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| Please ensure that a copy of this Form and a copy of your CSTS, PST, PCST, SARA (IRP 7) or GSO (PetroChina Canada Approved) are sent to [***mrcpsecurity@petrochinacanada.com***](mailto:mrcpsecurity@petrochinacanada.com) a minimum of 7-10 days in advance of expected arrival date to site. Visitors must have their visit approved by their PetroChina Canada Rep and do not require CSTS, PST, PCST, SARA (IRP 7) or GSO (PetroChina Canada Approved).  Failure to follow this process will result in the form being rejected. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **All Fields to be Completed** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Date of Arrival:** | | | | MM/DD/YYYY | | | | **DOB:** | | | MM/DD/YYYY | | | | | | | | | **Phone #:** | | | | | |  | | | | |
| **Name (Last, First):** | | | |  | | | | | | | | | | | | | | | | | | | | | | **Middle Initial:** | | | |  |
| **Employer:** | | | |  | | | | | | | | | | **Site Contractor:** | | | | | | |  | | | | | | | | | |
| **Division (Indicate):** | | | | ­ Projects  Logistics  Drilling  Completions  Site Wide Services  HSSE  Operations | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Job Title:** | | | |  | | | | | | | | | | | | | **Shift:** | | | | | | | | | | Day  Night | | | |
| **Supervisor:** | | | |  | | | | | | | | | | | | | **Phone #:** | | | | | | | | | |  | | | |
| **Emergency Contact:** | | | |  | | | | | | | | | | | | | **Phone #:** | | | | | | | | | |  | | | |
| **Worker Signature:** | | | |  | | | | | | | | | | | | | **Orientation Date:** | | | | | | | | | | MM/DD/YYYY | | | |
| **PetroChina Canada Rep. Name:** | | | | | |  | | | | | | | **PetroChina Canada Rep. Signature:** | | | | | | | | | | | | | | |  | | |
| **Voluntary Medical Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Pre-existing Medical Conditions:** | | | | | | | | **Allergies:** | | | | | | | | | | **Medications:** | | | | | | | | | | | | |
| Heart Disease, Diabetes, Pacemaker, Asthma, Hemophilia, Hepatitis, Colostomy, Crohns, Epilepsy, COPD, Physiological Conditions etc | | | | | | | | Food, Medication(s), Environmental | | | | | | | | | | Are you currently taking prescribed medications? | | | | | | | | | | | | |
| YES  NO | | | | | | | | YES  NO | | | | | | | | | | YES  NO | | | | | | | | | | | | |
| ***If you have answered yes to any of the above questions, you are encouraged to see the Health Clinic on site.*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **For Visitors Only** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***Note: If participating in a group visit or tour, this form is required to be completed per person, not per group. Visits are only for 24 hours only unless approved by a PetroChina Canada Representative.*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Type of Visit:** | Single Visit  Group Visit  Site Tour | | | | | | | | | | | | | | | **Areas of Requested Access:** | | | | | | | |  | | | | | | |
| **Site Tour: Route Map / Itinerary Submitted:** | | | | | | | | YES  NO | | | | | | | |
| **Escort Name:** | |  | | | | | | | | | | | | | | **Date of Departure:** | | | | | | | | MM/DD/YYYY | | | | | | |
| **Escort Signature:** | |  | | | | | | | | | | | | | | | | | **Date:** | | | | | |  | | | | | |
| **PetroChina Canada Energy Approver Name:** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **PetroChina Canada Energy Approver Signature:** | | | | | | | | |  | | | | | | | | | | **Date:** | | | | | |  | | | | | |
| **To be Completed by PetroChina Canada Site Security** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Ticket Validation:** | | | CSTS  PST  PCST  GSO SARA/IRP 7 | | | | | | | | | | | | | **Type of Badge:** | | | | | | Unrestricted  Restricted  Visitor | | | | | | | | |
| **Security Waiver:** | | | Yes  No | | | | | | | | | **Orientation Certification:** | | | | | | | | | | Yes  No | | | | | | | | |
| **Temp Card Issued:** | | | | | Yes  No | | **Card #:** | | |  | | | | | | | | | | | | | **Card Expiry:** | | | | | | MM/DD/YYYY | |
| **ID Card #:** | | | | |  | | | | | | | | | | **Date Issued:** | | | | | | | MM/DD/YYYY | | | | | | | | |