



TITAN DRILLING

TASK OBSERVATION AND LEADERSHIP

Document Name	HSEC-FOR-8.1.1-Task Observation and Leadership
Document ID	HSE-020
Version Date	14/7/2024
Version	2

Name(s) of person(s) under observation:	Type of observation: (✓) <input checked="" type="checkbox"/> Approved <input checked="" type="checkbox"/> Planned Task Observation <input checked="" type="checkbox"/> Visible Felt Leadership <input type="checkbox"/> HSM
Date:	Department:
Task under observation:	
Reason for PTO / VFL: <input type="checkbox"/> TASK PROCEDURE REVIEW <input type="checkbox"/> BEHAVIOURAL <input type="checkbox"/> INCIDENT OCCURRED <input type="checkbox"/> TRAINING FOLLOW UP <input type="checkbox"/> NEW EMPLOYEE <input type="checkbox"/> EQUIPMENT SUITABILITY	

Could any of the practices or conditions observed result in property damage or personal injury? (✓) <input type="checkbox"/> YES <input type="checkbox"/> NO	Are the methods and practices observed the most efficient and productive for the task under observation? (✓) <input type="checkbox"/> YES <input type="checkbox"/> NO
Did the practices observed comply with all of the applicable standards that exist for the task or job? (✓) <input type="checkbox"/> YES <input type="checkbox"/> NO	Could any of the practices observed have a detrimental effect upon the quality of the work undertaken? (✓) <input type="checkbox"/> YES <input type="checkbox"/> NO

Describe clearly below any practices or conditions related to observation that deserve commendation

Describe clearly below any practices or conditions related to observation that deserve correction

Deviation	Correction

Has the employee been complimented / instructed based on the observations: (✓) <input type="checkbox"/> YES <input type="checkbox"/> NO	Should a follow up observation be conducted on the person(s) conducting this particular task: (✓) <input type="checkbox"/> YES <input type="checkbox"/> NO
Signature(s) of observed person(s):	Name & Signature of person(s) conducting observation and leadership:



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