

**ADVANCED EXPLORATIONS INC.
ROCHE BAY MAGNETITE PROJECT**



JOB SAFETY PLAN

Roche Bay, Nunavut

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EXECUTIVE SUMMARY

Advanced Explorations Inc.'s Job Safety Plan has been designed for the diamond drilling and associated programs currently being undertaken at Roche Bay, Nunavut, 60 km south of Hall Beach. The plan details as much as possible the steps involved in the various aspects of the operation along with the associated hazards and barriers. The purpose of the Plan is to ensure that the safety related needs and expectations of all stakeholders in this project are addressed early, resulting in a thorough and coordinated approach towards the overriding concern for safety on the job.

It is the intent that all people in camp will utilize the information contained in the Plan, while allowing operations personnel the freedom to develop safety control methods specific to individual work groups and tasks. The standards for safety must be established in the planning stage so that all workers clearly understand what is expected of them; thus the Plan will be distributed to all employees and personnel directly involved in the project. In order for the Plan to be successful, all employees and contractors are expected to participate in the program, offer feedback and suggestions, and abide by the guidelines.

The Job Safety Plan as presented in this document deals with the topics of Planning, Safety Responsibilities, Personal Protective Equipment, Emergency Plans, General Hazards and Environmental Policy, and is reviewed on an annual basis by corporate management.

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Appendix A Forms

Job Safety Analysis (JSA)
Modified Work Form
First Report of Injury
Accident Investigation
Hazard Report Form
Weekly Safety Meeting
Daily Safety PM Production Reports U/G – S/F (5-point safety system)
Employers' Report of Accident

Appendix B Site Orientation

Appendix C Site Emergency

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1 Introduction

This Safety Plan has been designed for the specific purposes of the diamond drilling and associated programs being undertaken at Roche Bay, Nunavut, 60 km south of Hall Beach. It will address the planning, information and training requirements of the undertaking. The plan details as much as possible the steps involved in the various aspects of the operation along with the associated hazards and barriers.

Through the production of this plan, the safety related needs and expectations of all stakeholders in this project are addressed early, resulting in a thorough and coordinated approach towards the overriding concern for safety on the job.

It is the intent that all people in camp will utilize the information contained in this Safety Plan to produce a more detailed, job specific "Job Safety Analysis" prior to the commencement of each work activity. This affords the operations personnel the freedom to develop safety control methods specific to the individual work groups.

This Plan will be distributed to all employees and personnel directly involved in the project via e-mail and hard copies will be kept on site.

Additional copies and updates of this Plan may be obtained via e-mail at nadine@advanced-exploration.com.

2 Planning

2.1 General

The organization must be well defined prior to the commencement of work and the specific responsibilities of all individuals with respect to the safety program must be clear to all.

The specific job activities must be pre-planned by the responsible individuals to ensure all major obstacles are addressed in advance. The standards for safety must also be established in the planning stage so that all workers clearly understand what is expected of them.

Consideration must be given to each facet of the work such that adequate personnel, equipment and resources are available to safely handle the planned activities.

2.2 Safety Supervisor

The Safety Supervisor assigned to the project to coordinate safety systems is the AEI Official on site who at that time is designated as the Responsible Person. The Safety Supervisor will also periodically conduct safety audits to ensure compliance to the Job Safety Plan, implement safety systems and facilitate the process of learning.

2.3 Training

The following training is to be provided to the appropriate personnel, if qualifications do not already exist:

2.3.1 Generic

- St. John Ambulance First Aid course and CPR
- Workplace Hazardous Materials Information System course

2.3.2 New Employees

- The Responsible Person is required to orientate new and transferred employees to their work place. This task can be delegated to any suitable official on site and is specifically aimed at ensuring that any new employee on site is made aware of dangerous equipment and tasks, and further to make the new employee familiar with certain areas and / or tasks that they are not permitted to interact with until specific training has been provided and documented.

2.4 Information Requirements

The Safety Supervisor will ensure the following information is available:

- Oil and Hazardous Materials Spill Contingency Plan
- Job Safety Plan
- Standard Job Procedures and Hazard Alerts
- Nunavut Mine Health and Safety Act and Regulations
- Material Safety Data Sheet (MSDS) Inventory
- Training Records

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2.5 Safety Meetings

Weekly safety meetings will be held to review general safety related issues and Site Managers will retain a record of the meeting for audit purposes. In addition, daily pre-shift contacts will include a review of specific hazards and barriers related to employee activities.

2.6 Occupational Health and Safety Committee

An Occupational Health and Safety Committee will be established as required by the Nunavut Mine and Safety Regulations.

The committee shall consist of at least:

- a) Four members, where the number of employees at the mine is 15 or greater but less than 100;
- (b) Eight members, where the number of employees at the mine is 100 or greater but less than 250; and
- (c) 12 members, where the number of employees at the mine is 250 or more.

The committee shall be made up of:

- (a) Two occupational health and safety representatives;
- (b) One management representative; and
- (c) One worker representative chosen from the employees at the mine.

The committee shall meet at least once a month after the establishment of the committee.

The names of the persons forming the committee shall be forwarded to the Operations Manager and made available in the camp.

The co-chairpersons of the committee shall make sure that minutes of each meeting are kept and sent to the Operations Manager. The minutes will also be kept and made available for viewing in camp.

Every month the committee shall inspect as many of the worksites as is considered appropriate. At least one worker committee member and one management committee member must be involved in the inspections. A written report of the inspection and any

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recommendations shall be prepared and a copy sent to the co-chairs of the committee and the Operations Manager.

2.7 Orientations

All personnel involved in this project will be provided with a specific orientation session when they first arrive on site.

This specific orientation for field employees will be arranged by the Site Manager.

The Responsible Person shall ensure that:

- The company's orientation for "new and transferred" employees is conducted;
- The Job Safety Plan and the Job Safety Analysis is reviewed;
- Hazard Alerts, Safety Standards and Safe Work Practices specific to the project are reviewed.

A copy of the company's orientation checklist will be retained by the Responsible Person on site for audit purposes.

2.8 Safety Audits and Inspections

As part of the safety program, audits will be conducted periodically by the Safety Personnel or Operations Personnel to ensure that the requirements of the Job Safety Plan are being followed. The Responsible Person will retain a copy of all inspections for auditing purposes.

During safety audits and inspections, employees and supervisors will be contacted to address any safety, health, and environmental concerns.

2.9 Reportable Incidents and Dangerous Occurrences

Where a reportable incident occurs the manager shall, without delay, notify an inspector, the Committee co-chairpersons and the Operations Manager.

Within 24 hours after a dangerous occurrence, the manager shall give an oral report to an inspector and to the Committee co-chairpersons.

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Within 72 hours after a dangerous occurrence or a reportable incident, the manager shall send a written report to the chief inspector and to the Committee co-chairpersons.

A standard form found in the Appendix will be used for workplace accidents.

Accidents resulting in death or serious injury, as defined in this policy, require a thorough investigation by supervisors, management, Occupational Health and Safety Committee representatives, safety personnel and appropriate government inspectors. No person shall, except for the purpose of preventing injury or relieving suffering, move or otherwise interfere with any wreckage or equipment at the scene of or connected with a reportable incident until an inspector has conducted an investigation of the incident and has given permission to do so. Designated senior supervisors will deal with any press or public announcements.

Active and prompt management involvement will ensure that the effects of accidents are controlled, that investigations are promptly undertaken and that secondary losses are minimized.

2.9.1 Procedure

- All accidents, property damage, or incidents with high loss potential must be reported to the supervisor immediately.
- The Responsible Person is to arrange for the transportation or evacuation of the injured party to receive medical attention.
- The Responsible Person must then retain all parties involved for the investigation of the accident.
- The Responsible Person is to complete the “First Report of Injury” form and forward it to the Workers’ Compensation Board within 24 hours.
- The Responsible Person is to complete an “Accident Investigation Report” and forward it to the Workers’ Compensation Board.
- The Responsible Person is to follow-up with a telephone call to the Workers’ Compensation Board. The Responsible Person should have the name and number of the attending physician prior to the telephone call.

2.9.2 Procedures - Serious Accidents

- Accidents resulting in death or serious injury are to be reported to management immediately following the assurance of prompt medical aid.

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- The Responsible Person is to arrange for the transportation or evacuation of the injured party to receive medical attention.
- Serious accidents as outlined in this policy warrant a thorough investigation with management, supervisor, employee representative, Occupational Health and Safety Committee members, and appropriate governmental representative or policing agency. The Responsible Person is to ensure that the accident scene is secured and not altered or disturbed unless instructed by an inspector to prevent further injury. Designated senior managers will deal with any press or public announcements.
- The Responsible Person must then retain all parties involved in the accident for the investigation of the accident.
- The Responsible Person is to complete an “Accident Investigations Report” in duplicate, complete with photographs and measurements.
- All reports, photographs, etc, should be forwarded to the Workers’ Compensation Board.
- The Responsible Person is to follow-up all evacuation routes, or new developments by notifying management immediately.

2.9.3 Definition – Dangerous Occurrence

For purposes of this policy, “dangerous occurrence” means:

- (a) An incident involving the hoist, sheaves, hoisting rope, conveyance or shaft timbering or structure,
- (b) An inrush of water,
- (c) A cracking, seeping or failure of a dam or bulkhead,
- (d) An outbreak of fire,
- (e) A premature or unexpected explosion or ignition,
- (f) The occurrence of flammable, noxious or toxic gas in mine workings or at an exploration site,
- (g) Unexpected and non-controlled extensive subsidence or caving of mine workings,
- (h) An explosion or outbreak of fire in any way related to the operation of an air compressor, air receiver, compressed air line or steam boiler,
- (i) A breakdown in the main ventilation system,
- (j) Loss of control or major damage to any mobile equipment,
- (k) An uncontrolled fall of ground causing physical damage or the displacement of more than 50 t of material, and
- (l) Any unusual occurrence not listed in paragraphs (a) to (k).

