ภาคผนวก จ-1
มาตรการปฏิบัติการกรณีเกิดเหตุฉุกเฉิน



PAN ORIENT ENERGY (SIAM) LTD.

EMERGENCY RESPONSE PROCEDURES



(Updated 16 February, 2023)

PAN ORIENT ENERGY (SIAM) LTD.

EMERGENCY RESPONSE PROCEDURES

(Included; Oil Spill Contingency Plan, Fire Plan and First Aid Plan)

Document Issue Record

Position	Location	Copy No.	Issue Date
Paper Copies			
General Manager	**Bangkok**	**1**	
Operations Manager	**Bangkok**	**1**	
EIA & Government Liaison Coordinator	**Bangkok**	**1**	
Field operation engineer	**Kam Phaeng Sean**	**1**	
Drilling Manager	**Kam Phaeng Sean**	**1**	
HSE Officer	**Kam Phaeng Sean**	**1**	

REVISION STATUS				
Rev	Date	Description	Originator	Approved
0	30 July 2006	First Working Version	Various	Chief Operating Officer
1	15 July 2014	Second Working Version	Various	Chief Executive Officer
2	10 July 2015	Third Working Version	Various	Chief Executive Officer
3	27 May 2016	Fourth Working Version	Various	Chief Executive Officer
4	13 September 2019	Fifth Working Version	Various	Chief Executive Officer
5	16 February 2023	Sixth Working Version: General Manager has changed	Prakaipruek Boonkerd	General Manager

FOREWORD

Pan Orient Energy (Siam) Ltd. ("The Company") recognizes that effective health, safety and environmental management contributes significantly to its long-term business success.

This document sets out The Company's Emergency Response Procedures. It emphasizes the systematic approach in the way we manage incidents and emergencies at our upcountry sites. The integration of health, safety and environmental protection into our day-to-day activities is the key to successful health and safety management.

The application and success of this system requires the participation and commitment of management, employees and contractors at all levels.

These procedures have the Board's full support but we require your commitment through a personal understanding of this document and full participation as required in the effective implementation of the procedures, should they be required

It is imperative that everyone involved in the business of Pan Orient Energy (Siam) Ltd. familiarize themselves with their roles and responsibilities in this document. Only by total commitment by everyone can we ensure the best possible protection of our personnel, contractors, the public, our assets and the environment.

Signed



Mr. Shuhaimi Bin Mohd Mokhtar

Date : 16 February 2023

Area of Application

These Emergency Response Procedures apply to the activities of Pan Orient Energy (Siam) Ltd. in Thailand.

EMERGENCY RESPONSE PROCEDURES

1.1 Definitions

An emergency is any unplanned event that has caused/may cause harm to employees, contractors, or the public or that disrupts operations, causes physical or environmental damage, or threatens the companies' financial standing or public image. Examples include injury, fire, explosion, riots or storms.

1.2 Classification of Levels of Emergency

This ERP addresses two levels of Emergencies:

- Minor
- Major

Minor Emergency

An Emergency requiring local support that can be handled by members of the Sites Incident Response Team (SIRT) such as:

- Light bodily injury requiring the assistance of the doctor or a local nurse
- Minor environmental or property damage
- Well kick etc.

Major Emergency

An Emergency that may require the assistance and support of the Emergency Response Group (ERG) at the Bangkok Office and external agencies e.g.:

- Serious Incidents of Blowout, Spills, release of hazardous/toxic substances, structural failure/collapse.
- Medical evacuation in the event of life threatening bodily injury or severe electric shock, life threatening illness
- Major environmental or property damage
- Man lost situation
- Major fire, Explosion, Radiation
- Unplanned evacuations such as Natural calamity, War crises, Security breach

These Emergency Response Procedures are prepared to provide guidance to specified individuals working at the well drilling and production sites in Kam Phaeng Sean and for the concerned personnel at the Bangkok Office.

1.3 Responsibilities of Sites Incident Response Team (SIRT) – Incident Location

The main objectives of the Sites Incident Response Team (SIRT) are to:

- Manage and tackle the Emergency situation effectively
- Provide managerial and technical support to the field crews in an emergency
- Effectively co-ordinate with the Bangkok office

The SIRT is composed of the following personnel:

- Operations Manager and/or
- Field Operation Engineer
- Drilling Superintendent
- HSE Officer
- Production Supervisor, Production Foreman & Production operator

1.3.1 Operations Manager or Field Operation Engineer or Drilling Superintendent – Incident Response Controller (IRC)

The Incident Response Controller is responsible for implementation and exercising of this emergency response procedure, and will:

- Assume immediate and total responsibility upcountry during emergencies
- Ensure that all staff members working at the Production and Drill sites are fully conversant with the procedures, which affect them and act in accordance with the plan in the event of an emergency.
- Act as a focal point during all emergencies and co-ordinate the response.
- Ensure that drills are held and that key personnel are trained to a level of competence appropriate to their responsibilities in emergency scenarios.
- Ensure interface with ERG at the Bangkok office, where necessary local emergency services and local community organisation for assistance.
- During an emergency, those nominated as the Site Incident Response Team (SIRT) are to act quickly and the Production Manager and/or Drilling Superintendent or his alternate will take charge as Incident Response controller (IRC) as soon as possible to deal with the incident.

1.3.2 HSE Officer

- Assist the Incident Controller in the direction of Emergency Operations.
- Log the Emergency events
- Liaise with Incident Controller for likely requirements
- Conduct HSE assessment
- Co-ordinate with Incident Response Team members
- Provide HSE advice
- Prepare Incident impact report
- Coordinate with ERG for other necessary assistance if required.

1.3.3 Production Supervisor &Production Foreman & Production operator

- Assume responsibility to Co-ordinate the support services as soon as notified.
- Liaise with Emergency response group to meet the emergency requirements when required.
- Monitor Logistic requirements

1.4 Responsibilities of Emergency Response Group (ERG) - Bangkok

1.4.1 Emergency Response Group Leader

- Assume the charge of ERG Leader as soon as the notification is received
- Liaise with Incident Response Controller for incident update and likely early requirements
- Arrange to meet Site emergency incident needs.
- Assess and allocate resources as required
- Notify to POE(S) General Manager – Bangkok
- Activate, Brief and update ERG regularly
- Ensure relevant regulatory authorities are notified
- Advise Collector as appropriate.

1.4.2 ERG-Technical/Operations Coordinator

- Assume the charge of Tech/Operations Coordinator as soon as information is received.
- Liaise with ERG Leader for incident update and likely requirement.
- Advise ERG leader on technical and operational aspects and impacts of the incident.
- Assess the requirement, brief and update ERG leader on the situation.
- Confirm that appropriate documents are available to ERG.
- Maintain close liaison with IRT.

1.4.3 ERG – Logistics Coordinator

- Assume the charge of Logistic Co-ordinator as soon as information is received.
- Liaise with ERG Leader for likely emergency requirement
- Assess the requirement with Kam Phaeng Sean Logistics co-ordinator for additional support.
- Activate Emergency Logistic support Process the support needs and allocate the resources
- Supply support services, equipment and other resources as required.

1.4.4 ERG – HSE Co-ordinator

- Assume charge as HSE Co-ordinator as soon as information is received.
- Liaise with ERG Leader for incident update and likely requirements
- Review incident HSE requirements and activate HSE support resources
- Conduct HSE assessment of incident
- Assess incident impact and likely effects of incidents
- Ensure that all regulatory and Government contacts are made
- Review incident requirements and advise as appropriate.

1.4.5 ERG –HR and Public Affairs Co-ordinator

- Assume charge as HR and PA Co-ordinator as soon as information is received.
- Liaise with ERG Leader for incident update and likely requirements
- Review incident HR requirements and activate HR support resources
- Organise/Support evacuation of casualties where appropriate
- Ensure all the required notification of next of kin is completed
- Agree likely media strategy with ERG leader
- Arrange interface with media and monitor media, release press statements if appropriate

1.5 Actions / Communications

Refer to Appendix 1 Flow chart details, for the actions required and communication of information. The flow chart also details actions and communication for escalating events. This forms part of the protocol of informing the management and includes the contact numbers required.

1.6 Emergency Recording and Communication

a. A complete time log must be filled in during Emergency Response.
b. Accurate and complete details of the location and personnel involved must be obtained at the earliest possible time and made available to the IRC.

Record the information in Appendix 2 and Appendix 3 (if necessary) and keep a time log of every conversation as per Appendix 5 (All SIRT members are involved in recording the information).

1.7 Response to a Minor Emergency

- Record the information as necessary and keep a time log of the conversation as per Appendix 5 (All IRT members are involved in recording the information).
- In the event of environmental or property damage ascertain the extent of the damage and whether local resources such as Police/Emergency Services are required to assist. Complete Appendix 4 form and fax to ERG at Bangkok Office at the earliest.
- Inform ERG at Bangkok office on the nature of the emergency.

1.8 Response to a Major Emergency

- Communicate, refer Appendix 1 and record in Appendix 3, 4&5 where necessary, and keep a time log of every conversation as per Appendix 5.
- Notify the ERG Leader at Bangkok office
- In the event of bodily injury or illness requiring immediate evacuation - refer to Appendix 3.
- To aid in the evacuation, complete the form in Appendix 3 & 4 (if this information is not available provide as much detail as possible). This information will then be passed directly to the hospital and ERG at Bangkok office by telephone/fax.

