

**RECEIVED**

*By Licensing Administrator at 1:14 pm, Mar 25, 2011*



# **ADVANCED EXPLORATIONS INC.**

## **JOB SAFETY PLAN**

Roche Bay, Nunavut

### **Advanced Explorations Inc.**

50 Richmond Street East, Suite 300

Toronto, ON M5C 1N7

Phone: 416-203-0057

Fax: 416-860-9900

[info@advanced-exploration.com](mailto:info@advanced-exploration.com)

**NWB License:** 2BE-RBP0811

**INAC License:** N2007C0033

**QIA License:** Q10L3C009

Revised February 2011

ፈኛቤፈልኃገ ላሮ ርፍኛጋገሮ ርልሮሮፍ ጋሮ ሩፍ ልዊ ርልከኔ ካኔቦኤ ርዕረረረ ርሮ ጃሮ በበኖና ረረ ሩሮ ለኒ ሩበሮ ረወሚኔ ሩፍ ልዕረዎና ሮፍ ገኔ ላሮ ርፍኛጋገሮ ርልሮሮፍ ጋሮ ህረገኖና ካከሞ ሮኔ ልኛቤፈልኒ ኤከሮ ረፍወሮ ላሮ ርፍኛጋገሮ ርልሮሮፍ ጋሮ ጋልፍኛ ልኛጋኤኔበኛ ጋረ ሩፍ ልከሮ ርረልፎ ፊሮኢኦ ላሮ ርፍኛጋ ላረ ረጋ ላፈበሮረሮፍ ጋሮ ላጋላኔ ኤ፣ ላረ ረጋ ኖገኖ ጎኔ ህረገኢኢ ጋበኔ ላሮ ኗጋሪከ ሰገዎ ላጋረ ሰጎኢኦ ሞኔ .

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

---



**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.

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

---

## Table of Contents

1	Introduction .....	1
2	Planning.....	1
2.1	General.....	1
2.2	Safety Supervisor .....	2
2.3	Training .....	2
2.3.1	Generic.....	2
2.3.2	New Employees.....	2
2.4	Information Requirements .....	2
2.5	Safety Meetings .....	2
2.6	Occupational Health and Safety Committee .....	3
2.7	Orientations .....	4
2.8	Safety Audits and Inspections.....	4
2.9	Reportable Incidents and Dangerous Occurrences .....	4
2.9.1	Procedures – Dangerous Occurrence .....	5
2.9.2	Procedures - Serious Injury or Death.....	5
2.9.3	Emergency Transportation.....	6
2.10	Medical Surveillance .....	7
2.11	Drug and Alcohol Testing .....	7
2.12	Work Refusal .....	7
2.13	Discipline.....	8
2.14	Qualified Personnel.....	8
2.15	Hazard Assessments.....	8
2.15.1	Procedure – Hazard Assessment.....	8
2.15.2	Procedure – Hazard Reporting.....	9
2.15.3	Hazard Recognition Program .....	9
2.16	Crew Rotating – Local Personnel .....	9
2.17	Modified Work.....	9
3	Safety and Responsibilities.....	10
3.1	Employer’s Responsibilities.....	10
3.2	Responsible Person’s Responsibilities .....	11
3.3	Worker’s Responsibilities.....	11
3.4	Health and Safety Representative and Committee Responsibilities .....	12
4	Personal Protective Equipment.....	12
4.1	Field.....	12
5	Emergency Plan .....	13
5.1	Accidents.....	13
5.2	Evacuations .....	13
6	General Hazards .....	14
6.1	Hazard .....	14

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

---

6.2	Controls.....	14
7	Environmental Hazards .....	15
7.1	Hypothermia .....	15
7.1.1	Snow Blindness .....	15
7.1.2	Climate .....	16
7.1.3	Sea/Lake Ice .....	16
8	Fire Hazards.....	16
9	Transportation Hazards (land, water, air) .....	17
10	Fuel Hazards .....	17
11	Equipment Hazards .....	18
12	Wildlife Hazards .....	18
12.1	Food Handling .....	18
12.2	Bears .....	18
12.3	Insects .....	18
13	Environmental Policy.....	18
13.1	Environmental Management System Overview .....	19
13.1.1	Introduction .....	19
13.1.2	Roles and Responsibilities.....	19
13.2	Environmental Impacts .....	20
13.2.1	Noise .....	20
13.2.2	Waste .....	21
13.2.3	Recyclable materials .....	21
13.2.4	Emission .....	21
13.2.5	Spills or leaks.....	21
13.2.6	Land disturbance.....	21
13.2.7	Energy consumption .....	21
13.2.8	Continuous Improvement.....	21
13.2.9	Compliance Requirements.....	22
13.3	Emergency Preparedness and Response .....	22
14	Conclusion .....	22
15	Glossary .....	24

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

---

<b>Appendix A</b>	<b>Forms</b>
	Job Safety Analysis (JSA) Form
	Job Safety Analysis (JSA) Camp Form
	Behavior Based Safety (BBS) Observation Form
	Modified Work Recommendation From Physician
	Behavior Based Safety First Report of Employee Injury
	Weekly Safety Meeting
	Tailgate Safety Meeting
	Behavior Based Safety Accident Investigation Report
	Behavior Based Safety Accident Statistics Report
	Behavior Based Safety Risk Rating Matrix
	Safe Production Hazard Report Form
	Hazard Report Form
	Safe Production 5-Point Safety System
	5-Point Safety System Checklist
<b>Appendix B</b>	<b>WSCC Forms and Reporting Guidelines</b>
<b>Appendix C</b>	<b>Evacuation Procedures in the Event of an Emergency</b>
<b>Appendix D</b>	<b>Poster of Emergency Contact Numbers</b>
<b>Appendix E</b>	<b>Orientation Forms and Checklist</b>

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

---

**1 Introduction**

This Job 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 Job Safety Plan to produce a more detailed, job specific "Job Safety Analysis" prior to the commencement of each work activity (refer to Appendix A). 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](mailto:nadine@advanced-exploration.com) or [jennifer@advanced-exploration.com](mailto:jennifer@advanced-exploration.com).

**2 Planning**

**2.1 General**

The organization of each work place 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.

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

---

## **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 or require renewal:

### **2.3.1 Generic**

- St. John Ambulance First Aid course and CPR
- Workplace Hazardous Materials Information System (WHMIS) 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 to all appropriate personnel:

- 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

(A digital copy and a hard copy of all these documents can be obtained from the camp office, [nadine@advanced-exploration.com](mailto:nadine@advanced-exploration.com) or [jennifer@advanced-exploration.com](mailto:jennifer@advanced-exploration.com)).

## **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 meetings for audit purposes. In addition, daily pre-



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

---



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 prior to project commencement.

