PROVISION OF ZERO-MAN ENTRY & AUTO-TANK CLEANING AND SLUDGE REMOVAL, TREATMENT & MGMT. SERVICES AT SELECTED RENAISSANCE FACILITIES

(RENAISSANCE Contract / Tender Nos.: CW-68582 / CW-515913)

DOCUMENT TITLE: PROJECT IMPLEMENTATION FORMS & SITE SIGNAGE PLAN (PIF&SP)

REV	DATE	ISSUE PURPOSE	ORIG	CHK	APPR
00	14/6/2024	Issued for Bid	NEJ	WT	GW
01	12/6/2026	Issued for Pre-Bid & Mob	NEJ	WT	GW

APPROVED BY:

Engr. Norton Ned Jessup, P. E.
SWDA COO / ED & Proj. Dir.

Gliffeth Wonuigwe
SWDA CEO / MD

DATE: 2ND July, 2026

COMPANY APPROVAL:

DATE:

Document Control No.:	RENAISSANCE-CW-68582 / SWDA-2025-RAEC-001-08

SWDA / RENAISSANCE NME TANK CLEANING PROJECT MANAGEMENT FORMS LIST:

SWDA – PM FORM 1

First Aid Box Contents (List of Items)

S/N	ITEM	NO.
1	Bentadine (Disinfectant)	12 Pkts of 100 mls
2	Triangular Bandage	10
3	Examination Gloves	40
4	Safety Pins	40
5	Scissors	3 Pcs
6	Tab. Paracetamol	100
7	Plasters	2 Box
8	Caps. Imodium	20
9	Gentian Voilet	2 Box
10	Nerves & Bone	2 Box
11	Cotton Wool 500gm	6 Pcs
12	Panadol Extra	4 Box
13	Panadol Ordinary	4 Box
14	Buscopam	4 Pkts
15	Examination Gloves	2 Boxes
16	Crepe Bandage – 10 & 15 CM	50 Pcs
17	Gauze Bandage - 5 & 10 CM	50 Pcs
18	Tetracycline	1 Box
19	Gauze Dressings (Packs of 10)	6 Packs
20	Emergency Eye Wash Station	2 Stations & Fluids

SWDA – PM FORM 2

DAILY JOURNEY MANAGEMENT FORM

(USE ONLY FOR SHORT DISTANCES)

DATE:…… **DRIVER'S NAME:**…… **ID NO.:**……..……

VEHICLE TYPE:……. **REG. NO.:**…….. **P/CODE:**……..

JOURNEY FROM:…….. **TO:**…….

EST. DATE:…… **EST. END DATE:**…… **EST. DURATION:**…..……..

EST. DISTANCE:…….…… **MIN. TRAVEL TIME:**……...……..

MAX. SPEED ALLOWED: 100 KPH ***(Express Way)*** / 45 KPH ***(Urban / Built Up Areas)*** / Observe Marine Rules.

ANTICIPATED HAZARDS: Pedestrian Crossing, Cyclist, Sharp Bends, Pot Holes & Water Hazards.

PRECAUTIONS ADVISED: Drive Defensively. Do not Over Take at Sharp Bends & Observe Marine Rules.

INSTRUCTIONS:……

SWDA APPROVED BY: **SIGN:** **DATE:**

DISPATCH TIME / SPEED OUT:…..…./..…… **DISPATCHER / SIGN:**…….……../…….……..

RETURNED TIME / SPEED IN:……..…./....….. **DISPATCHER / SIGN:**…….……../……..…….

DRIVER'S FEEDBACK (Other Hazards / Problems encountered during Trip):…….…….
……..……
……..……
……..……

Note: This Form MUST accompany all Vehicular / Marine Journeys.

SWDA – PM FORM 3

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SWDA - RENAISSANCE NME TANK & SLUDGE CLEANING & OIL RECOVERY PROJECT

DAILY SWDA ON-SITE PERSONNEL SIGN-IN TIME LOG

DATE	DAY OF WEEK

S/NO.	SITE PERSONNEL NAME	ORGANIZATION	WORK ZONE (Tank / Deck / LDA)	TIME IN	SIGNATURE	TIME OUT	SIGNATURE
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

SWDA PM / REP SIGNATURE / DATE

RENAISSANCE SITE REP SIGNATURE / DATE

SWDA – PM FORM 4

TOOL BOX TALKS REPORTING FORM

Project Name:…….. Project Number:……
Site Location:……
Name & Position of Presenter:……..……..
Site Supervisor / Deputy:……..……..
Date:……..…. Start Time:…….…… End Time:……...
Nature of Job for the Day:
…….……...
……..……..
Topic / Learning Points:
…….……...
……
……..…..
Potential Hazard(s) Identified:
……....
……..…..
Control Measures:……
……....
……....

ATTENDANCE LIST / JOB POSITION

S/N	NAME OF WORKER	POSITION	SIGNATURE

Continue List of Attendance (if necessary) as Attached.

TOOL BOX TALKS – ATTENDANCE LIST / JOB POSITION

S/N	NAME OF WORKER	POSITION	SIGNATURE

Number of Absentees:_____ **Date:**_____

HSE Dept. Signature:_____ **Name:**_____

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SCOPE OF WORK / HSE & SAFETY MEETING FORM

PROJECT: _____ **PROJECT NO:** _____

DATE: _____ **START TIME:** _____ **COMPLETED:** _____

MEETING LOCATION: _____

TALKS GIVEN BY: _____

TOPICS DISCUSSED: _____

_____

_____

SCOPE OF WORK ISSUES: _____

_____

_____

CASHES ISSUES: _____

_____

_____

ATTENDANCE LIST

S/NO.	PRINT NAME	SIGN NAME

TOOLBOX TALKS – SCOPE OF WORK / HSE & SAFETY MEETING FORM

ATTENDANCE LIST

S/NO.	PRINT NAME	SIGN NAME

SWDA MEETING CONDUCTED BY: _____ DATE: _____

SWDA HSE DEPT. SIGNATURE: _____ DATE: _____

SWDA – PM FORM 5

SWDA – RENAISSANCE NME TANK CLEANING, SLUDGE TREATMENT & OIL RECOVERY PROJECT ACROSS NIGERIA

HAZARD IDENTIFICATION REPORT FORM

LOCATION:…… DATE:……

TYPE OF HAZARD (Check Box): HEALTH ☐ SAFETY ☐ ENVIRONMENTAL ☐ SECURITY ☐

S/N	HAZARD OBSERVED	TICK		IMMEDIATE CORRECTIVE ACTION	FURTHER ACTION REQUIRED
		ACT	COND		
OBSERVED BY: ……..				**DEPT.: ……**	

NOTE:

1) **It is expected that all hazards concerning Health, Safety, Environment and Security in our Operations, shall be reported on this Form.**
2) **Please pass any completed copy to HSE DEPARTMENT for evaluation.** **CC: HSE MANAGER; PM; ED-P & CEO / MD**

SWDA – PM FORM 6

SWDA – RENAISSANCE NME TANK CLEANING, SLUDGE TREATMENT & OIL RECOVERY PROJECT ACROSS NIGERIA

SAMPLE CHAIN OF CUSTODY (COC) RECORD

Project No.: *SWDA – 2026 – RAEC – 01 – 001*	***Project Name / Location:*** *SWDA NME Tank Cleaning & Oil Recovery Project – Across Nigeria*	*Number of Containers*	*ANALYSES REQUESTED*					***REMARKS:***
Sampler Name & Signature:								
Sample Identification	***Date*** / ***Time*** / ***Matrix***							

Relinquished by:	***Date***	***Time***	***Received by:***	***Date***	***Time***

NOTES (Shipping / Delivery, Turnaround Times, etc.):

Page ____ of ____

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SWDA – PM FORM 7

SWDA – RENAISSANCE NME TANK CLEANING, SLUDGE TREATMENT & OIL RECOVERY PROJECT ACROSS NIGERIA

DAILY IN FIELD / REAL-TIME AIR MONITORING DOCUMENTATION FORM

SWDA PROJECT NUMBER: *SWDA – 2026 – RENAISSANCE – 01 – 001*

INSTRUMENT(S) USED: ❑ PID (VOCs / SVOCs) ❑ Gas Detector ❑ LEL / O_2 (Explosive Atms.) ❑ Sound Meter

PROJECT LOCATION: *SWDA – Renaissance Tank Cleaning Project*

SAMPLED BY: _____

DATE: _____

FIELD ACTIVITIES: _____

BACKGROUND LEVEL(S): _____

NAME / SIGNATURE: _____

TANK NUMBER	TIME	DURATION (MINUTES)	LOCATION	OVA (PPM)	LEL (%)	O_2 (%)	CO (%)	H_2S (%)	Sound (dB)

SWDA – PM FORM 8

SWDA – RENAISSANCE NME TANK CLEANING, SLUDGE TREATMENT & OIL RECOVERY PROJECT ACROSS NIGERIA

FUEL LOCAL PURCHASE ORDER FORM

Name / Location of Filling Station: _____ **Truck / Equip Owner:** _____

Vehicle No.: _____ **Plate No.:** _____

Type of Vehicle or Equip / Zone: _____ **Date:** _____

VEH / EQUIP PRESENT KM	ITEMS REQD.	QUANTITY LITERS	UNIT PRICE	TOTAL AMOUNT ₦
	PETROL			
TANK / EQUIP CAPACITY (L)	DIESEL			
	ENGINE OIL			
EST. DAILY FUEL USAGE (L)	BRAKE FLUID			
	HYDRAULIC OIL			
	DISTILLED WATER			

UPCOMING VEHICLE / EQUIPMENT SERVICES COMMENTS: _____

_____

SWDA PM / REP APPROVAL NAME: _____

SIGNATURE / DATE: _____

NAME OF DRIVER: _____ **SIGNATURE / DATE:** _____

PETROL ATTENDANT NAME: _____ **SIGNATURE / DATE:** _____

_____

***Distribution**: Procurement Dept. (If applicable, Project Mgr., ED – Projects or CEO / MD, etc. based on Responsibility and Need-to-Know as applicable in the Company.)*

SWDA – PM FORM 9

SWDA - RENAISSANCE NME TANK CLEANING PROJECT ACROSS NIGERIA

DAILY PERSONNEL & EQUIPMENT UTILIZATION FORM

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DATE: _____

RENAISSANCE NME TANK CLEANING SITE SWDA ON-SITE PERSONNEL (30) LIST		NOS. OF UNITS WORKING OPS ON-SITE / DAY						
S/No.	**Description**	**DAY 1**	**DAY 2**	**DAY 3**	**DAY 4**	**DAY 5**	**DAY 6**	**DAY 7**
1	Project Director (PD - 1)							
2	Project Manager (PM - 1)							
3	HSE Manager (HSEM - 1)							
4	Site Safety Officer (SSO - 1)							
5	Community Relations Officer (CLO - 1)							
6	Tank Entry Supervisor (2)							
7	Safety / Entry Watch (2)							
8	Tank Entrants (TE) - Sludge Removal Techs (12)							
9	Equipment Operators (EO - 4)							
10	Mechanic (1)							
11	Security (2)							

EQUIPMENT

S/No.	**Description**	**DAY 1**	**DAY 2**	**DAY 3**	**DAY 4**	**DAY 5**	**DAY 6**	**DAY 7**
1	NME Tank Cleaning System							
2	Breathing Air Supply Pump (2)							
3	Air Compressor (1)							
4	Air Accumulator & Manifold (1)							
5	Breathing Air Dryer (1)							
6	Breathing Air Generator (1)							
7	Breathing Air Packs (4)							
8	Sand Piper Sludge Vacuum Pumps (2)							
8	Tank Ventilators (2)							
9	Air Blower (1)							
10	Self-Contained Breathing Apparatus (SCBA - 4)							
11	Emergency Breathing Air Tanks (EEBA - 6)							
12	Gas Detectors (2)							
13	Work Lights (4)							
14	Dry-Powder Fire Extinguishers (4)							
15	Communications Radios (12)							
16	Air & Waste Suction & Discharge Hoses (120M)							
17	Non-Sparking Tools Set (2)							
18	Equipment Transport Containers (20-FT x 2)							
20	ER Bio-Surfactant (2 x 240-L Drums)							
21	Proper PPE (30)							
22	Digital Camera (2)							
23	Sludge Skips (20)							

SWDA PM / REP NAME / SIGN / DATE **RENAISSANCE ON-SITE REP ENDORSING AGENT NAME / SIGN**

SWDA – PM FORM 10

SWDA – RENAISSANCE NME TANK CLEANING, SLUDGE TREATMENT & OIL RECOVERY PROJECT ACROSS NIGERIA

DAILY PROJECT PROGRESS SUMMARY REPORT

A. General Project Information:

Summary Report No.: _____ Date: _____

Managing Company Name: South West Design Africa Limited (SWDA)

SWDA Location: Plot 6B, Block 110, Olukayode Jacob Street, Lekki Phase 1, Lagos

Project Location: RAEC NME Tank Cleaning Project Location: _____

SWDA PM / GSM: Miracle Maduforo / 09084374762; No. Personnel On-Site: _____.

B. Tank Venting, Cleaning & Sludge Removal Activities:

Initial Tank Readings: Tank No.: _____ O_2 Level: _____; Toxic Gas Level: _____; H_2S Level: _____; CO Level: _____; LEL Level: _____; UEL Level: _____.

Tank Venting Duration: _____

Final Tank Readings: O_2 Level: _____; Toxic Gas Level: _____; H_2S Level: _____; CO Level: _____; LEL Level: _____; UEL Level: _____. Entry OK (Y/N): _____.

Cleaning Tanks: ____ HRS; Removing Sludge: ____ HRS; Moving Equip: ____ HRS.

C. Waste Mgmt., Safety & Other Issues:

Waste Mgmt. Loads: Nos. of Sludge Skips (2.5 M^3 Each) Filled & Staged: _____ & Volume of Crude Oil Slops Recovered: _____

Waste Loading: Barge On-Site (Y/N): _____; No. of Skips Loaded: _____; Vol. of Slops Off-Loaded from FPSO: _____.

No. of Safety Infractions / Accidents: Near Miss _____; Unsafe Act _____; Unsafe Condition _____; Accident _____; Incident _____; Injury _____.

Safety Incident Description: _____
_____

D. Conclusions / Recommendations:

Conclusions: _____

Recommendations: _____

_____ _____
SWDA PM Name / Title SWDA PM Signature / Date

SWDA – RENAISSANCE NME TANK CLEANING, SLUDGE TREATMENT & OIL RECOVERY PROJECT ACROSS NIGERIA

EQUIPMENT MAINTENANCE & REPAIRS REQUEST FORM

DATE: …… DEPT / FPSO ZONE: ……..……..…….

REQUESTED BY: …… REQ'D ON-SITE BY: …….

S/N	QTY	Detailed Description of Items for Repairs / Maintenance	Location	Unit Price	Amount
				TOTAL:	

Amount in Words: ……..……
……

Additional Information (If Any):……
……
……

……..……..…… **……..……** **……..**
SWDA CEO / MD (Authorization) **SWDA Project Manager** **Head of Dept.**

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SWDA – PM FORM 12

SWDA – RENAISSANCE NME TANK CLEANING, SLUDGE TREATMENT & OIL RECOVERY PROJECT ACROSS NIGERIA

WASTE SHIPPING MANIFEST / WAY BILL

Material Pick-up From:…… Material Delivery To:……. Date:……..
Address:……. Address:……..…… Manifest #:.....
……. ……..

S/N	DESCRIPTION OF OILY WASTES	UNITS	QUANTITY	VERIFICATION (OK)

SWDA Dispatching Officer: **Transporter Acknowledgement:** **Receiver Acceptance:**

Company:…….. Company:…… Company:……
Name:……. Driver / Vehicle #:…..……. Name:……..
Signature:…….. Signature:……. Signature:……
Designation:…….. Designation:…….. Designation:……....
Date / Time:..…… Date / Time:…….. Date / Time:……

- MANIFEST / DELIVERY CERTIFICATION -

This Certification is provided that on this day, this Transport Company herein did collect the stated Volume of Renaissance Tank Site Oily Wastes from the Location in Nigeria (No Hazardous Waste included), and SWDA properly Transported, Delivered & Recycled / Disposed of the Oily Wastes at the Renaissance-Authorized Treatment / Recycling Facility in accordance with all Federal & State Environmental Laws, Polices & Procedures.

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SWDA – PM FORM 13

SWDA – RENAISSANCE NME TANK CLEANING, SLUDGE TREATMENT & OIL RECOVERY PROJECT ACROSS NIGERIA

ACCIDENT / INCIDENT REPORTING FORM

(To be completed by SWDA Site-Safety Officer & submitted within 24 Hrs. of Occurrence.)

1. Reporting Info:

a. Reporting Dept.:……..……. CNL FPSO Rep:……..……..…….
b. Report Number:…… Location:…….……

2. Person Involved / Injured:

a. Name:…… Home Address:…….……..
b. ID No.:……..…. Phone No.:……..…..…… Sex: M ☐ F ☐
c. Age:……. Office Location:…….…….
d. Occupation:…… Years of Experience:……..… Date of Hire:……...
e. Hours usually Worked: Per Day:…….….. Per Week:……..… Total:……..……..

3. Incident Type (Tick as appropriate):

Industrial ☐ Fire ☐ Explosion ☐ Road Traffic ☐
Marine Traffic ☐ Security ☐ Occupational Health ☐
Environmental ☐ Community / Sabotage ☐ Equipment Failure / Damage ☐
Near Miss ☐ Chemical Related ☐

4. Incident Description:

a. Date of Incident:……..…….. Time of Incident:……..…….. Location:……....……

b. Incident Category (Tick as appropriate): Injury ☐ Property Damage ☐ Non-Injury ☐

c. Type of Injury (Tick as appropriate): First Aid ☐ Disability ☐ Fatal ☐

d. Body Part Affected:…….……..

e. Equipment Damaged:…….……...
(i) Service Age:……..…….
(ii) Value:……..
(iii) Pre-Accident Condition:…….……
(iv) Part Damaged:……..……..
(v) Idle Time:……...…….
(vi) Estimated Repair Cost:……

f. Inc. / Acc. Witnesses (If any) Dept. Age Occupation

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---------- ---------- ---------- ----------
---------- ---------- ---------- ----------

g. Detailed Description of Incident / Accident (Job Assignment, Job in Hand, the Accident and after the Accident) – *Attach Continuation Sheets, if Necessary.*

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h. Accident's Cause: Unsafe Act ☐ Unsafe Condition ☐

Both / Others ☐ Uncontrolled Reaction ☐

i. Detailed Description of Cause *(What was Wrong, Why, By Who, Personal Factors of Improper Attitude, Lack of Knowledge or Skill, Management Contribution, be Specific):*

---

5. Recommended Corrective Actions:……..…….
……..……

6. What Corrective Action was Taken Immediately?……..……
……..……

7. What Corrective Action is Planned for the Future? *(For Equipment, Conditions, Training, PPE, Mgmt., etc.)*
……..……
……..…….
…….

8. Additional Comments (If Any):…….....
……...

SWDA Completed By:…...…….…… **Signature:……...**

Title:……..…… **Date:……..…….**

CNL / SDWPL Endorsed By:….…… **Signature:……...**

Title:…… **Date:……..…….**

Distribution:

Medical Dept. (If applicable); HSE Manager; Project Manager; ED – Projects; and, CEO / MD, etc. Based on Responsibilities and Need-to-Know as Applicable in the Company.

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SWDA – PM FORM 14

SWDA – RENAISSANCE NME TANK CLEANING, SLUDGE TREATMENT & OIL RECOVERY PROJECT ACROSS NIGERIA

FIRST AID ADMINISTRATION FORM

PROJECT NAME:……..…LOCATION:……..…….DATE:……..……..

AFFECTED PARTS: (*Check as Appropriate*): Injuries to: Head ☐ Neck ☐ Back ☐ Abdomen ☐ Genital Organs ☐ Chest ☐ Eye ☐ Ear ☐ Heart ☐ Nose ☐ Legs / Feet ☐ Arms / Hands ☐

INJURY TYPE: *(Check as Appropriate):* Fainting ☐ Fracture ☐ Dislocation ☐ Sprains ☐ Heat Stroke / Cramps ☐ Exhaustion ☐ Chemical Related ☐ Fire Burnt ☐ Shock ☐ Frostbite ☐ Snake or Scorpion Bites ☐ Poisoning ☐ Convulsion ☐ Heart Attack ☐ Cold Exposure ☐ Swallowed Object ☐ Choking ☐ Wound ☐ Headache ☐ Fever & Pains ☐ Stomach Ache ☐ Flu & Cough ☐

PERSONNEL INVOLVED:
1……
2……
3……
4……

DESCRIPTION OF INJURY:…….…….
……..…
……..…
……..

FIRST AID ITEMS USED:…….…….
……..
……..
……..

IS INJURY FATAL? Yes ☐ No ☐ ***(If Yes, arrange to move the Victim immediately to nearby Hospital.)***

If hospitalized, NAME / ADDRESS / GSM OF HOSPITAL:…….…….……

NAME / ADDRESS / GSM OF PHISICIAN:……..…….....

Loss of one / more Days of Work? Yes ☐ No ☐: Date last Worked:…….…….
(If Yes)

ADMINISTRATOR:……..…….. POSITION:……...…… SIGN:……..…

Distribution: Medical Dept. (If applicable, HSE Manager, Project Mgr., ED - Projects or CEO / MD, etc. - based on Responsibility and Need-to-Know as applicable in the Company.)

VARIOUS SWDA POSTABLE TANK SITE CLEANING PROJECT – SITE SAFETY SIGNS

SWDA - SITE SAFETY SIGNS FOR: RENAISSANCE TANK CLEANING PROJECT

MUSTER POINT

SECURITY STATION

POTENTIAL EXPLOSION ZONE – NON-SPARK TOOL AREA

HARD HATS & SAFETY SHOE AREA

FIRE EXTINGUISHER

EYE WASH STATION

FIRST AID KIT

NO SMOKING

NO PPE / NO ENTRY AREA

NO
HORSEPLAY

1ST AID STATION

NO ENTRY OF UNAUTHORIZED PERSONEL

DESIGNATED LAYDOWN AREA

EXCLUSION
“HOT ZONE”
(EZ)

CONTAMINATION REDUCTION ZONE (CRZ)

SUPPORT ZONE (SZ)