ENVIRONMENTAL, HEALTH & SAFETY MANUAL

2016

SAFETY BEGINS WITH YOU

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ampere	**AMPERE LIMITED ENVIRONMENTAL HEALTH & SAFETY POLICY**	**REVISION DATE: JANUARY 2016**

At AMPERE LIMITED the Health & Safety of our Employees is top priority. AMPERE LIMITED recognizes that all workers have the right to work in a healthy and safe workplace. In all situations, priority is given to protecting our Employees, Subcontractors, Suppliers and our Visitors from work related injury and risk. As well, company materials, assets, and the environment shall be protected against risk of fire, property damage, theft and other losses. AMPERE LIMITED also recognizes that all workers have the right to know; the right to participate (in safety discussions) and; the right to refuse unsafe work.

All levels of Management and Supervisors are responsible to ensure that safe and healthy working conditions are maintained in our workplace and that the work environment is free from actual and potential hazards. Management is committed to work in collaboration with all workplace parties to develop and implement the Environmental Health and Safety Program. By working together and giving the most careful attention to Health & Safety, we will meet our shared objectives of a healthy and safe work environment.

All Employees are responsible for working in a safe and healthy manner, following all Health & Safety policies and procedures, reporting all workplace hazards and unhealthy conditions to a Supervisor. To ensure a safe workplace, safety training shall be planned, scheduled and executed for all Employees. Everyone is encouraged to adopt a safe and healthy lifestyle on and off the job. Accordingly, all workplace parties are responsible for their own actions, health and safety, and health and safety of others.

AMPERE LIMITED recognizes its Environment obligations locally and globally for present and future generations. We are careful to take the Environment into consideration in our decision making. Our goal of continually protecting the Environment through clear and comprehensive training of Environmental, Health & Safety practices, by promoting and encouraging energy efficiency, resource conversation, and waste reduction by reducing, reusing and recycling. Each Employee and Subcontractor is responsible for monitoring, auditing and protecting the Environment. Maintaining environmental integrity is the responsibility of all workplace parties. All negative environmental acts or conditions must be reported to company management immediately. Maintaining environmental integrity will form part of our Occupational Health and Safety Program Hazard Assessment, Analysis and Control.

By committing to the above, all workplace parties including Company directors, managers, supervisors, foremen, employees, health and safety representatives, JHSC, contractors, sub-contractors, and visitors shall support all health and safety initiatives and environmental policies to achieve program objectives. AMPERE LIMITED shall ensure compliance with the *Occupational Health and Safety Act* and its Regulations and all other legislated requirements pertaining to Health & Safety. This policy shall be reviewed at least annually by senior management.

Mario Bernardini, CEO
AMPERE LIMITED

Date: January 8, 2016
Future Review Date: January 30, 2017

1.0 PURPOSE:

1.1 The purpose of this policy is to ensure all AMPERE LIMITED Management, Supervision and Workers comply and adhere to their specific requirements under the **Occupational Health and Safety Act** and any applicable Regulations.

2.0 DEFINITIONS: N/A

3.0 PROCEDURE:

3.1 MANAGEMENT:

3.1.1 To provide a healthy and safe workplace environment,

3.1.2 To instruct, train and provide education to Employees' in safe work practices and activities,

3.1.3 To hire lawfully aged and competent Employees,

3.1.4 To establish and maintain a Joint Health & Safety Committee,

3.1.5 To take every precaution reasonable on the circumstances for the protection of the worker,

3.1.6 To provide medical and first aid facilities at the workplace,

3.1.7 To post and comply with the applicable Health & Safety legislation in the workplace,

3.1.8 To evaluate all Employees' performance regarding Health & Safety compliance,

3.1.9 To enforce compliance with Health & Safety policy by all suppliers, employee/workers, subcontractors, service providers and independent Contractors,

3.1.10 Perform workplace inspections,

3.1.11 Conduct information sessions (Weekly Safety Talks, Informational Sessions, Staff Meetings, etc.),

3.1.12 Correct substandard acts and/or conditions,

3.1.13 Perform Employee safety observations,

3.1.14 All equipment, materials and protective devices are provided as prescribed, in good condition, and used as prescribed, and

3.1.15 To ensure measures and procedures prescribed are carried out in the workplace.

3.2 MANAGERS/SUPERVISORS:

3.2.1 To ensure that employees/workers comply with AMPERE LIMITED's Health & Safety Manual

3.2.2 To ensure employees/workers use all safety equipment devices and personal protective equipment/clothing as directed,

3.2.3 To advise Employees and workers of all hazards in the workplace,

3.2.4 To participate in the investigation of all safety related work refusals,

3.2.5 To review and comply with all legal duties and responsibilities on Supervisors under the applicable provincial Health & Safety legislation,

3.2.6 To ensure compliance of AMPERE LIMITED's Environmental, Health &

Safety Manual by all employees/workers, subcontractors, suppliers, service providers and independent Contractors,

3.2.7 To take every precaution reasonable for the Health & Safety of employees and workers at/and in the workplace,

3.2.8 To report all workplace accidents, incidents (near miss), personal injuries and occurrences to Management, and

3.2.9 To comply with AMPERE LIMITED's Environmental, Health &Safety Manual as an ongoing term and condition of Employment,

3.2.10 Perform workplace investigations,

3.2.11 Conduct informational sessions,

3.2.12 Conduct Employee training and education,

3.2.13 Correct substandard acts and/or conditions,

3.2.14 Commending Employee Health & Safety performance, and

3.2.15 Performing Employee safety observation.

3.3 EMPLOYEES/WORKERS:

3.3.1 To cooperate with Managers/Supervisors and Management in the compliance and implementation of AMPERE LIMITED'S Environmental, Health & Safety Manual,

3.3.2 To review and comply with all legal duties of workers under the applicable Health & Safety legislation,

3.3.3 To use the safety equipment, devices and personal protective equipment/clothing as provided and directed,

3.3.4 To refrain from making any safety equipment, device and/or personal protective equipment/clothing ineffective or inoperative,

3.3.5 To refrain from using any dangerous equipment and/or machinery without proper authorization,

3.3.6 To exercise the right to refuse to do work that the Employee and/or worker believes is unsafe in accordance with the procedure set out in the applicable provincial Health & Safety legislation,

3.3.7 To report any unsafe and unhealthy acts and/or conditions in the workplace to his/her Supervisor immediately,

3.3.8 No worker shall engage in any prank, feat of strength, unnecessary running or rough and boisterous conduct,

3.3.9 To comply with AMPERE LIMITED's Health & Safety Policy in an ongoing term and condition of employment.

3.4 TRAINING CERTIFICATION:

Please reference the below table to determine when Health & Safety training/education on equipment and/or safe practices is required along with the expiry validation to comply with all applicable standards and AMPERE LIMITED training requirements.

TRAINING	EXPIRY
WORKING AT HEIGHTS - FALL PROTECTION	3 YEARS AFTER APRIL 1.2015
WHMIS	ANNUALLY
WORKPLACE VIOLENCE & HARASSMENT	ANNUALLY
LADDER SAFETY	NO EXPIRY DATE
HAND & POWER TOOLS	NO EXPIRY DATE
FIRST AID/CPR/AED	3 YEARS
BASICS OF SUPERVISION	NO EXPIRY DATE
ACCIDENT INVESTIGATION	NO EXPIRY DATE
ELEVATED WORK PLATFORM	3 YEARS
CONFINED SPACE AWARENESS	3 YEARS
ELECTRICAL SAFETY AWARENESS	3 YEARS
ARC FLASH AWARENESS	3 YEARS
LOCKOUT TAGOUT	3 YEARS
CONFINED SPACE ENTRY	3 YEARS
CONFINED SPACE ATTENDANT	3 YEARS
CONFINED SPACE RESCUER	3 YEARS
FORKLIFT TRAINING (ALL TYPES)	3 YEARS
PROPANE HANDLING	3 YEARS
RESPIRATOR FIT TESTING	3 YEARS
ASBESTOS AWARENESS	3 YEARS
AIR MONITOR TRAINING	3 YEARS
FIRE EXTINGUISHER	3 YEARS
TRANSPORTATION OF DANGEROUS GOODS	3 YEARS
TRAFFIC HAZARD AWARENESS & CONTROL	3 YEARS
INTERNATIONAL HAND SIGNALS	3 YEARS
HOISTING & RIGGING	3 YEARS

3.5 COMPETENCY:

If a new worker arrives to an AMPERE LIMITED Project location and there is a question on the competency of his/her skills on a specific piece of equipment, or safe work practice, a competency evaluation may be performed by a competent Supervisor and/or AMPERE LIMITED Environmental, Health & Safety Manager.

4.0 SUPPORTING DOCUMENTATION:

4.1.1 AMPERE LIMITED Employee Orientation Checklist OFFICE (Document ID 203)

1.0 PURPOSE

1.1 It is the policy of AMPERE LIMITED to follow the Internal Responsibility System (IRS) in all aspects of the business strategy. This is a joint partnership among all Employees of AMPERE LIMITED. Within the IRS, everyone has a direct responsibility for Health & Safety as an essential part of his/her job. Every Employee of AMPERE LIMITED, no matter his/her title, is expected to take initiatives on Health & Safety issues and/or concerns and to work to solve problems and make continuous improvements in the workplace. The Internal Responsibility System of the Health and Safety Management Program will incorporate several policies and procedures to ensure that all workers of AMPERE LIMITED are aware of their responsibilities and held accountable under the Occupational Health & Safety Act and Regulations.

2.0 DEFINITIONS:

2.1 INTERNAL RESPONSIBILITY SYSTEM (IRS)
The Internal Responsibility System puts in place an Employee-Employer partnership in ensuring a healthy, safe and injury free workplace. A Health & Safety committee is a joint forum for Employers and Employees working together to improve workplace Health & Safety.

2.2 The **INTERNAL RESPONSIBILITY SYSTEM (IRS)** does the following;

- **2.2.1** Establishes responsibility sharing systems,
- **2.2.2** Promotes safety cultures,
- **2.2.3** Promotes best safe work practices,
- **2.2.4** Helps develop self-reliance, and
- **2.2.5** Ensures compliance.

3.0 PROCEDURE:

3.1 EMPLOYER:

It is the responsibility of the Employer for ensuring that;

- **3.1.1** A Health and Safety Management System is developed, implemented and maintained current for the Business Operations;
- **3.1.2** The annual performance review of those persons reporting to the Executive Team includes measurement of the performance of applicable responsibilities under the Health and Safety Management System, and;
- **3.1.3** The subject of the development, implementation, maintenance and effectiveness of the Health and Safety Management System appears annually on the agenda of the Executive Team's review of the Strategic Business Plan.
- **3.1.4** Establish and maintain a Joint Health & Safety Committee.

3.2 MANAGERS:

Managers are responsible for ensuring that;

- **3.2.1** All workers work in compliance with the Health and Safety program, the Act

and Regulations,

3.2.2 The hazards associated with the area or activity have been identified and the necessary risk control and emergency response measures identified, documented, communicated and implemented,

3.2.3 Risk assessments are performed on all Projects which have actual or potential hazards,

3.2.4 Any individual assigned to a Supervisory role is competent, and

3.2.5 Every reasonable precaution is taken for the protection of the worker.

3.3 SUPERVISORS:

Supervisors (Foreman) are responsible for ensuring that;

3.3.1 Any observed hazards or lapses in the functioning of the Health & Safety program, and other Health & Safety issues and/or concerns are dealt with promptly,

3.3.2 All workers work in compliance with the Health and Safety program, the Act and Regulations,

3.3.2 The applicable Health & Safety policies, programs, procedures and safe work practices associated with the area and activity under their supervision are communicated and implemented,

3.3.3 The hazards associated with the area or activity have been identified and the necessary risk control and emergency response measures identified, documented, communicated and implemented,

3.3.4 All workers engaged in activity associated with the Project are informed and instructed on the hazards and related risk control and emergency measures,

3.3.5 Workplace inspections, monitoring, and accident/incident reporting & investigations are routinely conducted to ensure the integrity of risk control and emergency response measures.

3.4 WORKERS:

Workers are responsible for;

3.4.1 Complying with the rules and procedures developed within the Health & Safety program for performing the work in a safe and healthy manner,

3.4.2 Taking an active role in protecting and promoting his/her Health & Safety,

3.4.3 Refraining from activities which may jeopardize the Health & Safety of others,

3.4.4 Taking an active role in fulfilling the requirements of applicable Health & Safety Programs under the Health & Safety System with a view to fulfilling the intent of the AMPERE LIMITED Health & Safety Policy Statement, and

3.4.5 Correcting and/or reporting immediately to his/her Supervisor, any observed Health & Safety hazards or lapses in the functioning of the Health & Safety System.

4.0 SUPPORTING DOCUMENTATION:

4.1 Occupational Health and Safety Act (OHSA) section 23, 24, 25, 26, 27, 28

ampere	**AMPERE LIMITED WORKPLACE VIOLENCE AND HARASSMENT POLICY**	**REVISION DATE: JANUARY 2016**

AMPERE LIMITED is committed to the prevention of workplace violence and harassment and promotes a violence and harassment free workplace in which all parties work together to achieve mutual Health & Safety goals. AMPERE LIMITED recognizes that all employees have a right to work in a violence and harassment-free workplace. Any violence or harassment committed by or against any member of our workplace or the public will not be tolerated.

The purpose of the policy is to ensure that all individuals are aware of and understand that acts of workplace violence and harassment are considered a serious offence for which appropriate action will be taken. Those who are subjected to acts of workplace violence are encouraged to report incidents to AMPERE LIMITED Environmental, Health & Safety Manager so that incidents can be thoroughly investigated.

AMPERE LIMITED is committed to investigating reported incidents of workplace violence in a timely manner, taking the necessary action to respond to those events and providing support for victim.

For the purpose of this policy "Workplace Violence and Harassment" means;

- The exercise of physical force by a person against a worker in a workplace that causes or could cause physical injury to the worker,
- An attempt to exercise physical force against a worker in a workplace that could cause physical injury to the worker,
- A statement or behaviour that is reasonable for a worker to interpret as a threat to exercise physical force against the worker, in a workplace, that could cause physical injury to the worker, or
- Engaging in a course of vexatious comment or conduct against a worker in a workplace that is known or ought to be known to be unwelcome.

This policy applies to all employees within this organization, as such; any employee who subjects an employee number, member, agent, or contractor to workplace violence and harassment may be subjected to disciplinary action, up to and including dismissal. No employee shall subject any person or persons to workplace violence and harassment or allow conditions that support workplace violence.

Managers and Foreman have a responsibility to act respectfully towards others and promote an environment that minimizes the risk of workplace violence and harassment and explain this policy to all workers that you supervise or manage. You must ensure that all employees understand who to contact regarding concerns about the policy or reporting an incident.

All workers have a responsibility to act respectfully towards others and to ensure your own personal safety in the event of workplace violence and harassment. Incidents must be reported to your foreman or manager and you have a responsibility to co-operate with any efforts to investigate and resolve matters pertaining to this policy.

It is in the best interest of all parties to treat people fairly. Commitment to a violence free workplace is an integral part of the organization, from the general manager to the workers. This policy shall be reviewed at least annually by senior management.

Mario Bernardini, CEO
AMPERE LIMITED

Date: January 8, 2016
Future Review Date: January 30, 2017

1.0 PURPOSE:

1.1 This procedure has been established to provide direction in the reporting and the investigation process of workplace violence and harassment.

2.0 DEFINITIONS:

2.1 WORKPLACE VIOLENCE:

2.1.1 The exercise of physical force by a person against a worker in the workplace that causes or could cause physical injury to the worker,

2.1.2 An attempt to exercise physical force against a worker in a workplace that could cause physical injury to the worker, or

2.1.3 A statement or behavior that is reasonable for a worker to interpret as a threat to exercise physical force against a worker, in a workplace, that could cause physical injury to the worker.

2.2 WORKPLACE HARASSMENT:

2.2.1 Engaging in a course of vexatious comment or conduct against a worker in a workplace that is known or ought to be reasonably known to be unwelcome.

3.0 PROCEDURE:

3.1 Prior to filing a formal report of the incident, a person subjected to workplace violence or harassment should let their objections be known to the alleged offender directly, or with the assistance of a third party.

3.2 A person subjected to workplace violence or harassment may receive support from the Environmental, Health & Safety Manager to communicate their objections to the incident and/or to prepare a formal complaint if they so choose.

3.3 The victim should record details of the incident, the nature of the act and the names of person(s) who may have witnessed the incident.

3.4 Reported incidents will be held in strict confidentiality in order to properly investigate the incident and to offer adequate support to those involved. Individuals aware of the incidents of workplace violence or harassment must not disclose details of the incident without prior consent from the victim.

3.5 All parties involved in dealing with a compliant must ensure that the victim is neither penalized nor treated unfairly as a result of reporting the incident. Reprisals will not be tolerated and disciplinary action will be taken against those who engage in such activity.

3.6 Upon receipt of a formal complaint of workplace violence or harassment, the Environmental, Health & Safety Manager must determine whether a formal investigation is necessary and must inform the parties involved in writing of the investigation. The investigation may be carried out through an internal or external party, upon Management's discretion.

3.7 The investigator must explore the alleged incident by interviewing the victim,

alleged violator, or those who may have knowledge of the circumstances that led to the complaint.

3.8 A written report from the Environmental, Health & Safety Manager detailing the findings of the incident must be prepared and forwarded to the Department Manager IMMEDIATELY from the alleged violator being advised of the complaint.

3.9 The Department Manager must act upon the report from the Environmental, Health & Safety Manager immediately of receiving the report and advise the victim, the alleged violator and Management in writing of the outcome.

3.10 If Management decides to act on the report from the Environmental, Health & Safety Manager, the following conditions should be considered when determining corrective action;

- **3.10.1** The impact of the incident on the victim
- **3.10.2** The nature and aggressiveness of the incident
- **3.10.3** Frequency of incidents

3.11 The following corrective actions may be considered depending on the incident and the factors listed above;

- **3.11.1** Formal Apology
- **3.11.2** Training & Education
- **3.11.3** Relocation
- **3.11.4** Suspension
- **3.11.5** Termination
- **3.11.6** Legal Action

3.12 An individual that submits a complaint in good faith, even where the complaint cannot be proven, will not have been deemed to be in violation of this policy. If an investigation reveals that the victim made false accusations of workplace violence and harassment knowingly or in a malicious manner, the victim will be subject to disciplinary action, up to and including termination.

4.0 SUPPORTING DOCUMENTATION:

- **4.1.1** AMPERE LIMITED Accident/Incident Investigation Report (Document ID 901)
- **4.1.2** AMPERE LIMITED Personal Injury Witness Report (Document ID 902)
- **4.1.3** Occupational Health and Safety Act http://www.elaws.gov.on.ca/html/statutes/english/elaws_statutes_90o01_e.htm#BK50

ampere	**AMPERE LIMITED SMOKING & TOBACCO IN THE WORKPLACE POLICY**	**REVISION DATE: JANUARY 2016**

This policy is designed to outline the parameters of the "Smoke Free Ontario" Act and how it applies to AMPERE LIMITED. "The workplace" refers to AMPERE LIMITED's property, project locations, construction sites, and commercial motor vehicles (service fleet management) and the "Employer" shall refer to AMPERE LIMITED. It is the policy of AMPERE LIMITED that there will be no smoking in all interior areas of the workplace, including workplace vehicles and jobsite trailers.

The Smoke Free Ontario Act prohibits smoking in enclosed public places and enclosed workplaces in order to protect employees and the public from the hazards of second hand smoke.

This policy applies to all employees at AMPERE LIMITED, subcontractors, suppliers and our visitors.

An **enclosed workplace** is defined as "The inside of any place, building or structure or vehicle or transportation;

- that is covered by a roof,
- that employees work in or frequent during the course of their employment whether or not they are acting in the course of their employment at the time and,
- that is not primarily a private dwelling or,
- jobsite trailers and
- commercial motor vehicle (CMV)/service fleet management

1. Smoking is prohibited in all interior areas of the workplace, including company vehicles and vehicles that are used for work purposes.
2. Ashtrays and any object that serves as one should be removed from the workplace.
3. Smoking is prohibited at all times, with the exception of during specified breaks, at which time the employee must smoke in designated outdoor areas.
4. Failure to comply with this policy will result in immediate dismissal.

SUPPORTING DOCUMENTATION

- **Smoke Free Ontario Act. S.O. 1994**
  http://www.mhp.gov.on.ca/en/smoke-free/legislation/
- **The Tobacco Control Act, 1994** as amended by the Tobacco Control Statue Law Amendment Act, 2005, effective May 31, 2006

1.0 PURPOSE:

1.1 The purpose of this policy is to outline AMPERE LIMITED's position on the use and/or possession of illegal drugs, alcohol, medications and other substances that impairs performance while at the workplace. This policy applies to all AMPERE LIMITED project locations, construction sites, and property.

2.0 DEFINITIONS: N/A

3.0 PROCEDURE:

3.1 Any use and/or possession of the substances defined under the Criminal Code of Canada will be grounds for immediate disciplinary action. AMPERE LIMITED has zero acceptance or tolerance. Discipline will reflect the non-compliance policy.

3.2 If the immediate Supervisor has a reason to believe that the worker is under the influence of drugs and/or alcohol, or that the worker is in an unfit state to perform the work assignments in a safe manner, the worker will be asked to stop working immediately and may be required to submit a drug and alcohol test prior to returning to the workplace.

3.3 AMPERE LIMITED will not condone the following behavior by any of our employees;

- **3.3.1** Use or consumption of any form of alcohol at the workplace at any time,
- **3.3.2** Sale, purchase, transfers, offering a drug on company property or at a Project where AMPERE LIMITED is engaged in work, and
- **3.3.3** Arrival at or being at work under the influence of alcohol/drugs.

3.4 AMPERE LIMITED reserves the right, as permitted by the current Human Rights Act or any provincial legislation, to have a physician determine if a prescription drug or medication produces hazardous effects and to take the steps necessary for the protection of the user, co-workers and the general public. The company also reserves the right to collect and administer drug tests of those working in a safety sensitive area, after an accident, upon offer of employment/contract or when Management is informed of a problem in a particular area.

3.5 AMPERE LIMITED has legal duties and responsibilities to take every necessary precaution reasonable in the circumstances for the Health & Safety of a worker. AMPERE LIMITED will strive to ensure that substance abuse in any way connected with work does not occur.

3.6 Anyone found to be in the possession of, or found to be consuming, or under the influence of alcohol and/or illegal drugs while "on the job" will be subject to immediate discipline, up to and including dismissal. This includes but is not limited to, meal periods, scheduled breaks, and "on-call time" while at the shop or office, construction site, Client/Owner's home and/or place of business, or at any other location where the employee may be during the course of employment.

3.7 REMOVAL FROM SITE/PROPERTY:

All Supervisors and/or Management have the responsibility to safely **remove from the workplace anyone they reasonably suspect is under the influence of alcohol and/or drugs.**

Failure to do so by any Supervisor and/or Management could constitute a contravention of legal duties and may be subject to prosecution.

3.8 All Supervisors and/or Management will take reasonable precautions to ensure that workers removed from the workplace are done in such a manner;

- **3.8.1** Call and pay for a taxi/cab,
- **3.8.2** Ensure that the worker does not pose a risk to him/herself or the public after they leave the workplace,
- **3.8.3** Call the Police if the effected worker attempts to drive.

3.9 ALL SUPERVISORS SHALL;

- **3.9.1** Advise the worker of the existence of any potential and/or actual danger to the Health and Safety of a worker of which the Supervisor is aware, and take every reasonable precaution in the circumstances for the protection of the worker,
- **3.9.2** The Supervisor is required to take immediate action if he/she believes that the employee is under the influence of a substance.
- **3.9.3** The Supervisor is required to immediately contact Kelly Burke, VP of Operations and Daniel Hsieh, and provide notification of observed substance abuse.

3.10 EMPLOYEE RESPONSIBILITIES:

- **3.10.1** Employees are required to understand the intent of this policy and to work in accordance with the provisions of this policy,
- **3.10.2** Employees are required to report to their Supervisor any condition that may affect their job and safety performance and that may be attributed to use of any drugs (including alcohol) if they become aware of it,
- **3.10.3** Employees are required to follow their Supervisor's instructions when they are being advised by their Supervisor's that they are under the influence of a substance.

4.0 SUPPORTING DOCUMENTATION:

- **4.0.1** Substance Abuse in the Workplace, Canadian Centre for Occupational Health and Safety
  http://www.ccohs.ca/oshanswers/psychosocial/substance.html

- **4.0.2** Drug and alcohol testing: case update, Workplace Safety and Prevention Services
  http://www.wsps.ca/Information-Resources/Articles/Drug-and-alcohol-testing-case-update.aspx

1.0 PURPOSE:

1.1 This policy has been established in order to control measures and protect the safety of workers who carry personal cellular phones and/or other electronic equipment in the workplace.

2.0 DEFINITIONS: N/A

3.0 PROCEDURE:

3.1 Employees will be issued written instructions at the start of each Project detailing the contact number at the Project location. This number is to be used for the purpose of contacting your Supervisor. This can also be used for your family to reach you at the workplace during an emergency. Calls can always be placed to AMPERE LIMITED's Head Office at (416) 661-3330 and the message will be dispatched to your Supervisor.

3.2 Workers are allowed to bring their personal cellular phones to the workplace if permitted by the Client/Owner or General Contractor. These approvals will be communicated to you during the Site Specific Project orientation. Cellular phones must be turned OFF during working hours. Personal calls can be made during scheduled lunch/breaks. Permission must be granted by the worker's immediate Supervisor prior to any personal calls being made or received during normal working hours. The Employee will be granted permission on a case-by-case basis and requested to exit the immediate work area. The Supervisor will identify a safe zone to ensure the Employee's safety and allow the call to be made without placing the Employee in danger or undue harm to himself or others.

3.3 Employees that have been assigned a company issued cellular phone or BlackBerry unit are excluded from this policy. If you are using a company issued cellular phone, you must be aware of your surroundings and only utilize the phone when it is safe to do so.

3.4 Please remember, that Ontario's ban on hand-held devices while driving took effect on October 26.2009. The law makes it illegal for drivers to talk, text, type, and dial or email using hand-held cellular phones and other hand-held communications and entertainment devices. The FINE is $155.00. The law also prohibits drivers from viewing display screens unrelated to the driving task, such as laptops or DVD players, while driving. The use of hands-free devices is still permitted, and drivers may use hand-held devices to call 9-1-1.
If you need to make or receive a call, please pull over to the side of the roadway when safe to do so and then proceed with the call.

4.0 SUPPORTING DOCUMENTATION:
How to Control Employees Use of Cell Phones and Texting.
http://ohsinsider.com/cellphonehr.pdf

1.0 PURPOSE:

1.1 AMPERE LIMITED is committed to providing a safe and healthy working environment and to protecting the Health & Safety of all Employees while they are in the workplace. The Occupational Health, Safety and welfare of the individual is the prime consideration when determining the suitability of any and all jewelry. This includes the likelihood and consequences of this jewelry being caught in machinery, protruding objects or on material being handled.

There is a risk of accident or personal injury due to wearing jewelry in the workplace. Serious injuries have occurred from contact with hazards such as electricity, moving equipment/ machinery, hot surfaces and as a result of catching rings while climbing, etc.

This policy provides a guide to the minimum standards relating to the wearing of jewelry in the work environment for all Employees, Contractors and Visitors to AMPERE LIMITED construction sites and project locations. Employees working in the office are exempt from this policy.

DEFINITIONS:

2.1 JEWELRY

Jewelry refers to finger rings, body piercings, earrings, studs, facial attachments such as chains and rings, bracelets (including medical bracelets), necklaces and watches.

3.0 RESPONSIBILITIES:

EMPLOYEE

Conform to the requirements of this procedure.

SUPERVISOR & ENVIRONMENTAL HEALTH & SAFETY MANAGER

Ensure compliance with the requirements of this procedure.
Enforce compliance with the requirements of this procedure.

4.0 SUPPORTING DOCUMENTATION: N/A

Ampere is committed to diversity, inclusion and accessibility in everything we do. We are continuously taking steps to improve the overall accessibility for clients, customers, employees with disabilities. The Accessibility for Ontarians with Disabilities Act, 2005 (AODA) is Provincial Legislation with the purpose of developing, implementing and enforcing accessibility standards in order to achieve accessibility for persons with disabilities with respect to goods, service, facilities, accommodation, employment, buildings, structures and premises on or before January 1, 2025.

Ontario Regulation 429/07 entitled "Accessibility Standards for Customer Service" came into force on January 1, 2008. This regulation establishes accessibility standards specific to customer service for public sector organizations and other persons or organizations that provide goods and services to members of the public or other third parties.

However, due to the nature of our work, only able-bodied persons would be able to access our construction, commercial and service sites. A person with disabilities entering the construction, commercial and service sites would pose a health and safety risk to themselves and therefore, it is strongly prohibited.

For the purpose of this policy our head office location at 15 Torbarrie Road, has available;

- Handicap parking spaces
- Wheelchair accessible ramp
- Handicap washroom

In addition;

- Persons with disabilities may enter our office premise accompanied by a support person and may have access to that support person at all times
- Ampere may require a person with a disability to be accompanied by a support person where it is necessary to protect the health and safety of the person with a disability, or the health and safety of others on the premise.

In compliance with the Accessibility for Ontarians with Disabilities Act (AODA), Ampere is committed to providing accessibility at our head office, located at 15 Torbarrie Road. We strive to design and operate our office so that they are accessible to all persons with disabilities, and we are committed to providing services in a manner that respects the dignity and independence of persons with disabilities.

ampere	**AMPERE LIMITED ENERGY POLICY**	**REVISION DATE: JANUARY 2016**

AMPERE LIMITED is committed to energy conservation and to ensure that the energy performance at our premises, assets and activities continually reflects our high standards of excellence. AMPERE LIMITED is committed to achieving energy performance improvements as part of our overall environmental strategy. AMPERE LIMITED will comply with all applicable legal requirements which relate to the energy aspect. In addition, all employees will strive to the practice of energy efficiency. AMPERE LIMITED recognizes the responsibility of all employees to become more energy efficient and energy conscious. Unsustainable practices and inadequate equipment maintenance can create unnecessary greenhouse gas emissions that hurt the environment.

AMPERE LIMITED is also committed to:

- The implementation of our Environmental, Health and Safety Management System.
- Promoting and encouraging energy efficiency, resource conservation, and waste reduction by reducing, reusing, and recycling.
- Increase energy efficiency in our office's, site facilities, warehouse & vehicles.
- Reduce our energy consumption through a formal programme of energy saving measures.
- Purchasing and installing energy efficient products for use on our property and for our clients.
- Consider the energy implications of all new building and advertising assets, in order to achieve the highest
- possible energy efficiency standards.
- Make available adequate resources and information to achieve our energy objectives.
- Using our Fleet of Vehicles (service vehicles and delivery truck) in the most energy efficient way by:
    - Easing up on gas and avoid speeding whenever possible. Accelerating rapidly and breaking frequently wastes gas also.
    - Turning off the engine whenever the driver needs to stop somewhere for delivery.
    - Planning daily deliveries by delivering material to sites that are all within the same vicinity to one another.
    - Scheduled interval vehicle maintenance ie. Oil/filter changes, tire pressures, tire rotations
- Turning off the power for all of the lights in the office and warehouse every day at the end of the work shift. By doing so, this will save energy and money during the off-peak hours.
- Be transparent about our energy performance and costs, publishing information on energy use, energy costs and greenhouse gas emissions annually.
- Review our energy performance regularly and seek continual improvement.
- Review our energy objectives and targets annually.

This Energy Policy applies to all of our premises, work sites and activities that are under our direct control. All Employees are responsible for monitoring, auditing and protecting the Environment through their actions. Maintaining environmental integrity will form part of our Environmental, Health and Safety Program.

Mario Bernardini, CEO
AMPERE LIMITED

Date: January 8, 2016
Future Review Date: January 30, 2017

ampere	**AMPERE LIMITED ENVIRONMENTAL, HEALTH & SAFETY MANUAL DISTRIBUTION**	**REVISION DATE: JANUARY 2016**

1.0 PURPOSE:

1.1 At AMPERE LIMITED we have a strong desire to inform all of our Employees of all policies and procedures involved while performing work with AMPERE LIMITED.

2.0 DEFINITIONS: N/A

3.0 PROCEDURE:

3.1 The AMPERE LIMITED Environmental, Health & Safety Manual will be reviewed on an annual basis.

3.2 A copy of the AMPERE LIMITED Environmental, Health & Safety Manual will be distributed to all Supervisors, Project Coordinators, and Executive Management as well as Project locations.

3.3 All copies of the AMPERE LIMITED Environmental, Health & Safety Manual as printed as uncontrolled copies. It is the responsibility of AMPERE LIMITED to replace any documents and/or forms with the most current versions.

3.4 Notifications will be distributed regarding any revisions made to the AMPERE LIMITED Environmental, Health & Safety Manual. The revisions should replace the previous version of the document and/or form in the Manual.