2.9.4 Definition – Serious Injury

For purposes of this policy, “serious injury” includes:

- (a) A fracture of the skull, spine, pelvis, femur, humerus, fibula, tibia, radius or ulna,
- (b) An amputation of a major part of a hand or foot,
- (c) The permanent loss of the sight of an eye,
- (d) Any serious internal haemorrhage,
- (e) Any burn that is caused by electricity and requires medical attention,
- (f) Any third degree burn,
- (g) Any injury caused directly or indirectly by explosives,
- (h) Any asphyxiation or poisoning that causes a partial or total loss of physical control, and
- (i) Any other injury likely to endanger life or cause permanent impairment.

2.9.5 Emergency Transportation

The Responsible Person is responsible for ensuring that employees requiring transportation to a medical facility or home in the event of an injury, illness or other event which would render the employee unsuitable to perform assigned work activities, are provided a suitable means of transportation and are driven by another competent person.

In the event of any form of emergency, the Responsible Person is authorized and expected to utilize whatever method of transportation is necessary to ensure the employee receives proper attention and transportation. This may include the summoning of an air or ground ambulance or other form of transportation. **No preauthorization is necessary for the supervisor or person in charge to make these decisions!**

If an employee refuses transportation, the matter must be communicated to the Responsible Person immediately. In the event that an employee insists on transporting themselves, but in the mind of the supervisor or Responsible Person to do so would pose a threat to their safety or the safety of others, the supervisor or Responsible Person is required to immediately report the event to local security or law enforcement authorities.

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2.10 Medical Surveillance

A medical surveillance program, including medical examinations and clinical tests, will be provided to detect health effects from exposure to hazardous materials, physical agents or designated substances (as per Federal, Territorial or Provincial Health and Safety Regulations) known to be present in the workplace (ex: Uranium).

2.11 Drug and Alcohol Testing

The use of any drugs or alcohol is strictly prohibited at the Roche Bay Site. In the event that any person suspects the use of drugs and/or alcohol on the part of any employee, the employee shall submit to a test for drugs or alcohol, and if found positive, the employee may be dismissed with immediate effect. The Responsible Person on site is responsible for arranging these measures.

The use of drugs or alcohol endangers not only the life of the user, but also the lives of co-workers through the possibility of accidents caused by an impaired person, therefore immediate dismissal is imposed.

Blood sampling will be performed by the Medical Clinic in the Hall Beach Community, the samples dispatched to *CanAm Drug and Alcohol Testing for the Workplace*, and results will be viewed as final.

2.12 Work Refusal

An employee may refuse to carry out any work or operate any equipment, tool or appliance if he or she has reasonable cause to believe that to do so would endanger the health or safety of any person. A shift boss or supervisor shall not knowingly perform or permit a worker to perform work which could endanger the health or safety of any employee.

An employee who refuses to carry out work or to operate any equipment, tool, or appliance in compliance with these provisions shall immediately report the circumstances to his or her shift boss or supervisor.

The shift boss or supervisor receiving a report of refusal of work shall immediately investigate the matter and ensure that any dangerous condition is remedied without delay, or if, in his or her opinion, the work refusal is not valid, the shift boss or supervisor shall so inform the employee who made the report.

2.13 Discipline

Unsatisfactory work performance and the failure to respect applicable rules must be dealt with by managers and supervisors promptly and fairly, in accordance with set guidelines and procedures.

2.13.1 Step One

Verbal Warning - The supervisor must document the discussion and retain a copy in a working file.

2.13.2 Step Two

First Written Warning - The supervisor issues a warning slip to the employee.

2.13.3 Step Three

Second Written Warning - The employee is issued a copy of the suspension or warning slip in triplicate.

2.13.4 Step Four

Discharge notice to employee in triplicate - Note: Serious infractions may be dealt with more severity at anytime, up to and including discharge; however, Senior Supervision must be consulted. Disciplinary slips will remain on file for a period of two calendar years from the date of issue.

2.14 Qualified Personnel

Careful consideration will be given to the screening and selection of competent, skilled and accredited workers for Roche Bay – Hall Beach. An employee's technical knowledge, training needs and attitude towards the overriding concern for safety will be reviewed continuously by the Responsible Person, Operations Supervisor and Safety Representative.

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2.15 Hazard Assessments

Hazard assessment is the process of determining possible adverse consequences in advance of their occurrence. Effective hazard assessment helps prevent emergencies by creating an awareness of what to plan for and the impact a hazard is likely to pose if it occurs. The assessment of hazards typically includes:

- Recognition, evaluation and prioritization of the probable hazards and identification of which hazards pose the greatest risk; and
- Implementing controls and/or procedures to prevent the hazards identified.

2.15.1 Procedure

- Identify and list all the tasks or main activities involved with each occupation or job where hazards exist.
- Identify health hazards and/or safety hazards for the tasks or main activities.
- Rate the hazards for loss potential using the “Risk Rating Matrix.”
- Develop and implement controls to prevent health hazards and/or safety hazards identified.
- Develop a step-by-step description of each task rated as a major loss potential using the “Job Safety Analysis” form.
- Develop safe operating procedures for each task.
- Inform and instruct all workers performing the tasks of the safe operating procedures.

2.16 Hazard Reporting

Definition of Hazard;

- The absence of or defect in any equipment or protective device which may endanger a worker; or
- Any contravention of the Nunavut Mine Health and Safety Act and Regulations, or of Health and Safety policies and procedures; or
- Any condition or act that may endanger a worker.

2.16.1 Procedures:

If an employee encounters a hazard in the workplace, he/she is expected to correct the hazard if it is safe to do so.

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An employee may refuse to carry out any work or operate any equipment, tool or appliance if he or she has reasonable cause to believe that to do so would endanger the health or safety of any person. A shift boss or supervisor shall not knowingly perform or permit a worker to perform work which could endanger the health or safety of any employee.

An employee who refuses to carry out work or to operate any equipment, tool, or appliance in compliance with these provisions shall immediately report the circumstances to his or her shift boss or supervisor.

The shift boss or supervisor receiving a report of refusal of work shall immediately investigate the matter and ensure that any dangerous condition is remedied without delay, or if, in his or her opinion, the work refusal is not valid, the shift boss or supervisor shall so inform the employee who made the report.

2.17 Hazard Recognition Program

A Hazard Recognition Program will be established to educate employees on how to proactively identify, assess, and control hazardous conditions or practices. The Neil George 5 Point Safety System will be implemented to assist employees in breaking things down into smaller pieces and to identify hazards and controls in their area of responsibility.

The program will be implemented by the Safety Supervisor and coordinated by the Joint Health and Safety Committee and the Responsible Person.

2.18 Crew Rotating – Local Personnel

Standard rotation – as per set schedule.

2.19 Modified Work

The company is committed to the welfare of each employee and, whenever possible, will assist in the rehabilitation of employees who are injured on the job. Suitable and meaningful work will be provided at the project or company offices for employees who cannot perform their regular job immediately following an injury. However, the following criteria must be met:

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- The treating physician agrees that the injured employee is physically able to perform modified work;
- The employee is willing to participate in the modified work program;
- The work provided does not aggravate the employee's disability; and
- The worker's disability does not constitute an additional hazard to the employee or others in the performance of the duties assigned.

Where possible, a company representative shall accompany the injured employee to the treating physician or nurse and report back on the injured employee's restrictions and ability to participate in modified work.

3 Safety and Responsibilities

Because of the scope of the work involved in this project, there will inevitably be occasions where activities of one work group will intersect with another work group. It will be the responsibility of the Site Manager and the Responsible Person to ensure that safety related issues are coordinated between them.

When it is necessary to interface coordinate with AEI staff on safety related issues, this will be done through the AEI Supervisor.

In addition to the above, it should be noted that under the Nunavut Mine Health and Safety Act and Regulations, there are certain duties assigned to the employers, contractors, supervisors and workers. To ensure that all participants in the project are familiar with these, they are listed below:

3.1 Employer's Responsibilities

The Operations Manager or his delegate has the responsibility to conduct Pre-Contract overviews with the Site Manager to discuss:

- Drilling program;
- Conditions of employment;
- Job Safety Plan; and

He must also ensure that:

- Regular review of conformance to requirements and achievement of objectives at AEI level;

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- Co-operate with all health and safety agencies;
- Conformity to all relevant legislation, thus ensuring that our operations are in compliance;
- A safety culture by focusing on how employees behave in the workplace;
- The measures and procedures in the Act are complied with;
- The health and safety of the workers at the facility are protected; and
- Competent supervisors are appointed.