1.8.1 Major Incident Emergency Procedures

The Production Manager/Drilling Superintendent or his alternate as Incident Response Controller will have the authority to initiate any emergency response action without initially obtaining company's approval. With regard to Medical emergency evacuation he must take advice from a local doctor prior to making his decision.

The Incident Response Controller shall always have the final authority for initiating an evacuation.

1.8.1.1 Emergency Plan

This Emergency Response plan is for incidents such as Earthquakes, environmental/property damage, that could necessitate emergency action and other Major Incidents like Blowouts, Spill, Release of hazardous/toxic substance, Structural collapse, Fire, Explosion, Radiation, Electrical shock, Serious road traffic incidents, War crises, Security breach etc.

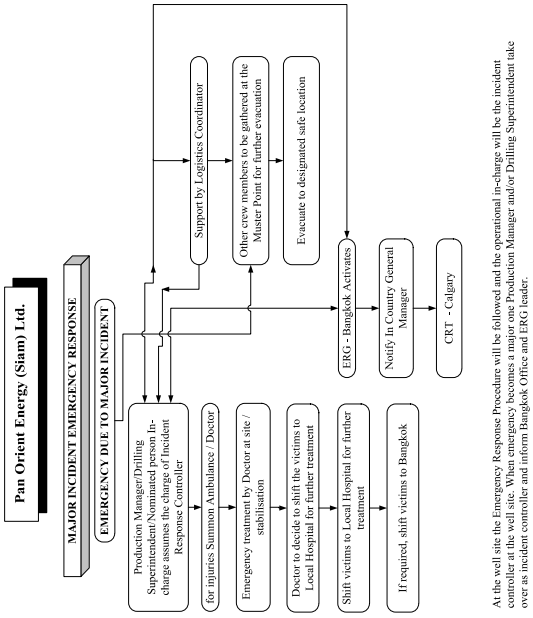
- A continuous alarm will be sounded for evacuation emergency.
- Incident management Team, employee and contractor are responsible to perform their roles as defined during emergencies.
- Evacuate to the designated safe assembly areas at site and the camp are (i.e.) Muster points
- Further evacuation if any will be to the designated safe place.

1.8.1.2 Emergency Procedure

The Incident controller will:

- Determine the level of emergency and whether the evacuation is necessary.
- Confirm that personnel are assembled and accounted for. If necessary, initiate emergency team response.
- Coordinate for technical support from ERG. Bangkok.
- Determine assistance needed from local response agencies.
- Direct essential personnel to commence appropriate corrective response actions.
- Initiate other incident response procedures as applicable.
- Cooperate fully with local officials when necessary.
- Confirm effectiveness of the evacuation.
- Determine cause of emergency and execute other applicable incident response procedures where needed.
- Initiate logistics support from Bangkok & Kam Phaeng Sean Co-ordinators
- Initiate damage assessment of Company, private and public property
- Notify and brief Bangkok of the nature of emergency incident.
- State the present status of emergency
- State whether there are any known injuries or persons missing.
- State assistance that has been received (police department, fire department, etc.).
- Specify additional support needed.

Appendix 1



At the well site the Emergency Response Procedure will be followed and the operational in-charge will be the incident controller at the well site. When emergency becomes a major one Production Manager and/or Drilling Superintendent take over as incident controller and inform Bangkok Office and ERG leader.

Appendix 2

MINOR MEDICAL EMERGENCY INFORMATION

Total number of injured persons		
Names of injured persons		
Present location of injured persons	Location	
	Crew	
	Hospital	
	Doctor/s Name	
	Phone	
	Fax	
Brief medical description		
Medical treatment given so far (on site, local hospital, etc.)		

Other Emergency

Nature of the emergency.	
Location of the emergency.	
Assistance required	

Appendix 3

MAJOR EMERGENCY MEDICAL INFORMATION

(Form to be completed by a Doctor)

1.	NAME OF CALLER a) Name: b) Telephone: c) Fax: d) Company:		
2.	NAME OF PATIENT a) Name: b) First Name: c) Age: d) Sex: e) Company	F / M	
3.	LOCATION OF PATIENT a) Country: b) Telephone: c) Address:		
4.	Has the patient been seen by a doctor?	Yes / No	
5.	Name of Doctor: Telephone Number:		
6.	Medical Condition:	a) Is the patient conscious b) Is patient agitated/confused c) Breathing problems d) Significant bleeding e) Chest pain f) Burns g) Fractures h) Abdomen pain i) Trauma j) Fever k) Vomiting/diarrhea/de-hydration l) Multiple/Serious/Head injury	Yes / No Yes / No Yes / No Yes / No Yes / No Yes / No Yes / No Yes / No Yes / No Yes / No Yes / No Yes / No
7.	Comments:		

IN CASE OF AN ACCIDENT	
1. Date and time of accident	
2. Details of the accident (eg. Fall, traffic accident, etc)	
3. Is there any fracture?	Yes / No
A – probable	Yes / No
B – obvious	Yes / No
C – confirmed by x-ray	Yes / No
4. Localisation:	
A – skull	( )
B – face	( )
C – cervical column (neck)…….level	( )
D – vertebral column	( )
E – ribs……..side…….how many	( )
F – pelvis	( )
G – upper limb	left ( ) right ( )
H – lower limb	left ( ) right ( )
I – other places	( )
5. Wounds. Are there any? Locate them, especially the ones located in the thorax and the abdomen; indicate their size and depth:	
6. Bleeding. Has there been profuse bleeding?	

IN CASE OF BURN					
1. Date and time of burn?					
2. Cause of burn:					
A – Explosion	( )				
B – Fire (flames)	( )				
C – Chemical products	( )				
D – Others (specify)	( )				
3. Localisation and degree of the burn:		1st deg	2nd deg	3rd deg	
A	Face				
B	Neck				
C	Thorax				
D	Abdomen				
E	Left arm				
F	Right arm				
G	Left leg				
H	Right leg				
4. Time of the first treatment:					
5. When did patient last pass urine:					

IN CASE OF ILLNESS	
1. Date of first symptoms:	
2. Presumed diagnosis of this illness	
3. Temperature	
4. Spontaneous respiration:	Yes / . No
If Yes: normal	( )
laboured	( )
5. Respiratory rhythm: regular	( )
Irregular	( )
6 Artificial respiration effective	( )
ineffective	( )
7 Number of respiratory movements per minute:	
8 Colour of the nails, lips, ears: White ( ) Pink ( ) Black ( )	
9 Does the patient cough?	Yes / No
10 Does the patient cough up sputum?	Yes / No
11. Does the patient cough up blood?	Yes / No
12. Has a thorax x-ray been carried out?	Yes / No
If so, results:	
13. Blood pressure	
11. Pulse rate	
15. Has the patient urinated?	Yes / No
16. If yes, how much per 24 hour?	
17. Are the extremities cold? (hands, feet, ears)	Yes / No
18. Is he paralysed?	Localisation:
A	right am ( )
B	left arm ( )
C	right leg ( )
D	left leg ( )
E	respiratory ( )
19. Is the patient agitated?	Yes / No
20. Is the patient conscious?	Yes / No
21. Is the patient in a coma? If so, time/date coma began	
22. The pupils are:	
Right A normal	( ) Left A normal ( )
B dilated	( ) B dilated ( )
C contracted	( ) C contracted ( )
23. Is patient in pain?	Yes / No
If so, localisation and degree?	
21. Has patient had malaria?	Yes / No
25. Is patient diabetic?	Yes / No
26. Does patient vomit?	Yes / No
27. Does patient have diarrhea?	Yes / No
28. Does patient have intestinal bleeding?	Yes / No
29. Is there any other bleeding?	Yes / No
If so, where?	
30. Is patient a psychiatric patient?	Yes / No

ALL CASES TREATMENT ALREADY GIVEN	
1. Has the patient been operated on? If so, indicate nature and result of the operation:	Yes / No
2. If fracture, how has it been immobilised?	Yes / No
3. Is the patient on drip?	Yes / No
Nature of infusion	
4. Treatment initiated – present medications	
5. Does the patient need blood?	Yes / No
6. If known, blood type:	
7. Give any other useful, precise details on the nature of the illness and the patient's condition:	
8. Was the patient suffering from an illness known previously?	
9. Were laboratory tests carried out? If so,.which one and state results:	
10. Has the patient been given with any Medicine/ Drugs ? If so give details	

Appendix 4

FIELD INFORMATION REQUIRED FOR PROPERTY OR ENVIRONMENT DAMAGE

Note: If the event also included fatalities or multiple bodily injuries, the information should also be given on Appendix 3.

Name and location of the rig/crew/workshop/other place	
Date and time of the accident	
Description of the accident	
Number of personnel at the location	
Extent / number of casualties (see above)	
Detail of equipment down	
Evacuation / rescue requirements	
Extent of loss	
Action being taken to control losses	
Any external assistance participating	
Weather Conditions if applicable	
Has the client been informed?	
Client contact person and telephone number for this event	
Extent of nature of Environmental damage	
Immediate actions taken to contain the environmental damage.	

