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|   ALMIQ CONTRACTING LTD. | SHOP DRAWING / SAMPLE / PRODUCT DATA IDENTIFICATION FORM | T : 418-668-3321 F : 418-668-0652 |
| | | 1340, Ulu Lane, P.O. Box 2140, Iqaluit, NU X0A 0H0 |

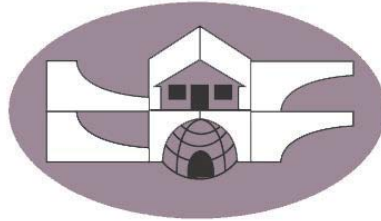
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|---|--|--|---|----|--------------|------------|
| PROJECT : CONSTRUCTION OF NANISIVIK NAVAL FACILITY, NU | | | Submittal NO. SUB-ALM-DCC-004 | | | |
| OWNER : DEFENCE CONSTRUCTION CANADA | | | Revision NO. | 7 | Date: | 2018-07-17 |
| | | | Revision NO. | 8 | Date: | 2019-05-29 |
| PROJECT NO. : NPO1301 | CONTRACT NO. : 55668 CN | OUR FILE NO. : 148926 | Revision NO. | 9 | Date: | 2020-06-23 |
| | | | Revision NO. | 10 | Date: | 2020-08-04 |

| | |
|---|--------------------------|
| DISCIPLINE : | |
| CONTRACTOR /SUB-CONTRACTOR : | |
| Almiq Contracting LTD | |
| 1340, Ulu Lane, PO Box 2140 | |
| Iqaluit (NU) X0A 0H0 | |
| Person in Charge : Jean Drapeau | |
| Phone : 418-668-3321.235 Fax : | |
| MANUFACTURER : | SUPPLIER : |
| | |
| | |
| | |
| Person in Charge : | Person in Charge : |
| Phone : | Phone : |
| Fax : | Fax : |
| SHOP DRAWINGS, PRODUCT DESCRIPTION OR SAMPLE SUBMITTED FOR APPROVAL: | SPECS REFERENCE : |
| Health & Safety plan | Section 01 35 29.05 |
| NOTES : | |

| | |
|--|--|
| We declare that we have verified the attached documents and/or sample, that they are in compliance with the contract documents and are approved for the construction of the project. | |
| David Beaulieu Signing for Jean Drapeau, Project Manager _____ Contractor's Representative | |
|  David Beaulieu | Signature numérique de David Beaulieu Date : 2020.08.04 08:20:43 -04'00' |
| _____ Signature | _____ 2020-08-04 Date |

HEALTH & SAFETY MANUAL

PART 1. GENERALITIES



ALMIQ CONTRACTING LTD.

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148926

Construction of naval facility Nanisivik (NU)

Rev. 2018-06-28

Address: 1340, Ulu Lane, P.O. Box 2140, Iqaluit (NU) X0A 0H0

Telephone: 1-855-919-2225

Project Director: _____

Site supervisor (on site) : *Richard Néron*

Date (dd/mm/year)

Project manager signature

Site supervisor

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OHSE COMPANY POLICY

Almiq Contracting Ltd is committed to protecting the environment, and maintaining the health-safety, and well-being of its employees and host communities. The group is committed to complying with all applicable regulations, preserving resources, assessing hazards resulting from its activities and taking continuous improvement actions.

Our vision is based on our fundamental values of commitment, integrity, respect, trust, health - safety and environment, teamwork and openness to different cultures.

Health-safety and environment guiding principles:

- We work together at identifying, analyzing, eliminating, and/or controlling HSE risks to our employees, communities, and the environment where we conduct activities in an effort to at the very least comply with OHSE legislation.
- We fulfill our OHSE obligations and make sure that our employees are well equipped, trained and motivated to achieve our goal of zero incidents, injuries and diseases.
- However, if an accident were to occur, we support a return to work as quickly as possible by means of temporary assignment.
- We encourage on a regular basis, through safety breaks, our employees to adopt a healthy lifestyle, to be careful and respect the environment at work and at home.
- We control each shipment of hazardous materials (WHMIS).
- We strive to prevent and minimize the harmful effects of our activities on the environment.
- We actively take part in LEED projects.
- We repatriate certain harmful materials and dispose of them in accordance with the rules and policies.
- We give away the excess materials to local communities and organizations.
- We develop, when required, project customized environmental action plans.

To support this policy, Almiq Contracting Ltd is committed to:

- Ensure that all our workers fully understand their responsibilities regarding OHSE and consistently demonstrate through concrete actions their commitment to the achievement of our zero incident goals.
- Prioritizing open and transparent communications in an effort to build long-term relationships with stakeholders and make long-term OHSE improvements.
- Encourage, recognize and reward positive contributions to OHSE performance.
- Maintain the employment connection with any employee injured by means of temporary assignment so he/she recovers his/her duties as soon as possible.

To support this policy, employees have the obligation to:

- Take the necessary steps to protect their health, safety or physical integrity
- Take care not to endanger the health, safety or integrity of others who are on the workplace or near the workplace.
- Participate in the identification and elimination of hazards at work and occupational diseases in the workplace by using the BY " 5 ".
- To submit to medical examinations required for the application of this Act and the regulations
- Work with the health and safety committee and, where appropriate, with the site committee and with any person responsible for the enforcement of this Act and the regulations.

- Commit to systematically all directions and all the security methods that the prevention program contains and adopt safe behavior on any occasion.
- Commit to report to the responsible for the implementation of this program any dangerous situations encountered that would not be covered and share solutions recommendations.
- Commit to act safely and use adequate protective equipment in order to protect themselves and other workers, in particular to bear personal protective equipment (PPE) as stipulated in the prevention program.
- To expect that disciplinary measures are applied in case of non-compliance with safety regulations.



Charles Deslauriers, General Director



Lynda Noël, Deputy General Director

Revised June 2020

WORKING ENVIRONMENT FREE OF HARASSMENT POLICY

Almiq Contracting Ltd is committed to protect the dignity of its employees. Almiq is committed to treating its employees with respect. The company cannot tolerate behaviours that undermine the dignity of its employees, such as harassment and discrimination under the *Human Rights Act, SNU, 2003, c 12*.

"Every person has a right to the safeguard of his dignity, honor and reputation."

Almiq Contracting Ltd is committed to:

- Prevent harassment at work such as it is defined by the *Human Rights Act, SNU, 2003, c 12*.
- Promote respect between coworkers and people with whom employees interact, including the surrounding communities;
- Consider that it is the responsibility of every employee, including management staff, to contribute through their behavior to an environment free from psychological harassment;
- Stop harassment, no matter where it comes from:
 - ✓ From a superior towards an employee;
 - ✓ From an employee towards his superior;
 - ✓ From an employee towards another one;
 - ✓ From several employees towards an employee;
 - ✓ From a third party towards an employee of the company.

Harassment and discrimination

Definition of harassment: To harass means to engage in a course of vexatious comment or conduct that is known or ought reasonably to be known to be unwelcomed.

The prohibited grounds of discrimination are race, colour, ancestry ethnic, origin, citizenship, place of origin, creed, religion, age, disability, sex, sexual orientation, marital status, family status, pregnancy, lawful source of income and a conviction for which a pardon has been granted.

No person shall on the basis of a prohibited ground of discrimination:

- Harass another person
- Discriminate against any person in regard to employment or any term or condition of employment.

An employee who believes he/she is victim of harassment may denounce the situation confidentially to the general direction by phone at our toll-free number **1-855-919-2225** or by email at directiongenerale@almiq.com. The general direction shall appoint an impartial and competent person to intervene and attempt to resolve the situation as quickly as possible.

Almiq makes the commitment to be impartial, respectful and fair to the concerned persons. He will act with discretion to resolve the problem and will require the confidentiality of people who take part in settling the situation. The employer does not penalize a person who honestly asks him to intervene.

Everyone has the right to be assisted or advised by the resource of his/her choice (a mediator for example). An intervention does not deprive anyone of their recourses according to a current law or their collective agreement. The aimed persons are not qualified, until the contrary is proved, as victims or harassers. The intervention request must not rest on false allegations because of the disservice that can be done to the aimed persons.

Almiq Contracting Ltd wishes to emphasize that severe disciplinary action will be imposed on the employees who have committed or participated in the commission of psychological harassment.



Charles Deslauriers, General Director



Lynda Noël, Deputy General Director

Revised June 2020

ZERO TOLERANCE POLICY TOWARDS DRUGS AND ALCOHOL

According to its will to promote healthy relations with communities as well as to ensure the safety and the productivity of its activities, **Almiq Contracting Ltd.** elaborated a policy on drugs and alcohol which applies to all the employees, subcontractors and visitors.

The present policy aims is to make sure that no one is under the influence of illicit drugs or alcohol as they exercise their functions or live at the camp.

Whilst this policy refers explicitly to drugs and alcohol it is intended to apply to inhalants and other forms of substance abuse or usage.

Guiding principles of the Policy:

- It is strictly forbidden to consume or **be under the influence of** drugs or alcohol at any time, in all of our facilities, including the camp;
- Drug trafficking (buying/selling/possessing) is strictly forbidden;
- Almiq Contracting may conduct screening tests on an employee who occupies a safety sensitive position if :
 - It has reasonable cause to believe that the employee is impaired while on duty;
 - Where the employee has been directly involved in a workplace accident or significant incident and it may be important to identify the root cause of what occurred; or
 - Where an employee is returning from treatment from substance abuse.
- An employee who refuses to cooperate in the screening may be subject to serious disciplinary measures;
- In the event of a positive test result, Almiq Contracting will meet privately with the employee to discuss the results and inform the employee of his dismissal.

Responsibilities of the employee

All the employees are responsible for complying with the present policy. If a superintendent or a colleague notices that an employee appears to be under the influence of drugs or alcohol while at work, he must immediately inform his immediate supervisor.

Violation of these rules exposes the worker to serious discipline. In the event that non-compliance with these rules leads to termination, Almiq Contracting Ltd will collect an amount of \$ 1,000 which will be used to cover the cost of refund of a return ticket by plane.



Charles Deslauriers, General Director



Lynda Noël, Deputy General Director

Revised June 2020

POLICY ON THE USE OF IT TOOLS AND SOCIAL MEDIA

Scope of Application

This policy applies to all users of the LFL Group's IT tools and social media, whether they are permanent or temporary employees, consultants or suppliers.

Privacy Expectations

In the ordinary, course of its business and for legitimate management or security purposes, the LFL Group reserves the right to verify at any time that the use of its computer tools is adequate and complies with the statements of this policy. This verification includes the communication services offered to users (Internet, e-mail, etc.) and may be done without prior notice to users. Internet verification may extend to viewing the content of pages visited and information downloaded or sent.

In the case of verification of the proper use of electronic mail, if necessary, the LFL Group may read the messages saved in its computer systems and, if necessary, transmit them to the appropriate person, as part of a security investigation, without prior notice to the senders or recipients of these messages.

It aims to maintain the appropriate conditions for its use in compliance with the requirements of confidentiality, integrity and reliability. Through this policy, the LFL Group calls upon the personal and collective responsibility of its employees. Each employee must demonstrate a real sense of responsibility in the performance of his or her duties with respect to computer security.



Charles Deslauriers, General Director



Lynda Noël, Deputy General Director

Revised June 2020

POLICY ON THE USE OF SMARTPHONES ON CONSTRUCTION SITES

Context

Smartphones have become an integral part of our modern life, at work and at home. This new technology transforms our work. Thus, it is important, as a company, to establish a policy on the use of smartphones to maintain concentration and ensure a safe working environment.

Scope of Application

This policy applies to all LFL Group's employees, whether permanent or temporary.

Purpose

The objective of this directive is to regulate the professional and/or personal use of smartphones, and also to clarify the rules regarding the use of smartphones during working hours.

Through this policy, LFL Group uses the personal and collective responsibility of its employees. Each employee must demonstrate a real sense of responsibility when performing his tasks.

Guiding Principles

To provide a safe environment to its employees that enables concentration and precision, it is strictly prohibited to have a personal cellphone on site during working hours, other than during breaks and lunchtime.

All employees must leave their cellphones in the break room or leave it at the camp.

Only professional cellphones for particular cases are authorized.

Penalty for non-compliance

Violation of this policy may result in disciplinary action up to and including dismissal without further notice.

Note: The masculine has been used in this policy without discrimination and only for lightening the text.



Charles Deslauriers, General Director



Lynda Noël, Deputy General Director

Revised June 2020

POLICY OF LOYALTY TO THE LFL GROUP

For over 55 years, the **LFL Group**, a company built to last, has forged a solid reputation and works according to preserve the bonds of trust that bind to its customers, partners and valued employees.

Commitment of employees' loyalty to the LFL Group

Under Article 4 of the Charter of Rights and Freedoms: *"Everyone has the right to the safeguard of his dignity, honor and reputation."*

In the field of labor relations, Almiq Contracting is entitled to expect that each employee meets the duty of loyalty imposed by the Civil Code:

"The employee is bound not to execute his work with prudence and diligence, must act with loyalty and do not make use of confidential information obtained by it in the performance or the opportunity to work."

In this context, the **LFL Group** defines your duty of loyalty as an obligation to act at all times and in all circumstances in the best interest of the company to protect the reputation, credibility and interests of the company, throughout the period when you work for the company. Thus, an employee who performs his duty of loyalty adopts an attitude and imbued with honesty and discretion behavior. The duty of loyalty is not intended to force employees to silence. However, freedom of expression is not a license to discredit the employer or to undermine the dignity, integrity, honor and reputation.



Charles Deslauriers, General Director



Lynda Noël, Deputy General Director

Revised June 2020

RETURN TO WORK POLICY

Almiq CONTRACTING LTD is committed to preventing workplace injuries and illnesses. In the event an employee is injured/ill due to a workplace incident, **Almiq CONTRACTING LTD** is committed to ensuring their successful transition back to work through a Return-to-Work (RTW) program.

If employees are unable to perform their regular full duties as a result of an illness or injury, we:

- take all reasonable steps to return the employee to their pre-injury/illness position in a timely manner; and
- return the employee to suitable work which is safe and consistent with their functional abilities, if they are unable to return to their pre-injury/illness position.

Employee and employer RTW roles and responsibilities are as follows:

Employees will:

- contact employer as soon as possible after the injury or illness occurs, and maintain communication;
- assist with identifying suitable and available employment;
- accept suitable employment when identified;
- provide updates on medical status and progress throughout recovery period;
- inform healthcare provider of available suitable work when identified; and
- provide any appropriate information requested to the employer and the Workers' Safety and Compensation Commission during the return to work process.

Almiq Contracting Ltd will:

- contact employee as soon as possible after the injury or illness occurs, and maintain communication;
- provide suitable and available employment;
- stay in touch with employee throughout the recovery period; and
- provide the Workers' Safety and Compensation Commission with any appropriate information requested concerning the employee's return to work.

Almiq Contracting Ltd will develop individualized RTW plans for injured/ill employees that include processes for RTW recovery and ensure regular communication between employees and the employer. Communication can be in the form of in-person meetings, via telephone conversations, by emails, or written correspondence.

Almiq Contracting Ltd is committed to ensuring the success of their safe RTW program.



Charles Deslauriers, General Director



Lynda Noël, Deputy General Director

Revised June 2020

HEALTH AND SAFETY COMMITTEE TERMS OF REFERENCE

It is our belief that, through education programs, investigation of problems and resolutions of these problems, the workplace will be healthy and safe for all employees. We acknowledge that proper functioning of the health and safety committee can only be carried out where representatives of both the employer and workers are committed to these responsibilities. We adapt these guidelines in good faith and agree to promote and assist the health and safety committee whenever possible.

1. Name of Committee: Almiq Contracting Ltd. HSE Committee

A committee shall consist of the number of persons that may be agreed to by the employer and the workers but shall not be less than 2 nor more than 12 persons. At least half of the members of a committee are to be persons representing the workers at the workplace who are not connected with the management of the workplace. The persons representing the workers on the committee are to be elected by other workers at the workplace or appointed in accordance with the constitution of the union of which the workers are members.

2. Worker Health and Safety Representative/Designate:

Should a construction site have a Safety Representative/Designate, he/she would participate in and be a full member of **Almiq Contracting Ltd. HSE Committee**.

Applies to sites who employ less than ten (10) employees at peak employment and for construction sites with projects lasting longer than 30 days, where no site OHS committee has been established. Ensure that a worker, not connected with the management of the workplace, is designated and trained as the Worker Health and Safety Representative or, where it is impractical and the company employs less than 6, that a Worker Designate, who is connected to management, is appointed and trained.

Worker representatives on site: N/A

3. Site Committee:

Applies to companies who employ ten (10) or more employees at peak employment. Where 10 or more workers are employed at a workplace, there is a requirement for an OHS Committee to be established and for the OHS Committee to monitor the health, safety and welfare of the workers employed at the workplace. Committees are required to meet regularly and to document discussion and recommendations.

4. Composition of Committee:

Almiq Contracting Ltd. HSE Committee will consist of 6 members: 3 management representatives and 3 Worker representatives.

| Name | Certificate No. |
|------|-----------------|
| TBD | |
| | |
| | |
| | |
| | |
| | |

5. Purpose of the Committee:

This is a joint committee made up of worker and employer representatives consulting in a cooperative spirit to identify and resolve health and safety problems in support of a planned occupational health and safety

program in the place of employment.

6. Role of the Committee:

- Make recommendations for the establishment of health and safety policies and procedures;
- Identify aspects of the workplace that are unsafe and recommend corrective action;
- Help to identify and resolve the health and safety concerns of workers;
- Receive and distribute health and safety information to workers and employers;
- Participate in workplace inspections; and
- Maintain records regarding the complaints received and the resolution of those complaints.

7. Records:

The committee will keep accurate records of all matters that come before it.

8. Meetings:

- The committee will meet at least once every three months (4 times a year).
- Special meetings, if required, will be held at the call of the Chair.
- A quorum shall consist of a majority of members.

9. Agenda and Minutes:

- An agenda will be prepared by the chair and distributed to all members prior to the meeting.
- All items rose on the agenda and in meetings will be dealt with on the basis of consensus.
- All items will be reported in the minutes. Unresolved items will continue to be reported in the minutes and placed on the agenda until such time as they are considered complete.

10. General Provisions:

- All workers are encouraged to discuss their problems with their immediate supervisor before bringing them to the attention of the health and safety committee.
- Any changes to these guidelines must have the consensus of the committee, be set out in writing and be attached, as an appendix.



Charles Deslauriers, General Director
Almiq Contracting Ltd.

2020-06-01

Date

1.1 Sample OHS COMMITTEE MEETING Agenda

OHS Committee Meeting Date: _____

1. Old Business
 - a.
 - b.
 - c.
 - d.
2. Accident/Incident Investigation Reports
 - a.
 - b.
 - c.
 - d.
3. Workplace Inspections
 - a.
 - b.
 - c.
 - d.
4. Hazard Assessments
 - a.
 - b.
 - c.
 - d.
5. Training
 - a. Required:
 - b. Scheduled:
 - c. Completed:
6. Safety Program Review and Evaluation
 - a. Program Element to Review _____
7. New Business
 - a.
 - b.
 - c.

OHS COMMITTEE MEETING MINUTES

| Item Date | Item | Recommendation | Action By (who & when) |
|-----------|------|----------------|---------------------------|
| | | | |

** This form is available in PDF format fillable on screen on the WorkPlaceNL Website*

DESCRIPTION OF THE PROJECT

Project Name : Construction of Nanisivik Naval Facility

Project Manager : Jean Drapeau

Localisation of the Project: Nanisivik, Nunavut

Owner : Defence Construction Canada

Architect : N/A

Engineer : Worley Parsons and Stantec

General Contractor : Almiq Contracting Ltd.

Planned date of the
beginning of the works : 17 / 07 / 2015

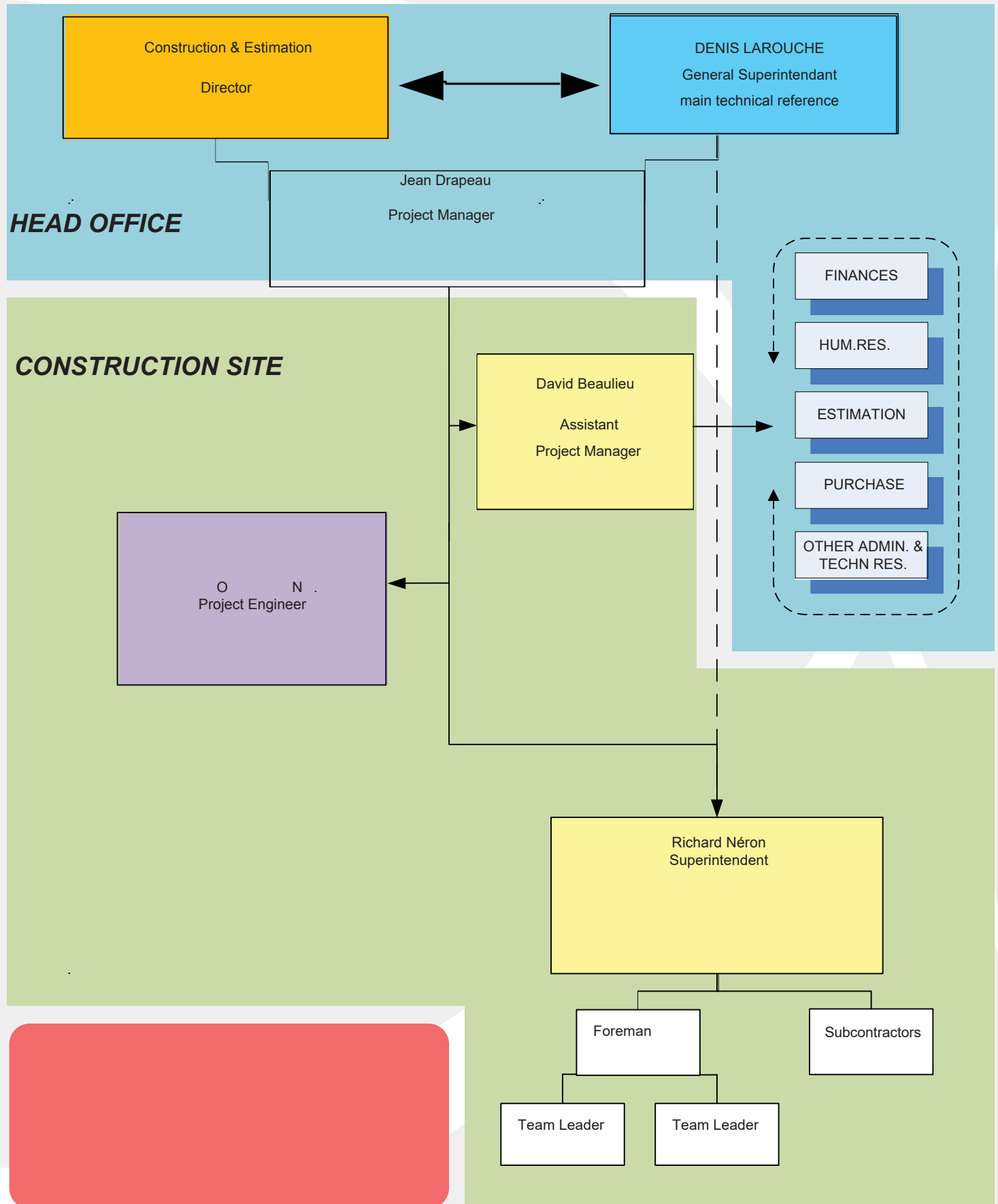
Planned date of the end of
the works : 15 / 09 / 2019

Initial amount of the
contract : \$ 56 857 000

Summary of the works

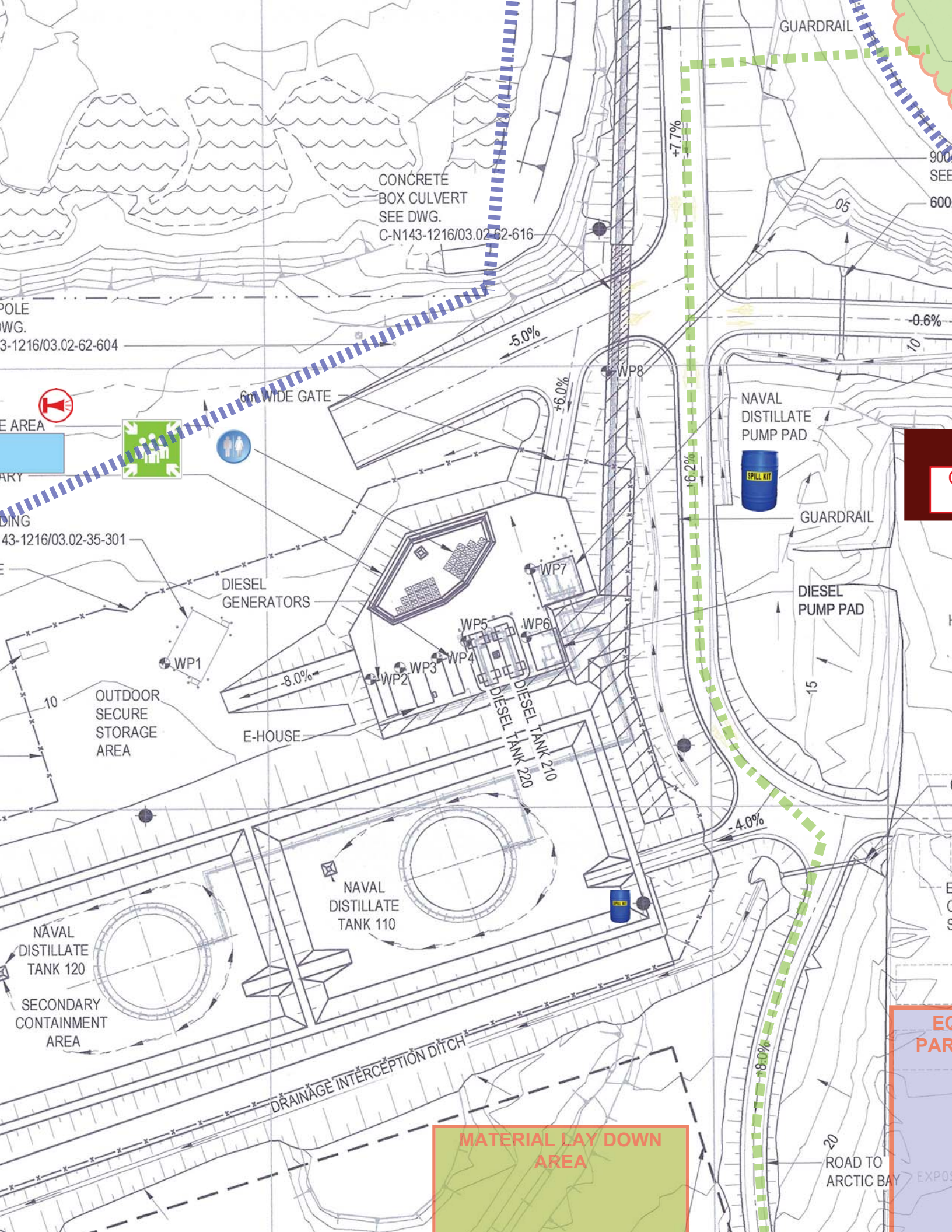
Construction of a new fuelling and berthing facility for the Arctic / Offshore Patrol Ships (AOPS) and the Canadian Navy in particular, and other Government of Canada vessels in general. The facility will, in general, consist of an AOPS berthing and fuel facilities that will include fuel receiving and dispensing equipment; aboveground naval distillate fuel storage tanks; diesel storage tanks; oily waste water and aviation fuel drums.