3.2 Responsible Person's Responsibilities

The Responsible Person has a responsibility to:

- Understand contract terms;
- Understand compliance with contractor, company, and government safety rules;
- Ensure that contractors comply with the Act and regulations;
- Ensure that a worker complies with the Act and regulations;
- Ensure the safe and orderly conduct of the contractor's and the company's crew to the company's satisfaction;
- Ensure that any equipment, protective devices or clothing required by the employer is used or worn by a worker;
- Advise a worker of any potential or actual health and safety dangers known to the Responsible Person;
- Take every reasonable precaution to ensure the protection of a worker;
- Ensure that new employee orientations are conducted;
- Review Job Safety System and ensure active use of the system;
- Complete and forward and/or retain the following reports:
 - Accident/Incident Investigation Reports
 - Safety Inspections
 - Minutes of Safety Meetings

3.3 Worker's Responsibilities

The worker has the responsibility to:

- Work in compliance with the Act and regulations;
- Use or wear any equipment, protective devices or clothing required by the employer;
- Report to the employer or supervisor any known missing or defective equipment or protective devices that may be dangerous;

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- Report to the employer or supervisor any known violation of the Act or regulations;
- Not remove or make ineffective any protective device required by the employer or regulations;
- Not use or operate any equipment or work in a way that may endanger any worker;
- Not engage in any prank, contest, feat of strength, unnecessary running or rough and boisterous conduct;
- Report any and all hazards, accidents or incidents;
- Follow Standard Job Procedures in daily work routine;
- Be conscientious to specific safety concerns;
- Operate vehicles and equipment safely;
- Respect AEI's attitudes and values; and
- Complete Five Point Safety System Cards when and where applicable.

3.4 Health and Safety Representative and Committee Responsibilities

- Attend meetings;
- Contribute ideas and experiences to discussions;
- Obtain information if assigned to do so;
- Listen to concerns and suggestions made by all employees and ensure they are referred to the appropriate supervisor or committee;
- Learn about Health and Safety in the workplace and share this knowledge with all employees when appropriate; and
- Carry out workplace inspections at least once monthly, during which employees and supervisors will be contacted to address any safety, health, and environmental concerns; as per MHSR sec. 3.21, within 48 hours after the work site inspection a meeting to review the inspection must be held and a copy of the minutes of that meeting sent to the chief inspector.

4 Personal Protective Equipment

To minimize the risks to personnel, the following rules will apply:

4.1 Field

- a) Hard hats will be worn at all times where required;
- b) Safety boots with the CSA approval (toe, metatarsal and sole protection) are to be worn at all times where required;

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- c) Hearing protection will be worn as required;
- d) Eye protection will be worn at all times where required;
- e) Hand protection will be worn at all times where required;
- f) Breathing protection will be worn as required; and
- g) Protective clothing will be worn as required.

* Requirements for (c), (f) and (g) above will be identified through the Job Safety Analysis Form.

5 Emergency Plan

An emergency plan for this project will be identified and reviewed by the property owner when the workers first arrive on site.

5.1 Accidents

Serious accidents, as outlined in Section 2.9 warrant a thorough investigation in the presence of, or in correspondence with, higher supervisors, an Occupational Health and Safety Committee representative, client's safety personnel and appropriate government agencies (refer to Appendix A). In the event of a serious injury, the field supervisor must immediately contact the appropriate senior supervisor as well as the chief inspector as listed below:

Senior Supervision

John Gingerich
Chief Executive Officer
Advanced Explorations Inc
Phone: 416-203-0057
John@advanced-exploration.com

Inspectors (during regular business hours)

Martin van Rooy (867) 979-8527 or
Peter Bengts (867) 669-4412

All accidents must be reported to a member of AEI's Safety Representative, as well as the Operations Manager. They should also be reported to the 24 hour emergency line at

1-800-661-0792.

5.2 Evacuations

In medical emergencies requiring evacuation, it is the Responsible Person's responsibility to ensure that the injured person receives prompt medical attention.

Timely and well-executed responses depend on careful advance planning.

It is the responsibility of the Responsible Person to identify Medical Emergency Contacts in the area.

Each project shall have a directory of names, addresses and phone/telex/fax numbers. This directory must be available in the site office at all times.

Since the first step in obtaining approval for a medical evacuation or the repatriation of a body is to contact the evacuation/assistance company, a complete list of the companies serving personnel on the project shall also be compiled and posted with the Medical Emergency Contacts.

6 General Hazards

6.1 Hazard

- a) Lack of awareness of general and specific hazards;
- b) Untidy work sites;
- c) Moving materials and/or lifting heavy objects can result in back injuries;
- d) Lack of emergency preparedness;
- e) Untrained personnel; and
- f) Workers not equipped with complete information.

6.1.1 Controls

- i. Regular safety meetings;
- ii. Five Point Safety System;
- iii. Daily pre-shift contacts;
- iv. Pre-contract orientation with Management;
- v. Housekeeping requirements or corporate safety rules and O.H.S.A.;

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- vi. Site Manager shall ensure that employees who are required to perform lifting operations are trained in the proper manual lifting method;
- vii. Emergency plan to be available and known to all crew members;
- viii. Phone communication and fire extinguishers available at each drill site and workplace;
- ix. Ensure non-trade related training as outlined in item 2.2;
- x. Ensure personnel are trained and qualified in the use of equipment;
- xi. Ensure all workers are provided with complete job instructions;
- xii. Managers to review Job Safety Plan with each new worker;
- xiii. Monitor excessive noise levels near machinery;
- xiv. On a daily basis, a pre-shift contact will be held detailing specific safety concerns/reviewing problems for the past days;
- xv. Assess noise levels and take measurements as necessary; and
- xvi. Determine extent of hearing protection needed.

7 Environmental Policy

AEI recognizes that its activities could have an impact on the environment.

AEI will conduct its operations responsibly and with due regard to the impact upon the environment.

It is AEI's policy to strive to eliminate any adverse environmental effects of all its activities, and to take an active role in raising the environmental awareness and responsibility of employees, suppliers, contractors and customers.

For the policy to be implemented AEI shall:

- Comply with all relevant legislation and regulations and any other requirements to which AEI subscribes;
- Ensure that all its establishments have appropriate procedures and facilities to ensure that such standards can be met;
- Implement effective environmental management and reporting systems;
- Apply the principles of continuous improvement to environmental performance and prevention of pollution in line with the Company's environmental objectives and targets.

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All employees of AEI and all employees of any contractors to AEI are expected to abide by this Environmental Policy and to actively participate in its implementation.

7.1 Environmental Management System Overview

7.1.1 Introduction

Environmental considerations are integral to our business and must be woven into the daily life of every AEI employee and Contractor. We recognize our responsibility to protect the communities in which we operate, to conserve natural resources and to comply with applicable laws and regulations so that people today and generations to come will have a sustainable future. AEI is committed to upholding these principles.

AEI employees and contractors at all levels must work to ensure that we comply with applicable environmental laws, regulations and internal policies and procedures to continuously improve our environmental performance wherever we do business.

7.1.2 Roles and Responsibilities

7.1.2.1 Management

It is recognized that management's top priorities are to supply the materials, provide the opportunities, and promote a favorable environment for business. Promoting quality and minimizing loss are key concerns that enhance the profitability of any business.

Management is accountable for the overall Environmental Program.

7.1.2.2 Division Management

All Managers and Supervisors are responsible for the implementation of AEI's Environmental Program and how it relates to their respective areas.

To accomplish this, they will:

- Familiarize themselves with the Environmental Management System (EMS), offer positive feedback regarding the EMS and ensure its effective implementation as applicable within each respective division;

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- Ensure that employees are properly trained in their job assignments, and maintain records to substantiate all training;
- Review all environmental incident reports personally to satisfy themselves that incident causes are being investigated and proper corrective action is being taken to prevent recurrence of incidents; and
- Require that all employees meet established federal, provincial, state, departmental and local licensing and training requirements.

7.1.2.3 Employee Responsibilities

AEI expects the individual employee to cooperate in every respect with AEI's Environmental Program. This will ensure that operations are carried on in such a manner as to ensure the protection of the environment.

Employees must:

- Comply with instructions of supervisors;
- Report all incidents immediately;
- Submit recommendations for environmental improvements;
- Request job instruction on any task they are requested to do but for which they do not fully understand all the environmental concerns; and
- Adhere to all procedures and requirements as outlined in the Environmental Program and Policy.

7.1.3 *Environmental Impacts*

AEI recognizes that the following aspects of our operations can impact the environment.

Noise – All employees must wear proper hearing protection as required. Show concern for surrounding environment. Use noise dampening materials or techniques to reduce the impact on the environment when needed.

Waste – Minimize the generation of waste. When generating wastes, ensure proper handling and disposal, or recycling. All garbage must be contained and disposed of in an approved waste disposal site. All chemical and hydrocarbon waste must be disposed of according to regulation.

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Recyclable materials – Where practical, recycling programs shall be implemented to reduce the amount of waste (i.e. paper, cardboard, metals).

Emission – Ensure that all vehicles, equipment, or machines are operating efficiently. Proper maintenance is imperative for ensuring low emission levels.

Spills or leaks – All employees must pay close attention to the proper storage, transfer, and handling of any product that may contaminate the environment. Use drip pans when required. Have spill kits available.

Land disturbance – Use existing roads and trails. Avoid erosion by controlling run-off and using control structures. Minimize vegetation removal. When abandoning a site, leave it the way you found it, or better.

Energy consumption – Conserve electricity when it is not required. When practical, shut off engines to reduce fuel consumption. Proper maintenance will further improve efficient energy consumption.

All employees and contractors are expected to participate in the Environmental Program to minimize the impact on the environment.

7.1.4 Continuous Improvement

As part of the AEI effort to apply the principles of continuous improvement to environmental performance and prevention of pollution, AEI will identify environmental objectives that must be achieved. Specific targets will be established for achieving our objectives. All AEI employees and contractors must participate in the realization of these targets.

7.1.5 Compliance Requirements

All countries, states, provinces, departments, and local governments have specific regulations and guidelines for environmental compliance. AEI and its employees and contractors are expected to know and adhere to these regulations and guidelines. Also, AEI's environmental management system has policies and procedures that must be adhered to. Any employee or contractor refusing to comply with these regulations, guidelines, policies and procedures, will be subject to disciplinary action.