The committee shall consist of at least:

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

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

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 ensure that minutes (Weekly Safety Meeting Form, refer to Appendix A) of each meeting are kept and sent to the Operations Manager following each meeting. 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 (5-Point Safety System Checklist and/or Hazard Report Form) of the inspection and any recommendations shall be prepared and a copy sent to the co-chairs of the committee and the Operations Manager (refer to Appendix A).

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

---

**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 and forwarded to the Operations Manager (refer to Appendix E).

**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 site manager shall, without delay, notify an inspector, the Committee co-chairpersons and the Operations Manager.

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

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

Within 72 hours after a dangerous occurrence involving death or injury the Site Manager shall send a completed Workers' Safety and Compensation Commission (WSCC) Claim: Employer's Report of Injury Form to WSCC at [www.wcbnunavut.ca](http://www.wcbnunavut.ca) or [www.cb.nt.ca](http://www.cb.nt.ca). See Appendix B for WSCC forms and Reporting Responsibilities.

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

---



A standard form will be used for workplace accidents (refer to Appendix A).

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 (refer to Appendix A). 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 Procedures – Dangerous Occurrence**

- 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 Behavior Based Safety First Report of Employee Injury Form (refer to Appendix A) and forward it to the Workers' Compensation Board within 24 hours.
- The Responsible Person is to complete a Behavior Based Safety Accident Investigation Report (refer to Appendix A) and forward it to the Workers' Compensation Board within 24 hours.
- 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 Injury or Death**

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

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

---

- 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 a Behavior Based Safety Accident Investigation Report (refer to Appendix A) 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 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 escorted by another competent person.

In the event of any type 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

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

---

Person is required to immediately report the event to local security or law enforcement authorities.

**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 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 nearest Community, the samples will be dispatched to *CanAm Drug and Alcohol Testing for the Workplace*, and the 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/she has reasonable cause to believe that to do so would endanger the health or safety of themselves or any other 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/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

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

---

delay, or if, in his/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. To enforce discipline, the following steps shall be taken:

1. Verbal Warning – The supervisor must document the discussion and retain a copy in a working file.
2. First Written Warning – The supervisor issues a warning slip to the employee.
3. Second Written Warning – The employee is issued a copy of the suspension or warning slip in triplicate.
4. Discharge notice to employee in triplicate - Note: Serious infractions may be dealt with more severely at anytime, up to and including discharge; however, Senior Supervisors 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 the project. 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 (refer to Appendix A).

### **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 – Hazard Assessment**

- 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.

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

---

- Rate the hazards for loss potential using the Behavior Based Safety Risk Rating Matrix Form (refer to Appendix A).
- 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 (refer to Appendix A).
- Develop safe operating procedures for each task.
- Inform and instruct all workers performing the tasks of the safe operating procedures.

**2.15.2 Procedure – Hazard Reporting**

If an employee encounters a hazard in the workplace, he/she is expected to correct the hazard if it is safe to do so. The employee shall immediately notify the shift boss or supervisor of the hazard, when it is safe to do so.

**2.15.3 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 areas of responsibility (refer to Appendix A).

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

**2.16 Crew Rotating – Local Personnel**

Standard rotation – as per set schedule.

**2.17 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:

- 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;

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

---

- 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. The Modified Work Recommendations From Physician form shall be completed as necessary (refer to Appendix A).

### **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 Safety Supervisor 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 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; and
- Job Safety Plan.

He must also ensure that:

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



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

---

- 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 or transferred employee orientations are conducted;
- Review Job Safety System and ensure active use of the system;
- Complete, forward and/or retain the following reports (refer to Appendix A):
  - Behavior Based Safety Accident Investigation Reports
  - Safety Inspections
  - Weekly Safety Meeting Forms

### **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 of any known missing or defective equipment or protective devices that may be dangerous;
- Report to the employer or supervisor of 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;

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

---

- 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 5-Point Safety System Forms when and where applicable.

**3.4 Health and Safety Representative and Committee Responsibilities**

- Ensure attendance at 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 Mine Health and Safety Regulations (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 while on site, the following rules will apply:

**4.1 Field**

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

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

---

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

**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 (refer to Appendix C).

**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 Appendices). 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](mailto: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 Representatives, as well as the Operations Manager. They should also be reported to the WSCC 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 (refer to Appendix D).

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

---

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**

Hazardous report forms must be completed for any type of hazard (refer to Appendix A).

**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.

**6.2 Controls**

- a) Regular safety meetings;
- b) 5-Point Safety System;
- c) Daily pre-shift contacts;
- d) Pre-contract orientation with Management;
- e) Housekeeping requirements or corporate safety rules and the Occupational Health and Safety Act (O.H.S.A.);
- f) Site Manager shall ensure that employees who are required to perform lifting operations are trained in the proper manual lifting method;
- g) Emergency plan to be available and known to all crew members;
- h) Phone communication and fire extinguishers available at each drill site and workplace;
- i) Ensure non-trade related training as outlined in item 2.2;
- j) Ensure personnel are trained and qualified in the use of equipment;
- k) Ensure all workers are provided with complete job instructions;
- l) Managers to review Job Safety Plan with each new worker;
- m) Monitor excessive noise levels near machinery;

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

---



- n) On a daily basis, a pre-shift contact will be held detailing specific safety concerns/reviewing problems for the past days;
- o) Assess noise levels and take measurements as necessary; and
- p) Determine extent of hearing protection needed.

## **7 Environmental Hazards**

### **7.1 Hypothermia**

Hypothermia occurs when the body loses more “core” heat than it can produce and retain. Hypothermia can occur at any time of year and is not restricted to cold weather.

Symptoms of hypothermia include:

- Shivering;
- Confusion;
- Hallucinations;
- Behavioral changes;
- Numbness of hands and feet; and
- Unconsciousness.

It is a potentially deadly condition if not recognized and treated promptly.

Hypothermia can be prevented by avoiding potentially hazardous areas on or nearby water bodies during periods where water temperatures are potentially dangerous.

Hypothermia can be treated by first stopping the exposure such as moving the victim to a warm, dry area. The Safety Supervisor shall be contacted immediately when safe to do so. Wet clothing, equipment, etc. shall be removed immediately. The victim shall be wrapped in dry blankets or insulation equipment/materials and given warm liquids when able to sit upright. Hypothermia victims must be watched closely; they may suffer sudden cardiac arrest and require CPR.

If the victim’s symptoms continue, refer to section 2.9.2 Procedures – Serious Injury or Death and section 2.9.3 Emergency Transportation.

#### **7.1.1 Snow Blindness**

Snow blindness is a painful eye condition that is caused by eye exposure to ultraviolet (UV) light. Symptoms include increased tears and pain in the eyes. The potential for snow blindness will increase during the spring and summer months when the sun

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

---

remains high above the horizon. Snow blindness can be prevented by wearing appropriate eye protection that blocks UV light. Treatment of snow blindness can include removing oneself from the source of UV light, covering the eyes and administering pain relief.

**7.1.2 Climate**

Climate conditions can be fast changing in the Arctic. Appropriate clothing must be worn at all times to accommodate for cold, hot, windy, etc. climates.

During extreme cold climates, frostbite can occur as a localized damaged area on the skin. Skin shall be sufficiently covered at all times to avoid potential frostbite. If necessary, frostbite can be treated by avoiding further contact with hot or cold on the affected area, keeping the area warm with blankets or moving to warmer environments, wrapping area, rubbing, shaking and/or massaging area.

During extreme sunny climates (hot or cold), skin may be at risk of sun burning. Skin shall be sufficiently covered at all times or have continual use of sunscreen to avoid potential damage and burning from sun exposure. If necessary, sun burn can be treated by getting out of the sun and applying aloe or another cooling agent.

**7.1.3 Sea/Lake Ice**

As the climate warms, the extent of snow cover and sea/lake ice decrease. During this time, sea/lake ice shall be avoided or tested before use to ensure that the thickness of the sea/lake ice is sufficient for any activities.

**8 Fire Hazards**

Some common fire hazards include:

- Electrical systems that are overloaded or poorly wired;
- Combustible storage areas with insufficient protection;
- Combustibles near equipment generating heat, flames, etc.;
- Smoking;
- Matches, lighters, etc.;
- Flammable liquids;
- Cooking appliances (stoves, ovens, etc.); and
- Batteries.

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

---

Prevention of fire hazards at camp may include:

- Not exceeding the maximum occupancy within any part of the building;
- Maintaining proper fire exits and proper exit signage;
- Placing and maintaining fire extinguishers in easily accessible places;
- Properly storing/using hazardous materials;
- Prohibiting flammable materials in certain areas;
- Periodically inspecting buildings, facilities, etc. for potential violations; and
- Maintaining a high level of training and awareness of all employees on site.

In the event of fire emergencies, fire prevention personnel must be contacted immediately to mitigate the fire. All proper procedures must be followed by all personnel involved.

**9 Transportation Hazards (land, water, air)**

Transport by vehicles, boats or aircrafts must be maintained in a safe condition by competent persons. In general, lights, indicators, brakes, tires, etc. must be checked as appropriate. Drivers, pilots, etc. must be in a fit physical state and possess appropriate licences. Transport must not be used in a reckless, careless or dangerous manner. Navigational rules and conventions must be observed and an adequate lookout must be maintained. Loads must not be excessive, dangerously distributed or improperly secured. Local regulations must be observed and seat belts must be used if available.

**10 Fuel Hazards**

Fuel can be hazardous if spilled or released into the environment. Types of fuel may include:

- Gasoline;
- Aircraft fuels;
- Diesel fuels;
- Lubricating oils;
- Crude oil; and
- Antifreeze.

All personnel handling, using, storing and/or disposing of fuel must be appropriately trained and do so in a safe manner. If a spill occurs, the procedures outlined in the Oil and Hazardous Material Spill Contingency Plan must be followed.

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

---

**11 Equipment Hazards**

All equipment must meet the appropriate standards and have been properly maintained. All equipment must be checked and tested before use and inspections carried out as necessary during use by competent inspectors. Any damaged equipment shall be repaired immediately or taken out of service, at the discretion of the personnel in charge of the equipment operations. All equipment must be handled and operated safely by competent trained persons.

**12 Wildlife Hazards**

**12.1 Food Handling**

All food shall be handled with care to not attract wildlife. When not in use, food shall be kept in sealed containers at all times. Waste from food products shall not be left lying around and shall be disposed of in sealed containers at all times.

**12.2 Bears**

Bears are attracted to human food and waste. An armed bear monitor is designated to watch for signs of wildlife including bears on site. They shall be notified immediately should any wildlife be observed. If a bear is encountered retreat slowly, if possible, keeping a close eye on the bear and give the bear time to leave the area. Do not run.

**12.3 Insects**

Insects can become pests during the warmer months of the year. Insect repellent shall be used on exposed skin during these times to avoid insect bites and discomfort. Proper pain relief shall be applied to affected areas as needed.

**13 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.



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

---

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; and
- Apply the principles of continuous improvement to environmental performance and prevention of pollution in line with the Company's environmental objectives and targets.

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.

### **13.1 Environmental Management System Overview**

#### ***13.1.1 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.

#### ***13.1.2 Roles and Responsibilities***

##### ***13.1.2.1 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.

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

---

**13.1.2.2 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;
- 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, Territorial, Provincial, departmental and local licensing and training requirements.

**13.1.2.3 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 instructions 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.

**13.2 Environmental Impacts**

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

**13.2.1 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.

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

---

**13.2.2 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.

**13.2.3 Recyclable materials**

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

**13.2.4 Emission**

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

**13.2.5 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.

**13.2.6 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.

**13.2.7 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.

**13.2.8 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.

#### **13.2.9 Compliance Requirements**

All countries, territories, 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.

#### **13.3 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 in case they occur.

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. (refer to Appendix C and D).

#### **14 Conclusion**

In order for the AEI safety 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.



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

---

Signed "John Gingerich"

March 2011

---

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

---

**Date**

Signed "Lou Nagy"

March 2011

---

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

---

**Date**

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

---

**15 Glossary**

<b>Dangerous Occurrence</b>	<p>means</p> <ul style="list-style-type: none"> <li>(a) An incident involving the hoist, sheaves, hoisting, rope, conveyance or shaft timbering or structure</li> <li>(b) An inrush of water,</li> <li>(c) A cracking, seeping or failure of a dam or bulkhead,</li> <li>(d) An outbreak of fire,</li> <li>(e) A premature or unexpected explosion or ignition,</li> <li>(f) The occurrence of flammable, noxious or toxic gas in mine workings or at an exploration site,</li> <li>(g) Unexpected and non-controlled extensive subsidence or caving of mine workings,</li> <li>(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,</li> <li>(i) A breakdown in the main ventilation system,</li> <li>(j) Loss of control or major damage to any mobile equipment,</li> <li>(k) An uncontrolled fall of ground causing physical damage or the displacement of more than 50 tons of material, and</li> <li>(l) Any unusual occurrence not listed in paragraphs (a) to (k).</li> </ul>
<b>Employee</b>	<p>means persons with authorization to be on site, hired by the employer.</p>
<b>Hazard</b>	<p>means 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.</p>
<b>Inspector</b>	<p>means a person who acts as a regulatory or environmental official representing a governing body.</p>
<b>Occupational Health &amp; Safety Committee</b>	<p>means the committee established as per the requirements of the Nunavut Mine and Safety Regulations to monitor and maintain</p>

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

---

health and safety on site of the project for the duration of the project.