3.5 The AMPERE LIMITED Environmental, Health & Safety Manual will be distributed to all Project Supervisors.

4.0 SUPPORTING DOCUMENTATION:

4.1.1 AMPERE LIMITED Environmental, Health & Safety Manual

ampere	**AMPERE LIMITED** **EMPLOYEE ORIENTATION CHECKLIST**	**REVISION DATE:** **JANUARY 2016**

EMPLOYEE NAME:	**TRADE:**		**DATE:**
PROJECT:	**SUPERVISOR:**		**START TIME:**
TOPIC	**INITIAL UPON REVIEW**	**TOPIC**	**INITIAL UPON REVIEW**
EHS Introduction (Daniel Hsieh)		General Contractor (Name) Site Specific Safety Orientation	
Environmental, Health & Safety Policy		Attendance; Hours of Work	
Responsibilities and Accountabilities		Project Address, Supervisor, Contact Information	
Internal Responsibilities System		Project Parking, Security, Visitor Access, etc.	
Workplace Violence and Harassment Policy		Project Emergency Response Plan	
Smoking & Tobacco in the Workplace Policy		Location of Project Health & Safety Bulletin Board	
Substance Abuse Policy		Lunch/break & Washroom Facilities	
Mobile Communication Device Policy		Personal Protective Equipment Requirements	
Jewelry in the Workplace Policy		Job Hazard Analysis	
Energy Policy		Housekeeping Requirements (min. once daily)	
Occupational Health & Safety Act and Regulations		Ladder Safety Guidelines, Scaffold Systems	
Worker's Rights & Responsibilities		Material/Equipment Handling and Storage	
Employee Non-Compliance Disciplinary Action		Electrical Awareness & Hazards	
WHMIS/Fall Protection Training Certification		Electrical Room – LIVE POWER Procedures	
Location of MSDS		Method of Procedures (MOPs)	
Health & Safety Training and Certification		Lockout Tagout Procedures, High Voltage Procedures	
Accident & Incident Reporting (24 Hours)		Equipment Inspections; Mobile Equipment, Power Tools, Fall Prevention, etc.	
First Aid/Medical Treatment WSIB Claims Management – Form 7, RTW, etc.		ZERO TOLERANCE Fall Protection/Travel Restraint/Lifeline	

THIS SECTION TO BE COMPLETED BY SUPERVISOR OR HEALTH & SAFETY MANAGER 'ONLY' **VERIFY TRAINING CERTIFICATION RECORDS – CHECK DATE(S) AND OBTAIN A COPY FOR AMPERE LIMITED RECORDS**		
THE FOLLOWING TRAINING CERTIFICATIONS ARE MANDATORY PRIOR TO COMMENCING WORK;		
CERTIFICATE OF QUALIFICATION:	**WHMIS:**	**FALL PROTECTION:**
THE FOLLOWING TRAINING CERTIFICATIONS HAVE BEEN PROVIDED FOR VALIDATION;		
EWP:	**FORKLIFT:**	**PROPANE HANDLING:**
CONFINED SPACE:	**TRAFFIC CONTROL:**	**TAG & LOCKOUT:**
FIRST AID/CPR:	**WSIB CERTIFIED:**	**HOISTING & RIGGING:**
SUPERVISOR TRAINING:	**ASBESTOS AWARENESS:**	**OTHER: _____**

I hereby acknowledge & agree that I have received all of the above information and/or items explained to myself. I understand my duties and responsibilities while working under the employment of AMPERE LIMITED and will comply will all of the above.

EMPLOYEE NAME: (PLEASE PRINT)	**EMPLOYEE NAME: (SIGNATURE)**
EHS DEPARTMENT: (PLEASE PRINT)	**EHS DEPARTMENT: (SIGNATURE)**
	DATE/TIME COMPLETED:

1.0 PURPOSE:

1.1 AMPERE LIMITED takes the Health & Safety and security of all visitors very seriously. All contractors, subcontractors and visitors will work in accordance with all AMPERE LIMITED policies, procedures and safe work practices in compliance with all current legislative requirements.

2.0 DEFINITIONS:

2.1 VISITOR

A person temporarily entering the workplace and may be admitted to areas generally off limits to the public. A visitor usually is on business, but not under contract.

3.0 PROCEDURE: ALL VISITORS, CONTRACTORS AND/OR SUBCONTRACTORS

3.1 All visitors, contractors and/or subcontractors at the Project locations must sign in and sign out of the Visitors log book situated in the Project office and/or at Reception.

3.2 Arrive Prepared. No person will be permitted to enter unless the required personal protective equipment is worn at all times (ie. head protection, eye protection and foot protection).

3.3 Any visitors, contractors and/or subcontractors will only be permitted in the work areas of the Project location with an AMPERE LIMITED escort, unless previous arrangements have been made.

3.4 Any employees/workers, visitors, suppliers, subcontractors, service providers and independent Contractors of AMPERE LIMITED located at 15 Torbarrie Road, Toronto ON are only permitted to walk behind the clearly marked yellow line.

3.5 Any visitors at the AMPERE LIMITED SHOP located at 15 Torbarrie Road, Toronto, ON must not handle any equipment, tools, machines or vehicles in the facility.

3.6 Do not change or alter any personal protective equipment in such a manner as to render it ineffective.

3.7 Participate in our good housekeeping program by removing and disposing of any waste in the appropriate provided containers.

3.8 In the event of an emergency evacuation at the AMPERE LIMITED SHOP located at 15 Torbarrie Road, Toronto, ON, please leave the building immediately, via the nearest exit in a safe manner, and meet with the Supervisor and/or escort at the designated assembly area.

3.9 In the event of an injury or illness that you are aware of or have been involved in, report all accidents/incidents to your escort immediately.

3.10 First Aid/CPR can/will be administered by an authorized, certified First Aid/CPR representative. Please contact your Supervisor immediately for assistance.

3.11 Obey all signs such as "NO SMOKING", “DANGER DUE TO”, "Authorized Personnel Entry Only", “Overhead Hazards”, and "Keep clear” when visiting any Project location or the AMPERE LIMITED SHOP located at 15 Torbarrie Road, Toronto, ON.

3.12 Any visitors observed in noncompliance of any Health & Safety Responsibilities will be escorted from the premises.

4.0 SUPPORTING DOCUMENTATION:

4.1.1 AMPERE LIMITED Subcontractors Responsibilities Checklist (Document ID 204)

ampere	**AMPERE LIMITED** **VISITOR RESPONSIBILITIES**	**REVISED:** **JANUARY 2016**

VISITOR RESPONSIBILITIES

AS A VISITOR TO AN AMPERE LIMITED CONSTRUCTION SITE/PROJECT LOCATION, YOU ARE RESPONSIBLE FOR YOUR OWN HEALTH & SAFETY AND SHALL ENSURE THAT YOU COMPLY WITH THE FOLLOWING ITEMS;

- REPORT TO THE AMPERE LIMITED SUPERVISOR AND OBTAIN PERMISSION TO VISIT THE WORKPLACE PRIOR TO ENTERING THE SITE.
- SIGN IN & RECEIVE A SITE SPECIFIC SAFETY ORIENTATION FROM THE GENERAL CONTRACTOR/CLIENT/OWNER.
- ALL VISITORS MUST BE ACCOMPANIED BY AN AMPERE LIMITED EMPLOYEE WHEN ON THE PROJECT AT ALL TIMES.
- COMPLY WITH ANY AND ALL APPLICABLE COMPANY, LEGISTLATIVE AND OCCUPATIONAL HEALTH & SAFETY REGULATIONS.
- WEAR ALL REQUIRED PERSONAL PROTECTIVE EQUIPMENT.
- REPORT ALL ACCIDENTS, INCIDENTS (NEAR MISS) AND INJURIES.
- REPORT ANY OBSERVED UNSAFE CONDITIONS AND/OR PRACTICES TO AMPERE LIMITED SUPERVISOR.

VISITOR ORIENTATION - (TO BE REVIEWED WITH THE VISITOR PRIOR TO ENTERING THE SITE)	
☐	Head Protection (hard hat); being worn
☐	Eye Protection (safety glasses); being worn
☐	Foot Protection; being worn
☐	Reflective Safety Vest; being worn, if and where required
☐	Site Specific Emergency Response Plan & Evacuation Plan
☐	Location of Site Safety Information – Project Health & Safety Bulletin Board, MSDS Binder, First Aid Room (first aid kit, eyewash station), etc.
☐	Site Specific Hazards and/or Operations
☐	Hazardous Materials; areas to be avoided
☐	Keep together; do not wander off
☐	Stay focused; pay attention to your surroundings, watch where you are walking & placing your feet
☐	Uneven surfaces, floor openings, stairwells
☐	Housekeeping; protruding nails, sharp objects, slip/trip/fall hazards
☐	Overhead Hazards
☐	Respect edges, wall openings, elevator shafts; don't lean on guardrail systems and don't look over the edge

VISITOR NAME: (please print)	**VISITOR SIGNATURE:**

ALL VISITORS ARE RESPONSIBLE FOR UNDERSTANDING THESE GUIDELINES WHILE ON AMPERE LIMITED PREMISES. PLEASE TAKE A MOMENT TO REVIEW YOUR VISITOR RESPONSIBILIES WHEN AT OUR PROJECT LOCATION OR AT OUR FACILITY.

1. All visitors, contractors and/or subcontractors at the Project locations must sign in and sign out of the Visitors Log Book situated in the Project office and/or at Reception.

2. Arrive Prepared. No person will be permitted to enter unless the required personal protective equipment is worn at all times (ie. head protection, eye protection and foot protection).

3. Any visitors, contractors and/or subcontractors will only be permitted in the work areas of the Project location with an AMPERE LIMITED escort, unless previous arrangements have been made.

4. While in the AMPERE LIMITED OFFICE, all visitors must adhere to office rules.

5. Any visitors at the AMPERE LIMITED SHOP located at 15 Torbarrie Road, Toronto, ON must not handle any equipment, tools, machines or vehicles in the facility.

6. Do not change or alter personal protective equipment in such a manner as to render it ineffective.

7. Participate in our good housekeeping program by removing and disposing of any waste in the appropriate provided containers.

8. In the event of an emergency evacuation at the AMPERE LIMITED SHOP located at 15 Torbarrie Road, Toronto, ON, please leave the building immediately, via the nearest exit in a safe manner, and meet with the Supervisor and/or escort at the designated assembly area.

9. In the event of an injury or illness that you are aware of or have been involved in, report all accidents/incidents to your escort immediately.

10. First Aid/CPR can/will be administered by an authorized, certified First Aid/CPR representative. Please contact your Supervisor immediately for assistance.

11. Obey all signs such as "NO SMOKING", “DANGER DUE TO”, "Authorized Personnel Entry Only", “Overhead Hazards”, and "Keep clear” when visiting any Project location or the AMPERE LIMITED SHOP located at 15 Torbarrie Road, Toronto, ON.

12. Any visitors observed in noncompliance of any Health & Safety Responsibilities will be escorted from the premises.

1.0 PURPOSE:

1.1 The purpose of this policy is to ensure compliance to all statutory requirements concerning the Health & Safety of employees/workers in the workplace, company Health & Safety rules and other requirements of the AMPERE LIMITED Health & Safety Management System. This policy encompasses all of AMPERE LIMITED's Project locations and property. AMPERE LIMITED will not accept, tolerate or condone any breach of any statutory requirements of the Health & Safety Program.

2.0 DEFINITIONS: N/A

3.0 PROCEDURE:

3.1 It is the policy of AMPERE LIMITED to be patient, fair and tolerant in the management of Employees, and to encourage Employees to exercise self-discipline at all times in their conduct and performance. However, repeated, willful or inexcusable breaches of policies, standard operating procedures or normal business ethics are not acceptable and shall be dealt with in accordance with the provisions of this policy.

3.2 Depending on the severity of the concern and the number of past occurrences, disciplinary action(s) may warrant any of the five (5) corrective measures; Informal Counseling, a Verbal Warning, a Written Warning, Suspension; with or without pay, or Termination of employment. Except for termination of employment, any steps of the disciplinary procedure may be repeated more than once, if necessary, and is at the discretion of Management.

3.2.1 Management, including Supervisors will be held to higher level of accountability.

3.2.2 AMPERE LIMITED has implemented a progressive disciplinary action system for violations; depending on the severity, Management can by-pass the corrective action measures and proceed right to the termination of employment.

3.2.3 Willful disregard to Health & Safety will not be tolerated and shall result in immediate and severe corrective action(s).

3.3 FORMAL DISCIPLINE: VERBAL WARNING

3.3.1 This formal step usually occurs when informal counseling has not produced the required results; or a situation has become progressively worse with respect to the same concern and/or another unrelated, but similar situation.

3.3.2 AMPERE LIMITED will keep a record of all verbal warnings that are issued to Employees, providing a copy in the Employees file for future reference.

3.4 FORMAL DISCIPLINE: WRITTEN WARNING

3.4.1 Written warnings are considered a severe disciplinary action and are usually issued after verbal warnings have failed to correct a concern; or the situation warrants discipline that is more severe than informal counseling or a verbal warning.

3.4.2 A written warning shall contain a full description of the facts given to arise to the warning and include the date, time and place of the incident(s). Upon issuing a written warning, corrective measures which outline the improvement(s) required and the timeframe within which the improvement(s) are to be achieved shall be developed. Whenever possible, the corrective action plan should be mutually acceptable to and be signed by both parties. A copy of the written corrective action plan shall be provided to the Employee.

3.4.3 Written warnings, related documentation and corrective measures are required to be provided and filed with the Environmental, Health & Safety Manager.

3.4.4 If, in the opinion of the Environmental, Health & Safety and/or Senior Management, a written warning fails to correct the concern, more severe disciplinary action may be required and may also include advising the Employee that failure to correct shortcomings could place the Employees continued employment at risk.

3.5 TERMINATION OF EMPLOYMENT:

3.5.1 Discharge may occur after the formal discipline steps have been exhausted, or the action of the Employee warrants such action. The decision to discharge an Employee is a serious step that can have repercussions for both the discharged Employee and for a discharge, for any reason, must be properly documented.

3.5.2 If an Employee is terminated from employment at AMPERE LIMITED, he/she will not be permitted to work at AMPERE LIMITED in the future.

4.0 SUPPORTING DOCUMENTATION:

4.1.1 Non-Compliance Disciplinary Report must be signed by the immediate Supervisor and the Environmental, Health & Safety Manager. (Document ID 207)

SHOULD BE COMPLETED BY: Ampere's H&S Officer/Supervisor **URGENCY OF COMPLETION: As Required**

ampere	**AMPERE LIMITED NON-COMPLIANCE DISCIPLINARY REPORT**	**REVISION DATE: JANUARY 2016**

DATE: _____ **PROJECT:** _____

TRADE: _____ **PROJECT NO.:** _____

EMPLOYEE NAME: _____

YOU ARE HEREBY NOTIFIED THAT IF YOU REPEAT THE FOLLOWING OFFENCE DESCRIBED BELOW, OR PERMIT THE CONDITION DESCRIBED TO CONTINUE TO BE REPEATED, YOUR EMPLOYMENT WITH AMPERE LIMITED MAY BE TERMINATED.

VIOLATION	OHSA & REGULATION	SITE SPECIFIC POLICY/PROCEDURE	CORRECTIVE MEASURES	COMPLETION DATE (MM/DD/YYYY)

DISCIPLINARY ACTION WILL BE BASED ON THE DEGREE OF THE VIOLATION. FOR THE MOST PART A THREE STEP POLICY WILL BE IN EFFECT. HOWEVER, IF THE VIOLATION AND/OR SITUATION IS OF A SERIOUS NATURE SUCH AS ONE WHERE SERIOUS INJURY MAY HAVE BEEN OR WOULD HAVE BEEN CAUSED, THE VIOLATOR WILL AUTOMATICALLY BE REMOVED FROM THE PROJECT AND HIS/HER EMPLOYMENT TERMINATED.

MANAGEMENT ACTION:	☐	**FIRST OFFENCE**	**VERBAL RECORDED WARNING**
	☐	**SECOND OFFENCE**	**WRITTEN WARNING TO VIOLATOR/UNION AND RECORDED**
	☐	**THIRD OFFENCE**	**EMPLOYMENT TERMINATED – LETTER ISSUED TO VIOLATOR/UNION**

IDENTIFY THE ROOT CAUSE OF THE VIOLATION.

_____

WHAT CORRECTIVE MEAUSRES HAVE BEEN IDENTIFIED AND/OR IMPLEMENTED TO PREVENT VIOLATION REOCCURENCE?

_____

EMPLOYEE NAME: (please print)	**EMPLOYEE SIGNATURE:**
SUPERVISOR NAME: (please print)	**SUPERVISOR SIGNATURE:**

1.0 PURPOSE:

1.1 AMPERE LIMITED supports a work environment that ensures the safety of all Employees, Clients and fellow trades. From time to time, an AMPERE LIMITED certified Electrician may have to work alone. The intent of this document is to thoroughly analyze the area and conditions where the Electrician will be working. This analysis must be received and approval given to work alone by AMPERE LIMITED's Health & Safety Manager and/or Vice President of Operations. Other persons within the organization are not permitted to approve "working alone". Persons who work alone and/or after hours may be exposed to hazards because of the nature of the scope of work, the time, and the location of work or remoteness from other persons or support services (ie. security).
Each of these cases pose new specific hazards which otherwise are reduced during normal working hours. The purpose of this policy is to define when a second person or crew member is required.

2.0 DEFINITIONS:

2.1 AFTER HOURS

A period of time when normal weekday working operations cease and/or other persons, trades and Supervisors are not present. As this varies from Project to Project, after 5:00PM is normally considered as "after hours" as well as weekends and holidays.

2.2 WORKING ALONE

A person is "alone" at work when they are on their own; when they cannot be seen or heard by another person. It is important to consider all situations carefully. Working alone includes all employees who may go for a period of time where they do not have direct contact with a co-worker. These persons can be workers from other trades, Supervisors and/or members of the public.

3.0 PROCEDURE:

3.1 ARE YOU ALLOWED TO WORK ALONE?

Determine if you are allowed to work alone by following the below considerations and by completing a Workplace Hazard Assessment (Appendix 1).

3.2 CONSIDERATIONS

When determining if you are allowed to work alone, the following information should be taken into consideration;
****Municipal, Provincial and Federal labour laws must be followed at all times and it should be approved by the site GC.**

TIME:

- How long will the person need to be alone to complete the outlined scope of work?
- Does the person have to work alone?

- Is it legal for the person to be alone for the scope of work (ie. Confined Space)?

3.3 RULES FOR WORKING ALONE

Formal notification must be provided via a phone call to your foreman and/or Supervisor at the following times;

- Start of the scheduled work shift
- Every hour (or time agreed upon with your immediate Supervisor)
- At the end of the scheduled work shift

A voicemail message, text message and/or email will not suffice as communicating with your immediate Supervisor. You MUST make verbal contact with your immediate Supervisor and if you are unsuccessful, DO NOT PROCEED with the scheduled scope of work.

When working after hours, Employees of AMPERE LIMITED should have personal identification on them at all times.

4.0 SUPPORTING DOCUMENTATION:

4.1.1 Workplace Hazard Assessment Checklist (Appendix 1)

4.1.2 CCOHS-http://www.ccohs.ca/oshanswers/hsprograms/workingalone.html

5.0 WORKPLACE HAZARD ASSESSMENT CHECKLIST:

The Workplace Hazard Assessment Checklist must be approved (1) one day in advance of the scheduled scope of work, prior to work commencing. That approval can only be provided by AMPERE LIMITED's Health & Safety Manager and/or Vice President of Operations, Mr. Kelly Burke.

ampere	**AMPERE LIMITED WORKING ALONE & AFTER HOURS WORK GUIDELINES**	**REVISION DATE: JANUARY 2016**

APPENDIX A

WORKPLACE HAZARD ASSESSMENT

EMPLOYEE NAME: _____ **DATE:** _____

SUPERVISOR NAME: _____ **SUPERVISOR SIGNATURE:** _____

PROJECT: _____ **PROJECT NO:** _____

ITEM DESCRIPTION	COMMENT(S)
LENGTH OF TIME THE PERSON MAY BE WORKING ALONE	
Is it necessary that the scope of work be completed after hours?	
How long will the person need to be alone to complete the scope of work?	
Is it legal for the person to work alone while completing this scope of work (ie. there is a OHSA regulation for a person to stand by when Confined Space work is being completed.	
TIME OF DAY THE PERSON MAY BE WORKING ALONE	
Is there an increased risk at certain times of the day?	
What forms of communication does the person have access to?	
Is voice communication essential for the safety of the person?	
Is there an emergency communication system situated in the immediate work area?	
If forms of communication are vehicle based, what arrangements have been made when the person is away from the vehicle?	
SCOPE OF WORK LOCATION	
Is the scope of work in a remote location? ****Working alone is NOT PERMITTED in remote locations.**	
Is the vehicle equipped with the required Emergency Response supplies?	
What is likely to happen if there is a vehicle breakdown?	
Will the person be required to leave the vehicle for long periods of time?	
What First Aid equipment is readily accessible/available for immediate treatment?	
NATURE OF THE SCOPE OF WORK	
Has adequate information and instruction been provided to the person for the person to be able to work alone safely?	
What machinery, tools and equipment may be used?	
Is the machinery and equipment inspected prior to use and maintained in good condition?	

APPENDIX A

ITEM DESCRIPTION	COMMENT(S)
NATURE OF THE SCOPE OF WORK (CONTINUED)	
**Is there high risk activity (ie. working at heights, electrical hazards, etc.)?	
**Is fatigue to be taken into consideration (ie. long hours of driving or operating machinery)?	
**Can environmental factors affect the safety of the worker (ie. is the person likely to be exposed to extremes of temperature)?	
Is there a procedure for inspecting all PPE (personal protective equipment) prior to use?	
Are there procedures for regular contact with the person who will be working alone made by the Supervisor?	
If the person will be working in an enclosed locked building, how will EMS gain access if the person is unable to let them in?	
Is the person physically capable of completing the scope of work alone?	
Are you aware of a pre-existing medical condition that may increase the risk?	
What is the person's level of work experience and training?	
Is there any additional items that applies to the scope of work that is likely to increase the risk of the person who will be working after hours alone?	

The following work areas and/or work conditions will automatically require a minimum of (2) two workers;

1) Any remote location where other Electricians, persons and/or trades are not present on an ongoing basis. Some examples are a roof top work area, a confined space work area, working on an elevated work platform (where the platform is mechanically or hydraulically raised and could fall in the upright or elevated position). In this case one worker should always be situated on the ground and should be familiar with operation of the lift from the ground controls.
2) When an Electrician is working on a piece of equipment that requires the Electrician to wear High Voltage Arc Flash Personal Protective Equipment. The second worker does not have to be an Electrician.
3) When working on or around a LIVE piece of equipment.
4) When working in work areas that have extreme temperatures, and/or extreme weather conditions.
5) When working in work areas that have an accumulation of water on the floor surface.

1.0 PURPOSE:

1.1 The purpose of this policy is to ensure that all Employees/Workers are protected against the hazards of performing specific job tasks, and to ensure the workplace environment is safe for all Employees/Workers. This policy applies to all levels of AMPERE LIMITED, all facilities, Project locations and shop areas shall have an analysis of the hazards associated with the job, controls or countermeasures in place to reduce and/or eliminate the risk of exposure to workplace hazards. AMPERE LIMITED shall identify and eliminate workplace hazards.

2.0 PROCEDURE:

2.1 DESCRIPTION: JOB PLANNING STEPS – 8 STEPS TO ENSURE PROPER JOB PLANNING

2.1.1 **TASK -** Describe the scope of work/job being performed.

2.1.2 **JOB STEPS -** Break down the job into manageable steps.

2.1.3 **HAZARDS -** Identify the hazards that may occur with each step.

2.1.4 **BARRIERS -** Select the barriers to eliminate, control or minimize the hazards.

2.1.5 **ASSESS -** Review the job plan with Employees/Workers to ensure the methods of reducing the risk are effective and practicable.

2.1.6 **JSA CONFERENCE -** Applicable sections of the JSA must be reviewed daily with the workforce. Supervisor and work crew must sign the acknowledgement sheet daily to confirm review of the appropriate section.

2.1.7 **CHANGE -** Monitor the scope of work/job being performed for any change. If changes are apparent, implement countermeasures and review; sign off with the workforce.

2.1.8 **EMERGENCY PLAN -** Analyze the work situation, have First Aid treatment readily available and develop a procedure for efficiently dealing with an emergency situation.

2.1.9 It is the responsibility of the Supervisor of the job to write the JSA or a representative of AMPERE LIMITED and reviewing and approving the JSA.

2.2.0 It is the responsibility of the Supervisor to ensure that the JSA is signed off daily with review of applicable areas.

2.2.1 It is the responsibility of the Supervisor to ensure change control is recorded and communicated to the workforce.

2.2.2 All changes in the JSA or changing conditions in the workplace while the JSA is in effect will require a review of the JSA for the planned work. When changes are required they must be highlighted on the document.

2.2.3 It is the responsibility of all workers to review and sign the JSA prior to work commencing. It's the responsibility of the worker to stop work immediately and notify the Supervisor upon any change in any conditions of work and the work procedure and or additions to work procedure.

3.0 SUPPORTING DOCUMENTATION:

Hazard Analysis Program (Document ID 301)
Hazard Assessment Form (Document ID 302)
Job Hazard Analysis Form (Document ID 303)

1.0 ASSESSMENT, ANALYSIS AND CONTROL

A hazard can be defined as any one, or combination of, practice, behaviour, substance, or condition that can cause injury or illness to people and/or damage or loss to property or the environment. For the protection against injury or illness of all workplace parties, and property/environmental damage or loss, AMPERE LIMITED shall take every reasonable precaution to eliminate or control hazards in the workplace and monitor the ongoing effectiveness of controls in accordance with current codes and standards and the Occupational Health and Safety Act and its regulations.

AMPERE LIMITED is committed to providing a safe and healthy work environment, where hazard awareness and prevention is promoted to reduce work-related injury and illness through employee health and safety training and education. AMPERE LIMITED shall provide all workplace parties with the relevant health and safety information and instruction, and ensure all required safety equipment is utilized and personal protective equipment is worn as prescribed.

AMPERE LIMITED's Health and Safety Program goal is to minimize occupational injuries and illness in the workplace by the promotion and integration of health and safety initiatives into all workplace activities with all workplace parties. Accordingly, workplace injury and illness prevention is the responsibility of everyone in the workplace.

Risk Assessments identify and prioritize hazards and risks, create awareness of hazards and risks, identify who may be at risk and how, evaluate the adequacy of existing control measures, and prevent injuries or illnesses at the design or planning stage. The aim of the risk assessment process is to eliminate a hazard or reduce the level of its risk by adding precautions or control measures as necessary.

Hazard Assessments will be used to prioritize jobs and tasks with potential hazards; Hazard Analysis will be used to identify hazards; and Hazard Control will be used to eliminate existing and potential hazards or outline healthy and safe methods to proceed in the workplace before work begins and on an ongoing basis.

2.0 HAZARD ASSESSMENT

Hazard Assessments are defined as the process of hazard identification, which will aid in the prevention of occupational injury, illness, damage, and loss. Hazard Assessments will be conducted and a regular basis including, but not limited to, the start of a new project, with new employees, and with new and/or changing work processes, operations, tools, equipment, machinery, chemicals, and substances.

Hazard Assessments will be conducted by utilizing all appropriate workplace parties including, managers, supervisors, workers and health and safety representatives most familiar with the operation to identify hazards. The Hazard Assessment will help raise awareness, support communication and understanding between all workplace parties, and promote healthy and safe

work procedures.

Hazard Assessments of the workplace determine which jobs and/or tasks will be classified, prioritized, and addressed based on the risk associated with the job. This will be achieved with appropriate risk assessments used to evaluate the frequency and severity of incidents as well as the probability or potential for injuries, illness, damage, or loss.

Greater considerations and priority will be given to jobs and tasks where:

1. Incidents occur frequently with high rates of injury or illness; or infrequently but result in severe or disabling injuries, illness, and/or damage or loss.
2. The consequences of an incident, hazardous condition, exposure to harmful substance, or simple human error cause potentially severe or disabling injuries or illness, and/or damage or loss even when no history or prior incidents exist.
3. Incidents may not be evident or anticipated due to lack of worker experience and/or change in job processes or procedures in newly established or modified jobs.
4. The undertaking of non-routine, infrequently performed, or complex jobs pose a greater risk of incident.

3.0 HAZARD ANALYSIS

Hazard Analysis will aid in the determination of potential hazards, where estimations will also be useful in determining the various uncertainties associated to the determination of hazards. The Company will conduct Hazard Analysis to identify potential hazards in activities, practices, the facility or work area, and jobs which take into account workplace tasks that may be performed in normal, abnormal, and emergency situations. Hazards are divided into health hazards and safety hazards; health hazards may produce serious, acute or chronic health effects, and safety hazards may cause an injury if an accident occurs.

Potential hazards will be identified with one or a combination of the following, dependent on the scope of work to be performed:

1. A physical inspection of the work site or workplace using a checklist.
2. Direct observations of a task or job where actions are broken down into individual tasks.
3. Examination of the process, from start to finish, where each stage of the process is broken down.
4. Examination of past incident findings where records of past incident investigations are reviewed.

When examining the breakdown of jobs or tasks it is important to examine what is done rather than how it is done. Maintaining the correct sequence of steps, defined as segment of the operation necessary to advance the work, and limiting the complexity of each step to less than ten details is required to ensure the Hazard Analysis is too general or too detailed.

The Hazard Analysis can also be developed through brainstorming or asking various scenario questions that could impact the outcome of the work task:

- Can any harmful contact be made with objects or substances?
- Can the worker make harmful contact with moving objects?
- Can any part of the body be caught in or between objects?
- Can the worker slip, trip, or fall?
- Can the worker suffer a strain from lifting, pushing, or pulling?
- Can the weather affect safety and performance?
- Is the worker exposed to extreme heat or cold?
- Is excessive noise, vibration, or radiation present?
- Is there a danger from falling objects?
- Is lighting and ventilation adequate?
- Is tool, machine and equipment maintenance performed as required?
- Is the task tedious, repetitive, or require the use of excessive muscular force?
- Are any hazardous products generated?
- Are any hazards created by the use of tools, machines or equipment?
- Are there gases, dusts, fumes, mists or vapours present?
- Are first aid supplies maintained and inspected, and are trained first aid personnel available?

Hazard Analysis shall examine the five most common and major **sources**:

1. People – training, coaching, communication, education, hygiene practices etc.
2. Equipment – protective equipment, repair, maintenance, adequate clearance etc.
3. Material – correct use, adequate supply, repair and maintenance, proper storage or disposal etc.
4. Environment – noise, temperature, air quality, lighting, physical layout and structure, housekeeping etc.
5. Process – work design, flow, reporting requirements, work practices policies and procedures etc.

To Identify all hazards; these may be categorized into four **types**:

1. Physical Hazard – a risk to your physical safety in the form of material or physical things such as physical machinery or physical energy respectively
2. Chemical Hazard – a chemical for which exposure may cause acute or chronic health effects including chemicals that are carcinogens, toxic or highly toxic agents; irritants, corrosives, sensitizers; agents that act on the hematopoietic (blood-forming) system; agents that damage the lungs, skin, eyes, or mucous membranes; flammable, combustible, explosive, oxidizing, pyrophoric, or reactive properties; and an organic peroxide or compressed gas
3. Biological Hazard – an organism or product of organisms that present a health hazard to humans
4. Psychological Hazard – an effect on the mental well-being or mental health of the worker which impacts a workers ability to work in a healthy and safe manner

Common Workplace Hazards

Physical and Safety Hazard	Chemical Hazard	Biological Hazard	Psychological Hazard
Excess noise	Solids	Parasites	Stress
Extreme temperatures (hot or cold)	Liquids	Viruses	Workplace violence
Radiation (ionizing, non-ionizing)	Gas	Fungi	Fatigue
Fire	Fumes	Bacteria	Working Conditions
Pressurized systems	Dusts	Sewage	
Vehicles	Mists	Molds	
Mechanical/Vibration (fatigue)	Vapours	Blood and body fluids	
Working at height (slip, trip, fall)			
Ground surfaces (slip, trip, fall)			
Mechanical (failure, moving parts)			
Visibility (inadequate lighting)			
Ergonomics (awkward postures)			
Highly repetitive or forceful movements (strain, sprain)			
Electricity (shock, short circuits, static, loss of power)			
Lifting and handling loads			
Falling objects / projectiles			
Weather (snow, rain, wind, ice)			
Inadequate machine guards			
Unsafe workplace conditions			
Unsafe work practices or procedures			

The goal of the Hazard Assessment is to determine what can go wrong and how; the contributing factors and consequences; who may be exposed; how frequent, probable, and severe an incident may be; and what controls are in place and/or need to be in place.

4.0 HAZARD CONTROL

AMPERE LIMITED shall ensure preventative measures will be established to overcome identified hazards. Prevention is essential to eliminating the possibility or risk of injury, illness, damage, and loss due to workplace hazards. However, common sense will play a key role in this aspect in preventing a hazardous situation.

All workplace parties shall be made aware of any potential or existing dangerous or hazardous situation and all workplace parties will be able to report any such danger / hazard that pose a possible risk to the individual or to others either verbally or by using the Hazard Reporting Form.