7.1.6 *Emergency Preparedness and Response*

The best emergency preparedness possible is to avoid the incident before it happens through preventative measures. However, no matter how successful AEI employees and contractors become at reducing or eliminating incidents, we always need to be prepared for incidents.

All AEI operations are required to have an emergency plan. This plan must outline the necessary actions to be taken to mitigate the effects of any environmental incident such as fire, spill etc. Emergency contact numbers must be included in the plan, and posted. All employees must be trained in emergency preparedness and response. The required tools must be available in the case of an environmental emergency. Such tools may be fire extinguishers, axes, shovels, spill kits, first aid kits, etc.

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8 Conclusion

In order for the AEI environmental program to be successful, all employees and contractors must participate in the program, offer feedback and suggestions, and abide by the guidelines.

Departure from these guidelines can not only have an effect on the reputation of the company and good standing with our clients, but worse could pose a negative impact on the environment.

If you have any questions, concerns or you wish to report an incident, please contact your supervisor or local manager.

Signed "John Gingerich"

March 2010

**John Gingerich
Chief Executive Officer
Advanced Explorations Inc.**

Date

Signed "Lou Nagy"

March 2010

**Lou Nagy
Chief Financial Officer
Advanced Explorations Inc.**

Date

**ADVANCED EXPLORATIONS INC.
ROCHE BAY MAGNETITE PROJECT**



APPENDIX A



Name of organisation completing the work:		Job name:	
Task:		Job number:	
Principal contractor:		Job location:	
Date the JSA was prepared:		Number of pages in this JSA:	
This JSA has been reviewed by:		This JSA has been discussed with:	
Principal Contractor or Representative (signature)		Employee/subcontractor (signature)	
Position		Position	
Item	Work activity	Risk control	Persons responsible
	Break the job down into steps	What can be done to make the job safe?	Who will make sure it happens?
			Completion Date and signoff

Item Number	Work activity Break the job down into steps	Hazard What could harm someone?	Risk control What can be done to make the job safe?	Persons responsible Who will make sure it happens?	Completion Date and signoff

Boat Longyear's "Job Safety Analysis"

Title of Job/Operation: Date Page of JSA No.

Person(s) performing Job: Employee(s) Observed:

Division: Zone: Analysis Made By:

Supervisor: Rig(s) Analysis Approved By:

Sequence of Basic Job Steps	Potential Accidents or Hazards of Each Step	Recommended Safe Job Procedures at Each Step
1.		
2.		
3.		
4.		
5.		
6.		
7.		

- | | | |
|------------------------|---------------------------|-----------------------|
| 1. Struck By (SB) | 5. Caught On (CO) | 9. Fall to Below (FB) |
| 2. Struck Against (SA) | 6. Caught In (CI) | 10. Overexertion (OE) |
| 3. Contacted By (CB) | 7. Caught Between (CBT) | 11. Exposure (E) |
| 4. Contact With (CW) | 8. Fall - Same Level (FS) | |

IMMEDIATE / DIRECT CAUSES

Identify the substandard action (2) and condition(s) that caused or could have caused this mishap. For each item check Yes or No. Explain Yes selections in the space below.

Yes	No	Code	Substandard Actions	Yes	No	Code	Substandard Conditions
<input type="checkbox"/>	<input type="checkbox"/>	01	Operating equipment without authority.	<input type="checkbox"/>	<input type="checkbox"/>	21	Inadequate guards or barriers.
<input type="checkbox"/>	<input type="checkbox"/>	02	Failure to warn.	<input type="checkbox"/>	<input type="checkbox"/>	22	Inadequate ground support.
<input type="checkbox"/>	<input type="checkbox"/>	03	Failure to secure / make safe.	<input type="checkbox"/>	<input type="checkbox"/>	23	Inadequate / improper protective equipment.
<input type="checkbox"/>	<input type="checkbox"/>	04	Operating at improper speed.	<input type="checkbox"/>	<input type="checkbox"/>	24	Defective tools, equipment or materials.
<input type="checkbox"/>	<input type="checkbox"/>	05	Making safety devices inoperable.	<input type="checkbox"/>	<input type="checkbox"/>	25	Congestion or restricted action.
<input type="checkbox"/>	<input type="checkbox"/>	06	Removing safety devices.	<input type="checkbox"/>	<input type="checkbox"/>	26	Inadequate warning system.
<input type="checkbox"/>	<input type="checkbox"/>	07	Using defective equipment.	<input type="checkbox"/>	<input type="checkbox"/>	27	Fire and explosion hazards.
<input type="checkbox"/>	<input type="checkbox"/>	08	Using equipment improperly.	<input type="checkbox"/>	<input type="checkbox"/>	28	Substandard housekeeping.
<input type="checkbox"/>	<input type="checkbox"/>	09	Failure to use personal protective equipment properly.	<input type="checkbox"/>	<input type="checkbox"/>	29	Hazardous environmental conditions: gases, dusts, smoke, fumes, vapours.
<input type="checkbox"/>	<input type="checkbox"/>	10	Improper loading.	<input type="checkbox"/>	<input type="checkbox"/>	30	Noise exposure.
<input type="checkbox"/>	<input type="checkbox"/>	11	Improper placement.	<input type="checkbox"/>	<input type="checkbox"/>	31	Radiation exposure.
<input type="checkbox"/>	<input type="checkbox"/>	12	Improper lifting.	<input type="checkbox"/>	<input type="checkbox"/>	32	High or low temperature exposures.
<input type="checkbox"/>	<input type="checkbox"/>	13	Improper position for task.	<input type="checkbox"/>	<input type="checkbox"/>	33	Inadequate or excessive illumination.
<input type="checkbox"/>	<input type="checkbox"/>	14	Horseplay.	<input type="checkbox"/>	<input type="checkbox"/>	34	Inadequate ventilation.
<input type="checkbox"/>	<input type="checkbox"/>	15	Influence of alcohol / drugs.	<input type="checkbox"/>	<input type="checkbox"/>	35	Ground (rock) conditions.

Code How did the immediate/direct cause(s) contribute to the mishap?

BASIC / UNDERLYING CAUSES

Identify the reasons for the existence of the substandard actions and conditions selected above by marking each factor Yes or No. Give the basic / underlying cause for each selected immediate / direct cause and explain in the space below.

Yes	No	Code	Personal Factors	Yes	No	Code	Job Factors
<input type="checkbox"/>	<input type="checkbox"/>	61	Inadequate physical capability.	<input type="checkbox"/>	<input type="checkbox"/>	71	Inadequate leadership / supervision.
<input type="checkbox"/>	<input type="checkbox"/>	62	Lack of knowledge.	<input type="checkbox"/>	<input type="checkbox"/>	72	Inadequate engineering.
<input type="checkbox"/>	<input type="checkbox"/>	63	Lack of skill.	<input type="checkbox"/>	<input type="checkbox"/>	73	Inadequate purchasing.
<input type="checkbox"/>	<input type="checkbox"/>	64	Stress (physical or mental).	<input type="checkbox"/>	<input type="checkbox"/>	74	Inadequate maintenance.
<input type="checkbox"/>	<input type="checkbox"/>	65	Improper motivation.	<input type="checkbox"/>	<input type="checkbox"/>	75	Inadequate tools / equipment.
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	76	Inadequate work standards.
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	77	Wear and tear.
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	78	Abuse or misuse.

Immediate / Direct Code Basic / Underlying Code How does the immediate / direct cause stem from the basic / underlying cause?

CONTROL

Basic / underlying causes of mishaps are the result of Lack of control. Lack of control in this mishap was the result of (multiple selections possible):

Inadequate program	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Inadequate program standards	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Inadequate compliance to program standards	Yes <input type="checkbox"/>	No <input type="checkbox"/>

ACTION TAKEN

[illegible]

ACTION TO BE TAKEN

[illegible]

SKETCH

SKETCH

INFORMATION

Employee postal address: _____

Social insurance number: _____

Date of birth: _____

Contract start date: _____

Office use only

Office use only _____

MODIFIED WORK OFFER

Attention: (WCB Adjudicator/Case Manager or Disability Insurer)

Date: _____

RE: Name: _____

Project: _____

Date of Injury/Illness: _____

Contact Phone: _____

Claim #: _____

Contact Fax: _____

Employee #: _____

Please be advised that the above worker who sustained a _____,
(injury/illness)

has been placed on **Modified Work** as of ____ (date) ____.

In keeping with our policy to consider suitable employment for employees unable to perform their regular duties, we are offering the following **Modified Work Duties**.

We will continually review your progress and adjust the length of this placement as required, based on relevant medical information. Your rate of pay will/will not (circle one) remain at its pre-accident rate.

During this modified work placement, you will be supervised by

_____.

If you have any concerns or difficulties, please notify the supervisor or project medical personnel immediately. We also request that you meet with _____,
(name) (position),
on a regular basis, at least weekly, to review your progress.

☐ Offer Accepted

☐ Offer Declined*

*Refusal could affect your rights to collect benefits

Employee _____
(print) (signature)

Supervisor _____
(print) (signature)

(Your name & title) _____
(print) (signature)

Modified work is available/ Du travail modifié est disponible



Boart Longyear Inc., has a light duty program to rehabilitate injured employees. Where practicable, the Company endeavours to find a suitable job to accommodate a worker's injury. We, therefore, ask for your cooperation in completing the following form.

Boart Longyear Inc., a un programme de réhabilitation offrant du travail modifié à ses employés blessés. Lorsque pratique, la compagnie essaie de trouver du travail convenable pour accommoder les blessures de l'employé. Donc, nous vous demandons votre coopération et de remplir ce formulaire.

