type="checkbox"/>	Leg Clamps:	_____	<input type="checkbox"/>	N/A
<input type="checkbox"/>	Welds:	_____	<input type="checkbox"/>	N/A
<input type="checkbox"/>	Bolts/Nuts:	_____	<input type="checkbox"/>	N/A

15.2 Gas Vent Line Clamps:

<input type="checkbox"/>	Pipe Clamps:	_____	<input type="checkbox"/>	N/A
<input type="checkbox"/>	Leg Clamps:	_____	<input type="checkbox"/>	N/A
<input type="checkbox"/>	Welds:	_____	<input type="checkbox"/>	N/A
<input type="checkbox"/>	Bolts/Nuts:	_____	<input type="checkbox"/>	N/A

15.3 Climber Assist System:

<input type="checkbox"/>	Cable:	_____	<input type="checkbox"/>	N/A
<input type="checkbox"/>	Cable Attachments:	_____	<input type="checkbox"/>	N/A
<input type="checkbox"/>	Counterweight:	_____	<input type="checkbox"/>	N/A
<input type="checkbox"/>	Sheave/Control Descent Device:	_____	<input type="checkbox"/>	N/A

15.4 Fall Arrest System:

<input type="checkbox"/>	Cable:	_____	<input type="checkbox"/>	N/A
<input type="checkbox"/>	Cable Attachments:	_____	<input type="checkbox"/>	N/A
<input type="checkbox"/>	Counterweight:	_____	<input type="checkbox"/>	N/A
<input type="checkbox"/>	Sheave/Control Descent Device:	_____	<input type="checkbox"/>	N/A

15.5 Mast Escape Device:

<input type="checkbox"/>	Mast Attachment:	_____	<input type="checkbox"/>	N/A
<input type="checkbox"/>	Cable:	_____	<input type="checkbox"/>	N/A
<input type="checkbox"/>	Device Condition:	_____	<input type="checkbox"/>	N/A

15.6 Wind-walls/Frames and Attachments:

<input type="checkbox"/>	Frame Condition:	_____	<input type="checkbox"/>	N/A
<input type="checkbox"/>	Frame Welds:	_____	<input type="checkbox"/>	N/A
<input type="checkbox"/>	Frame Bolts/Pins	_____	<input type="checkbox"/>	N/A
<input type="checkbox"/>	Metal Wall Sections:	_____	<input type="checkbox"/>	N/A

15.7 Top-drive Mounting System:

<input type="checkbox"/>	Rail(s):	_____	<input type="checkbox"/>	N/A
<input type="checkbox"/>	Lugs:	_____	<input type="checkbox"/>	N/A
<input type="checkbox"/>	Mounting Brackets:	_____	<input type="checkbox"/>	N/A
<input type="checkbox"/>	Pins/Bolts:	_____	<input type="checkbox"/>	N/A
<input type="checkbox"/>	Safety Pins/Keepers:	_____	<input type="checkbox"/>	N/A
<input type="checkbox"/>	Cables:	_____	<input type="checkbox"/>	N/A
<input type="checkbox"/>	Block Dollies:	_____	<input type="checkbox"/>	N/A
<input type="checkbox"/>	Welds:	_____	<input type="checkbox"/>	N/A

16.0 Corrosion (refer to Section 7.2):

17.0 Paint/Coating

<input type="checkbox"/>	Sand Blasted:	_____	<input type="checkbox"/>	N/A
<input type="checkbox"/>	Painted:	_____	<input type="checkbox"/>	N/A

18.0 Summary:

Number of Major Damage / Defects: _____ % of Major Damage / Defects: _____

Number of Minor Damage / Defects: _____ % of Minor Damage / Defects: _____

Total Number of Minor Damage / Defects: _____

19.0 Comments, Sketches, and/or Pictures:
