

# **BLOWOUT PREVENTER (BOP) INSPECTION CHECKLIST**

## **GENERAL INFORMATION**

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Location:** \_\_\_\_\_

## **Component Condition**

Yes  No — Annular and ram preventer bodies free from visible cracks or damage

Yes  No — Ram Bonnets properly secured and aligned

Yes  No — Seal faces clean and free of scoring or corrosion

## **Hydraulic Systems**

Yes  No — Hydraulic hoses, fittings, and accumulators leak-free and secure

Yes  No — Control valves operate within required pressure range

Yes  No — Hydraulic fluid levels adequate and uncontaminated

## **Control & Monitoring Systems**

Yes  No — Remote control panel fully operational

Yes  No — Indicators and gauges function properly under test conditions

Yes  No — Emergency shutdown and activation systems responsive

## **Ram & Annular Seal Function**

Yes  No — Blind, shear, and pipe rams actuate without hesitation

Yes  No — Annular preventer closes and seals within expected tolerance

Yes  No — Shear rams tested for cutting capability and alignment

### **Pressure Testing & Certification**

Yes  No — Low-pressure test completed and documented

Yes  No — High-pressure test completed and documented

Yes  No — Test results meet operational and regulatory standards

### **Installation & Alignment**

Yes  No — BOP stack properly aligned with wellhead

Yes  No — Bolts and connection points torqued to specification

Yes  No — Choke and kill lines properly installed and leak-free

### **Safety & Compliance**

Yes  No — Inspection logs and certification current and accessible

Yes  No — Operators trained and qualified for BOP procedures

Yes  No — System complies with industry and regulatory standards

### **Operational Performance**

Yes  No — No abnormal vibration, leakage, or activation delays

Yes  No — Equipment meets expected safety and reliability levels

Yes  No — BOP ready for critical well-control operations

## FINAL NOTES

Inspector Comments:

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Inspector Name: \_\_\_\_\_

Inspector Email: \_\_\_\_\_

Inspection Date: \_\_\_\_\_

I confirm this inspection was completed accurately

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