TO BE COMPLETED BY ATTENDING PHYSICIAN / À REMPLIR PAR LE PRATICIEN TRAITANT

Employee Name / Nom de l'employé:		
Occupational Injury / Blessure au travail?	Yes/Oui	No/Non
Number of days to recover / Nombre de jours pour récupérer:		
Employee may return to work on / L'employé pourra retourné au travail le:	Regular Duty / Travail régulier	
Employee may return to work on / L'employé pourra retourné au travail le:	Light Duty / Travail léger	
Light Duty for what lenght of time / Travail léger pour une durée de:		

Work restrictions (if any) and/or comments / Restriction de travail s'il y a lieu et/ou vos commentaires:

Worker has been referred to / le travailleur a été référé à _____
for additional treatment / pour traitements supplémentaires. (physician's name / nom du praticien)

We thank you for treatment of this worker and for your medical assesment of his injury / Merci des traitements que vous avez effectué pour notre employé et pour votre évaluation de cette blessure.

Date

Attending physician / Praticien traitant

To employee / à l'employé:

Return this form to the Safety Department or to your foreman when you return from treatment.
Veuillez retourner ce formulaire au Service de la sécurité ou à votre contremaître lorsque vous revenez de votre



FIRST REPORT OF EMPLOYEE INJURY

Claim # _____

NAME OF INJURED _____ SOCIAL _____ HOME PHONE # _____
HOME ADDRESS _____ DATE OF BIRTH _____
MARRIED ___ SINGLE ___ RATE OF PAY _____ CITY _____ PROV/STATE _____ POSTAL CODE _____
JOB TITLE _____ DATE OF HIRE _____
(OFFICE USE ONLY)

DATE OF INJURY OR ONSET OF ILLNESS _____ TIME OF INJURY _____ AM / PM
CURRENT SHIFT WORKED FROM _____ TO _____ NUMBER DAYS WORKED SINCE LAST DAY OFF _____
LOCATION (City, Prov. Or State & Country) OF ACCIDENT _____
SUPERVISOR _____ CLIENT _____ MINE NAME & MSHA # _____

DESCRIBE INJURY (part of body involved & specify left or right side) _____

WHAT HAPPENED TO CAUSE THE INJURY? _____

DID ANYONE WITNESS THIS ACCIDENT? _____ IF SO, GIVE NAME & PHONE # _____

WAS THE INJURED TAKEN TO A MEDICAL FACILITY? _____ IF SO, WHERE? _____
TREATING PHYSICIAN _____ PHONE # _____ ADDRESS _____
TYPE OF TREATMENT ADMINISTERED _____
WAS THE TREATING PHYSICIAN MADE AWARE THAT BOART LONGYEAR PROVIDES TEMPORARY LIGHT DUTY? _____
HAS THE EMPLOYEE RETURNED TO WORK? _____ DATE ? _____ DID EMPLOYEE RETURN TO HIS/HER PRE-INJURY JOB? _____

DESCRIBE EQUIPMENT AND/OR TOOLS THAT MAY HAVE BEEN INVOLVED (INCLUDE MODEL #, SIZE & WEIGHT (IF KNOWN):

WHAT IMMEDIATE ACTION HAS BEEN TAKEN, OR WILL BE TAKEN TO PREVENT THIS KIND OF INJURY IN THE FUTURE?

BRANCH, ZONE OF OFFICE REPORTING ACCIDENT _____ DATE _____
SUPERVISOR'S SIGNATURE _____

WORKERS CERTIFICATION:

By signing below, I am certifying that the above is true and correct to the best of my knowledge and that I have provided this information to the Company, in order to file a Worker Compensation claim. I am also authorizing any health professional who treats me to provide me, my employer, my employer's insurance company or if in Canada, the Workplace Safety and Insurance Board (WSIB) or equivalent, with information about my functional abilities or other pertinent medical information as may be permissible by law.

Signature _____ Date _____



Date of Illness or Injury: _____

Time: _____

Date of Illness or Injury REPORTED: _____

Time: _____

Full name of injured or ill worker: _____

Description of injury or illness: _____

_____Description of where the injury or illness began/occurred:

_____Cause of injury or illness:

_____First Aid Provided? Yes ☒ (if yes, complete rest of page)

Name of First Aider: _____

First Aider Qualifications:

Emergency First Aid	<input type="checkbox"/>	Emergency Medical Technologist Paramedic	<input type="checkbox"/>
Standard First Aid	<input type="checkbox"/>	Emergency Medical Technician	<input type="checkbox"/>
Advanced First Aid	<input type="checkbox"/>	Emergency Medical Responder	<input type="checkbox"/>
		Nurse	<input type="checkbox"/>

Description of First Aid provided:



WORKERS' COMPENSATION BOARD
Northwest Territories and Nunavut

EMPLOYER'S REPORT
OF ACCIDENT

If a worker is injured at work, you need to complete this form so that the claim can proceed.

Employer Information			Email Address	
Business Name		Contact Person		
Mailing Address		Community		Postal Code
Telephone (include area code)	Fax (include area code)	Worker's Supervisor Name		

Worker Information		
Last Name	First Name	
Street Address		
Mailing Address	Community	Postal Code
Date of Birth	YY MM DD	<input type="checkbox"/> Male <input type="checkbox"/> Female
Telephone (include area code)	Social Insurance Number	
Worker's Occupation	Is a job description available? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach	
What province or territory was the worker hired in?		
Is the worker a subcontractor? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is the worker an owner or operator? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Accident Details	
1. Place of Accident – Name of City/Town, Province/Territory	
2. Was the worker on the employer's premises when the accident occurred? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Accident Date YY MM DD	Time AM / PM
4. Date first reported to employer YY MM DD	Time AM / PM
5. Date first disabled from work? YY MM DD	Time AM / PM
6. Time worker commenced work on the day of the accident?	Time AM / PM
7. Does the worker have a job to return to? If no, explain. <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Was first aid rendered? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? By whom?	
9. Name and address of attending health care professional	

Complete All Questions Below – (Give full explanation – attach extra sheets if necessary)	
10. Were the worker's actions at the time of injury for the purpose of your business? <input type="checkbox"/> Yes <input type="checkbox"/> No	
11. Is the activity part of the worker's regular work? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain	12. Are you satisfied the incident occurred as reported? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain
13. Please describe the accident in as much detail as possible. Include where it took place, what the worker was doing at the time of injury, what equipment was being used, and whether gas, chemicals, or extreme temperatures were involved. Was language a contributing factor? (attach sheet if necessary).	
14. What part of the worker's body was injured? (left/right side, hand, eye, back, etc.) What type of injury did they experience? (sprain, bruise, etc.)	
15. Was anyone not employed by you involved in the accident? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain.	
16. Was the worker disabled longer than the date of the accident? <input type="checkbox"/> Yes <input type="checkbox"/> No	
17. If no time loss, is the worker performing modified duties? If yes, provide list of duties.	
18. Is light duty available? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when? YY MM DD
19. Has the worker been advised of light duties? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when? YY MM DD
20. Please supply a list of duties available. (attach sheet if necessary)	

IF THE WORKER WAS DISABLED LONGER THAN THE DATE OF THE ACCIDENT, PLEASE CONTINUE.
IF NOT, PLEASE SIGN AT THE BOTTOM OF THE NEXT PAGE.

Worker's Full Name:

WCB Claim Number:

**Complete All Questions Below –
Give Full Explanation – attach extra sheets if necessary**

21. Has the worker returned to work?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when?	YY	MM	DD
22. Will you pay the worker for the period of disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, for how long? (e.g. 1 month, 6 months, etc.)			
Will you continue to pay the employee benefits while the worker is receiving compensation payments? (e.g. travel, Northern living allowance)					
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain					
23. Worker's type of employment	<input type="checkbox"/> permanent <input type="checkbox"/> seasonal <input type="checkbox"/> casual <input type="checkbox"/> summer student <input type="checkbox"/> apprentice <input type="checkbox"/> part-time				
24. Is the job subject to seasonal layoffs or lack of work layoffs	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No				

Wage Information – please complete

25. Date of hire	YY	MM	DD	26. If non-permanent, what is the expected end date of employment?	YY	MM	DD
27. Usual hours and days in work week				Days off			
_____ hours				_____ days from _____ AM / PM to _____ AM / PM			
e.g. 40 hrs/week				_____ days from 8 AM / PM to 5 AM / PM			
28. If worker works an irregular work week (shifts, turnarounds, etc.), please supply one complete shift cycle							
Date shift cycle started _____				Number of days on _____		Number of days off _____	
Circle days on:							
M T W T F S S M T W T F S S M T W T F S S M T W T F S S M T W T F S S M T W T F S S							
29. What is the hourly rate of pay? _____ /hr							
How often is the worker paid? <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other – please explain							
30. Specify amount of time off for lunch				Is worker paid for the time? <input type="checkbox"/> Yes <input type="checkbox"/> No			
31. Does the worker receive any other benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No							
i.e. (vacation pay, settlement allowance, etc.) <input type="checkbox"/> No If yes, explain and give amounts.							
32. Does the worker regularly work overtime <input type="checkbox"/> Yes <input type="checkbox"/> No?							
33. Provide an estimate of regular overtime hours (weekly / monthly / yearly) _____							
At what rate? <input type="checkbox"/> Double-time <input type="checkbox"/> Time and a half <input type="checkbox"/> Other _____							
34. Give worker's exact gross earnings for the 12 months prior to accident date							

IMPORTANT:

NOTIFICATION OF ACCIDENT MUST REACH THE WORKERS' COMPENSATION BOARD OFFICE WITHIN THREE WORKING DAYS OF ACCIDENT. IT IS RECOMMENDED THAT THIS FORM BE FAXED IN THE NORTHWEST TERRITORIES TO 1-866-277-3677 OR IN NUNAVUT AT 1-867-979-8501.