<b>Operations Manager</b>	means an official delegated by AEI to oversee the project/mine.
<b>Responsible Person</b>	means the individuals designated by AEI to supervise each camp department.
<b>Serious Injury</b>	<p>means</p> <ul style="list-style-type: none"> <li>(a) A fracture of the skull, spine, pelvis, femur, humerus, fibula, tibia, radius or ulna,</li> <li>(b) An amputation of a major part of a hand or foot,</li> <li>(c) The permanent loss of the sight of an eye,</li> <li>(d) Any serious internal haemorrhage,</li> <li>(e) Any burn that is caused by electricity and requires medical attention,</li> <li>(f) Any third degree burn,</li> <li>(g) Any injury caused directly or indirectly by explosives,</li> <li>(h) Any asphyxiation or poisoning that causes a partial or total loss of physical control, and</li> <li>(i) Any other injury likely to endanger life or cause permanent impairment.</li> </ul>
<b>Safety Supervisor</b>	means the Responsible Person delegated by AEI to oversee health and safety issues on site.
<b>Site Manager</b>	means the individual delegated by AEI to be in charge of the field location.

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

---



**APPENDIX A**





ADVANCED EXPLORATIONS INC.  
JOB SAFETY ANALYSIS FORM

Title of job / Operation:

Date:

Page

of

JSA Number:

Person(s) performing Job:

Employee(s) Observed:

Division:

Analysis made by

Supervisor:

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		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		

- 1 Struck By (SB)
- 2 Struck Against (SA)
- 3 Contacted By (CB)
- 4 Contact With (CW)

- 5 Caught On (CO)
- 6 Caught In (CI)
- 7 Caught Between (CBT)
- 8 Fall - Same Level (FS)

- 9 Fall to Below (FB)
- 10 Overexertion (OE)
- 11 Exposure (E)
- 12



## Job Safety Analysis Form

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:			
Who is JSA has been reviewed by:		This JSA has been discussed with:			
Principal Contractor of Representative (signature):		Employee/subcontractor (signature):			
Position:		Date:			
Item Number	Work Activity (the job down into steps)	Hazard (What could harm someone?)	Risk Control (What can be done to make the job safe?)	Person Responsible (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?)	Person Responsible (Who will make sure it happens)	Completion (Date and Signoff)

[illegible]



**ADVANCED EXPLORATIONS INC.  
MODIFIED WORK  
RECOMMENDATION FROM PHYSICIAN**

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

**TO BE COMPLETED BY ATTENDING PHYSICIAN:**

Employee name: \_\_\_\_\_

Occupational Injury? \_\_\_\_\_

Yes

☐

No

☐

Number of days to recover? \_\_\_\_\_

Employee may return to work for Regular duty on: \_\_\_\_\_

Employee may return to work for Light duty on: \_\_\_\_\_

Light Duty for what length of time: \_\_\_\_\_

Work restrictions (if any) and/or comments: \_\_\_\_\_

Worker has been referred to: \_\_\_\_\_

(Physician's Name)

for additional treatment.

We thank you for treatment of this worker and for your medical assessment of his injuries.

Date

Attending Physician



ADVANCED EXPLORATIONS INC.  
BEHAVIOR BASED SAFETY  
FIRST REPORT OF EMPLOYEE INJURY

CLAIM NUMBER:

Name of Injured:

SIN:

Home Telephone nr:

Job Title:

Home Address:

Street

City

Prov/State

Code

Date of Birth:

Married / Single:

yyy

mm

dd

Date of Hire:

Rate of Pay: \$

per

yyy

mm

dd

hr / day / mo

Date of Injury / Onset of Illness:

Time:

AM/PM

yyy

mm

dd

Curr. shift worked from:

to

Days since last day off:

Location of Accident:

Supervisor:

Describe Injury (part(s) of body, specify left of right):

What happened to cause the injury?

Name(s) and phone # of Witness(es):

To which medical facility was the injured taken?

Treating Physician:

Phone nr:

Address:

Street

City

Prov/State

Code

Type of treatment:

Was the treating physician informed that AEI provides temporary light duty?

When did the employee return to work?

Is it the pre-injury job?

Describe the equipment / 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 accident in future?

Details of Office reporting the accident:

Date:

yyy

mm

dd

Supervisor's Signature:

**Worker's 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 Workman's 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:



7		
8		
9		
10		
<b>Review Recent Accidents:</b>		
<b>Suggestions made:</b>		
<b>New Business:</b>		





## Tailgate Safety Meeting

(Use to record any impromptu gathering)

Group Name: \_\_\_\_\_ Camp: \_\_\_\_\_ Date: \_\_\_\_\_

Persons in Attendance: \_\_\_\_\_

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

General Topics Covered: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Group Leader Signature: \_\_\_\_\_

(Turn in to Site Supervisor)



ADVANCED  
EXPLORATIONS  
INC.

# ADVANCED EXPLORATIONS INC. BEHAVIOR BASED SAFETY ACCIDENT INVESTIGATION REPORT

Company:

WCB Reference Number:

Type of accident (multiple selections possible):

Injury		<input type="checkbox"/>	Property Damage / Loss to Process		<input type="checkbox"/>	Incident (potential loss)		<input type="checkbox"/>
A	First Aid	<input type="checkbox"/>	1	Equipment / Property Damage	<input type="checkbox"/>	1	Equipment / Property Damage	<input type="checkbox"/>
M	Medical Aid Only	<input type="checkbox"/>	2	Fire	<input type="checkbox"/>	2	Injury	<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 nr:

Describe Injury:

Location of Incident:

Date of Incident:

Date Reported:

Time:

Time:

Describe how the incident occurred; include what the person(s) were doing, trying to do and anything unusual.

Is there a written job procedure for the job performed?

Yes:

No:

N/A:

Identify equipment / materials 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	Lost time injury or property damage between \$10,000 and \$100,000	Medical aid injury only or property damage between \$1,000 and \$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:

Dept Head:

Comments:

**IMMEDIATE / DIRECT CAUSES**

Identify the substandard action(s) and condition(s) that caused or could have caused this accident.

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 equipment, tools 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 P.P.E. properly	<input type="checkbox"/>	<input type="checkbox"/>	29	Hazardous environmental conditions: gases, dust, 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 exposure
<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 or drugs	<input type="checkbox"/>	<input type="checkbox"/>	35	Ground conditions

Code How did the immediate / direct causes contribute to the accident?


**BASIC / UNDERLYING CAUSES**

Identify the reason 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 accidents are the result of a lack of control. Lack of control in this accident 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				
Cause code(s)	What action has already been taken to prevent similar occurrences?	Responsibility		

ACTION TO BE TAKEN				
Cause code(s)	What action is recommended to be taken to prevent and/or control similar occurrences?	Responsibility	Date to be completed	Date completed

SKETCH

INFORMATION
Employee postal address:
Social insurance number:
Date of birth:
Contract start date:
Employment start date:
Office use only:



# ADVANCED EXPLORATIONS INC. BEHAVIOR BASED SAFETY ACCIDENT STATISTICS REPORT

Name of Injured:		Payroll nr:		Sex:	Age:	Hire date:	WCB ref nr:
Occupation (at time of injury):						Regular <input type="checkbox"/>	Relief <input type="checkbox"/>
Experience in occupation:		0-6mo <input type="checkbox"/>	7-12mo <input type="checkbox"/>	1-2yr <input type="checkbox"/>	3-5yr <input type="checkbox"/>	6-10yr <input type="checkbox"/>	11-15yr <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 MHSA Training program for which the 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 selections possible):							
Apprenticeship <input type="checkbox"/>		Common Core Modules <input type="checkbox"/>		Task Training <input type="checkbox"/>		Specialty Modules <input type="checkbox"/>	
WHMIS <input type="checkbox"/>		Other <input type="checkbox"/>		Specify		Not Applicable <input type="checkbox"/>	
At time of incident, 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"/>		
End	Rotating <input type="checkbox"/>		Not Overtime		<input type="checkbox"/>		
How many complete shifts has been worked since the last 24 hour break from work?							
<b>First Aid</b>							
Describe injury (nature and part(s) of body):							
Number of persons requiring outside medical aid due to this incident:							
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:	First Aid Att. Name:		
<b>Doctor</b>							
Name of Doctor:							
Address of Clinic or Hospital:						Phone:	
<b>Team</b>							
Investigation Team Members:						Date of Investigation:	
<b>Review</b>							
Health and Safety Committee Rep (Union Rep):							
Signature:						Date:	
Health and Safety Committee Rep (Company Rep):							
Signature:						Date:	
Department Head:							
Signature:				Title:		Date:	
Manager:							
Signature:				Title:		Date:	
Injured Worker:							
Signature:						Date:	



# ADVANCED EXPLORATIONS INC. BEHAVIOR BASED SAFETY RISK RATING MATRIX

Severity of Consequences	Priority Rating
Catastrophic - Death, permanent disability or property damage > \$100,000	A - First
Major - Lost time injury or property damage between \$10,000 and \$100,000	B - Second
Minor - Reportable injury, no lost time or property damage between \$1,000 and \$10,000	C - Third
Negligible - Minor medical treatment or property damage < \$1,000	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:

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



**ADVANCED EXPLORATIONS INC.  
SAFE PRODUCTION  
HAZARD REPORT FORM**

**Person Reporting the Hazard:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

**Nature of the Hazard:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Suggestion to correct the hazard / Action(s) taken to correct the hazard:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**This section to be completed by Supervision:**

**Supervisor's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Comments:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If required:**  
**Manager's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Comments:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Corrective Action (target dates to be indicated):**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**To be completed by:** \_\_\_\_\_ **Completion Date:** \_\_\_\_\_

**Authorization of Corrective Action:**

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

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

# HAZARD REPORT FORM

## Step 1 – To Be Completed by Worker

Date of Report: \_\_\_\_\_ Camp: \_\_\_\_\_

Name of Worker: \_\_\_\_\_

Department: \_\_\_\_\_

Name of Supervisor Reported To: \_\_\_\_\_

Description of Hazard: \_\_\_\_\_

---

---

---

---

Suggested Corrective action (if any): \_\_\_\_\_

---

---

---

## Step 2 – To Be Completed by Supervisor

Date of Response: \_\_\_\_\_

Name of Supervisor (if different from above): \_\_\_\_\_

Supervisor Response: \_\_\_\_\_

---

---

---





# ADVANCED EXPLORATIONS INC. SAFE PRODUCTION 5-POINT SAFETY SYSTEM

## Daily Safety Production Report

Date:	Shift:	Day <input type="checkbox"/>	Night <input type="checkbox"/>
Work Area:			
Team member 1:		Team member 2:	
Team member 3:		Supervisor:	
Daily Work Instructions:			

Tools & Material: (Employee to report all lost and material used on current shift)				Lost since start of last shift:	
1)	Available:	Used:	5)	Available:	Used:
2)	Available:	Used:	6)	Available:	Used:
3)	Available:	Used:	7)	Available:	Used:
4)	Available:	Used:	8)	Available:	Used:

## 5-Point Safety:

- Are the entrances and the travel way to your workplace in good order?
- Is your workplace in good order?
  - Is your equipment in good condition?
- Are you working properly? (proper tools, standard procedures, etc.)  
 Yes ☐ No ☐
- If "No", explain why  
 What corrective action was taken or should be taken to rectify the problem?
- Do an act of safety. (Comment and check list below)
- 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!

Mark Checklist: Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	Team member 1	Team member 2	Team member 3	Supervisor
1. I understand today's job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I have and will use my P.P.E.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I have tagged in and reported to my supervisor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are the entrances and travelways to my worksite in good order?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is the workplace and equipment in good order and safe?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Can the work be done safely?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I will work safely.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I shall take care and look out for my fellow workers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I will leave my work site clean.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I will tag out and report to my supervisor at the end of my shift.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Signatures:**

Team member 1:	Team member 2:	Time Visited:
Team member 3:	Supervisor:	



# 5 POINT SAFETY SYSTEM CHECKLIST

## 1. Check entrance and travel way.

Ground conditions? \_\_\_\_\_

Ground support? \_\_\_\_\_

Travel way 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? \_\_\_\_\_

Guard/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?**

## **APPENDIX B**

## What are my incident reporting responsibilities?

The following chart outlines your incident reporting responsibilities:

<b>Incident Type</b>	<b>Workers' Compensation Acts</b>	<b>Safety Act: General Safety Regulations</b>	<b>Mine Health and Safety Act/ Regulations</b>
Death	Within 3 days complete and submit <i>WSCC Claim: Employer's Report of Injury</i> form.	Immediately submit oral report to WSCC Chief Safety Officer.  *35(2)	Immediately submit oral report to a WSCC Inspector of Mines.  *16.02(1)
Incident Involving Serious Injury or Incident of a Serious Nature	Within 3 days complete and submit <i>WSCC Claim: Employer's Report of Injury</i> form.  Worker completes and submits <i>WSCC Claim: Worker's Report of Injury</i> form.  *35(3)	Within 24 hours submit written or oral report to WSCC Chief Safety Officer.  *16.02(1)	Immediately submit oral report to a WSCC Inspector of Mines.  Within 72 hours submit written report to WSCC Chief Inspector of Mines.  *16.02(3)
Incident Involving Non-Serious Injury	Within 3 days complete and submit <i>WSCC Claim: Employer's Report of Injury</i> form.  Worker completes and submits <i>WSCC Claim: Worker's Report of Injury</i> form.  *65(2)	Within 1 month submit incident report to WSCC Chief Safety Officer. Report must be signed by a First Aid Representative.  *16.08	Monthly submit written reports to WSCC Chief Inspector of Mines.  *16.02(2)
Incident with No Injury	No report required	See <i>Incident of a Serious Nature</i> above.	If the incident is deemed a dangerous occurrence:  - within 24 hours submit oral report to a WSCC Inspector of Mines; and  - within 72 hours submit a written report to WSCC Chief Inspector of Mines.  *16.02(3)
*As per the Regulations			

**To report a workplace incident call the WSCC 24-Hour Incident Reporting Line at 1-800-661-0792.**

# WSCC CLAIM: EMPLOYER'S REPORT OF INJURY

If there is a question that does not apply, please indicate by writing 'N/A'.

## A – Employer Information

1. Business Name		2. Supervisor's Name	
3. Address	Community	Postal Code	Preferred Language
4. Telephone (Include Area Code)	Cell	Fax	Email Address

## B – Worker Information

5. First Name		Last Name	
6. Mailing Address		Community	Postal Code
7. Residential Address (if different than above)	8. Date of Birth	9. Male <input type="checkbox"/> Female <input type="checkbox"/>	
10. Telephone (Include Area Code)	Cell	Email Address	
11. Social Insurance Number	12. Single <input type="checkbox"/> Married <input type="checkbox"/> Common-Law <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		
13. Number of Dependents	14. Worker's Occupation	15. Is a job description available? Yes <input type="checkbox"/> No <input type="checkbox"/>	
16. Does the worker work in more than one Province/Territory for this employer? <input type="checkbox"/> Yes If yes, please list the Provinces/Territories: <input type="checkbox"/> No		17. Is the worker a subcontractor? Yes <input type="checkbox"/> No <input type="checkbox"/>	
		18. Is the worker an owner or operator? Yes <input type="checkbox"/> No <input type="checkbox"/>	

## C – Incident Details

19. Place of Incident – Name of City/Town		Province/Territory	
20. Incident Date	Date first reported to Employer	Date first disabled from work	
Time: AM / PM	Time: AM / PM		
21. Did incident occur on employer's premises? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, where?			
22. Does the worker have a job to return to? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please attach an explanation			
23. Was first aid provided? Yes <input type="checkbox"/> No <input type="checkbox"/> By whom:		24. Was any other treatment sought by worker? Yes <input type="checkbox"/> No <input type="checkbox"/>	
25. If other treatment was sought, please complete the following: Name of Health Care facility worker was treated at: Name of attending Health Care Professional:			

## D – Reporting Details / Return to Work (Give full explanations and attach extra sheets if necessary)

26. Were the worker's actions at the time of injury for the purpose of your business? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please attach an explanation	
27. Is the activity part of the worker's regular work? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please attach an explanation	28. Are you satisfied that the incident occurred as reported? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please attach an explanation
29. Please describe the incident in as much detail as possible. Include: where it took place; what the worker was doing; what equipment was being used; and, whether gas, chemicals or extreme temperatures were involved. (Attach sheet if necessary)	
30. What part of the body was injured? (left/right side hand, eye, back, etc.) What type of injury? (sprain, bruise, fracture etc.)	
31. Was any other person not in your employ, at fault or involved in the incident? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please attach an explanation	
32. Is light duty available? Yes <input type="checkbox"/> No <input type="checkbox"/> Has light duty been offered to the worker? Yes <input type="checkbox"/> No <input type="checkbox"/> When? Please provide a list of light duties offered	
33. Has worker returned to work? Yes <input type="checkbox"/> No <input type="checkbox"/> When? Worker returned to: Regular duties <input type="checkbox"/> Light duties <input type="checkbox"/>	
34. If worker has lost time from work, please provide the date the worker first lost time.	35. If time was lost, and worker has since returned, please provide the date worker returned to work.

PLEASE PROCEED TO SECTION "E" AND "F" ON THE 2<sup>ND</sup> PAGE. ➔

Workers' Full Name: \_\_\_\_\_

### E – Employment Category

36. Worker's Type of Employment	
A) Permanent	B) Non - Permanent
Type of Permanent Employment - <input type="checkbox"/> Term (Over 1 year) <input type="checkbox"/> Full / Part time Permanent <input type="checkbox"/> Apprentice <input type="checkbox"/> Relief <input type="checkbox"/> Other	Type of Non-Permanent Employment - <input type="checkbox"/> Term (Under 1 year) <input type="checkbox"/> Seasonal <input type="checkbox"/> Summer Student <input type="checkbox"/> Casual <input type="checkbox"/> Apprentice
37. Is the job subject to lack of work layoffs? Yes <input type="checkbox"/> No <input type="checkbox"/>	38. Is the job subject to seasonal layoffs? Yes <input type="checkbox"/> No <input type="checkbox"/>
39. Date worker was hired   YY   MM   DD	40. What was the contract / term / season start date?   YY   MM   DD
	41. What is the expected contract / term / season end date?   YY   MM   DD

### F – Schedule Information

42. Number of days on _____ Number of days off _____	43. Hours per Shift / Day _____	44. Hours per Rotation _____
Please circle days on for one full rotation:		
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		
45. Date rotation started   YY   MM   DD		Date rotation ends   YY   MM   DD

IF NO WORK WAS MISSED and NO CHANGE to duties or pay, proceed to bottom of page and sign, date, and submit this report.  
IF WORK WAS MISSED or if duties or pay have been MODIFIED, please answer ALL questions on this form.

### G – Wage Information (Please complete all questions)

46. What is the hourly rate of pay? _____ / hr		What is the worker's annual gross earnings? _____
<i>If the worker is paid other than hourly or on salary, please attach an explanation.</i>		
47. Does the worker receive any other benefits? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, explain in detail with amounts or averages: (eg: Vacation pay, Northern Allowance, Bonus)
48. Does the worker regularly work or get paid for overtime? Yes <input type="checkbox"/> No <input type="checkbox"/>		
49. Provide an estimate of regular overtime hours _____ / day week month		50. What is the overtime rate? _____ / hr
51. Are you paying the worker for lost time? Yes <input type="checkbox"/> No <input type="checkbox"/>		52. Will you continue to pay benefits? Yes <input type="checkbox"/> No <input type="checkbox"/> (eg: Northern Allowance)

### IMPORTANT:

NOTIFICATION OF AN INCIDENT MUST REACH THE WORKERS' SAFETY AND COMPENSATION COMMISSION OFFICE  
WITHIN THREE WORKING DAYS OF THE INCIDENT. IF THE INCIDENT OCCURRED IN THE  
NORTHWEST TERRITORIES, PLEASE FAX TO 1-866-277-3677.  
IF THE INCIDENT OCCURRED IN NUNAVUT, PLEASE FAX TO 1-867-979-8501.

Any information received as a result of the claims process must be treated as confidential and any further use or disclosure of the information could result in a fine pursuant to the Workers' Compensation Acts.