Appendix 5

EMERGENCY TIME LOG

Date: _____

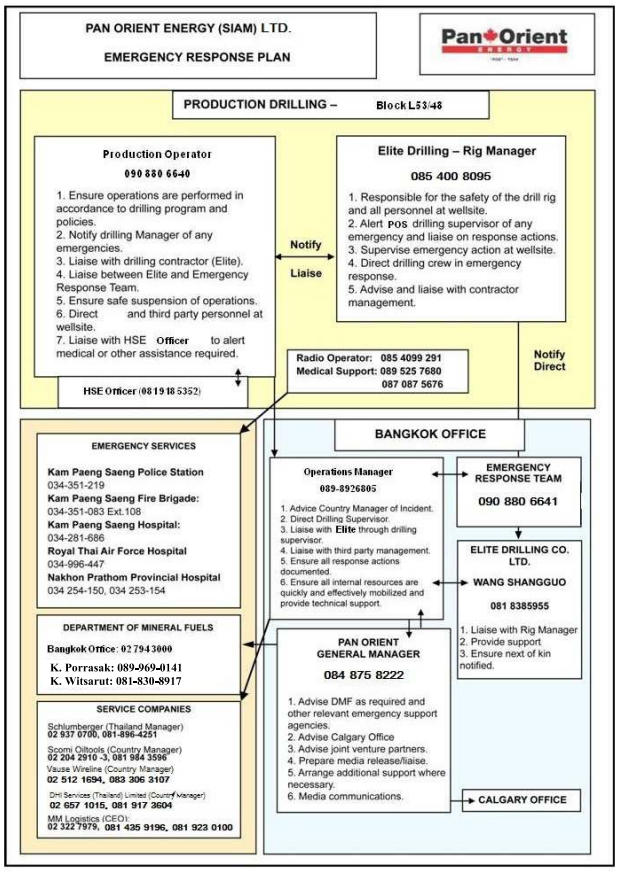
Location: _____ IRT Member: _____

Date	Time	Communication / Event

Pan Orient Energy (Siam) Ltd.

Bangkok Area Hospitals

Recommended Hospitals	Local Hospital (Closest to site)
1 Samitivej Hospital 133 Sukhumvit Klongtan Nua, Vadhana, Bangkok **Tel: 0-202-2222**	**1 Vibhavadi Hospital** 51/3 Ngamwongwan Rd., Jatujak, Bangkok **Tel: 0-2561-1111** (Closest hospital to rig site with International standards avoiding traffic delays in central Bangkok)
2 Vibhavadi Hospital 51/3 Ngamwongwan Rd., Jatujak, Bangkok **Tel: 0-2561-1111**	**2 Mongkutwattana General Hospital** 34/40 Chaeng Wattana Rd., Thung Song Hong, Luk si, Bangkok **Tel: 0-2574-5000-9**
3 Bangkok General Hospital 2 Soi Soonvijai 7, New Petchburi Rd., Bangkapi, Huay Khwang, Bangkok **Tel: 0-2310-3000**	**3 Rangsit General Hospital** 733/345 Phahonyothin Rd, Khu Khot, Lam Luk Ka District, Pathum Thani **Tel: 0-2998-9999**
4 Bumrungrad Hospital 33 Sukhumvit Soi 3 (Soi Nana Nua), Wattana, Bangkok **Tel: 0-2667-1000**	**4 Nonthavej Hospital** 30/8 Ngamwongwan Rd., Bang Khen, Muang, Nonthburi **Tel: 0-2596-7888**



Emergency Procedures
Attachment I

Oil Spill Contingency Plan

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1.0 INTRODUCTION

Pan Orient Energy (Siam) Ltd. is committed to operate at all times in such as manner as to minimize the risk of oil spills. In the unlikely event that a spill occurs, this plan provides guidance on the appropriated actions to take.

There are three levels of response identified. These range from minor spills readily contained and cleaned-up by on-site personnel and equipment, to more serious incidents where the oil spill contractors is called out.

The plan identifies the emergency organization and contacts as well as providing specific information about the site's ecology and water courses and the appropriated equipment deployment.

Pan Orient Energy (Siam) Ltd., as operator, have a financial responsibility and legal requirement to clean-up and pollution that emanates from any of its sites.

2.0 PRIORITIES/LEVELS OF RESPONSE

2.1 Priorities

The following priorities need to be observed:

1. the prevention of emergencies
2. the safety and saving of life
3. protection of the environment
4. salvage of equipment and installations

2.2 Levels of Responses

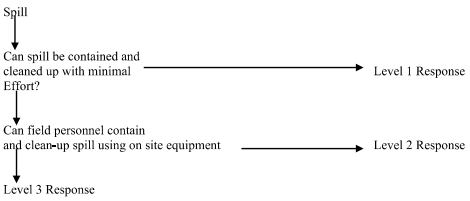
There are three levels of response relating to accidental discharges:

Level 1: when the discharge does not affect normal operations and can readily be cleaned-up by field personnel using equipment maintained on site.

Level 2: when the discharge is more serious that that of a level 1 response, but can still be contained and cleaned-up by field personnel, with assistance from the office if needed, using the oil spill control equipment maintained on site.

Level 3: when the discharge exceeds the capabilities of the immediate on-site personnel and the oil spill contractor has to be called in to assist in the containment and clean-up

2.3 Decision Trees



2.4 Level 1 Response

Level 1 is the response required to deal with a discharge which requires minimal clean-up and can readily be contained and cleaned-up on site by field personnel using the oil spill containment equipment kept on site.

Operations Co-ordinator: Pan Orient Energy Production Representative
Location: Kam Phaeng Sean & Song Pi Nong Wellsites.

Job Responsibilities

1. Ensure the safety of all personnel
2. Ensure that the discharge is cleaned-up properly and that the site's containment facilities have been breached.
3. Fill out an Incident Report Form (See Appendix I). The completed form should be sent to the Operations Manager - Pan Orient Energy in Bangkok.

2.5 Level 2 Response

This level is the response required when the discharge can be contained and cleaned-up by on-site personnel using equipment maintained on site, with some assistance from Bangkok office.

Example of incidents that would probably require a level 2 response are a ruptured tank or a fractured pipe.

Emergency Organisation

The following personnel would make up the basic emergency team.

Pan Orient Energy onsite Production representative
Operations Manager – Pan Orient Energy (Siam) Ltd.

Operation Co-ordinator: Pan Orient Energy onsite Production representative
Location: Kam Phaeng Sean & Song Pi Nong Wellsites.

Job Responsibilities

1. Ensure the safety of all personnel
2. Shut down all ignition sources to minimize the fire risk. If there is a possibility of fire, then notify the Fire Brigade.
3. Isolate or stop the source of spillage.
4. Inform the General Manager – Pan Orient Energy that a Level 2 Response situation exists, state:
   i) The nature of the spill
   ii) If the spillage is continuing and at what rate
   iii) If the spill is on fire
   iv) What volume has been spilt
   v) Any other information
5. Ensure that the containment system is not damaged.
6. Decide whether the oil spill clean-up contractor is required on site (in which case it becomes a Level 3 Response).
7. Deploy clean-up equipment to deal with the discharge
8. Restore normal operations promptly.
9. Fill in an Incident Report Forn (see Appendix I). The complete form should be sent to the General Manager – Pan Orient Energy, Bangkok office.

Operations Manager: Mr. Noppadon Singpru
Location: Bangkok

Job Responsibilities

1. Inform the General Manager – Mr. Shuhaimi Bin Mohd Mokhtar, and other relevant senior POES Inc. people about the situation. If necessary, inform the Local Water Authority.

2. Liaise with the Logistics Co-ordinator, act as a focal point for information passing to and from the site.

2.6 Level 3 Response

The following personnel would make up the basic emergency response organization:

Co-ordinator - Bangkok Office
Operations Manager - POES
Logistics Support Advisor - Khun Phakin

Job Responsibilities

Operations Superintendent: Pan Orient Energy (Siam) Ltd. Representative
Location: Kam Phaeng Sean & song Pi Nong Wellsites.

Initial Response

1. Ensure safety of all personnel.

2. Shut down all potential ignition sources including non-certified and non-intrinsically safe equipment, e.g. cameras, tape recorders, radios, torches etc., until it is certain that there is no risk of fire or explosion.

3. Attempt to isolate/control source of spill

4. Contact emergency services.

5. Inform Emergency Controller that a Level 3 response is required and give the following information:
   i) location of spill (e.g. access road, diesel tank)
   ii) the kind of incident (e.g. tanker spill, blowout)
   iii) when the incident occurred
   iv) the type of oil
   v) the volume spilt (best estimate)
   vi) if it is continuing to spill and what the rate of spillage is
   vii) any other relevant information

6. Try to contain spillage within as small an area as possible, away from points of ignition.
7. Deploy containment equipment at predesignated points.

Follow-up Action

1. Continue to ensure safety of all personnel.
2. If source of spill not under control, continue efforts to isolate/control it.
3. Liaise with clean-up contractor, Pan Orient Energy personnel on site and local authorities.
4. Keep General Manager informed of the situation.
5. Restore normal operations promptly.
6. Fill out and submit an Incident Report Form to the General Manager (copy of an Incident Report Form can be found in Appendix I).

Initial Response

1. Mobilise clean-up contractor, pass on relevant information.

2. Liaise with the Pan Orient Energy onsite Operations Superintendent Representative and give technical advice on press releases as necessary.

3. Provide a communications channel for passing information to and from site.

Project Leader: General Manager
Location: Pan Orient Energy (Siam) Ltd., Bangkok

Job Responsibilities

Liaise with Technical Director and Emergency Controller. Co-ordinate press releases.

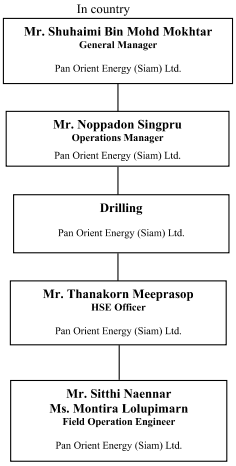
Communications

Good communications are vital to the safe and efficient conduct of the clean-up operation. Hand-held radios with an adequate need to be supplied to ensure that personnel working away from the main site can be in contact.