Completed by (please print)		Signed at (city, town, village)	
Authorized Signature	Phone Number	Date	

If you would like assistance filling in this form, or more information, please contact one of our offices listed below, or go to our website: www.wcb.nt.ca or www.wcbnunavut.ca.

"... An employer who fails to submit completed accident reports on a timely basis is liable to penalties as follow:

- \$250 for each occurrence for the first 2 occurrences.
- \$500 for the next 2 occurrences
- \$1,000 for each additional occurrence.

Decisions not to apply the late reporting penalty must be approved by the NWT or Nunavut manager of Claimant Services.

Where the employer fails to submit accident reports as required or requested by the board, the board may make a special investigation of the facts and circumstances surrounding an injury and charge the cost of the investigation to the employer (per Policy 11.02 'Reporting an Accident', WCB of the Northwest Territories and Nunavut Policy Manual)."

Head Office: Box 8888 • Yellowknife, NT X1A 2R3 • Telephone: (867) 920-3888 • Toll Free: 1-800-661-0792 • Fax: (867) 873-4596 • Toll Free Fax 1-866-277-3677
or
Box 669 • Iqaluit, NU X0A 0H0 • Telephone: (867) 979-8500 • Toll Free: 1-877-404-4407 • Fax: (867) 979-8501



INVESTIGATION REPORT

MISHAP									
Company				Division		Department		WCB Ref. No.	
Type of Mishap (multiple selection(s) possible):									
Injury			Property Damage / Loss to Process				Incident (potential loss)		
A	First Aid	<input type="checkbox"/>	1	Equipment/Property Damage	<input type="checkbox"/>	1	Injury	<input type="checkbox"/>	
M	Medical Aid Only	<input type="checkbox"/>	2	Fire	<input type="checkbox"/>	2	Equipment/Property Damage	<input type="checkbox"/>	
L	Lost Time	<input type="checkbox"/>	3	Loss to Process	<input type="checkbox"/>	3	Loss to Process	<input type="checkbox"/>	
F	Fatal	<input type="checkbox"/>	4	Environment	<input type="checkbox"/>	4	Environment	<input type="checkbox"/>	
Name of Injured			Describe Loss			Describe Potential Loss			
Payroll No.									
Describe Injury									
Location of Mishap			Date of Mishap Time:			Date Reported Time:			

DESCRIPTION

Describe how the mishap occurred; include what the person(s) was doing, trying to do and anything unusual		
Is there a written job procedure for the job being performed? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		
Identify equipment/material involved (make and model, size, weight, shape, where pertinent).		
Witness Name (1)	Witness Name (2)	Witness Name (3)
Number	Number	Number

LOSS POTENTIAL

Potential Severity				
Probability of a recurrence	Death, permanent total disability or property damage > \$100,000	Last time injury or property damage > \$10,000 < \$100,000	Medical aid injury only or property damage > \$1,000 < \$10,000	First aid injury only or property damage < \$1,000
Frequent	A <input type="checkbox"/>	D <input type="checkbox"/>	G <input type="checkbox"/>	J <input type="checkbox"/>
Occasional	B <input type="checkbox"/>	E <input type="checkbox"/>	H <input type="checkbox"/>	K <input type="checkbox"/>
Rare	C <input type="checkbox"/>	F <input type="checkbox"/>	I <input type="checkbox"/>	L <input type="checkbox"/>
Supervisor		Investigator		Date
Worker Representative		2nd Line Supervisor		Department Head
Comments				

STATISTICS

Name of Injured	Payroll No.	Sex	Age	Hire Date	WCB Ref. No
Occupation (at time of injury)				Regular <input type="checkbox"/>	Relief <input type="checkbox"/> Temporary <input type="checkbox"/>
Experience in occupation	0 - 6 mo <input type="checkbox"/>	7 - 12 mo <input type="checkbox"/>	1 - 2 yr <input type="checkbox"/>	3 - 5 yr <input type="checkbox"/>	6 - 10 yr <input type="checkbox"/> 11 - 15 yr <input type="checkbox"/> > 15 yr <input type="checkbox"/>
Identify Common Core program for which injured is accredited		Mine <input type="checkbox"/> Mill <input type="checkbox"/> Diamond Drill <input type="checkbox"/> Supervisor <input type="checkbox"/>			
Identify MSHA Training program for which injured is accredited		Surface <input type="checkbox"/> Underground <input type="checkbox"/> Coal <input type="checkbox"/>			
What training had been given in the safe performance of the task (multiple selection possible)?					
Apprenticeship <input type="checkbox"/> Common Core Modules <input type="checkbox"/> Task Training <input type="checkbox"/> Specialty Modules <input type="checkbox"/> Specify					
WHMIS <input type="checkbox"/> Other <input type="checkbox"/> Specify		Not Applicable <input type="checkbox"/> Not Trained <input type="checkbox"/>			
At time of mishap, employee was on: Individual/small crew incentive <input type="checkbox"/> Company/department incentive <input type="checkbox"/> Not on incentive <input type="checkbox"/>					
Shift Time	Shift Type		Overtime Shift		
Start	Steady <input type="checkbox"/>		Overtime Hours <input type="checkbox"/>		
Stop	Rotating <input type="checkbox"/>		Not Overtime <input type="checkbox"/>		
How many complete shifts have been worked since the last 24 hour break from work?					

FIRST AID

Describe injury (nature of injury and part(s) of body).

Number of persons requiring outside medical attention as a result of this mishap:

To your knowledge, has the worker had a previous similar disability?

Has modified work been assigned?

Describe

Was employee sent/taken to doctor?

By whom?

Date (MM/DD/YY)

First Aid Attendant (Name)

DOCTOR

Name of Doctor

Address of Clinic or Hospital

Phone

TEAM

Investigation Team Members

Date of Investigation

REVIEW

Health & Safety Committee Rep (Union Rep)

Signature

Date

Health & Safety Committee Rep (Company Rep)

Signature

Date

Department Head

Signature

Title

Date

Manager

Signature

Title

Date

(Injured) Worker

Signature

Date



Accident Investigation

Location where accident occurred		Employer's Premises: Yes <input type="checkbox"/> No <input type="checkbox"/>		Date of accident or illness
Who was injured?		Job site: Yes <input type="checkbox"/> No <input type="checkbox"/>		
		<input type="checkbox"/> Employee <input type="checkbox"/> Non-Employee		Time of accident a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>
Length of time with firm	Job title or occupation	Name of dept. normally assigned to	How long has employee worked at job where injury or illness occurred?	
What property/equipment was damaged?			Property/equipment owned by:	
What was employee doing when injury/illness occurred? What machine or tool was being used? What type of operation?				
How did injury/illness occur? List all objects and substances involved.				
Part of body affected/injured?		Any prior physical conditions? If so, what? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Nature and extent of injury/illness and property damaged (be specific)				

PLEASE INDICATE ALL OF THE FOLLOWING WHICH CONTRIBUTED TO THE INJURY OR ILLNESS

- | | | |
|--|--|--|
| <input type="checkbox"/> Improper instruction | <input type="checkbox"/> Failure to lockout | <input type="checkbox"/> Unsafe arrangement or process |
| <input type="checkbox"/> Lack of training or skill | <input type="checkbox"/> Unsafe position | <input type="checkbox"/> Poor ventilation |
| <input type="checkbox"/> Operating without authority | <input type="checkbox"/> Improper dress | <input type="checkbox"/> Improper guarding |
| <input type="checkbox"/> Horseplay | <input type="checkbox"/> Improper protective equipment | <input type="checkbox"/> Improper maintenance |
| <input type="checkbox"/> Physical or mental impairment | <input type="checkbox"/> Unsafe equipment | <input type="checkbox"/> Inoperative safety device |
| <input type="checkbox"/> Failure to secure | <input type="checkbox"/> Poor housekeeping | <input type="checkbox"/> Other _____ |

Supervisor's corrective action to ensure this type of accident does not recur: _____

Was employee trained in the appropriate use of Personal Protective Equipment/Proper safety procedures? ... Yes ☐ No ☐

Was employee cautioned for failure to use Personal Protective Equipment/Proper safety procedures? Yes ☐ No ☐

Did employee promptly report the injury/illness? Yes ☐ No ☐

Is there modified duty available? Yes ☐ No ☐

Supervisor's name

Supervisor's signature

Phone#

Date

Risk Rating Matrix

Severity of Consequences

Catastrophic- Death, permanent total disability or property damage > \$100,000
Major- Lost time injury or property damage > \$10,000 < \$100,000
Minor- Reportable injury, no lost time or property damage > \$1,000 < \$10,000
Negligible- Minor medical treatment or property damage < \$1,000

Priority Rating

A – First
B – Second
C – Third
D – Fourth

Hazard: _____

Probability of Occurrence	Severity of Consequences			
	Catastrophic	Major	Minor	Negligible
Nearly Certain	A	A	A	C
High Probability	A	A	B	C
Moderate Probability	A	B	B	D
Low Probability	A	B	C	D
Not Probable	B	C	C	D

Hazard: _____

Probability of Occurrence	Severity of Consequences			
	Catastrophic	Major	Minor	Negligible
Nearly Certain	A	A	A	C
High Probability	A	A	B	C
Moderate Probability	A	B	B	D
Low Probability	A	B	C	D
Not Probable	B	C	C	D



HAZARD REPORT FORM

Step 1- Completed by worker.

Date of Report: _____

Name of Worker: _____

Department: _____

Name of Supervisor Reported To: _____

Description of Hazard: _____

Suggested Corrective Action (if any): _____

Step 2- Completed by supervisor .