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

### ATTENTION:

By law an employer who does not submit a fully completed incident report within 3 business days faces the following penalties:

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

For more information on our Legislation and Policies, please visit our Website  
[www.wcb.nt.ca](http://www.wcb.nt.ca) • [www.wcbnunavut.ca](http://www.wcbnunavut.ca)

If you would like assistance filling in this form, or more information, please contact one of our offices listed below

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) 979-8531 • Toll Free Fax: 1-866-979-8501  
Webpage • [www.wcb.nt.ca](http://www.wcb.nt.ca) or [www.wcbnunavut.ca](http://www.wcbnunavut.ca)

# WSCC CLAIM: WORKER'S REPORT OF INJURY

If there is a question that does not apply, please indicate by writing 'N/A'.

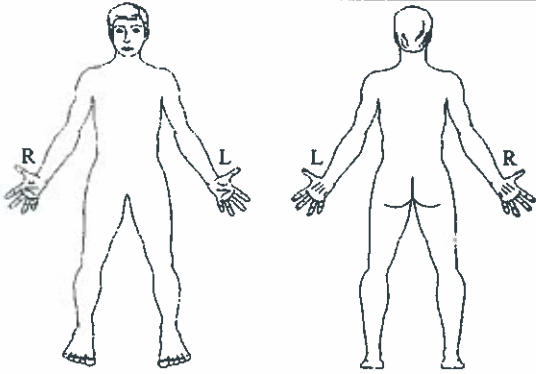
## A – Worker Information

1. First Name		2. Last Name	
3. Mailing Address		4. Community	5. Postal Code
6. Residential Address (if different than above)		7. Date of Birth YY MM DD	8. Male <input type="checkbox"/> Female <input type="checkbox"/>
9. Telephone (Include Area Code)	Cell	Fax	Email Address
10. Social Insurance Number		11. Single <input type="checkbox"/> Married <input type="checkbox"/> Common-Law <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	
12. Number of Dependents	13. Job Title	14. Preferred Language <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Inuktitut <input type="checkbox"/> Other	

## B – Employer Information

15. Employer Name	16. Address
17. Supervisor's Name	18. Telephone ( )

## C – Incident Details

19. Date of Incident YY MM DD Time: AM / PM	20. Place of Incident – Name of City/Town
21. Did incident occur on employer's premises? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, where?	
22. Date reported to employer YY MM DD Time: AM / PM	23. Name and position of person you reported incident to:
24. Date first disabled from work YY MM DD Time: AM / PM	
<p><b>IMPORTANT</b> 25. Please describe the incident in as much detail as possible. Include: where it took place; what you were doing; what equipment you were using; and, whether gas, chemicals, or extreme temperatures were involved. (Attach sheet if necessary)</p> <p>What part of the body was injured? (left/right side, hand, eye, back, etc.)</p> <p>What type of injury? (sprain, bruise, fracture etc.)</p>	
	
26. IMPORTANT - Please list any witnesses Name and Address – include a contact number	Name and Address – include a contact number

27. Have you been offered light duties? Yes <input type="checkbox"/> No <input type="checkbox"/>	When? YY MM DD
28. Have you returned to work? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, <input type="checkbox"/> Light Duties <input type="checkbox"/> Regular Duties	When? YY MM DD
29. Name of Attendant if first aid was provided? Where?	When? YY MM DD
30. What Hospital / Health Care Centre did you go to?	When? YY MM DD
31. Name of attending Health Care Professional	

## D. Past Injuries

32. Have you ever had an injury or disability to the same body part? (i.e. left foot, right hand)? Yes <input type="checkbox"/> No <input type="checkbox"/>	When? YY MM DD
33. Have you had previous claims with this Commission, or any other Workers' Compensation Board? If yes, provide dates and nature of injury.	

PLEASE PROCEED TO SECTION "E" AND "F" ON THE 2<sup>ND</sup> PAGE. ➔



### E – Employment Category

<b>34. Worker's Type of Employment</b> <b>A) Permanent</b> <i>Type of Permanent Employment -</i> <input type="checkbox"/> Term (Over 1 year) <input type="checkbox"/> Full / Part time Permanent <input type="checkbox"/> Apprentice <input type="checkbox"/> Relief <input type="checkbox"/> Other	<b>B) Non - Permanent</b> <i>Type of Non-Permanent Employment -</i> <input type="checkbox"/> Term (Under 1 year) <input type="checkbox"/> Seasonal <input type="checkbox"/> Summer Student <input type="checkbox"/> Casual <input type="checkbox"/> Apprentice
<b>35. Is the job subject to seasonal layoffs?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>36. Is the job subject to lack of work layoffs?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>37. First day of hire</b> <input type="text"/> / <input type="text"/> / <input type="text"/>	

### F – Schedule Information (Please complete all questions that apply)

<b>38. Number of days on _____ Number of days off _____</b>	<b>39. Hours per Shift / Day _____</b>	<b>40. Hours per Rotation _____</b>
<b>41. Please circle days on for one full rotation:</b> <div style="text-align: center; font-family: monospace;">             M T W T F S S M T W T F S S M T W T F S S           </div>		
<b>42. Date rotation started</b> <input type="text"/> / <input type="text"/> / <input type="text"/> <b>Date rotation ends</b> <input type="text"/> / <input type="text"/> / <input type="text"/>		

IF NO WORK WAS MISSED and NO CHANGE to duties or pay, proceed to bottom of page and sign, date, and submit this report.  
 IF WORK WAS MISSED or if duties or pay have been MODIFIED, please answer ALL questions on this form.

### G – Wage Information (Please complete all questions)

<b>43. What is your hourly rate of pay?</b> _____ / hr <b>What is your annual gross earnings?</b> _____ <i>If you are paid other than hourly or on salary please attach an explanation</i>	
<b>44. Do you receive any other benefits?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> (eg: Vacation pay, Northern Allowance, Bonus)	<b>If yes, explain in detail with amounts or averages:</b>
<b>45. Do you regularly work or get paid for overtime?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>46. Provide an estimate of regular overtime hours</b> _____ / day <i>Please circle</i> week    month	<b>47. What is your overtime rate?</b> _____ / hr
<b>48. Are you being paid for lost time?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>49. Do you have a second job?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>If yes, have you missed time from this job due to your injury?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(If you have more than one other employer please list all employers and their contact information)</i>	
<b>Name of second employer:</b> _____ <b>Contact name and phone:</b> _____	

### WORKER'S CONSENT

I hereby claim compensation for work-related injuries or disease.

**Information Sharing-** I understand that the above information about me will be used by the WSCC for the sole purpose of conducting an investigation into this claim. I also understand that the WSCC will need to gather more information about my work incident and medical and work history to administer my claim. For that specific purpose only, some personal information may have to be disclosed to employers, medical personnel and other relevant third parties.

**I authorize the WSCC to provide and gather such information from all necessary sources, including hospital and doctors' records, and employer records.**

**Information Accuracy-** I understand that incomplete information from me may delay my claim, and that untrue information from me is unlawful.