The Company office on site will be the main communications center in the event of an emergency.

Emergency Organisation

In country



2.7 Emergency Services

The Emergency Services should be contracted by the Operations Superintendent from site.

Police:
In the event of a major discharge, the Police would provide control of traffic to and from the incident area. Where a number of services are involved and no suitable communication centre is available, the police would provide a control and co-ordination post to facilitate clearance operations.

Kam Phaeng Sean	Tel: 034-351-219
Song Pi Nong	Tel: 035-531-019

Fire Brigade:
The Fire Brigade would attend all incidents where a risk of fire of ignition were present would assume control of the incident until the fire was extinguished.

Kam Phaeng Sean	Tel: 034-351-083 ext.108
Hua Pho	Tel: 035-473-092

Hospital:
The Hospital Service should be called as necessary.

Kam Phaeng Sean	Tel: 034-281-686
Somdej 17 Hospital	Tel: 035-531-077

2.8 Clean-up Contractors

Pan Orient Energy (Siam) Ltd. has made arrangements with various local contractors to provide oil spill containment and clean-up services in the event of a Level 3 incident.

Call-out Procedure

In the event of a Level 3 incident, Contractors should be called and told what level of response is required (e.g. standby, full call-out).

2.9 Pan Orient Energy Call-out Numbers

Caller	Contact
Pan Orient Energy on site production Representative	Mr. Chaiyanan Mobile phone: 091-379-7501

2.10 Government Department

In the event of a Level 3 Incident, the Emergency Controller should notify:

Department of Mineral Fuels

Mr. Sarawut Kaewtathip
Director General
Energy Complex 555/2 Energy Complex Building B, 21-22th Floor ,Vibhavadi-Rangsit Rd.,
Kwaeng Chatuchak Khet Chatuchak, Bangkok 10900 Thailand

Tel: (662) 794-3001
Fax: (662) 794 3058

2.11 Local Authority Contact Numbers

The Emergency Controller should notify the following agencies in the event of a Level 1 Incident, or a Level 2 or Level 3 Incident, if appropriate:

District Offices:

Muang Nakhon Pathom	034-258-411
Kam Phaeng Sean	034-351-086, 034-281-102
Song Pi Nong	035-531-001

2.12 Public Relations

A press statement will be agreed between the General Manager- Pan Orient Energy (Siam) Ltd. No one else and the MALAYSIA OFFICE must give statements to the press.

PART 2

3.0 KAM PHAENG SEAN SITE DETAILS

3.1 Location of Sites

Kam Phaeng Sean well site is located within approximately 10 km. of Amphoe Kam Phaeng Sean Village.
Song Pi Nong well site is located within approximately 12 km. of Amphoe Song Pi Nong Village.

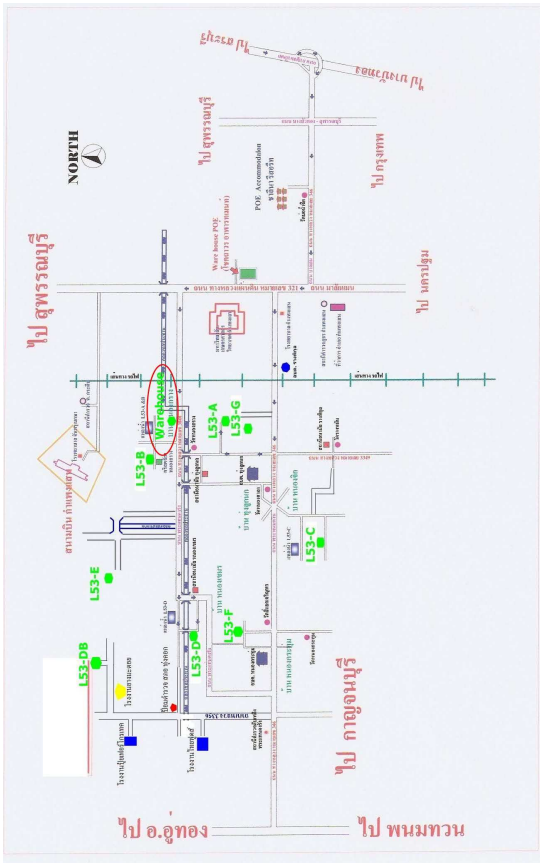
3.2 Access

Kam Phaeng Sean is approached on Highway 3040 off Highway 346.
Song Pi Nong is approached on Highway 3505.

3.3 Soil Characteristics

The sites are raised above the elevation of the surrounding fields to the level of the bitumised road. The material of construction of the well site area is compacted lateralite.

3.4 Maps



PROXIMITY AND TYPE OF ACTIVITIES:	

15. OUTSIDE AGENCIES AND GROUPS NOTIFIED:

AGENCY/GROUP	PERSON NOTIFIED	DEATE/TIME OF NOTIFICATION	METHOD USED	PERSON NOTIFYING

16. ONSITE INVESTIGATORS (NON-COMPANY):	
17. REMEDIAL ACTION TAKEN:	
DATE STARTED:	DATE COMPLETED:
18. ASSISTANCE REQUIRED, CONTRACTORS USED:	
19. SIGNATURE: TITLE: DATE: LOCATION:	

Emergency Procedures
Attachment II

Fire Plan

Emergency Fire Procedures

General
Each installation or location has its own regulations for dealing with fires. However, there are some basic procedures which apply to fighting any fire.

1. Familiarize yourself with the location and use of all fire equipment in your work area.
2. Keep access to all fire equipment clear at all times. Equipment must be in place except when in use for fires or authorized drills.
3. If you discover a fire or a leak of any flammable fluid or gas, notify your supervisor at once, giving the nature of the fire or potential danger and the location.
4. After reporting, you should safely attempt to shut off flow of fuel and use extinguishers or hoses as available to help control the fire until the emergency crew arrives.

FIRE HAZARDS
All employees must be alert to recognize fire hazards.
1. Any uncontrolled hydrocarbon must be reported.
2. Open accumulations of oil must not be allowed to remain in the work area.
3. Do not leave combustibles where they may be ignited by hot equipment.
4. Keep work area clean. Throw waste materials in containers provided.
5. Store all supplies in cabinets provided.
6. Smoke only in designed smoking areas.
7. Always ground equipment to avoid static electricity buildup.

CLASSIFICATION OF FIRE HAZARDS
For practical purposes there are four main classes of fire hazards A, B, C and D.

CLASS - A. Fires are those involving ordinary combustible materials such as paper, wood etc. Water is the most effective medium for extinguishing. Other types of extinguishers can be used safely.

CLASS – B. Fires are those involving flammable liquids such as petroleum products, paints, solvents, fat etc. These are best extinguished by using dry power, foam, carbon dioxide or halons. Water is not suitable.

CLASS – C. Fires are those involving flammable gases, e.g., propane, butane, etc. Extinguishing the flame should be avoided until the source of the gas is located and then isolated. Isolation cuts off the fuel source and any resultant fire can then be dealt with.

CLASS – D. Fires are those involving burning metals, e.g., magnesium, aluminum, sodium, etc. Such metals usually react violently with the application of water. Blanketing with sand or earth is a satisfactory means of putting out such fires.

Electricity fires were at one time specifically classified, but it is now accepted that electricity is merely an added hazard. After electrical isolation, a fire in the equipment can be extinguished. Where isolation is temporarily impractical, carbon dioxide, halon or dry chemical powder should be used.

FIRE EMERGENCY PROCEDURE
IN THE EVENT OF FIRE, THE FOLLOWING INSRUCTIONS SHOULD BE FOLLOWED WHERE PRACTICAL

1. FIRE OCCURS WITH ANY RISK TO THE PRODUCTION PLANT

A. Press the emergency shut-down button to stop all the processing equipment and the beam pump close the wellhead valves. If possible, (without putting yourself in danger), **CLOSE ALL ISOLATING VALVES** between the fire and the storage tank.

B. If it is a major fire with oil or gas alight**, IMMEDIATELY**!!!! Telephone the fire station & police

C. Telephone the supervisor of Pan Orient Energy, Production Manager, or other Pan Orient Energy locations for notification and assistance.

D. If possible, without putting yourself in danger, and whilst waiting for the emergency services to arrive, use an extinguisher and try to contain the fire.

E. When the fire trucks arrive, give the fire chief the copy of fire fighting equipment location. You must also tell the fire chief how much crude oil is inside both storage tanks, and what/where chemicals and lube oil are stored.

F. ASSIST THE FIRE CRE ONLY IF REQUIRED, stay at the safety distance and keep other people away.

FIRE EMERGENCY PROCEDURE

2. FIRE OCCURS WITH NO RISK TO THE PRODUCTION PLANT

A. Use fire extinguishers and put out the fire remove any inflammable material such as paint/paint thinner's

B. If the fire is electrical, turn off the power supply to the source of the fire.

C. Telephone the Pan Orient Energy Production Manager or other Pan Orient Energy locations, and advise them of the event.

IF IN ANY DOUBT SHUT DOWN THE PLANT, NOTIFY THE EMERGENCY SERVICES AND WAIT FOR ASSISTANCE.

Emergency Procedures
Attachment III

First Aid Plan

Emergency First Aid Procedures

FIRST AID PROCEDURES

First aid is the immediate and temporary care given to a person who has been injured or has suddenly taken ill. Its purpose is to sustain life and to prevent further injury until proper medical care can be obtained. Properly administered, first aid can save a life between the times an accident or serious illness occurs and professional help is an available.