Projet 148926 - Schéma de communication



SITE PLAN

(Insert doc)



CONCRETE
BOX CULVERT
SEE DWG.
C-N143-1216/03.02-62-616

POLE
DWG.
3-1216/03.02-62-604

E AREA
ARY
DING
43-1216/03.02-35-301
E

DIESEL
GENERATORS

OUTDOOR
SECURE
STORAGE
AREA

E-HOUSE

NAVAL
DISTILLATE
TANK 110

NAVAL
DISTILLATE
TANK 120
SECONDARY
CONTAINMENT
AREA

DRAINAGE INTERCEPTION DITCH

MATERIAL LAY DOWN
AREA

GUARDRAIL

NAVAL
DISTILLATE
PUMP PAD

DIESEL
PUMP PAD

ROAD TO
ARCTIC BAY

EC
PAR

EXPOS

ROAD SAFETY AND VEHICLE INSPECTION

Road safety specific rules

- Speed limits on construction site : 10 km/h
- Speed limits on the roads : 40 km/h
- Emergency rotating lights and orange flag mandatory on vehicle
- Ensure to have an eye contact before moving or overtaking another vehicle
- When there is a lot of dust in the road, a skytrak is used to spread some sodium chloride to reduce dust in the road.

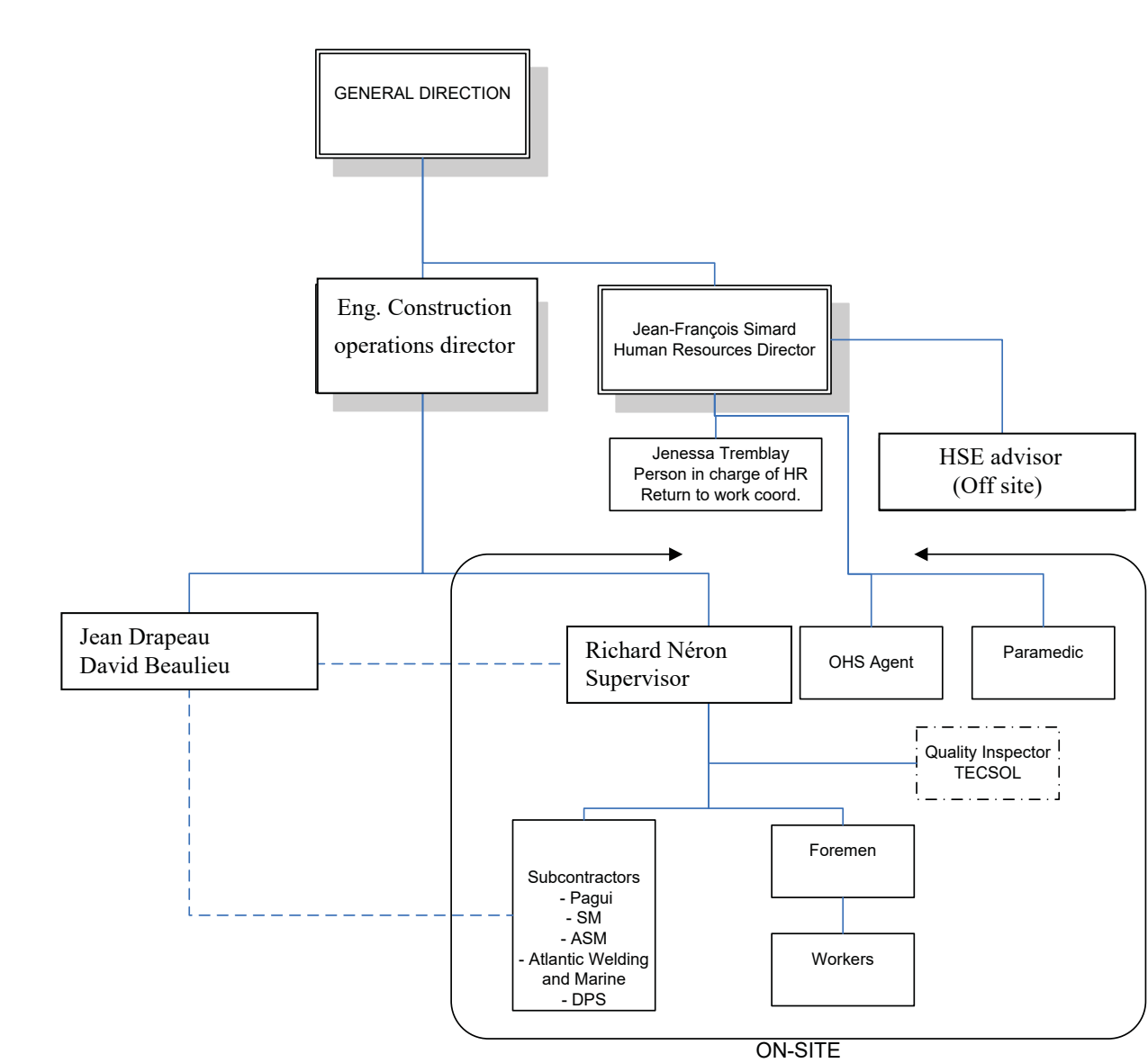
Vehicle inspection and maintenance (pick-up truck)

- Visual inspection prior each use
- Maintenance when required /damaged
- Oil changes each season + general maintenance

Other equipment inspection and maintenance

- Equipment inspection certificate – Each year (See document in the form<s section below)
- Visual and documented inspection prior each use
- Maintenance when required /damaged
- Oil changes each season + general maintenance

SITE ORGANIZATION CHART



Resource persons in OHSE

| |
|--|
| Jean Drapeau, Project Manager |
| David Beaulieu, Adjoint Project Manager |
| Richard Néron, superintendent |
| TBD HSE Advisor (off site) TBD (HSE agent) |
| TBD (Paramedic/Nurse) |

ROLES AND RESPONSIBILITIES

A. HSE Advisor off site

- Maintain statistics of accident and support the stakeholders in the research for causes and for methods to avoid accident recurrence.
- Compile the accident and *almost accident* data from the investigation reports of events.
- Manage WSCC cases.
- Participate, in cooperation with the supervisor and the employee, to the return to work plans (RTW plans) in accordance with the RTW procedures.
- Follow-up with the injured/ill workers in accordance with the RTW procedures.

B. OHS Agent on site

- By means of training, education and motivation incite the employees to follow the established safety procedures and methods.
- Establish general regulations and specific safety measures.
- Apply regulations
- Support site supervisor in prevention activities related to HSE.
- Ensure that the persons in charge of departments will go through with the prevention program and will divulge the information to his/her workers and subcontractors.

C. Project Manager (Jean Drapeau)

- Elaborate, up-date, and apply the General Contractor's prevention program along with site interventionists.
- The Project Manager, will make sure that a safe and healthy environment is provided for workers and will insist that the foreman, and all other people in charge comply with this directive.
- Plan and organize all work so that it can be carried out safely.
- Establish an efficient system of inspection so that dangerous conditions and activities are corrected.
- Immediately investigate all accidents so that the cause may be determined and future accidents avoided.
- Through training, instruction and motivation encourage all employees to follow established safety procedures.
- Establish general and specific safety rules.
- Ensure that the foreman puts the prevention program in place and that all workers are informed.

D. Superintendent (Richard Néron)

The Foreman is the key-person of a prevention program. He is responsible for the safety of the work team and consequently is asked to carry out the following functions in order to prevent accidents:

- Educate and train the team on safe working methods and procedures.
- Provide a safe, secure work environment for all workers.
- Obtain a list of hazardous materials and the appropriate symbol charts used on site and display them in all pertinent areas.
- Take the necessary measures to correct safety and security lapses.
- Ensure that each employer and its team adequately use individual and collective safety equipments required by the laws and regulations for work health and safety programs.
- Ensure that all first aid and emergency services are in compliance with the Act Respecting Industrial Accidents and Occupational Diseases (LATMP) and the Regulations for minimal first aid and emergency services standards as well as transport to the nearest healthcare facility.
- Investigate all accidents fully, complete all necessary reports and sign them.
- Report all accidents to management.
- Participate, in cooperation with the RH and the employee, to RTW plans in accordance with the RTW procedures.

E. Workers (Includes any body performing work on the site i.e. subcontractors, professionals, other contractors – Nyrstar, Coast Guard, etc.)

- Take the proper measures to ensure physical health and safety.
- Ensure that workers nearby are not endangered through negligent action.
- Participate in the identification and elimination of potential accident risks and diseases on the work site.
- Participation in all safety/health training and information programs and sign the reports.
- Understand work safety and health information and apply it.
- Keep the work place clean and orderly.
- Obey all rules and regulations concerning safety equipment and use as prescribed by the program and Nunavut law.
- Never undertake any type of work that the worker is unfamiliar with or does not understand.
- Immediately report any and all accidents, no matter the severity, to the foreman.
- Participate, in cooperation with the HSE asvisor and supervisor, to RTW plans in accordance with the RTW procedures.

F. Joint Health and Safety Committee

1. A committee must be formed on any construction site where the number of employees is 25 or more at any time during the work.
2. The site committee is under the responsibility of the employer who is acting as the general contractor or the owner or his representative.
3. The committee must include :
 - a. At least one representative of either the general contractor or the owner or his representative;
 - b. A representative of the direction of each employer other than the general contractor or the owner or his representative, which employs more than 10 workers.
 - c. One representative from each of the representative associations of employees recognized under the law on labor relations. Vocational training and the management of labor.
4. The Committee must :
 - a. Ensure compliance with the laws of Nunavut and the labor code and the WSCC;
 - b. Ensure coordination of security measures to be taken at the site;
 - c. Meet at least every two weeks;
 - d. Keep the minutes of meetings;
 - e. The health and safety coordinator or prevention officer must attend the construction site committee meetings.
 - f. Maintain and update the HSE policy and procedures.

G. Public, visitors and DCC representatives

1. Take cognizance of the prevention program and related safety information (evacuation plan, emergency response plan, wildlife management plan, etc).
2. Understand work safety and health information and apply it.
3. Take the proper measures to ensure physical health and safety.
4. Obey all rules and regulations concerning safety equipment and use as prescribed by the program and Nunavut laws and regulations.
5. Never undertake any type of work that the worker is unfamiliar with or does not understand.
6. Immediately report any and all accidents, no matter the severity, to the foreman.
7. Respect road signage.

H. Paramedic Nurse (Julien Marleau/ Guillaume Lafleure)

1. Organize and ensure that the emergency plan is up to date.
2. Ensure that good care with employer.
3. Ensure the follow with the injured worker.
4. To participate and animate at pre-shift meeting (health component)
5. To participate and animate at tool box meeting (health component)
6. Ensure the communicate with the physician.
7. Organizes the evacuation injured worker.
- 8.

Worker's Welcome

- Ensure that each subcontractor respects its own prevention program: either ALMIQ Contracting Ltd's or the General Contractor's.

- The company must allow new workers the time to assimilate information on pertinent rules, regulations, and accident prevention programs as well as work site relations policies.
- The company should, in accordance with the work health and safety law, allow services for and reception of appropriate training, information and advice with respect to each job and milieu.

Corrective Measures for Program Non-Compliance

- Warning at first offense, written note to file.
- Two (2) unpaid days of leave for the second offense, retro-invoice of the room and board.
- Termination of employment for third offense, return at the offender's expense.

PPE AND MAINTENANCE

Must be worn on site :

- Safety glasses
- Safety boots
- Security helmet
- Gloves/hand protection
- High visibility vest

Others PPE must be required for specific works :

- Ear protection
- Harness and lanyards
 - ✓ Visual inspection prior each use
 - ✓ Monthly inspection by the person in charge of OH&S or foreman – Documentation required
 - ✓ Annual inspection by a competent person – Documentation required
- Welding helmet / visor
- Visor
- Personal flotation device suite
 - ✓ Ensure to verify the capacity

COVID-19 RESPONSE PLAN

CONSTRUCTION SITE OF



ALMIQ CONTRACTING LTD.

NANISIVIK NAVAL FACILITIES

Head office contact

Johnny Mikijuk, President

Address :

1340, Ulu Lane, P.O. Box 2140, Iqaluit (NU) X0A 0H0

Telephone :

(855) 919-2225

Facsimile :

(867) 979-3005

Branch contact :

Address :

Telephone :

Facsimile :


Date (dd/mm/year)

Signature of the project manager

Signature of OHS coordinator

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|  | <p align="center">PROJECT: 148926 CONSTRUCTION OF NANISIVIK NAVAL FACILITIES, NU Defense Construction Canada Ltd.</p> | | |
| <p align="center">COVID-19</p> | <p align="center">COVID-19_ Response Plan</p> | <p align="center">ALMIQ_00</p> | |

1. Scope & Purpose

1.1- Scope:

This response plan applies to all projects that Almiq Contracting Ltd commits to building.

1.2- Purpose:

Implement preventive measures to control and minimize the risk of exposure and spread of COVID-19.

2. Preventive measures

2.1- 14 days of isolation in a Designated Place prior to entering Nunavut

2.2- Screening & restricted site access procedure

Almiq Contracting Ltd. is committed to asking workers and visitors to provide advance information on whether they are experiencing flu-like symptoms, have been in close contact with a person with a confirmed or probable COVID-19 infection, or have travelled outside of Canada. If a person answers YES to any of these questions, they will not be able to access the site until they have been asymptomatic for 14 days or provide a clearance letter from a physician.

Pre-deployment and daily monitoring of the health of occupants will be carried out with medical staff to minimize risks and to comply with the measures put in place. The various questionnaires can be updated according to the evolution of knowledge.

A. COVID-19 pre-deployment self-screening questionnaire


This questionnaire is intended for anyone who wishes to visit the site. The questionnaire must be filled out the day before your departure to the isolation site and submitted before 4:30 PM to allow time for the medical team to analyze potentially problematic cases.

B. COVID-19 pre-deployment or site arrival screening questionnaire

This questionnaire is to be used by the health professionals conducting the screening before employees are allowed to continue their trip to the site or by the site's health care staff in the event that a person (visitors, local workers, subcontractors, etc.) has not previously completed the questionnaire or has not already been screened.

C. COVID-19 Daily Screening Questionnaire

This questionnaire is to be used by the site's health care personnel to carry out the daily assessment of workers' health status. Each person present at the site will have to submit

| | | | |
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|  | <p align="center">PROJECT: 148926 CONSTRUCTION OF NANISIVIK NAVAL FACILITIES, NU Defense Construction Canada Ltd.</p> | | |
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to this questionnaire and will have to take their body temperature with the site's health care personnel before starting their shift.


D. COVID-19 Workplace Risk Assessment and Work Site Precautions (WSCC).

This questionnaire will be used every morning by each team of work with their supervisor and at each change of tasks to determine if additional preventive measures need to be put in place.

3. Specific precautions & Methods of communicating

3.1- General safety rules

- Screening before leaving for the site (Appendix A);
- Only workers whose presence is essential will have access to the site.
- Strict social distancing measures, maintain a distance of at least 2 metres (6 feet) from other people;
- Wearing a mask if it's not possible;
- Telephone and email communications will be prioritized for all interactions with the community;
- Avoid person-to-person contact, especially with Inuit who do not work with us;
- Anyone with flu-like symptoms must report their symptoms to health care personnel and refer to the section 4;
- Wash hands frequently with water, soap, hand towels and / or hand sanitizer with an alcohol content of at least 70% and more) for at least 20 seconds;
- Wash your hands before entering and leaving the camp and the cafeteria and as often as possible;
- Avoid touching your eyes, nose and mouth;
- Cough or sneeze into your elbow;
- Clean objects and surfaces you handle;
- Avoid crowds or gatherings, as well as contact with people with flu-like symptoms, such as fever and dry cough;
- Avoid sharing materials and equipment (e.g., shelves, pencils, communication devices, cigarettes, change, bills, etc.) if you are unable to do so, it is your responsibility to clean it according to the recommended guidelines;
- Wearing a mask is mandatory when the required social distance of two metres is not possible;
- The layout of the dining area will be adapted so that the recommended 2 metres is respected.
- Individual meal times will be set to avoid line-ups and overcrowding in the dining room.

| | | | |
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- Cooks will be responsible for providing trays, utensils and glasses to ensure that no one touches them.


3.2- Meetings

- Cancel all in-person meetings and hold them via telephone or video conference call;
- If a face-to-face meeting is necessary, as is the case on a construction site, limit the number of people present in order to respect social distancing (for example, to a maximum of 8 people or as you seem appropriate);
- If at all possible, hold any face-to-face meetings outside;
- Wash your hands before entering and leaving the meeting place;
- Respiratory etiquette
 - covering your mouth and nose when coughing or sneezing, and using handkerchiefs or his bent elbow;
 - use disposable tissues;
 - dispose of used tissues immediately in the trash;
 - wash your hands frequently;
 - do not touch your mouth or eyes with your hands, whether gloved or not.

3.3- Regular cleaning

Cleaning and disinfection with the products usually used. For more details, please refer to the following data sheets: <https://www.canada.ca/en/health-canada/services/drugs-healthproducts/disinfectants/covid-19/list.html>

- Door handles and pushers;
- Coffee machines and water fountains;
- Shared radios and telephones, copiers and fax machines;
- Handrails;
- Toilet tank levers;
- Toilet disinfection twice per shift in the middle of the shift and at the end of the shift with a daily register.
- Refrigerator handles;
- Conference or meeting room surfaces (e.g., table tops, chairs, PC cables, magic markers) and telephones.
- Exercisers before and after each use;
- Washing machine, dryer before and after each use;
- Vehicles and heavy machinery before and after every shift.

| | | | |
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3.4- Organizing work


1. On a daily basis, on-site workers complete the COVID-19 Daily Screening Questionnaire (Appendix C) with the site's health care personnel.
2. Always keep the same groups of workers for teamwork – Each teamwork must not exceed 10 people.;
3. All work teams fill out the form COVID-19 Workplace Risk Assessment and Work Site Precautions (Appendix D) before their shift and each time the task changes.
4. Arrange the space to avoid any physical contact between workers and respect, as much as possible, the 2-metre distance between them (e.g., condemn certain benches, alternate every other bench);
5. When the worker has completed his tasks, remove protective equipment and dispose of non-reusable equipment in the garbage;
6. If the task does not permit the physical distance (2 meters - 6 feet), the use of a mask and safety glasses in addition to the gloves usually worn is mandatory;
7. Have the workers eat in a room adapted to keep everyone separated by 2 metres;
8. It would be recommended to work with a coverall and cleaning is required after the shift;
9. If too many people are present at the site, groups will be formed for busy periods such as meal times, daily and weekly meetings in order to respect the two-metre distance.
10. A cleaning and sanitization logbook will be available and must be properly completed each day;
11. Only one person at a time will be allowed to go up or down the stairs, courtesy will be required in order to respect social distancing;
12. Masks will be available;
13. All measures put in place will be reviewed regularly with workers and visitors at the safety meeting and pre-shift meetings to make sure everyone knows and understands the steps they must take to protect themselves from exposure to COVID-19. They will have to sign the attendance sheet.

Informational posters will be installed for workers and visitors as a reminder.

4. Worker or visitor who develops flu-like symptoms

4.1- Isolation procedure

- Anyone with flu-like symptoms has a responsibility to inform site medical personnel.
- He must be seen by the site medical personnel for assessment.

| | | | |
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- The patient should be seen by site medical personnel for evaluation and to determine if these symptoms may be associated with COVID-19.
- If the symptoms are not those of COVID-19, the worker may return to work or be treated as flu.
- If the symptoms are those of COVID-19, the medical personnel can also consult with the medical director to seek advises (if necessary) and decide if the worker has to be transported to the South or has to be placed in isolation in his room.
- Sick worker's conditions must be monitored frequently to assess risk of maintaining that worker onsite and to prepare for possible repatriation to his or her home town.
- A suspected case of COVID should not remain on site. Evacuation to the South should be organised as the risk of complication remains and this may increase the risk of exposing the rest of the team and unnecessary risk for the patient.
- If the patient's conditions deteriorate in the next few hours, the patient will be evacuated to the South to receive the necessary care.
- The demobilization procedure will be the same as a medical evacuation with the exception that the patient will be the only passenger admitted on board the aircraft.
- A section of the camp with its own toilets and showers will be reserved for people with COVID-19 symptoms in order to avoid contaminating the other occupants.
- Meals will be brought on a tray in front of room by a person named as the person in charge.
- This same person will pick up the tray at the end of each meal.
- The waste will be thrown away immediately. The tray and dishes will be disinfected.
- The section of the camp will be disinfected every day by the person in charge and the protective equipment will be thrown in the garbage (gloves, mask).

4.2- Reporting

Almiq contracting Ltd commits to notify DCC immediately if an employee(s) or visitor(s), required to work on DND property has COVID-19 symptoms or has been subject to a credible transmission risk of COVID-19.

An incident report will be submitted to the DCC representative with the following information:

- Incident name
- Individual name(s)
- Date on which the person became symptomatic or;
- The date the person was in contact with an individual with confirmed or probable COVID-19 infection or;

| | | | |
|---|--|--------------------------------|--|
|  | <p align="center">PROJECT: 148926 CONSTRUCTION OF NANISIVIK NAVAL FACILITIES, NU Defense Construction Canada Ltd.</p> | | |
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- The date the person was in contact with an individual who has been outside of Canada within the last 14 days.
- Incident location
- Contact with DCC / DND / CAF / Other contractors

4.3- Details protocols for the employee's return to the work site

Anyone removed from the job site will not be reintegrated into a job site.

For exceptional cases (specialized workers, etc.) this possibility will be evaluated on a case-by-case approach.



 English (US) ▼

COVID-19 pre-deployment self-screening questionnaire

This questionnaire is to be used by employees and subcontractors wishing to visit the site. The questionnaire must be filled out the day before your departure and submitted before 4:30 PM to allow time for the medical team to analyze potentially problematic cases.

Project

Nanisivik

Date

29/05/2020



dd/mm/yyyy

10



:

39



PM



Time

Minutes

Individual

Identification *

First Name

Last Name

Date of Birth *

dd/mm/yyyy



dd/mm/yyyy

Job

Email *

Home Phone

-

Cell. Phone

-

Area Code

Phone Number

Area Code

Phone Number

Employer

Organization ***Name of supervisor****Supervisor Email**

The individual must answer "NO" to all the questions in this questionnaire in order to be admitted to the site.

When the questionnaire is submitted remotely, if the individual is experiencing symptoms or has answered "YES" to any of these questions, the individual should immediately contact the site's healthcare professional at nanisivik@siriusmed.com or +1 705-805-5924 after submitting the questionnaire to discuss the situation and recommended next steps. The individual should also inform his or her supervisor and the company's human resources department.

The individual certifies to the best of his or her knowledge that this information is accurate.

Questions

1. In the past few days, have you had any of the following signs and symptoms (Type A)? *

| | YES | NO |
|--|-----------------------|-----------------------|
| Fever (38 C and above) or sensation of fever (chills) | <input type="radio"/> | <input type="radio"/> |
| Cough (new onset or exacerbation of a chronic cough) | <input type="radio"/> | <input type="radio"/> |
| Difficulty breathing or chest pain | <input type="radio"/> | <input type="radio"/> |
| Lost of sense of smell or taste without nasal congestion | <input type="radio"/> | <input type="radio"/> |

2. Have you had any other symptoms (type B) such as: *

| | YES | NO |
|---|-----------------------|-----------------------|
| Severe Fatigue | <input type="radio"/> | <input type="radio"/> |
| Headache | <input type="radio"/> | <input type="radio"/> |
| Congestion / runny nose | <input type="radio"/> | <input type="radio"/> |
| Sore throat with or without dysphagia (difficulty swallowing) or hoarse voice | <input type="radio"/> | <input type="radio"/> |
| Gastroenteritis (nausea, vomiting, diarrhea) | <input type="radio"/> | <input type="radio"/> |

In the past 14 days, have you been in contact with a suspected COVID-19 positive case? *

☐ YES

☐ NO

If you answered YES to question 3, please specify the type of contact:

☐ Close contact: from more than 10 minutes cumulatively to less than 2m

☐ Close contact: sharing an enclosed space for more than two hours (bedroom, office, car, etc)

☐ Occasional contact: less than 15 minutes of face-to-face contact with a confirmed COVID+ case in the 24 hours prior to the onset of symptoms.

☐ Occasional contact: sharing an enclosed space with a confirmed COVID+ case for less than two hours in the 24 hours prior to the onset of symptoms.

4. In the past 14 days, have you been in contact with a confirmed case of COVID-19 positive? *

☐ YES

☐ NO

If you answered YES to question 4, please specify the type of contact:

- ☐ Close contact: from more than 10 minutes cumulatively to less than 2m
- ☐ Close contact: sharing an enclosed space for more than two hours (bedroom, office, car, etc)
- ☐ Occasional contact: less than 15 minutes of face-to-face contact with a confirmed COVID+ case in the 24 hours prior to the onset of symptoms.
- ☐ Occasional contact: sharing an enclosed space with a confirmed COVID+ case for less than two hours in the 24 hours prior to the onset of symptoms.

5. Do you live with a health care worker? *

- ☐ Yes ☐ No

6. Do you suffer from any of the following conditions (even if these are well controlled)? It is important to note that the presence of one or more of these conditions increases the risk of complications from COVID-19 infection but does not prevent you from getting to work.

| | YES | NO |
|--|-----------------------|-----------------------|
| Asthma | <input type="radio"/> | <input type="radio"/> |
| COPD (Bronchitis or emphysema) | <input type="radio"/> | <input type="radio"/> |
| Diabetes | <input type="radio"/> | <input type="radio"/> |
| High Blood pressure | <input type="radio"/> | <input type="radio"/> |
| Immunosuppression (secondary to medication or medical condition) | <input type="radio"/> | <input type="radio"/> |
| Heart disease | <input type="radio"/> | <input type="radio"/> |
| Age above 70 | <input type="radio"/> | <input type="radio"/> |

Medications

Do not take medication for fever or pain (e.g. Tylenol, Advil) less than 6 hours before taking a temperature.

Reminder

It is important to:

- wash your hands frequently with soap
 - respect social distancing measures of 2m as much as possible
 - wash PPE and tools after each shift
 - wash your clothes regularly and dry them in the dryer
-

Employee Confirmation

I certify to the best of my knowledge; this information is accurate.

