

Health and Safety Plan

For

Operation of the Taloyoak Landfarm

***Government of Nunavut,
Community and Government Services***

August 17, 2006

1.0 INTRODUCTION

The Taloyoak landfarm was constructed during 2002. This Health and Safety Plan has been prepared for the operation of the landfarm, expected to take place in 2007. It outlines all potential hazards, as well as actions to be taken to mitigate the hazards. Procedures to be followed in the event of an incident/accident are also outlined. All field workers should be familiar with this Health and Safety Plan before beginning work.

2.0 SITE HAZARDS AND MITIGATIVE ACTIONS

The following table summarizes possible site hazards that may be encountered at the landfarm site, and suggested mitigative actions. Site health and safety is the responsibility of:

Table 1: Summary of Site Hazards and Mitigative Actions

Site Hazard	Mitigative Action
Exposure to contaminated dust/soil/water	<ul style="list-style-type: none">• Wear protective gloves when handling soil• Wash hands when finished working• Wear long sleeves
Exposure to vapours	<ul style="list-style-type: none">• Site is located outdoors so monitoring equipment will not be required• Avoid “sniffing” material in landfarm
Presence of excavations	<ul style="list-style-type: none">• Do not enter any excavation greater than 0.5 m in depth• Backfill excavations at end of day• If backfilling cannot be conducted, place barriers around excavated areas
Exposure to outdoor elements	<ul style="list-style-type: none">• Dress appropriately for weather• Take breaks as necessary, to warm up, dry off, etc.
Presence of heavy equipment	<ul style="list-style-type: none">• Wear high visibility vest, hard hat and steel toe boots as necessary• Make eye contact with operator before approaching excavation• Operators should be aware of location of workers at the site
Fuel spills	<ul style="list-style-type: none">• No fuel transfer will occur at the site• Machinery will be checked prior to use, to ensure it does not leak

Site Hazard	Mitigative Action
Bear Encounters	<ul style="list-style-type: none"> • Talk to local residents to determine if bears have been spotted in area • Be aware of surroundings and look for signs of bears (i.e. droppings) • Postpone work if bears are in area

3.0 EMERGENCY PROCEDURES

The nature of field work makes emergencies a continual possibility. Emergencies happen quickly and unexpectedly and require immediate response. In the event of an emergency at the landfarm site, the following procedures shall be followed:

- Field workers will call for emergency vehicles (fire, ambulance) immediately. Emergency phone numbers for Taloyoak are provided at the end of this section.
- Field workers will ensure their own safety before helping any casualties.
- If it safe to do so, field workers not involved in incident will locate and assess condition of any casualties.
- Field workers can assist with removal and transportation of casualties to medical facilities.
- Authorities should be notified, including:
 - i. Companies of all field workers and contractors
 - ii. Navjit Sidhu, Community and Government Services in Cambridge Bay (867-983-4142)
 - iii. Department of Environment, if incident is environmental in nature (i.e. spill)
- Field workers shall prepare an incident investigation report. A copy of a generic Accident Investigation Report is available in Appendix A. Reporting will be the responsibility of:

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- Workers that witnessed the incident will be questioned as necessary.

Emergency numbers for Taloyoak are as follows:

Region/Town	Agency	Telephone Number
Nunavut	Spill Report Line	867-920-8130
	Department of Environment	867-975-5900
	Marine Search and Rescue	1-800-267-7270
	Crime Stoppers	1-800-222-8477
Taloyoak	Fire	561-5555
	RCMP	561-1111
	Health Centre	561-5111

4.0 LOCATION OF SAFETY EQUIPMENT

The following table summarizes the location of various safety equipment (to be filled in once at the site). Additional site specific comments relating to use, access and/or procedures should also be noted.

Table 2: Location of Safety Equipment

Equipment	Location
Fire extinguisher	
First Aid kits	
Telephone/radio	
Emergency muster points	
Nearest health facility	

5.0 ACKNOWLEDGEMENT

This Health and Safety Plan has been reviewed by:

Project Manager: _____

Date:

Field Technician: _____

Date:

Contractor: _____

Date:

Appendix A

Accident Investigation Report

General Accident/Incident Investigation Report
(TO BE COMPLETED BY THE SAMPLING COORDINATOR)

Work Location:		Phone #:	
Site:		Date & Time:	
		Weather Conditions (if applicable):	
Injured Employees Name:	Age:	Sex:	
Occupation:			
Years of Experience in Present Job:			
Supervisor:		Witness:	
Brief Description of What Happened:			
Description of Injury:			
Root Cause(s):			
Description of Events Leading to Accident/Incident:			
(If Necessary, Use Reverse Side of Attached Sheet for Sketches or Additional Information)			
Emergency Response/Medical Attention Measures:			
Principal Preventative Measures and Date Implemented:			
Supplementary Preventative Measures:			
Miscellaneous Information:			
Superintendent's Signature:			
Project Manager's Signature:			
Date:			

Appendix B

Spill Report Form



NWT SPILL REPORT

(Oil, Gas, Hazardous Chemicals or other Materials)

24 – Hour Report Line
Phone: (867) 920-8130
Fax: (867) 873-6924

A Report Date and Time		B Date and Time of spill (if known)		C <input type="checkbox"/> Original Report <input type="checkbox"/> Update no. _____		Spill Number	
D Location and map coordinates (if known) and direction (if moving)							
E Partly responsible for spill							
F Product(s) spilled and estimated quantities (provide metric volumes/weights if possible)							
G Cause of spill							
H Is spill terminated? <input type="checkbox"/> yes <input type="checkbox"/> no		I If spill is continuing, give estimated rate		J Is further spillage possible? <input type="checkbox"/> yes <input type="checkbox"/> no		K Extent of contaminated area (in square meters if possible)	
L Factors effecting spill or recovery (weather conditions, terrain, snow cover, etc.)				M Containment (natural depression, dikes, etc.)			
N Action, if any, taken or proposed to contain, recover, clean up or dispose of product(s) and contaminated materials							
O Do you require assistance? <input type="checkbox"/> no <input type="checkbox"/> yes, describe:				P Possible hazards to person, property, or environment; eg: fire, drink water, fish or wildlife			
Q Comments or recommendations						FOR SPILL LINE USE ONLY	
						Lead agency	
						Spill significance	
						Lead Agency contact and time	
						Is this file now closed? <input type="checkbox"/> yes <input type="checkbox"/> no	
Reported by		Position. Employer, Location				Telephone	
Reported to		Position. Employer, Location				Telephone	