Date of Response: _____

Name of Supervisor (if different from above): _____

Supervisor Response: _____

ADVANCED EXPLORATIONS INCORPORATED



WEEKLY SAFETY MEETING

Date:

Attended by:

Job Name:
Time Started:
Time Finished:
Site Supervisor:
Site Supervisor's Signature:

SAFETY TOPIC		Action Responsibility and Target Date
1		
2		
3		
4		
5		
6		
7	Non Safety Issues:	
8		
9		
10		

Suggestions made:
New Business:



Tailgate Safety Meeting

(Use to record any impromptu gathering)

Group Name:

Date:

Persons in Attendance:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

General Topics Covered:

Group Leader Signature:

(Turn in to Site Supervisor)

DAILY ON-SITE REPORT ROCHE BAY 2008

Date:		Site Supervisor:	
Camp Manager:		Drill Foreman:	
Total Camp Capacity:		Drill Crew:	
People In:			
People Out:			
Total Camp Hours:		Water Meter Reading:	
Weather:			
Fuel Movement:	_____ JetB _____ Diesel _____ Gas _____ Propane _____ Calcium		
Flight Hours:		Flight Fuel Usage (L):	Days:
Accidents / Safety Issues:			
Daily Scoop:	-		
Notes for Tomorrow:	-		

5 POINT SAFETY SYSTEM CHECKLIST

5 POINT SAFETY SYSTEM CHECKLIST

1. Check entrance and travelway.

Ground conditions? _____

Ground support? _____

Travelway unobstructed? _____

Blasting system shorted? _____

Ventilation system? _____

Guards/Barriers in place? _____

Housekeeping? _____

Open holes? _____

2. Are workplace and equipment in good working order?

Ground conditions? _____

Ground support? _____

Water sprays? _____

P.P.E.? _____

Face prepared? _____

Housekeeping? _____

Ventilation system? _____

Tools & Equipment? _____

Open holes? _____

Guards/barriers? _____

3. Are employees working properly?

Controlled all hazards? _____

Following procedures? _____

Wearing P.P.E.? _____

Working to standards? _____

4. Do an act of safety

5. Can and will employees continue to work properly?

SAFE PRODUCTION
5 POINT SAFETY SYSTEM

"A program of orderliness - carried out by supervision and individual employees - can bring big reductions in accidents, shoring inventories and wasted time and energy."

1. Are the entrances and the travel way to your work place in good order? _____
2. a) Is your work place in good condition? _____
b) Is your equipment in good condition? _____
3. Are you working properly? (proper tools, standard procedures, etc...) _____
Yes _____ No _____
If "NO" then explain and outline corrective action taken _____
4. Do an act of SAFETY (Commitment and check list below) _____

5. Can you continue to work SAFELY?

Yes _____ No _____

Do you have the ability, tools and attitude to work SAFELY?

Yes _____ No _____

If "NO" then you must correct the situation NOW!

MAX Check List: YES ☒ NO ☐

1. I understand today's job.
2. I have and will use my P.P.E.
3. I have tagged-in and reported to my supervisor.
4. Are the entrances and travel ways to my work site in good order?
5. Is the workplace and equipment in good order and safe?
6. Can this work be done safely?
7. I will work safely.
8. I shall take care and watch out for my fellow workers.
9. I will leave my work site clean.
10. I will tag-out and report to my supervisor at the end of the shift.

DR	HP	SPV

BOART LONGYEAR INC. UNDERGROUND
Contract Drilling Services

DAILY SAFETY PRODUCTION REPORT

"The sure result of order is greater and safer production of better products at lower costs. Improved production and costs mean increased business and prosperity for any organization and its employees."

DATE: _____ SHIFT: _____ Day _____ Night _____
WORK AREA: _____
DRILLER: _____ HELPER: _____

DAILY WORK INSTRUCTIONS: _____

TOOLS & MATERIAL: (Employee to report all Lost & Used Material) _____

FUEL AT SITE: _____

OIL AT SITE: _____

BITS AT SITE: _____

CORE BOXES AT SITE: _____

CALCIUM AT SITE: _____

DRILLER: _____ (Signature) HELPER: _____ (Signature)

SUPERVISOR: _____ (Signature)

TIME OF VISIT: _____

**ADVANCED EXPLORATIONS INC.
ROCHE BAY MAGNETITE PROJECT**



APPENDIX B

Roche Bay Camp

Familiarization/Orientation

To be carried out by an onsite Supervisor; preferably Camp Manager or his designate.

Points of interest:

1. First Aid Tent: Paramedic on-site, Emergency Information Form to be completed by all!
2. Muster Points. "Muster Point A" in front of the Kitchen, "Muster Point B" heli shack.
3. Camp housing area rules. No smoking in the tents, any problems, see Camp manager, tent 10.
4. Site Supervisor Office #8; Drill Foreman Office Tent #7
5. General Office. General Use Phone and Computer, keep it short & sweet.
6. Washrooms: (3) indoor heated units; (3) outhouses with a view;
7. Shower house with wash stations & laundry. Drillers Showers & Dry.
8. Kitchen & dining facilities. Breakfast 6am-8am, Lunch 12pm-1pm, Dinner 6pm-8pm. "No Coffee, No Core."
9. Camp Power Station & Work Shop storage (Stay out unless authorized)
10. Camp Incinerator & Garbage processing area. (stay out unless authorized)
11. Snow machines; Quads; ARGO's & other vehicles are for working on the job & not toys, beware of patchy terrain. Helmets are mandatory. Do not take the last skidoo. If unsure of operation, check with Camp manager.
12. Fire Extinguisher Operation and Locations.
13. Personal Protective Equipment, appropriate clothing. If you are missing something, see Site Supervisor or Assistant.
14. "Safety First": Stop Cards, Safety Board in Office, Safety Meetings Sunday at 8pm in Kitchen.
15. If leaving camp, make sure you have communication with you, you know how to use it, and advise Site Supervisor or Assistant.
16. In case of spill, notify Site Supervisor Immediately. Spill Plan in Office.
17. Environmental Footprint: Keep it small. Pick up garbage, cigarette butts in ashtray, being aware of animals, routes used, etc. Report all animal sighting to Assistant Site Supervisor or indicate date, species and location on Enviro Board in Office.
18. Archeological Sites: Be aware and report to Assistant Site Supervisor.
19. ZERO TOLERANCE FOR DRUG OR ALCOHOL CONSUMPTION OR POSSESSION!

DO NOT HESITATE TO ASK QUESTIONS! THERE ARE A LOT OF THINGS GOING ON, AND A LOT TO REMEMBER, SO IF YOU DON'T KNOW, JUST ASK!

Roche Bay Camp
Familiarization /Orientation

Points d'intérêt:

1. Premier Soins: Première tente à gauche de le dry. Médique sur site. Tout le monde devrait compléter un formulaire de contact d'urgence, allergies aux médicaments, etc. disponible durant l'orientation ou au bureau principal.
2. Centre de Rencontre (en cas d'un feu): "Muster Point A" en face de la cuisine. En cas d'un feu dans la cuisine, "Muster Point B" au shack d'hélicoptère.
3. Les tentes sont toute non fumeur, si vous avez des problèmes avec vos poêles ou l'électricité s'il vous plait aviser le superviseur du camp au tente #10.
4. Bureau de Superviseur : Le patron (foreman) = tente #7, et le superviseur de site = tente #8.
5. Bureau Principal : À coté du « Rec Room », ordinateur et téléphone communs se trouvent ici.
6. Toilettes Chauffés : SVP fermer les couverts.
7. Les Drys : 3 douches dans chaque unité (coté commun en face des toilettes, coté des drillers en face de leur dry). SVP utiliser les cotés désigner, et les laveuses/sécheuses de votre coté.
8. Cuisine/Cafeteria : Déjeuner de 6h00 à 8h00, Diner de midi a 13h00, Souper de 18h00 a 20h00. Café disponible en tout temps.
9. Shed de Génératrice & Le Workshop: Personnel autorisé seulement.
10. Incinérateur: Personnel autorisé seulement.
11. Transport: Les machines de transport sont pour le travail, non pour la récréation. Soyez prudent, casques obligatoire en tout temps. Ne pas prendre la dernière véhicule en camp, on en a besoin une ici en tout temps en cas d'urgence. Si vous avez des questions au niveau de l'opération des machines, veuillez demander au Superviseur du Camp.
12. Extincteur d'Incendie : Se trouvent dans chaque tente. Si vous n'êtes pas familière avec l'utilisation, SVP avisé nous.
13. L'Équipement Protectif Personnelle : Veuillez assurez que vous avez tous qu'il vous faut pour votre sécurité personnelle, et que vous portez des vêtements nécessaires pour le climat du nord. S'il vous manque de quoi, SVP aviser nous.
14. « Sécurité avant tout » : Meetings le dimanche soir, un pour les drillers, un pour le camp. Il y a aussi un section d'annonce relire au sécurité qui se trouve dans le bureau principal. C'est ici que vous trouveriez les « Stop Cards, » le « Job Safety Plan » et d'autres annonces reliés à la sécurité.
15. Si vous partez du camp, assurez vous que vous avez un moyen de communication (radio, téléphone satellite, etc.), que vous connaissez comment l'utiliser, et que quelqu'un est au courant d'où que t'es et l'heure prévue de ton retour.
16. En cas de déversement accidentel, veuillez aviser un Superviseur immédiatement. Notre plan de déversement accidentel se trouve dans le bureau principal.
17. Trace Écologique Minimale : Ramasser vos déchets, utiliser les cendriers, prend conscience des animaux et de la végétation. Veuillez nous aviser de tout observations d'animaux, soit à l'assistant du Superviseur, ou en sur le tableau d'observation qui se trouve dans le bureau principal. **CHASSE ET PECHE INTERDIT EN ACCORDANCE AVEC LES REGLEMENTATIONS WCB.**
18. Site Archéologiques : Veuillez prendre note d'où il se trouve, une bref description et aviser l'assistant du superviseur.
19. **ZERO TOLERANCE POUR LA CONSUMPTION OU POSSESSION DE DROGUE OU D'ALCOL.**

SI VOUS AVEZ DES QUESTIONS, N'HESITEZ PAS A NOUS DEMANDER.