Signature *

Clear



Prepared by SIRIUSMEDx
www.siriusmedx.com



 English (US) ▼

COVID-19 pre-deployment or site arrival screening questionnaire

This questionnaire is to be used by the health professionals conducting the screening before employees are allowed to continue their trip to the site or by the site's health care staff in the event that a person (visitors, employees, subcontractors, etc.) has not previously completed the questionnaire or has not already been screened.

Project

Nanisivik

Date

29/05/2020



dd/mm/yyyy

10



:

48



PM



Time

Minutes

Individual

Identification *

First Name

Last Name

Date of Birth *

dd/mm/yyyy



dd/mm/yyyy

Job

Email *

Home Phone

-

Cell. Phone

-

Area Code

Phone Number

Area Code

Phone Number

Employer

Organization *

Name of supervisor

Supervisor Email

The individual must answer "NO" to all the questions in this questionnaire in order to be admitted to the site.

When the questionnaire is submitted remotely, if the individual is experiencing symptoms or has answered "YES" to any of these questions, the individual should immediately contact the site's healthcare professional at nanisivik@siriusmed.com or +1 705-805-5924 after submitting the questionnaire to discuss the situation and recommended next steps. The individual should also inform his or her supervisor and the company's human resources department.

The individual certifies to the best of his or her knowledge that this information is accurate.

Questions

1. In the past few days, have you had any of the following signs and symptoms (Type A)? *

| | YES | NO |
|--|-----------------------|-----------------------|
| Fever (38 C and above) or sensation of fever (chills) | <input type="radio"/> | <input type="radio"/> |
| Cough (new onset or exacerbation of a chronic cough) | <input type="radio"/> | <input type="radio"/> |
| Difficulty breathing or chest pain | <input type="radio"/> | <input type="radio"/> |
| | | |

| | | |
|--|-----------------------|-----------------------|
| Lost of sense of smell or taste without nasal congestion | <input type="radio"/> | <input type="radio"/> |
|--|-----------------------|-----------------------|

2. Have you had any other symptoms (type B) such as: *

| | YES | NO |
|---|-----------------------|-----------------------|
| Severe Fatigue | <input type="radio"/> | <input type="radio"/> |
| Headache | <input type="radio"/> | <input type="radio"/> |
| Congestion / runny nose | <input type="radio"/> | <input type="radio"/> |
| Sore throat with or without dysphagia or hoarse voice | <input type="radio"/> | <input type="radio"/> |
| Gastroenteritis (nausea, vomiting, diarrhea) | <input type="radio"/> | <input type="radio"/> |

In the past 14 days, have you been in contact with a suspected COVID-19 positive case? *

☐ YES ☐ NO

If you answered YES to question 3, please specify the type of contact:

- ☐ Close contact: from more than 10 minutes cumulatively to less than 2m
- ☐ Close contact: sharing an enclosed space for more than two hours (bedroom, office, car, etc)
- ☐ Occasional contact: less than 15 minutes of face-to-face contact with a confirmed COVID+ case in the 24 hours prior to the onset of symptoms.
- ☐ Occasional contact: sharing an enclosed space with a confirmed COVID+ case for less than two hours in the 24 hours prior to the onset of symptoms.

4. In the past 14 days, have you been in contact with a confirmed case of COVID-19 positive? *

☐ YES ☐ NO

If you answered YES to question 4, please specify the type of contact:

- ☐ Close contact: from more than 10 minutes cumulatively to less than 2m
- ☐ Close contact: sharing an enclosed space for more than two hours (bedroom, office, car, etc)
- ☐ Occasional contact: less than 15 minutes of face-to-face contact with a confirmed COVID+ case in the 24 hours prior to the onset of symptoms.
- ☐ Occasional contact: sharing an enclosed space with a confirmed COVID+ case for less than two hours in the 24 hours prior to the onset of symptoms.

5. Do you live with a health care worker? *

- ☐ Yes ☐ No

6. Do you suffer from any of the following conditions (even if these are well controlled)? It is important to note that the presence of one or more of these conditions increases the risk of complications from COVID-19 infection but does not prevent you from getting to work.

| | YES | NO |
|--|-----------------------|-----------------------|
| Asthma | <input type="radio"/> | <input type="radio"/> |
| COPD (Bronchitis or emphysema) | <input type="radio"/> | <input type="radio"/> |
| Diabetes | <input type="radio"/> | <input type="radio"/> |
| High Blood pressure | <input type="radio"/> | <input type="radio"/> |
| Immunosuppression (secondary to medication or medical condition) | <input type="radio"/> | <input type="radio"/> |
| Heart disease | <input type="radio"/> | <input type="radio"/> |
| Age above 70 | <input type="radio"/> | <input type="radio"/> |

7. Have you taken any medication in the last 6 hours? *

| | YES | NO |
|--|-----------------------|-----------------------|
| Antipyretics (e.g. Acetaminophen, Ibuprofen) | <input type="radio"/> | <input type="radio"/> |
| Cold medicine | <input type="radio"/> | <input type="radio"/> |

Body Temperature

Temperature *

e.g. 37.8

Celcius

Type

☐ Oral

☒ Contact Free

Validation

Screener Name: *

First Name

Last Name

Screening result: Once the questionnaire has been completed, the result will be displayed below. The individual will be classified as **GREEN**, **YELLOW** or **RED** case. If yellow and red appear, the red case takes precedence.

The individual is a **yellow** case (higher potential risk). He either has a type B criteria, has taken medication in the last 6 hours that may affect his temperature taking, or has had exposure to a person at risk.



Prepared by SIRIUSMEDx

www.siriusmedx.com



 English (US) ▼

COVID-19 Daily Screening Questionnaire

This questionnaire is to be used by the site's health care personnel to carry out the daily assessment of workers' health status.

Project

Nanisivik

Date

29/05/2020



dd/mm/yyyy

10



:

31



PM



Time

Minutes

Individual

Identification *

First Name

Last Name

Questions

1. In the past few days, have you had any of the following signs and symptoms (Type A)? *

| | YES | NO |
|--|-----------------------|-----------------------|
| Fever (38 C and above) or sensation of fever (chills) | <input type="radio"/> | <input type="radio"/> |
| Cough (new onset or exacerbation of a chronic cough) | <input type="radio"/> | <input type="radio"/> |
| Difficulty breathing or chest pain | <input type="radio"/> | <input type="radio"/> |

Lost of sense of smell or taste without nasal congestion

☐☐

2. Have you had any other symptoms (type B) such as: *

| | YES | NO |
|---|-----------------------|-----------------------|
| Severe Fatigue | <input type="radio"/> | <input type="radio"/> |
| Headache | <input type="radio"/> | <input type="radio"/> |
| Congestion / runny nose | <input type="radio"/> | <input type="radio"/> |
| Sore throat with or without dysphagia (difficulty swallowing) or hoarse voice | <input type="radio"/> | <input type="radio"/> |
| Gastroenteritis (nausea, vomiting, diarrhea) | <input type="radio"/> | <input type="radio"/> |

3. Have you taken any medication in the last 6 hours? *

| | YES | NO |
|--|-----------------------|-----------------------|
| Antipyretics (e.g. Acetaminophen, Ibuprofen) | <input type="radio"/> | <input type="radio"/> |
| Cold medicine | <input type="radio"/> | <input type="radio"/> |

Body Temperature

Temperature *

e.g. 37.8

Celcius

Type

☐ Oral

☒ Contact Free

Reminder

It is important to:

- wash your hands frequently with soap
- respect social distancing measures of 2m as much as possible

- wash PPE and tools after each shift
- wash your clothes regularly and dry them in the dryer

Validation

Section Reserved for the Health Care Professional

Medical Screener *

- ☐ First and last name, position
- ☐ First and last name, position
- ☐ Other: first and last name, position

Screening result: Once the questionnaire has been completed, the result will be displayed below. The individual will be classified as **GREEN**, **YELLOW** or **RED** case. If yellow and red appear, the red case takes precedence.

The individual is a yellow case (higher potential risk). He either has a type B criteria, has taken medication in the last 6 hours that may affect his temperature taking, or has had exposure to a person at risk.



Prepared by SIRIUSMEDx

www.siriusmedx.com

COVID-19 Workplace Risk Assessment and Work Site Precautions

Risk Assessment


reference: <https://www.osha.gov/Publications/OSHA3990.pdf>

- ☐ Complete the following risk assessment to identify:
- How Workers might be exposed to COVID-19, including sources such as the general public, customers, and coworkers;
 - Workers' individual risk factors (for example, older age, chronic medical conditions, pregnancy); and
 - Controls necessary to mitigate or lower those risks.

Occupational Risk Levels for COVID-19

| Exposure Risk Level | Sample occupations |
|--|--|
| <input type="checkbox"/> Very High | Jobs such as healthcare workers who have significant exposure to the virus and laboratory personnel who work with COVID-19 specimen. |
| <input type="checkbox"/> High | Jobs such as healthcare delivery and clinical support workers who must enter patients' rooms, but who may not have direct exposure to infected patients; and medical transport workers who transport patients. |
| <input type="checkbox"/> Medium | Roles and responsibilities that require frequent or close contact with (within 2 metres of) people who may be infected. Workers in this risk group may have frequent contact with travelers who may return from locations outside of the territory, such as cab drivers, group home workers, and daycare workers. |
| <input type="checkbox"/> Lower Risk (Caution) | Jobs that do not require frequent close contact with (within 2 metres of) the general public. Workers in this category have minimal occupational contact with the public and other coworkers. |

Determine hazard control measures. Can you:

| | |
|---|--|
|  Best | <input type="checkbox"/> Eliminate the hazard: This removes the task, equipment, chemical, or act that is causing the hazard. For example, have Workers work remotely. |
| | <input type="checkbox"/> Substitute: Change the work process, person, substance, tool or equipment for a less hazardous one. |
| | <input type="checkbox"/> Engineer: Design the work site, equipment, or process to minimize, eliminate, or contain the hazard. For example can a barrier be installed to protect Workers? |
| | <input type="checkbox"/> Administrative: Limit the Worker's exposure to the hazard through safe work procedures. For example make sure Workers are trained on hand washing, know the symptoms of COVID-19, and limit exposure to the public, clients, or customers. |
| | <input type="checkbox"/> Personal Protective Equipment: Used as a last resort to protect a Worker from exposure to a hazard. For example wear gloves. |
| Least | |

Use the table on p. 3 to note the hazards and document the controls you will implement.

COVID-19 Workplace Risk Assessment and Work Site Precautions

Table: Implement the hazard controls

| Hazard | Control Method |
|--|----------------|
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| 5. | |
| 6. | |
| 7. | |
| 8. | |
| For each control, you should be able to answer yes to these questions: <input type="checkbox"/> Have you discussed the hazards and controls with the Workers? <input type="checkbox"/> Have provided training for these control measures? <input type="checkbox"/> Have you saved a copy of this risk assessment? | |

Step 5: Measure the effectiveness:

- ☐ Create a plan to monitor that the controls are working. For example: check during inspections, discuss at a safety meeting, develop a pre-shift checklist.
- ☐ If the control does not work, review and revise the control.
- ☐ Make sure you discuss all options with Workers.

**Regularly review this hazard assessment with Workers,
and revise when the work environment changes.**

You do not need to submit this assessment to WSCC.

To have an OHS Inspector assist you with your risk assessment, please call (877) 404-4407
or email Covid-19@wscc.nu.ca.

For all other concerns related to COVID-19, visit
<https://gov.nu.ca/health/information/covid-19-novel-coronavirus>

COVID-19 Workplace Risk Assessment and Work Site Precautions

General Safety Precautions

Any Workers who returned to Nunavut between March 15, 2020 and March 24, 2020 must self-isolate as per the Chief Public Health Officers' direction. Residents and Critical Workers returning to Nunavut after March 24, 2020 must undergo mandatory isolation before they can return to the Territory.

For more information, please refer to the Government of Nunavut's website:

<https://gov.nu.ca/health/information/covid-19-novel-coronavirus>.

To reduce the risk of transmission, ensure the following safety precautions are implemented:

- ☐ Staff must maintain a distance of 2 metres between themselves and customers at all times
- ☐ Staff should wash their hands regularly with soap and water or use hand sanitizer if soap and water are not available.
- ☐ Hand sanitizing stations should be installed in areas frequently touched by staff and customers.
- ☐ Staff should be provided with disposable gloves for handling money and garbage.
- ☐ Frequently touched areas should be disinfected more often.
- ☐ Staff should be educated about hand washing and coughing etiquette (see https://www.gov.nu.ca/sites/default/files/washing_hands_poster_eng_inuktitut.pdf and https://www.gov.nu.ca/sites/default/files/files/Cover_Your_Cough_Poster_ENG_sept_2013.pdf).

Discuss the following precautions with Workers to ensure everyone understands the necessary protective measures:

- Regularly and thoroughly clean your hands with an alcohol-based hand rub or wash them with soap and water
- Maintain a distance of 2 metres (6 feet) between yourself and others
- Do not touch your face
- Use disposable gloves when handling items others have touched
- Regularly clean and disinfect communal equipment such as telephones, keyboards, cash registers
- Encourage customers to pay electronically whenever possible
- Place signage or other visible indicators to promote social distancing in lines or waiting for service
- Limit the number of customers in the business at any given time
- If you are an essential service, evaluate your shift options. Can you reduce the number of staff of each shift, can staff work remotely or can you add more shifts?
- Wear protective gloves when handling garbage and clean your hands with soap and water when done
- Regularly disinfect high touch items such as toilets, sink taps, handles, door knobs, light switches, cellphones, frequently throughout the day
- Follow good respiratory hygiene practices: cover your mouth and nose with your elbow or a tissue when you cough or sneeze, and throw the tissue away when done

References:

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public>
https://www.gov.nu.ca/sites/default/files/social_distancing_-_eng.pdf



COVID-19 Management System

SIRIUSMEDx specializes in Safety and Industry Workplace protection. Our expertise is with risk assessment, management system implementation and integration coupled with medical consultation and oversight.

We have developed a 6-step management system to help achieve compliance with regulations, to create a controlled environment where all personnel can feel at ease in the workplace and we can start the process of getting back to work.

GOALS :

To provide education and training for workers.

To maintain workplace standards and practices congruent with Worksafe Regulations and Health Authority guidelines.

To provide Consultation and Risk Assessment, Location Oversight, Health Officers, Cleaning Services, supplies and equipment.

For more information or to receive a proposal contact:

YANNICK SISLA
ysisla@siriusmed.com

6-STEP MANAGEMENT SYSTEM

1

RISK ASSESSMENT AND MANAGEMENT PLAN

- Initial Audit and Risk Assessment
- Development of Exposure Control Protocol (ECP)
- Ongoing evaluation of location and recommendations.

2

ONLINE AND ON LOCATION TRAINING

- Ensuring Education, Understanding, Uniformity and Compliance for all the employees and managers.
- Mandatory Online Training Before Deployment
- COVID-19 Safety and Procedures
- Education Capsules and Newsletter for Updates.

3

MEDICAL SCREENING

- Administering medical questionnaires and taking temperature
- Pre-deployment general or specific based medical screening
- On site screening at or pre arrival before entering the managed zone
- Daily screening process
- Physical Check or Exam (daily or otherwise).

4

LOCATION MANAGEMENT

- Staffing
 - Health Officer (compliance / oversight)
 - Health coordinator
- medical screeners
 - Cleaning crews
- Guidelines application and recommendations
 - Cleaning/ Hygiene recommendations
 - Equipment and site disinfection
 - Proper use of PPE
 - Signage and Cleaning services.

5

MEDICAL OVERSIGHT FOR LOCATION MEDICAL PERSONNEL

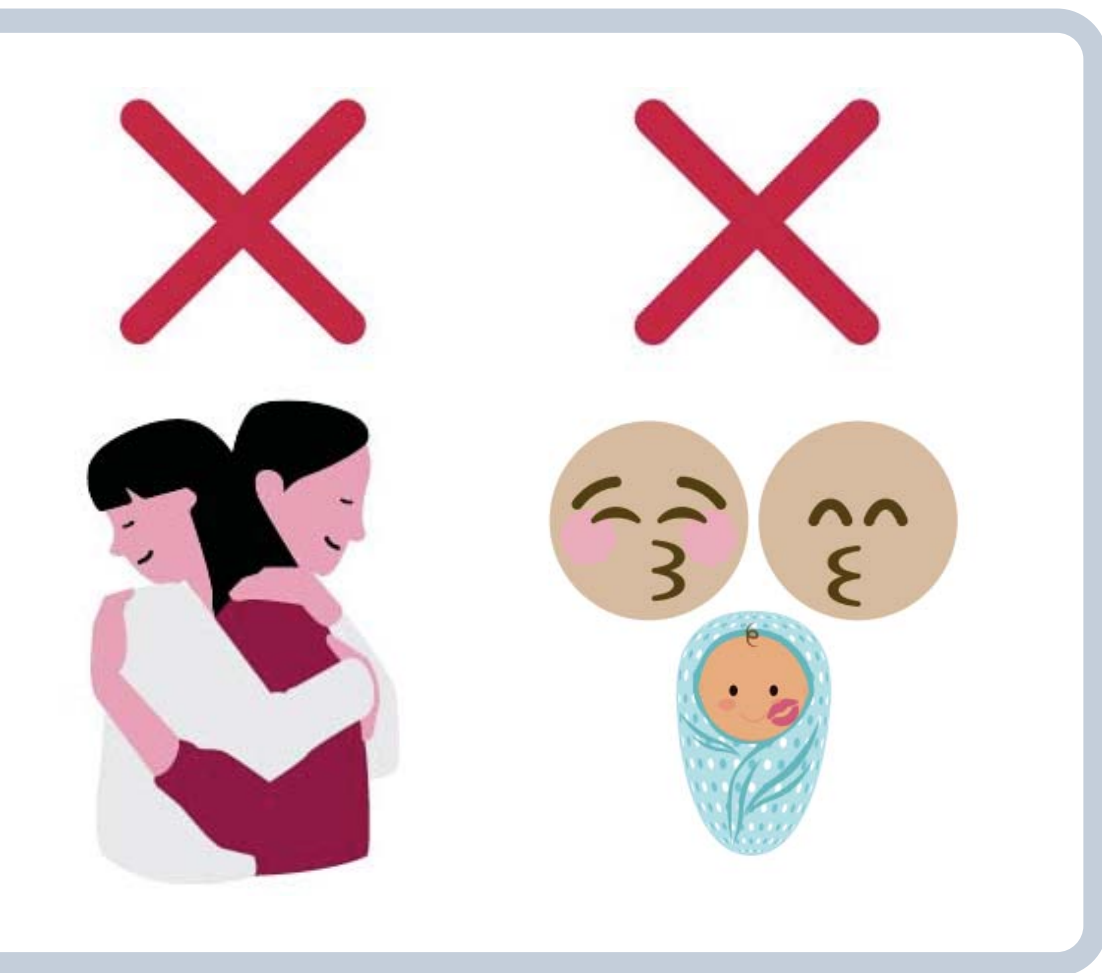
- Protocol Review / Audit
- Support for medical personnel and case management of symptomatic individuals per Health Authority Guidelines
- Telemedicine / medical consultations

6

EQUIPMENT AND SUPPLIES

- PPE (gloves & masks)
- Portable Hand Washing Stations
- Cleaning Supplies
- Sanitizer Wipes
- Plexiglass Dividers
- Site Sanitation Mechanisms
- Soap / Hydroalcoholic solution and Sanitizer
- Hands Free Door openers
- Signage
- Disposal and Waste Management.

you are symptom free and not part of an at-risk group,
to change your lifestyle starting today,



AV

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CORONAVIRUS DISEASE (COVID-19)

VULNERABLE POPULATIONS AND COVID-19

While diseases can make anyone sick, some Canadians are more at risk of getting an infection and developing severe complications due to their health, social and economic circumstances.

Organizations, staff and volunteers play an important role in helping to prevent these populations from getting or spreading the COVID-19 virus. Start by sharing simple things they can do to help keep themselves and others healthy, guide them to help if they develop any signs and symptoms and learn ways help care for sick clients recovering from COVID-19.



Vulnerable populations may include:

Anyone who is:

- ▶ An older adult
- ▶ At risk due to underlying medical conditions (e.g. heart disease, hypertension, diabetes, chronic respiratory diseases, cancer)
- ▶ At risk due to a compromised immune system from a medical condition or treatment (e.g. chemotherapy)



Suggestions for supporting vulnerable populations during COVID-19 outbreaks

- ▶ Provide clear instructions about how to wash hands and cover coughs using:
 - The most commonly used language in the community
 - Short messages that explain simple steps they can take
 - Large font and graphics
 - Accessible instructions (e.g. braille, pictorial); and
 - By posting signs in common areas: near sinks, entrances, intake areas, restrooms, sleeping areas, recreation areas, waiting rooms
- ▶ Consider supporting alternatives such as:
 - Putting in place alternative outreach measures or a “buddy” system
 - Including policies to allow sick clients to rest in shelters during the day
 - Providing access to food, drinks and supplies, as possible
 - Reminding clients to fill or refill prescriptions, and necessary medical supplies
- ▶ If you suspect a client is sick from COVID-19, please contact your local **Public Health Authority**



www.gov.nu.ca/health



[@GOVofNunavut](https://twitter.com/GOVofNunavut)



Facebook.com/govofNunavut

Wash your hands



Wet hands



Apply soap



**ᄡᆞᆯᄧᆞᆫ ᄢᆞᆺᄣᆞᆫ 15ᄱᆞ
20ᄱᆞ ᄦᆞᆸᄣᆞᆫᄱᆞ**

Rub for 15 to 20 seconds



Scrub Nails



Rinse



46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100. 101. 102. 103. 104. 105. 106. 107. 108. 109. 110. 111. 112. 113. 114. 115. 116. 117. 118. 119. 120. 121. 122. 123. 124. 125. 126. 127. 128. 129. 130. 131. 132. 133. 134. 135. 136. 137. 138. 139. 140. 141. 142. 143. 144. 145. 146. 147. 148. 149. 150. 151. 152. 153. 154. 155. 156. 157. 158. 159. 160. 161. 162. 163. 164. 165. 166. 167. 168. 169. 170. 171. 172. 173. 174. 175. 176. 177. 178. 179. 180. 181. 182. 183. 184. 185. 186. 187. 188. 189. 190. 191. 192. 193. 194. 195. 196. 197. 198. 199. 200. 201. 202. 203. 204. 205. 206. 207. 208. 209. 210. 211. 212. 213. 214. 215. 216. 217. 218. 219. 220. 221. 222. 223. 224. 225. 226. 227. 228. 229. 230. 231. 232. 233. 234. 235. 236. 237. 238. 239. 240. 241. 242. 243. 244. 245. 246. 247. 248. 249. 250. 251. 252. 253. 254. 255. 256. 257. 258. 259. 260. 261. 262. 263. 264. 265. 266. 267. 268. 269. 270. 271. 272. 273. 274. 275. 276. 277. 278. 279. 280. 281. 282. 283. 284. 285. 286. 287. 288. 289. 290. 291. 292. 293. 294. 295. 296. 297. 298. 299. 300. 301. 302. 303. 304. 305. 306. 307. 308. 309. 310. 311. 312. 313. 314. 315. 316. 317. 318. 319. 320. 321. 322. 323. 324. 325. 326. 327. 328. 329. 330. 331. 332. 333. 334. 335. 336. 337. 338. 339. 340. 341. 342. 343. 344. 345. 346. 347. 348. 349. 350. 351. 352. 353. 354. 355. 356. 357. 358. 359. 360. 361. 362. 363. 364. 365. 366. 367. 368. 369. 370. 371. 372. 373. 374. 375. 376. 377. 378. 379. 380. 381. 382. 383. 384. 385. 386. 387. 388. 389. 390. 391. 392. 393. 394. 395. 396. 397. 398. 399. 400. 401. 402. 403. 404. 405. 406. 407. 408. 409. 410. 411. 412. 413. 414. 415. 416. 417. 418. 419. 420. 421. 422. 423. 424. 425. 426. 427. 428. 429. 430. 431. 432. 433. 434. 435. 436. 437. 438. 439. 440. 441. 442. 443. 444. 445. 446. 447. 448. 449. 450. 451. 452. 453. 454. 455. 456. 457. 458. 459. 460. 461. 462. 463. 464. 465. 466. 467. 468. 469. 470. 471. 472. 473. 474. 475. 476. 477. 478. 479. 480. 481. 482. 483. 484. 485. 486. 487. 488. 489. 490. 491. 492. 493. 494. 495. 496. 497. 498. 499. 500. 501. 502. 503. 504. 505. 506. 507. 508. 509. 510. 511. 512. 513. 514. 515. 516. 517. 518. 519. 520. 521. 522. 523. 524. 525. 526. 527. 528. 529. 530. 531. 532. 533. 534. 535. 536. 537. 538. 539. 540. 541. 542. 543. 544. 545. 546. 547. 548. 549. 550. 551. 552. 553. 554. 555. 556. 557. 558. 559. 560. 561. 562. 563. 564. 565. 566. 567. 568. 569. 570. 571. 572. 573. 574. 575. 576. 577. 578. 579. 580. 581. 582. 583. 584. 585. 586. 587. 588. 589. 590. 591. 592. 593. 594. 595. 596. 597. 598. 599. 600. 601. 602. 603. 604. 605. 606. 607. 608. 609. 610. 611. 612. 613. 614. 615. 616. 617. 618. 619. 620. 621. 622. 623. 624. 625. 626. 627. 628. 629. 630. 631. 632. 633. 634. 635. 636. 637. 638. 639. 640. 641. 642. 643. 644. 645. 646. 647. 648. 649. 650. 651. 652. 653. 654. 655. 656. 657. 658. 659. 660. 661. 662. 663. 664. 665. 666. 667. 668. 669. 670. 671. 672. 673. 674. 675. 676. 677. 678. 679. 680. 681. 682. 683. 684. 685. 686. 687. 688. 689. 690. 691. 692. 693. 694. 695. 696. 697. 698. 699. 700. 701. 702. 703. 704. 705. 706. 707. 708. 709. 710. 711. 712. 713. 714. 715. 716. 717. 718. 719. 720. 721. 722. 723. 724. 725. 726. 727. 728. 729. 730. 731. 732. 733. 734. 735. 736. 737. 738. 739. 740. 741. 742. 743. 744. 745. 746. 747. 748. 749. 750. 751. 752. 753. 754. 755. 756. 757. 758. 759. 760. 761. 762. 763. 764. 765. 766. 767. 768. 769. 770. 771. 772. 773. 774. 775. 776. 777. 778. 779. 780. 781. 782. 783. 784. 785. 786. 787. 788. 789. 790. 791. 792. 793. 794. 795. 796. 797. 798. 799. 800. 801. 802. 803. 804. 805. 806. 807. 808. 809. 810. 811. 812. 813. 814. 815. 816. 817. 818. 819. 820. 821. 822. 823. 824. 825. 826. 827. 828. 829. 830. 831. 832. 833. 834. 835. 836. 837. 838. 839. 840. 841. 842. 843. 844. 845. 846. 847. 848. 849. 850. 851. 852. 853. 854. 855. 856. 857. 858. 859. 860. 861. 862. 863. 864. 865. 866. 867. 868. 869. 870. 871. 872. 873. 874.

[illegible]

Turn off tap and open door
with paper towel



Instructions for making a mask

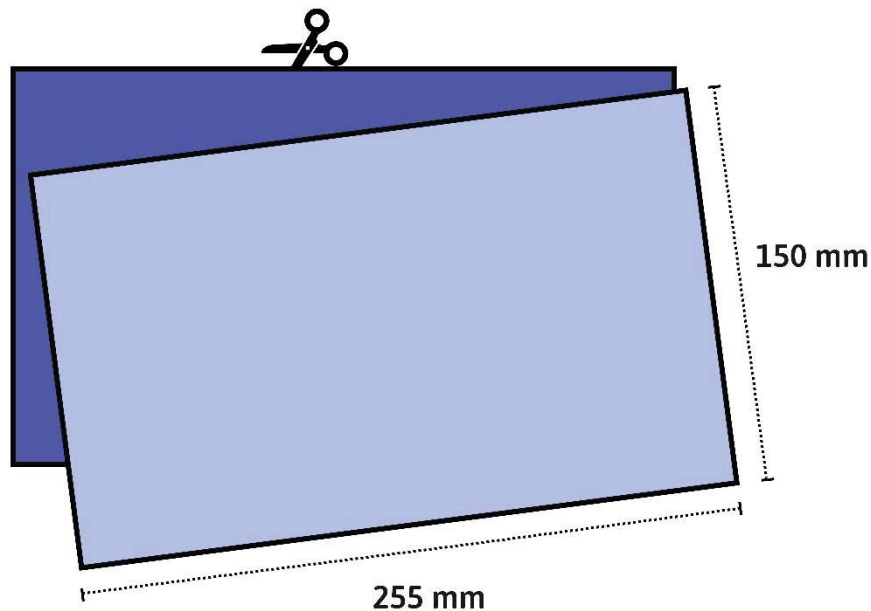
Using a sewing machine

Materials

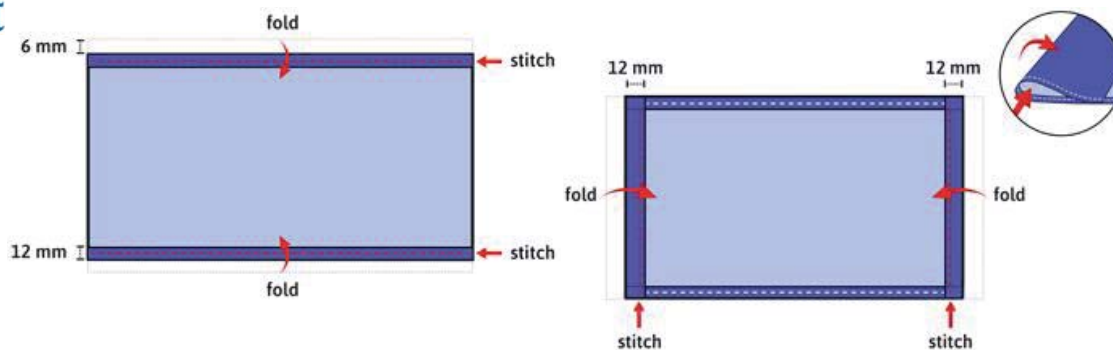
- Two 255 mm by 150 mm rectangles of cotton fabric
- Two 150 mm pieces of elastic (or rubber bands, string, cloth strips, hair ties)
- Needle and thread (safety pins or a stapler will also work)
- Scissors
- Sewing machine (if available)

Instructions

Step 1. Cut out two 255 mm by 150 mm rectangles of cotton fabric. Use tightly woven cotton, such as quilting fabric or cotton sheets. T-shirt fabric will work too. Stack the 2 rectangles, as you will sew the face covering as if it was a single piece of fabric.

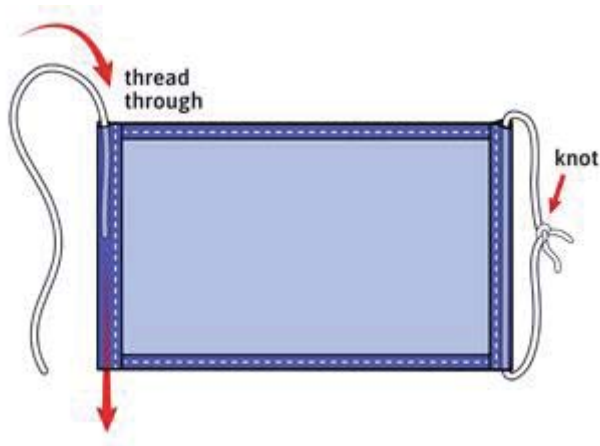


Step 2. Fold over the long sides 6 mm hem. Then fold the double layer of fabric over 12 mm along the short sides and stitch down.

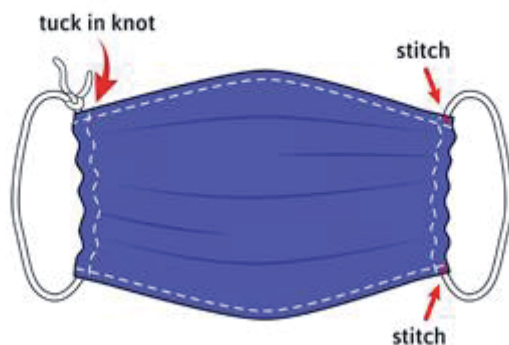


Step 3. Run a 150 mm length of 3 mm wide elastic through the wider hem on each side of the face covering. These will be the ear loops. Use a large needle or a bobby pin to thread it through. Tie the ends tight.

Use hair ties or elastic headbands if you do not have elastic. If you only have string, you can make the ties longer and tie the face covering behind your head.



Step 4. Gently pull on the elastic so that the knots are tucked inside the hem. Gather the sides of the face covering on the elastic and adjust so it fits your face. Then securely stitch the elastic in place to keep it from slipping.



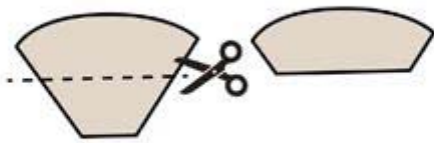
Without a sewing machine

Materials

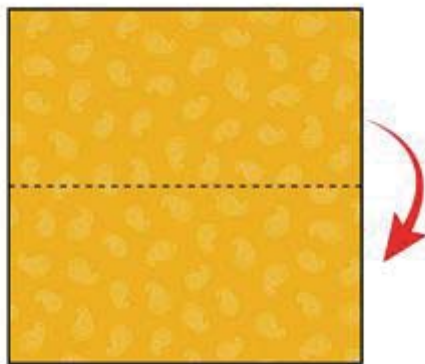
- Bandana (or square cotton cloth approximately 510 mm by 510 mm)
- Coffee filter or a folded paper towel
- Rubber bands (or hair ties)
- Scissors (if you are cutting your own cloth)

Instructions

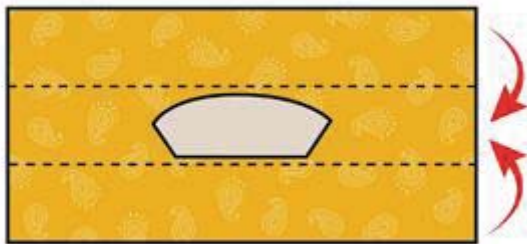
Step 1. Cut a coffee filter horizontally across the middle. Keep the top with the rounded part.



Step 2. Fold a square bandana in half.



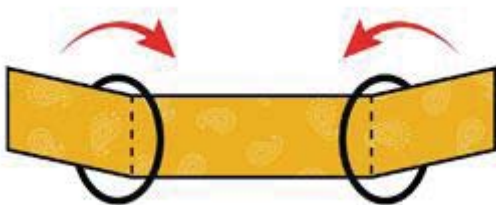
Step 3. Put the rounded top of the cut filter in the center of your folded bandana. Fold the top of the bandana down over the filter. Then fold the bottom of the bandana up over the filter.



Step 4. Insert the folded cloth into 2 rubber bands or hair ties, about 150 mm apart.



Step 5. Fold sides to the middle and tuck around the bands or hair ties.



Step 6. Pull the bands or hair ties around your ears.





Masks alone will not prevent the spread of COVID-19

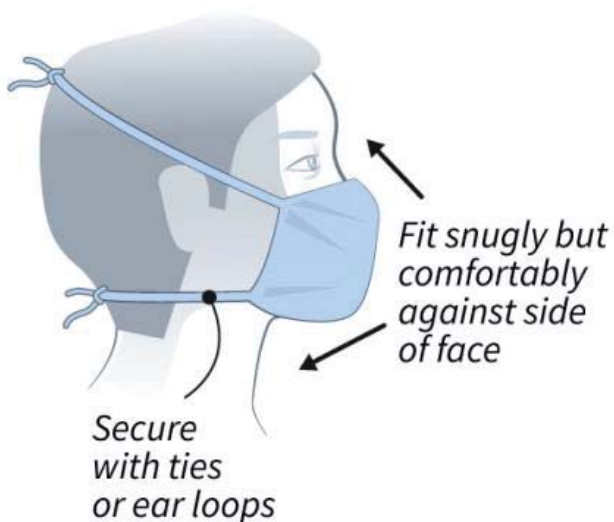
You must continue to practice to good hand hygiene and social distancing.

How to put on a mask:

1. Ensure mask is clean and dry.
2. Wash hands.
3. Place mask over nose and mouth.
4. Wash hands.
5. Avoid touching your face while wearing the mask.

How to remove a mask:

1. Wash Hands.
2. Remove mask.
3. Store in a plastic bag if not at home.
4. Wash hands.
5. Machine-wash the mask with hot, soapy water.



- Masks can be sewn with fabric or made without sewing using a cotton shirt or sheet.
- You must machine-wash face covering regularly.

WHEN TO WEAR A MASK:

- * For short periods of time when social distancing is not possible in public (e.g. air travel or grocery store)

WHO SHOULD NOT WEAR A MASK:

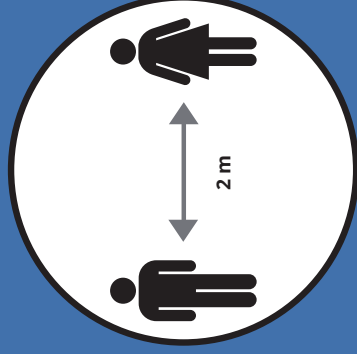
- *Children aged under 2
- *Anyone with breathing difficulties
- *Anyone unconscious

For more information visit: <https://gov.nu.ca/health/information/covid-19-novel-coronavirus>

MASKS ARE NOT ENOUGH.



HAND
WASHING



PHYSICAL
DISTANCING



For more information, visit

gov.nu.ca/health/information/covid-19-novel-coronavirus

or follow our social media pages at

facebook.com/GovofNunavut/

or **twitter.com/GOVofNUNAVUT**

you and your loved ones to help manage and cope with stress:

BREATHING TECHNIQUES

Diaphragm breathing: Take a deep breath, letting your abdomen expand fully. Hold your breath for about 5 seconds. As you exhale, relax your jaw and shoulders.

Progressive muscle relaxation: Tense your muscles, one area at a time. Take a deep breath and hold it for about 5 seconds. Let your breath go all at once. Next clench your fists, tighten your shoulders, jaw and finally squeeze your eyelids.

SPENDING TIME ON THE LAND

Spending time outside, going to nature and spending time at your cabin can support your mental wellbeing.

MINDFUL ACTIVITIES

Activities focusing your attention on the present moment. Sewing, knitting, beading and cooking are all good ways to reduce anxiety.

CONNECTING TO FRIENDS/RELATIVES (ON THE PHONE OR ONLINE)

Connecting with loved ones is key to maintaining healthy relationships and balance. Social distancing does not mean social isolation.

LIMITING TIME ON SOCIAL MEDIA

Although it is important to stay informed and aware of the latest recommendations, limiting time on Facebook, Instagram and Twitter can help to minimize feelings of anxiety and stress.

Canada is asking that **all travellers have a removable face covering large enough to cover their mouth travel through Canadian airports and in-flight**.

that they have in their possession the mandatory face covering as part of the registration or check-in will **not** be allowed to continue on their journey.

Travellers will be asked to wear the non-medical mask

checkpoints;

Travellers who cannot physically distance from others, when they are 2 metres or less from another person, or who are the occupant of the person's private home; or who are the occupant of the air operator, the Canadian Air Transport Security Authority, a Canada Border Services Agency or a public health official.

Travellers will be worn under the following circumstances:

Travellers 12 years old;

Nothing difficulties unrelated to COVID-19;

Travellers, after handing documents to the air carrier, will be asked to step back to an appropriate distance to allow for their **face covering for identity verification**. After the verification, the passenger can then **re-cover their mouth** while waiting to collect their documents;

When the safety of the person could be endangered by the person eating, drinking or using other items; and

Controlled area of the airport. Travellers will need to **cover to have their photo taken at the Primary** when asked to do so by a Canada Border Services Agency or provincial public Health Agency of Canada and/or provincial

Wearing a face covering over the mouth and nose is an important additional measure that all travellers can take to protect those around them. Air travellers are encouraged to **wear a non-medical mask or face covering whenever possible**, especially in situations where physical distancing guidelines cannot be maintained. Refusal to comply with the wearing of a non-medical mask or face covering could result in a fine of \$5,000.00. Travellers are also reminded to **practice good hygiene** by frequently washing their hands and sneezing into their sleeve or a tissue.

NON-MEDICAL MASKS OR FACE COVERINGS SHOULD:

- ✓ Be made of multiple layers of absorbent fabric (e.g., cotton);
- ✓ Cover the mouth and nose without gaps;
- ✓ Fit securely to the head with ties or ear loops;
- ✓ Allow for easy breathing;
- ✓ Be changed as soon as possible if damp or dirty; and
- ✓ Stay the same shape after machine washing and drying.

NON-MEDICAL MASKS OR FACE COVERINGS SHOULD NOT:

- ✗ Be placed on infants (e.g., children under the age of 2 years old);
- ✗ Be placed on anyone who has trouble breathing;
- ✗ Be placed on anyone who is unconscious;
- ✗ Be placed on someone who is incapacitated or unable to remove it without assistance;
- ✗ Be made exclusively of plastic sheeting or materials that easily fall apart (e.g., tissues);
- ✗ Be shared with others; and
- ✗ Impair vision or interfere with tasks.



CLEANING TO REDUCE THE RISK OF COVID-19

CLEANING



- ▶ wash your hands often with soap and water for at least 20 seconds. Use hand sanitizer if soap and water are not available.



- ▶ avoid touching your eyes, nose or mouth, especially with unwashed hands



- ▶ clean and disinfect regularly used items and surfaces, such as toys, electronic devices and doorknobs daily.

TO CLEAN USE:

Any regular household cleaner OR diluted bleach (1 part bleach and 9 parts water)



1/4 cup
bleach

+



2 and 1/4
cup water

OR



1 cup
bleach

+



9 cups
water

Do not mix bleach with any other household cleaners



www.gov.nu.ca/health



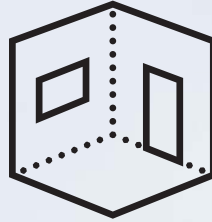
[@GOVofNunavut](https://twitter.com/GOVofNunavut)



[Facebook.com/govofNunavut](https://facebook.com/govofNunavut)



Amenities
such as food
are provided



Security personnel
on premises 24 hours
a day



GETTING HOME

ment rules are in effect until final destination

PORT

Travellers from
port.
d before use.

STEP
1

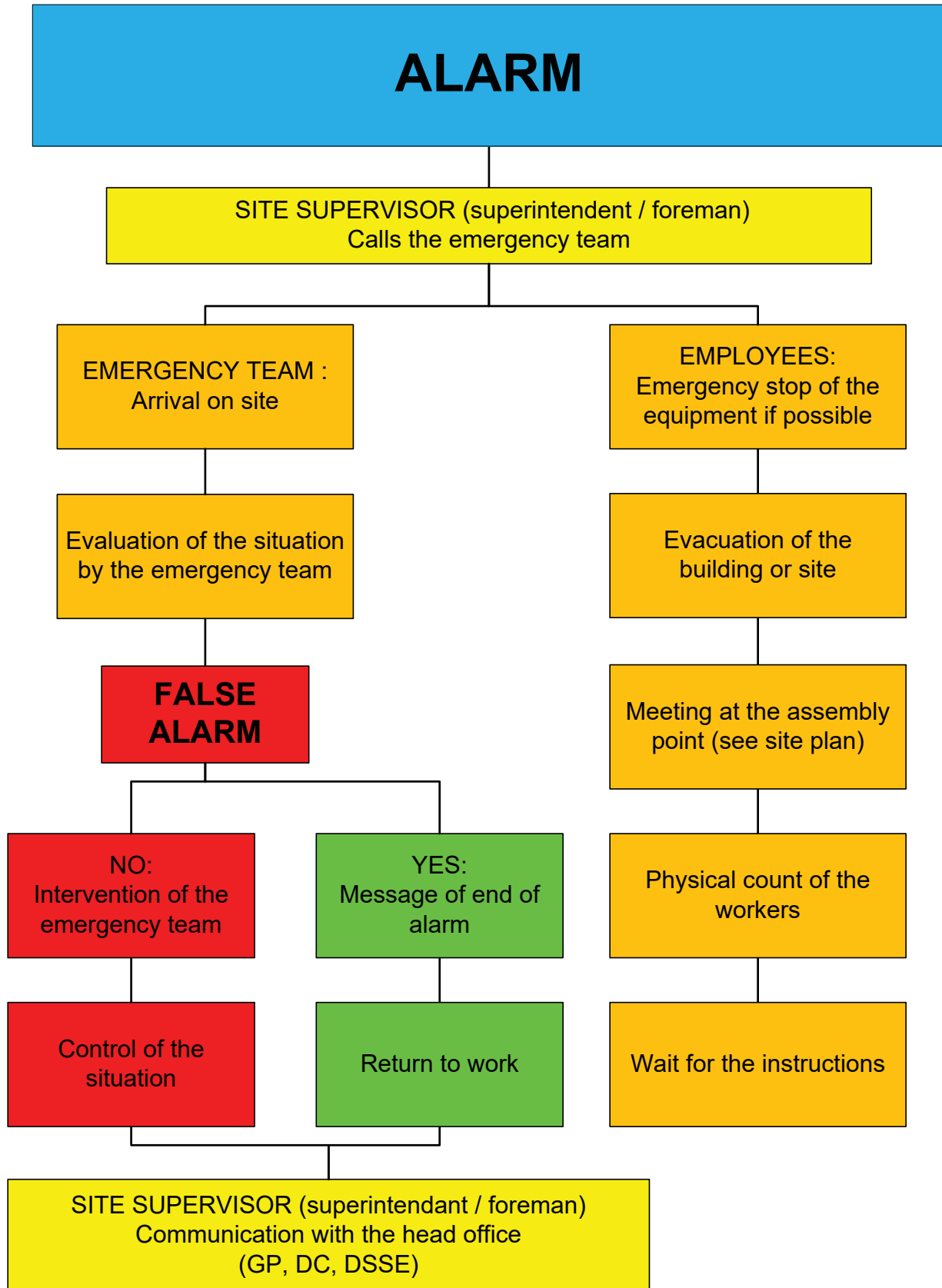
AT

- Travellers on ch
directly to their
take-off.
- Travellers on sc
the airport and
employees to c
the boarding ar
They do not con
travelers during



STEP
2

PROCEDURES IN CASE OF EMERGENCY



EMERGENCY RESPONSE PLAN

EMERGENCY PREPAREDNESS

All Project contractor vehicles will contain a list of emergency phone numbers, a two-way radio, a suitable fire-fighting kit, spill response kit and first aid kit. A list of detailed steps for securing a radio channel to talk directly to the responsible manager/contractor to obtain help and further instruction will also be included in every vehicle and person(s) leaving camp.

Emergency situations at the Nanisivik Naval Facility may be exacerbated by extreme weather conditions; therefore an emergency supply of food and water will be kept on-site.

EMERGENCY NOTIFICATION

The responsible manager/contractor will utilize a sounding device to signal an emergency situation.

A radio code will be used to isolate an uninterrupted radio channel for direct communication with the responsible manager/contractor and the emergency situation.

ADVERSE / EXTREME WEATHER EVENT

Where adverse weather conditions and activities have the potential to cause, or are causing wind erosion, water erosion, excessive rutting, and/or the potential for harmful alteration, disruption or destruction (HADD) of fish and fish habitat, a "stop work" decision will be determined by the responsible manager/contractor until weather conditions abate or effective mitigation procedures have been implemented. The following represents a brief list of mitigative measures that may be applied should it be safe to do so:

- Tarp or tie-down items that might become airborne during high winds
- Stop any earth works as they may cause unnecessary erosion during heavy precipitation events
- Move heavy equipment to solid ground to avoid potential sinking during heavy precipitation events
- Seek shelter if conditions do not improve.

FIRE

In terms of fire protection, firefighting equipment control stations will be installed outside the camp. They will include a pick, a shovel, an ax and a fire extinguisher. Red lights will be locatable at night to identify the firefighting stations. Portable alarms will also be installed to alert the camp in case of fire.

Fire drills will be conducted randomly to practice the evacuation of the camp in case of a fire. A gathering point will be determined and clearly identified to workers on their welcoming day.

Teams of workers will participate to ongoing firefighting training. This training will be given by the Health and Safety coordinator.

At the camp, extinguishers will also be located at every 60 ft in the hallways and at specific higher risks locations (ex. Kitchen).

It is strictly forbidden to smoke in the camp. Smoking areas (with ashtrays) will be appointed outside the camp.

(See also Fire Protection Plan)

The following mitigation measures will be implemented in the event of a fire:

1. Sound alarm to notify camp/personnel and follow emergency evacuation procedures.
2. Commence fire suppression measures immediately upon detection of fire provided that fire conditions allow personnel to safely proceed.
3. Report location of fire as well as size of fire and wind direction, to the responsible manager/contractor.
4. The responsible manager/contractor will report wild fires and relevant information to the applicable authorities.
5. The responsible manager/contractor will deploy fire-fighting equipment and crew to clear fire breaks or extinguish the fire directly if possible. All equipment and personnel shall be made available to control the fire. Effort of fire control will be limited, if warranted, due to safety issues and will take into consideration fire conditions, safety, fitness of personnel and equipment availability.
6. The responsible manager/contractor will inspect the fire site as soon as possible and take charge of directing suppression measures.
7. The contractor will ensure that the camp site is self-sufficient for fire suppression. Fire suppression measures shall continue until the fire is extinguished.
8. Moveable material, particularly explosive or flammable materials, vehicles, etc. will be promptly moved to a safe location whenever there is a possibility of being endangered by fire.
9. The responsible manager/contractor will ensure that all burning embers are extinguished and will monitor the burn area for smoldering material.

MEDICAL CLINIC

A paramedic will be available on-site during construction. Medical personnel will be available on ships using the site during operation. Spinal boards shall be kept at camps and near the helicopter landing area.

At the camp site, a medical clinic will be available to workers as well as qualified medical personnel will be able to treat patients, or stabilize them, as appropriate. A contact will be established between the site and Iqaluit Hospital. At the Iqaluit hospital, doctors will be available for phone consultation from the infirmary.

In case of an emergency, an emergency vehicle will always be available 24 hours per day at the camp site. The vehicle may transfer patient to Arctic Bay for air evacuation to Iqaluit Hospital. A landing area equipped with lights to accommodate a heli pad will be built on the camp site if an aero—medical evacuation is necessary.

At the first aid room, an automatic defibrillator monitor will be available to workers who have heart problems. Devices such as backboard, multi position cervical collar, immobilizer mattress, inflatable splints, sand bags, belts, tray with combitube intubation, ophthalmic tray, solute tray, tray for anaphylactic shock, various medications, multiple band aid, pulse oximeter and monitors will also be available to the nursing staff (at the medical clinic) to stabilize unstable patients, pending more intense care or transfer.

Paramedic personnel will take care of the administrative patient record file such as: medical history, allergies, etc. Each worker must undergo a medical examination (blood, EKG) before leaving for the Nanisivik site. Therefore, we will ensure that they fit the deployment and they have no fragile medical conditions.

WORKING AROUND WATER

A motorboat will be available to perform rescue, with supervisor and driver during repairs of the dock. They will be able to rescue a worker who fell into the water.

Rescue buoys, life preservers and throw-ropes will be mounted at various locations around the wharf in case of potential drowning.

Any person who discovers an individual in need of first aid or emergency medical attention will initiate a response action that will follow a general procedure:

- Avoid danger to yourself, others and the environment
- Deliver first aid appropriate to the level of emergency, if safe to do so
- Report the type and location of the emergency to a supervisor and communicate situation to all other individuals on-site
- Evacuate the victim to shelter, if appropriate, until transport to medical assistance can be facilitated. The level of medical emergency may necessitate road and/or air transport to a southern hospital.

VEHICLE ACCIDENTS

There will be some vehicle traffic during construction of the Nanisivik Naval Facility. Vehicle accidents may include single or multi vehicle incidents. The road from Arctic Bay will be used to commute between the facility and Arctic Bay and also for trucks transporting aggregates from the Quarry. Midsized to large trucks will be utilized for these activities. Radios will be used and call outs for incoming and outgoing traffic will be mandated. Speed limits will be strictly enforced. Vehicles will carry first aid and spill kits as well as an emergency supply of food and water for potential break-down events or becoming stranded due to vehicle break downs. Should injuries be sustained in a vehicle accident, the first responder to that event will follow the general procedure of a response action.

TRAVELS TO ARCTIC BAY

When a vehicle will leave the camp for Arctic Bay, the driver will have to ask permission to the General Contractor before leaving and information entered in the register.

On the road, the driver will have to respect the speed limit. All the vehicles must be equipped with the following: radio FM (Motorolla), back rack, revolving warning light, flag, emergency tool kit, satellite phone, spill kit and a first aid kit.

Before leaving the camp, as well as upon arrival, the driver will have to relate to General Contractor by means of his radio FM. In the event of an accident, the medical personnel can be deployed in an emergency vehicle to provide first aid to the wounded people.

When the driver will leave Arctic Bay, he will have to inform the General Contractor of his departure in the direction of the camp by means of his FM radio.

Simulations will be made randomly to familiarize staff with the procedures in case of real emergency.

Every day or at every run to Arctic Bay, the driver will have to conduct a routine inspection. Any defect or trouble must be immediately indicated to the General Contractor. The latter will manage to remove the vehicle from the circulation and to have it repaired.