Incorrect movement or transfer of a person may cause additional injuries, permanent disability, or death. In an emergency, the person who remains calm, deliberate, and reasonable often prevents death or further injury. This section does not offer complete instruction in first aid nor is it intended to be an extended course in emergency care. It is simply a reference or guide to first aid in the field where professional medical assistance is not immediately available.

FIRST AID IN THE FIELD

Make every attempt to avoid further injuries to the victim in your attempt to provide the best possible emergency first aid care.

EMERGENCY RESCUE AND TRANSFER

Emergency rescue and transfer should be done ONLY by the qualified first aid person when there is immediate danger to victim or first aide from such hazards as:

1. Fire or explosion
2. Serious traffic hazards
3. Risk of drowning
4. Exposure to severe weather conditions such as extreme heat or cold
5. Electricity injury
6. Pinning of the victim by machinery or vehicle (first aid can often be given in such cases until professional first aid people can remove the victim).

Do not transfer the victim until life-threatening problems, such as airway obstruction or hemorrhage, are taker care of wounds dressed.

BLANKET-PULL METHOD

Where back or neck injuries are not indicated, use the blanket-pull method, keeping the victim as level as possible.

Where back or neck injuries are suspected, immobilize the victim with a backboard to prevent further injuries if movement is necessary.







SEVERE BLEEDING

Loss of more than one quart of blood presents a life threatening situation.

A person can bleed to death in less than one minute. The following are acceptable procedures to follow if severe bleeding occurs.

1. Apply direct pressure with the palm of one hand on a compress of cloth over the entire area of the wound. Use a thick pad of sterile gauze if possible. In an absolute emergency where no compresses are available use the bare hand or fingers.

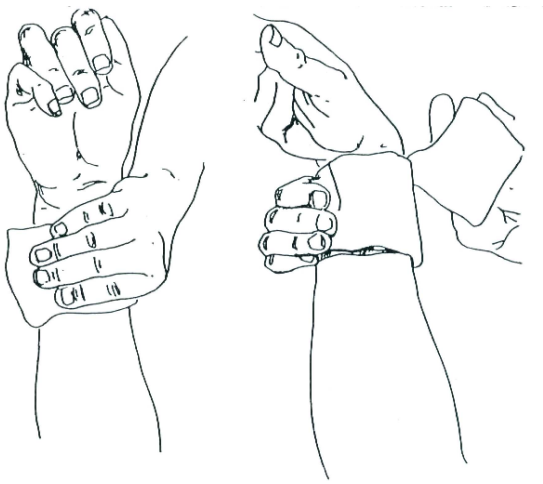
2. If blood soaks through the compress, do not remove it. Instead add to the compress. Press blood vessels against something solid, such as underlying bone or uninjured tissue. Continue the pressure until the bleeding stops.

3. Secure the compress with a bandage of cloth placed directly over the pad on the wound.

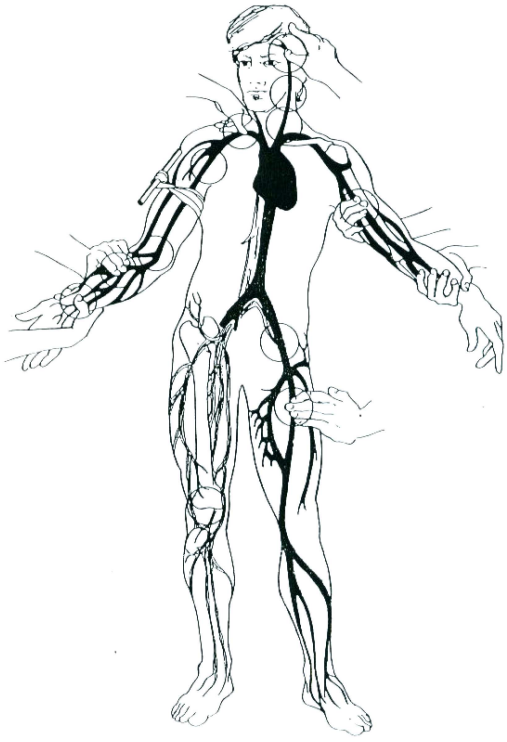
4. Elevate the area above the victim's heard unless there is a fracture.

5. Observe for sins of shock and treat accordingly.

USING A COMPRESS



PRESSURE POINTS FOR BLEEDING



Tourniquet and digital pressure (thumb or fingers) on pressure point stops vascular bleeding.

Venous bleeding is a steady stream of dark red blood. Control by using pressure either on the wound directly or at a spot near the injury which is away from the heart.

Arterial bleeding is bright red and flows in spurts. Control by using pressure either on the wound directly or on the nearest point in the direction of the heart.

AS A LAST RESORT:

APPLICATION OF A TOURNIQUET

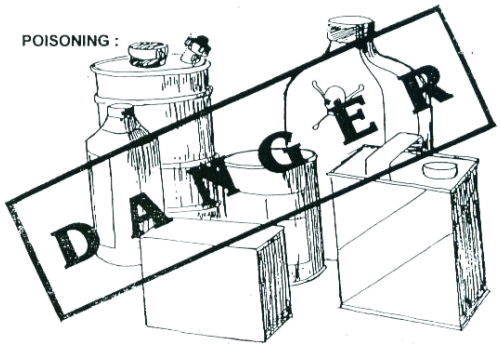
Important things to remember:

1. The decision to apply a tourniquet is a decision to sacrifice a limb to save a life WHEN NO OTHER ALTERNATIVE EXISTS.

2. Use a strip of cloth at least two inches wide, wrap twice around the limb, twist the stick until arterial bleeding stops, and tie it off so it cannot untwist.

3. Do NOT use thinner material such a wire, rope, or cord.

4. Write down the time and the date the tourniquet was applied on the patient's forehead or on the bandage.



Poisoning generally occurs in one of three ways: by ingestion, through contact with various substances, and by insect bites. In the case of poisoning through ingestion, the primary objective should be to dilute the poisons as quickly as possible. Poisoning by mouth is defined as the oral entry of any fluids or materials that will harm slow or stop any or all of the body functions or parts. Contact the nearest poison control center by phone for instructions then, induce vomiting as discussed below.

Hurry, medical aid is needed immediately. Once the poison enters the blood or system, it is difficult to treat.

Dilute the poison by giving fluids. Milk or water are most often available (the universal antidote is one part strong tea, one part milk or magnesia, and two parts crumbed, burned toast.

Using a finger or spoon at the base of the victim's tongue, induce gagging and vomiting. However, note the following exceptions: when the victim has been poisoned with strong acids or alkalis, lye, strychnine, kerosene, oils or when the victim is in a coma or exhibiting symptoms of neither exhaustion nor convulsion.

Be sure to take the bottle or package containing the drug or poison ingested to the hospital with the victim. Information from the victim or others viewing the incident may also be of great value.

POISON CONTROL CENTERS

CONTACT POISONS MOST OFTEN ARE HARSH CHEMICALS, CORROSIVES, AND CERTAIN PLANTS.

Skin burns normally result in these cases. The following are first aid procedures to deal with situations involving contact poisons:

1. Drench and flush the affected skin or eyes for a least fifteen minutes white removing contaminated clothing and shoes.

2. Wash closing before reuse.

3. Continue washing skin with soap and water for a least five minutes.

4. If corrosive fluid or pesticide is involved, send for ambulance immediately.

5. Keep the victim's airway open.

6. Provide artificial respiration if needed and NEVER leave the victim alone.

7. Give the victim ample quantities of water or milk for at least five minutes, unless he is unconscious of having convulsions. IN THE CASE OF POISONING BY INSECTS, it is important to know of any allergies the victim may have. Contact with the local poison control enter is extremely important.

SNAKE BITE

When snake bits occur, take the following steps.

1. Keep the victim still, calm, and preferably in a prone position.

2. Immobilize the bitten area and keep it at or below the level of the head.

3. Transfer the victim immediately to experienced medical help. If the victim can be taken to a medical facility within four to five hours and no further symptoms develop, generally no further first aid in needed.

4. If mild-to-moderate symptoms develop, apply a constricting band two-to-four inches above the bite but not around a joint. The bank should be no less than ¾ to 1-1/2 inches wide. Tie the bank snugly but loose enough for a finger to slip underneath. It is not meant to stop blood circulation, only to slow it down. Check the pulse in the extremity beyond the bite to ensure that the blood flow has not stopped.

5. If severe symptoms develop and you are more than four to five hours from medical help, revert to your snakebite kit. Do NOT use your mouth for suction: THIS COULD BE FATAL TO YOU.

6. Make an incision and apply suction immediately. After the constriction bank is in place, cut into the skin through the fang marks using a sharp, sterilized knife. CUT NO DEEPER THAN JUST THROUGH THE SKIN, and about ½ inch long extending over the venom deposit point. Cut along the long direction of the limb. Do not cut if bite occurs on the heart, neck, or trunk, Apply suction cup for 30 minutes.

The following are a few more factors to consider in cases of snakebite:

1. Remember to watch for shock and to treat the victim as you would for any other shock.

2. Identifying the snake will be extremely helpful for further treatment of the victim. If possible, kill the snake and transport it with the victim.

3. Do NOT give the victim alcohol, sedatives, aspirin, or any medicine containing aspirin.

SHOCK

Shock is a life-threatening condition resulting from a depressed state of many vital functions. It can be life-threatening even though the injuries or conditions causing shock may not otherwise be fatal.