4.1 Communicating Hazards

Following completion of the Hazard Analysis, where possible hazards have been eliminated and/or appropriate controls are in place, the results must be communicated to all workers who are, or who will be, performing and supervising the job or task. Hazard Analysis and Hazard Control must be communicated to the individuals performing the job to ensure that all the basic steps have been noted and have suitable control measures in place. The **Job Hazard Analysis (Document ID 309)**, shall be used on a daily basis to communicate the Hazard Analysis and Hazard Controls. The Job Hazard Analysis must be documented and signed by the worker and supervisor. Identifying and reporting hazards immediately, verbally and/or in writing with a form, allows corrective action to occur immediately when possible. When a hazard is not immediately corrected all appropriate personnel shall be notified and the hazard shall be clearly identified by signs, barricades, or other warnings.

Communication between all workplace parties is crucial to ensure a healthy and safe workplace free of potential injuries, illness, damage, or loss. Supervisors (foremen) are responsible to ensure that workers are knowledgeable of potential hazards and their responsibilities, and that the appropriate control procedures are followed.

4.2 Hazard Control Measures

Controls will be designed to eliminate or reduce all workplace parties' exposure to hazards. The most effective corrective measure will be taken to eliminate hazards or, when elimination is not possible, to ensure the hazard is controlled and risk in minimized while also taking precautions as to not introduce new hazards in the process.

The following three types of Hazard Control measures in order of effectiveness:
Engineering Controls, Administrative Controls, and Personal Protective Equipment.

1. Engineering Controls:
    a. Elimination – the hazard is completely removed and risk is eliminated
    b. Substitution – alternatives or modifications to the process, equipment, substances / materials, machinery, or environment to lessen the hazard (exhaust ventilation systems etc.) and minimize risk
    c. Redesign – modifying the design and layout of the workplace, workstation, process etc., to lessen the hazard and minimize risk
    d. Isolation / Containment – preventing access, limiting exposure, separation of hazard from workers (enclosures, barriers, machine guards, worker booths, blast shields, welding curtains etc) the use of warning systems (alarms, signs) to lessen the hazard and minimize risk
    e. Absorption / Dilution – redirection of the hazard to lessen the hazard and minimize risk
    f. Automation – equipment, substance / materials, machinery etc. replacement with automated process to lessen the hazard and minimize risk

2. Administrative Controls:

a. Training / Supervision / Limitations – specialized training and understanding of safe workplace policies and practices, appropriate credentials / certificates, work permits, and authorization, job / shift rotation with exposure time limitations, and increased awareness of hazards and controls to minimize risk
b. Procedures – written and verbal existing, revised, and new operating procedures, repair, housekeeping, maintenance programs, and hygiene to minimize risk
c. Monitoring – considerable attention to highly hazardous substances / materials, existing controls and environmental conditions (air quality etc) to minimize risk

3. Personal Protective Equipment
   a. Use / Knowledge – designating and ensuring the proper use of personal protective equipment; ensuring worker knowledge of limitations, maintenance, and storage of equipment to lessen potential of injury and illness
   b. First Aid – to reduce the severity of an incident first aid supplies are readily available and emergency facilities may need to be provided to lessen potential of escalating injury and illness

ampere	**AMPERE LIMITED** **HAZARD ASSESSMENT FORM**	**REVISION DATE:** **JANUARY 2016**

DATE: _____ **PROJECT NAME: _____**

Description of work area and activity	Assessment performed by:	Reviewed by Management/ JHSC	Review Date:
	Name(s): Signature(s):	Name(s): Signature(s):	

#	Description of Hazard (condition / circumstance)	A Frequency (1-5)	B Probability (1-5)	C Severity (1-5)	A+B+C = Total	Risk Rating Serious (11-15) Moderate (6-10) Low (3-5)

A. Rank the frequency of exposure to hazard:	B. Rank the probability of occurrence:	C. Rank the severity:
1 – unlikely: 1x per job or project	1 = unlikely to occur	1 = insignificant: very minor injury, no damage to property
2 = occasionally: 2x per job or project	2 = some chance	2 = first aid or minor property damage
3 = often: 3x to 4x per job or project	3 = could occur	3 = lost time, seeking medical help or property damage
4 = frequently: 5x or more per job or project	4 = good chance	4 = permanent disability, serious property damage
5 = continuous exposure to hazard	5 = will occur	5 = fatality, or major property damage

Add A+B+C to calculate a total and assign a risk rating:
Serious (11-15) means the hazard must be attended to immediately. Controls must be put into place.
Moderate (6-10) means the hazard requires attention. Controls should be put into place.
Low (1-5) means the hazard requires monitoring. Controls are recommended.

 SHOULD BE COMPLETED BY: Supervisor/Worker URGENCY OF COMPLETION: Mandatory on a Daily Basis MANAGEMENT INITIALS: _____

ampere	DAILY JOB HAZARD ANALYSIS SITE MEETING	REVISION DATE: JANUARY 2016

JHA MUST BE REVIEWED & DISCUSSED WITH AMPERE LIMITED WORKFORCE ON A DAILY BASIS AT THE BEGINNING OF EACH SHIFT.

FOREMAN/SUPERVISOR (PRINT NAME): _____ **SITE SAFETY REPRESENTATIVE**: _____

DATE: _____ **TIME:** _____ **PROJECT NAME:** _____ **LOCATION:** _____ _ ___

	JOB DESCRIPTION		HAZARDS		REMOVE/CONTROL
☐	WIRING DEVICES	☐	ELECTRICUTION	☐	EYE PROTECTION
☐	BRANCH WIRING & CONDUIT	☐	ELECTRICAL HAZARDS	☐	FACE SHIELD
☐	FEEDER WIRING & CONDUIT	☐	SLIPPING	☐	HEARING PROTECTION
☐	DISTRIBUTION SYSTEM	☐	TRIPPING	☐	HEAD PROTECTION
☐	TAG & LOCK OUT	☐	FALLING	☐	HAND PROTECTION
☐	HIGH VOLTAGE	☐	MUSCULOSKELETAL DISORDERS	☐	FOOT PROTECTION
☐	MAINTENANCE	☐	WORKING OFF 3 METRES HIGH	☐	CORRECT POSITIONING OF BODY
☐	DISCONNECTS & MOTOR STARTERS	☐	FALLING FROM EXTREME HEIGHTS	☐	FALL PREVENTION
☐	FIRE ALARM SYSTEMS	☐	CUTS AND/OR BRUISES	☐	FALL PROTECTION
☐	VOICE DATA SYSTEMS	☐	OXYGEN DEPLETION	☐	SPILL CONTAINMENT
☐	SECURITY SYSTEMS	☐	FATIGUE	☐	BARRICADES,TAPE,HAZARD IDENTIFICATION SIGNS
☐	ELEVATED WORK PLATFORMS	☐	DEHYDRATION	☐	HOUSEKEEPING REQUIREMENTS REVIEWED
☐	CLEAN UP/HOUSEKEEPING	☐	BACKFEED OF VOLTAGE AND CURRENT	☐	LADDER/EQUIPMENT INSPECTION CHECKLIST
☐	DEMOLITION/RENOVATION	☐	BURNS	☐	
☐	TROUBLESHOOTING	☐	SUNBURN	☐	LOCK OUT/TAG OUT REQUIRED
☐	COLD WEATHER WORK	☐	FROST BITE	☐	HIGH VOLTAGE ARC FLASH PERSONAL PROTECTIVE EQUIPMENT
☐	WORK IN HIGH TEMPERATURE LOCATIONS	☐	SPARKING	☐	WEATHER CONDITIONS
☐	OTHER:	☐	ARC FLASH	☐	PUBLIC PROTECTION/SECURITY
☐	OTHER:	☐	REPETITIVE STRAIN INJURY	☐	FLOOR OPENINGS SECURED/IDENTIFIED
☐	OTHER:	☐	OTHER:	☐	FIRE EXTINGUISHER
☐	OTHER:	☐	OTHER:	☐	PROPER TOOLS
☐	OTHER:	☐	OTHER:	☐	PROPER MATERIAL HANDLING/STORAGE
☐	OTHER:	☐	OTHER:	☐	EMERGENCY RESPONSE PLAN REVIEWED

 SHOULD BE COMPLETED BY: Supervisor/Worker **URGENCY OF COMPLETION: Mandatory on a Daily Basis** **MANAGEMENT INITIALS: _____**

ampere	JOB HAZARD ANALYSIS ATTENDANCE SHEET	REVISED: JANUARY 2016

JHA MUST BE REVIEWED & DISCUSSED WITH AMPERE LIMITED WORKFORCE ON A DAILY BASIS AT THE BEGINNING OF EACH SHIFT.

BOTH THE SUPERVISOR & EACH WORKER MUST PROVIDE THEIR NAME AND SIGNATURE IN THE AREA BELOW IN ACKNOWLEDGEMENT OF THEIR UNDERSTANDING OF ALL OF THE ABOVE INFORMATION AND/OR ITEMS DISCUSSED AND EXPLAINED TO ONE SELF.

DATE: _____ **TIME:** _____ **PROJECT NAME:** _____

FOREMAN NAME (PLEASE PRINT): _____ **FOREMAN SIGNATURE:** _____

EMPLOYEE NAME:	EMPLOYEE SIGNATURE:

****Please note that any Worker and/or Employee who fails to agree with the daily JHA and print and sign their name will not be permitted to work on the Project that day. No exceptions will be made.**

ampere	**AMPERE LIMITED** **HAZARD REPORTING FORM**	**REVISION DATE:** **JANUARY 2016**

POLICY SECTION 900 DESCRIBES INCIDENT REPORTING AND INVESTIGATION IN THE HEALTH AND SAFETY FOR BOTH EMPLOYEES AND SUPERVISORS ON AMPERE LIMITED PROJECTS. RESPONSIBILITY AND ACCOUNTABILITY FOR BOTH EMPLOYEES AND SUPERVISORS ARE DETAILED IN POLICY SECTION 102. EMPLOYEE AND SUPERVISOR HAZARD REPORTING RESPONSIBILITIES ARE DESCRIBED IN THE HAZARD REPORTING PROCEDURE.

PART 1: TO BE COMPLETED BY THE EMPLOYEE

DATE OF REPORTING: _____

EMPLOYEE NAME: _____

PROJECT: _____

NAME OF SUPERVISOR REPORTED TO: _____

HAZARD DESCRIPTION:

_____
_____
_____

SUGGESTED CORRECTIVE ACTIONS, IF ANY:

_____
_____
_____

PART 2: TO BE COMPLETED BY THE SUPERVISOR.
COPIES TO BE PROVIDED TO AMPERE LIMITED HEALTH & SAFETY MANAGER & EMPLOYEE WHO REPORTED THE HAZARD.
SUPERVISORS ARE REQUIRED TO DISCUSS THE HAZARD WITH THE ENTIRE WORKPLACE SITUATED ON THE PROJECT.

DATE OF RESPONSE: _____

SUPERVISOR NAME: _____

SUPERVISOR RESPONSE:

_____
_____
_____

PART 3: FOLLOW UP COMPLETED BY AMPERE LIMITED HEALTH & SAFETY MANAGER OR JHSC.

HEALTH & SAFETY MANAGER OR JHSC RESPONSE:

_____
_____
_____

1.0 PURPOSE:

1.1 The purpose of this procedure is to ensure that cold stress related illness are recognized by Supervisors and appropriate preventative measures are taken to prevent the onset of cold stress (hypothermia) when environmental cold exposures are elevated. AMPERE LIMITED ensures that every reasonable precaution is taken for the Health & Safety of all of our Employees.

2.0 DEFINITIONS:

Excessive exposure to heat is referred to as heat stress and excessive exposure to cold is referred to as cold stress.

2.1 HYPOTHERMIA

An abnormally low body temperature, often caused by prolonged exposure to the cold.

2.2 HYPOTHERMIA: SIGNS & SYMPTOMS

When the body can no longer maintain core temperature by constricting blood vessels, it shivers to increase heat production. Maximum shivering develops when the body temperature has fallen to 35°C (95°F).

The most critical aspect of hypothermia is the body's failure to maintain its deep core temperature. A lower body temperature presents the following signs and symptoms;

2.2.1 Persistent shivering usually starts when core temperature reaches 35°C (95°F),

2.2.2 Irrational and/or confused behavior,

2.2.3 Reduced mental awareness,

2.2.4 Poor coordination, with obvious effects on safety,

2.2.5 Reduction in rational decision making,

2.2.6 In addition, acute exertion in cold can constrict blood vessels in the heart. This is particularly important for older workers or workers with coronary disease who may have an increased risk of heart attack.

2.3 HYPOTHERMIA: FIRST AID MEASURES

2.3.1 STOP further cooling of the body and provide heat to begin re-warming, and;

2.3.2 Carefully remove Employee to shelter. Sudden movement or rough handling can upset heart rhythm,

2.3.3 Keep Employee awake,

2.3.4 Remove any wet clothing and wrap Employee in warm covers,

2.3.5 Apply direct body heat or use safe heating devices,

2.3.6 Re-warm neck, chest, abdomen and groin, but not extremities,

2.3.7 Give warm, sweet drinks, but only if the Employee is conscious,

2.3.8 Monitor Employee's breathing. Administer artificial respiration, if necessary, and

2.3.9 Call for medical help or transport Employee carefully to the nearest

medical facility.

2.4 CORE TEMPERATURE

The body tries to maintain an internal (core) temperature of approximately 37°C (98.6°F). This is done by reducing heat loss and increasing heat production.

2.4.1 Under cold conditions, blood vessels in the skin, arms and legs constrict, decreasing blood flow to extremities. This minimizes cooling the blood and keeps critical internal organs warm.

2.4.2 At very low temperatures, however, reducing the blood flow to the extremities can result in a lower skin temperature and a higher risk of frostbite.

2.5 WIND CHILL

Wind chill involves the combined effect of air temperature and air movement. The wind chill cooling rate is defined as heat loss (expressed in WATTS/per Meter Squared) resulting from the effects of air temperature and wind velocity upon exposed skin.

2.6 EXPOSURE: (2) TWO MAJOR HEALTH CONCERNS – FROSTBITE & HYPOTHERMIA

2.7 FROSTBITE: SIGNS & SYMPTOMS

Frostbite is a common injury caused by exposure to the severe cold or by contact with extremely cold objects.

2.7.1 Occurs more readily from touching cold metal objects than from exposure to cold air. Heat is rapidly transferred from skin to metal.

2.7.2 Frostbite symptoms may vary and are not always painful but often include a sharp, prickling sensation.

2.7.3 The first indication of frostbite is skin that looks waxy and feels numb. Once tissues become hard, the case is a severe medical emergency. Severe frostbite results in blistering that usually takes about ten (10) days to subside.

2.7.4 Once damaged, tissues will always be more susceptible to frostbite in the future.

2.8 FROSTBITE: FIRST AID MEASURES

2.8.1 Warm frostbitten area gradually with body heat; DO NOT RUB.

2.8.2 Do not thaw hands or feet unless medical aid (MA) is distant and there is no chance of freezing.

2.8.3 Apply sterile dressings to blister to prevent breaking, get medical attention.

3.2 CONTROLS:

The best protection against cold-related health risks is to be aware and be prepared. Employees/Workers should recognize the signs and symptoms of overexposure in themselves and others. Pain in the extremities may be the first warning sign. Any employee/worker shivering severely should come in out of the cold environment.

3.3 GENERAL:

3.3.1 Ensure that the wind chill factor is understood by Employees/Workers, especially those working on bridges and/or out in the open on high buildings,

3.3.2 Ensure that workers are medically fit to work in excessive cold environments,

3.3.3 Ensure that employees/workers understand the importance of high-caloric foods when working in the cold. Warm sweet drinks and soups should be arranged at the Project location to maintain caloric intake and fluid volume. Coffee should be discouraged because it increases water loss and blood flow to extremities,

3.3.4 Personnel working in isolated cold environments whether indoors or outdoors should always work in pairs; never work alone,

3.3.5 Provide hot drinks and regular breaks under extremely cold working conditions.

3.4 CLOTHING:

Select proper clothing to suit the weather conditions, the cold environment, the job being performed, and the level of physical activity.

3.4.1 Wear several layers of clothing rather than one thick layer. The air captured between layers is an insulator,

3.4.2 Wear synthetic fabrics such as polypropylene next to the skin because these wick away sweat. Clothing should not restrict flexibility and be applicable to the type of work being performed,

3.4.3 If conditions are wet as well as cold, ensure that the outer clothing worn is waterproof or at least water-repellent. Wind resistant fabrics may also be required under some conditions,

3.4.4 At air temperatures of 2°C (35.6°F) or less, workers whose clothing gets wet for any reason must be immediately given a change of clothing and be treated for hypothermia,

3.4.5 Encourage the use of hats and hoods to prevent heat loss from the head and to protect ears. Balaclavas or other face covers may also be necessary under certain weather conditions.

3.4.6 Tight fitting footwear restricts blood flow. Footwear should be large enough to allow wearing either one thick or two thin pairs of socks. Wearing too many socks can tighten the fit of the footwear and harm rather than help, and

3.4.7 Employees/workers who get hot while working should open their jackets but keep their hats and gloves on.

3.5 SHELTER:

For work being performed continuously in the cold, allow rest and warm-up breaks. Heated shelters such as Project trailers should be available nearby. Encourage employees/workers to use these shelters at regular intervals depending on the wind-chill factor.

3.5.1 Workers showing signs of shivering, frostbite, fatigue, drowsiness, irritability, or euphoria should immediately return to the shelter

3.5.2 Workers entering the shelter should remove their outer layer of clothing and loosen other clothing to let sweat evaporate. In some

cases, a change of clothing may be required.

4.0 SUPPORTING DOCUMENTATION:

4.0.1 CCOHS - http://www.ccohs.ca/oshanswers/phys_agents/hot_cold.html

1.0 PURPOSE:

1.1 The purpose of this procedure is to ensure that heat related illnesses are recognized by Supervision and appropriate steps are taken to prevent the onset of heat stress when environmental heat exposures are elevated. This policy shall be implemented based on environmental "triggers" please see below for definition. AMPERE LIMITED ensures that every reasonable precaution is taken for the circumstance in Health & Safety of all of our Employees, it is our policy that preventative measures are taken in order to control the hazards associated with heat related disorders.

2.0 DEFINITIONS:

2.1 HEAT STRESS

Heat Stress is a group of conditions due to overexposure to or overexertion in excess environmental temperature. This encompasses Heat cramps, Heat exhaust and Heat stroke.

2.2 HEAT STROKE

A severe and often fatal illness produced by exposure to excessively high temperatures, especially when accompanied by marked exertion.

3.0 PROCEDURE: RECOGNIZING HEAT STRESS

Heat Stress disorders range from minor discomforts to life threatening conditions.

3.1 HEAT RASH: SIGNS & SYMPTOMS

Heat Rash is the most common problem in hot work environments. Symptoms include; red blotches and extreme itchiness in areas persistently damp with sweat, prickling sensation on the skin where sweating occurs.

3.2 HEAT CRAMPS: SIGNS & SYMPTOMS

Heat Cramps occur under extreme conditions the body may lose salt through excessive sweating. Spasms in larger muscles, usually in the back, leg and/or arm. Cramping creates hard painful lumps within the muscle.

3.3 HEAT EXHAUSTION: SIGNS & SYMPTOMS

Heat Exhaustion occurs when a body can no longer supply blood to vital organs and send blood to the skin to reduce body temperature at the same time. Signs and symptoms include; weakness, difficulty continuing to work, headache, breathlessness, nausea and/or vomiting and feeling faint or actually fainting.

3.4 HEAT STROKE: SIGNS & SYMPTOMS

Heat Stroke occurs when the body can no longer cool itself and body temperatures rise to critical levels. **WARNING: HEAT STROKE REQUIRES IMMEDIATE MEDICAL ATTENTION!!** Signs and symptoms include confusion or irrational behavior, loss of consciousness, convulsions, lack of seating, hot dry skin, and abnormally high body temperature 41°C for example.

3.5 PROCEDURE: INDUSTRIAL FACILITIES/PROJECT LOCATIONS

Upon notification to AMPERE LIMITED Environmental, Health & Safety Manager, a representative along with a member of the Joint Health and Safety Committee (JHSC) shall verify the humid index as per the national weather service. Once the humid index has been confirmed, please refer to the response chart listed below.

HUMID INDEX READING	RESPONSE/CONTROLS
30 to 37	**LOW** ➢ Alert Employees/Workers of the potential for Heat Stress. ➢ Ensure water is readily available for Employees/Workers.
38 to 39	**MEDIUM** ➢ Reduce physical activity (slower pace and double up on breaks). ➢ Drink 1 cup of water every 20-30 minutes.
40 to 42	**MODERATE** ➢ Reduce further physical activity. ➢ Drink 1 cup of water every 15-20 minutes.
43 to 44	**HIGH** ➢ Ensure sufficient rest and recovery time. ➢ Severely curtail physical activity. ➢ Drink 1 cup of water every 10-15 minutes.
45 OR ABOVE	**EXTREME** ➢ It is hazardous to continue and physical activity.

3.5.1 Once the level of response has been determined, it shall be implemented immediately. Rest periods are to be monitored by the Supervisor.

3.5.2 The area(s) should be re-evaluated on an hourly basis in order to ensure accurate data and appropriate response level(s).

3.5.3 Lunch breaks and regular breaks will be a part of the extended rest period(s) for this procedure. The rest area shall be located away from the source of heat.

WARNING: NEVER IGNORE AN EMPLOYEES/WORKERS SIGNS & SYMPTOMS!

4.0 SUPPORTING DOCUMENTATION:

4.1.1 Humid Index from Temperature & Relative Humidity Readings

4.1.2 First Aid Treatment for Heat Illness'

FIRST AID TREATMENT FOR HEAT ILLNESS(s)

ILLNESS	SIGNS & SYMPTOMS	FIRST AID
HEAT RASH	RED, BUMPY RASH WITH SEVERE ITCHING.	CHANGE INTO DRY CLOTHES AND AVOID HOT ENVIRONMENTS. RINSE SKIN WITH COOL WATER. WASH REGULARLY TO KEEP SKIN CLEAN AND DRY.
FAINTING	SUDDEN FAINTING AFTER AT LEAST TWO (2) HOURS OF WORK. COOL MOIST SKIN. WEAK PULSE.	GET MEDICAL ATTENTION. ASSESS THE PERSONS' NEED FOR CARDIOPULMONARY RESUSCITATION (CPR). MOVE THE PERSON TO A COOL AREA. LOOSEN CLOTHING. HAVE THE PERSON LIE DOWN, AND IF CONSCIOUS, OFFER SIPS OF WATER. FAINTING MAY BE DUE TO ANOTHER ILLNESS.
HEAT CRAMPS	PAINFUL, INVOLUNTARY MUSCLE SPASMS THAT USUALLY OCCUR DURING HEAVY EXERCISE IN THE HEAT. THEY MAY BE MORE INTENSE AND PROLONGED THAN TYPICAL NIGHT TIME LEG CRAMPS. MUSCLES MOST OFTEN AFFECTED ARE IN THE CALVES, ARMS, ABDOMEN AND BACK, BUT ANY MUSCLES INVOLVED IN THE ACTIVITY CAN GET THE CRAMPS.	INADEQUATE FLUID INTAKE OFTEN CONTRIBUTES TO HEAT CRAMPS. THE PERSON SHOULD REST, COOL DOWN AND DRINK AN ELECTROLYTE CONTAINING SPORTS BEVERAGE (GATORADE, POWERADE). THE PERSON SHOULD GENTLY STRETCH THE MUSCLES THROUGHOUT THEIR RANGE OF MOTION AS WELL AS MASSAGE THE MUSCLES.
HEAT EXHAUSTION	OFTEN BEGINS SUDDENLY, SOMETIMES AFTER EXCESSIVE ACTIVITY, SWEATING AND INADEQUATE FLUID INTAKE. SIGNS AND SYMPTOMS RESEMBLE THOSE FOR SHOCK AND INCLUDE AN ASHEN APPEARANCE, LOW BLOOD PRESSURE, A RAPID HEARTBEAT, HOT, RED, DRY OR SWEATY SKIN, LOW GRADE FEVER (GENERALLY LESS THAN 40°C) AND FEELING FAINT AND/OR NAUSEA.	GET THE PERSON OUT OF THE SUN AND INTO A SHADY OR AIR CONDITIONED LOCATION. HAVE THE PERSON LAY DOWN, AND ELEVATE THEIR FEET SLIGHTLY. LOSSEN OR REMOVE THE PERSON'S CLOTHING. GIVE THE PERSON COLD WATER (NOT ICED) OR A SPORTS DRINK. COOL THE PERSON BY SPRAYING WITH COOL WATER AND FANNING. MONITOR THE PERSON'S CONDITION, HEAT EXHAUSTION CAN QUICKLY TURN INTO HEAT STROKE. **IF FEVER, FAINTING, CONFUSION, OR A SEIZURE OCCURS, GET EMERGENCY MEDICAL ASSISTANCE IMMEDIATELY.**

SHOULD BE COMPLETED BY: Supervisor/Worker **URGENCY OF COMPLETION: Mandatory** **MANAGEMENT INITIALS _____**

ampere	SAFE WORK CHECKLIST	REVISION DATE: JANUARY 2016

DATE: _____ **PROJECT:** _____

AUDITOR: _____ **FOREMAN NAME:** _____

LOCATION: _____ **FOREMAN SIGNATURE:** _____

ITEM #	ITEM DESCRIPTION TO BE INSPECTED	YES	NO	N/A	CORRECTED?	
					YES	NO
1	Is there an approved Work Permit posted in the work area?	☐	☐	☐	☐	☐
	A) Are the dates, times and locations on the Work Permit valid and current?	☐	☐		☐	☐
2	Is a Risk Assessment/JHA available for reference outlining the work being performed?	☐	☐	☐	☐	☐
	A) Has the Risk Assessment/JHA been reviewed & discussed in detail to all workers?	☐	☐		☐	☐
	B) Have all workers signed the Risk Assessment/JHA & understand the scope of work?	☐	☐		☐	☐
	C) Has the Risk Assessment/JHA been approved by General Contractor/Client/Owner?	☐	☐		☐	☐
3	Have all workers received a Site Specific Safety Orientation?	☐	☐	☐	☐	☐
4	Have emergency procedures, exits and gathering areas been identified to all workers?	☐	☐		☐	☐
5	Is the required PPE being worn by all workers? (Head Protection, CSA Safety Boots, Safety Glasses, Traffic Vests & any other required PPE specific to the job/task being performed)	☐	☐		☐	☐
6	Has the work area been cordoned off with the appropriate barricades/tape/signs to ensure public safety?	☐	☐	☐	☐	☐
7	Have daily equipment inspection checklists been completed? (Forklift, EWP, Scaffold, etc.)	☐	☐	☐	☐	☐
8	Is Elevated Work/Overhead Work required as part of this scope of work? If YES,	☐	☐			
	A) Have the EWPs been inspected prior to use? (Operator's Checklist)	☐	☐		☐	☐
	B) Has the Fall Protection Equipment/PPE been inspected & in good condition?	☐	☐		☐	☐
	C) Have the Anchor Points been identified & communicated to all workers?	☐	☐		☐	☐
	D) Are all workers trained in Fall Protection? (copy of certification card to be provided)	☐	☐		☐	☐
9	Is Tag/Lock Out required as part of this scope of work? If YES,	☐	☐			
	A) Has the Tag/Lock Out, Method of Procedure been reviewed with all workers?	☐	☐		☐	☐
	B) Has the Supervisor isolated all lock out locations in the "OFF" position?	☐	☐		☐	☐
	C) Have isolations been tested & verified by SSI Supervisor?	☐	☐		☐	☐
	D) Have workers applied personal locks & tags (company & contact name, number)?	☐	☐		☐	☐
	E) Has the lock out log been completed and posted?	☐	☐		☐	☐
10	Is Hot Work required as part of this scope of work? If YES,	☐	☐			
	A) Has a valid Hot Work Permit been obtained & posted?	☐	☐	☐	☐	☐
	B) Has a Fire Extinguisher inspection been completed?	☐	☐		☐	☐
	C) Is there adequate fire blankets, welding screens, etc. available?	☐	☐	☐	☐	☐
11	Is Equipment Commissioning required as part of this scope of work? If YES,	☐	☐			
	A) Is there a valid Commissioning Permit/Procedure?	☐	☐		☐	☐
	B) Is the Commissioning area cordoned off with appropriate barricades & signs?	☐	☐		☐	☐
12	If specific work is required in addition to the above (Rigging/Hoisting, Material Removal, Confined Space, etc.) have procedures been developed, reviewed & discussed with all workers?	☐	☐	☐	☐	☐
13	Has a Supervisor been designated for this scope of work? (contact information posted)	☐	☐		☐	☐
14	If any deficiencies were found, have corrective measures been implemented?	☐	☐	☐	☐	☐
COMMENTS:						

AUDITOR SIGNATURE: _____ **DATE:** _____

	AMPERE LIMITED FIRE EXTINGUISHER INSPECTIONS	REVISION DATE: JANUARY 2016

FIRE EXTINGUISHER INSPECTIONS ARE TO BE COMPLETED ON A MONTHLY BASIS.

ANY FIRE EXTINGUISHERS THAT REQUIRE SERVICE SHALL BE TAGGED, REMOVED FROM SERVICE IMMEDIATELY, & RETURNED TO AMPERE LIMITED.

DATE: ______________________________ **PROJECT NAME:** ____________________________________

FIRE EXTINGUISHER IDENTIFICATION	FIRE EXTINGUISHER LOCATION	PIN SEALED PROPERLY		GAUGE FULLY CHARGED		DISCHARGE NOZZEL OBSTRUCTED		CONDITION OF FIRE EXTINGUISHER	APPROPRIATE CLASSIFICATION RATING		TAG		TAMPER TIE IN PLACE	
		YES	NO	YES	NO	YES	NO		YES	NO	YES	NO	YES	NO
		☐	☐	☐	☐	☐	☐		☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐		☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐		☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐		☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐		☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐		☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐		☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐		☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐		☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐		☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐		☐	☐	☐	☐	☐	☐

1.0 PURPOSE:

1.1 The purpose of this procedure is to ensure that safe improvements are implemented in the workplace to REDUCE the risk of injury, fatigue and error to both Employees/Workers and AMPERE LIMITED is committed to providing a comfortable, safety working environment.

2.0 DEFINITIONS:

2.1 ERGONOMICS

Ergonomics can be defined as fitting the job to the worker. Not all workers are the same size and everyone has limits. Ergonomics aims to design workstations, work processes, equipment, and tools to fit you. As a worker, it is important that you know how to adjust your office workstation to suit your needs.

If a job does not fit a worker, the worker is more likely to be exposed to risk factors that may lead to musculoskeletal injury. The main ergonomic risk factors in the office include the following;

- REPETITION: tasks or body movements carried out over and over again.
- AWKWARD POSTURES: body positions which deviate from neutral such as twisting your neck to view your monitor or reaching to use your mouse.
- STATIC FORCES: maintaining a position for a prolonged period of time.

Every person responds to ergonomic risk factors in different ways. For example, one worker may have symptoms of an injury while another worker performing the same tasks may not have symptoms. Ergonomic risk factors should be identified and reduced to lower the risk of injury for all workers.

2.2 MUSCULOSKELETAL DISORDER

A musculoskeletal disorder is a condition where a part of the musculoskeletal system is injured over time.

This disorder occurs when the body part is called upon to work harder, stretch farther, impact more directly or otherwise function at a greater level then it is actually prepared for. The term musculoskeletal disorder identifies a large group of conditions that result from traumatizing the body in either a minor or major way over a period of time. It is the build-up of trauma that causes the disorder.

These conditions are often focused on a joint and affect the muscle and bone. However, other areas can be strained and their response to that trauma can be an injury.

3.0 PROCEDURE:

3.1 HOW SHOULD I SIT AT MY WORKSTATION?

- WRISTS: Keep the wrists in a straight position. Do not bend them up, down or from side to side.
- ELBOWS: Keep elbows bent between 90 and 100 degrees (right angle), keep them close to your body, and supported if possible.
- SHOULDERS: Relaxed (not slouched or raised).

- NECK: Facing forward and not looking, up, down or to either side.
- HIPS: Bent around 90 degrees with your thighs parallel to the floor.
- LOW BACK: Supported to maintain its natural curve.
- KNEES: Bent at approximately 90 degrees with enough space between the back of your knees and the chair to place your fist.
- FEET: Resting flat on the floor or supported by a footrest.

3.2 TAKE APPROPRIATE BREAKS THROUGHOUT THE WORK DAY

Multiple short duration breaks provide the body with more rest than a single long duration break. These breaks should last anywhere from 10-60 seconds and should be taken throughout the work day. During these breaks, look away from the computer monitor and focus on objects in the distance, remove your hands from the keyboard and/or mouse and gently stretch the muscles.

Try to alternate your computer work with other tasks. For example, rather than typing continuously for an hour, stop and send a fax or do some filing. When you break up your computer work with other office tasks, your arms, neck and back muscles can rest.

3.3 CHAIR

Your chair is the most important part of your office workstation. The chair has to fit you and suit the tasks that you perform. One style of chair may not suit every worker. A chair is only 'ergonomic' if you can adjust it to fit you. Get to know your chair by experimenting with the controls, so you can make adjustments quickly and confidently.

3.4 WORKSTATION

It is often possible to add adjustable accessories to your desk. There are several methods of achieving adjustability;

3.4.1 You can have a complete workstation that allows for both regular desk work and space for the computer. The computer section should have an adjustable portion for the keyboard and mouse, and a separate adjustable portion for the monitor. The portion designed for the keyboard should have enough space for the mouse and keyboard to be placed side by side.

3.4.2 You can add attachments to your desk such as a keyboard tray or a monitor arm.

3.4.3 You can use a smaller separate computer workstation and continue to use your desk for regular work.

If you have shelves above your workstation, ensure they do not interfere with the adjustment of your monitor height or block any overhead lights.

Items found on your desk should be arranged based on their weight and frequency of use. Heavier items, such as reference material, should be placed between seated shoulder and waist height.

Frequently used items, such as the keyboard, mouse and telephone should be located close to the user at a minimal reach distance. Infrequently used items, such as calculators or staplers can be located towards the back of the desk. REMINDER…is that the more you use an item, the

closer it should be.

TELEPHONE USAGE

If you have to write or type while talking on the phone, you should use a headset or speakerphone to keep your hands free. This will help to reduce awkward neck and shoulder positions.

3.5 KEYBOARD AND MOUSE

Some ergonomic keyboards are not adjustable and reply on a one-size-fits-all theory. This may not be appropriate for all users since people often have different sized hands.

Your keyboard and mouse should be slightly below elbow level and close to your body. The mouse should be beside your keyboard, and in front of your mouse hand. To use your keyboard and your mouse in the 'neutral' (straight) position, you should adjust your keyboard tray or your chair.

If you have an adjustable keyboard/mouse tray, move the keyboard and mouse to elbow level.

If you do not have an adjustable keyboard/mouse tray, adjust the height of your chair so the keyboard and mouse are at approximately elbow level. The keyboard should be angled so your wrists remain straight.

MOUSEPADS

A mouse pad should be used in order to keep the mouse clean and moving easily. Even users who have an optical mouse should use a mouse pad as it provides the best surface for the movement of the mouse and for the optical sensor to detect movement.

When using the mouse for prolonged periods of time, your lower arms should be supported; rest your elbows on your armrests, but make sure the armrests do not restrict your arm movement when using your mouse.

3.6 MONITOR

Flat screen monitors (LCD) are becoming more and more prevalent in today's office environment. Many LCD monitors offer height adjustability, thereby eliminating the need for monitor arms.

MONITOR ADJUSTMENT

- The monitor and keyboard should be directly in front of you.
- The top of the monitor should be at eye level.
- The monitor should be at least one arm's length away from you.

It is often easier to raise the monitor than to lower it. If the monitor cannot be lowered enough so that your neck is straight when looking at the screen, you may have to raise your chair. If you raise the chair, the keyboard height may have to be readjusted along with your footrest height. If the desk does not provide enough room to have the monitor at a correct distance, try altering the office furniture and/or desk layout.

3.7 OFFICE LIGHTING

Improper lighting can lead to eye strain and awkward postures. If light levels are too low, muscles of the eye can be strained and workers may adopt awkward postures to compensate. Since computer and paper work are commonly performed at the same time, light levels must suit both types of work. A desk lamp may be useful to control light levels as needed.

3.8 ENVIRONMENTAL CONCERNS

Poor indoor air quality can cause many health problems. Common concerns in the office environment associated with poor indoor air quality can include;

- Eye, nose and throat irritations,
- Headache,
- Dry mucous membranes,
- Dry skin,
- Mental fatigue, trouble concentrating,
- Nausea and dizziness,
- Increased incidence of respiratory infections.

Thermal comfort is affected by your heating, ventilation and air conditioning (HVAC) system, the work activities you are doing, and personal preference.

The recommended temperature rand is 20 to 24 degrees C in the winter and 23 to 26 degrees C in the summer. The temperature range is lower in the winter because people tend to dress in warmer clothes and have multiple layers.

Feeling cold can lead to increased muscle tension, increased stress levels, and awkward working postures, such as hunched shoulders.

3.9 STRESS

Stress is a serious workplace problem. You may experience stress as you drive through traffic to get to work, when you look at your calendar and agenda for the work day, demanding job tasks, long hours, etc. It is no wonder you may be feeling tired by the end of the work day.

Stress at work can play an important role in injury development. Stress can cause increased tightness in the shoulder and neck muscles and increase the risk of injury.

WHAT CAN BE DONE TO REDUCE STRESS IN THE WORKPLACE?

There are several things that can be done within your office environment to help reduce stress. Some examples are as follows;

- Improve communication through regular dialogue.
- Control and prioritization over everyday activities.
- There should be an open door policy so Employees/Workers can freely talk to their Supervisors about tasks performed, issues and/or concerns and job expectations.
- Enjoy fresh air and daily exercise during scheduled lunch time.

4.0 SUPPORTING DOCUMENTATION: N/A

1.0 PURPOSE:

1.1 At AMPERE LIMITED we have a strong tradition and commitment to the provision of a safe and secure workplace in support of our staff, Employees and visitors. Not only does this reflect out legal obligation but it also arises from our moral obligation.

2.0 DEFINITIONS: N/A

3.0 PROCEDURE:

3.1 For the emergency procedure on Project locations, Employees will be issued written and/or verbal instructions at the start of each job at the mandatory Site Specific Safety Orientation conducted by the General Contractor detailing the evacuation procedures for the Project. Please be sure to note the locations of fire extinguishers and emergency exits along with verifying the emergency gathering area location.

3.2 At the Head Office all Employees should familiarize themselves with the manual fire alarm pull stations and the building emergency exits. Fire extinguishers are located throughout the office work areas, at all of the access/egress areas, and in the kitchen. Fire extinguishers/fire hoses are located on columns in the SHOP/Warehouse and are clearly marked throughout the building by a Fire Extinguisher Sign.

3.3 To report an emergency (fire, first aid, ambulance, spill, etc.) requiring any type of help you are required to immediately contact**: 911 IMMEDIATELY**.

3.4 If you see a fire, **Call 911 IMMEDIATELY** .and activate the pull station. This will activate the building evacuation alarm and the Emergency Response Plan. All Employees are to proceed to the emergency gathering area location.

3.5 Your immediate Supervisor will take a head count to confirm that everyone in your department has safely evacuated the building. This information will be communicated to RECEPTION who will then communicate to the fire department.

3.6 DO NOT return to the building until the all clear has been provided by the fire department.

4.0 SUPPORTING DOCUMENTION: N/A

1.0 PURPOSE:

This procedure applies to all AMPERE LIMITED facilities and work locations (ie. construction sites, project locations, etc.) where hand and/or power tools are used and to Employees who use hand and/or power tools at AMPERE LIMITED facilities.

2.0 DEFINITIONS:

2.1 QUALIFIED PERSON

A person with the specific training, knowledge and experience in the area for which the person have the responsibility and the authorization to control.

3.0 PROCEDURE:

3.1 HAND TOOLS

3.1.1 The Employer shall provide and demonstrate, as needed, the appropriate personal protective equipment (PPE) to be used with hand and power tools.

3.1.2 The Employee shall inspect all tools prior to use. Any defective tool or equipment shall be replaced, corrected or repaired prior to use.

3.1.2.1 Any cracked blades, wheels or pulleys of tools or equipment shall be removed from service (power saws, floor and hand grinders).

3.1.2.2 Any impact tool shall be kept free of mushroomed heads (chisels, punches, hammers).

3.1.2.3 Wooden handles of tools shall be kept free of splinters and cracks and shall be securely attached to the tool.

3.1.3 Each Employee is responsible for the safe operation and condition of the tools and equipment that he/she uses.

3.1.4 During the work shift, Employees shall periodically inspect the condition of the tools and equipment in use.

3.1.5 After using tools and equipment, Employees shall clean and return the tools and equipment to their designated areas.

3.1.6 Eye protection shall be worn when using hand tools in operations where fragments are generated. Additional personal protective equipment (PPE) may be required to protect from exposures to harmful noise, dust, fumes, mists, vapors, and gases.

3.2 POWER TOOLS: GENERAL PROVISIONS

3.2.1 Electric power tools shall either be of the approved double-insulated type or grounded according to CSA Standards and local regulations.

3.2.2 Powering of electric power tools shall conform to local regulations.

3.2.3 All guards that are part of each power operated tool shall remain installed while in use unless the guard proves to provide a greater hazard in use. Guarding shall meet the requirements set forth by the CSA.

3.2.4 Employees shall be trained about the hazards and the proper use and care of powered tools and equipment.

3.2.5 Only qualified personnel who are authorized and trained to use power tools shall be permitted to operate such tools.

3.2.6 Plug and cord connected power tools shall be inspected by users prior to use

and after use. The inspection may include the following;

i. Missing, corroded, or damaged plug prongs
ii. Frayed, worn, burned, or missing insulation
iii. Exposed conductors
iv. Loose or poor connections
v. Missing or improper sized fuses
vi. Damaged or cracked cases
vii. Burns or scorch marks

3.2.7 All power tools shall be in control of the operator.

3.2.8 All power tools shall be equipped with a constant pressure switch for control and may have a lock on control provided that turnoffs can be accomplished with a single motion of the same finger or fingers that turn it on.

3.2.9 All hand held, gasoline powered tools shall be equipped with a constant pressure throttle that will deactivate the power to the tool motion when the pressure is released.

3.2.10 All gasoline powered tools shall be used in well-ventilated areas.

3.2.11 Hydraulic power tools shall be used only with approved fire resistant fluids.

3.3 EMPLOYEE REQUIREMENTS

3.3.1 Employees shall wear the personal protective equipment specified by the equipment manufacturer, by federal, state, or local regulations when operating power tools.

3.3.2 Employees shall review the operator's manual prior to initial use of a tool and review periodically as needed.

3.3.3 Employees shall not hoist or lower electric tools by their cords.

4.0 SUPPORTING DOCUMENTATION:

4.1.1 Hand & Power Tools Safety Awareness PowerPoint Training Certification

1.0 PURPOSE:

1.1 The purpose of this procedure is to provide guidelines for selecting, using and maintaining ladders and to ensure that the hazards of ladder use in construction are communicated and training is provided to all relevant employees in order to effectively control these hazards. This procedure applies to all Project locations, shop areas and facilities of AMPERE LIMITED. AMPERE LIMITED Supervisors will identify work environment Health & Safety hazards, implement the controls for those hazards and where required, develop safe operating procedures.

The Employers decision to choose a ladder to work above or below grade must NOT be made on the basis of speed or ease of production.

2.0 DEFINITIONS: N/A

3.0 PROCEDURE: SELECTION CRITERIA

Ladders must be maintained so as not to endanger a worker, must be capable of withstanding all loads to which they may be subjected and inspected before use.

3.1 PORTABLE LADDERS:

3.1.1 All portable ladders must have non-slip feet or be set-up so that the feet are fully secured and will not slip.

3.1.2 Portable ladders are available in three grades;

3.1.2.1 Light Duty/Grade 3

3.1.2.2 Medium Duty/Grade 2

3.1.2.3 Heavy Duty/Grade 1

3.1.3 Ensure the proper ladder grade is selected for the scope of work being performed.

3.2 STEP AND/OR PLATFORM LADDERS:

3.2.1 Apart from the standards of sound construction and reliable service that should apply to all ladders used in the Project locations, the primary consideration with these ladders is that they have strong spreader arms which lock securely in the open position.

3.2.2 Ladders must be positioned safely and used in accordance with all regulatory requirements. For example, a ladder must not be positioned in front of a door that opens toward the ladder unless the door is locked, blocked, or guarded against opening.

3.2.3 Ladders must not be erected on boxes, carts, tables, scaffold platforms, elevating work platforms, or vehicles or other loose objects.

3.3 FIXED LADDERS:

3.3.1 Steel ladders permanently fixed to structures such as stacks and silos are designed for service after construction is complete but are often used by work crews during construction.

3.3.2 If the ladders are vertical and there is a risk of falling more than three (3) metres (10 feet), a body harness and lifeline, or body harness and channel lock device, shall be used by workers climbing up and down or working from the ladders. .

3.4 FIBERGLASS STEP LADDERS:

3.4.1 Check the ladder for defects at the start of the shift, after it has been used in another location by other workers, or after it has been left in one location for a lengthy period of time.

3.4.2 Areas surrounding the base and top of the ladder should be clear of trash, materials and other obstructions.

3.4.3 The base of the ladder should be secured against accidental movement. Use a ladder equipped with non-slip feet appropriate for the situation.

3.4.4 The ladder must be set up on firm level surface, if its base is to rest on soft, un-compacted or rough soil, a mud sill should be used.

3.4.5 The top of the ladder should be tied off or otherwise secured to prevent any movement. If this is not possible, given the type of ladder or circumstances of its use, one worker should hold the base of the ladder while it is being used.

3.4.6 If a ladder is used for access from one work level to another, the side rails should extend a minimum of 900 millimetres (3 feet) above the landing.

3.4.7 When a task can only be done while standing on a step ladder, the length of the ladder must be such that the worker stands on a rung no higher than the fourth (4) from the top.

3.4.8 Ladders should not be placed against flexible or moveable surfaces.

3.4.9 Always maintain 3-point contact when climbing up or down a ladder. That means two hands and one foot or two feet and one hand on the ladder at all times. This is especially important when you get on or off a ladder at heights.

3.4.10 A worker must not carry any materials, tools or equipment in his/her hands while climbing a ladder. Tools, equipment and materials should be placed in a container and raised and lowered by a rope, if necessary.

3.4.11 NEVER straddle the space between a ladder and another object.

3.4.12 NEVER rest a ladder on its rungs; ladders must rest on their side rails only.

3.4 MAINTENANCE & INSPECTION:

3.4.1 All ladders returned to the AMPERE LIMITED SHOP will be inspected upon arrival and an inspection tag system installed to inform Employees/Workers that the ladder is safe and in good working order. Inspection tags remind Employees/Workers that equipment inspections are routinely conducted by AMPER ELIMITED; a critical safety precaution to keep Employees/Workers safe.

3.4.2 Any ladders which are damaged or found to be defective shall be taken out of service immediately and either tagged for repair in accordance with manufacturer's instructions or be replaced.

3.4.3 Please reference the Ladder Inspection Form (404)

4.0 SUPPORTING DOCUMENTATION:

4.1.1 Ladder Risk Assessment (404)

4.1.2 Ladder Use in Construction Guideline – Provincial Labour Management Health & Safety Committee dated January 3.2012.

MANAGEMENT INITIALS _____

URGENCY OF COMPLETION: Mandatory Before Use

ampere	**DAILY LADDER RISK ASSESSMENT AND LADDER INSPECTION CHECKLIST**	**REVISION DATE: JANUARY 2016**

NAME OF PERSON USING LADDER: _____

PERSON'S SIGNATURE:_____ **PROJECT:** _____

LOCATION OF SITE: _____

MONTH: (PLEASE CIRCLE THE MONTH)

JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE
JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER

DAY: (PLEASE INITIAL INSIDE THE BOX)

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

DATE OF WEEK: (PLEASE CIRCLE DATE)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21

22 23 24 25 26 27 28 29 30 31

TYPE OF LADDER: ( ) **EXTENSION** ( ) **PLATFORM** ( ) **STEP**

LADDER SIZE: ( ) **6' FEET** ( ) **8' FEET** ( ) **10' FEET** ( ) **12' FEET** ( ) **14' FEET**

NOTE: DO NOT UNDER ANY CIRCUMSTANCES USE A STEP AND/OR PLATFORM LADDER OVER 14 FEET HIGH. USE A SCISSOR LIFT, SCAFFOLD OR ZOOM BOOM LIFT INSTEAD.

****PLEASE NOTE THAT A LADDER RISK ASSESSMENT MUST BE COMPLETED DAILY BY EACH WORKER USING A LADDER AND IF YOUR LADDER FOOTING CHANGES THROUGHOUT THE WORK DAY.****

****ALL DEFECTIVE LADDERS ARE TO BE REMOVED FROM THE WORKPLACE IMMEDIATELY!****

URGENCY OF COMPLETION: Mandatory Before Use

ampere	DAILY LADDER RISK ASSESSMENT AND LADDER INSPECTION CHECKLIST	REVISION DATE: JANUARY 2016

A)	GENERAL	YES	NO	N/A
1)	Are the side rails free from cracks, dents, bends or blemishes?	☐	☐	☐
2)	Ensure tightness and no rotation in the Rungs and Steps?	☐	☐	☐
3)	Are the Fasteners, rivets, nuts and bolts are all tight?	☐	☐	☐
4)	Are the feet free from wear and loose rivets?	☐	☐	☐
5)	Is the ladder suitable for the task being performed?	☐	☐	☐
6)	Is the ladder free of damage?	☐	☐	☐
7)	Are all the rungs and steps in good condition?	☐	☐	☐
8)	Does the ladder have a CSA approved sticker?	☐	☐	☐

B)	STEP LADDER, PLATFORM LADDER OR EXTENSION LADDER	YES	NO	N/A
1)	Can you open the step ladder fully so that the locking spreader bars and the spreader lock are completely locked?	☐	☐	☐
2)	Does the ladder have 4 anti-slip shoes? One on each rail?	☐	☐	☐
3)	Is the ladder free of dirt, grease, oil and pulling lube?	☐	☐	☐
4)	Is the ladder rated to support the weight being moved up and down the ladder, and held on the ladder?	☐	☐	☐
5)	Can the ladder be used without over reaching and/or over extending the center of gravity?	☐	☐	☐
6)	Can you climb the ladder while maintaining 3 points of contact at all times?	☐	☐	☐
7)	Can you climb the ladder while facing it?	☐	☐	☐
8)	Can you climb the ladder while using both hands to grip the front side rails?	☐	☐	☐
9)	Can the ladder be safely used within the manufacturer's guidelines? Are the weight guidelines visible on the ladder?	☐	☐	☐
10)	Is the area above the ladder free from sharp objects, live power and or anything that might injure you as you climb and/or work on the ladder?	☐	☐	☐
11)	Can a step or platform ladder be safely used by you without endangering yourself and/or your coworkers in anyway?	☐	☐	☐
12)	Have you inspected the entire ladder and all of its parts?	☐	☐	☐
13)	Is the area around and under the ladder stable, free from debris, ice, mud or other unsafe conditions?	☐	☐	☐
14)	Are your boots/shoes free of grease, oil and mud?	☐	☐	☐

NOTE: IF YOU HAVE ANSWERED "NO" TO ANY ONE OF THE ABOVE QUESTIONS THEN DO NOT USE A LADDER TO DO YOUR WORK. USE A SCAFFOLD, SCISSOR LIFT OR ZOOM BOOM TO COMPLETE YOUR WORK.

1.0 PURPOSE:

1.1 The purpose of this procedure is to ensure that work involving an Elevated Work Platform (EWP) is being done within the guide line of the **Occupational Health & Safety Act** and within the CSA Standards. This procedure applies to all Project locations and facilities. AMPERE LIMITED will identify work environment, Health & Safety hazards, implement controls for those hazards and where required, develop safe operating procedures.

2.0 DEFINITIONS:

2.1 SELECTION CRITERIA:

You must select the right Elevated Work Platform for the job scope, the list of common causes is as follows;

2.1.1 Using an on-slab machine on rough terrain,

2.1.2 Using an undersized unit with respect to height, reach and lifting capacity,

2.1.3 Lifting large materials that overhang the platform,

2.1.4 Using a scissor lift where the reach of a boom type is needed,

2.1.5 Extending the platform with planks, ladders or other devices because the machine can't reach the required height.

2.2 FACTORS TO CONSIDER WHEN SELECTING AN EWP:

2.2.1 CAPACITY: Does the machine have the lifting capacity, the reach and the height to complete the task?

2.2.2 SURFACE CONDITIONS: Are the surface conditions hard or soft, sloped or level? Will the ground have an effect on the type of machine selected?

2.2.3 PLATFORM SIZE & CONFIGURATION: Do you need a regular or extendable platform? Is rotation required? Are there space restrictions to consider?

2.2.4 MOBILITY: Is a boom type better suited than a scissor lift to the task at hand?

2.2.5 MATERIAL TO BE LIFTED: Will the machine be able to lift the size and weight of the material required for the job?

2.2.6 ACCESS: Will the machine be able to travel around the workplace safely? Are there obstructions or depressions that will restrict the use of certain machines?

2.2.7 OPERATOR SKILL & TRAINING: Are the people on site competent to operate the machine? If a propane powered engine is used, has the operator received propane training?

2.2.8 WORK ENVIRONMENT: If the work is to be done indoors or in a poorly ventilated area, will an electronically powered machine be required?

2.3 BASIC HAZARDS:

The following are some basic hazards associated with the operation of a EWP;

2.3.1 MACHINE TIPPING OR OVERTURNING: Many factors cause instability, sudden stops, drop-offs, overreaching, overloading, etc.

2.3.2 OVERRIDING SAFETY FEATURES: Disarming the dead man switch can prevent

operators from knowing when they are in a dangerous situation.

2.3.3 **OVERHEAD POWER LINE CONTACT:** Contacting wires can cause electrocution.

2.3.4 **MAKESHIFT EXTENSIONS:** When the machine cannot reach the working height desired, do not compensate by using scaffold planks, ladders, blocks of wood, or other make shift arrangements.

2.3.5 **OVERLOADING THE PLATFORM:** EWPs overloaded or loaded unevenly can become unstable and fail. Boom types are especially sensitive to overloading.

2.3.6 **FAILURE TO CORDON OFF:**

2.3.6.1 EWPs can be struck by other construction equipment or on oncoming traffic when the work area is not properly marked and/or identified with signage or cordoned off.

2.3.6.2 Workers have been injured when they have inadvertently entered an un-marked area and were struck by falling materials, tools or debris.

2.3.6.3 Workers have also been injured by swinging booms and pinched by EWPs mechanisms. Awareness is very important when it comes to your work area surroundings.

2.3.7 **IMPROPER ACCESS:** **DO NOT** enter or leave the platform by climbing the scissors or the boom. **DO NOT** use extension ladders to gain access, for safest access to work areas lower the platform to the ground.

2.3.8 **MANUEVERING WITH THE PLATFORM RAISED:** Lower the platform before moving the machine unless;

2.3.8.1 The machine is designed to move with the platform raised; and

2.3.8.2 The supporting surface is smooth and level.

2.3.9 **PINCH POINTS:** As platforms are raised, machines may sway. Workers can be pinched between guardrails and the structure. Position the platform so that the work takes place above the guardrail height.

2.4 GENERAL GUIDELINES FOR SAFE OPERATION:

2.4.1 Always check for overhead power lines before moving the machine or operating the platform. Minimum permitted distances from overhead power lines must be observed. See Table 1 below and reference the manufacturer's operating manual.

TABLE 1

POWER LINE VOLTAGE RATING	MINIMUM DISTANCE
750 TO 150,000 VOLTS	3 METRES (10' FEET)
150,001 TO 250,000 VOLTS	4.5 METRES (15' FEET)
OVER 250,000 VOLTS	6 METRES (20' FEET)

2.4.2 Wear a full body harness and tie off to a designated tie off point while

using the equipment.

2.4.3 Do not leave the machine un-attended without locking it or otherwise preventing un-authorized use.

2.4.4 Make sure all the controls are clearly labeled with action and direction.

2.4.5 Keep guard rails in good condition and ensure that the gate is securely closed before moving the platform.

2.4.6 Do not remove guard rails while the platform is raised.

2.4.7 Position the boom in the direction of travel where possible.

2.4.8 Keep ground personnel away from the machine and out from under the platform.

2.4.9 Do not access the platform by walking on the boom.

2.4.10 Do not use the machine as a ground for welding.

2.4.11 Do not operate the equipment in windy conditions.

2.4.12 Secure loads and tools on the platform so that machine movement will not dislodge them.

2.4.13 Use proper three point climbing and proper climbing techniques when mounting or dismounting the machine.

2.4.14 Do not operate any elevated work platform in high wind conditions, please refer to the manufacturers guidelines in the operators manual.

NOTE: Never operate equipment on which you have not been trained or which you are not comfortable operating. The safety of you and others on site depends on the competent, knowledgeable operation of the equipment.

2.5 INSPECTIONS:

2.5.1 All components which bear directly on the safe operation of the EWP and can change from day to day must be inspected **DAILY.**

2.5.2 Users must use the EWP inspection sheet

2.5.3 Users must also check the operator's manual for pre-operator checks specific to that machine.

2.5.4 Any EWP not meeting the safe operating requirements must be tagged **"DO NOT USE"** and taken out of service until repairs/alterations can be made.

3.0 SUPPORTING DOCUMENTATION:

3.1.1 Elevated Work Platform Inspection Checklist (Document ID 406)

MANAGEMENT INITIALS: _____

SHOULD BE COMPLETED BY: Competent Worker **URGENCY OF COMPLETION: Mandatory on a Required Basis**

ampere	**SCISSOR LIFT, ZOOM BOOM AND ELEVATED WORK PLATFORM OPERATORS INSPECTION CHECKLIST**	**REVISION DATE: JANUARY 2016**

DATE: _____ **PROJECT:** _____

EQUIPMENT: _____ **MODEL:** _____

DESCRIPTION _____ **SERIAL NUMBER:**_____

OWNED BY: AMPERE/OTHER:_____

PERSON COMPLETING THIS FORM (PRINT NAME):_____

INSPECTION CHECKLIST (MARK ONLY THE ITEMS THAT APPLY)	DAY							REPAIRS NEEDED		DEFECTS REPORTED TO SAFETY MANAGER		SAFETY MANAGER INITIALS
	S	M	T	W	T	F	S					
PLATFORM INSPECTION (EWP) ELEVATED WORK PLATFORMS												
	MARK WITH AN 'X'							YES/NO		YES/NO		
Anchor Points	☐	☐	☐	☐	☐	☐	☐	YES	NO	YES	NO	
Handrails/Safety Chains/Bars	☐	☐	☐	☐	☐	☐	☐	YES	NO	YES	NO	
Housekeeping – Good Condition	☐	☐	☐	☐	☐	☐	☐	YES	NO	YES	NO	
CONTROLS INSPECTION	MARK WITH AN 'X'							YES/NO		YES/NO		
Functions & Indicators	☐	☐	☐	☐	☐	☐	☐	YES	NO	YES	NO	
Motion Warning Sensors/Devices	☐	☐	☐	☐	☐	☐	☐	YES	NO	YES	NO	
HS Documentation & Handbook	☐	☐	☐	☐	☐	☐	☐	YES	NO	YES	NO	
PLATFORM ELEVATED CHECKLIST	MARK WITH AN 'X'							YES/NO		YES/NO		
Alarm/Warning Devices/Lights	☐	☐	☐	☐	☐	☐	☐	YES	NO	YES	NO	
Oil Leaks	☐	☐	☐	☐	☐	☐	☐	YES	NO	YES	NO	
Lift Cylinder Condition	☐	☐	☐	☐	☐	☐	☐	YES	NO	YES	NO	
Hydraulic/Battery Fluid Level	☐	☐	☐	☐	☐	☐	☐	YES	NO	YES	NO	
Emergency Lowering Valve	☐	☐	☐	☐	☐	☐	☐	YES	NO	YES	NO	
Battery Cables/Battery Casing	☐	☐	☐	☐	☐	☐	☐	YES	NO	YES	NO	

COMMENTS:

NOTE: THIS DOCUMENT MUST BE COMPLETED DAILY PRIOR TO THE USE OF THE SCISSOR LIFT, GENIE, ZOOM BOOM AND/OR ANY OTHER ELEVATED DEVICE. IF MAJOR DEFECTS ARE FOUND DO NOT USE THE UNIT.

1.0 PURPOSE:

1.1 The purpose of this procedure is to ensure that workers are made aware of the hazards when working with scaffolding regarding access and egress. This procedure does not reflect the assembly requirements of scaffolding. AMPERE LIMITED will identify work environment Health & Safety hazards, implement controls for those hazards and where required, develop safe work procedures.

2.0 DEFINITIONS:

2.1 THREE POINT CONTACT
Two hands and one foot, or two feet and one hand contact at all times.

3.0 PROCEDURE:

3.1 This procedure shall discuss the safety related concerns with using scaffolding equipment such as access and egress on scaffolds, improper loading or overloading, etc.

3.2 It is generally understood that AMPERE LIMITED shall hire third party consortiums to assemble and disassemble all scaffolding at all Project locations and construction sites.

3.3 The following points are main problem areas with scaffold safety;

3.4 ACCESS/EGRESS

3.4.1 Scaffolding must have adequate ladders and workers must use proper three point contact at all times when ascending or descending scaffold equipment.

3.5 PLANKS SLIDING OFF OR BREAKING

3.5.1 If scaffolding planks are un-cleated or otherwise un-secure they easily slide off.

3.5.2 Scaffold planks can also break if they are in poor condition or overloaded. It is important to ensure that proper grades of lumber are used and to inspect the planks to ensure there are no weak areas, deterioration or cracks.

3.5.3 Another common problem is insufficient or excessive overhang of planks at their support; this can cause the plank to tip up when the worker stands on the overhang portion. Insufficient overhang is a leading cause of planks slipping off.

3.6 IMPROPER LOADING OR OVERLOADING

3.6.1 Overloading causes excessive deflection in planks and can lead to deterioration and breaking. If material is left overhanging the scaffold platform it can cause an imbalance leading to the scaffolding overturning.

3.7 PLATFORMS NOT FULLY DECKED

3.7.1 This is related to injuries not only during erection and dismantling but in general scaffold use.

3.7.2 All scaffold platforms must be at least 450mm (18 inches) wide. All platforms above 2.4 metres (8-FT) must be fully decked.

3.8 PLATFORMS WITHOUT GUARDRAILS

3.8.1 Guardrails are recommended during normal use for all scaffold platforms over 1.5 metres (5-FT) high.

3.8.2 Guardrails for all working platforms should consist of a top rail, a mid rail and a toe board.

3.9 ELECTRICAL CONTACT WITH OVERHEAD WIRES

3.9.1 Before attempting to move rolling scaffolds in outdoor open areas, check the route carefully to ensure that no overhead wires and/or hazards are in the immediate vicinity.

3.9.2 Partial dismantling may be necessary in some situations to ensure that the scaffold will make the required safe clearance from overhead power lines. The required safe distances are located below in Table 1.

3.9.3 Table 1: Minimum Distance from Power Lines

VOLTAGE RATING OF POWER LINE	MINIMUM DISTANCE
750 TO 150 000 VOLTS	3 METRES (10-FT)
150 001 TO 250 000 VOLTS	4.5 METRES (15-FT)
OVER 250 000 VOLTS	6 METRES (20-FT)

3.9.4 Transporting already erected scaffolds by forklift is a dangerous practice, workers handling materials or equipment while working on the platform must also take care to avoid electrical contact.

3.10 ROLLING SCAFFOLDS WITH WORKERS ON THE PLATFORM

3.10.1 It is **prohibited** to move a rolling scaffold with workers on the platform.

3.11 EXPOSURE TO HAZARDOUS MATERIALS

3.11.1 Workers carrying out activities such as sandblasting and refurbishing structures with lead based paint can lead to lead accumulation on the planks; therefore, these activities require appropriate personal protective equipment.

3.12 TAGGED SCAFFOLDING

3.12.1 There are three levels for tagging scaffolding equipment, they are;

3.12.1.1 Green Level – Equipment is safe for use with no restrictions or alterations are not required.

3.12.1.2 Yellow Level – Equipment is safe for use with alterations or exceptions.

3.12.1.3 Red Level – Equipment is not safe to use.

3.13 INSPECTIONS

3.13.1 ONLY COMPETENT PERSONNEL ARE TO CARRY OUT SCAFFOLDING INSPECTIONS.

3.13.2 Scaffold materials shall be inspected before use or at least on a monthly basis for the following;

3.13.2.1 Damage to structural components.

3.13.2.2 Damage to hooks on manufactured platforms.
3.13.2.3 Splits, knots and dry-rot in planks.
3.13.2.4 De-lamination in laminated veneer lumber planks.
3.13.2.5 Presence of all necessary components for the job.
3.13.2.6 Compatibility of components.

4.0 SUPPORTING DOCUMENTATION:

4.1.1 Scaffold Inspection Checklist (Document ID 408)

ampere	**AMPERE LIMITED** **SCAFFOLD INSPECTION CHECKLIST**	**REVISION DATE:** **JANUARY 2016**

DATE: _____ **PROJECT:** _____

LOCATION: _____ **PROJECT NO.:** _____

INSPECTOR: _____ **TIME:** _____

TYPE OF SCAFFOLD:	**FRAME**	☐	**TUBE & CLAMP**	☐	**SYSTEM**	☐

ITEM #	ITEM DESCRIPTION	YES	NO
1	ALL SCAFFOLD COMPONENTS HAVE BEEN INSPECTED & ARE IN GOOD WORKING ORDER.	☐	☐
2	SCAFFOLD IS SQUARE, LEVEL & PLUMB IN ALL DIRECTIONS	☐	☐
3	BASE PLATES OR SCREW JACKS FIRMLY SUPPORTED ON ALL LEGS/MUDSILLS	☐	☐
4	TOWER IS TIES IN TO RIGID SUPPORT AS SPECIFIED; 3X THE SMALLEST BASE DIMENSION	☐	☐
5	WORK PLATFORM PLANKING IS CLEATED ON UNDERSIDE AND AT EACH END TO PREVENT MOVEMENT	☐	☐
6	WORK PLATFORM PLANKING TIED DOWN AND SECURED, AS REQUIRED	☐	☐
7	PLATFORM PLANKING MAXIMUM SPAN: 2.3M (7') FOR HEAVY DUTY & 3.1M (10')	☐	☐
8	VERTICAL LADDER SECURELY FASTENED IN PLACE; MEANS OF ACCESS & EGRESS	☐	☐
9	MINIMUM CLEARANCE FROM OVERHEAD POWER LINES MAINTAINED, AS PER APPLICABLE LEGISLATION (750,000 TO 150,000 VOLTS = 10FT.)	☐	☐
10	ROLLING SCAFFOLD WHEEL BRAKES ARE LOCKED TO PREVENT MOVEMENT AND OUTRIGGERS ARE EXTENDED TO MAINTAIN MAXIMUM HEIGHT OF 3X THE SMALLEST BASE DIMENSION	☐	☐
11	GUARDRAILS ARE IN PLACE:		
	A) TOP RAIL	☐	☐
	B) MIDDLE RAIL	☐	☐
	C) TOEBOARD	☐	☐
12	SCAFFOLD CONSTRUCTED AND MAINTAINED ACCORDING TO PROFESSIONAL ENGINEERED DRAWINGS. O. REG 213/91 S130(1) 50FT – FRAME 30FT – TUBE & CLAMP 30 FT – SYSTEM	☐	☐
13	BARRICADES/SIGNS/TAPE PROVIDED IF ERECTED OVER WALKWAYS AND/OR ROADWAYS (REFLECTIVE TAPE/DANGER TAPE, POSTED SIGNS, AREA CORDONED OFF)	☐	☐
14	NO TUBES OR MEMBERS EXTENDED BEYOND 6" OF SCAFFOLD LEG	☐	☐
15	HOUSEKEEPING IN GOOD CONDITION & MAINTAINED AT ALL TIMES (ALL DEBRIS REMOVED & DISPOSED OF REGULARLY)	☐	☐

SCAFFOLD INSPECTED BY: (please print)	**SCAFFOLD INSPECTED BY: (SIGNATURE)**

DATE: _____

1.0 PURPOSE:

1.1 The purpose of this procedure is to ensure that competent forklift operators are aware of the hazards and controls associated with the operation of a forklift as well as the selection, use and safe operating procedure(s), including all terrain forklifts. This procedure does not reflect the maintenance procedure with regards to forklifts. This procedure applies to all classes of lift trucks at all job sites and facilities.

2.0 DEFINITIONS: N/A

3.0 PROCEDURE:

3.1 SELECTION CRITERIA:

3.1.1 The following is a list to help with the selection of the appropriate lift truck;

3.1.1.1 Lifting capacity;
3.1.1.2 Reaching capabilities;
3.1.1.3 Type(s) of Load(s);
3.1.1.4 Type of terrain the load will be carried over;
3.1.1.5 Design of the workplace;

3.2 GENERAL OPERATING PROCEDURES:

3.2.1 Perform the pre-shift inspection, fill out the inspection sheet and store at designated location. Ensure that there are no leaks, no visible damage to the truck, tires are ok, and the propane tank is seated and attached correctly.

3.2.2 Ensure proper propane handling techniques are used and all relevant personal protective equipment is worn.

3.2.3 Ensure there is no pedestrian traffic in the vicinity of the truck when being started. This ensures no others are injured due to unexpected issues.

3.2.4 Start the truck and ensure it is running properly. Do not use the truck if it is not operating correctly and inform your Supervisor.

3.2.5 Once running let off the emergency brakes, lift the forks off the floor, check to see if the way is clear. Ensure that the forks are 4-6" off the floor and tilt the tips toward the floor. Utilize the horn to warn pedestrians and other workers when approaching.

3.2.6 Always be aware of both the lifting capacity and the load on the truck. Never lift more than the stated on the capacity plate.

3.2.7 Never leave the keys in the ignitions when not in use.

3.2.8 Obey the speed limit as determined through the training and never raise a load over the head of worker(s).

3.2.9 When driving with a load on your forks, always drive in a manner where you can see your path of travel. Always ensure that the path is clear before moving the lift truck.

3.2.10 While operating the truck, honk the horn whenever a change of direction

occurs or entering a new area that is not completely visible. Honking the horn informs other workers that you are moving and entering their area.

3.2.11 Once finished with the truck, bring the truck to a complete stop, engage the emergency brake, ensure the forks are on the floor flat, and shut off engine.

4.0 SUPPORTING DOCUMENTATION:

4.1.1 Forklift Operator Inspection Checklist (Document ID 410)

MANAGEMENT INITIALS: _____

SHOULD BE COMPLETED BY: Competent Worker **URGENCY OF COMPLETION: Mandatory on a Required Basis**

ampere	POWERED INDUSTRIAL TRUCK OPERATOR INSPECTION CHECKLIST	REVISION DATE: JANUARY 2016

DATE: _____ **PROJECT:** _____

EQUIPMENT: _____ **MODEL:** _____

DESCRIPTION _____ **SERIAL NUMBER:**_____

OWNED BY: AMPERE/OTHER:_____

PERSON COMPLETING THIS FORM (PRINT NAME): _____

INSPECTION CHECKLIST (MARK ONLY THE ITEMS THAT APPLY)	DAY							REPAIRS NEEDED		DEFECTS REPORTED TO SAFETY MANAGER		SAFETY MANAGER INITIALS
	S	M	T	W	T	F	S					
DAILY PRE-SAFETY CHECKLIST	MARK WITH AN 'X'							YES/NO		YES/NO		
Fuel Levels/Oil Levels	☐	☐	☐	☐	☐	☐	☐	YES	NO	YES	NO	
Fluid Leaks	☐	☐	☐	☐	☐	☐	☐	YES	NO	YES	NO	
Fuel Lines/Connections/Status	☐	☐	☐	☐	☐	☐	☐	YES	NO	YES	NO	
Missing or Loose Bolts, Clips, etc.	☐	☐	☐	☐	☐	☐	☐	YES	NO	YES	NO	
Wheels & Tires (Pressure)	☐	☐	☐	☐	☐	☐	☐	YES	NO	YES	NO	
Forks; move freely, any defects	☐	☐	☐	☐	☐	☐	☐	YES	NO	YES	NO	
Hoses Secure, Fluid Leaks	☐	☐	☐	☐	☐	☐	☐	YES	NO	YES	NO	
Horn, Lights, Signals	☐	☐	☐	☐	☐	☐	☐	YES	NO	YES	NO	
Back-up Siren Operates	☐	☐	☐	☐	☐	☐	☐	YES	NO	YES	NO	
Check for Visible Damage	☐	☐	☐	☐	☐	☐	☐	YES	NO	YES	NO	
Check for Cracks in Machine	☐	☐	☐	☐	☐	☐	☐	YES	NO	YES	NO	
OPERATION PRE-USE CHECKLIST	MARK WITH AN 'X'							YES/NO		YES/NO		
Foot Brake Operational	☐	☐	☐	☐	☐	☐	☐	YES	NO	YES	NO	
Parking Brake Operational	☐	☐	☐	☐	☐	☐	☐	YES	NO	YES	NO	
Dead Man Switch Operational	☐	☐	☐	☐	☐	☐	☐	YES	NO	YES	NO	
Clutch/Gear Shift Operational	☐	☐	☐	☐	☐	☐	☐	YES	NO	YES	NO	
Steering Operational	☐	☐	☐	☐	☐	☐	☐	YES	NO	YES	NO	
Boom/Mast Operational	☐	☐	☐	☐	☐	☐	☐	YES	NO	YES	NO	
Lift Cylinder Condition	☐	☐	☐	☐	☐	☐	☐	YES	NO	YES	NO	
Hydraulic Controls	☐	☐	☐	☐	☐	☐	☐	YES	NO	YES	NO	
Fire Extinguisher Available	☐	☐	☐	☐	☐	☐	☐	YES	NO	YES	NO	
Battery Cables/Battery Casing	☐	☐	☐	☐	☐	☐	☐	YES	NO	YES	NO	

COMMENTS:

NOTE: THIS DOCUMENT MUST BE COMPLETED DAILY PRIOR TO USING THE FORKLIFT, ZOOMBOOM OR BOBCAT. IF MAJOR DEFECTS ARE FOUND DO NOT USE THE UNIT.

1.0 PURPOSE:

1.1 This policy is designed to ensure that all Employees achieve adequate lock out, tag, and test for all known and potential sources of energy. This program establishes procedures for using energy isolating devices to disable machines or equipment to prevent unexpected start up or release of stored energy that may cause injuries and equipment damage. This procedure applies to all authorized Employees working on potentially energized machines or equipment. It is also the responsibility of the Managers to ensure this policy is being followed in every instance.

2.0 DEFINITIONS:

2.1 AUTHORIZED EMPLOYEE
An Employee who is qualified because of knowledge, training, and experience and has been assigned to perform lockout. He/she has received applicable Lockout & Tag Training Certification including comprehension of all lockout policies and procedures.

2.2 ENERGY ISOLATING DEVICE
A mechanical device (a disconnect switch, line valve, block, blank off plate) that physically prevents the transmission or release of an energy source to machinery or equipment.

2.3 ENERGY SOURCE
Any source of electrical, mechanical, hydraulic, pneumatic, chemical, thermal, gravitational, stored or other energy.

2.4 GROUP/COMPLEX LOCKOUT PROCEDURE
This is the procedure used when there are several workers involved and several sources of energy to be locked out. This is usually accomplished through the use of a lock box under the direction of the lead electrical Supervisor or a lock out captain.

2.5 INDIVIDUAL LOCKOUT PROCEDURE
This is the basic procedure that is used where there is only one worker who is required to lockout one source of energy.

2.6 LOCK BOX
This is a secure box, usually attached to the machinery or equipment that contains locks, tags and keys for use in a group lockout situation. It is usually under the control of the lead electrical Supervisor.

2.7 LOCKOUT
Lockout means to physically neutralize all energy sources in machinery or equipment, (usually by applying locks) before beginning any maintenance or repair work. The primary purpose of lockout is to prevent all energy isolation devices (switch, circuit break or valve) from accidentally or inadvertently being operated while workers are working on equipment.

2.8 LOCKOUT COORDINATOR
A designated leader of a lock out event. Group Lockout or Complex Lockout, he/she has been trained in all lock out procedures and policies. His/her lock will remain on the isolated sources of

energy until the Project is complete and ready to turn over to the Client/Owner.

2.9 LOCKOUT DEVICE

This is a device that uses a positive means (such as a lock) to hold an energy isolation device in a safe position and prevent the energizing of a machine or a piece of equipment. **EACH LOCKOUT DEVICE MUST ALWAYS BE ACCOMPANIED BY A TAGOUT DEVICE.**

****ALL LOCKOUT DEVICES MUST** be identifiable with the company name, phone number and control identification number.

2.10 MULTI-LOCK HASP OR SCISSOR DEVICE

This is a special device which allows several personal locks to be attached to a single lockout point. It cannot be opened until all of the personal locks have been removed. If more than (6) six locks are required for the lockout, then the last hole is left empty so that another multi-lock hasp can be added, thereby allowing more locks to be added.

2.11 PERSONAL LOCK

A personal lock is one that is assigned to a particular worker involved in the operation. Each worker must apply and remove his/her own personal lock and carry his/her own key. Combination locks or locks with master or duplicate keys much not be used. Each personal lock shall be identified by an attached tag with the worker's name, date and contact number.

2.12 TAG OUT DEVICE

This is a tag or sign, which must be attached to the lockout device that is used to communicate vital information about the lockout, including *the identity of the Authorized Employee who applied the device, and the date and time*. It also warns workers not to operate that equipment. The tag must be substantial enough to withstand the environment, be secured to prevent inadvertent or accidental removal, and it must remain legible for the duration of the job. It must be made of non-conducting material and be placed in a conspicuous location.

2.13 TAG OUT

Tag out means to attach tags or signs to the lock with written information about the nature of the lockout.

3.0 PROCEDURE: GENERAL LOCKOUT – ADAPTED FROM CSA STANDARD Z462-12

3.1 No Employee or Subcontractor shall undertake any work on equipment or machinery unless the equipment is fully secured against accidental start up, movement or release of electrical, mechanical, hydraulic, pneumatic, chemical or thermal energy.

3.2 In the event of an abandoned lock, Supervisor will fill out Document ID 411A Lock and Tag Removal Questionnaire and provide a copy to the General Contractor, Client/Owner and Head Office, the Health & Safety Department.

3.3 PREPARATION FOR SHUTDOWN: A SUPERVISOR OR AUTHORIZED EMPLOYEE SHALL;

3.3.1 Identify the types and magnitude.

3.3.2 Identify all hazards (including stored energy).

3.3.3 Identify the methods or means of controlling the energy.

3.3.4 Identify the location of switches, energy sources, controls, interlocks or other such devices necessary to isolate the system.

3.3.5 Assess the consequences of the shutdown.

3.3.6 Notify all affected persons that the equipment will be shutdown and locked/tagged out.

3.3.7 Develop a Method of Procedure (MOP), complete a Job Safety Analysis (JSA), lockout log, lockout plan, where necessary.

3.4 EQUIPMENT SHUTDOWN:

3.4.1 The equipment will be shutdown following established Client/Owner procedures.

3.4.2 Ensure that all points of operation are considered, including remote control points and interlocks.

3.5 EQUIPMENT ISOLATION:

3.5.1 The equipment shall be isolated by following established isolation procedures which specify the use of disconnect switched, line valves, blocks, banks, removal of spools, and capping of lines, etc., as required.

3.5.2 Computer shutdown alone does not constitute a proper isolation procedure.

3.6 APPLICATION OF LOCKOUT DEVICES:

3.6.1 Locks shall be applied to each of the isolation devices. Each Employee working on the equipment is responsible for attaching his/her personal lock and keeping the key, without exception.

3.6.2 A multi-lock hasp, scissor device or lock box may be used to allow the application of more than one lock to a single energy isolating device.

3.6.3 Tags must be attached to each lockout device whether it is a personal lock or a control lock. The tag shall state the name, telephone number of the person who applied the device, the reason for locking out, the date and time.

3.6.4 In the case of a group lockout, the electrical Supervisor or lock captain will coordinate all control lockout devices.

3.7 RELEASE OF STORED ENERGY: (DE-ENERGIZING):

3.7.1 Once all necessary Lockout devices have been applied, all potentially hazardous stored or residual energy must be relieved, blocked, bled, restrained, grounded or rendered safe by *Authorized Employees. See below.*

3.7.2 Additional measures may be necessary to prevent the re-accumulation of energy (ie. slow leak in an airline may require direct mechanical disconnect).

3.8 VERIFICATION OF ISOLATION:

3.8.1 Prior to starting the work, and after isolation and de-energizing, the *Authorized Employee* should perform a test of all start buttons and other activating controls on the equipment check potential of the electrical supplies to ensure the equipment has been de-energized.

3.8.2 Verify the test equipment before and after the test on a known source of energy.

3.8.3 Potential test indicators should not be used beyond the voltage limits for which

they are rated.

3.8.4 Return all of the controls to the off or neutral position after trying to start.

3.8.5 For work involving several points of isolation, the *Authorized Employee* must keep record of the devices opened, locked off or otherwise rendered inoperable so that all of these devices can be reactivated once work is complete.

3.8.6 Each person who has placed a personal lock on the equipment should be assured of his/her right to verify individually that the potentially hazardous energy has been isolated and/or de-energized before the repair or maintenance work begins.

3.9 RELEASE FROM LOCKOUT CONTROL:

3.9.1 Prior to restoring energy to the equipment, the Authorized Employee will perform an assessment of the work area to determine that;

3.9.1.1 The machine or equipment is operationally intact.

3.9.1.2 All necessary guards have been re-installed.

3.9.1.3 All tools and materials used during the repair or maintenance activities have been removed.

3.9.1.4 All temporary de-energizing measures and devices have been removed by those who place them.

3.9.1.5 All other workers and affected individuals have been informed that the energy is about to be restored.

3.9.1.6 All other workers and affected individuals are clear of the equipment (perform a head count, if necessary).

3.9.1.7 The last lock to be removed should be that of the person supervising the lockout. **THIS RESPONSIBILITY SHALL NOT BE DELEGATED TO ANOTHER PERSON.** Follow the required steps to re-energize the system.

3.10 GROUP LOCKOUT (LOCK BOX PROCEDURES): LOCKOUT COORDINATOR REQUIRED

3.10.1 Where there are several lockout points to be secured and several *Authorized Employees* involved on the Project (scope of work), a group lockout procedure is followed;

3.10.1.1 The Lockout Coordinator obtains a lock box and secures it to the machine or equipment.

3.10.1.2 The keys are collected, verified and placed inside of the lock box.

3.10.1.3 The lock box is then closed and a multi-lock hasp is affixed to it. This will allow additional locks to be added.

3.10.1.4 The last available hole should never be used for a lock, but should remain open to add another multiple lockout device if needed to create more spaces. In this way as many locks as needed can be added to the equipment.

3.10.1.5 Each worker on the Project (scope of work) then applies his/her personal lock to the multi-lock hasp such that the box cannot be opened until each personal lock is removed. Each worker's personal lock remains in place as long as he/she is actively working on the lockout equipment.

3.10.1.6 In all cases, the last lock to be removed shall be that of the person

supervising the lockout. **THIS RESPONSIBILITY SHALL NOT BE DELEGATED TO ANOTHER PERSON.**

4.0 SUPPORTING DOCUMENTATION:

4.1.1 Employee Lock Issue Record (Document ID 412)

4.1.2 Lock and Tag Removal Questionnaire (Document ID 411A)

4.1.3 Lockout Box Log (Document ID 411B)

Ampere Limited
15 Torbarrie Road
Toronto, Ontario
M3L 1G5

T: (416) 661-3330
F : (416) 661-4508
WEB : www.ampere.ca

LOCKOUT TAGOUT RELEASE

ATTENTION: _____

Re: TAG AND LOCKOUT KIT NUMBER: _____ COLOUR: _____

As per your request, you have been issued a Tag and Lockout Kit.

Tag and Lockout procedures ensure that hazardous energy sources are under the control of each worker. Serious and/or fatal accidents can occur when people assume that machinery or panels are turned off or made harmless – but it isn't..

Lockout can ensure the safety of a single mechanic working alone or hundreds of workers in a factory. In either situation, a procedure for safe lockout and tagging must be written, implemented, and followed step by step.

Tag and Lockout procedures help to ensure that:

- All energy sources are identified and locked out,
- Energy is not inadvertently restored while work is proceeding,
- Maintenance, repair, installation, and other jobs can be carried out safely, and
- Records are kept.

Therefore, when signing your name, you have verified and inspected the contents of the kit, which include the following items below.

CONTENT DESCRIPTION	QUANTITY IN KIT
Master Lock Safety Lockout Padlock –	
Master Lock Safety Lockout Padlock –	
Master Lock 6 Hole Hasp – RW19253 (RED)	
Master Lock 491B Red Circuit Breaker Lockout Device (Wide; RED)	
Master Lock 493B Red Circuit Breaker Lockout Device (Standard; RED)	
Master Lock Cable Lockout (6 Ft; Steel; 4 Hole; RED)	
Master Lock Safety Lockout Padlock Key	
Warning Tags	

When the time comes to returning the above kit, you will ensure that the quantity of the contents will be the same as the above list, and all contents are in reasonable condition. As well, you are responsible to report any damages or misuse of the equipment and understand its proper use and protocols to follow.

If you have any questions and/or concerns regarding the Tag and Lockout kit, its use or otherwise, please do not hesitate to contact Daniel Hsieh, at daniel@ampere.ca. Thank you.

_____
Employee Name and Signature

_____
Date

AMPERE LIMITED
15 Torbarrie Road
Toronto, Ontario
M3L 1G5

T: (416) 661-3330
F: (416) 661-4508
WEB : www.ampere.ca

TAG & LOCKOUT INVENTORY KIT FORM

DATE: _____ **PROJECT:** _____

EMPLOYEE NAME: _____ **PROJECT NO.:** _____

KIT ID NUMBER (e.g. #620F600): _____

	DESCRIPTION	QUANTITY
	Master Lock Safety Lockout Padlock COLOUR: _____	
	Master Lock 6 Hole Hasp – RW19253 (RED)	
	Master Lock 491B Red Circuit Breaker Lockout Device (Wide; RED)	
	Master Lock 493B Red Circuit Breaker Lockout Device (Standard; RED)	
	Master Lock Cable Lockout (6 Ft; Steel; 4 Hole; RED)	
	DANGER Warning Tags	
	OTHER:	

GENERAL COMMENTS:

ampere	**AMPERE LIMITED** **EMPLOYEE LOCK ISSUE RECORD**	**REVISION DATE:** **JANUARY 2016**

DATE: _____ **PROJECT:** _____

NOTE: THIS FORM IS TO BE COMPLETED BY THE PROJECT MANAGER AT THE COMMENCEMENT OF THE PROJECT.

EMPLOYEE NAME	EMPLOYEE SIGNATURE	LOCK NO.	DATE ISSUED	DATE RETURNED	PROJECT MANAGERS INITIALS
			MM/DD/YYYY	MM/DD/YYYY	

1.0 PURPOSE:

1.1 The purpose of this policy is to ensure adequate means are taken to safely retrieve a worker from a fall, where fall arrest measures have been initiated. It is the policy of AMPERE LIMITED that if the worker has lost consciousness or the worker cannot be retrieved within (15) fifteen minutes; Emergency Medical Services are to be notified immediately. This policy applies to all construction sites and Project locations. Other Site Specific Requirements must be included in the job planning and development of the Emergency Response Plan (ie. Job Safety Analysis, Hazard Risk Assessments as per the Occupational Health & Safety Act and Regulations).

2.0 DEFINITIONS:

2.1 FIXED SUPPORT
A permanent or temporary structure or a component of such a structure that can withstand all loads and forces the structure or component is intended to support or resist and is sufficient to protect a worker's Health and Safety, and includes equipment or devices that are securely fastened to the structure or component.

2.2 ANCHOR POINT
A structure or structural member intended to withstand forces exerted by fall protection equipment. Examples may include beams, girders or columns.

3.0 PROCEDURE:

3.1 ***Where an Employee is working in a position where he/she has a potential to fall from a height greater than 3 meters (10-FT), the Employee must be tied off to an approved fixed support.***

3.2 All Employees will wear a full body harness (properly fit), with a shock absorbing lanyard that is properly attached (tied off) to a fixed support or an anchor point. All Fall Protection Equipment will be inspected and a record kept prior to using the Fall Protection Equipment.

3.2.1 In the event of an emergency, the Employee who is the "Safety Watch" or "Ground Person" should stay calm, direct the injured worker to stay calm and advise them that help is on the way.

3.2.2 If and where possible, an attempt to safely retrieve the worker should be performed as soon as possible after the fall.

3.2.3 The person or designate who identifies that an emergency has occurred will contact emergency services; this may be site specific and give emergency details such as location and situation.

3.2.4 The person reporting the emergency will then inform the supervision of the need to attend the emergency location immediately.

3.2.5 All secondary hazards must be identified and neutralized first before a rescue can be made, such as; electrical energy, airline rupture, etc. to ensure rescue personnel are not put at risk.

3.3 RESCUE – TYPICALLY LESS THAN 20 FEET

3.3.1 If the Supervisor or designate has assessed that a ladder can easily access the fall worker, position the equipment directly under or within reach of the injured

worker. Ensure that the ladder is properly supported and care must be taken to avoid and/or neutralize any tools, bolts, supports, etc. from falling down on the rescue personnel.

3.3.2 If the worker is conscious and able, they can self-rescue by standing on the ladder and detaching their lanyard (when safe to do so) and climb down the ladder ensuring 3 point contact.

3.3.3 Once the fallen worker is on the ground, the Supervisor or a qualified First Aid attendant will provide care as required for the injured worker(s) while waiting for emergency services to arrive.

3.4 RESCUE – TYPICALLY GREATER THAN 20 FEET

3.4.1 Supervisor or designate shall ensure that a EWP (Elevated Work Platform) is within close proximity to the work being performed involving fall arrest systems.

3.4.2 Supervisor or designate can operate a EWP (Elevated Work Platform) by raising the basket up to the fallen worker. The person operating the EWP (Elevated Work Platform) will get the fallen worker into the EWP (Elevated Work Platform) by raising the platform up from underneath the fall worker.

3.4.3 Proceed, using the EWP (Elevated Work Platform) and lowering the fall worker to the ground.

3.4.4 Once the fallen worker is on the ground, the Supervisor or a qualified First Aid attendant will provide care as required for the injured worker(s) while waiting for emergency services to arrive.

3.5 ALTERNATE RESCUE – EMERGENCY MEDICAL SERVICES TO BE INFORMED AND DISPATCHED IF ANY OF THE FOLLOWING CONDITIONS EXIST

3.5.1 Area conditions prevent a safe removal of the worker and/or;

3.5.2 The area conditions are note safe for the rescue team and/or other personnel and/or;

3.5.3 The retrieval time will be longer than (15) fifteen minutes and/or;

3.5.4 The worker is unconscious.

3.6 HIGH ANGLE RESCUE TEAM

3.6.1 Third Party Rescue Team

3.6.2 Only Competent Personnel to carry out Rescue

3.6.3 The High Angle Rescue Team shall retrieve worker, and transfer over to the Emergency Medical Ground Services.

4.0 SUPPORTING DOCUMENTATION: N/A

1.0 PURPOSE:

1.1 The purpose of this policy is to ensure that all Employees/Workers are protected against the hazards of performing job tasks that have a greater potential for injury/ property damage and/or death, and any unusual job tasks that are out of the ordinary daily job tasks. To ensure the workplace environment is safe for all Employees/Workers a Method of Procedure (MOP) is required to be developed when prior to conducting the scope of work and to be followed during the scope of work. This is to ensure that all necessary precautions to prevent an accident are pre-planned by documenting and minimizing the risks. The MOP shall also list the risks and hazards of each job task within the scope as well as the necessary precautions to take while performing the scope or work. This policy applies to all levels of AMPERE LIMITED, all facilities, Project locations and shop areas shall have an analysis of the hazards associated with the job, controls or countermeasures in place to reduce and/or eliminate the risk of exposure to workplace hazards. AMPERE LIMITED shall identify and eliminate workplace hazards.

2.0 PROCEDURE:

2.1 DESCRIPTION: METHOD OF PROCEDURE (MOP's) are required during:

2.1.1 POWER SHUTDOWNS OF ELECTRICAL EQUIPMENT

- Preventive Maintenance power shutdowns
- Power Shutdowns required to make changes/alterations to an existing piece of electrical and mechanical equipment
- Power Shutdowns required to tie in new feeders, and/or circuits to panels, MCC's, Switchboards, High Voltage Switchgear, etc
- Other types of Shutdowns

2.1.2 LIVE WORK

- Infrared Survey's
- Trouble shooting work

2.1.3 DANGEROUS WORK

- Work at the edge of a building (ie. use of a travel restraint system)
- Work involving extreme heights (atrium or zoom boom work)
- Work in areas with high volumes of vehicle traffic (roads, highways)
- Work around operating equipment and or machinery
- Work within an excavated area including a trench, p-11 pit, manhole and/or duct bank

2.1.4 CONFINED SPACE WORK

- Work within manholes, duct banks, pull pits or vaults
- Work within tunnels that have steam, water and/or high voltage pipes
- Work within underground tunnels
- Work within crawl spaces and/or isolated spaces within a building

2.1.5 **ASSESS -** Review the MOP with Employees/Workers to ensure the methods of reducing the risk are effective and practicable.

2.1.6 **MEETING –** The MOP must be reviewed by all personnel and work crew must sign the acknowledgement sheet daily to confirm review of the appropriate section.

2.1.7 **EMERGENCY PLAN -** Analyze the work situation, have First Aid treatment readily available and develop a procedure for efficiently dealing with an emergency situation.

2.1.8 It is the responsibility of the Supervisor of the job to write the MOP.

2.1.9 It is the responsibility of the Supervisor to ensure that the MOP is reviewed and approved by Daniel Hsieh (Health and Safety Coordinator) and Kelly Burke (VP of Operations)

2.2.0 All changes in the MOP or changing conditions in the workplace while the MOP is in effect will require a review of the MOP for the planned work. When changes are required they must be highlighted on the document.

2.2.1 It is the responsibility of all workers to review and sign the MOP prior to work commencing. It's the responsibility of the worker to stop work immediately and notify the Supervisor upon any change in any conditions of work and the work procedure and or additions to work procedure.

3.0 SUPPORTING DOCUMENTATION:

Method of Procedure (Document ID 414B)

METHOD OF PROCEDURE

DATE			
GENERAL INFORMATION			
START DATE OF THE WORK			
COMPLETION DATE OF WORK			
BUILDING LOCATION			
FLOOR			
	PRINT SIGNATURE	SIGN SIGNATURE	INITIALS
AMPERE REPRESENTATIVE			
GENERAL CONTRACTOR REP.			
SAFETY REPRESENTATIVE			
OTHER REPRESENTATIVE			

TASK	DESCRIPTION OF WORK	RESPONSIBILITY	TIME	CHECK

FAILURE / RECOVERY PLAN DURING WORK PROCEDURE

TASK	DESCRIPTION OF WORK	RESPONSIBILITY	TIME	CHECK

GENERAL NOTES

1.0 PURPOSE:

1.1 This procedure outlines the requirements for using multimeters and leads; it is applicable to all authorized electrical workers and qualified service personnel. AMPERE LIMITED requires the use of minimum CSA approved minimum CAT 111 multimeters (or higher, where required) with appropriately rated, fused leads.

2.0 DEFINITIONS: N/A

2.1.1 As a troubleshooting tool for electrical systems; and,
2.1.2 As a testing tool to verify electrical systems have been de-energized;
2.1.3 It is policy that all multimeters and leads are calibrated by a third party on an annual basis.

3.0 PROCEDURE:

3.1 ONLY QUALIFIED PERSONNEL ARE PERMITTED TO USE MULTIMETERS AND LEADS.

3.1.1 Use multimeters that display both the CSA logo (and equivalent) and the CAT (III or IV) designation. Categories III through IV apply to low voltage less than 1000V test equipment.
3.1.2 Check to ensure that the meter's voltage rating is appropriate for the work being done. Be aware of multimeters with a maximum voltage rating typical of other countries (550V for example).
3.1.3 Use personal protective equipment such as eye protection, flame resistant clothing, long sleeve shirts, dielectric safety boots, rubber gloves and leather protectors, mats, blankets and shields.
3.1.4 Check the manufacturer's manual for special precautions. Moisture and cold may affect the performance of the meter.
3.1.5 Wipe the multimeter and test leads clean to remove any surface contamination prior to use.
3.1.6 Ensure that the test leads are in correct input jacks.
3.1.7 Start testing with high ranges of the multimeter, and then move to lower ranges when the values to be measured are certain.
3.1.8 Connect to the ground first, and disconnect from ground last.
3.1.9 Test the multimeter on a known power source to verify the meter's proper function before and after testing the suspect circuit.

4.0 SUPPORTING DOCUMENTATION:

All calibration records shall be kept on file with the multimeters or lead, master copies are kept on file for (7) seven years in the event that future request to provide is received. The calibrations are done according to the manufacturer's specifications.

1.0 PURPOSE:

AMPERE LIMITED policy is to adhere to both the CSA Z462 Standard and the Occupational Health & Safety Act and Regulations for Construction Projects. The purpose of this policy is to ensure that the potential for loss of life or damage to property is eliminated while a qualified person is performing electrical maintenance or repairs. It is the intention of AMPERE LIMITED to ensure that NO electrical work is to be performed while the electrical wiring or equipment is in an energized state; therefore **EVERY EFFORT WILL BE MADE FIRST TO ADEQUATELY LOCKOUT AND TAG ANY DEVICE THAT REQUIRES SERVICE OR MAINTENANCE BEFORE WORK COMMENCES**.

When equipment cannot be de-energized due to a direct threat to human life, or

Troubleshooting and diagnostic testing of the machinery or equipment can only be done with the power ON. All electrical work done LIVE, including test or diagnostics often require Arc Flash Personal Protective Equipment to be worn at all times and must be performed by a qualified person. All Personal Protective Equipment must be verified and approved for use.

See Table 2 – Arc Flash HRC Rating Chart.

2.0 DEFINITIONS:

Live Work: Ontario Electrical Safety Code requires that Electrical installations, Equipment or conductor systems be disconnected, locked out of service and tagged before any work is being done.

2.1 ENERGIZED STATE

Electrically connected to or having a source of voltage.

2.2 QUALIFIED PERSON

One who has skills and knowledge related to the construction and operation of electrical equipment and installations and has received safety training certification to recognize and avoid hazards involved. The Qualified Person must have a current Certificate of Qualifications that is readily available upon request.