Iqalugaarjuu Sanavvinga

1. Anniasiutiu tupinga. Paippaami atiliurluti. Kisumi ilingnu timinnu ulurianaqtuqarnirmi nalunairluti ammalu aannikaallakuvi kinamu isumatai tusaqtittariaqarninganu.
2. Ikittuqakaallakkuni uvvaluunni sanayii katittariaqakaallakuti sivulli nirivviu qanigiyaanu upagluti, ulurianaluaruni qulimiguuqtiu sirluangata qanigiyaanu upaglusi.
3. Siggaliaqtuqpangikkuvi tupii siggaliaqturviulluangittu, naammagingikkuviu isumatannu uqarunnaqputi.
4. Isumatakkuvi tupiqaqtu A2lasimayumi, ikuutaqtinu isumata tupiqaqtu A1mi
5. Kinalimaamu uqalugvi ammalu qaritauyakkuvi, qilamiutittunnaruvui pikkunarayaqtu.
6. Qurvii ammalu uasarvi, annuraanuglu uasarvi.
7. Ikuutaqtinu uasarvi ammalu annuraanginnu uasarvi.
8. Nirivvi. Ullakku 6mi 8mu, Ullurummitaa 12mi 1mu, Unnukku nirinna 6mi 8mu
9. Qaummaqquutilirivvii marruu, ammalu qiyuarjulirivvik.
10. Ikitilirrivvi ammalu Aktakuusivvi.
11. Sikituu tisamalii ammalu ingirrajjutii, Iqqanaiyarnimutua atugauyut, isumaqasuutaungittu, Aqqutimi ujjirusuqattarniaqputi. Avaajjaikkutimi aturiaqarayaqputi ingirrajjutimi aturniaruvi.
12. Qatarutinu atuqtausuu, qanu aturiaksa ayuruvi apiriyunnaqputi
13. Sanayuqsiutii annuraa, amigaruvi isumatannu uqarunnaqputi
14. Ulurianaqtailinirmi sivulliqpaa. Katimajjutigiqattaqpavu naattiinguyalimaa 8mi
15. Tamaani nunami qimaksiniaruvi suurlu pisuyugiaqturluti, puiguqtailigittu radiomi naksariaqaqtuti qanurlu aturiaksa naluguvi apiriniaqputi
16. Uqsumi kuviyuqakaallakkuni isumata uqautikautigiyariali.
17. Aktakuni ammalu siggaliavinirmi takuyaraangavi avvuqattarniaqpatittu, nirjutini ujjirusuqattari, kisumi takulaurmanga, qangalu, namillu titirlarluti titirarvingmi, uvvaluunni isumatarnu uqariaqturluti

Apiqqusiqarussi apirittailimangilluti qanuiliuruluuyaqattaratta tamaani ammalu iqqaumayaksai unirmati, naluguvi apiqsuqattari.

**ADVANCED EXPLORATIONS INC.
ROCHE BAY MAGNETITE PROJECT**



APPENDIX C

IMPORTANT NUMBERS

RCMP HALL BEACH: (867) 928-1111

DAVE YOUNG: (867) 928-8030

HALL BEACH NURSING STATION: (867) 928-8827

HALL BEACH AIRPORT: (867) 928-8807

24/7 NURSE: (866) 215-4700

WCB: 1-800-661-0792

IQALUIT HOSPITAL: (867) 975-8600

Evacuation Procedure in the Event of an Emergency

Helicopter Evacuation

1. All person at scene of accident should call for help by whatever means available (radio, sat phone, etc.). "Help, help, help, emergency, emergency, emergency." (At this point, all radio communication is reserved for the medic, foreman and site supervisor).
2. Medic will be dispatched by the quickest means possible:
 - a. Helicopter if it's far
 - b. Quad or Ranger if this proves faster.
3. If situation warrants, foreman will announce "Stop Work" and workers should stop and standby for further instructions or requests for assistance.
4. The foreman and another first aid responder will be sent to the scene with any other supplies needed by the medic.
5. If the helicopter is not already on scene, it will be sent to the closest safeing landing spot.
6. The site supervisor will be the contact point for communications between the emergency site, the helicopter and the work sites.
7. The site supervisor will communicate with Hall Beach to arrange transport to either the Hall Beach nursing or the Iqaluit Hospital depending on the nature of the injury.
8. All involved personnel to meet with AEI Supervisor "as soon as practical" to complete a report of the incident.

In the event that the Helicopter "CAN NOT" fly

1. Persons at the scene call for "HELP" via any means available.
2. Medic & a First Aider to be dispatched to the scene using most expedient means available. Snow machine; QUAD; 6X6 Ranger
3. Drilling Foreman & 2nd First Aider to be dispatched via tracked vehicle equipped with stretcher and backboard.
4. Communicate to all work sites to "STOP WORK" and listen out for further instructions or requests for assistance.
5. Medic to move injured man as practical within the conditions and limitations of the situation.
6. AEI Supervisor to maintain communications with the emergency site and other work sites.
7. AEI Supervisor to contact Project Manager in Hall Beach and inform him of the situation.
8. Medic to be assisted in gaining communication with a medical facility and gain the assistance of a doctor.
9. When able; take the injured man to the nearest medical facility.

Project Manager to facilitate the injured persons movement to medical aid; as soon as possible; with whatever means available.

All involved personnel to meet with AEI Supervisor "as soon as practical" to complete a report of the incident.

- Please note that according to mining regulations, our site requires an OFA Level 3 (usually the cook). However, given our situation and remote location, we have also taken on a paramedic. In the case that the paramedic must accompany the injured party to Hall Beach, work will continue so long as it is deemed safe, there is an OFA Level 3 on site, and a helicopter.

If you have any questions or comments with regards to the evacuation procedure or other security measures, please do not hesitate to discuss with the paramedic, foreman or site supervisor.

Procédure d'évacuation en cas d'urgence médicale

Évacuation par hélicoptère

1. Les personnes sur la scène devront appeler pour l'aide selon n'importe quel moyen disponible (radio, « satellite », etc.). « Help, help, help, emergency, emergency, emergency. » (À ce moment, toute communication par radio est réservée pour le médecin, le foreman, et le superviseur de site).
2. Le médecin sera envoyé selon la méthode la plus efficace, soit :
 - a. Hélicoptère si le site est à une distance; ou
 - b. Quad ou Ranger si cela serait plus vite.
3. Au besoin, le foreman fera une annonce de « Stop Work », vous devriez être à l'écoute pour plus d'informations ou demande d'assistance.
4. Le foreman et un secouriste seront envoyés à la scène avec d'autres équipements selon les besoins du médecin.
5. Si l'hélicoptère n'est pas déjà sur scène, il sera envoyé à un endroit sécuritaire proche de la scène.
6. Le superviseur de site sera le lien de contact entre la scène d'urgence, l'hélicoptère et les aires de travail.
7. Le superviseur de site sera en communication avec Hall Beach pour arranger le transport soit au Hall Beach Nursing Station, ou à l'hôpital à Iqaluit, selon les besoins du blessé.

Toutes personnes impliquées devront rencontrer le superviseur de site aussitôt que pratique pour compléter un rapport de l'incident.

Évacuation au cas où l'hélicoptère ne peut pas voler

1. Les personnes sur la scène devront appeler pour l'aide selon n'importe quel moyen disponible.
 2. Le paramédical et un secouriste seront envoyés sur scène selon le moyen le plus efficace, soit le « Quad », « Ranger », « Snowmobile », etc.
 3. Le foreman et un autre secouriste seront envoyés avec une machine de neige équipée d'un « stretch » et « backboard ».
 4. Tous les sites devraient être à l'écoute pour une instruction d'arrêt de travail, de plus amples informations ou de demandes d'aide.
 5. Le paramédical déplacera le blessé autant que pratique selon la situation et les conditions.
 6. Le superviseur de site sera le lien de contact entre la scène d'urgence, l'hélicoptère et les aires de travail.
 7. Le superviseur de site sera en communication avec Hall Beach pour arranger le transport soit au Hall Beach Nursing Station, ou à l'hôpital à Iqaluit, selon les besoins du blessé.
 8. Le paramédical sera assister à établir la communication avec une facilité médicale pour avoir l'assistance d'un médecin.
 9. Le blessé sera évacué aussitôt que les conditions le permettent.
- Veuillez noter que selon les règlements, il est obligatoire d'avoir un secouriste de niveau 3 sur scène en tout temps (normalement, ceci serait un des cooks). Pourtant, nous avons engagé un paramédical en vu de notre location particulière. Au cas que le paramédical devrait accompagner le blessé à Hall Beach, le travail continuera aux sites non impliqués en autant qu'il y a toujours un secouriste de niveau 3 et un hélicoptère au camp, et que le travail est sécuritaire.

Si vous avez des questions ou commentaires au niveau de la procédure, ou par rapport à d'autres mesures de sécurité, n'hésitez pas à en discuter avec le paramédical, le foreman, ou le superviseur de site.