IN ANY ACCIDENT, ALWAYS CHECK FOR SHOCK.

Shock may be caused severe injuries, hemorrhage, burns, or loss of body fluids (prolonged vomiting or dysentery), infection, heart attack, stroke, poisoning, and obstruction in the throat, drugs, alcohol, or lack of oxygen.

Among the early symptoms of shock are:

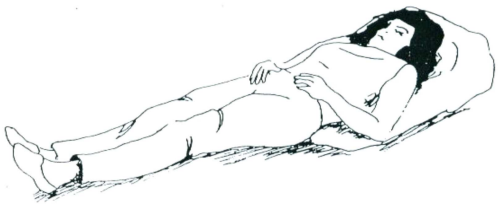
1. Skin cold to the touch
2. Pale of bluish skin and cold, moist, bluish nail beds
3. Weakness
4. Rapid pulse (usually over 100)
5. Increased breathing rate and/or shallow breathing
6. Deep, irregular breathing
7. Restlessness, anxiety, or complaint of extreme thirst shocks is connected with hemorrhage.

Later symptoms include:

1. Apathy and relative unresponsiveness
2. Sunken eyes
3. Vacant expression
4. Widely dilated pupils
5. Mottled skin

BODY POSITIONS FOR SHOCK TREATMENT









The three objectives in the first aid treatment of shock are to improve blood circulation, to ensure and adequate oxygen supply, and to maintain normal body temperature, these are the steps to follow:
1. Keep the victim lying down.
2. Cover only enough to prevent the loss of body heat.
3. Raise the feet eight to ten inches.
4. Obtain medical assistance as soon as possible
5. If the victim is conscious and medical aid will not be available for an hour or more give the victim half a glass every 15 minutes of the following solution: one level teaspoon of salt and ½ level teaspoon of baking soda I one quart of warm water. Allow the victim to sip the solution SLOWLY.

BURNS

FIRST-DEGREE BURNS are characterized by red or mottled skin, blister formation, swelling over a period of several days, or a wet surface due to loss of plasma through the damaged layers of skin, Second-degree burns usually result from deep sunburn, contact with lot liquids, flash burns from gasoline, kerosene and the like, and coagulation of skin and destruction of red bloods cells. To threat second-degree burns, immerse in cold water (but NOT ice water) or apply freshly ironed cloth pads that have been wrung out in the ice water until the pain subsides. NEVER ADD SALT TO THE WATER. Gently blot the area dry with a sterile gauze or clean towel but NEVER use absorbent cotton. Apply dry sterile gauze as a dressing.

Do NOT try to break blisters or remove shreds of tissue, and NEVER use an antiseptic preparation, ointment, spray, or "home remedy" on severe burn.

THIRD-DEGREE BURNS may look white or charred and otherwise resemble second-degree burns. In these cases, there is coagulation of skin and destruction of red blood cell. Such burns result from flame, ignited clothing, and immersion in extremely hot water, or contact with hot objects or electricity. Often there is no pain with these burns.

In treating third-degree burns, do NOT remove particles of charred clothing. Cover the burned areas with a sterile dressing. If the hands are affected, keep them higher than the heart. Elevate burned legs or feet. Make the victim with facial burns sit up, and observe him for breathing difficulty.

ELECTRICAL SHOCK OR BURN presents a special case. Severity of the injury is not easily defined. It may on the surface appear to be minor. IF ANY doubt exists, seek immediate professional medical help.

CHEMICAL BURNS are the same as burn caused by flame, steam or hot liquids. As soon as possible, wash the chemical off completely using a shower or hose, and continue to wash for at least 15 minutes, while removing clothing from affected areas. Follow first aid directions on the chemical label. Then give additional first aid as for burns caused by heat.

In the case of ACID BURNS, wash the fact eyelids and eyes thoroughly for 15 minutes or more. If the victim is lying down, turn his head to the side and pour water from the inner corner holding eyelids open. Begin by washing the eye. Cover the eye with a dry, clean dressing. Never rub the eye. Get medical help.

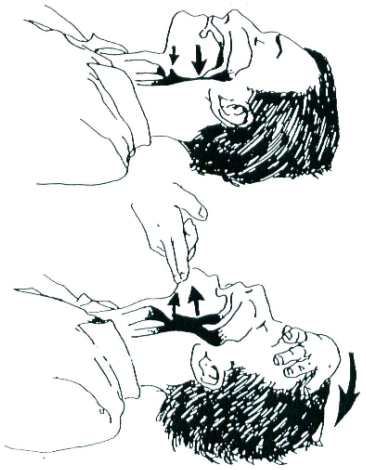
INTRODUCTION TO CPR TECHNIQUES

Cardiopulmonary resuscitation (CPR) is a holding action for sudden cardiac or respiratory arrest until more advanced life support care can be made available. CPR involves a combination of mouth-to mouth rescue breathing (or other artificial ventilation techniques) and chest compressions. It keeps some oxygenated blood flowing to the brain and other vital organs until appropriate medical treatment can restore normal hear action.

Cardiac arrest causes the victim to lose consciousness within seconds. IF CPR IS STARED PROMPLLY after the pulse stops and if advanced life support is available quickly. The person has a chance to survive.

Cardiopulmonary resuscitation includes three basic rescue skills, the ABC/s of CPR: Airway, Breathing, and Circulation.

AIRWAY



The first action for successful resuscitation is immediate opening of the airway. It is important to remember that the back of the tongue and the epiglottis are the most common cause of airway obstruction in the unconscious victim. Since the tongue, directly, and the epiglottis, indirectly, are attached to the lower jaw, tilting the head back and moving the lower jaw (chin) forward lifts the tongue and the epiglottis from the back of the throat and usually opens the airway.

BREATHING



When breathing stops, the body has only the oxygen remaining in the lungs and bloodstream. It has no other oxygen reserve. Therefore, when breathing stops, cardiac arrest and death quickly follow. Mouth-to mouth rescue breathing is the quickest way to get oxygen into the victim's lungs. There is more than enough oxygen in the air you breath into the victim to at least partly supply his of her needs. Rescue breathing must be performed until the victim can breathe on his or her own or until trained professionals take over.

REMEMBER: If the victim('s heart is beating, you must (1) maintain an open airway and (2) breathe, for an adult victim, once every 5 seconds (12 times per minute). If the victim's heart is not beating, you will have to perform mouth-to-mouth rescue breathing PLUS check compressions.

CIRCULATION



The third skill of CPR is check compressions, which replace the heartbeats of the victim. They thus maintain some blood flow to the lungs, brain, coronary arteries, and other major organs. Anytime chest compressions are performed, mouth-to-mouth rescue breathing (or a suitable alternate method of artificial ventilation) must also be performed.

Cardiopulmonary Resuscitation (CPR)

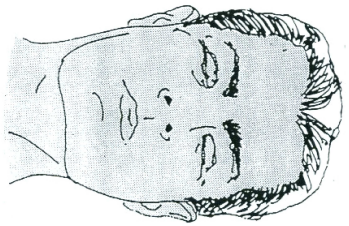
	Objectives	Action		
		Adult (over 8 yrs.)	Child (1 to 8 yrs.)	Infant (under 1 yr.)
A. Airway	1. Assessment: Determine unresponsiveness.	Tap or gently shake shoulder		
		Say, "Are you okay?"		Observe
	2. Get help	Call out "Help"		
	3. Position the victim.	Turn on back as a unit, supporting head and neck if necessary. (4-10 seconds)		
	4. Open the airway.	Head -tilt/chin-lift		
B. Breathing	5. Assessment: Determine breathlessness	Maintain open airway, Place ear over mouth, observe chest. Lock, Listen fell for breathing. (3-5 seconds)		
	6. Give 2 rescue breaths.	Maintain open airway		
		Seal mouth to mouth		mouth to nose / mouth
		Give 2 rescue breaths, 1 to 11/2 seconds each. Observe chest rise. Allow lung deflation between breaths.		
	7. Option for abstracted airway	a. Reposition victim's head, Try again to give rescue breaths		
		b. Activate the EMS system.		
		c. Give 6-10 sub diaphragmatic abdominal thrusts		Give 4 back blows.
				Give 4 chest thrusts
		d. Tong-jaw lift and finger sweep	Tongue-jaw lift, but finger sweep only if you see a foreign object.	
		If unsuccessful, repeat a, c, and d until successful.		

C. Circulation	8. Assessment: Determine puiselessness.	Feel for carotid pulse with one hand; maintain head-till with the other (5-10 seconds)		Feel for brachial pulse: Keep head-tilt.
	9. Activate EMS system	If someone responded to call for help, send them to activate the EMS system. Total time steps 1-9, 15-35 seconds.		
	Begin chest compressions: 10. Landmark check	Run middle finger along bottom edge of rib cage to notch at center (tip of sternum).		Imagine a line drawn between the nipples.
	11. Hand position	Place index finger next to finger on notch:		Place 2-3 fingers on sternum, 1 finger's width below line. Depress 1/2 - 1 in.
		Two hands next to index finger. Depress 1 1/2-2 in.	Depress 1-1 1/2 in.	
	12. Compression rate	80-100 per minute		At least 100 per minute
CPR Cycles	13. Compression to breaths.	2 breaths to every 15 compressions.	1 breath to every 5 compressions.	
	14. Number of cycles.	4(52-73) seconds)	10 (60-87 seconds)	10 (45 seconds or less)
	15. Reassessment.	Feel for carotid pulse. (5 seconds)		Feel for brachial pulse:
		If no pulse, resume CPR, Starting with 2 breaths.	If no pulse, resume CPR, starting with 1 breath.	
Option for entrance of 2nd rescuer: "I know CPR. Can I help?"	1st rescuer ends CPR.	End cycle with 2 rescue breaths.	End cycle with 1 rescue breath.	
	2nd rescuer checks pulse (5 seconds)	Feel for carotid pulse		Feel for brachial pulse:
	If no pulse, 2nd rescuer begins CPR.	Begin one rescuer CPR. Starting with 2 breaths.	Begin one-rescuer CPR, starting with 1 breath.	
	1st rescuer monitors 2nd rescuer.	Watch for chest rise and fall during rescue breathing: check pulse during chest compressions.		
Option for pulse return	If no breathing, give rescue breaths.	1 breath every 5 second.	1 breath every 4 seconds.	1 breath every 3 seconds.