2.3 SERVICE TECHNICIAN

Any individual who;

- **2.3.1** Has the appropriate Certifications/Trade Qualifications required to perform electrical work in Ontario;
- **2.3.2** Is competent based on their knowledge, training and experience;
- **2.3.3** Is familiar with the Electrical Safety Act and Regulations that apply to the work, and;
- **2.3.4** Has knowledge of any potential or actual danger to Health or Safety during the commencement of this work.

2.4 PPE – PERSONAL PROTECTIVE EQUIPMENT

Personal Protective Equipment includes the following;

- **2.4.1** Arc Flash Clothing
- **2.4.2** Balaclava
- **2.4.3** Face Shield
- **2.4.4** CSA Approved Helmet
- **2.4.5** Rubber Gloves with Leather Protectors

2.5 ARC FLASH POTENTIAL

The sudden release of large amounts of heat and light energy at the time of an electrical fault.

3.0 PROCEDURE:

3.1 A site review must be performed to verify that there is absolutely no way the power can be turned OFF. The Client/Owner and/or General Contractors shall at this time issue to the AMPERE LIMITED Health & Safety Department and the worker performing the scope of work a detailed analysis of the task and the service records of the equipment.

3.2 Once the Health & Safety Department has ascertained that electrical work must be completed on or around energized equipment than the following safe work practices must be applied before the LIVE work commences.

3.3 Only after all required LIVE electrical work documents have been verified and approved by all authorized personnel and all company representatives.

- **3.3.1** A copy of the maintenance record is readily available at the Project.
- **3.3.2** Using Table 2 – Arc Flash HRC rating, the Arc Flash potential shall be determined and the proper PPE supplied to and worn by the Service Technician at all times while performing the scope of work.
- **3.3.3** A detailed Method of Procedure (MOP) must then be prepared highlighting all activities and associated risks. The level of Arc Flash rating shall be indicated in the MOP. The MOP shall state the appropriate equipment and clothing required. Table 1 and Table 2 will determine the necessity of this step. All personnel working on, or around the equipment must have the proper Arc Flash training certification and apparel before any work commences.
- **3.3.4** If Table 1 and Table 2 indicate a LIVE work plan is necessary, then it is the Supervisors responsibility to fill out the all LIVE Electrical Work Permit (Document ID 416A) and plans, have all authorized parties sign it including the Client/Owner and/or General Contractor. For diagnostic testing and electrical circuit troubleshooting the above does not apply. Only a qualified electrician with the approved Arc Flash PPE may perform troubleshooting and diagnostic work.

3.3.5 TABLE 1 – SHOCK HAZARD BOUNDARIES

ARC FLASH HRC RATING – TABLE 2 – INFORMATION TAKEN FROM CSA Z462

HAZARD RISK CATEGORY	CLOTHING DESCRIPTION (number of clothing layers is given in parentheses)	Required Minimum ARC RATING OF PPE cal/cm2
0	Non-melting, flammable materials (i.e., untreated cotton, N/A wool, rayon, silk, or blends of these materials) with a fabric weight of at least 4.5 oz/yd2 (1)	N/A
HRC1	FR Shirt and FR pants or FR coveralls (1)	4
HRC2	Cotton underwear - short sleeve and brief/shorts, plus FR shirt and FR pants (1 or 2)	8
HRC3	Cotton underwear plus FR shirt and FR pants plus FR coverall, or cotton underwear plus two FR coveralls (2 or 3)	25
HRC4	Cotton underwear plus FR shirt and FR pants plus multilayer flash suit (3 or more)	40

TABLE 3 – TYPICAL WORK DISTANCES, METRES AND FEET

Live Electrical Work		
Column 1 Voltage	**Column 2 Minimum approach distance for working close to exposed electrical equipment or conductors**	
Phase to phase	**Metres**	**Feet**
Over 750 V to 75 kV	3	10
Over 75 kV to 250 kV	4.5	15

Over 250 kV to 550 kV	6	20

NOTE: The typical working distance is the sum of the distance;

(a) Between the worker and the equipment; and
(b) From the front of the equipment to the potential arc source inside the equipment.

4.0 SUPPORTING DOCUMENTATION

4.1.1 Job Hazard Analysis (Document ID 309)
4.1.2 Method of Procedures
4.1.2 Energized LIVE Electrical Work Permit (Document ID 416A)

1.0 PURPOSE:

1.1 The purpose of this procedure is to ensure that the hazards of performing work within a Confined Space are communicated and training is provided to all relevant employees in order to effectively control the hazards. This procedure also provides all necessary information to effectively implement the Confined Space Management Program. This procedure applies to all defined Confined Spaces at all Project locations and/or facilities of AMPERE LIMITED. AMPERE LIMITED will identify work environment, Health & Safety hazards, implement controls for those hazards and where required, develop safe operating procedures.

2.0 DEFINITIONS:

2.1 CONFINED SPACE:

A confined space is defined as a place;

2.1.1 That is partially or fully enclosed, that is both not designed and constructed for continuous human occupancy, and;

2.1.2 Where atmospheric hazards may occur because of its construction, location or contents or because of the work that is done in it.

2.2 ATMOSPHERIC HAZARDS:

A hazardous atmosphere is one which contains any of the following an accumulation of flammable, combustible or explosive agents, less than 19.5% or more than 23% oxygen, or an accumulation of atmospheric contaminants that could result in acute (short term) health affects which pose an immediate threat to life, or interfere with a person's ability to escape unaided from a confined space.

2.3 COMPETENT PERSON:

Competent Person means a person who;

2.3.1 is qualified because of knowledge, training and experience to organize the scope of work and its performance;

2.3.2 is familiar with the **Occupational Health & Safety Act** and the Regulations that apply to the scope of work, and;

2.3.3 has the knowledge of any potential or actual danger to Health & Safety in the workplace.

2.4 HOT WORK:

Hot work means activities that can produce a source of ignition such as a spark or open flame, (i.e. welding, cutting, grinding and using non-explosion-proof electrical equipment).

2.5 COLD WORK:

Cold Work means activities that cannot produce a source of ignition.

2.6 LOWER EXPLOSIVE LIMIT (LEL)

The lowest concentration (percentage) of a gas and/or a vapor in the air capable of producing a flash of fire in presence of an ignition source (arc, flame, heat). Concentrations lower than LEL are 'too lean' to burn; also can be called lower flammable limit (LFL).

2.7 PURGING:

Purging means displacing contaminants from a confined space.

3.0 PROCEDURE:

3.1 HAZARD ASSESSMENT:

3.1.1 Before each time a worker enters a confined space, a competent worker must perform a written Job Safety Analysis (HS-309).

3.1.2 The Hazard Assessment must include the following;

3.1.2.1 The hazards that may exist in the confined space,

3.1.2.2 The hazards that may develop while the work is being performed inside the confined space,

3.1.2.3 General safety hazards in the confined space.

3.1.3 Every confined space must be thoroughly assessed and evaluated by a competent worker to determine whether it is possible to eliminate the atmospheric hazard completely.

3.1.4 Even if a space is not defined as a confined space under the regulations, Supervision must take every precaution reasonable in the circumstances to protect workers entering the space.

3.2 DUTIES OF ENTRANTS:

3.2.1 Do not enter or re-enter (if the confined space has been left unoccupied and unattended) the confined space unless testing has been performed.

3.2.2 Know the hazards that may be faced upon entry. Know the route of exposure, signs and symptoms and long-term effects of exposure.

3.2.3 Know how to use the equipment properly (tools and PPE).

3.2.4 Maintain communication with the attendant so that the attendant can monitor your safety and be able to alert workers to evacuate the confined space.

3.2.5 Alert the Attendant whenever;

3.2.5.1 You recognize any warning sign or symptom of exposure;

3.2.5.2 You see a dangerous condition;

3.2.5.3 An alarm is activated.

3.2.6 Get out of the Permit space immediately whenever;

3.2.6.1 A warning system indicating a ventilation failure is activated;

3.2.6.2 The attendant gives an evacuation order;

3.2.6.3 A worker recognizes any signs or symptoms of exposure;

3.2.6.4 A person inside detects a dangerous condition.

3.2.6.5 An evacuation alarm is activated.

3.3 COORDINATION:

3.3.1 When workers of more than one employer perform work in the same confined space, the constructor must coordinate entry operations.

3.4 RESCUE PROCEDURES:

3.4.1 The confined space rescue plan must include written procedures for safe

on-site rescue that can be implemented immediately in case of an emergency. An adequate number of people must be available to carry out the rescue procedures immediately.

3.4.2 These people must be trained in;

3.4.2.1 The on-site rescue procedures,

3.4.2.2 First Aid/CPR, and

3.4.2.3 How to use the rescue equipment necessary to carry out the rescue.

3.5 RESCUE EQUIPMENT:

3.5.1 The rescue equipment must be readily available, appropriate for the confined space and inspected by a competent worker.

3.5.2 The competent worker must keep a written record of the inspection(s).

3.5.3 The size of the confined space opening must be considered when choosing the rescue equipment (do not plan for a SCBA when it will not fit through the opening of the confined space).

3.6 PROTECTIVE CLOTHING & PERSONAL PROTECTIVE EQUIPMENT:

3.6.1 A Competent person should assess the Protective Clothing and Personal Protective Equipment (PPE) required to perform the work (i.e. gloves, boots, chemical suits, fire resistant coveralls, hearing, eye and face and respiratory protection).

3.6.2 All workers shall be trained in the selection, care and use of all the necessary Personal Protective Equipment (PPE).

3.7 ATTENDANT:

3.7.1 An attendant must be present whenever a worker enters a Confined Space. The attendant is not allowed to enter the confined space, unless he/she is replaced by another attendant in accordance with the plan.

3.7.2 The attendant must;

3.7.2.1 Remain alert outside and near to the entrance;

3.7.2.2 Be in constant communication (visual and speech) with all workers in the confined space. Radio checks shall be performed hourly as a minimum requirement;

3.7.2.3 Monitor the safety of workers inside the confined space;

3.7.2.4 Provide assistance as necessary;

3.7.2.5 Be provided with a device for summoning help in case of an emergency, and;

3.7.2.6 Initiate an adequate rescue procedure in case of an emergency.

3.7.3 The attendant must perform the atmospheric test. The attendant must be trained and familiar and all atmospheric testing equipment including calibration, maintenance and operation of the equipment.

3.7.4 The attendant is responsible for the air monitoring equipment at all times, upon completion of the scope of work at the end of the workday the monitor must be returned for Bump testing.

3.7.5 If the Confined Space is left unattended and unoccupied, the tests must be performed again prior to re-entry.

3.7.6 Results of every sample of a test must be recorded on the entry permit. If continuous monitoring is required, test results must be recorded at regular intervals (every hour).

3.8 ATMOSPHERIC TESTING

3.8.1 Atmospheric testing is required for two distinct purposes: evaluation of the hazards of the permit space and confirmation that adequate conditions exist for entry into that space.

3.8.2 Testing of the atmosphere within the confined space should be done with equipment that will sense chemicals that may be present at levels that are well below the defined exposure limit.

3.9 VENTILATION/PURGING:

3.9.1 This is the most effective measure of control, the space can be purged of dangerous atmospheres by blowing enough fresh air in, and/or by removing (or suction venting) the bad air and allowing clean air in.

3.9.2 Best results are obtained by blowing fresh air into a space close to the bottom.

3.9.3 Check the efficiency of the ventilation by re-testing the atmosphere with gas detection equipment before re-entry.

3.9.4 If mechanical ventilation is used to maintain acceptable atmospheric levels, there must be a warning system and exit procedure in case there is a ventilation failure.

3.10 ENTRY PERMITS:

3.10.1 A competent person must verify that the permit issued complies with the plan before every shift.

3.10.2 The entry permit must not exceed the time required to complete the task.

3.10.3 Entry permits should be understood by everyone involved with the job and must be readily available to every person entering the Confined Space.

3.10.4 Entry Permits shall include but not be limited to the following;

3.10.4.1 The location and description of the confined space;

3.10.4.2 A description of the work;

3.10.4.3 A description of the hazards and the corresponding controls;

3.10.4.4 The time period for which the permit applies;

3.10.4.5 The name of the attendant;

3.10.4.6 A record of each worker who enters and leaves;

3.10.4.7 A list of equipment required for entry and rescue, and verification that the equipment is in good working order;

3.10.4.8 Additional procedures and controls if Hot Work is to be performed.

3.11 UNAUTHORIZED ENTRY:

3.11.1 The Constructor must ensure that each entrance to the Confined Space is secured against unauthorized entry and/or has adequate barricades or signs warning against unauthorized entry.

3.12 ON-SITE RESCUE PROCEDURES:

3.12.1 AMPERE LIMITED shall ensure that no worker enters or remains in a Confined Space unless, in accordance with the relevant plan, adequate

written on- site rescue procedures that apply to the Confined Space have been developed and are ready for immediate implementation.

3.12.2 Before any worker enters the Confined Space, adequate personnel trained in the matters listed below are available for immediate implementation of the on-site rescue procedures. The personnel shall be trained in;

3.12.2.1 The on-site rescue procedures,

3.12.2.2 First Aid/CPR, and

3.12.2.3 The use of rescue equipment required in accordance with the relevant plan.

3.12.3 AMPERE LIMITED shall establish methods of communication that are appropriate for the hazards identified in the relevant assessment, and shall make them readily available for workers to communicate with the attendant.

3.13 RESCUE EQUIPMENT:

3.13.1 The rescue equipment to be used will be dependent upon the hazards in the Confined Space and the relevant plan. Examples of safety equipment include;

3.13.1.1 Harnesses and Lifelines.

3.13.1.2 Hoist/Retrieval Systems.

3.13.1.3 Self-Contained Breathing Apparatus (SCBA).

3.13.1.4 Airline Respirators and other equipment, as necessary.

3.13.2 It is very important to take into account the size of the Confined Space access/egress points when selecting the type of rescue equipment to be used.

3.13.3 Supervisors shall ensure that the rescue equipment identified in the relevant plan is;

3.13.3.1 Readily available to effect a rescue in the Confined Space;

3.13.3.2 Appropriate for entry into the Confined Space;

3.13.3.3 Inspected as often as necessary to ensure it is in good working order, by a competent person and is appointed by the Supervisor.

3.13.4 The inspection shall be recorded in writing by the Competent Person, and the record of the inspection may be incorporated into the entry permit.

3.13.5 Calling 911 does not satisfy the Confined Space regulations in an emergency situation, it is not considered ready for immediate implementation.

3.13.6 When using radios or other methods of communication, regular checks (on an hourly basis) must be performed on the equipment to ensure it is in good working order.

4.0 SUPPORTING DOCUMENTATION:

4.1.1 Confined Space Hazard Assessment (Document ID 418)

4.1.2 Confined Space rescue Plan (Document ID 419)

4.1.3 Entry Permit (Document ID 417A)

4.1.4 Entry Log (Document ID 417B)

4.1.5 Air Quality Readings

4.1.6 OSHA-Atmospheric Testing

SHOULD BE COMPLETED BY: Supervisor/Worker **URGENCY OF COMPLETION: As Required**

ampere	**AMPERE LIMITED CONFINED SPACE HAZARD ASSESSMENT**	**REVISION DATE: JANUARY 2016**

PROJECT:	**PROJECT NO.:**
LOCATION:	
EQUIPMENT:	
SUPERVISOR:	**DATE:**
ASSESSMENT COMPLETED BY:	
EMPLOYEE NAME: (please print)	**EMPLOYEE SIGNATURE:**

SECTION 1 – CONFINED SPACE IDENTIFICATION			
IS THE SPACE IN QUESTION:		**YES**	**NO**
1.	**FULLY OR PARTIALLY ENCLOSED?**	☐	☐
2.	**DESIGNED AND CONSTRUCTED FOR CONTIUOUS HUMAN OCCUPANCY?**	☐	☐
3.	**CAN ATMOSPHERIC HAZARDS OCCUR BECAUSE OF ITS CONSTRUCTION, LOCATION OR CONTENTS OR BECAUSE OF WORK THAT IS DONE IN IT?**	☐	☐
IF YOU ANSWER 'YES' TO QUESTIONS 1 AND 3 AND 'NO' TO QUESTION 2, THE WORK AREA IS CONSIDERED TO BE A CONFINED SPACE AND REQUIRES A CONFINED SPACE ENTRY PERMIT AND A RESCUE PLAN. ALL CONSTRUCTION PERSONNEL INVOLVED MUST BE ADEQUATELY TRAINED (CONFINED SPACE, FIRST AID/CPR, ETC.) ANY OTHER COMBINATION OF THE ABOVE DOES NOT MAKE THE WORK AREA A CONFINED SPACE AND SHOULD BE CONSIDERED AS 'RESTRICTED ENTRY'. ATMOSPHERIC TESTING PROCEDURES AS WELL AS OTHER PREVENTATIVE MEASURES MAY STILL BE REQUIRED TO ENSURE THE SAFETY OF ALL WORKERS INVOLVED.			

SECTION 2 – CONFINED SPACE HAZARDS		
1) OXYGEN DEFICIENCY/ENRICHMENT	**YES**	**NO**
➢ Could there be OXYGEN deficiency due to consumption by workers, rust formation, standing/running water, etc.?	☐	☐
➢ Could OXYGEN be displaced by other gases?	☐	☐
➢ Could OXYGEN be consumed by hot work operations?	☐	☐
2) OXYGEN ENRICHMENT	**YES**	**NO**
➢ Is there an outside source of OXYGEN lines entering the space?	☐	☐
3) FIRE AND EXPLOSION	**YES**	**NO**
➢ Are flammable gases/vapours present?	☐	☐

➢ Does the scope of work include welding or use of a torch?	☐	☐
➢ Will grinding of metal be taking place?	☐	☐
➢ Any sparks or electrical components present?	☐	☐
➢ Is a fire extinguisher situated in the immediate work area?	☐	☐
➢ Is a HOT WORK PERMIT required?	☐	☐
• If so, has it been obtained and posted in the immediate work area?	☐	☐
4) CHEMICAL EXPOSURE	**YES**	**NO**
➢ Are toxic substances present? (asbestos, lead, mercury, etc.)	☐	☐
5) MATERIAL COLLAPSE & FALLING OBJECTS	**YES**	**NO**
➢ Are there any objects above the work area that could fail and collapse?	☐	☐
➢ Is overhead protection required?	☐	☐
• If so, has the overhead protection been installed ensuring the safety of ALL the workers below?	☐	☐
6) ELECTRICAL HAZARDS	**YES**	**NO**
➢ Has the space been checked for defective electrical cords or other electrical equipment that could cause an electric shock?	☐	☐
7) HOLE OR OPENING PROTECTION	**YES**	**NO**
➢ Are protective barricades, guardrails or hole covers requried on, in, around or near the confined space work area?	☐	☐
8) VISIBILITY	**YES**	**NO**
➢ Is additional lighting required to ensure all areas of the Confined Space are visible?	☐	☐
➢ Is the lighting equipment explosion proof?	☐	☐
➢ Will visibility be affected by sandblasting, steam cleaning, spray painting, welding or the scope of work being performed?	☐	☐
9) TEMPERATURE	**YES**	**NO**
➢ Are workers exposed to high temperatures?	☐	☐
➢ Are workers exposed to low temperatures?	☐	☐
10) NOISE	**YES**	**NO**
➢ Will the work INSIDE the confined space produce high noise levels?	☐	☐
➢ Will the work OUTSIDE the confined space produce high noise levels?	☐	☐

SECTION 3 – VENTILATION OF CONFINED SPACE		
	YES	**NO**
➢ Will natural/mechanical ventilation be sufficient?	☐	☐
IF FLAMMABLE OR COMBUSTIBLE SUBSTANCES ARE USED, PNEUMATIC AIR MOVERS OR EXPLOSION PROOF FANS WILL BE NEEDED, AND CONTINUOUS AIR MONITORING MUST BE DONE.		

➢ Are pneumatic air movers required?	☐	☐
➢ Are explosion proof fans required?	☐	☐
➢ Are non-explosion proof fans required?	☐	☐
➢ Will exhaust air be vented to the outside/exterior atmosphere?	☐	☐

SECTION 4 – ISOLATION OF CONFINED SPACE		
DOES THE SPACE REQUIRE:	**YES**	**NO**
➢ Blanking and/or binding?	☐	☐
➢ Double block and bleed?	☐	☐
➢ Other means of isolation?	☐	☐
SPECIFY:	**YES**	**NO**
➢ Lockout of energized equipment required?	☐	☐
➢ Physical restraint of machinery inside the space?	☐	☐
NOTE: ALL WORKERS MUST INSPECT ALL OF THE ISOLATIONS THAT ARE REQUIRED ABOVE.		
➢ Have ALL workers involved personally inspected ALL required isolations?	☐	☐

WORKER NAME	**WORKER SIGNATURE**	**DATE MM/DD/YYYY**	**TIME AM/PM**

SECTION 5 – ATMOSPHERIC TESTING					
HOW OFTEN IS ATMOSPHERIC TESTING REQUIRED?					
☐	**EVERY 30 MINUTES**	☐	**HOURLY**	☐	**EVERY 2 HOURS**
☐	**CONTINUOUS**	☐	**PRIOR TO EACH ENTRY**		
ATMOSPHERIC TESTS MUST BE DONE BY QUALIFIED AND EXPERIENCED PEOPLE, USING MAINTAINED, BUMP TESTED, AND CALIBRATED EQUIPMENT.					

SHOULD BE COMPLETED BY: Supervisor/Worker **URGENCY OF COMPLETION: As Required**

ampere	**AMPERE LIMITED CONFINED SPACE HAZARD ASSESSMENT**	**REVISION DATE: JANUARY 2016**

TEST RESULTS (please record initial findings)					
DESCRIPTION	**RANGE**	**READING**	**RANGE**	**READING**	**ACTUAL**
LOWER EXPLOSIVE LIMIT (LEL)	0%				%
OXYGEN (O2)	19.5%				%
HYDROGEN SULPHIDE (H2S)	LOW	N/A	HIGH	10 PPM	PPM
CARBON MONOXIDE (CO)	LOW	N/A	HIGH	25 PPM	PPM
OTHER:	LOW		HIGH		
OTHER:	LOW		HIGH		
COMMENTS:					

SECTION 6 – PERSONAL PROTECTIVE EQUIPMENT					
PROTECTIVE EQUIPMENT REQUIRED:	**YES**	**NO**		**YES**	**NO**
HEAD PROTECTION	☐	☐	HIGH VISIBILITY CLOTHING	☐	☐
EYE PROTECTION	☐	☐	CARTRIDGE RESPIRATOR	☐	☐
FOOT PROTECTION	☐	☐	SELF CONTAINED BREATHING APPARATUS	☐	☐
HEARING PROTECTION	☐	☐	SUPPLIED BREATHING AIR	☐	☐
RUBBER GLOVES	☐	☐	FACE SHIELD	☐	☐
RUBBER BOOTS	☐	☐	AIR MONITOR	☐	☐
PROTECTIVE SUIT	☐	☐	FALL PROTECTION EQUIPMENT	☐	☐
OTHER: (SPECIFY)					
PERSONAL FIT TESTING REQUIRED:				YES	NO
				☐	☐
			RESPIRATORS	☐	☐
			SELF CONTAINED BREATHING APPARATUS (SCBA)	☐	☐
NOTE: ALL WORKERS WHO REQUIRE THE USE OF RESPIRATORS OR SCBA'S REQUIRE FIT TESTING PRIOR TO USE BY A QUALIFIED PERSONNEL.					

SECTION 7 – CONFINED SPACE DESIGNATED SAFETY WATCH EMPLOYEE		
IF TESTS OF THE ATMOSPHERE INSIDE THE CONFINED SPACE INDICATE THAT IT IS HAZARDOUS OR A HAZARDOUS ATMOSPHERE CAN DEVELOP INSIDE THE SPACE DURING COMPLETION OF THE SCOPE OF WORK THEN A DESIGNATED SAFETY WATCH EMPLOYEE IS REQUIRED.		
	YES	**NO**
➢ Is the Designated Safety Watch Employee trained in First Aid/CPR?	☐	☐
➢ Is the Designated Safety Watch Employee equipped with a phone in case of an emergency?	☐	☐
➢ Safety Watch knows where the nearest access point is for the emergency response team?	☐	☐

➢ Are visual/verbal contacts adequate?	☐	☐
➢ Is radio contact required? Means of communication is required at all times.	☐	☐
➢ Has a Rescue Plan been developed?	☐	☐
➢ Has the Rescue Plan been reviewed with all workers involved and posted in immediate work area for easy reference?	☐	☐

SECTION 8 – RESCUE PLAN		
	YES	**NO**
➢ Have you identified ALL rescue equipment that is required in the event of an emergency?	☐	☐
➢ Have you ensured that emergency response team are immediately available?	☐	☐
➢ Is the emergency response team trained in this rescue plan and the required equipment?	☐	☐
➢ Is at least (1) ONE rescuer trained in First Aid/CPR?	☐	☐
METHOD OF PROCEDURE FOR RESCUE PLAN INCLUDING REQUIRED EQUIPMENT:		
➢ PLEASE FIND ATTACHED ALONG WITH SIGNED ATTENDANCE LIST OF ALL WORKERS INVOLVED IN SCOPE OF WORK.		

SECTION 9 – SIGN OFF & DISTRIBUTION	
COMPLETED BY/NAME: (please print)	**SIGNATURE:**
DISTRIBUTION LIST:	
CLIENT/OWNER	☐
GENERAL CONTRACTOR	☐
EMERGENCY RESPONSE TEAM	☐
AMPERE LIMITED SITE OFFICE	☐
AMPERE LIMITED HEALTH & SAFETY MANAGER	☐
POSTED IN IMMEDIATE WORK AREA	☐
OTHER:	☐

SHOULD BE COMPLETED BY: Supervisor/Visitor **URGENCY OF COMPLETION: As Required**

ampere	**AMPERE LIMITED CONFINED SPACE RESCUE PLAN**	**REVISION DATE: JANUARY 2016**

CONFINED SPACE – RESCUE PLAN		
CONFINED SPACE LOCATION:	**PROJECT NO.:**	**DATE:**

DESIGNATED SAFETY WATCH EMPLOYEE:	**EMPLOYER NAMES: (OF ALL INVOLVED) 1)**
	2)
	3)
	4)

METHODS OF COMMUNICATION:									
☐	**PHONE**	☐	**RADIO**	☐	**AUDIBLE SIGNAL**	☐	**HAND SIGNAL**	☐	**INTERCOM**

METHODS OF RESCUE:									
☐	**EXTERNAL (RETRIEVAL)**	☐	**INTERNAL**	☐	**CONGESTED**	☐	**HAULING SYSTEM**	☐	**LOWERING SYSTEM**
☐	**OVERHEAD ANCHOR**								

ANCHORAGE:									
☐	**BEAM**	☐	**STAIRWELL**	☐	**SUPPORT STRUT**	☐	**SUPPORT COLUMN**	☐	**OTHER:**

RESCUE EQUIPMENT REQUIREMENTS: (MARK WITH "X" WHERE APPLICABLE BELOW & INDICATE QUANTITY NEEDED)

SECTION 8 – RESCUE PLAN		
	YES	**NO**
➢ Have you identified ALL rescue equipment that is required in the event of an emergency?	☐	☐
➢ Have you ensured that emergency response team are immediately available?	☐	☐
➢ Is the emergency response team trained in this rescue plan and the required equipment?	☐	☐
➢ Is at least (1) ONE rescuer trained in First Aid/CPR?	☐	☐
METHOD OF PROCEDURE FOR RESCUE PLAN INCLUDING REQUIRED EQUIPMENT:		
➢ PLEASE FIND ATTACHED ALONG WITH SIGNED ATTENDANCE LIST OF ALL WORKERS INVOLVED IN SCOPE OF WORK.		

1.0 PURPOSE:

1.1 The purpose of this policy is to ensure all AMPERE LIMITED Management, Supervision and Workers comply and adhere to their specific requirements under the **Occupational Health and Safety Act** and any applicable Regulations.

2.0 DEFINITIONS: N/A

3.0 PROCEDURE:

3.1 MANAGEMENT:

3.1.1 To provide a healthy and safe workplace environment,
3.1.2 To instruct, train and provide education to Employees' in safe work practices and activities,
3.1.3 To hire lawfully aged and competent Employees,
3.1.4 To establish and maintain a Joint Health & Safety Committee,
3.1.5 To take every precaution reasonable on the circumstances for the protection of the worker,
3.1.6 To provide medical and first aid facilities at the workplace,
3.1.7 To post and comply with the applicable Health & Safety legislation in the workplace,
3.1.8 To evaluate all Employees' performance regarding Health & Safety compliance,
3.1.9 To enforce compliance with Health & Safety policy by all suppliers, employee/workers, subcontractors, service providers and independent Contractors,
3.1.10 Perform workplace inspections,
3.1.11 Conduct information sessions (Weekly Safety Talks, Informational Sessions, Staff Meetings, etc.),
3.1.12 Correct substandard acts and/or conditions,
3.1.13 Perform Employee safety observations,
3.1.14 All equipment, materials and protective devices are provided as prescribed, in good condition, and used as prescribed, and
3.1.15 To ensure measures and procedures prescribed are carried out in the workplace.

3.2 MANAGERS/SUPERVISORS:

3.2.1 To ensure that employees/workers comply with AMPERE LIMITED's Health & Safety Manual,
3.2.2 To ensure employees/workers use all safety equipment devices and personal protective equipment/clothing as directed,
3.2.3 To advise Employees and workers of all hazards in the workplace,
3.2.4 To participate in the investigation of all safety related work refusals,
3.2.5 To review and comply with all legal duties and responsibilities on Supervisors under the applicable provincial Health & Safety legislation,

3.3 INSPECTIONS, RECORDS, LOGBOOK:

3.3.1 All Cranes or similar hoisting device shall keep permanent records of all inspections of, tests of, repairs to, modifications to and maintenance of the Crane or similar hoisting device.

3.4 CRANES, HOISTING AND RIGGING:

3.4.1 No worker shall operate a crane or related hoisting device unless the worker holds a certificate of qualification issued under the Ontario College of Trades and Apprenticeship Act, 2009, that is not suspended, or the worker is an apprentice and is working pursuant to a training agreement registered under that Act, that is not suspended.

3.4.2 A worker shall carry his or her proof of training while operating a crane or similar hoisting device.

4.0 SUPPORTING DOCUMENTATION:

4.1.1 Hoisting & Rigging Daily Inspection Checklist (Document ID 421)

4.1.2 IHSA-Cranes, Hoisting and Rigging

SHOULD BE COMPLETED BY: Supervisor/Worker **URGENCY OF COMPLETION: Mandatory When Required**

ampere	**AMPERE LIMITED** **CRITICAL LIFT PLAN**

Critical Lift Plan

1.0 General Information		
Job Description: _____		
Date: _____		
Work Order Number: _____ Lifting Device ID #: _____		
Lifting Device Make: _____ Lifting Device Model: _____		
Is the lifting device "Annual Inspection" valid?	Y	N
Has the crew completed this same lift in the past? If yes, obtain copy of CLP.	Y	N

2.0 Critical Lift Criteria		
Does this lift involve any of the following criteria? (Check all applicable.)		
a) Two or more cranes used for a single lift. Complete separate CLP for each. (De-rate each crane to 75% rated capacity)	Y	N
b) Over operating facilities where personnel may be endangered.	Y	N
c) Within 5.5 m of power lines. (Follow requirements as per C2.2)	Y	N
d) Personnel in cages/man-baskets attached to equipment not designed for the explicit purpose of lifting people.	Y	N
e) At, but not above, max. rated capacity. (For rated capacity at this specific boom angle and load radius.)	Y	N
f) Between 90% and max. rated capacity for loads greater than 15 tons (30,000 lbs)	Y	N
g) When the operator cannot see the load at all times during the lift.	Y	N
h) Material requiring special handling (e.g. dangerous goods, size/shape, requires non-standard rigging, or is of high monetary value.)	Y	N
i) Wind velocity (including gusts) greater than 30 Km/h.	Y	N
j) Crane set-up closer to an excavation/water body than the excavation/water body is deep.	Y	N
k) Lifts to and from water.	Y	N
k) Travelling with a load greater than 50% of capacity in a given set-up – or as recommended by the manufacturer.	Y	N
l) Two or more cranes in proximity where the booms or loads could make contact.	Y	N

Critical Lift Plan

3.0 LIFT DETAILS					
Component	***Information***				
Item(s) to Be Lifted					
Purpose or Reasoning for Lift					
Environment Lift to be conducted in					
	Workshop	**Field**	**Plant**	**Other**	
What is the lifting equipment route to the lift site. List major potential hazards. (consider overhead power lines)					

4.0 LIFT REVIEW			
Component	***Information***		
Height of Lift (consider swing path)			ft.
Surface Area of Load (For consideration for impact due to wind)			
Number of tag lines required to stabilize load?			
Is the crane set up level in all directions?	Y	N	
Number of Parts of Line adequate for load? Confirm in operator's manual or load chart.	Y	N	
Length of wire rope for load travel adequate?	Y	N	
Center of Gravity of load OK? (Should be within and below rigging points)	Y	N	
Is the wire rope reeving balanced?	Y	N	
Other:	Y	N	
If "No" to any of the above, review the condition and take corrective action.			
Action	***Completed By***		
1.			
2.			
3.			

SHOULD BE COMPLETED BY: Supervisor/Worker **URGENCY OF COMPLETION: Mandatory When Required**

Critical Lift Plan

4.1 LIFT LAYOUT DIAGRAM (Attach extra pages if necessary)
Sketch intended to assist in clarification of crane set-up in relation to load, surrounding structures, rigging, and lay-down location. To be completed at the discretion of the Lift Planner.

Critical Lift Plan

5.0 Rigging Data	
Component	***Information***
Rigging pre-use inspection complete?	Y N
Sling Material (Chain, Wire Rope, Synthetic)	
Sling Diameter	
Sling Length	
Sling Configuration (Choker, Basket, Straight?)	
Sling Capacity (in planned configuration)	
Shackle Size (pin diameter)	
Shackle Capacity	
Spreader Beam (include ID Number)	
Spreader Beam Capacity	
Other Rigging Component's Capacity	
Max. Rigging Capacity as Configured	
Does rigging capacity match or exceed planned loading? If no, obtain adequately sized rigging.	Y N
COMMENTS:	

6.0 Proximity to Power Lines	
Check here if this section is not applicable to this lift.	
Component	***Information***
Distance to nearest power line in lift area from any part of lifting device or load?	
Can lift be completed without entering into exclusion zone as listed in IOC Procedure C2.2?	Y N
If answer is **NO or UNKNOWN**, complete **ELECTRICAL AREA PROXIMITY PERMIT**	

Critical Lift Plan

7.0 Ground Stability & Topography			
Check here if this section is not applicable to this lift.			
Component	***Information***		
Does the supporting structure have adequate capacity for crane and load?	Y N		
Is the crane situated away from an excavation? (Horizontal clearance shall be greater than hole depth)	Y N		
Is the crane sufficiently clear of any known underground structures?	Y N		
Are the Ground Conditions level at the lift site?	Y N		
Are the Geological Ground Conditions stable at the lift site – particularly near water bodies?	Y N		
Is the lay-down prepared and stable?	Y N		
Geological Ground Conditions Inspected and Approved by Mining Official/Engineer if ground conditions in the area are assessed to be unstable or on unconsolidated material. (For Field Picks or Areas not designed for crane work)			
	Name	**Signature**	**Date**
If answer is **NO**, initiate actions to **Stabilize Area & Level the Area**			
7.1 Actions to Stabilize Area			
Action	***Completed By***		
1.			
2.			
7.2 Actions to Level Area			
Action	***Completed By***		
1.			
2.			

8.0 Local Security Control	
Will other personnel or equipment, other than lift team and their equip., be in close proximity to lift?	Y N
If answer is **YES**, initiate actions to **Barricade or Evacuate Lift Area**	
8.1 Actions to Barricade Area	
Action	***Completed By***
1.	
2.	

Critical Lift Plan

9.0 Weather & Environmental Concerns					
Check here if this section is not applicable to this lift.					
Component	***Information***				
Weather Conditions					
	Sun	**Wind**	**Rain**	**Snow**	**Lightning**
If a lift must be performed during periods of inclement weather, a Risk Assessment must be completed prior to executing the lift. If lightning is observed in the area, the lift must be cancelled until conditions clear.					
Temperature at time of lift			**℃**		
Check operator's manual for lowest temperature a lift may be executed. The crane's maximum capacity rating is de-rated 2% for every one degree below minus 20 degrees C, or to manufacturer's recommendations.					
Wind speed at time of lift			**Km/h**		
Check operator's manual for maximum wind speed a lift may be executed. Any lifts that must be performed in wind speeds that exceed 30 Km/h are subject to a Risk Assessment, or to manufacturer's recommendations.					
Maximum Forecasted Wind Speed			**Km/h**		

10.0 Lifting Personnel		
Check here if this section is not applicable to this lift.		
Is this the best access mode to the work location? Have other options been considered?	Y	N
Has the basket or cage been designed and approved by a Professional Engineer as per CSA Z150 or equivalent?	Y	N
Does the basket or cage have a valid inspection certificate?	Y	N
Is the capacity clearly marked on the basket or cage?	Y	N
Is there a secondary means of support connected above the hook?	Y	N
Are the lifting slings dedicated to personnel lifting only?	Y	N
Does the personnel have the required safety equipment? (Fall arrest and others)	Y	N
Is there a fixed fall arrest support point for each person?	Y	N
Does the applicable crane winch have power-down capability to prevent free-fall?	Y	N
Was the anti-two-block noted as working in the Pre-Op inspection?	Y	N
Has a competent person inspected all crane structural elements prior to the lift?	Y	N
Has the crane operator been instructed to remain at the controls during the lift?	Y	N
Is the operator aware that the crane shall not be traveled during the lift?	Y	N
Has the "Emergency Rescue Plan" been completed and communicated to crew?	Y	N
	Y	N

Has a trial lift been carried out for the secondary and primary supports as per code?

Critical Lift Plan

11.0 LIFT COMPUTATION		
Component	***Information***	
Boom Length		ft
Jib Length		ft
Lowest Boom Angle		ft
Max. Load Radius (Consider side and rear)		ft
Outrigger Footplate Size (OK? Y N)		ft^2
Counter Weight Configuration (OK? Y N)		lbs
Temperature De-rating (if applicable – check manual)		lbs
Wind Speed De-rating (if applicable – check manual)		lbs
Other		
If the lifting device is used for lifting personnel, use only 50% of the rated capacity.		
Lifting Device Capacity as Configured		lbs
Max. Cargo and Container Weight (in/out of water?)		lbs
Lifting Block and Hook Weight		lbs
Hoist Rope Weight (# parts x length x unit wt.)		lbs
Rigging Weight (Slings, Shackles, Load Cell, Spreader Beam)		lbs
Effective jib and ball weight if not used for lift.		lbs
Other		
If dynamic loading is of concern, due to travel with load, operating speeds, or boom movement, multiply the loads above by a factor of 1.25. Safely tie load to crane to prevent swing out, if travelling.		
Is there potential that the load is frozen, stuck, caught on other structures or ground, or under water? If yes, ensure load is free before attempting lift. Y N		
Total Lift Weight		lbs
Total Lift Weight **Shall Not Exceed** Capacity as Configured		

Critical Lift Plan

12.0 LIFT-TEAM PERSONNEL		
Component	***Information***	
Number of people needed to complete lift		
Is the rigger(s)/spotter(s) trained, competent and qualified? Crane operator can designate rigger(s).	Y	N
Is the crane operator(s) trained, competent and qualified?	Y	N
Method of communication between spotter/rigger and crane operator?	Radio	Hand Signals
Method of communication between multiple crane operators in close proximity? Must communicate prior to each swing movement.	Radio	Hand Signals

13.0 LIFT PLAN SIGN-OFF			
Crane Operator: I have been briefed of the contents of this lift plan and accept the duty of ensuring the lift is carried out to the agreed procedure, to the limits of my responsibilities. (If the lift continues through a shift change, the new operator shall review and sign above the original name.)			
	Name	**Signature**	**Date**
Lifting Rigger: I have been briefed of the contents of this lift plan and accept the duty of ensuring the lift is carried out to the agreed procedure, to the limits of my responsibilities.			
	Name	**Signature**	**Date**
Lifting Supervisor: I have been briefed of the contents of this lift plan and accept the duty of ensuring the lift is carried out to the agreed procedure.			
	Name	**Signature**	**Date**
Lift Planner: I confirm that I have planned this lift in accordance with IOC Procedures and accept the responsibilities of my position.			
	Name	**Signature**	**Date**

REMEMBER to „Take Five" before beginning lift!

REMEMBER to complete Lifting device pre-operational checklist!

SHOULD BE COMPLETED BY: Supervisor/Worker **URGENCY OF COMPLETION: Mandatory When Required**

Critical Lift Plan

In the event of an emergency incident (**IF SECTION 10 IS APPLICABLE**) the following procedure is to be followed:

- Recovery of persons

Task	
Person(s) in Charge of Job	
Person Assigned to Task	
Response/Rescue Method	
How	
Who	
Equipment	
Communications Used	
Resources	

ATTACH A RISK ASSESSMENT AND ANY OTHER ADDITIONAL INFORMATION TO SUPPORT THE RESCUE PLAN

EMERGENCY RESCUE/PLAN CHECKLIST

ITEM	DESCRIPTION	REQUIRED	LOCATION OF EQUIP.	EQUIP. CHECKED
1.	WORKING AT HEIGHTS	Yes No		Yes No
2.	TRAINED AND APPOINTED PERSONNEL	Yes No		Yes No
3.	RISK ASSESSMENT	Yes No		Yes No
4.	RESCUE PLAN COMPLETED AND UNDERSTOOD	Yes No		Yes No
5.	PERSONAL PROTECTION EQUIPMENT	Yes No		Yes No
6.	FIRST AID KIT	Yes No		Yes No
7.	COMMUNICATION	Yes No		Yes No
8.	BREATHING APPARATUS	Yes No		Yes No
9.	LIFE GUARD 10 MINUTE OXYGEN PACK	Yes No		Yes No
10.	RESUSCITATOR UNIT	Yes No		Yes No
11.	RELEVANT SAFE WORK PROCEDURES	Yes No		Yes No
Other equipment available				

Critical Lift Plan

I HEREBY CLOSE THIS PLAN:

	CONFIRM THE IMMEDIATE WORK AREA HAS BEEN TIDIED
	CONFIRM THAT ALL PERSONNEL WORKING UNDER THE PLAN AND PERMIT HAVE SIGNED OFF AND LEFT THE WORK AREA
	CONFIRM THERE HAS BEEN NO DAMAGE TO THE ENVIRONMENT FROM THE WORK CONDUCTED
	WHERE EQUIPMENT IS UNABLE TO BE RETURNED TO SERVICE AN “OUT OF SERVICE” TAG HAS BEEN PLACED ON THE RELEVANT ITEM
	HAVE VISUALLY INSPECTED THE WORK AREA TO ENSURE THE TASK IS COMPLETE AND THE EQUIPMENT IS SAFE AND READY FOR SERVICE.
	ENSURED COPY OF PLAN IS PLACED IN CRITICAL LIFT REGISTRY
	HAVE NOTIFIED THE ACTIVITY SUPERVISOR OR JOB-CO-ORDINATOR OF THE JOB STATUS

PERSON IN CHARGE OF JOB (Block Letters)	
SIGNATURE	

LIFT PLAN	Date		Time	

SHOULD BE COMPLETED BY: Supervisor/Worker **URGENCY OF COMPLETION: Mandatory**

ampere	**AMPERE LIMITED** **HOISTING & RIGGING DAILY INSPECTION CHECKLIST**	**REVISION DATE:** **JANUARY 2016**

DAILY INSPECTION CHECKLIST (MARK ONLY THE ITEMS THAT APPLY)	DAY										
	S	M	T	W	T	F	S	REPAIRS NEEDED		WORKER INITIALS	DEFECTS REPORTED TO SUPERVISOR
ITEM DESCRIPTION	MARK WITH AN 'X'							YES/NO			COMMENTS
HOISTING HOOKS	☐	☐	☐	☐	☐	☐	☐	YES	NO		
WIRE ROPE THIMBLES	☐	☐	☐	☐	☐	☐	☐	YES	NO		
LINKS	☐	☐	☐	☐	☐	☐	☐	YES	NO		
SCREW PIN AND BOLT TYPE SHACKLES	☐	☐	☐	☐	☐	☐	☐	YES	NO		
EYE BOLTS	☐	☐	☐	☐	☐	☐	☐	YES	NO		
SWIVEL HOIST RINGS	☐	☐	☐	☐	☐	☐	☐	YES	NO		
TURNBUCKLES	☐	☐	☐	☐	☐	☐	☐	YES	NO		
PLATE CLAMPS	☐	☐	☐	☐	☐	☐	☐	YES	NO		
SWIVELS	☐	☐	☐	☐	☐	☐	☐	YES	NO		
TACKLE/SNATCH BLOCKS	☐	☐	☐	☐	☐	☐	☐	YES	NO		
CHAIN SLINGS/MESH SLINGS	☐	☐	☐	☐	☐	☐	☐	YES	NO		
WIRE ROPE/SLINGS	☐	☐	☐	☐	☐	☐	☐	YES	NO		
SYNTHETIC ROPE	☐	☐	☐	☐	☐	☐	☐	YES	NO		
SYNTHETIC ROPE SLINGS	☐	☐	☐	☐	☐	☐	☐	YES	NO		
WEB SLINGS	☐	☐	☐	☐	☐	☐	☐	YES	NO		

EMPLOYEE NAME: (please print)	EMPLOYEE SIGNATURE:
SUPERVISOR NAME: (please print)	**SUPERVISOR SIGNATURE:**

****DO NOT LIFT MORE THAN RATED CAPACITY****

ANY OF THE ABOVE LISTED ITEMS THAT REQUIRE REPAIR SHALL BE TAGGED, REMOVED FROM SERVICE IMMEDIATELY, & RETURNED TO AMPERE LIMITED.

1.0 PURPOSE:

To outline the safe handling of compressed gas cylinders and the safe storage distance of oxygen from incompatible gases and liquids.

2.0 DEFINITIONS:

2.1 COMPRESSED GAS

A gas or mixture of gases (in a sealed container) having an absolute pressure exceeding 40 psi at 21.1 degrees Celsius.

2.2 FLAMMABLE SUBSTANCES

Flammable substances are those gases, liquids and solids that will ignite and continue to burn in air if exposed to a source of ignition.

2.3 OXIDIZING SUSTANCES

An agent that provides oxygen in reaction with another substance or, in the broader and more definitive chemical sense, a chemical capable of accepting electrons and thereby decreasing the negative charge on an atom of the substance being oxidized.

2.4 OXYGEN

A colorless, odourless, tasteless gas. It is denser than air and only slightly soluble in water. A poor conductor of heat and electricity, oxygen supports combustion but does not burn. When cooled below its boiling point oxygen becomes a pale blue liquid; when cooled still further the liquid solidifies, retaining its color. Oxygen is extremely active chemically, forming compounds with almost all of the elements except the inert gases. Oxygen unites directly with a number of elements to form oxides. It is a constituent of many acids. The common reaction in which it unites with another substance is called oxidation (see oxidation and reduction). The burning of substances in air is rapid oxidation or combustion.

2.5 GAS CYLINDERS

A gas cylinder or tank is a pressure vessel used to store gases at high pressure. Gases stored this way are called bottled gases.

3.0 PROCEDURE:

3.1 GAS SAFETY: All compressed gases must be stored in an upright position, chained, and when not in use, with a safety cap on. Gases in use such as those used on welding carts or in laboratories must be chained or secured to prevent accidental falling and the gas service valves closed when not in use.

3.2 LABELS: All compressed gas bottles must be clearly labeled as required under the Occupational Health & Safety Act and Ontario Regulation 644/88 WHMIS.

3.3 STORAGE: Ensure that the storage area is well ventilated and has clearly visible WHMIS or TDG signs. With outside storage, place on a fireproof surface and enclose in a tamper-proof enclosure. Protect cylinders from contact with the ground, ice, snow, water, salt, corrosion, and high temperatures. Cylinder can never be stored in a horizontal position.

3.4 OXYGEN: Never store oxygen with flammable gases or near flammable liquids such as gasoline

or diesel. Never grease oxygen regulators or oil oxygen lines. This will result in a fire or an explosion. Separation must be a minimum of 8 metres from class 2.1 gases or 3 liquids. It is safe to store oxygen with 2.2 gases which are inert and non-reactive.

3.5 **ACETYLENE:** Acetylene is chemically unstable which makes it very sensitive to conditions such as excess pressure, excess temperature, static electricity, or mechanical shock. Exposure to any of these conditions can cause it to undergo a violent, explosive decomposition reaction. If this reaction or ignition occurs within the torch base or supply hose it can propagate back into the storage cylinder causing it to explode violently.

3.6 **ACETYLENE AND STATIC DISCHARGE:** Acetylene is very easy to ignite. The energy from a static spark capable of igniting acetylene is lower than for any other fuel gas except hydrogen. The static charge developed by walking across a carpet floor on a dry day can be 1700 times greater than that needed to ignite acetylene gas. When unburned acetylene gas is discharged from a torch, static electricity can be generated from a torch tip. If the tip comes in contact with a ground path, a static spark capable of igniting the gas can occur. Acetylene burns at a very fast rate. The very fast burn rate can accelerate the rate at which pressure is generated in an explosion beyond what would occur from other fuels. This makes acetylene explosions more violent than those of other fuels.

3.7 **ACETYLENE AND REACTIVE METAL COMPOUNDS:** Acetylene forms explosive compounds with copper, brass, copper salts, mercury/mercury salts, silver/silver salts, and nitric acid. Under no circumstances should acetylene gas come in contact with unalloyed copper, except in a torch. Any contact of acetylene with high-alloyed copper piping may generate copper acetylide, which is very reactive and may result in a violent explosion. Also, an explosion hazard will result if the gas comes into contact with silver bearing materials such as those used in silver-brazed pipeline joints. See **Table 1 – Compatibility Chart**.

3.8 **MARKING OF PARTIAL CYLINDERS:** When cylinders are emptied, at the shop, at the construction sites or at the Project locations, the cylinder is to be marked, in grease pencil, with the words “MT” on the shoulder of the cylinder. For partial pressure bottles, the tank pressure is to be marked, in grease pencil, with the words “PSI” on the shoulder of the cylinder. See **Figure 1 – Cylinder Marking**.

3.9 **CYLINDER TRANSPORT:** Make sure all cylinders are securely fastened and up-right in a locked cage or other secure container. The container must have TDG signs as required by Transportation of Dangerous Goods, Clear Language. Oxygen cylinders must be shipped separate from all flammable gases or liquids. All the cylinders need to be marked in grease pencil with the tank pressure prior to returning.

3.10 **MOVING CYLINDER:** Where cylinders are to be moved around the construction site or Project location, the safety method shall be by strapping the cylinder to a cylinder cart. If cylinders are moved with a fork lift, the cylinder must be up-right and securely fastened to the mast with chains or strapping.

4.0 **SUPPORTING DOCUMENTATION: N/A**

1.0 PURPOSE:

1.1 A neat orderly Project is essential to efficient accident-free performance. Rubbish and waste materials must be disposed of in the scrap containers provided and removed from the Project at least once daily. Stacked material, uneven surfaces, wet ladder rungs and stairs all create tripping and slipping hazards. Special attention to clear walkways and stable footing must be exercised at all times. To maintain a clean and hazard free workplace, all groups – management, supervision and workers must co-operate.

2.0 DEFINITIONS: N/A

3.0 PROCEDURE:

3.1 Keep the work area free of tools and materials that are not in use. This reduces clutter and hazards from tripping and slipping.

3.2 Wear appropriate Personal Protective Equipment for the task.

3.3 Clean up spills and leaks immediately.

3.4 Keep stairways, passageways and gangway free of materials, supplies and obstructions at all times.

3.5 Reusable material is to be removed to a designated safe storage area. Materials piled, stacked, or otherwise stored are not to permit tipping and collapsing.

1.0 PURPOSE:

1.1 The purpose of this procedure is to ensure that public Health & Safety is not endangered or put at risk as a result of any work being performed by AMPERE LIMITED. Construction personnel are familiar with safe work practices and procedures; the public is not. AMPERE LIMITED Employees/Workers shall take all reasonable measures necessary ensure public safety in all of our workplaces.

AMPERE LIMITED shall also ensure that workplaces, Project locations, activities, and equipment are protected from public access. Having good security and public protection measures at all times ensure that both the public and AMPERE LIMITED Employees/Workers remain healthy and safe.

2.0 DEFINITIONS:

2.1 PUBLIC

Public is defined as all persons and property not affiliated with the construction Project or workplace.

2.2 PUBLIC WAY

Public way means a highway or other street, avenue, parkway, driveway, square, place, bridge, viaduct, or other open space to which the public has access, as of right or by expressed or implied invitation.

3.0 PROCEDURE:

PUBLIC RELATIONS

Depending on the location of the Project and/or workplace and the scope of work being performed, relations with the public may vary. The main function of Public Relations is to provide vital information to ensure the public's safety and respect for public concerns. Some of the most common concerns from the Public are as follows;

- Noise
- Dust
- Vibrations
- Inconvenience
- Housekeeping
- Environmental Issues
- Hazardous Materials
- Transportation entering/exiting the Project
- Public/Project Separation
- Appropriate Signage (identifying hazards and pedestrian direction)

3.1 PROCEDURE:

AMPERE LIMITED is responsible to ensure the safety and protection of the Public. The degree of public protection depends on the location and the scope of work being performed. Public

protection shall be considered, reviewed and developed for each Project location. Common public exposures and control are as follows;

3.1.1 Traffic exposure controls include;

- Traffic Cones
- Barricades
- Traffic Control Signs
- Traffic Control Persons
- Traffic Detours
- Lane Closures/Controls

3.1.2 Pedestrian traffic exposure controls include;

- Perimeter Project/Site Fencing
- Security Guards
- Paid Duty Police Services
- Sidewalk Closures/Temporary Walkways
- Overhead Protection
- Public Way Protection
- Physical Barriers (around trenching/excavation, utility chambers)
- Restrict access with visible signage and barriers

3.1.3 Utilities;

- Utility locates and markings
- De-Energize Utility lines
- Emergency Measures
- Liaison with Utility Contractors

3.1.4 Material Delivery;

- Request vehicle/pedestrian traffic controls
- Limit delivery times to non-rush hours, if possible
- Establish designated delivery locations

3.1.5 Public Protection Controls from Construction Activity;

- Signage to be posted and situated in high traffic areas, clearly visible (i.e. 'NO TRESPASSING, PPE REQUIRED BEYOND THIS POINT, AUTHORIZED PERSONNEL ONLY)
- Traffic Control signs are required to meet Federal, Provincial/State and local code legislative requirements.

4.0 SECURITY:

The degree of Project Security will vary depending on the circumstances. Security shall be arranged and scheduled at the beginning of the Project and scope of work being performed and monitored to ensure security is adequate throughout the entire completion of the Project.

Preventative measures may include, but are not limited to the following;

4.1.1 Equipment/Tools:

- Material Storage; designated areas to be identified for containers, bins, boxes.
- Area fenced, secured and locked at all times.
- Area well illuminated.

4.1.2 Mobile Equipment:

- Keys are to be removed from Equipment when not in use.
- Vehicle Cabs are to be closed and locked.
- Protective covering(s) over glass panels.
- Return rental equipment when they are no longer required at the Project location.
- DO NOT leave equipment unattended and running.

4.1.3 Security Guard Patrol/Public Protection:

- Project Health & Safety Bulletin Board; all emergency contact numbers to be posted, readily available and clearly visible and shall include the following information;
  - Closest Hospital
  - Police Services
  - Ambulance
  - Fire Department
  - General Contractor Contact Information
  - Employer Contact Information (trade specific)
  - Qualified First Aid/CPR/AED Employees/Workers
  - Emergency Response Plan/Emergency Evacuation Plan

PROJECT SECURITY IS TO BE CONSIDERED VERY IMPORTANT AS POOR SECURITY MAY ALLOW THE PUBLIC TO PLACE ITSELF AT RISK OR IN DANGER.

1.0 PURPOSE:

1.1 This policy is intended to protect workers and the motoring public by regulating traffic flow while allowing the work to proceed safely and efficiently. AMPERE LIMITED workers must ensure that public traffic has priority over construction equipment and facilitate the safe movement of vehicles and equipment within the work zone.

2.0 DEFINITIONS: N/A

3.0 PROCEDURE:

3.1 SENIOR MANAGEMENT SHALL:

3.1.1 Ensure traffic control work is performed in compliance with the provisions in the Occupational Health & Safety Act and Regulations for Construction Projects, the Ontario Traffic Manual for Temporary Conditions and the Handbook for Construction Traffic Control Persons.

3.1.2 Ensure work can be carried out in accordance with legislative requirements, corporate policy, and divisional safe work procedures.

3.1.3 Appropriate machinery, equipment and protective devices (including clothing) needed to carry out work is in accordance with legislation and written safe working procedures are provided and maintained.

3.1.4 General and specific training certification is provided to all workers involved in work that requires traffic control procedures to be used.

3.1.5 A regular review of traffic control procedures is performed.

3.2 SUPERVISORS SHALL:

3.2.1 Ensure knowledge and understanding of the Occupational Health & Safety Act and Regulations for Construction Projects, the Ontario Traffic Manual for Temporary Conditions and the Handbook for Construction Traffic Control Persons.

3.2.2 Identify hazards related to the specific road work conditions, and implement effective traffic control measures for the protection of workers.

3.2.3 Evaluate and document work operations to determine where traffic control procedures, devices and training is required, in consultation with Joint Health & Safety Committees and the Health & Safety Department as necessary.

3.2.4 Ensure that workers use or wear the required Personal Protective Equipment and/or devices.

3.2.5 Provided appropriate machinery, equipment and/or devices needed to carry out work and ensure that all machinery, equipment and/or devices are in good working condition.

3.2.6 Assist management in the annual review of equipment status and purchasing needs, as required.

3.2.7 Ensure that operators of vehicles, machines and/or equipment are trained and, where necessary, hold a valid license or permit.

3.2.8 Ensure an approved Traffic Control Protection Permit is completed for all necessary work; that a copy of the plan remains on the Project and that all workers are familiar with the requirements of the plan.

3.3 WORKERS SHALL:

3.3.1 Work in accordance with divisional safe work procedures and specific traffic control plans.

3.3.2 Use or wear all equipment required to safely perform workplace specific activities.

3.3.3 Report any violations, hazards or deficiencies in equipment to immediate Supervisor without delay.

3.3.4 Assist supervisory staff in developing a traffic control plan for the specific scope of work.

3.3.5 Follow established procedures in the event of an injury, accident or emergency.

3.3.6 In consultation with divisions and Joint Health & Safety Committees, develop and provide training certification to Employees who require it.

3.4 SIGNALLERS SHALL:

3.4.1 Wear protective clothing and equipment as indicated by CSA Standards.

3.4.2 Stand where he/she can be seen and where he/she can see the vehicle operator at all times.

3.4.3 Remain in full view of the equipment operator.

3.4.4 Know the equipment's blind spots.

3.4.5 Make eye contact with the operator/driver before signaling or moving to a new location.

3.4.6 Know and use the standard hand signals for traffic control.

3.4.7 Alert workers to keep clear of the equipment's blind spots.

3.4.8 Use an alternate signaling device such as a whistle or air-horn in congested or noisy areas.

3.4.9 Stay out of the intended path of equipment.

3.4.10 Ensure that the Stop/Slow sign is clean and undamaged. If any defects are observed, ensure that a replacement is provided immediately.

3.4.11 Arrange with Supervisor for meal, coffee and toilet breaks. TCPs must not leave their post without Supervisor's knowledge.

3.4.12 Stand where he/she will be visible at leave 150 metres (500-FT).

3.4.13 Always ensure that you have an escape route in case an oncoming vehicle cannot or will not stop.

3.4.14 If radio's are being used for communication check the batteries at the beginning of the shift. Always carry spare batteries if necessary to ensure there is communication at all times.

3.4.15 Report unsafe or difficult situations to the Supervisor immediately.

3.5 OPERATORS SHALL:

3.5.1 Maintain eye contact with the signaler.

3.5.2 Obey the signaler's direction.

3.5.3 In areas with other equipment operating, where possible, remain in the vehicle.

3.5.4 Know your vehicle's blind spots.

3.5.5 Ensure all mirrors are in good condition and adjusted properly.

3.5.6 Sound horn twice before backing up. Ensure that back-up alarms are at high volume and operational at all times.

3.5.7 STOP The vehicle immediately if the signaler or anyone else disappears from view.

3.5.8 DO NOT back up without the help of a signaler if the view is obstructed in any way.

3.5.9 DO NOT respond to unclear or multiple signals. Stop the vehicle until it is determined with signal to obey.

4.0 SUPPORTING DOCUMENTATION: N/A

1.0 PURPOSE:

1.1 The purpose of this procedure is to ensure that all AMPERE LIMITED employees/contractors receive appropriate information of Personal Protective Equipment (PPE) to protect their Health & Safety while performing their assigned duties at the workplace. Personal Protective Equipment (PPE) is required to protect workers against hazards when other controls are not feasible, in emergency situations or to supplement other controls. It is understood that all AMPERE LIMITED personnel will adhere to this policy.
If anyone is found on an Ampere site, project, warehouse and or property, and they are not wearing the correct P.P.E., they will be immediately removed from the site and this will be grounds for immediate dismissal.
All Ampere employees must take P.P.E. seriously at all times.

2.0 DEFINITIONS: N/A

2.1 PERSONAL PROTECTIVE EQUIPMENT:

An equipment which is intended to be worn or held by a person who is at work and which protects his or her body against health and safety hazards.

3.0 PROCEDURE:

3.1 In the case of certain types of Personal Protective Equipment (PPE), there may be codes of practice or standards (CSA) that shall be considered for due diligence purposes. In some cases, regulations may directly require that the relevant standard be adhered to.

3.1.1 Subcontractors must provide the necessary Personal Protective Equipment (PPE) to all Employees to ensure the duties can be performed effectively and safely. AMPERE LIMITED will provide the necessary Personal Protective Equipment (PPE) to all its Employees.

3.1.2 Employees are responsible for the purchase of appropriate head protection (hard hat) and foot protection (safety boots) and all other Personal Protective Equipment (PPE) will be provided.

3.1.3 All Employees who are instructed to use Personal Protective Equipment (PPE) will not for any reason modify any equipment, tool or safety item to be used at any Project location or property.

3.2 REQUIREMENTS: AMPERE LIMITED (PROJECT LOCATIONS)

3.2.1 CSA approved **GREEN** patch foot protection. Must be worn at all construction sites. This includes above ankle types (6 or 8 inch high) boots for the construction sites and boots, shoes or sneakers for Tenant and service sites.

Shoes and sneakers must be CSA approved.

"Green Patch" certified foot protection

3.2.2 CSA approved hearing protection must be worn where indicated by signage.

3.2.3 CSA approved Full face shield and helmet, arc flash rated suit, and arc flash

rated gloves, must be worn during any LIVE electrical work.

3.2.4 CSA Approved Hard Hats (With Known Class E, Type2) for all sites where signage clearly calls for hard hats..

3.2.5 Coveralls of the appropriate type and adequate for the work being performed.

3.2.6 Hand protection of the appropriate type and adequate for the work being performed.

3.2.7 CSA Approved eye Protection, with permanently attached side shields for all sites where required by signage and or as detailed within our Health and Safety policy 3.3.7.

3.3 REQUIREMENTS: OTHER LOCATIONS AND/OR PROPERTY

3.3.1 All Project locations, other locations and properties shall ensure as a minimum that CSA **GREEN** patch foot protection (6" height minimum for boots or 8" height minimum, as per Client/Owner/General Contractor requirements) and CSA approved eye protection with permanently attached side shields are used.

3.3.2 CSA approved hearing protection must be worn where indicated by signage.

3.3.3 Full face shield must be worn during any grinding, overhead drilling and cad welding as well as cutting operations.

3.3.4 Welding helmets must be worn during all welding operations.

3.3.5 Coveralls of the appropriate type and adequate for the electrical shutdowns work being performed .All CSA Approved

3.3.6 Hand protection of the appropriate type and adequate for the work being performed .Also be CSA approved

3.3.7 **<u>Eye Protection must be worn while performing the following Tasks:</u>**

-Any task involving dust, airborne debris, chemicals, water spray, paint, PVC glue or any other substance that can damage or injure eyes.
-Installing any type of Insulation fire stopping and or sealing compound.
-Any work on electrical equipment where there is a risk of spark and Arc Flash. However, the proper PPE Arc Flash suit, including face shield must be worn when working on any Live Electrical Equipment.
- Any other type of work where there is a risk of Injury to the Eyes.

Eye protection is not the total answer to preventing eye injuries Education regarding proper tools, work procedures , hazard awareness, and the limitations of eye protection is also very important. Like any other manufactured product, eye protection has material, engineering ,and design limitations. But proper eye protection , selected to match the specific construction hazard, combined with safe work procedures, can help to minimize the number and severity of eye injuries.

When we consider that one out of every two construction workers may suffer a serious eye injury during their career, the importance of wearing proper eye protection cannot be over-emphasized. In the hazardous environment of the construction industry, wearing proper eye protection should be considered a labour management policy, not a matter of individual preference.

3.4 Basic Requirements for wearing PPE around all Sites and for Delivery Drivers as well

3.4.1 CSA approved **GREEN** patch foot protection and CSA approved eye protection with permanently attached side shields.

3.4.2 CSA Hard Hats (minimum Class E, Type II),

3.4.3 High Visibility vest and/or clothing compliant to the OHSA and Regulations, where required by Ministry of Transport Regulations, The "GREEN BOOK" and the General Contractor.

3.4.4 Hearing protection must be worn where indicated by signage

Personal Protective Equipment (PPE) should be the "last resort" of defense

4.0 SUPPORTING DOCUMENTATION

4.1 Occupational Health and Safety Act

4.2 Ontario Regulation 213/91 Construction Regulations

- **4.2.1** Electrical Hazards, Section 186(2)
- **4.2.2** Eye Protection, Section 24
- **4.2.3** Fall Arrest System, Section 26
- **4.2.4** Footwear, Section 23
- **4.2.5** Reflective Vest, Section 69.1
- **4.2.6** Headwear, Section 22

4.3 Ontario Regulation 851 Industrial Establishments Regulations

1.0 PURPOSE:

1.1 This procedure has been established to ensure that the appropriate head protection is being worn in situations where warranted. This procedure applies to any worker who enters the construction job project and is exposed to hazard(s) that could result in an injury to the head. According to the Occupational Health and Safety Act, all employees and visitors are to wear proper head protection as required.