In case of blizzard or temporary visibility loss, the operator shall immobilize the vehicle until visibility is correct. He shall advise the Contractor by radio of the situation.

HELICOPTER ACCIDENTS

Response to helicopter incidents or accidents at the Nanisivik Naval Facility will follow the procedures of the Department of National Defence/Canadian Forces (DND/CF) Flight Safety (FS) Program, as stated in A-GA-135-001/AA 001, "Flight Safety for the Canadian Forces".

Should injuries be sustained in a helicopter accident, the first responder to that event will follow the general procedure of a response action as discussed in section 4.5.

VESSEL GROUNDING / COLLISION

Individual ships will have their own emergency plan and standard operating procedures in the case of ship grounding or collision according to the International Safety Management Code (ISM) Code for the safe operation of ships and for pollution prevention.

EVACUATION AND DESIGNATED ASSEMBLY POINTS

Should an emergency situation escalate to a level beyond the ability of personnel to manage, an evacuation of the area may be required. The responsible manager/contractor and all personnel will be instructed on emergency evacuation procedures and designated assembly points during initial site training. The designated emergency assembly points will be determined by the responsible manager/contractor and the emergent situation. All personnel are expected to know the designated assembly points for their respective areas. Any other personnel (i.e., visitors) onsite will be briefed on evacuation procedures and designated assembly locations prior to entry.

Maps showing evacuations routes and designated assembly locations will be placed in conspicuous locations (i.e., facilities, work areas). Information regarding emergency signals, procedures and responsibilities for personnel, and instructions on operating notification systems will also be included with the maps.

A communication system will be implemented so that all stakeholders can communicate: paramedics, health and safety coordinator, superintendent and project manager, construction clerk and blaster.

WILDLIFE ENCOUNTER

All staff arriving at the site for any phase of the Project will receive orientation on Wildlife Mitigation and Monitoring Plan. The orientation will include educating workers on wildlife that can be anticipated at the site (mammals, birds, marine mammals), measures they are responsible for upholding, reporting and general practices enforced to limit disturbance to nearby wildlife and maintain health and safety of workers.

It is forbidden to feed, approach, or harass wild animals, including animals moving through work zones or campsites. It is also forbidden to store food outside the camp and to throw away food outside.

Feeding wild animals will decrease the animals desire to hunt for itself and its young, impacting their and future generations' ability to survive. Harassing wild animals could interrupt life cycles, impacting future development of the wild animal populations.

Recyclable material will be separated from other waste, compacted and stored for off-site transport. Solid waste suitable for incineration will be incinerated on-site on a daily basis.

Flights to and from the helicopter landing area are not expected for the project, but if need be, they will follow an established flight corridor to reduce disruption to nearby wildlife and avoid known wildlife movement corridors.

It is also forbidden to hunt or trap.

In the event that wildlife is present in the vicinity, work will cease until the wildlife has moved out of the immediate area. Workers should seek out a safe location and distance themselves from the animal(s) if safe to do so. At no time shall any worker attempt to scare away the wildlife, but shall let it leave the vicinity on its own.

Every encounter has to be reported to the General Contractor and kept in a logbook.

Polar Bears

There will be a wildlife monitor permanently on the worksite. One Inuit recruited in the community of Arctic Bay will assume this role. They will have their Wildlife monitor's license/course.

Wildlife monitors will patrol the camp zone, work zones and career zone in a 4 x 4 side by side type vehicle. They will also be provided with a firearm. In case of intrusion of a polar bear near the work zone, the wildlife monitor will apply the appropriate measures to scare or keep away the polar bear from the site.

If an animal had to be shot down, the Wildlife monitor will report the facts to the General Contractor, who will contact the local authorities to indicate the place and time of the event. Weapons are stored at the camp in a cabinet designed for this purpose and will be locked at all times.

PROCEDURE IN CASE OF AN ACCIDENT WITH INJURY

The injured worker must:

- a) Immediately inform the employer of the accident (if possible) giving details: injury, place, time, work at the time of injury, order of events, names, eyewitness (es), and material damage. If the worker is incapacitated, a co-worker must assist, call for help, protect other workers and inform superiors as soon as possible.
- b) If possible, enlist the immediate aid of an on-site first-aid worker or nurse.
- c) The injured party must be accompanied and transported to an appropriate care facility.
- d) The method of transport deemed necessary by the employer will be used.
- e) Contact the employer either the same day or the following morning with details about the state of health and possible return to work.
- f) Participate in all investigation required by the employer, contractor or the WSCC officer.
- g) Inform the employer of the date of return to work if known.

Serious accidents

If an accident of a serious nature happens at the work-site, article 35 of the General Safety Regulations. A serious accident is defined as:

- One where there is a death of a worker.
- A major structural failure or collapse of a building, bridge, tower, crane, structure, scaffold, temporary construction support system or excavation;
- An uncontrolled spill or escape of a toxic or hazardous substance;
- An accidental contact with an energized electrical conductor;
- A premature or accidental detonation of explosives;
- A concussion, major blood loss, serious fracture, unconsciousness or amputation;
- An incident involving heavy equipment.

Return to Work Procedure

1- Get help:

- Medical attention from a site medical or healthcare provider
- Employer provides transportation if needed
- Healthcare provider completes and submits the *WSCC First Medical Report*

2- Report injury:

- Worker tells employer of injury
- Worker completes and submits the *WSCC Claim: Worker's Report of Injury*
- Employer completes and submits the *WSCC Claim: Employer's Report of Injury*

3- Work together:

- WSCC, employer, worker and healthcare provider work together to create a Return to Work plan to get the worker back to work as quickly and safely as possible.

4- Find suitable work:

- Employer offers suitable work
- Worker accepts suitable work

5- Maintain contact:

- If worker can't go back to work immediately, employer and worker hold regular scheduled meetings to discuss recovery

6- Check in:

- Worker returns to work and starts the suitable work
- Worker and employer meet regularly to discuss progress
- Worker's recovery is monitored and evaluated by healthcare providers.

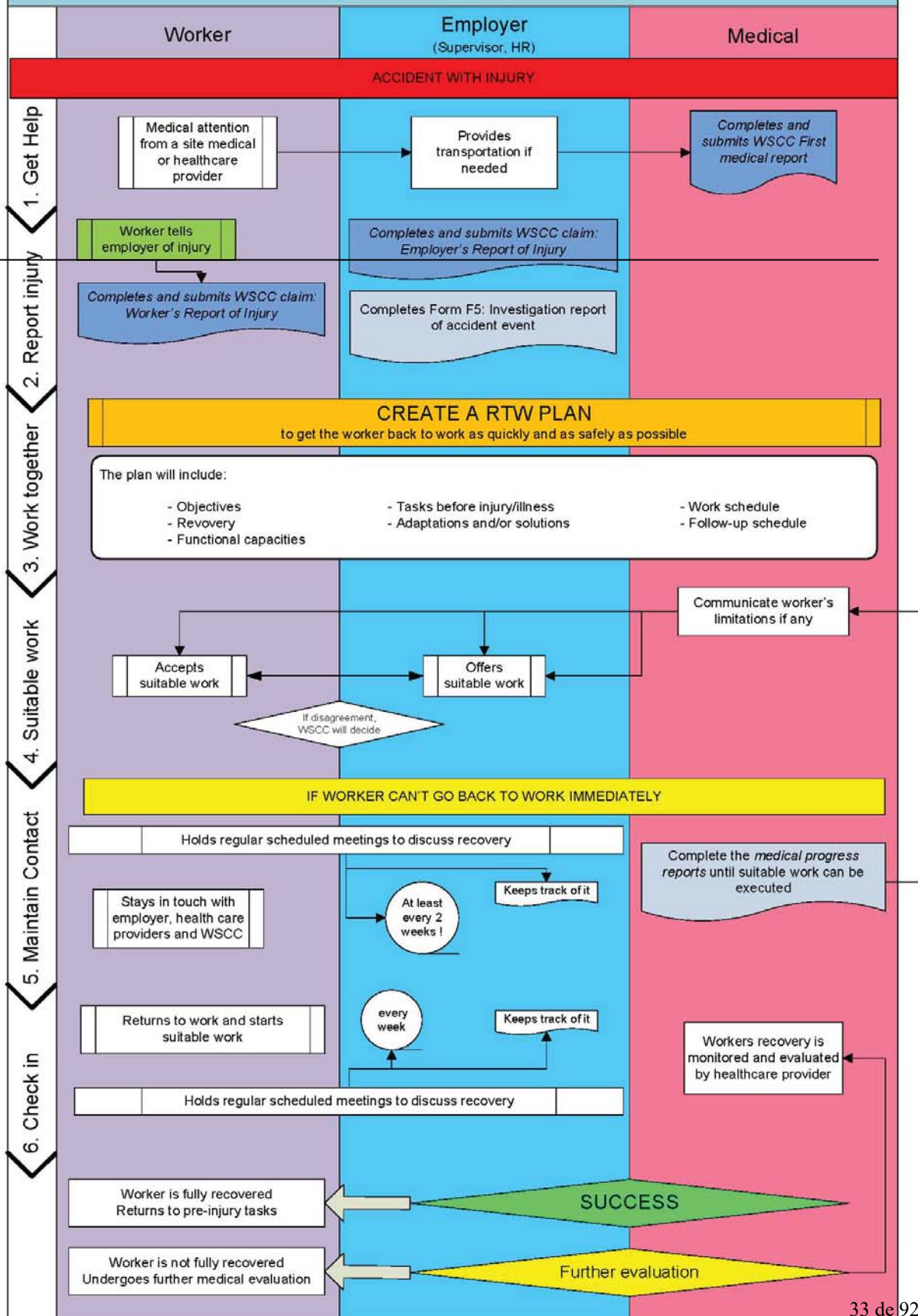
7- A) Success:

- Worker is fully recovered
- Worker returns to pre-injury work

7- B) Further evaluation:

- Worker is not fully recovered
- Worker undergoes further medical evaluation

RETURN TO WORK PROCEDURE



Return to work program

| Discussion guide on return to work | Discussion Guide on the return to work has facilitated the discussion on return to work between the employer and the worker. It provides guidance on the type of information required in planning the return to work of the worker. This information includes the reinstatement of the worker's functional abilities and adaptations needed to remove barriers to return to work. |
|---|---|
| Communication register | Ideally, the contact should be established as soon as possible after a worker suffers an injury or illness. However, it is important to note that when the contact can be made vary according to the Dun case worker in particular. The register of contacts used to keep track of the contacts with the worker as well as other stakeholders in the process, such as health professionals and case managers. |
| Return to work Program | The program return to work is a document that describes the steps to take to help a worker to return to suitable and available work. As this is a custom program developed by the employer and employee working together, it ensures that both parties understand what will happen during the process of return to work of the worker, who is responsible for activities program and when the activities will take place. The return to work program can be used for both injuries and related and non work-related diseases. |
| Return to work evolution report | To ensure that the objectives of return to work will be achieved, it is important to meet regularly to discuss the progress of the program return to work and the worker's progress. Meetings and regular communications allow both parties the opportunity to discuss any difficulties that the worker may experience. |
| Closing report/evaluation of the return to work Program | Once the program is finished return to work, it is important to evaluate the results by asking the worker and the supervisor or department head of the worker to complete a closure report or evaluation of the return to work. In addition to documenting the results of return to work program, the report provides the employer information on aspects that have worked well and opportunities for improvement. |

Discussion guide

Possible discussion topics / relevant to the development of the program return to work.¹

| Recovery (describe the current state of health) | | |
|---|---|---|
| <ul style="list-style-type: none"> • Location of the lesion • Healing periods • Functional capacities (see details below) • Medical appointment • Type/duration of treatment • Waiting time/delay • Appointment planification/Access | <ul style="list-style-type: none"> • Medication or treatment side effects • Treatment cost/concerns • Employees help program • Emotional support • Family support • Other : _____ | |
| Comments: | | |
| Functional capacities (describe the actual capacities) | | |
| <ul style="list-style-type: none"> • Medical care • Level of tolerance • Lifting restriction • Methods and works habits • Recovery at work • Existing functional limitations | <ul style="list-style-type: none"> • Riskiness of new lesion • Paramedics • Ability to move • Demands of everyday life • Other: _____ | |
| Comments: | | |
| Adaptations (specify the effects of the lesion/disease on personal activities / profession) | | |
| Job requirements | Balance between work/life | Profession/work |
| <ul style="list-style-type: none"> • Physical requirements analysis • Essential tasks • Consideration for the company • Productivity/standards | <ul style="list-style-type: none"> • care of children, elderly parents; demands of everyday life • School change for children • New work | <ul style="list-style-type: none"> • Appropriateness of the use • Appropriateness of workstation • Productivity standards • Work schedule |

| | | |
|--|--|--|
| <ul style="list-style-type: none"> • Work environment | <ul style="list-style-type: none"> • Work schedule(variable) • Other (specify) | <ul style="list-style-type: none"> • Work habits • Training/Development plan |
| Comments: | | |
| While planning the return to work results, you must consider: | | |
| <ul style="list-style-type: none"> • If recovery can be achieved at work; • If the worker functional capacities allows to meet the physical demands of the job; • Otherwise, which particular modifications could eliminate the obstacles to the return to work? • If other obstacles has been identified in your discussions. | | |
| Comments: | | |

¹ The divulgation of the personal information's, including the medical information's, is left to the worker discretion.

Communication Register

Communications should be held at least every second week with the worker, as well as with the Official of the provincial workers' compensation agency

| | |
|------------------------------------|----------------------|
| File n° | |
| Worker: | Telephone: |
| Name of supervisor: | Telephone: |
| Treating health professional: | Telephone: |
| Case Manager (CNESST, WSCC, WHSCC) | Telephone: |
| RW Program start date: | RW Program end date: |

The human resource responsible has the responsibility to insure that the communication with the injured worker is maintained and documented in this form.

| COMMUNICATIONS REGISTER | | |
|-------------------------|------------------|---------|
| Date of communication | Person contacted | Subject |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Return to work Program

The law requires that workplace parties (workers and employers) cooperate with each other and with the WSCC or any provincial workers' compensation body in the process of return to work of injured workers. The objective of reintegration activities at work is to facilitate the worker's return to his pre-injury job with adaptations as needed.

| | | |
|--|--|----|
| File n°: | Date of lesion: | |
| Worker: | Telephone n°: | |
| Work title before lesion: | Workplace before lesion: | |
| Goal of returning to work | | |
| Program start date: | Program end date: | |
| Goal or return to work program <input type="checkbox"/> Job before the lesion; <input type="checkbox"/> Job after the lesion; <input type="checkbox"/> Other job (provide the job title and a work description) | | |
| Recovery | | |
| Location of the lesion: | | |
| Is there a treatment active plan which has an effect on return to work? <input type="checkbox"/> No <input type="checkbox"/> Yes, specify: | | |
| Treating health professional(s): | Telephone n°: | |
| Functional capacities | | |
| Functional capacities (what the worker can accomplish) | | |
| Precautions list, if appropriate: | | |
| Originating of information on the functional capabilities: <input type="checkbox"/> Medical progress report (1st medical report) <input type="checkbox"/> Temporary assignment form <input type="checkbox"/> Other (specify): | Reception date: If the information on functional capacities has not been received, when will it be available? | |
| Job tasks before the lesion | | |
| | Yes | NO |
| Does the physical demands of the job correspond to the worker's functional abilities? | | |
| Does the essential duties of the job correspond to the worker's functional abilities? | | |

| | | | | | | | | | |
|---|--|------------------------------------|-----|------|-----|----------------|-----|----------------|------------------------------------|
| Work tasks list that the worker can perform: | | | | | | | | | |
| Work tasks list that the worker cannot perform: | | | | | | | | | |
| Adaptation and solution | | | | | | | | | |
| | | | | | | | | Yes | No |
| Does work tasks adaption or modifications are required? | | | | | | | | | |
| Does workplace/workstation adaptation or modifications are required? | | | | | | | | | |
| Does a training is required? | | | | | | | | | |
| Provide information on the required adaptations (include extra pages if necessary) | | | | | | Effective date | | Estimated date | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Work schedule | | | | | | | | | |
| Work period From/To | | Days scheduled each week and hours | | | | | | | Other comments on work schedule |
| | | Sun | Mon | Tues | Wed | Thu | Fri | Sat | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| <p style="text-align: center;">How the worker will be paid while being on the return to work program?</p> <p>Rates of pay (ex. per hour)</p> <p><input type="checkbox"/> The worker will be paid for the hours worked only or;</p> <p><input type="checkbox"/> The employer will pay the full regular salary.</p> | | | | | | | | | |
| Term monitoring | | | | | | | | | |
| Indicate the monitoring date to monitor de progress of the program: | | | | | | | | | |

If there is a preoccupation among the return to work program, please discuss immediately about it. If you are not able to resolve the problem, communicate with the designated agent of the CSST, WSCC, WHSCC or any other provincial workers' compensation agency.

Provide a copy of the return to work program approved by a designated agent of the CSST, WSCC, WHSCC or any other provincial workers' compensation agency.

I agreed to this program:

Worker: _____

Signature: _____ Date: _____

Supervisor: _____

Signature: _____ Date: _____

Program approved (if an approval is require)

Name of Head of service: _____

Signature: _____ Date: _____

Return to work Evaluation Report

| |
|----------------------------|
| Date: |
| File n°: |
| Worker: |
| Head of Service/Supervisor |

Goal of the return to work: (described in the return to work program)

- ☐ Job between the lesion
- ☐ Job after an appropriate injury
- ☐ Other job (provide the job title)

| Week 1 |
|--|
| Period of exam (from__to__): |
| Precautions: |
| Tasks: |
| Date and time worked: |
| Week 1 Analysis |
| Return to work coordinator observations: |
| Comments and concerns of the worker: |
| Comments and concerns of the supervisor: |
| Responds to the concerns: |
| Completed on: |
| Completed by: |
| Week 2 |
| Period of exam (from__to__): |
| Precautions: |
| Tasks: |
| Date and time worked: |
| Week 2 Analysis |
| Comments and concerns of the worker: |
| Comments and concerns of the supervisor: |
| Responds to the concerns: |

| |
|---------------|
| Completed on: |
| Completed by: |

Do the adaptations or solutions identified in the return to work program are allowed to reach the estimated goals of return to work? Yes ☐ No ☐

If not, why?

Does the return to work program is still updated? Yes ☐ No ☐

If not, why?

Next steps:

- ☐ Continue the actual return to work program
- ☐ Revise the actual return to work program
- ☐ End the return to work program. Goal of return to work achieved.

Date of next monitoring:

Completed by:

Date:

Return to work Evaluation Report

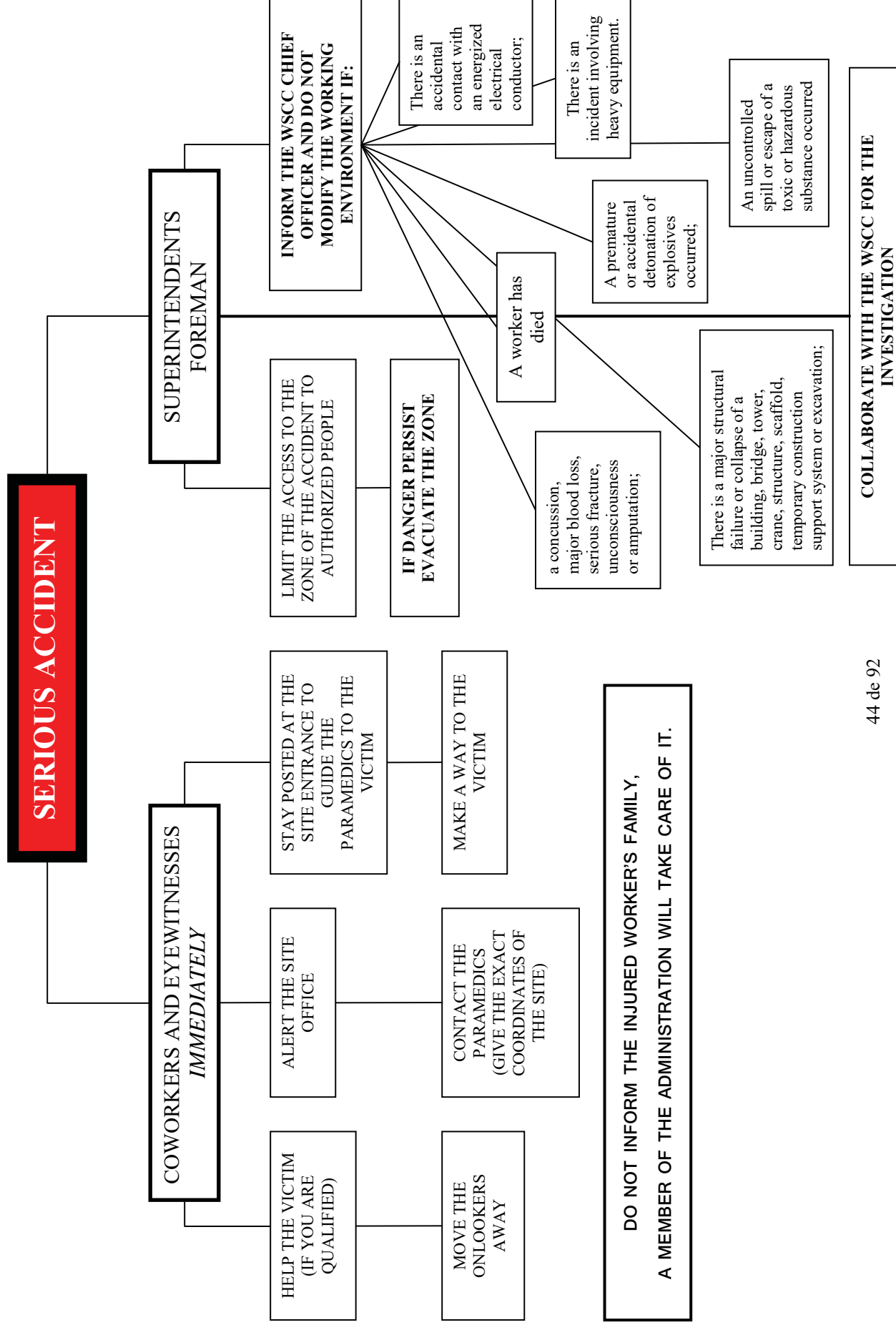
This report must be filled out separately by the Head of service/Supervisor and the worker when the final result is achieved. The form then must be submitted to the human resources responsible.

| | |
|-------------|------------------------------|
| Date: | File (CSST, WSCC, WHSCC) n°: |
| Worker: | |
| Supervisor: | |

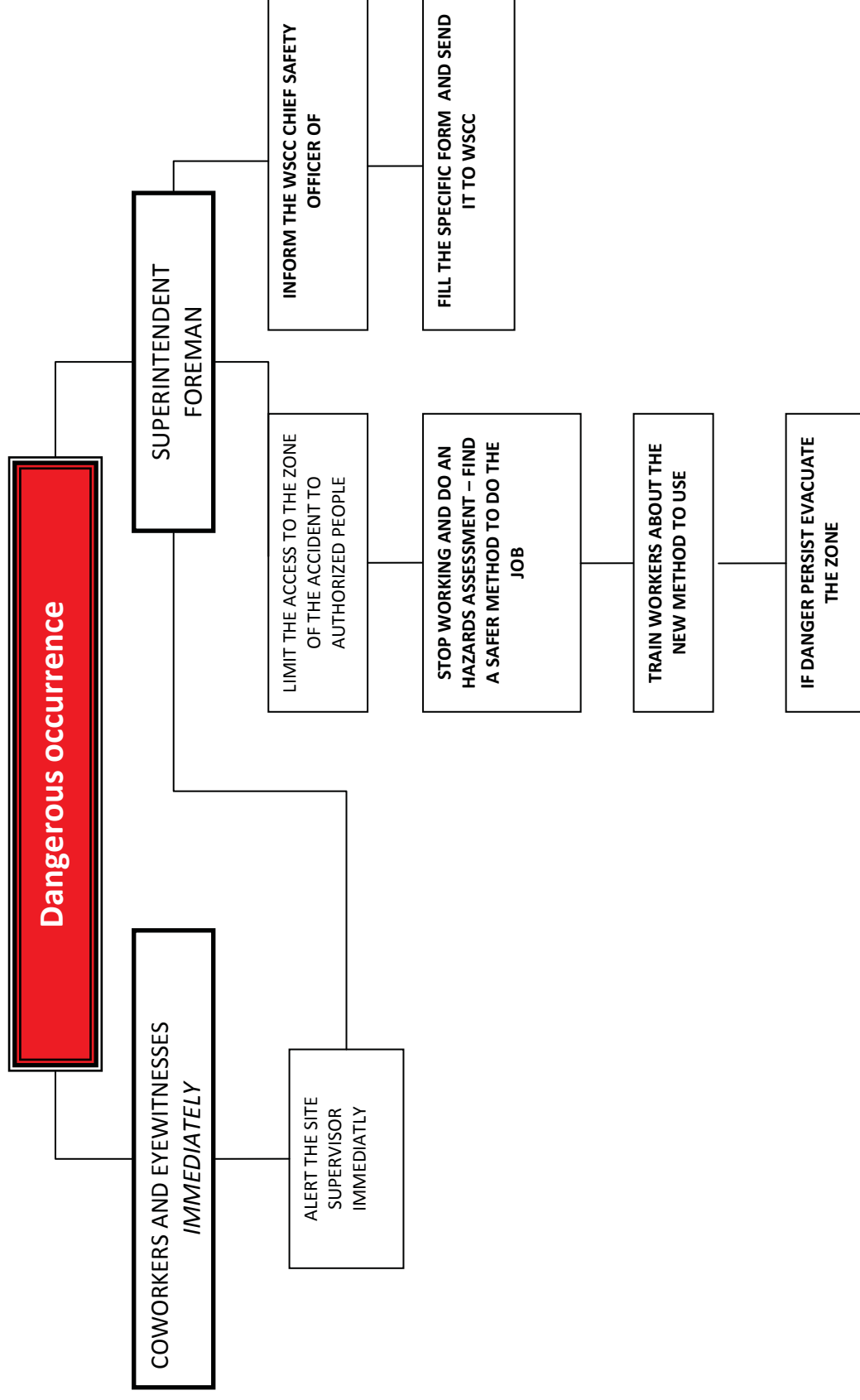
| Return to work program results | |
|--|--|
| What has been the duration from the date at which the injury or illness has been reported until the final return to work date? | |
| What was the estimated goal of the return to work? | What objective of return to work has been achieved? |
| <input type="checkbox"/> Job before injury <input type="checkbox"/> Job after the adapted injury <input type="checkbox"/> Other job: | <input type="checkbox"/> Job before the injury <input type="checkbox"/> Job after the adapted injury <input type="checkbox"/> Other job: |
| Comments: | |
| What worked well in the return to work process? | |
| What improvement should be made to it? For example, what modifications would you make to the process, if you were able to? | |
| Completed by: | Date: |

Thank you for completing this form. We will ensure that this information stays confidential. If you have any questions, please communicate with the human resources responsible.

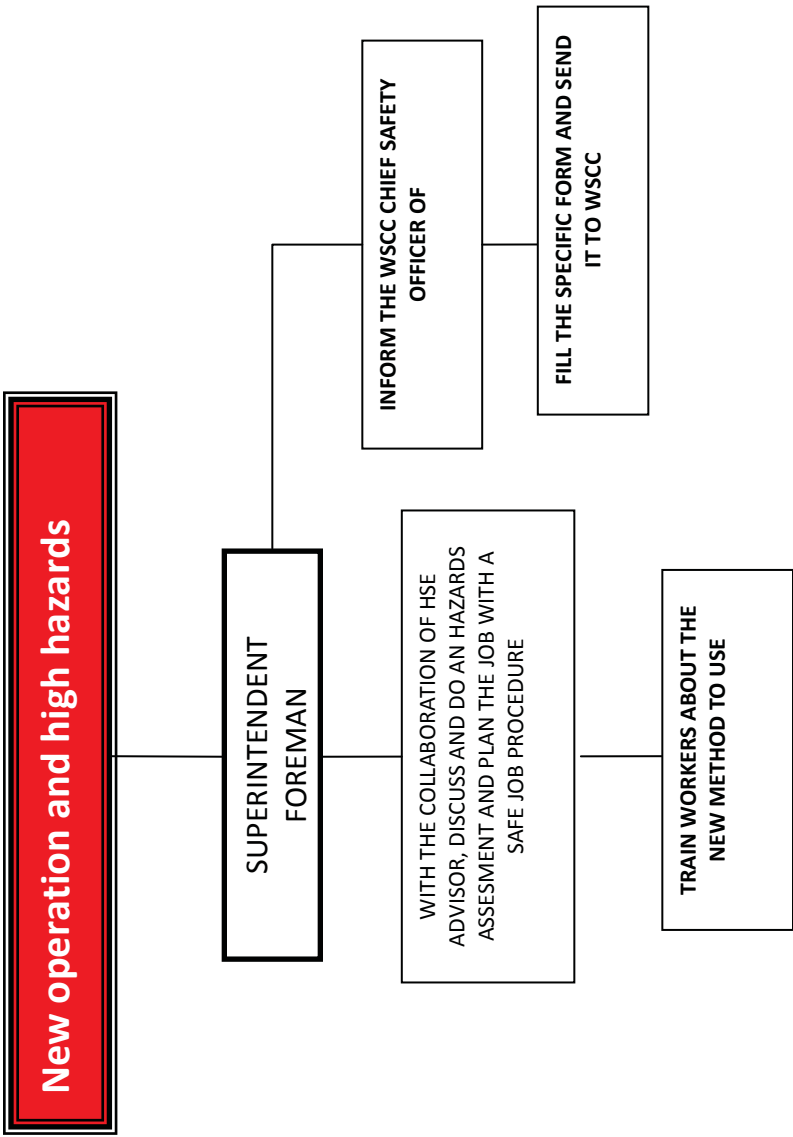
PROCEDURE IN CASE OF SERIOUS ACCIDENT



PROCEDURE IN CASE OF DANGEROUS OCCURENCE



PROCEDURE IN CASE OF A NEW OPERATIONS AND HIGH HAZARDS



A group of five diverse professionals standing together and smiling. From left to right: a male construction worker in an orange safety vest and yellow hard hat; a female nurse in a white lab coat with a stethoscope; a male firefighter in a yellow protective suit and helmet; a female police officer in a brown uniform and blue helmet; and a woman in a grey business suit. They are all standing against a plain light blue background.

Get medical attention. Tell your healthcare provider you were hurt at work and to complete the *WSCC First Medical Report*.

Write down all medical treatment you receive related to your injury (i.e. doctor appointments, x-rays, physiotherapy, etc.).

Ask your employer to complete and send the *WSCC Claim: Employer's Report of Injury* form. They must send it within 3 days of the incident.

If you need help or have questions, call the WSCC in Yellowknife at 1-800-661-0792, or in Iqaluit at 1-877-404-4407.

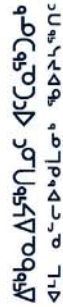
4

INCIDENT REPORTING

EMPLOYERS MUST FOLLOW WSCC REPORTING RULES:

| Incident Type | Workers' Compensation Acts | Safety Act: General Safety Regulations |
|---|--|--|
| Death | Within 3 days employer completes and submits: WSCC Claim: Employer's Report of Fatal Injury form. | Employer immediately submits oral report to a WSCC Chief Safety Officer. *35(2) |
| Incident Involving Serious Injury or Incident of a Serious Nature | Within 3 days employer completes and submits: WSCC Claim: Employer's Report of Injury form. Worker completes and submits: WSCC Claim: Worker's Report of Injury form. | Within 24 hours employer submits written or oral report to a WSCC Chief Safety Officer. *35(3) |
| Incident Involving Non-Serious Injury | Within 3 days employer completes and submits: WSCC Claim: Employer's Report of Injury form. Worker completes and submits: WSCC Claim: Worker's Report of Injury form. | Within 1 month employer submits incident report to a WSCC Chief Safety Officer. Report must be signed by a First Aid Representative. *65(2) |
| *As per the General Safety Regulations. | | |

24-HOUR INCIDENT REPORTING LINE 1-800-661-0792

WSCC Workers' Safety |  & Compensation Commission | 

wscclnt.ca 1.800.661.0792
wscclnu.ca 1.877.404.4407

Forms to Fill-out in Case of Accident



1. The **worker** must fill-out form: *“WSCC Claim: Worker’s report of injury”*.
2. The worker’s **Doctor** must fill-out form: *“First medical report”*
3. The worker’s **Supervisor** (Foreman) must fill-out form: *“WSCC Claim: Employer’s report of injury”*.
4. The worker’s **Supervisor** (Foreman) must fill-out form F1 : *“Investigation Report of an Accident Event”* (ALMIQ Contracting Ltd form).
5. The worker’s **Doctor** will give the worker a medical attestation and/or a medical report.

Hand-in-all the forms to the project manager, HSE advisor,
construction operations director

*** THE SAME DAY IF POSSIBLE ***

EMERGENCY TELEPHONE NUMBERS LIST

| | |
|--|---|
| Nunavut 24h Spill Report Line | 867-920-8130 |
| Nunavut Emergency Management 24h line | 1-800-693-1666 |
| Canadian Coast Guard Marine Spill Report 24h Line | 1-800-265-0237 |
| RCMP Arctic Bay (General Inquiries) | 867-439-0123 |
| Environment Canada | 867-920-8130 |
| Department of Fisheries and Oceans | 867-979-6274 |
| SITE MEDIC : TBD | |
| SITE MANAGER – ALMIQ Jean Drapeau (Project Manager) & David Beaulieu (Project Manager Assistant) Richard Néron (Supenintendent) | |
| Environmental Coordinator TBD | |
| DCC – Brian Gallant, Project Coordinator Louis Lemay, Éric Andert and William Plante | 1-581-318-2997 |
| DND – Rodney Watson, Project Manager (during construction) | 1-613-943-8277 Rodney.watson@forces.gc.ca |
| Marlant - Maritime Forces Atlantic CFB Halifax (during operation) | TO BE CONFIRMED |
| POISON CONTROL CENTER | 1-800-463-5060 |
| WSCC | 1-800-661-0792 |
| OHS REPRESENTATIVE - ALMIQ TBD | |

LIST OF USEFUL TELEPHONE NUMBERS

| | |
|--|--|
| IQALUIT HOSPITAL (M.D.) | 867-975-8600 |
| Health Center - Arctic Bay (information) | 867-439-8816 |
| AIRPORT - Arctic Bay | 867-439-3000 |
| NORTHERN STORE | 867-439-9914 |
| COOP | 867-439-9934 |
| HOTEL (Tangmaarvik Inn) | 867-439-8005 |
| TAXI | 867-439-8352 |
| PRINCIPAL CONTRACTOR <i>Almiq Contracting Ltd.</i> <i>Nanisivik Naval Facility Site, Nunavut, X0A 0A0</i> | 1-581-318-2997 site 1-855-919-2225 off. info@almiq.com |
| Manager of Pollution control & Air Quality | 867- 920-8130 |

List of First Responders (To be filled by the site supervisor)

| | |
|--------------------------------|--|
| To be Completed on-site | |
| | |
| | |
| | |
| | |
| | |

N.B.: The list of emergency telephone numbers and the list of first responders must be posted at the job site office near a telephone.

Project : 148926-NNF

Training matrix - Nunavut

| Employee Name | Position | OH&S site orientation | Almq constructionOrientation - | WHMIS - (1/2 day) | Standard First Aid -(2 days) | Emergency First Aid (1 day) | Fall protection (2 days) | Confined Space (2 days) | TDG (1 day) | Rigging (1 day) | Powerline Hazards (1/2 day) | Traffic Control (1 day) | Fit test (2 hrs) | OH&S Committee training (2 days) | COR Program (5 days) | Special trade cards required | Forklift operation | Scaffold Erection | Scissorlift Operation | Zoomboom operation | Telescopic nacelle | Client Specific training | Client orientation | Workgroup member awareness | Environmental awareness | |
|---------------|----------|---|--|---|---|---|---|--|--|--|---|---|---|----------------------------------|---|------------------------------|------------------------------|--------------------|-----------------------|-----------------------|--------------------|--------------------------|--------------------------|----------------------------|----------------------------|-------------------------|
| | | Prior to empl. 1st mob. / Everyone / Valid until end of project / (1) | premob each years / Everyone/ Valid until end of project / (1) | Prior to empl. 1st mob. / Each worker who not already certified / No expiry / (2-4) / WHMIS reg. 5. | Prior to empl. 1st mob. / 1 for 0-200 workers workers, each shift / Valid 3 years / (4-5) / Safety First Aid reg 4. | Prior to empl. 1st mob. / 1 For every group of 25, each shift / Valid 3 years / (3-5) / Safety First Aid reg 4. | Prior to empl. 1st mob. / Every user of fall protection equipment / Valid 3 years / (3-4) / OH&S reg 139. | Prior to empl. 1st mob. / Anyone who works in a confined space / Valid 3 years / (3-4) / OH&S Reg 511.3) | Prior to empl. 1st mob. / Every worker who do transportation of dangerous goods/ Valid 3 years / (3) / TDG Reg 6.1 | Prior to empl. / Operator of crane, hoist, other lifting equipment OR responsible to rig load / No expiry / (4)/ oh&s Reg 347. | Prior to empl. 1st mob. / Operator of boomtruck, mobile cranes and similar equipment/ Valid 3 years / (3-4) / OH&S Reg 483. | Prior to empl. 1st mob. /Every flagperson of traffic control person/ Valid 3 years / (3-4) / OH&S Reg 374.5 | Prior to empl. 1st mob. / workers who use a mask or respiratory system / Valid 3 years / (4) / OH&S Reg 83. CSA Z94.4 | OH&S Committee training (2 days) | Prior to empl. 1st mob. / Between 10-49 workers, 2 co-chairs have to follow training, 50 or more, everyone in the comitee / Valid 3 | COR Program (5 days) | Special trade cards required | Forklift operation | Scaffold Erection | Scissorlift Operation | Zoomboom operation | Telescopic nacelle | Client Specific training | Client orientation | Workgroup member awareness | Environmental awareness |

EXPIRY DATE

Training matrix - Nunavut

onnement (SSE)\Formulaires\9-1E- Training_matrix_template.xlsx

| Quantity | Mandatory content | Yes ✓ | No ✓ |
|----------|--|--------------------------|--------------------------|
| 1 | First-aid manual approved by the Commission | <input type="checkbox"/> | <input type="checkbox"/> |
| 1 | Pair bandage scissors | <input type="checkbox"/> | <input type="checkbox"/> |
| 1 | Pair splinter forceps | <input type="checkbox"/> | <input type="checkbox"/> |
| 12 | Safety pins (assorted sizes) | <input type="checkbox"/> | <input type="checkbox"/> |
| 25 | Sterile bandages (25 mm x 75 mm), individually wrapped | <input type="checkbox"/> | <input type="checkbox"/> |
| 25 | Sterile gauze squares (101 mm x 101 mm), individually wrapped | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | Rolls sterile gauze bandage (50 mm x 9 m), individually wrapped | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | Rolls sterile gauze bandage (101 mm x 9 m), individually wrapped | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 | Triangular bandages | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | Sterile bandage compresses (101mm x 101mm), individually wrapped | <input type="checkbox"/> | <input type="checkbox"/> |
| 1 | Roll adhesive tape (25 mm x 9 m) | <input type="checkbox"/> | <input type="checkbox"/> |
| 25 | Alcohol swabs, individually wrapped. | <input type="checkbox"/> | <input type="checkbox"/> |

| Quantity | Highly recommended content | Yes ✓ | No ✓ |
|----------|---|--------------------------|--------------------------|
| 1 | Vinyl or latex gloves | <input type="checkbox"/> | <input type="checkbox"/> |
| 1 | CPR pocket mask with O ₂ inlet | <input type="checkbox"/> | <input type="checkbox"/> |
| 1 | Instant Cold pack | <input type="checkbox"/> | <input type="checkbox"/> |
| 1 | Instant Hot pack | <input type="checkbox"/> | <input type="checkbox"/> |

MINIMUM CONTENT OF A FIRST AID KIT

VERIFICATION GRID

TRAINING AND INFORMATION

(List all the required trainings and information to be followed for the project)

| Courses | Course given by | Course given to | Frequency Time | Time lap | | Person in charge |
|--|------------------------------------|---|-------------------------------|----------|-----|------------------|
| | | | | Start | End | |
| Workers Pre-mobilization induction | Online information questionnaire | Every body | Pre-mob/ each year | | | HR |
| Workers OHS Induction | OHS Coordinator | Every body | First week of mobilisation | | | PM |
| Cultural Awareness Program | Project Manager or site supervisor | Every body | 1st week of mobilization | | | PM |
| Procedure in case of accident | OHS Coordinator | Every body | 1st week of mobilization | | | PM |
| Procedure in case of fire & Simulations exercises | OHS Coordinator | Every body | 1st week of mobilization | | | PM |
| Evacuation procedures | OHS Coordinator | Every body | 1st week of mobilization | | | PM |
| Wildlife Mitigation and monitoring plan | OHS Coordinator | Every body | 1st week of mobilization | | | PM |
| Environmental procedures | OHS Coordinator | Every body | 1st week of mobilization | | | PM |
| Waste management procedures | OHS Coordinator | Every body | 1st week of mobilization | | | PM |
| Procedures in case of accidental spills | OHS Coordinator | Every body | 1st week of mobilization | | | PM |
| Road safety regulations | OHS Coordinator | Every body | 1st week of mobilization | | | PM |
| Incinerator operation procedures | OHS Coordinator | Appointed Workers | Beginning of season | | | PM |
| Blasting procedures | Dynamiting specialist | Appointed Workers | Before works | | | PM |
| Suspended scaffoldings procedures | Specialist / OHS Coordinator | Appointed Workers | Before works | | | PM |
| Procedures for works near water | OHS Coordinator | Appointed Workers | Before works | | | PM |
| Procedures for underwater works | Atlantic Welding Marine Rep. | Appointed Workers | Before works | | | PM |
| WHMIS Program | Arctic College / Internet | Each worker who not already certified | At hiring | | | PM |
| Occupational H&S for construction sites | Arctic College | Each worker who not already certified | At hiring | | | PM |
| | | | | | | |

Training matrix

WHMIS

The regulation respecting the Workplace Hazardous Management Information System (WHMIS) requires employers to train and inform its workers when the latter use, handle or store a controlled product at a work place.

As an employer, we will ensure that the material data safety sheets of the products used by our employees are available at the job site by attaching them to this safety plan.

Furthermore, all workers at the job site will receive training on the products with which they will be working. During this training, we will mainly emphasize looking for the information on the product's label and material data safety sheet with respect to its handling, actions to take in case of poisoning or fire and its storage.

This training may be delivered when work commences at the same time as the information on our safety plan for this job site.

LIST OF HAZARDOUS MATERIALS (WHMIS)

Hazardous materials on the site will be stored in containers identified for this purpose. These products will be identified with their MSDS.

In addition, cabinets for hazardous materials will be used for solvents, aerosols, etc.

Here is the list of products to be used on site:

| PRODUCTS | | Considered Dangerous Goods for Transportation |
|----------|---|---|
| 1 | Diesel fuel | Yes |
| 2 | Acetylene | Yes |
| 3 | Oxygene | Yes |
| 4 | Gas | Yes |
| 5 | Propane | Yes |
| 6 | BL_DT-6000_Novax | Yes |
| 7 | Contact Ciment Henkel | Yes |
| 8 | Carpenter glue lepage | Yes |
| 9 | Easy off oven cleaner | Yes |
| 10 | Fryer and gridells | Yes |
| 11 | Prestone | Yes |
| 12 | BI_Econova2_Novax | Yes |
| 13 | PETRO-CANADA BRAKE FLUID | Yes |
| 14 | Argoshield 25C_Linde Canada | Yes |
| 15 | Beati -tone Velvet series Paint Home Hardware | Yes |
| 16 | Brake and parts cleaner Kleeneflo | Yes |
| 17 | Cu 1000 Wurth | Yes |
| 18 | Diesel Exhaust fluid HGO | Yes |
| 19 | Easy off fume free Oven Cleaner Aerosol Reckitt benchiser | Yes |
| 20 | Easy off oven cleaner Reckitt Benkiser | Yes |

| | | |
|----|--|-----|
| 21 | Extrem temp insulating foam Tytan | Yes |
| 22 | Fastorange smooth hand cleaner Permatex | Yes |
| 23 | Industrial rusty paint general paints | Yes |
| 24 | Fresh and quick multi-purpose spray enamel | Yes |
| 25 | Fryer and griddles cleaner Dust bane | Yes |
| 26 | Insect repellent Watkins | Yes |
| 27 | Lacquer thinner | Yes |
| 28 | Lubricating oil Fischbein | Yes |
| 29 | Magic glass Cleaner Dustbane | Yes |
| 30 | Medium grey PVC cement oatey | Yes |
| 31 | Nitrogen Linde Canada | Yes |
| 32 | Nozzle dip powerweld | Yes |
| 33 | Penetrant xx Kleeflo | Yes |
| 34 | Powdered chalk red starrett | Yes |
| 35 | Remove adhesive remover Smithe&Nephew | Yes |
| 36 | Riodet Maxam | Yes |
| 37 | Rionel DDE ou SCE Maxam | Yes |
| 38 | Riohit 200 Maxam | Yes |
| 39 | Rioxam Maxam | Yes |
| 40 | Rust and cost beauti-tone home hardware | Yes |
| 41 | Safe-T-brake Kleen Flo | Yes |
| 42 | Silicone SCS1700 Movementive amerseal | Yes |
| 43 | Sonic 2 cycle oil coop | Yes |
| 44 | Starting fluid Wurth | Yes |
| 45 | Straitline standard Irwin | Yes |
| 46 | Survey Marking Paint Aervoe | Yes |
| 47 | Thread locker red Permatex | Yes |
| 48 | Water cut off mastic Carlisle | Yes |
| 49 | Transmission oil | Yes |
| 50 | Windshield washer fluid | Yes |
| 51 | Tinner | Yes |
| 52 | Rust off | Yes |
| 53 | Purel | Yes |



WHMIS Pictograms

Workplace Hazardous Materials Information System

2015

Flame

Flammable
Self-Reactive
Pyrophoric
Self-Heating
In Contact with Water,
Emits Flammable Gases
Organic Peroxide



Flame over Circle

Oxidizer



Exploding Bomb

Explosive*
Self-Reactive (severe)
Organic Peroxide (severe)



Gas Cylinder

Gas Under Pressure

Skull and Crossbones

Acute Toxicity
(fatal or toxic)



Corrosion

Serious Eye Damage
Skin Corrosion
Corrosive to Metals

Biohazardous

Biohazardous Infectious
Materials



Exclamation Mark

Irritation (skin or eyes)
Skin Sensitization
Acute Toxicity (harmful)
Specific Target Organ
Toxicity
(drowsiness or dizziness,
or respiratory irritation)
Hazardous to the
Ozone Layer*

Health Hazard

Carcinogenicity
Respiratory Sensitization
Reproductive Toxicity
Specific Target Organ
Toxicity
Germ Cell Mutagenicity
Aspiration Hazard



Environment

Aquatic Toxicity*

A GHS pictogram appropriate for the hazard

Physical Hazards Not Otherwise Classified
Health Hazards Not Otherwise Classified

NOTE: No pictogram is assigned to some hazard classes e.g., Combustible Dusts and Simple Asphyxiants, and some less severe hazard categories.

*Not required by WHMIS, but may be used.



Safework practices and procedure (Work procedure register)

| | |
|--------------------------|--|
| SWP_ALMIQ_001_R1 | Incinerator |
| SWP_ALMIQ_002 | Rescue at Sea |
| SWP_ALMIQ_003 | Procedure in case of fire |
| SWP_ALMIQ_004 | Firearms |
| SWP_ALMIQ_005 | Registration of vehicles |
| SWP_ALMIQ_006 | Evacuation plan |
| SWP_ALMIQ_007 | Caridac Arrest Procedure |
| SWP_ALMIQ_008_R1 | Sheet Piles Work Method |
| SWP_ALMIQ_009_R1 | Demolition Cell 2 Work Method |
| SWP_ALMIQ_010_R3 | Concrete Fabrication Work Method |
| SWP_ALMIQ_011_R3 | Concrete Cell 2 and 3 Work Method |
| SWP_ALMIQ_012_R1 | Box Culvert Repair Method |
| SWP_ALMIQ_013_R1 | Demolition Cell 1 Work Method |
| SWP_ALMIQ_014_R1 | Anodes Installation Cell 1,2 and 3 work method |
| SWP_ALMIQ_015 | Box Culvert Installation Work Method |
| SWP_ALMIQ_016_R2 | Topside Weld repairs work Method |
| SWP_ALMIQ_017 | Shoreline protection work method |
| SWP_ALMIQ_018 | Demolition Cell 3 |
| SWP_ALMIQ_019_R1 | Drilling Procedure |
| SWP-ALMIQ-020 | SAND WASHING (+ sampling and analysis as appendix) |
| SWP-ALMIQ-021 | Boreholes galvanized protection installation |
| SWP-ALMIQ-022 | Radiographic inspection |
| SWP-ALMIQ-023 | Safe work procedure for pipe supports |
| SWP-ALMIQ-024 | Installation procedure Polyken adhesive tape |
| SWP-ALMIQ-025_Rev 1 | Pipe Welding |
| SWP-ALMIQ-026 | Prefab concrete pipe foundation installation |
| SWP-ALMIQ-027 | Concrete foundation fabrication |
| SWP-ALMIQ-028_Rev 1 | Mechanical Assembly |
| SWP-ALMIQ-029 | Stell structures installation |
| SWP-ALMIQ-030 | Diving Team Method |
| SWP-ALMIQ-031_Rev 1 | Storage Tank Inspection Procedure for vaccum testing |
| SWP-ALMIQ-032_Rev 2 | Welded steel Tank T110 & T120 |
| SWP-ALMIQ-033 | Concrete Preparation on site |
| SWP-ALMIQ-034 | Naval Distillate tanks hydrostatic test |
| SWP-ALMIQ-035_Rev1 | Welding Inspection |
| SWP-ALMIQ-036 | Arbitration concrete temperature less than 5°C |
| SWP-ALMIQ-037 | Pipe support Modification |
| SWP-ALMIQ-038 | Moving Buildings Procedure |
| SWP-ALMIQ-039 | Cutting Anchors and repairing concrete |
| SWP-ALMIQ-040 | GUSB Steel Structure Installation Procedure |
| SWP-ALMIQ-041_Rev1 | Temperature Log Procedure |

| | |
|---------------------|---|
| SWP-ALMIQ-042 | Winter site inspection by the Bear Monitor |
| SWP-ALMIQ-043_Rev 4 | Concrete Sealant Application |
| SWP-ALMIQ-045_Rev1 | GUSB Sheating, Roofing & Sliding |
| SWP-ALMIQ-046_Rev1 | GUSB Doors and Windows Installation |
| SWP-ALMIQ-047 | GUSB Metal Studs Installation |
| SWP-ALMIQ-048 | GUSB Gypsum and Plywood Sheets installation |
| SWP-ALMIQ-049_Rev1 | GUSB Plastering and Painting |
| SWP-ALMIQ-050 | GUSB Exterior Concrete Pads |
| SWP-ALMIQ-051 | Concrete Cell #1 |
| SWP-ALMIQ-052 | GUSB Ventillation |
| SWP-ALMIQ-053 | GUSB Furniture Installation |
| SWP-ALMIQ-054_Rev1 | GUSB Steel Deck Installation |
| SWP-ALMIQ-055 | DND Skrit Installation |
| SWP-ALMIQ-056 | Traffic Signage Installation |
| SWP-ALMIQ-057 | WOS Anchorage Modification |
| SWP-ALMIQ-058 | Concrete Placement and Finishing |
| SWP-ALMIQ-059 | Bullrails and Chain Guardrail installation |
| SWP-ALMIQ-060 | Temporary Guardrails and Sea Spatter protection on cell |
| SWP-ALMIQ-061 | Process Piping hydrostatic test |
| SWP-ALMIQ-062 | Pneumatic Leak Test |
| SWP-ALMIQ-063 | Excavator Cleaning |
| SWP-ALMIQ-064 | Liquid Process Work Method |
| SWP-ALMIQ-065 | Work safety plan |
| SWP-ALMIQ-066 | Geocell |
| SWP-ALMIQ-067 | Ice-video monitoring safe work procedure |
| SWP-ALMIQ-068 Rev 1 | Cathodique protection inspection |
| SWP-ALMIQ-069 | Procedure in case of polatbear |
| SWP-ALMIQ-070 | Fueling equipment |
| SWP-ALMIQ-071 | Working Alone |
| SWP-ALMIQ-072 | Medical Call on Site |
| SWP-ALMIQ-073 | Automated External Defibrillation |
| SWP-ALMIQ-074 | Mooring Bollard Painting |
| SWP-ALMIQ-075 | T-210-220 Filling by Truck |
| SWP-ALMIQ-076 | Paint Repairs on the diesel tanks |
| SWP-ALMIQ-077_Rev1 | WOS Siding cleaning |

ZERO Tolerance



EXCAVATION WORKS – TRENCHES

Nonconformity to the articles 396 to 432 of the General Safety Regulations for construction works in what concerned:

- the non-shored walls;
- the storage of materials on the edge of walls;
- the traffic or the parking of vehicles or machines near the excavation or near the trench;
- And the presence of worker(s) in excavation or trenches without established safe work procedure, continuous surveillance and an evacuation plan.

ZERO Tolerance



POWER LINES

Non-conformity to the Electrical Protection Act and regulations

The employer must make sure that nobody works with a part, a load, a scaffold, an element of machinery or a person within the distance of minimal approach specified in the following paragraph:

| Voltage | Distance of minimal approach |
|----------------------|------------------------------|
| Less than 125 000 V | 3 m |
| 125 000 to 250 000 V | 5 m |
| 250 000 to 550 000 V | 8 m |
| More than 555 000 V | 12 m |

ZERO Tolerance

FALL ARREST:

Non-conformity to article 57 of the General Safety Regulations concerning:

- No lifeline around not covered floors, roofs and holes and where the workers are not secured.
- Non-protected workers who are exposed to falls of more than 3 meters.
- Non-secured workers in an aerial lift;
- Scaffold floor consisting in a single beam.



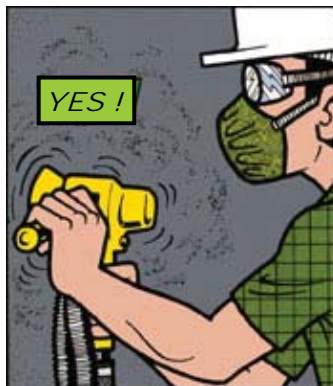
ZERO Tolerance

PREVENTION ASBESTOS

BASIC PRINCIPLES

Plan asbestos works

- Identifying presence of asbestos;
- Determining the type of asbestos;
- Determining working procedures for the removal of asbestos;
- Dustproof enclosure and appropriate ventilation between decontamination and working areas;
- Wearing appropriate respiratory protection as the level of risk;
- Presence of debris which are not placed in tight containers.
- Consult the Asbestos Safety Regulations for more details



ZERO Tolerance



SCAFFOLDINGS

In conformity with articles 275 à 327 of the General Safety Regulations

Check points at set-up of scaffolding

- 1 - Firm support on a solid base
- 2 - Solid seat and jackscrews to ensure balance
- 3 - X-braces and foot bolts in good condition and correctly installed
- 4 - Scaffolding tied at the third frame or stabilisers installed
- 5 - Make sure the floor is solid :
 - Correctly fixed (No lurching and sliding)
 - Covers all the work area
 - 480 mm wide minimum (2 planks)
 - Maximum 350 mm away from the construction
- 6 - The load is well-distributed and calculated
- 7 - Complying guards (protection against falls)
- 8 - Access to the working floors free of obstacles
- 9 - Installation away from power lines
- 10 - On wheels : uniform rolling surface
- 11 - Wheel locking device during works
- 12 - Avoid moving the scaffoldings while workers are on it.

Specific Intervention Target

CRYSTALLINE SILICA (QUARTZ)

Silica is found as quartz in the sand used for blast cleaning or in the raw material of concrete, brick or mortar. Refer to table no. 3 of the General Safety Regulations.

Prevention measures to apply:

1. Work in a humid working environment (water frequently);
2. Catchment of the dust at the source, when possible;
3. Clean the surface with water;
4. Wear individual protection equipment (mask, glasses, gloves, etc.);
5. Wear a coverall;
6. Wash one's hands and face
7. No smoking, drinking or eating during these works

Specific Intervention Target

Self-propelled platform

Prevention measures to apply:
(Application of norm CSA B354.2-01)

- 1) Establish a preventive maintenance program
 - A. Daily inspection
 - B. Periodic inspection (after 200 hours)
 - C. Annual inspection
 - D. Structural inspection (by a certified engineer)
 - 10 years after construction, and every other 5 year thereafter
 - After an event that damaged the structure
 - At purchase of a new equipment
- 2) Provide appropriate training to the users
- 3) Repair immediately any failure and forbid the use until the modifications are made

Nom de la personne en charge :

Name of the person in charge : _____

Date : _____

Contenu complet de l'accueil
Full Worker's Welcoming content

| | | |
|---|--------------------------|---|
| Présentation de la station SSE et des différentes politiques | <input type="checkbox"/> | <i>Presentation of the HSE station and the different policies</i> |
| Équipement de protection individuel | <input type="checkbox"/> | <i>Personal protective equipment</i> |
| Procédure en cas de premier soin | <input type="checkbox"/> | <i>First Aid procedure</i> |
| Inspection sur le chantier | <input type="checkbox"/> | <i>Site inspection</i> |
| Les différentes analyses de risque (rencontre de début de quart, Par5, méthodes et procédures de travail) | <input type="checkbox"/> | <i>Different risk analysis (Pre-shift meeting, TAKES, work methods and procedures).</i> |
| Principaux risques liés au chantier | <input type="checkbox"/> | <i>Main risks related to the site</i> |
| SIMDUT | <input type="checkbox"/> | <i>WHMIS</i> |
| Excavation et tranchée | <input type="checkbox"/> | <i>Excavation and trenching</i> |
| Protection contre les chutes | <input type="checkbox"/> | <i>Protection against falls</i> |
| Échafaudage | <input type="checkbox"/> | <i>Scaffolding</i> |
| Ligne électrique | <input type="checkbox"/> | <i>Power line</i> |
| Propreté et savoir-être au campement | <input type="checkbox"/> | <i>Cleanliness and well-being at the camp</i> |
| Mesures disciplinaires | <input type="checkbox"/> | <i>Disciplinary measures</i> |

Commentaires :

Comments:

| |
|--|
| |
| |
| |
| |

Signature de l'employé

Signature of employee

☐ Je confirme que j'ai suivi l'accueil en ligne du Groupe LFL. Si non, communiquez avec Mme Martine Tremblay - 1-800-663-3321 ext.134.

☐ *I confirm that I have followed the online Worker's Welcoming of the LFL Group. If not, please contact Mrs. Martine Tremblay - 1-800-663-3321 ext.134.*

 Nom (lettres moulées)

Name (print letters)

 Signature

 Date

Signature du contremaître ou de l'agent de prévention

Signature of foreman or prevention officer

 Nom (lettres moulées)

Name (print letters)

 Signature

 Date

SUBCONTRACTORS' COMMITMENT

The following subcontractor agrees, through its official representative on the job site, to respect and enforce its safety plan, as well as the requirements of the principal contractor's prevention program, and to cooperate with the latter in applying any measures that may help to eliminate the risk of accidents and occupational illnesses on the job site.

Furthermore, all our equipment, including the machinery on the job site, will conform to applicable standards and will have been inspected prior to its arrival at or delivery to the job site.

NAME OF THE AUTHORIZED INDIVIDUALS:

(IN SQUARED LETTERS)

(SIGNATURE)

FOR:

(NAME OF THE COMPANY)

DATE:

(YYYY / MM / DD)

WORKERS' COMMITMENT

By the present, I commit to:

- Take cognizance of the company's prevention program and apply it.
- Not to undertake a work which I do not understand or do not know and, if necessary, to refer to my supervisor.
- Take the necessary measures to protect my health, safety and physical integrity as well as to protect the health, safety and physical integrity of the people working around and with me.
- Wear the appropriate personal protective equipment as per the applicable laws and regulations for construction works and to use the collective protective equipment I am provided with.
- Immediately report to my superior :
 - Dangerous practices;
 - Defective equipment and tools;
 - Any injury done to myself or to someone else.
- Never be on the influence of alcohol or drug at work (see Zero Tolerance Drugs and Alcohol Policy).
- Avoid any brutality or competition between me and my colleagues.

I understand that, by not respecting the prevention program or the governing regulations of the site, I expose myself to disciplinary measures and their consequences, which I understand and which I took cognizance of beforehand.

NAME OF THE EMPLOYEE:

(IN SQUARED LETTERS)

(SIGNATURE)

DATE:

(YYYY / MM / DD)

- **WSCC Claim: Worker's report of injury**
- **WSCC Claim: Employer's report of injury**
- **WSCC Claim : First Medical Report**
- **WSCC Claim : Functional Abilities**
- **WSCC Claim : Medical progress report**
- **Accident event investigation report**
- **Equipment inspection certificate**
- **Weekly inspection report and Action plan for noncompliant items**
- **Tool-box meeting**
- **Warning (also procedure in case of neglecting of the security rules)**

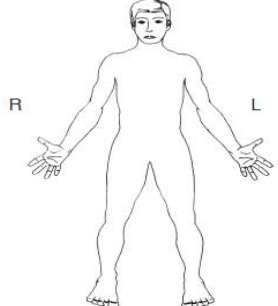
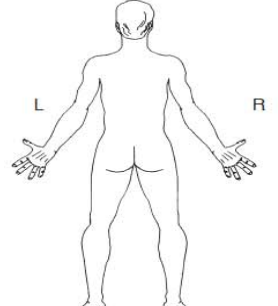
A – Worker Information

| | | | | | | | |
|---|-----------|--------------------------|--|----------------------------|--|--|--|
| First Name | | Last Name | | Also Known As | | | |
| Mailing Address | | City/Town | | Province/Territory | | Postal Code | |
| Residential Address (if different than above) | | | | Date of Birth MM DD YY | | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| Telephone (include Area Code) | | Cell (include Area Code) | | Fax | | Email Address | |
| Social Insurance Number | | | Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common-Law <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced | | | | |
| Number of Dependants | Job Title | | Preferred Language <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Inuktitut <input type="checkbox"/> Other | | | | |

B – Employer Information

| | |
|--|-------------------------------|
| Employer Name | Address |
| Supervisor Name | Telephone (include Area Code) |
| Do you work for this employer in any other province or territory? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

C – Incident Details

| | |
|---|---|
| 1. Date of Incident MM DD YY Time: <input type="checkbox"/> AM <input type="checkbox"/> PM | 2. Place of Incident – Name of City/Town |
| 3. Did incident occur on employer's premises? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, where? | |
| 4. Date reported to employer MM DD YY Time: <input type="checkbox"/> AM <input type="checkbox"/> PM | 5. Name and position of person you reported incident to: |
| 6. Date first disabled from work MM DD YY Time: <input type="checkbox"/> AM <input type="checkbox"/> PM | |
| IMPORTANT | |
| 7. 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 the incident involved gas, chemicals, or extreme temperatures (<i>attach sheet if necessary</i>). _____ _____ What body parts did you injure? (left/right side, hand, eye, back, etc.) _____ What type of injuries? (sprain, bruise, fracture, etc.) _____ | Using this diagram, show what body parts you injured. <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  </div> <div style="text-align: center;">  </div> </div> |
| 8. IMPORTANT - Please list any witnesses Name and Address – include a contact number | Name and Address – include a contact number |

| | | | | | | |
|-----|--|--|-------|----|----|----|
| 9. | Did your employer offer you light duties? If yes, provide a list of light duties offered: | <input type="checkbox"/> Yes <input type="checkbox"/> No | When? | MM | DD | YY |
| 10. | Did you return to work? If yes, <input type="checkbox"/> Light Duties <input type="checkbox"/> Regular Duties | <input type="checkbox"/> Yes <input type="checkbox"/> No | When? | MM | DD | YY |
| 11. | Did you seek medical attention? If yes, who provided? | <input type="checkbox"/> Yes <input type="checkbox"/> No | When? | MM | DD | YY |
| 12. | Where did you receive medical attention? | | When? | MM | DD | YY |
| 13. | If attention was given by a medic, please provide their name and contact information. | | | | | |

D – Past Injuries

| | | | | | | |
|--|------------------------------|-----------------------------|---------------|----|----|----|
| 14. Have you injured or disabled the same body part previously? (left foot, right hand, etc.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, when? | MM | DD | YY |
| 15. Do you have any previous compensation claims with the WSCC, or any other workers' compensation board? If yes, provide dates and nature of injury. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | | |

PLEASE PROCEED TO SECTION “E” AND “F” ON THE 2ND PAGE.

72 de 92

Worker's Full Name:

E – Employment Category

| | | |
|--|--|--|
| 16. Worker's Type of Employment: | Permanent <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 | Non - Permanent <input type="checkbox"/> Term (Under 1 year) <input type="checkbox"/> Seasonal <input type="checkbox"/> Summer Student <input type="checkbox"/> Casual <input type="checkbox"/> Apprentice |
| 17. Is the job subject to seasonal layoffs? <input type="checkbox"/> Yes <input type="checkbox"/> No | 18. Is the job subject to lack of work layoffs? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 19. First day of hire MM DD YY | | |

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

| | | |
|--|---|---|
| 20. Number of days on _____ Number of days off _____ | 21. Hours per Shift/ Day Regular Pay _____ Hours per Shift/ Overtime Pay _____ | 22. Hours per Rotation _____ |
| 23. Please select 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 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | |
| 24. Date rotation started MM DD YY | | Date rotation ends MM DD YY |
| 25. Are travel days included in the on/off work rotation? <input type="checkbox"/> Yes <input type="checkbox"/> No | | 26. How many hours are you paid for on travel days? _____ |

G – Wage Information (Please complete all questions)

| |
|---|
| 27. What is your hourly rate of pay? _____ / hour. What are your annual gross earnings? _____ What is your overtime rate? _____ / hour. If you are paid other than hourly or on salary, please attach an explanation. |
| 28. Do you receive any other benefits? (Vacation pay, Northern Allowance, Bonus, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain in detail with amounts or averages: _____ _____ Does your employer pay these benefits on your regular pay cheques? <input type="checkbox"/> Yes <input type="checkbox"/> No If you receive vacation pay, what is the percentage? _____ |
| 29. Do you regularly work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many hours per day are overtime? _____ Provide an estimate of regular overtime hours _____ / <input type="checkbox"/> day <input type="checkbox"/> week <input type="checkbox"/> month |
| 30. Is your employer paying for lost time? <input type="checkbox"/> Yes <input type="checkbox"/> No Which days are being paid for? _____ |
| 31. Do you have a second job? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, did you miss time from this job due to your injury? <input type="checkbox"/> Yes <input type="checkbox"/> No (If you have more than one employer, please list all employers and their contact information) Name of second employer: _____ Contact name and phone: _____ |

The WSCC may use this information for the administration of the *Workers' Compensation Acts*, the *Safety Acts*, and/or the *Mine Health and Safety Acts*, and their associated *Regulations*.

WORKER'S CONSENT

I claim compensation for my work-related injury or disease and declare the information provided in support of my claim is true and accurate. I acknowledge it may be a criminal offense to make a false claim.

Initial **Please print form to initial**

The WSCC must use my personal information, as provided here, for the sole purpose of conducting an investigation for my compensation claim.

The WSCC may gather more information on my work incident and medical and work history to administer my claim for compensation. For that purpose only, the WSCC may disclose some personal information to my employer, medical personnel, and other relevant third parties.

Having read, with a full understanding of, the WSCC's requirements, I authorize the WSCC to gather and provide such information from all necessary sources.

Initial **Please print form to initial**

I understand and acknowledge that incomplete information from me may delay my claim.

It may be a criminal offence to work and earn income while receiving workers' compensation benefits without the WSCC's approval.

Signature: **Please print form to sign**

Date: _____

Witness: **Please print form to sign**

Date: _____

If you need assistance filling in this form, or more information, please contact us.

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 • Email: nwtclaimsservices@wscc.nt.ca

or

Box 669 • Iqaluit, NU X0A 0H0 • Telephone: (867) 979-8500 • Toll Free: 1-877-404-4407 • Fax: (867) 979-8501

Toll Free Fax: 1-866-979-8501 • Email: nuclaimsservices@wscc.nu.ca

wscc.nt.ca or wscc.nu.ca

Employer, or employer representative, completes the Employer Report of Injury.

A – Employer Information

| | | | |
|---|--------------------------|--------------------|---------------|
| Business Name | | Supervisor's Name | |
| Address | City/Town | Province/Territory | Postal Code |
| Preferred Language <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Inuktitut <input type="checkbox"/> Other | | | |
| Telephone (include Area Code) | Cell (include Area Code) | Fax | Email Address |

B – Worker Information

| | | | |
|---|------------------------------|--|--|
| First Name | | Last Name | |
| Mailing Address | City/Town | Province/Territory | Postal Code |
| Residential Address (if different than above) | | Date of Birth MM DD YY | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Telephone (include Area Code) | Cell (include Area Code) | Email Address | |
| Social Insurance Number | | Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common-Law <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced | |
| Number of Dependants | Job Title (no abbreviations) | Is a job description available? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Does the worker work in more than one province/territory for this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list the provinces/territories: | | | |
| Is the worker a subcontractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who is the contractor? | | | |
| Is the worker an owner or operator? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

C – Incident Details

| | |
|---|---|
| 1. Date of Incident MM DD YY Time: <input type="checkbox"/> AM <input type="checkbox"/> PM | 2. Place of Incident – Name of City/Town and Province/Territory |
| 3. Did incident occur on employer's premises? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, where? | |
| 4. Date first reported to Employer MM DD YY Time: <input type="checkbox"/> AM <input type="checkbox"/> PM | Date first disabled from work MM DD YY Time: <input type="checkbox"/> AM <input type="checkbox"/> PM |
| 5. Does the worker have a job to return to? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please attach an explanation. | |
| 6. Was medical attention provided? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who provided? | |
| 7. Where did the worker receive medical attention? | |
| 8. If attention was given by a medic, please provide their name and contact information. | |

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

| | |
|---|---|
| 9. Were the worker's actions at the time of injury for the purpose of your business? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please attach an explanation. | |
| 10. Is the activity part of the worker's regular work? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please attach an explanation. | 11. Are you disputing this claim? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach an explanation. |
| 12. 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 the incident involved gas, chemicals, or extreme temperatures (attach sheet if necessary). | |
| 13. What body part was injured? (left/right side, hand, eye, back, etc.) What type of injury? (sprain, bruise, fracture, etc.) | |
| 14. Was any other person not in your employ at fault or involved in the incident? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach an explanation and include contact information. | |
| 15. Is light duty available? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide a list of light duties offered: | Did you offer the worker light duties? <input type="checkbox"/> Yes <input type="checkbox"/> No When? MM DD YY |
| 16. Has worker returned to work? <input type="checkbox"/> Yes <input type="checkbox"/> No When? MM DD YY | If yes, <input type="checkbox"/> Light Duties <input type="checkbox"/> Regular Duties |
| 17. If worker has lost time from work, please provide the date: | 18. If time was lost, and worker has since returned, please provide the date: |

| | |
|--|--|
| <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 | <input type="checkbox"/> Term (Under 1 year) <input type="checkbox"/> Seasonal <input type="checkbox"/> Summer Student <input type="checkbox"/> Casual <input type="checkbox"/> Apprentice |
| 20. Is the job subject to seasonal layoffs? <input type="checkbox"/> Yes <input type="checkbox"/> No | 21. Is the job subject to lack of work layoffs? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 22. Worker's day of hire MM DD YY | 23. What was the contract / term / season start date? MM DD YY |
| 24. What is the expected contract / term / season end date? MM DD YY | |

F – Schedule Information

| | | |
|--|---|------------------------------|
| 25. Number of days on _____ Number of days off _____ | 26. Hours per Shift/ Day Regular Pay _____ Hours per Shift/ Overtime Pay _____ | 27. Hours per Rotation _____ |
| 28. Please select days on for one full rotation: <div style="display: flex; justify-content: space-around; font-family: monospace; font-size: 0.9em;"> 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 </div> <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> | | |
| 29. Date rotation started MM DD YY Date rotation ends MM DD YY | | |
| 30. Are travel days included in the on/off work rotation? <input type="checkbox"/> Yes <input type="checkbox"/> No 31. How many hours are paid for on travel days? _____ | | |

G – Wage Information (Please complete all questions.)

| |
|--|
| 32. What is the hourly rate of pay? _____ / hour. What are the annual gross earnings? _____ What is the overtime rate? _____ / hour. <i>If the worker is paid other than hourly or on salary, please attach an explanation.</i> |
| 33. Does the worker receive any other benefits? (Vacation Pay, Northern Allowance, Bonus, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain in detail with amounts or averages: _____ _____ Are these benefits paid out to the worker with their regular pay cheque? <input type="checkbox"/> Yes <input type="checkbox"/> No If they receive vacation pay, what is the percentage? _____ % |
| 34. Does the worker regularly work or get paid for overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many hours per day are overtime? _____ Provide an estimate of regular overtime hours _____ / <input type="checkbox"/> day <input type="checkbox"/> week <input type="checkbox"/> month |
| 35. Are you paying the worker for lost time? <input type="checkbox"/> Yes <input type="checkbox"/> No Which days are being paid for? _____ |
| 36. Will you continue to pay benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No (eg: Northern Allowance) |

The WSCC may use this information for the administration of the *Workers' Compensation Acts*, the *Safety Acts*, and/or the *Mine Health and Safety Acts*, and their associated *Regulations*.

IMPORTANT:

Notification of an incident must reach the Workers' Safety and Compensation Commission office within three working days.
 Any information received as a result of the claims process is confidential and any further use or disclosure could result in a fine pursuant to the *Workers' Compensation Acts*.

| | |
|--|---|
| Completed by (please print) | Signed at (City/Town) |
| Authorized Signature <div style="color: red; font-weight: bold; font-size: 0.8em;">Please print form to sign.</div> | Phone Number <div style="display: flex; justify-content: space-between; align-items: center;"> <div>Date MM DD YY</div> </div> |

ATTENTION:

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

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

If you need assistance filling in this form, or more information, please contact us.

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 • Email: nwtclaimsservices@wscc.nt.ca

Worker Information

| | | | | | | | | | | | |
|---------------------------------------|--|----|----|---------------------|---------------|-------------------------------|----|----|----|--------|---|
| Last Name | | | | First Name | | | | | | | |
| Mailing Address (include postal code) | | | | Community | | Telephone (include area code) | | | | | |
| Employer | | | | Worker's Occupation | | | | | | | |
| Date of Injury | | MM | DD | YY | Date of Birth | | MM | DD | YY | Gender | <input type="checkbox"/> M <input type="checkbox"/> F |

Health Care Provider Information

| | | | | | | | |
|---|--|----|----|-------------------------------|--|--|--|
| Name of Health Care Provider (please print) | | | | Address (include postal code) | | | |
| Telephone (include area code) | | | | | | | |
| Date of Exam | | MM | DD | | | | |

Subjective

| |
|---------------------------------|
| Worker's description of injury. |
| Describe complaints. |

Objective

| | |
|--|----------------------------------|
| Describe objective findings, including any diagnostic results. | |
| Diagnosis: | |
| Treatment plan and medication: | |
| Any follow-up plan? <input type="checkbox"/> Yes <input type="checkbox"/> No | Date of follow-up visit MM DD YY |
| Any factors that may complicate recovery? (e.g., a pre-existing condition) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain, attaching details if needed. | |
| Is worker fit to return to work with no restrictions? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, complete Functional Abilities on the reverse side. | |

The WSCC may use this information for the administration of the *Workers' Compensation Acts*, the *Safety Acts*, and/or the *Mine Health and Safety Acts*, and their associated *Regulations*.

I hereby certify the above is a correct statement of services personally rendered by myself.

Identify the worker's overall abilities and restrictions.

A. Abilities and Restrictions

| | | | | | | | | | | | | | |
|---|---|--|--|---|--|------|-------|-----------------------------------|--------------------------|-----------------------------------|--------------------------|---|--------------------------|
| 1. Please indicate Abilities that apply. Include additional details in section 3. | | | | | | | | | | | | | |
| Walking: <input type="checkbox"/> Full abilities <input type="checkbox"/> Up to 100 metres <input type="checkbox"/> 100 - 200 metres <input type="checkbox"/> Other (please specify) | Standing: <input type="checkbox"/> Full abilities <input type="checkbox"/> Up to 15 minutes <input type="checkbox"/> 15 - 30 minutes <input type="checkbox"/> Other (please specify) | Sitting: <input type="checkbox"/> Full abilities <input type="checkbox"/> Up to 30 minutes <input type="checkbox"/> 30 minutes - 1 hour <input type="checkbox"/> Other (please specify) | Lifting from floor to waist: <input type="checkbox"/> Full abilities <input type="checkbox"/> Up to 5 kilograms <input type="checkbox"/> 5 - 10 kilograms <input type="checkbox"/> Other (please specify) | | | | | | | | | | |
| Lifting from waist to shoulder: <input type="checkbox"/> Full abilities <input type="checkbox"/> Up to 5 kilograms <input type="checkbox"/> 5 - 10 kilograms <input type="checkbox"/> Other (please specify) | | Stair climbing: <input type="checkbox"/> Full abilities <input type="checkbox"/> Up to 5 steps <input type="checkbox"/> 5 - 10 steps <input type="checkbox"/> Other (please specify) | | Ladder climbing: <input type="checkbox"/> Full abilities <input type="checkbox"/> 1 - 3 steps <input type="checkbox"/> 4 - 6 steps <input type="checkbox"/> Other (please specify) | | | | | | | | | |
| 2. Please indicate Restrictions that apply. Include additional details in section 3. | | | | | | | | | | | | | |
| <input type="checkbox"/> Bending/twisting repetitive movement of: (please specify) | <input type="checkbox"/> Work at or above shoulder activity: | <input type="checkbox"/> Chemical exposure to: | <input type="checkbox"/> Environment exposure to: (e.g. heat, cold, noise or scents) | <input type="checkbox"/> Limited use of hand(s): <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;">Left</td> <td style="width: 50%; text-align: center;">Right</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> Gripping</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> Pinching</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> Other (please specify)</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> | | Left | Right | <input type="checkbox"/> Gripping | <input type="checkbox"/> | <input type="checkbox"/> Pinching | <input type="checkbox"/> | <input type="checkbox"/> Other (please specify) | <input type="checkbox"/> |
| Left | Right | | | | | | | | | | | | |
| <input type="checkbox"/> Gripping | <input type="checkbox"/> | | | | | | | | | | | | |
| <input type="checkbox"/> Pinching | <input type="checkbox"/> | | | | | | | | | | | | |
| <input type="checkbox"/> Other (please specify) | <input type="checkbox"/> | | | | | | | | | | | | |
| <input type="checkbox"/> Limited pushing/pulling with: <input type="checkbox"/> Left arm <input type="checkbox"/> Right arm <input type="checkbox"/> Other (please specify) | <input type="checkbox"/> Operating motorized equipment: (e.g. forklift) | <input type="checkbox"/> Potential side effects from medications (please specify). Do not include names of medications. | <input type="checkbox"/> Exposure to vibration: <input type="checkbox"/> Whole body <input type="checkbox"/> Hand/arm | | | | | | | | | | |
| 3. Additional comments on Abilities and Restrictions . <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> | | | | | | | | | | | | | |
| 4. From the date of this assessment, the above will apply for approximately: | | | 5. Have you discussed return to work with the worker? | | | | | | | | | | |
| <input type="checkbox"/> 1 - 2 days <input type="checkbox"/> 3 - 7 days <input type="checkbox"/> 8 - 14 days <input type="checkbox"/> 14 + days | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | |
| 6. Recommendation for work hours and start date: | | | | | | | | | | | | | |
| <input type="checkbox"/> Regular full-time hours | | <input type="checkbox"/> Modified hours Please specify: | | <input type="checkbox"/> Graduated hours Please specify: | | | | | | | | | |
| Start Date: MM DD YY | | | | | | | | | | | | | |

B. Date of Next Appointment

| | |
|---|--------------|
| Recommended date of next appointment to review Abilities and Restrictions . | MM DD YY |
| I have provided this completed Functional Abilities form to the worker: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: MM DD YY | |
| Health Care Provider's Signature: Please print form to sign. | |

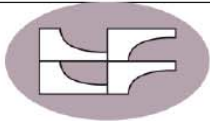
Medical Progress Report

| | | | | | | | |
|---------------------------------------|--|--|--|------------------------------|--|--|--|
| Last Name | | | | First Name | | | |
| Mailing Address (include postal code) | | | | Community | | Telephone (include area code) | |
| Employer | | | | Worker's Occupation | | | |
| Date of Injury MM DD YY | | | | Date of Birth MM DD YY | | Gender <input type="checkbox"/> M <input type="checkbox"/> F | |

| | |
|---|-------------------------------|
| Name of Health Care Provider (please print) | Address (include postal code) |
| Telephone (include area code) | |
| Date of Exam MM DD YY Time | |

| |
|--|
| Any change in diagnosis? <input type="checkbox"/> Yes (please explain) <input type="checkbox"/> No |
| Describe subjective complaints. |
| Describe objective findings and lab or x-ray results. |
| Treatment plan and medication: |

| | | |
|---|--|--|
| Refer to Specialist? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, will you arrange this? <input type="checkbox"/> Yes <input type="checkbox"/> No | Type of Specialist |
| Date of follow-up visit <input type="text" value="MM"/> <input type="text" value="DD"/> <input type="text" value="YY"/> | <i>If worker's abilities have significantly changed, complete Functional Abilities on the reverse side, and provide a copy to the worker.</i> | Refer to WSCC Medical Advisor? <input type="checkbox"/> Yes <input type="checkbox"/> No For _____ |
| Factors complicating recovery <input type="checkbox"/> Yes (please explain) <input type="checkbox"/> No | | |



INVESTIGATION AND ANALYSIS OF AN HSE INCIDENT

Groupe **LFL** Group

Project :

Page 1 of 2

| LFA | LFL | APITSIU | BIG LAND | ALMIQ | ABCL |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

INCIDENT CATEGORIES

☐ Lost time ☐ Temp. assignment ☐ Medical treatment ☐ First Aid ☐ Material damage ☐ Near miss ☐ Environmental

WORKER IDENTIFICATION

| | | | |
|----------|--|------------------------|--|
| Name | | Date of birth | YYYY / MM / DD |
| Position | | Experience in the task | <input type="checkbox"/> YES <input type="checkbox"/> NO |

INJURIES (see checklist and enter the corresponding number(s))

| | | | | | |
|--------------|--|----------------|--|-----------|--|
| A- Nature(s) | | B-Body part(s) | | C-Type(s) | |
|--------------|--|----------------|--|-----------|--|

FIRST AID (if applicable)

| | |
|-----------------------------------|--|
| Nature of first aid administrated | |
| Rescuer name | |

INCIDENT DESCRIPTION

| | | | |
|------------------|----------------|----------|-----------------------------|
| Material Damage | | Estimate | <input type="checkbox"/> NA |
| Date of incident | YYYY / MM / DD | Time of | |

Describe the incident facts : Who? When? How? Why? Attach a photo

| |
|--|
| |
| |
| |
| |

Name of witness(es)

I, undersigned, certify that the information in this statement is true and consistent with what actually happened.