Obstructed Airway: Conscious Adult

Objectives	Critical Performance	Reason	
	Rescuer asks. "Are you choking?" Victim may be using the "Universal Distress signal" of chocking: clutching the neck between thumb and index finger	Rescuer must identity complete airway obstruction be determining if victim is sale to speak or cough	In the conscious victim it is essential to recognize the signs of an airway obstruction and take action immediately. If the victim is able to speak or cough effectively, do not interfere with his or her attempts to expel the foreign body. Continually check for success.
 	Perform the Heimlich maneuver (sub diaphragmatic abdominal thrusts) until the foreign become unconscious	Sub diaphragmatic Abdominal thrust (the Heimlich maneuver): stand behind victim and wrap your arms around victim's waist. Grasp one fist with your other hand and place thumb side of your fist in the midline Slightly above the navel. Press fist into abdomen with quick inward and upward thrusts. Each abdominal thrust should be delivered decisively, with the intent of relieving the obstruction. Chest thrusts: Stand behind victim and place your arms under victim and place your arms under victim's armpits to encircle the chest. Grasp one fist with other hand and place thumb side on the middle of the breastbone. Press with quick backward thrusts.	Such thrusts can force air upward into the airway from the lungs with enough pressure to expel the foreign body. Chest thrusts are more easily done than abdominal thrusts when the abdominal girth is large, as in gross obesity or in advanced pregnancy.

HEAT EXPOSURE



HEAT STROKE

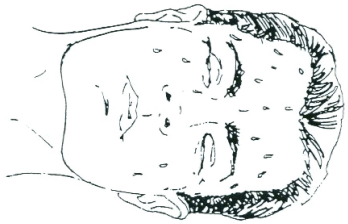
Symptoms:

1. Red, flushed fa
2. Strong, rapid pu
3. Hot, dry skin
4. Temperature of
5. Headache, naus
6. Possible uncons

Treatment:

1. Lie down and elevate head and chest.
2. Remove clothing and bathe body in isopropyl alcohol or lukewarm water to cool.
3. If the victim is conscious, give him sips of a mixture containing a pint of water and a teaspoon of salt.
4. Secure medical assistance.

HEAT EXHAUSTION



Symptoms:

1. Pale face
2. Weak, rapid pulse
3. Cool, moist skin
4. Below normal temperature
5. Headache, nausea
6. Generally conscious

Treatment:

1. Lie down and elevate feet and legs.
2. Loosen clothing but keep warm.
3. If the victim is conscious give he sips of a mixture containing a pint of water and a teaspoon of salt.
4. Seek medical assistance.

ALCOHOL POISONING

First Aid

Immediate first aid is not necessary if the following symptoms are evident:

1. Sleeping quietly
2. Normal face color
3. Normal breathing
4. Regular pulse

Obtain IMMEDIATE medical treatment if the following symptoms are evident:

1. Sign of shock
2. Clammy, cold skin
3. Rapid and thread pulse
4. Irregular breathing
5. No response

Treatment:

1. Keep victim's airway open.
2. Treat victim for shock, if indicated.
3. Give victim artificial respiration only if indicated.
4. If victim unconscious, place him in the coma position. This guarantees good respiration.

NOTE: An intoxicated person can at times be violent; take care to prevent him from injuring himself or others.

POISON BY MOUTH

If a non-corrosive poison has been ingested (i.e., barbiturates, aspirin, ant paste, or roach powder):

1. Dilute poison as quickly as possible with water or milk unless the victim is unconscious or having convulsions. Give three of four glasses to an adult and one or two glasses to a child.
2. Contact the Poison Control Center or a physician for instructions. If indicated, induce vomiting. Insert the blunt of a spoon or your finger into the back of the victim's mouth. Use Ipecac syrup, if available, and give the dosage prescribed on the label. To prevent the victim choking on his vomits, hold his head face down below his hips. Save a sample of the vomits, as well as the poison container.
3. Contact the Poison Control Center or a physician.
4. Maintain respiration and circulation.
5. Treat for shock, if indicate.

If a corrosive poison has been ingested (i.e. strong acid or alkali):

1. Dilute poison as quickly as possible with water or milk unless the victim is unconscious or having convulsions. Give two glasses to an adult and one glass to a child. Egg white in water or cooking oil may then be given. If a strong alkali has been ingested (i.e., drain cleaner, lye, ammonia, bleach, or laundry detergent) give water and vinegar or lemon juice.
2. Do not induce vomiting
3. Contact the Poison Control Center or a Physician
4. Maintain respiration and circulation.
5. Treat for shock if indicated.

If a petroleum product or turpentine has been ingested;

1. Dilute poison as quickly as possible with four ounces of mineral oil, if available, give milk or water unless the victim is unconscious or having convulsions. Give two glasses to an adult and one glass to a child.
2. Do not induce vomiting
3. Contact the Poison Control Center or a Physician
4. Maintain respiration and circulation.
5. Treat for shock if indicated.

FRACTURES

1. A compound fracture is a fracture with an open wound extending from the break to the outer skin.
2. A simple fracture is a break in a bone without an open wound.
3. A comminuted fracture is a bone broken in small pieces (shattered). The break can be closed or opened.

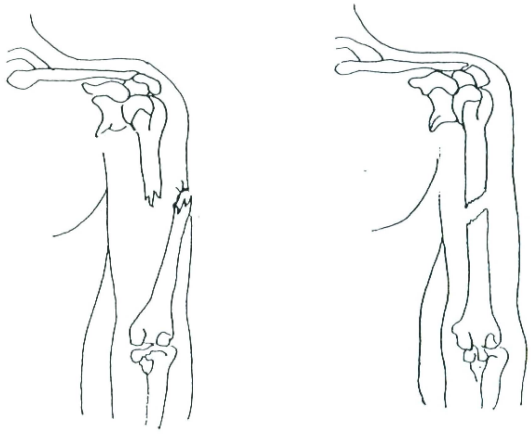
Signs and symptoms of a fracture include:

1. Swelling and numbness
2. Deformity
3. Tenderness to the touch and pain on motion.
4. Muscle spasms.

FIRST AID FOR FRACTURES:

1. Treat all bone injuries as fractures.
2. Splint and bandage to keep broken ends and adjacent joints from moving.
3. Treat muscle and joint strains and sprains similar to fractures. FRACTURES see next page.
4. Treat back injuries as a broken back or neck. If movement of transportation is absolutely necessary, move the body as a unit, avoiding twisting or turning the trunk. If possible, hold victims head and trunk in traction while placing on stretcher. Transport only on a rigid implement.
5. Give no stimulants to a person with a suspected head injury. Support the victim's head with a pillow, cushion, or other soft material to prevent further internal head injury.
6. Control the bleeding of a compound fracture by gentle direct pressure on a clean dressing over the wound. If the bleeding is or has been so severs as to threaten life, apply a tourniquet loosely above the wound. Use tourniquet only as a last resort to save a life.
7. Remember: Do not move a broken, dislocated sprained or strained member more than what is absolutely necessary.

FRACTURES



FIR





ภาคผนวก จ-2
ตัวอย่างการตรวจสอบเครื่องจักรอุปกรณ์



Pan Orient ENERGY

PM of Air Compressor	Checked	Remark
Date: 9/10/23		
Location: LSH-G1		
PM Period: M		
Air Comp. No: ACP-03		
Capacity : 260 L		
Preparation for PM activities:		
A) Coordinate with production to stop air compressor.	✓	
B) Observe any unusual of air compressor before stop.	✓	
C) Stop air compressor, off mainbreaker.	✓	
Comment:		
After stop:		
A) Check all drive belts and pulley condition.	✓	
B) Clean air filter.	✓	
C) Check any leakage.	✓	
D) Check or change crankcase lube oil.	✓	
E) Drain water of separator.	✓	
F) Check all bolts and retighten.	✓	
Comment:		
Final check:		
A) Check and clean air compressor, working area.	✓	
B) Coordinate with production to operate air compressor.	✓	
C) Start air compressor and check leaks, noise, vibration.	✓	
D) Test pressure switch.	✓	
Comment:		