**I declare the information above is true and accurate. I understand it may be a criminal offence to make a false claim, or to work and earn income while receiving workers' compensation without telling the WSCC.**

Signature: \_\_\_\_\_

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

Witness: \_\_\_\_\_

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

For more information on our Legislation and Policies, please visit our Website  
[www.wsc.nt.ca](http://www.wsc.nt.ca) • [www.wsc.nu.ca](http://www.wsc.nu.ca)

If you would like assistance filling in this form, or more information, please contact one of our offices listed below

Head Office: Box 8888 • Yellowknife, NT X1A 2R3 • Telephone: (867) 020-3888 • 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) 979-8531 • Toll Free Fax: 1-866-979-8501  
[www.wsc.nt.ca](http://www.wsc.nt.ca) or [www.wsc.nu.ca](http://www.wsc.nu.ca)

## **APPENDIX C**

## **Roche Bay “Medical” Emergency Procedures**

### **Helicopter Evacuation:**

1. Persons at the scene call for “HELP” via any means available.
2. Medic & a will be dispatched via quickest method available.
  - a. Helicopter if some distance to emergency site.
  - b. Snow machine; QUAD or 6 wheel ranger; if within reasonable distance and quicker reaction time to emergency site.
3. Communicate to all work sites to “STOP WORK” and listen out for further instructions or request for assistance.
4. Drill Foreman & First Aider will be dispatched with track vehicle; equipped with stretcher & backboard; to emergency site.
5. If helicopter not already on scene; will be dispatched to a safe landing site near the emergency scene.
6. AEI Supervisor to maintain communications with emergence site; helicopter & work sites.
7. AEI Supervisor to contact Project Manager in Hall Beach so he can arrange necessary transportation for the injured person to:
  - a. Nursing Station in Hall Beach
  - b. Hospital via Medical Evacuation to Iqaluit medical facility.
8. Helicopter & Medic to return to Roche Bay Camp ASAP so work can resume.

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

AEI Project Manager to maintain contact with the person and his family to insure accurate information is being passed on.

### **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 & 2<sup>nd</sup> 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.

## 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, « sat phone », 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 la méthode la 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 « stretcher » 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 assisté 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 vue 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.

## **APPENDIX D**



**Advanced Explorations Inc.  
Emergency Contact Numbers**

Contact	Phone Number
Camp Satellite Phone	
<b>Local RCMP</b>	
Project Supervisor	
<b>Local Nursing Station</b>	
Local 24/7 Nurse	
<b>Local Airport</b>	
WSCC	1-800-661-0792
<b>Local Hospital</b>	
AEI Head Office	416-203-0057
<b>NT-NU 24/7 Spill Report Line</b>	<b>1-867-920-8130</b>

## **APPENDIX E**





## Advanced Explorations Inc. Camp Orientation Checklist

To be carried out by an on site supervisor.

Name of supervisor: \_\_\_\_\_

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

Camp: \_\_\_\_\_

Check	Item	Points of Interest	Location (ex: Tent #)	Comments
<b>Important Locations</b>				
1	First Aid Tent			Paramedic on site, make sure you are aware of location. Emergency Information to be completed by all!
2	Muster Points			Make sure you are aware of locations.
3	Site Supervisor Office			Make sure you are aware of location.
4	Drill Foreman Office			Make sure you are aware of location.
5	General Office			General use phone and computer, keep it brief.
6	Washrooms			Make sure you are aware of location.
7	Showers			Make sure you are aware of location.
8	Laundry			Make sure you are aware of location.
9	Kitchen & Dining facilities			Be aware of Breakfast, Lunch and Dinner times.
10	Camp Power Station & Work Shop Storage			Stay out unless authorized.
11	Camp Incinerator & Garbage processing area			Stay out unless authorized.
<b>Equipment</b>				

12	Vehicles		For working on the job, not toys. Beware of patchy terrain. Helmets are mandatory. Vehicle operation training mandatory.
13	Fire Extinguishers		Make sure you are aware of locations.
14	Personal Protective Equipment		If you are missing something, see Site Supervisor.
<b>Rules &amp; Responsibilities</b>			
15	Safety Meetings		Be aware of weekly time and location of meetings.
16	Camp Housing Rules		No smoking in the tents, any problems see camp manager.
17	Zero Tolerance for Drug or Alcohol Consumption or Possession		No drugs or alcohol on site.
18	Leaving Camp		Make sure you have communication with you and know how to use it. Advise Site Supervisor.
19	Job Safety Plan		Become familiar with the plan and forms
20	Emergency Plan and Contacts		Make sure you are familiar with the emergency plan and emergency contacts, including where to locate them in the event of an emergency.
<b>Environmental Awareness</b>			
21	Environmental Footprint		Keep it small. Pick up garbage and put cigarette butts in ashtrays.
22	Archaeological Sites		Be aware and report to Site Supervisor.
23	Wildlife Encounters		Be aware and report all wildlife sightings to the Wildlife Monitor and Site Supervisor.
<b>Spills</b>			
24	Oil and Hazardous Material Spill Contingency Plan		Become familiar with the plan.
25	Spill Incident Responsibilities		Notify Site Supervisor immediately. Refer to Oil and Hazardous Material Spill Contingency Plan in the office.
26	Spill Response Materials		Make sure you are aware of where all of the spill response materials are located.
27	Spill Response Training		Ensure all employees are adequately trained in the use of spill response materials in the event of an incident.
<b>Orientation Forms</b>			
28	Orientation Sign-Off Sheet		To be signed by all employees after orientation meeting

29	Emergency Notification Form		To be filled out by all employees
30	Camp Personnel Location Board		List all tent and bed locations for all employees
31	Hep B & C Shot letters		As required
<b>Additional Points of Interest (list):</b>			
<b>Signature:</b>		<b>Date:</b>	



**Advanced Explorations Inc.  
Camp Personnel Location Board**

Tent #	Bed "A"	Bed "B"	Bed "C"	Bed "D"	Notes
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					

**CONFIDENTIAL**

**(Site Supervisor & Medic ONLY)**

**Emergency Notification Form**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Next of kin: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No. \_\_\_\_\_

Medications being taken now: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Allergies: \_\_\_\_\_

Recommended treatment if self medicated: \_\_\_\_\_

\_\_\_\_\_

Brief family history: (voluntary) \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Witness (if required) \_\_\_\_\_

**Confidential**

**(when completed)**



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

To Whom It May Concern:

\_\_\_\_\_ is an employee at the \_\_\_\_\_ Camp operated by Advanced-Exploration Inc. This person handles hazardous waste as part of their daily job. Would you please administer this individual the Hep A & Hep B series of vaccinations, and provide a proof of vaccination record. If you have any questions on the kind of exposure please call 604-759-3432 and ask to speak to the camp Medic. If there is any cost for this service please contact 867-928-8030.

Thank you very kindly,

\_\_\_\_\_  
Project Manager:  
Phone:  
Email:



## **Orientation Sign-Off Sheet**

**Camp:**

**Date:**

**Names (Signature):**