Signature of witness(es)

Date YYYY / MM / DD

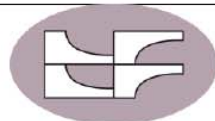
CAUSES (see checklist and enter the corresponding number(s))

| | | | |
|------------------------------|--|---------------|--|
| D-Immediate cause(s) | | E-Fundamental | |
| Specify fundamental cause(s) | | | |

| CORRECTIVE ACTION(S) | Responsible | Deadline |
|----------------------|-------------|----------|
| | | |
| | | |
| | | |
| | | |

| APPROBATIONS | Name | Signature | Date |
|-----------------|------|---|----------------|
| Worker | | | YYYY / MM / DD |
| Foreman | | | YYYY / MM / DD |
| Project Manager | | | YYYY / MM / DD |
| HSE Advisor | | Level of risk Green <input type="checkbox"/> Yellow <input type="checkbox"/> Orange <input type="checkbox"/> Red <input type="checkbox"/> | YYYY / MM / DD |
| HR Director | | | YYYY / MM / DD |

| | | |
|---------------|----------------|--|
| Prepared by: | DISTRIBUTION : | RESERVED SPACE Last revision : Date : By : |
| Approved by : | | |



CHECKLIST

| A- NATURE OF INJURY | | B- AFFECTED BODY PARTS | |
|------------------------|------------------------------|--------------------------|---------------------------------|
| 1. Death | 12. Fracture | 1. Ear (s) | 13. Back |
| 2. Pain, swelling | 13. Hernia, rupture | 2. Eye (s) | 14. Chest |
| 3. Amputation, removal | 14. Scratches, scrapes | 3. Face | 15. Leg (s) |
| 4. Asphyxia, drowning | 15. Sprain, strain | 4. Multiple Head parts | 16. Ankle |
| 5. Burn (heat or cold) | 16. Multiple injuries | 5. Head (*NEC) | 17. Foot |
| 6. Concussion | 17. Hypothermia, frostbite | 6. Arm | 18. Toe (s) |
| 7. Contusion, bruising | 18. Heatstroke, sunstroke | 7. Forearm | 19. Lower members (*NEC) |
| 8. Cut, perforation | 19. Inflammation, irritation | 8. Wrist | 20. Multiple body parts |
| 9. Dislocation | 20. Systemic poisoning | 9. Elbow | 21. Body system |
| 10. Electric shock | 21. Radiation Effects | 10. Hand | 22. Trunk or abdomen |
| 11. Heart attack | 22. Other : | 11. Finger (s) | 23. Other : |
| | | 12. Upper members (*NEC) | *NEC : Not elsewhere classified |

| C- INCIDENT TYPE | |
|--|---|
| 1. Hit against (running or hitting) | 7. Injury by abrasive friction (manipulated object,) |
| 2. Hit by (moving object) | 8. Excessive efforts |
| 3. Fall from same level (slide, overthrow) | 9. Contact with extreme temperature |
| 4. Fall from height (objet ou travailleur) | 10. Contact with toxic substance |
| 5. Stuck (in, under, between) | 11. Vehicle/heavy vehicle accident |
| 6. Reaction of the body | 12. Other (specify...) |

| D- IMMEDIATE CAUSES | |
|--|---|
| ACTIONS | CONDITIONS |
| 1. Operate equipment without authorization | 17. Inappropriate guards or protectors |
| 2. Omit to warn | 18. Inappropriate protective equipment |
| 3. Omit to immobilize | 19. Defective tools, materials or equipment |
| 4. Operate to inappropriate | 20. Congestion or restriction of activity |
| 5. Make safety devices inoperative | 21. Inadequate alarm system |
| 6. Remove the safety devices | 22. Risk of fire and explosion |
| 7. Use defective tools/equipment | 23. Poor housekeeping, messy workplace |
| 8. Use equipment in an inappropriate way | 24. Envir. Condition at risk : ice, gaz, dust, smoke, vapor. |
| 9. Misuse of personnel protective equipment | 25. Exposure to noise |
| 10. Bad loading | 26. Exposure to radiation |
| 11. Bad placing | 27. Exposure to high or low temperatures |
| 12. Bad lifting | 28. Excessive or inadequate lighting |
| 13. Take a dangerous position | 29. Inadequate ventilation |
| 14. Repare equipment in movement | 30. Other (specify...) : |
| 15. Bad joke | |
| 16. Other (specify...) : | |

| E- FUNDAMENTAL CAUSES | |
|--|--|
| HUMAN FACTORS | WORK FACTORS |
| 1. Physical/Physiological capacity | 9. Inadequate supervision or directive |
| 2. Mental/Psycholocal capacity | 10. Inadequate engineering |
| 3. Lack of knowledge/training/qualification | 11. Inadequate purchasing |
| 4. Lack of ability | 12. Improper maintenance |
| 5. Stress/Pressure | 13. Inadequate/defective tools, equipment and materials |
| 6. Lack of motivation | 14. Inadequate or non-existent labor standards and procedures |
| 7. System reaction (voluntary or involuntary movement) | 15. Wear, damage |
| 8. Other (specify...) : | 16. Abuse or misuse |
| | 17. Overpressure, overload, excessive efforts |
| | 18. Contact with electricity, heat, cold, radiation, caustic, toxic, noise, other: |
| | 19. Toxic or harmful substances (inhalation, ingestion, absorption) |
| | 20. Other (specify) |

| | | |
|---------------|----------------|--------------------------------------|
| Prepared by: | DISTRIBUTION : | RESERVED SPACE |
| Approved by : | | Last revision : Date : By80 de 92 |



ALMIQ CONTRACTING LTD.

EQUIPMENT INSPECTION CERTIFICATE

COMPANY NAME: _____

TYPE OF EQUIPMENT : _____

MAKE : _____ MODEL : _____

YEAR : _____ SERIAL NO. : _____

REGISTRATION : _____

PLACE OF INSPECTION : _____

I, THE UNDERSIGNED, CERTIFY THAT THE AFOREMENTIONED EQUIPMENT HAS BEEN INSPECTED AND FOUND TO BE IN GOOD WORKING ORDER FOR THE FOLLOWING POINTS:

INSPECTIONS CARRIED OUT:

MECHANICAL

HYDRAULICS

ELECTRICAL

PNEUMATIC

WELDING

SAFETY MECHANISMS

LOGBOOK

| |
|--|
| |
| |
| |
| |
| |
| |
| |

DATE OF LAST INSPECTION BY THE RÉGIE DE L'ASSURANCE AUTOMOBILE DU QUÉBEC:

CSA NORMS USED FOR INSPECTION:

NO.

DATE

PERMIT NO



ALMIQ CONTRACTING LTD.

المنطقه ٤٤٤٤٤٤٤٤

WEEKLY SITE INSPECTION FORM

Page 1 of 2

Site: _____

Date: ____ / ____ / ____ Sector: _____

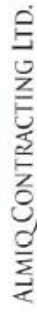
Completed by : _____

| | YES | NO | N/A | | YES | NO | N/A |
|---|-----|----|-----|---|-----|----|-----|
| Condition of Site | | | | Job Layout and Work Methods | | | |
| <input type="checkbox"/> Grounds, Parking lot | | | | <input type="checkbox"/> Job description | | | |
| <input type="checkbox"/> Storage | | | | <input type="checkbox"/> Positions and movements | | | |
| <input type="checkbox"/> Stacks | | | | <input type="checkbox"/> Established procedures and rules followed | | | |
| <input type="checkbox"/> Stairs | | | | | | | |
| <input type="checkbox"/> Catwalks | | | | Environment | | | |
| <input type="checkbox"/> Floors, Corridors | | | | <input type="checkbox"/> Noise | | | |
| <input type="checkbox"/> General cleanliness | | | | <input type="checkbox"/> Dust, fumes | | | |
| <input type="checkbox"/> Cloakrooms, Toilets | | | | <input type="checkbox"/> General ventilation | | | |
| <input type="checkbox"/> Dining area | | | | <input type="checkbox"/> Catchment at source | | | |
| | | | | <input type="checkbox"/> Lighting | | | |
| Fixed Machinery | | | | <input type="checkbox"/> Radiation | | | |
| <input type="checkbox"/> General operating conditions | | | | Fire Safety | | | |
| <input type="checkbox"/> Access to danger zones | | | | <input type="checkbox"/> Extinguishers | | | |
| <input type="checkbox"/> Emergency cut-offs | | | | <input type="checkbox"/> Fire hoses | | | |
| <input type="checkbox"/> Rails, protection devices | | | | <input type="checkbox"/> Sprinklers | | | |
| <input type="checkbox"/> Electrical panels | | | | <input type="checkbox"/> Fire alarms | | | |
| <input type="checkbox"/> Lock-up procedures | | | | <input type="checkbox"/> Detectors: fire / smoke | | | |
| | | | | <input type="checkbox"/> Emergency lighting | | | |
| Tools | | | | <input type="checkbox"/> Fire exits | | | |
| <input type="checkbox"/> Protective guards | | | | Personal Protective Gear | | | |
| <input type="checkbox"/> Safety screens | | | | <input type="checkbox"/> Boots | | | |
| <input type="checkbox"/> Stowage | | | | <input type="checkbox"/> Hats | | | |
| <input type="checkbox"/> Electrical wiring | | | | <input type="checkbox"/> Gloves | | | |
| <input type="checkbox"/> Compressed air hoses | | | | <input type="checkbox"/> Goggles | | | |
| <input type="checkbox"/> Ladders, Step-ladders | | | | <input type="checkbox"/> Masks | | | |
| | | | | <input type="checkbox"/> Ear protectors | | | |
| Handling | | | | Miscellaneous | | | |
| <input type="checkbox"/> Hoists, Tackle | | | | <input type="checkbox"/> First-aid apparatus and First-aid assistance | | | |
| <input type="checkbox"/> Bridge crane | | | | <input type="checkbox"/> First-aid kits | | | |
| <input type="checkbox"/> Accessories, hooks | | | | <input type="checkbox"/> Signals, Signs | | | |
| <input type="checkbox"/> Slings | | | | | | | |
| <input type="checkbox"/> Fastening techniques | | | | <input type="checkbox"/> Electrical groundings | | | |
| <input type="checkbox"/> Forklifts | | | | <input type="checkbox"/> Ventilation | | | |
| <input type="checkbox"/> Inspection and maintenance schedules | | | | <input type="checkbox"/> Eye-wash instruments / stations | | | |
| | | | | <input type="checkbox"/> Dangerous residues | | | |
| Hazardous Materials | | | | | | | |
| <input type="checkbox"/> Use and handling | | | | | | | |
| <input type="checkbox"/> Minimum quantities | | | | | | | |
| <input type="checkbox"/> Labelling | | | | | | | |
| <input type="checkbox"/> Storage | | | | | | | |

Signatures: Superintendent: _____ Date: _____

Supervisor: _____ Date: _____

***SEND A COPY WITH THE ACTION PLAN (next page) TO THE PM, CD AND SD**



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Tool box meeting

Date : _____ **Time :** _____

Chair : _____

Site : _____

| TOPICS DISCUSSED | Y | N | TOPICS DISCUSSED | Y | N |
|---------------------------------------|--------------------------|--------------------------|------------------------------------|--------------------------|--------------------------|
| - Conditions of site | <input type="checkbox"/> | <input type="checkbox"/> | - Welding and cutting | <input type="checkbox"/> | <input type="checkbox"/> |
| - Personal protective equipment (PPE) | <input type="checkbox"/> | <input type="checkbox"/> | - Fire protection | <input type="checkbox"/> | <input type="checkbox"/> |
| - Housekeeping (cleaning) | <input type="checkbox"/> | <input type="checkbox"/> | - Lockout | <input type="checkbox"/> | <input type="checkbox"/> |
| - Ladders and stepladders | <input type="checkbox"/> | <input type="checkbox"/> | - Confined spaces | <input type="checkbox"/> | <input type="checkbox"/> |
| - Stairs | <input type="checkbox"/> | <input type="checkbox"/> | - Finding of the weekly inspection | <input type="checkbox"/> | <input type="checkbox"/> |
| - Railings | <input type="checkbox"/> | <input type="checkbox"/> | - Work co-ordination | <input type="checkbox"/> | <input type="checkbox"/> |
| - Hoist | <input type="checkbox"/> | <input type="checkbox"/> | - Reporting hazardous conditions | <input type="checkbox"/> | <input type="checkbox"/> |
| - Electrical wire extension | <input type="checkbox"/> | <input type="checkbox"/> | - Correction notice CSTIT (WHSCC) | <input type="checkbox"/> | <input type="checkbox"/> |
| - Tools and security guards | <input type="checkbox"/> | <input type="checkbox"/> | - Accident report | <input type="checkbox"/> | <input type="checkbox"/> |
| - Handling procedures and storage | <input type="checkbox"/> | <input type="checkbox"/> | - Protection against falls | <input type="checkbox"/> | <input type="checkbox"/> |
| - Fire extinguisher | <input type="checkbox"/> | <input type="checkbox"/> | - Working near water | <input type="checkbox"/> | <input type="checkbox"/> |
| - Compressed gas cylindre | <input type="checkbox"/> | <input type="checkbox"/> | - Special work | <input type="checkbox"/> | <input type="checkbox"/> |
| - Scaffolding | <input type="checkbox"/> | <input type="checkbox"/> | - Futur high risk work | <input type="checkbox"/> | <input type="checkbox"/> |
| - Prevention program | <input type="checkbox"/> | <input type="checkbox"/> | - Wildlife monitoring | <input type="checkbox"/> | <input type="checkbox"/> |

A- SAFETY ISSUES ENCOUNTERED LATELY :

B- FUTUR WORK WITH HIGH RISK (FALL, ELECTRIC, ETC.):

C- OTHER RELEVANT TOPICS :

Release :

☐

Project Manager

☐

Foreman

☐

Representative of the owner

☐

Display – trailer

☐

Construction superintendant

Presences:

[illegible]

Here are the steps to follow if an employee refuses to wear his or her security equipment or commits faults that may result in an accident.

Before elaborating on the stages to be followed, it is important to underline, that we cannot, without valid ground, apply a disciplinary measure or a dismissal to an employee. It is thus important to build a file on the worker.

STEPS TO FOLLOW

1. **Make sure that the employees know the security regulations of the company.** This first step can be done several ways. So, at worker's welcoming, it would be good to hold a safety meeting during which we could explain the disciplinary measures resulting from the negligence regarding health and safety.
2. **Complete the warning form, keep a copy and hand the original to the concerned employee.** Be careful when you describe the incident or the behaviour that lead to the warning.
3. **Have reliable witness sign the form;** the signature of the employee is preferable, but not essential.
4. **Indicate the precise details** of the incident or the behaviour that has lead to the disciplinary measure (daytime, hour, place, description, involved persons, etc.)
5. The written warning is a disciplinary measure which must be imposed **within five (5) working days of the infraction or the employer's knowledge of the action** that caused the disciplinary measure to be taken. This deadline is imperative and obligatory otherwise the employer loses his right to impose such a disciplinary measure.

GRADATION OF THE IMPOSED SANCTIONS

- **1st offense: verbal warning plus a written notice to the employee's file (make sure to make sign a reliable witness).**
- **2nd offense: Two-day suspension without pay with retro-invoicing of the room and board.**
- **3^e offense: Dismissal and flight home at the offender's expense.**

The disciplinary measure goes together with the infraction. If an employee's behaviour is deemed to be a threat to the life of his or her colleagues, dismissal can be applied immediately.

The Direction will decide, together with the site supervisor, the sanction to impose to the concerned employee.

WARNING

- ☐ 1ST notice
☐ 2ND notice
☐ 3RD notice

Form to be given to the employee - Employer keeps a copy

To : _____

S.I.N. : _____

Name of the job site : _____

Description of the incident or the behaviour that lead to the warning:

This warning appears in your file and could lead to a more severe disciplinary measure if there is repetition of the incident or the occurrence of a new incident. Also, measures could be taken such as stipulated in the prevention program.

- 1st notice: Verbal warning plus a written notice to the employee's file.
- 2nd notice: Two-day suspension without pay with retro-invoicing of the room and board
- 3rd notice: Discharge and flight home at the offender's expense

If there is no repeated offence within the next 180 days following the present warning, the notice on file will then be cancelled.

Date

Management representative

Witness

Employee

At Almiq Contracting Ltd, we make the commitment to:

DIRECTORS

- Inform people in charge and site workers of our safety planning;
- Make available at the site all the material and equipment necessary to the safe execution of the work.
- Make respect our safety planning and the General Contractor's prevention program.

SUPERVISORS (SUPERINTENDANTS AND FOREMEN)

- Steadily supervise the progress of the works to make sure that the prevention measures of the safety planning are applied throughout the works.

WORKERS

- The workers who will have received our training on the preventive measures contained in the safety planning will respect it while executing the works.

WORK SAFETY PLANNING

PHASE: GENERAL SAFETY PROCEDURES

| STEPS | RISKS | PREVENTIVE MEASURES | APPLICATION (for whom, by whom) |
|---|---|--|------------------------------------|
| Applicable <input type="checkbox"/> YES <input type="checkbox"/> NO | General ignorance of prevention program | <ul style="list-style-type: none"> Hold information sessions on applicable prevention program contents at employee orientation meetings and safety breaks. | Foreman |
| Applicable <input type="checkbox"/> YES <input type="checkbox"/> NO | Head injuries | <ul style="list-style-type: none"> Make wearing approved safety hats mandatory. | Workers Foreman |
| Applicable <input type="checkbox"/> YES <input type="checkbox"/> NO | Foot injuries | <ul style="list-style-type: none"> Make wearing approved safety boots mandatory. | Workers Foreman |
| Applicable <input type="checkbox"/> YES <input type="checkbox"/> NO | Hand injuries | <ul style="list-style-type: none"> Make wearing mitts or gloves mandatory when handling objects with sharp edges, abrasive surfaces, corrosive or toxic substances, and when using equipment that requires it. | Workers Foreman |
| Applicable <input type="checkbox"/> YES <input type="checkbox"/> NO | Injuries to eyes and face | <ul style="list-style-type: none"> Wear safety goggles and/or face shield when there is exposure to sprayed particles, hazardous materials, radiation of intense light or heat, molten metal and other similar hazards. | Workers Foreman |

WORK SAFETY PLANNING

PHASE: GENERAL SAFETY PROCEDURES

| STEPS | RISKS | PREVENTIVE MEASURES | APPLICATION (for whom, by whom) |
|---|---|---|------------------------------------|
| Applicable <input type="checkbox"/> YES <input type="checkbox"/> NO | Noise exposure | <ul style="list-style-type: none"> Wear hearing protectors when noise level exceeds accepted standards. | Workers Foreman |
| Applicable <input type="checkbox"/> YES <input type="checkbox"/> NO | Body injuries | <ul style="list-style-type: none"> Wear clothing covering trunk and back at all times. | Workers |
| Applicable <input type="checkbox"/> YES <input type="checkbox"/> NO | Slipping during winter work – risks due to bad weather | <ul style="list-style-type: none"> Make sure that work surfaces, materials and tools are de-iced and/or sprinkled with abrasive material. Use equipment only as long as weather conditions do not make their use dangerous. | Workers Foreman |
| Applicable <input type="checkbox"/> YES <input type="checkbox"/> NO | Frostbite | <ul style="list-style-type: none"> Wear warm clothing to prevent frostbite to face, hands and feet. | Workers |
| Applicable <input type="checkbox"/> YES <input type="checkbox"/> NO | Poisoning, burns due to temporary heat sources | <ul style="list-style-type: none"> All temporary heat must be provided by means of equipment that can be installed and operated without danger. CO detectors have to be used if heater is used in a closed area. | Foreman |
| Applicable <input type="checkbox"/> YES <input type="checkbox"/> NO | Heatstroke | <ul style="list-style-type: none"> Guard against the sun by wearing long-sleeved clothing and applying sunscreen. Drink lots of water and take breaks in the shade. | Workers |

WORK SAFETY PLANNING

PHASE: GENERAL SAFETY PROCEDURES

| STEPS | RISKS | PREVENTIVE MEASURES | APPLICATION (for whom, by whom) |
|---|--|---|------------------------------------|
| Applicable <input type="checkbox"/> YES <input type="checkbox"/> NO | Heat restrictions | <ul style="list-style-type: none"> Follow a plan of alternating work/rest periods when working in hot and humid weather, as prescribed by regulations. | Foreman |
| Applicable <input type="checkbox"/> YES <input type="checkbox"/> NO | Respiratory tract poisoning | <ul style="list-style-type: none"> Make sure workers are not exposed to an airborne contaminant. If necessary, supply adequate protective equipment as required, and make sure Workers wear it. | Foreman |
| Applicable <input type="checkbox"/> YES <input type="checkbox"/> NO | Working in confined spaces | <ul style="list-style-type: none"> Before entering a confined space, monitor air for contaminants. Follow work methods prescribed for such circumstances. | Foreman |
| Applicable <input type="checkbox"/> YES <input type="checkbox"/> NO | Emergency situations aggravated by ignorance of procedures | <ul style="list-style-type: none"> On each worksite, post the name of the health and safety officer, the list of emergency numbers, the list of first responders (10 workers or more), the accident procedure, the prevention program, and install an extinguisher and a first aid kit near exits. | Workers Foreman |
| Applicable <input type="checkbox"/> YES <input type="checkbox"/> NO | Poor hygiene on site | <ul style="list-style-type: none"> As soon as work begins, there must be one toilet for every 30 workers, as well as a drinking water fountain, or potable water. | Foreman |
| Applicable <input type="checkbox"/> YES <input type="checkbox"/> NO | Food in areas inappropriate for food consumption | <ul style="list-style-type: none"> The employer employing at least 10 workers for more than seven days must set up a suitable space that is clean and heated, and equipped with a sufficient number of tables and chairs. | Foreman |

WORK SAFETY PLANNING

PHASE: GENERAL SAFETY PROCEDURES

| STEPS | RISKS | PREVENTIVE MEASURES | APPLICATION (for whom, by whom) |
|---|--|---|------------------------------------|
| Applicable <input type="checkbox"/> YES <input type="checkbox"/> NO | Drowning | <ul style="list-style-type: none"> Wear a life vest and have appropriate lifesaving equipment on site. | Foreman |
| Applicable <input type="checkbox"/> YES <input type="checkbox"/> NO | Aggravation of injuries | <ul style="list-style-type: none"> Plan and make sure to have a sufficient number of first responders on site. Equip the job site with an adequate number of first aid kits and make sure they are stocked with basic supplies. | Foreman |
| Applicable <input type="checkbox"/> YES <input type="checkbox"/> NO | Electrocution or falls caused by power cords and hoses on the ground | <ul style="list-style-type: none"> Suspend at a minimum height of 2.4 m or at sufficient height to allow unencumbered traffic. Cover if they cannot be suspended. | Workers Foreman |
| Applicable <input type="checkbox"/> YES <input type="checkbox"/> NO | Injuries due to condition of tools, equipment and power cords | <ul style="list-style-type: none"> Make sure these are grounded unless they are double insulated. Extension cords must be kept in good condition. | Workers Foreman |
| Applicable <input type="checkbox"/> YES <input type="checkbox"/> NO | Injuries during workers transport | <ul style="list-style-type: none"> Every truck and bus used to transport workers must be provided with a first aid kit, fire extinguisher, 2 sparklers and / or flashing and a horn back, in addition to being consistent with the Code road safety. | Foreman |

Note: An emergency vehicle will be available at the infirmary to move patients to the Airport. A helipad will be installed near the medical clinic if the need for air medevac to the Iqaluit hospital is necessary.