Done by: [signature]
Date: 9/10/23

Endorser: [signature]
Date: 9/10/23

Pan Orient ENERGY

PM of Beam Pump	Checked	Remark
Date: 9/10/23		
Location: LSH-G1		
PM Period: M		
Pump No: BP-640-02		
Preparation for PM activities:		
A) Coordinate with production to shutdown beam pump.	✓	
B) Observe any unusual of beam pump before shutdown.	✓	
C) Stop beam pump,off mainbreaker,engage the positive stop pawl.	✓	
Comment:		
After shutdown:		
A) Check all drive belts and pulley condition.	✓	
B) Check brake, brake drum, brake cable.	✓	
C) Check all bolts and retighten.	✓	
D) Regrease all structural bearing.	✓	
E) Check gear tooth condition.	✓	
F) Check or change gear oil.	✓	
G) Check gear box for leakage.	✓	
H) Check crank pin lock nut for loosen.	✓	
I) Regrease bearing motor.	✓	
Comment:		
Final check:		
A) Check and clean beam pump, working are.	✓	
B) Disengage the positive stop pawl.	✓	
C) Coordinate with production to start beam pump.	✓	
D) Start beam pump, check noise, leaks and load.	✓	
Comment:		

Done by: [signature]
Date: 9/10/23

Endorser: [signature]
Date: 9/10/23

Pan Orient ENERGY

PM of Transfer Pump	Checked	Remark
Date: 7/10/23		
Location: 15-41		
PM Period: 1 M		
Pump No: NBM6-		
Preparation for PM activities:		
A) Coordinate with production to stop transfer pump.	//	
B) Observe any unusual of transfer pump before shutdown.	//	
C) Stop transfer pump, off mainbreaker.	//	
D) Close suction valve & discharge valve.	//	
Comment:		
After stop:		
A) Check all bolts retighten.	//	
B) Check rubber coupling element condition.	//	
C) Check any leakage.	//	
D) Check or change gear oil.	//	
E) Visually check all condition.	//	
Comment:		
Final check:		
A) Check and clean transfer pump, working are.	//	
B) Coordinate with production to start transfer pump.	//	
C) Open suction valve & discharge valve.	//	
D) Start transfer pump, check noise, leaks,vibration and load.	//	
Comment:		

Done by: [signature]
Date: 7/10/23

Endorser: [signature]
Date: 7/10/23

Pan Orient ENERGY

PM Top Loading Arm	Checked	Remark
Date: 7/10/23		
Location: 15-41		
PM Period: 1 M		
Equipment No: A-10		
Preparation for PM activities:		
A) Coordinate with production for PM top loading arm.	//	
B) Observe any unusual of top loading.	//	
C) Close discharge valve of loading pump.	//	
Comment:		
PM activities:		
A) Regrease all bearing.	//	
B) Check any leakage.	//	
C) Check all bolts and retighten.	//	
Comment:		
Final check:		
A) Check and clean top loading arm, working are.	//	
B) Open discharge valve of loading pump.	//	
C) Restore top loading arm to normal operation.	//	
Comment:		

Done by: [signature]
Date: 7/10/23

Endorser: [signature]
Date: 7/10/23

Pan Orient ENERGY

PM of Chemical Injection Pump	Checked	Remark
Date: 7/10/23		
Location: L53-41		
PM Period: 1M		
Pump No: CHP-02		
Preparation for PM activities:		
A) Coordinate with production to stop chemical pump.		
B) Observe any unusual of chemical pump before stop.	✓	
C) Stop chemical pump.	✓	
Comment:		
After stop:		
A) Check all bolts and retighten.	✓	
B) Check any leakage.	✓	
C) Check or change lube oil.	✓	
D) Visually check all condition.	✓	
Comment:		
Final check:		
A) Check and clean chemical pump, working area.	✓	
B) Coordinate with production to start chemical pump.	✓	
C) Start chemical pump, check noise, leaks.	✓	
Comment:		

Done by: Norm
Date: 7/10/23
Endorser: Shane
Date: 7/10/23

Pan Orient ENERGY

PM of Water Pump	Checked	Remark
Date: 7/10/23		
Location: L53-41		
PM Period: 1M		
Equipment No: WEA-10		
Preparation for PM activities:		
A) Coordinate with production to stop water pump.	✓	
B) Observe any unusual of water pump before shutdown.	✓	
C) Stop water pump, off mainbreaker .	✓	
Comment:		
After stop:		
A) Check all bolts and retighten.	✓	
B) Check any leakage.	✓	
C) Visually check all condition.	✓	
Comment:		
Final check:		
A) Check and clean water pump, working area.	✓	
B) Coordinate with production to start water pump.	✓	
C) Start water pump, check noise, leaks, load and vibration.	✓	
Comment:		

Done by: Norm
Date: 7/10/23
Endorser: Shane
Date: 7/10/23

Pan Orient ENERGY

PM of Heater Treater	Checked	Remark
Date: 7/10/23		
Location: LS3-G1		
PM Period:		
H/T No: H1-4820-		
Preparation for PM activities:		
A) Coordinate with production to work.	✓	
B) Observe any unusual of H/T.	✓	
C) Check temperature gauge.(°F)	150	
D) Check pressure gauge. (PSI)	10	
E) Stop burner and close gas supply valve.	✓	
Comment:		
After stop:		
A) Check sight glass condition.	✓	
B) Check pressure relief valve condition.	✓	
C) Check drum valve condition.	✓	
D) Check back pressure valve and gas pressure.(PSI)	10	
E) Check gas flow meter.	✓	
F(Check water leg siphon condition.	✓	
G) Check leakage and retighten bolts.	✓	
H) Check and clean burner.	✓	
I) Check and clean fire tube.	✓	
Comment:		
Final check:		
A) Check and clean working area.	✓	
B) Coordinate with production to operate burner.	✓	
C) Check leakage and adjust fire.	✓	
Comment:		

Done by: [signature]
Date: 7/10/23
Endorser: [signature]
Date: 7/10/23

Pan Orient ENERGY

PM of Oil Storage Tank	Checked	Remark
Date: 7/10/23		
Location: LS3-G1		
PM Period: 1Y		
Tank No: T6-		
Preparation for PM activities:		
A) Coordinate with production to work.	✓	
B) Observe any unusual of oil storage tank.	✓	
C) Check temperature gauge.(°F)	120	
D) Stop burner and close gas supply valve.	✓	
Comment:		
After stop:		
A) Take off burner housing from tank.	✓	
B) Check and clean burner gun.	✓	
C) Check and clean pilot gun.	✓	
D) Check and clean fire tube .	✓	
E) Clean frame arrester.	✓	
F) Reinstall burner housing to tank.	✓	
G) Check leakage and retighten bolts.	✓	
Comment:		
Final check:		
A) Check and clean working area.	✓	
B) Coordinate with production to operate burner.	✓	
C) Check leakage and adjust fire.	✓	
Comment:		

Done by: [signature]
Date: 7/10/23
Endorser: [signature]
Date: 7/10/23

Pan Orient ENERGY

PM of Oil Storage Tank	Checked	Remark
Date: 7/10/23		
Location: L33-41		
PM Period: 1/3		
Tank No: T6-053		
Preparation for PM activities:		
A) Coordinate with production to work.	/	
B) Observe any unusual of oil storage tank.	/	
C) Check temperature gauge.(°F)	100	
D) Stop burner and close gas supply valve.	/	
Comment:		
After stop:		
A) Take off burner housing from tank.	/	
B) Check and clean burner gun.	/	
C) Check and clean pilot gun.	/	
D) Check and clean fire tube .	/	
E) Clean frame arrester.	/	
F) Reinstall burner housing to tank.	/	
G) Check leakage and retighten bolts.	/	
Comment:		
Final check:		
A) Check and clean working area.	/	
B) Coordinate with production to operate burner.	/	
C) Check leakage and adjust fire.	/	
Comment:		

Done by: Norm
Date: 7/10/23

Endorser: สมชาย
Date: 7/10/23

Pan Orient ENERGY

PM of Oil Storage Tank	Checked	Remark
Date: 7/10/23		
Location: L33-41		
PM Period: 1/3		
Tank No: T6-053		
Preparation for PM activities:		
A) Coordinate with production to work.	/	
B) Observe any unusual of oil storage tank.	/	
C) Check temperature gauge.(°F)	100	
D) Stop burner and close gas supply valve.	/	
Comment:		
After stop:		
A) Take off burner housing from tank.	/	
B) Check and clean burner gun.	/	
C) Check and clean pilot gun.	/	
D) Check and clean fire tube .	/	
E) Clean frame arrester.	/	
F) Reinstall burner housing to tank.	/	
G) Check leakage and retighten bolts.	/	
Comment:		
Final check:		
A) Check and clean working area.	/	
B) Coordinate with production to operate burner.	/	
C) Check leakage and adjust fire.	/	
Comment:		

Done by: Norm
Date: 7/10/23

Endorser: สมชาย
Date: 7/10/23

Pan Orient ENERGY

PM of Oil Storage Tank	Checked	Remark
Date: 9/10/23		
Location: [illegible]		
PM Period: [illegible]		
Tank No: [illegible]		
Preparation for PM activities:		
A) Coordinate with production to work.	/	
B) Observe any unusual of oil storage tank.	/	
C) Check temperature gauge.(^{o}F)	100	
D) Stop burner and close gas supply valve.	/	
Comment:		
After stop:		
A) Take off burner housing from tank.	/	
B) Check and clean burner gun.	/	
C) Check and clean pilot gun.	/	
D) Check and clean fire tube .	/	
E) Clean frame arrester.	/	
F) Reinstall burner housing to tank.	/	
G) Check leakage and retighten bolts.	/	
Comment:		
Final check:		
A) Check and clean working area.	/	
B) Coordinate with production to operate burner.	/	
C) Check leakage and adjust fire.	/	
Comment:		

Done by: [signature]
Date: 9/10/23

Endorser: [signature]
Date: 9/10/23