A head injury may severely impair an employee or cause a fatality through hazards such as impact, penetration, electric shock, or burn. Head protection from a hard hat or safety helmet is necessary to aid in protecting employees from the nature of potential head hazards such as falling objects, fixed objects like pipes or beams, or dangling objects like electrical wires.

2.0 DEFINITIONS:

2.1 PROTECTIVE HEADWEAR

2.1.1 Shall be a safety hat that must consist of a shell and suspension that is adequate to protect a person's head against impact and against small flying or falling objects.

2.1.2 Consist of a shell that can withstand a dialectical strength test at 20,000 volts phase to ground.

Protective headwear must fit the head size of each individual appropriately on the body. Properly fitted protective headwear should allow sufficient clearance between the shell and suspension for optimal distribution of an impact and for proper ventilation. Protective headwear should not be able to fall off the wearer's head.

3.0 RESPONSIBILITIES:

3.1 MANAGEMENT IS RESPONSIBLE FOR ENSURING:

3.1.1 Canadian Standards Association (CSA) Approved head protection is worn by every worker at all times while at the construction project or jobsite, where required

3.1.2 Head protection is available for the worker

3.2 SUPERVISORS ARE RESPONSIBLE FOR ENSURING:

3.2.1 All workers, visitors, and other personnel including sub-contractors wear approved head protection at all times while on a construction project or jobsite

3.3 EMPLOYEES ARE RESPONSIBLE FOR ENSURING:

3.3.1 Head protection is worn as prescribed at all times while on a construction project or jobsite

3.3.2 Head protection is maintained in proper conditions at all times

3.3.3 Head protection is properly stored and protected from damage when not in use

3.3.4 Missing or defective head protection is promptly replaced

1.0 PURPOSE:

This procedure has been established to ensure that the appropriate foot protection is being worn in situations where warranted. This procedure applies to any worker who enters the workplace and jobsite that requires foot protection. Furthermore, where the worker is exposed to hazard(s) that could result in an injury to the foot. According to the Occupational Health and Safety Act, all employees and visitors are to wear proper foot protection, where it is required.

A foot or ankle injury may severely impair an employee or cause immobility through hazards such as impact, penetration, electrical shock, or burn. Foot protection from safety shoes or boots is necessary to aid in protecting employees from the nature of potential foot hazards such as falling objects, punctures, or live wires. Other non-safety footwear such as sandals, running shoes, or loafers are not permitted in the jobsite and shop.

2.0 DEFINITIONS:

2.1 PROTECTIVE FOOTWEAR

2.1.1 Has a box toe adequate to protect the wearer's toes against injury due to an impact

2.1.2 Has a sole or insole adequate to protect the wearer's feet against injury due to a puncture

2.1.3 Must be CSA approved

3.0 RESPONSIBILITIES:

3.1 MANAGEMENT IS RESPONSIBLE FOR ENSURING:

3.1.1 Canadian Standards Association (CSA) Approved foot protection is worn by every worker at all times while at the construction project or jobsite, or it is where required

3.1.2 Foot protection is available for the worker

3.2 SUPERVISORS ARE RESPONSIBLE FOR ENSURING:

3.2.1 All workers, visitors, and other personnel including sub-contractors wear approved foot protection at all times while on a construction project or jobsite

3.3 EMPLOYEES ARE RESPONSIBLE FOR ENSURING:

3.3.1 Foot protection is worn as prescribed at all times while on a construction project or jobsite

3.3.2 Foot protection is maintained in proper conditions at all times

3.3.3 Foot protection is properly stored and protected from damage when not in use

3.3.4 Missing or defective foot protection is promptly replaced

1.0 PURPOSE:

1.1 This procedure has been established to ensure that the appropriate hand protection is being worn in situations where warranted, except when the use of equipment introduces greater hazards where the hands are potentially exposed to workplace hazards such as chemicals, infectious agents, cuts, lacerations, abrasions, punctures, burns and harmful temperature extremes. Special High Voltage electrical hand protection is described in the "Live Electrical Work" AMPERE LIMITED Policy. This procedure applies to any worker who may be exposed to hazards involving the hand from an operation or process conducted within or at all Project locations at AMPERE LIMITED. The Personal Protective Equipment (PPE) Program is designed to protect workers against hazards where engineering or administrative controls are not possible or practical.

2.0 DEFINITIONS:

2.1 HAND PROTECTION: PERSONAL PROTECTIVE GLOVES

2.1.1 Personal Protective Glove selection must include an initial workplace assessment to identify the specific hazards relating to the types of chemicals or other hazardous materials to be used, the specific tasks to be performed, and the conditions and duration of such work.

2.1.2 Appropriate hand protection must protect the worker against the specific hazards presented and provide a comfortable and secure fit. The performance characteristics of a particular glove and their ability to protect against the specific hazards encountered are based on a number of factors, including the type of glove material, the manufacturing process, and their thickness, design and size. Glove manufacturer performance data should be consulted for physical and chemical resistance properties of their particular glove products.

2.1.3 Gloves, loose or dangling clothing shall not be worn near any rotating shaft, spindle, gear, belt, or other source of entanglement.

2.2 HAND PROTECTION: CHEMICAL RESISTANT GLOVES

2.2.1 Chemical resistant gloves that provide an effective barrier against the specific chemical used must be worn whenever hands are potentially exposed to chemicals. An appropriate chemical resistant glove must demonstrate no significant degradation, a high breakthrough time, and a low permeation rate upon contact with the chemicals used. Chemical permeation through an inappropriate glove can result in significant worker exposure and serious health effects, particularly when using highly toxic chemicals that are readily absorbed into the bloodstream via the skin.

2.2.2 Gloves will be replaced on a regular and frequent basis upon need. They should be replaced immediately upon signs of degradation, and particularly after contact with toxic chemicals. Once a chemical has been absorbed onto the glove material, the chemical can continue to diffuse through the material even after the surface has been washed.

APPENDIX A – GUIDE TO THE SELECTION OF HAND PROTECTION

GUIDE TO THE SELECTION OF HAND PROTECTION		
HAZARDS	**DEGREE OF HAZARDS**	**HAND PROTECTION**
ABRASION	LESS SEVERE	RUBBER, PLASTIC, LEATHER, POLYESTER, NYLON, COTTON.
	SEVERE	REINFORCED HEAVY RUBBER, STAPLE REINFORCED HEAVY LEATHER.
SHARP EDGES	MILD WITH DELICATE WORK	LIGHTWEIGHT LEATHER, POLYESTER, NYLON, COTTON.
	LESS SEVERE	LEATHER, TERRY CLOTH.
	SEVERE	METAL MESH, STAPLE REINFORCED HEAVY LEATHER, KEVLAR STEEL MESH.
CHEMICAL & FLUIDS	REFER TO APPROPRIATE REFERENCE	DEPENDING UPON THE CHEMICAL, A JOB RATED RUBBER OR SYNTHETIC OF SUCH MATERIALS AS NATURAL RUBBER, NEOPRENE, NITRILE BUTYL RUBBER, VITON, POLYVINYL CHLORIDE, POLYVINYL ALCOHOL AND OTHERS.
COLD		LEATHER, INSULATED PLASTIC OR RUBBER WOOL, COTTON.
HEAT	LESS WARM (UP TO 100°C)	CHROME TANNED LEATHER, TERRY CLOTH
	WARM (UP TO 200°C)	NOMEX, KEVLAR, HEAT RESISTANT LEATHER, TERRY CLOTH.
	MEDIUM TO HIGH (UP TO 350°C)	NOMEX, KEVLAR, NEOPRENE COATED ASBESTOS, HEAT RESISTANT LEATHER WITH LINING.
	HIGH TEMPERATURE (OVER 350°C)	NEOPRENE COATED ASBESTOS, KEVLAR
ELECTRICITY	SEE LIVE ELECTRICAL WORK PROCEDURE	RUBBER INSULATING GLOVES TESTED TO APPROPRIATE VOLTAGE WITH LEATHER OUTER GLOVE.
GENERAL DUTY		COTTON, TERRY CLOTH, LEATHER.

1.0 PURPOSE:

1.1 The purpose of this procedure is to define the requirements for the use, care and selection of Fall Prevention Systems and Equipment. This procedure shall be a part of the AMPERE LIMITED Fall Prevention Policy. This procedure applies to all Employees/Workers, Project locations and facilities of AMPERE LIMITED where a worker is exposed to any of the following hazards;

- **1.1.1** Falling more than (3) three meters,
- **1.1.2** Falling more than 1.2 meters, if the work area is used as a path for a wheel barrow or similar equipment,
- **1.1.3** Falling into machinery,
- **1.1.4** Falling into water or another liquid,
- **1.1.5** Falling into or onto a hazardous substance or object, or
- **1.1.6** Falling through an opening on a work surface.

AMPERE LIMITED requires all Subcontractors and Employees/Workers at all Project locations and facilities to ensure that the proper personal protective equipment is used, maintained and replaced as required by law. Where appropriate a fall prevention system including guardrail installation or floor opening covers shall be installed before requiring the use of Fall Protection Equipment. AMPERE LIMITED shall also ensure that every Employee/Worker is trained and educated on the care, use and storage of all personal protective equipment. Employees/Workers are required to wear the fall protection equipment where an appropriate fall prevention system is not in use.

2.0 DEFINITIONS:

2.1 GUARDRAIL SYSTEM:

A Guardrail System means an assembly of components joined together to provide a barrier to prevent a worker from falling from the edge of a surface.

2.2 PROTECTIVE COVERING:

A method used to prevent a worker from falling through an opening on a work surface.

2.3 ANCHOR SYSTEM:

An Anchor System consists of a combination of an anchor point and anchorage connector(s).

2.4 ANCHOR POINT:

A structure or structural member intended to withstand forces exerted by fall protection equipment. Examples may include beams, girders and/or concrete columns.

2.5 TEMPORARY ANCHOR POINT:

A location on an existing support member to which a connecting device, which does not require welding or drilling holes for the purpose of bolting, is attached for a short period. Such devices include beam and column clamps, web slings, wire rope, and strap connectors and hook anchors. When the current, specific need is over, the connecting device is removed.

2.6 ANCHORAGE CONNECTOR:

Anchorage Connectors are the means by which the fall protection equipment is secured to the

anchor point. Examples may include load-rated eyebolts or nylon web sling.

2.7 CONNECTING SUBSYSTEM:

Connecting Subsystems are any devices that connect the body holding device to the anchor system. Examples may include lanyard, self-retracting lifeline, or rope grab.

2.8 BODY HOLDING DEVICE:

A Full Body Harness is the only body holding device approved for use.

2.9 FALL ARREST SYSTEM (FAS):

A FALL ARREST SYSTEM (FAS) is designed to stop and suspend a person in the event of a fall. A FALL ARREST SYSTEM (FAS) includes the anchor system, connecting subsystem, and a full body holding device.

2.10 TRAVEL RESTRAINT SYSTEM (TRS):

A TRAVEL RESTRAINT SYSTEM (TRS) keeps the person away from a fall hazard. A TRAVEL RESTRAINT SYSTEM (TRS) includes the anchor system, connecting subsystem, and a full body holding device.

3.0 PROCEDURE:

3.1 FALL PREVENTION SYSTEMS:

Guardrails are the best method of protecting workers around openings in floors and roofs, but sometimes they're not practical. For working around holes or openings on floors, it may be better to securely fasten a cover over the opening. Covers must be strong enough to support any weight to be reasonably expected. A guardrail system that meets the requirements of O.Reg 213 shall be used if a worker has access to the perimeter or an open side of any of the following work surfaces and is exposed to a fall of 2.4 meters or more;

- **3.1.1** A floor, including the floor of a mezzanine or balcony,
- **3.1.2** The surface of a bridge,
- **3.1.3** A roof while formwork is in place, and
- **3.1.4** A scaffold platform or other work platform, runway or ramp.

3.2 GUARDRAILS OR COVERS:

One of the following precautions shall be used to prevent a worker from falling through an opening on a work surface;

- **3.2.1** A guardrail system that meets the requirements of O.Reg 213, or
- **3.2.2** A protective covering that;
  - **3.2.2.1** Completely covers the opening,
  - **3.2.2.2** Is securely fastened,
  - **3.2.2.3** Is adequately identified as a covering and/or opening,
  - **3.2.2.4** Is made from material adequate to support all loads to which the covering may be subjected, and
  - **3.2.2.5** Is capable of supporting a live load of at least 2.4 kilonewtons per square metre without exceeding the allowable unit stresses for the material used.

3.3. TEMPORARY REMOVAL:

The guardrail system or protective covering may be removed temporarily to perform work in or around the opening if the worker is adequately protected with a fall protection system, signage is posted in the work area and the perimeter of the work area is taped off with RED DANGER TAPE.

3.4 THE GUARDRAIL SYSTEM:

A guardrail system must be established that has;

3.4.1 A top rail, an intermediate rail and a toe board,

3.4.2 An intermediate rail located midway between the top and toe board rail and may be replaced by material that can withstand a point load of 450 newtons applied in a lateral or vertical downward direction,

3.4.3 The top of the guardrail system located at least 0.9 metres but not more than 1.1 metres above the surface on which the system is installed,

3.4.4 The toe board extend from the surface to which the guardrail system is attached to a height of at least 89 mm, and

3.4.5 The guardrail system located at the perimeter of the work.

3.5 GUARDRAIL LOADS:

All guardrail systems shall be capable of resisting, anywhere along its length, the following loads when applied separately, without exceeding the allowable unit stress for each material used;

3.5.1 A point load of 675 newtons applied in a lateral direction to the top rail,

3.5.2 A point load of 450 newtons applied in a vertical downward direction to the top rail,

3.5.3 A point load of 450 newtons applied in a lateral or vertical downward direction to the intermediate rail, or midway between the top rail and the toe board, and

3.5.4 A point load of 225 newtons applied in a lateral direction to the toe board.

3.6 GUARDRAIL POSTS:

If the distance between any two adjacent posts of the guardrail system is greater than 2.4m, the system shall be capable of resisting the loads specified in Sec. 3.5 Guardrail Loads, increased in proportion to the greater distance between the posts.

3.7 GUARDRAIL WOOD:

The following additional requirements apply to a guardrail system that is made of wood,

3.7.1 The wood shall be spruce, pine or fir (S-P-F) timber of construction grade quality or better.

3.7.2 The wood shall be free of sharp objects such as splinters and protruding nails.

3.7.3 The system shall have posts that are at least 38mm by 89mm, are securely fastened to the surface and are spaced at intervals of not more than 2.4m.

3.7.4 The top rail and the intermediate rail shall each be at least 38mm by 89mm.

3.8 WIRE ROPE GUARDRAIL SYSTEMS:

The following additional requirements apply to a guardrail system that is made of wire rope;

3.8.1 The top rail and intermediate rail shall be made of wire rope that is at least 10mm in diameter, and the rope shall be kept taut by a turnbuckle,

3.8.2 The outward deflection of the top rail and intermediate rail resulting from the loads specified in Sec. 3.5 Guardrail Loads shall not extend beyond the edge of a work surface, and

3.8.3 The system shall have vertical separators at intervals of not more than 2.4m and horizontal supports at intervals of not more than 9m, and

3.8.4 The intermediate rail shall be located midway between the top rail and the toe board.

3.9 PERSONAL FALL PROTECTION SYSTEMS:

Where it is not practical to build or erect a guardrail system or to place a cover over a hole, the worker shall be protected with a fall protection system. A fall arrest system is a system of physical components attached to a worker that stops a worker during a fall.

3.10 TRAVEL RESTRAINT SYSTEMS (TRS):

A TRAVEL RESTRAINT SYSTEM (TRS) lets a worker travel just far enough to reach the edge but not far enough to fall over.

3.10.1 The basic Travel Restraint System (TRS) consists of;

3.10.1.1 CSA approved full body harness,

3.10.1.2 Shock Absorbing Lanyard,

3.10.1.3 Lifeline,

3.10.1.4 Rope grabs to attach full body harness or lanyard to lifeline, and

3.10.1.5 Adequate anchorage; capable of supporting a static load of 2 kilonewtons, 450lbs with a recommended safety factor of at least two (2) that means 4 kilonewtons or 900lbs.

3.11 FALL ARREST SYSTEMS:

Where workers cannot be protected from falls by a guardrail system or a travel restraint, they must be protected by at least one of the following methods;

3.11.1 Fall Restricting System,

3.11.2 Safety Net, or

3.11.3 Fall Arrest System.

In the event of a fall, the above systems must keep a worker from hitting the ground, the next level below, or any other objects below.

3.11.4 A Fall Restricting System is designed to limit a workers free fall distance to 0.6m (2 feet). One type would be a full body harness with a front D ring that attaches to a safety rail on a fixed ladder.

3.11.5 A Safety Net System must be designed by a professional engineer. The system is installed below a work surface where a fall hazard exists.

3.12 SYSTEM COMPONENTS:

The Canadian Standards Association (CSA) provides minimum standards for most components of personal fall protection equipment.

3.12.1 LIFELINES:

There are three (3) basic types of lifelines;

3.12.1.1 Vertical,

3.12.1.2 Horizontal; a horizontal lifeline must be designed by a professional engineer, and a

3.12.1.3 Retractable.

3.12.2 All lifelines must be inspected daily and prior to each use to ensure that they are;

3.12.2.1 Free of cuts, burns, frayed strands, abrasions and other defects or signs of damage.

3.12.2.2 Free of discoloration and brittleness indicating heat or chemical exposure.

3.12.3 VERTICAL LIFELINES:

Must comply with the current edition of the applicable CSA standard and the following minimum requirements;

3.12.3.1 Only one person at a time may use a vertical lifeline.

3.12.3.2 A vertical lifeline must have a positive stop to prevent the rope grab from running off the end of the lifeline.

3.12.3.3 Vertical lifelines are typically 16mm (5/8 inch) synthetic rope (polypropylene blends).

3.12.4 HORIZONTAL LIFELINES:

The following requirements apply to any horizontal lifeline system;

3.12.4.1 The system must be designed by a professional engineer according to good engineering practice.

3.12.4.2 The design can be a standard design or specifically engineered for the Project location.

3.12.4.3 The design for a horizontal lifeline must;

- Clearly indicate how the system is to be arranged, including how and where it is to be anchored.
- List and specify all required components.
- Clearly state the number of workers that can safely be attached to the lifeline at one time.
- Spell out instructions for installation, inspection and maintenance.
- Specify all of the design loads used to design the system.

3.12.4.4 The system must be installed, inspected and maintained in accordance with the professional engineers design.

3.12.4.5 Before each use, the system must be inspected by a professional engineer or competent worker designated by a Supervisor. A complete and current copy of the design must be kept at the Project location as long as the system is in use.

3.12.5 RETRACTABLE LIFELINES:

Consist of a lifeline spooled on a retracting device attached to adequate anchorage. Retractable lifelines must comply with CAN/CSA Z259.2.2-M98. In general, retractable lifelines;

3.12.5.1 Are usually designed to be anchored above the worker.

3.12.5.2 Employ a locking mechanism that lets the line unwind off the drum under the slight tension caused by a user's normal movements.

3.12.5.3 Automatically retract when tension is removed, thereby preventing slack in the line.

3.12.5.4 Lock up when a quick movement, such as that caused by a fall, is applied.

3.12.5.5 Are designed to minimize fall distance and the forces extended on a workers body by fall arrest.

4.0 SUPPORTING DOCUMENTATION:

4.1 Personal Fall Prevention Inspection Checklist (Document ID 309)

SHOULD BE COMPLETED BY: Competent Worker **URGENCY OF COMPLETION: Mandatory**

ampere	**AMPERE LIMITED** **PERSONAL FALL PROTECTION INSPECTION CHECKLIST**	**REVISION DATE:** **JANUARY 2016**

ALL FALL PROTECTION & TRAVEL RESTRAINT EQUIPMENT MUST BE CSA/OSHA/ANSI APPROVED. ALWAYS FOLLOW THE MANUFACTURER'S INSTRUCTIONS.
****STOP…ALWAYS VISUALLY INSPECT YOUR FALL PROTECTION & TRAVEL RESTRAINT EQUIPMENT PRIOR TO EACH USE****

EMPLOYEE NAME: _____ **PROJECT:** _____ **WEEK ENDING:** _____

DATE:														
****ENSURE MANUFACTURER'S LABELS ARE VISIBLE**	**MM/DD/YYYY**		**MM/DD/YYYY**		**MM/DD/YYYY**		**MM/DD/YYYY**		**MM/DD/YYYY**		**MM/DD/YYYY**		**MM/DD/YYYY**	
LIFELINES/LANYARDS (WEB/ROPE/WIRE)	**YES**	**NO**	**YES**	**NO**	**YES**	**NO**	**YES**	**NO**	**YES**	**NO**	**YES**	**NO**	**YES**	**NO**
1) Burns, cuts or signs of chemical damage,	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
2) Loose or broken stitching/strands,	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
3) Frayed material, inspect hooks.	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
LANYARD & SHOCK ABSORBER	**YES**	**NO**	**YES**	**NO**	**YES**	**NO**	**YES**	**NO**	**YES**	**NO**	**YES**	**NO**	**YES**	**NO**
1) Cut, torn, burned, signs of shock lanyard,	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
2) Knots (In Rope and/or Lanyard),	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
3) Stretching ,	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
4) Deployed (Check Manufacturer's label for appropriate length)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
5) Webbing; frayed, cut, burned, signs of chemical damage	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
FULL BODY HARNESS	**YES**	**NO**	**YES**	**NO**	**YES**	**NO**	**YES**	**NO**	**YES**	**NO**	**YES**	**NO**	**YES**	**NO**
1) Burns, cuts or signs of chemical damage to the webbing,	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
2) Loose or broken stitching/strands,	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
3) Frayed web material,	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
4) D-Ring & Keeper pads are free from distortion & signs of undue wear & damage,	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
5) Grommets & buckles are free of damage, distortion or sharp edges.	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
CONNECTING DEVICES (HARDWARE/HOOKS)	**YES**	**NO**	**YES**	**NO**	**YES**	**NO**	**YES**	**NO**	**YES**	**NO**	**YES**	**NO**	**YES**	**NO**
1) Damage, cracking, dents, bends or signs of deformation,	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
2) Connecting rings centered, not bent to one side or otherwise deformed,	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
3) Moving parts working smoothly latches properly	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
4) Signs of wear or metal fatigue; any rust?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
5) Adequate Anchorage Point?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

1.0 PURPOSE:

1.1 This procedure has been established to ensure that Employees exposed to noise hazards are properly trained and educated in the selection, care and use of hearing protection equipment. The Personal Protective Equipment (PPE) Program is designed to protect workers against hazards where engineering or administrative controls are not possible or practical.

2.0 DEFINITIONS:

2.1 HEARING PROTECTION PROGRAM:

The Hearing Protection Program Includes noise assessment, hearing protection selection, Employee training and education, audiometric testing, maintenance, inspection, record keeping and program evaluation.

2.2 HEARING PROTECTION DEVICE (HPD):

Hearing Protection Devices are barriers that reduce the amount of noise reaching the sensitive inner part of your ear.

3.0 PROCEDURE:

3.1 SELECTION CRITERIA:

In addition to attenuation characteristics (fit, comfort and sound reduction), the following factors should be considered when selecting hearing protectors.

3.1.1 Noise Exposure Levels and Standards,

3.1.2 Comfort,

3.1.3 Appearance,

3.1.4 Communication Requirements,

3.1.5 Work Environment or Safe Work Procedures, and

3.1.6 Other Protection

3.2 NOISE EXPOSURE LEVELS & STANDARDS

Identifying the noise level(s) that a person may be exposed to throughout a normal working day (8 hours or more), determines the class of hearing protection that is needed.

3.2.1 Evaluation is based on an (8) eight hour noise exposure, not a spot or area measurement.

3.2.2 CSA Standard Z 94.2-02, Hearing Protection, identifies classes of hearing protection as A, B and C. Class A Hearing Protection have the highest ability to attenuate, followed by B and C.

3.2.3 Table 1 provides guidelines for proper selection. Table 2 lists typical noise levels for various kinds of construction equipment. **THE UPPER LIMITS OF THE NOISE LEVELS CAN BE USED AS A GUIDE IN SELECTING A SPECIFIC CLASS OF HEARING PROTECTION.**

3.2.4 **WHEN NOISE LEVELS EXCEED THE 110DB RATE, YOU ARE REQUIRED TO USE BOTH OF THE FOLLOWING COMBINATION TO ENSURE PROTECTION FROM**

EXPOSURE;

3.2.4.1 CLASS A PLUG

3.2.4.2 CLASS A OR B EAR MUFF

GUIDELINES	PROPER SELECTION
MAXIMUM NOISE LEVEL dB (A)	**RECOMMENDED CLASS OF HEARING PROTECTION**
LESS THAN 85 dB (A)	NO PROTECTION REQUIRED
UP TO 89 dB (A)	CLASS C
UP TO 95 dB (A)	CLASS B
UP TO 105 dB (A)	CLASS A
UP TO 110 dB (A)	CLASS A PLUG + CLASS A OR CLASS B EAR MUFF
MORE THAN 110 dB (A)	CLASS A PLUG + CLASS A OR CLASS B EAR MUFF AND LIMITED EXPOSURE

3.2.5 EARPLUGS

Earplugs should conform to the latest issue of CSA Standard 294.2-02.

3.2.5.1 For maximum attenuation the method of insertion illustrated below should be used. Because the ear canal is slightly S shaped, the ear must be pulled back to straighten the canal for the plug to fit properly;

**Reach one hand around the back of the head, pull ear upwards to straighten S-shaped ear canal, then insert plug with the other hand according to manufacturer's instructions.

3.2.5.2 Earplugs must be fit snugly in the ear canal. This will cause some discomfort initially, however, in time the discomfort vanishes. If the discomfort persists for more than two (2) weeks, please consult professional advice. In most cases, it will be a matter of re-sizing the plug however, not all people can wear plugs and may need to seek custom protection.

4.0 SUPPORTING DOCUMENTATION: N/A

1.0 PURPOSE:

1.1 The purpose of this procedure is to ensure that Employees/Workers are protected from exposure to hazardous environments by being properly trained and educated in the care and use of respiratory protection equipment. This procedure applies to all AMPERE LIMITED facilities, Project locations and shop areas where respiratory protection is required.

2.0 DEFINITIONS:

2.1 AIR PURIFYING RESPIRATOR:
An AIR PURIFYING RESPIRATOR is a respirator with an air-purifying filter, cartridge or canister that removes specific air contaminants by passing ambient air through the air purifying element.

2.2 ATMOSPHERE SUPPLYING RESPIRATOR:
An ATMOSPHERE SUPPLYING RESPIRATOR is a respirator that supplies the respirator user with breathing air/gas from a source independent of the ambient atmosphere.

2.3 SUPPLIED AIR RESPIRATOR:
A SUPPLIES AIR RESPIRATOR is an accepted respirator and air supply hose with a hood/helmet, a tight fitting face piece, or a loose fitting face piece/visor that is supplied with compressed breathing air from a compressed air breathing air system.

2.4 FIT TEST:
A FIT TEST is the use of a qualitative or a quantitative method to evaluate the fit of a specific make, model and size of a respirator on an individual.

3.0 PROCEDURE:

3.1 SELECTION:
For the purpose of selection, accepted respirators are grouped as follows;

3.1.1 PARTICULATE FILTER:
This type removes solid particles such as dusts, fumes or mists and operates like the air filter in a car engine. When the particulate filter fills up with dust or fumes, they become harder to breathe through. These filters do not filter out gases or vapors because of the very small size of gas and vapor molecules.

3.1.1.1 Particulate Filters for non-powered air purifying respirators are divided into three (3) levels of efficiency; 95%, 99% and 99.97%. These refer to the percentage the filter can remove, based on particle size most difficult to trap. Therefore, to ensure that a suitable filter is being used, particulate filters have a N, R, or P designation.

3.1.2 COMMON GAS/VAPOR CARTRIDGE FILTER:
Include the following;

3.1.2.1 ORGANIC VAPOR CARTRIDGES:
Usually contain activated charcoal to remove vapors such as toluene, xylene, and mineral spirits found in paints, adhesives and cleaners.

3.1.3 Before using or handling a controlled product, reference the Material Safety Data Sheet (MSDS). The Material Safety Data Sheet (MSDS) will identify any respiratory protection required. The Material Safety Data Sheet (MSDS) should specify the type of respirator to be worn.

3.1.4 Dust/mist/fume filters should be changed when there is noticeable buildup on the outside of the device or as prescribed by the manufacturer.

3.1.5 All workers using respiratory protection must have their fit test credentials with them.

4.0 SUPPORTING DOCUMENTATION: N/A

1.0 PURPOSE:

AMPERE LIMITED strives to communicate all essential and non-essential Health and Safety concerns to all Employees, this can include on the job and off the job information.

2.0 DEFINITIONS: N/A

3.0 PROCEDURE:

This procedure applies to all AMPERE LIMITED Employees.

3.1 There are a variety of methods that can be utilized to communicate Health and Safety information and/or materials throughout the internal organization, such as;

- **3.1.1** Meetings
- **3.1.2** Training Sessions
- **3.1.3** Company Quarterly Foreman's Meetings
- **3.1.4** Weekly Safety Toolbox Meetings
- **3.1.5** Project Health & Safety Bulletin Boards
- **3.1.6** Senior Management Communication Meetings
- **3.1.7** Posters
- **3.1.8** Payroll Inserts

3.2 Off the job Health & Safety topics could include;

- **3.2.1** Employee Assistance Program
- **3.2.2** Wellness Initiatives
- **3.2.3** Vehicle Safety
- **3.2.4** Personal Health & Safety
- **3.2.5** Health & Safety at Home
- **3.2.6** Recreational/Leisure Health & Safety

4.0 SUPPORTING DOCUMENTATION: N/A

1.0 PURPOSE:

AMPERE LIMITED recognizes that completing the mandatory New Hire Health and Safety orientation, education and training certification of the Employee is a vital part of our Health and Safety Program. AMPERE LIMITED will in addition ensure that Supervisory staff has the knowledge and skills to instruct workers in safe practices and procedures and meet ongoing requirements for safety instruction. Instruction will be provided to all Employees. All Employees are required to attend the training certification and comply with safe work practices, policies and procedures.

2.0 DEFINITIONS: N/A

3.0 PROCEDURE:

This procedure applies to…New Hires, Employees Returning from an Extended Leave, Contract Employees, Students and Supply of Labour Employees.

3.1 The New Hire Health and Safety Orientation program includes these components but is not limited to;

- **3.1.1** Review of the Company Environmental, Health & Safety Manual
- **3.1.2** Employee Responsibilities and Accountabilities
- **3.1.3** Workplace Location Information
- **3.1.4** Policies and Procedures for;
  - **3.1.4.1** Reporting Injury/Illness
  - **3.1.4.2** Reporting Hazards
  - **3.1.4.3** Emergency Response Plan
  - **3.1.4.4** Early and Safety Return to Work Program
  - **3.1.4.5** Immediate Supervisor and Contact Information
  - **3.1.4.6** JHSC/Worker Representative
- **3.1.5** Occupational Health & Safety Act and Regulations
- **3.1.6** Site Specific General Policies and Procedures
- **3.1.7** Non-Compliance/Employee Disciplinary Action
- **3.1.8** Personal Protective Equipment

3.2 New Employees must take the New Hire Health and Safety Orientation Program prior to starting at any workplace or any construction site/project location.

3.3 SUPERVISOR TRAINING PROGRAM

The Supervisor Training Program includes these components but is not limited to;

- **3.3.1** Supervision Training and Orientation Program
- **3.3.2** CSAO Basics of Supervising
- **3.3.3** Standard First Aid/CPR/AED Training Certification
- **3.3.4** Lockout and Tag Training Certification
- **3.3.5** Asbestos in Construction Training Certification
- **3.3.6** Incident Reporting and Investigation
- **3.3.7** Job Hazard Analysis and Method of Procedure (MOP)
- **3.3.8** Monthly Foreman's Safety Workbook

4.0 SUPPORTING DOCUMENTATION: N/A

1.0 PURPOSE:

Health and Safety Communications are of vital importance to the Health and Safety Management System. It is policy that all workplaces, construction sites and project locations have Health and Safety communications on a regular everyday basis.

2.0 DEFINITIONS: N/A

3.0 PROCEDURE:

3.1 Start and end the meeting on time, if you said it would be brief, keep it brief.

3.2 Ensure that all workers sign the attendance form that demonstrates who participated.

3.3 Observe the KISS principle, (Keep it Straight Forward and Simple). Do not bore your Employees by reviewing the whole safety manual in one session. Less is more in this case.

3.4 Stick to your agenda, be flexible enough to respond to concerns, but keep to the topic. Control the meeting; do not let it turn in to a social hour or a complaints session.

3.5 Encourage questions and feedback. Remind the crew that there is no such thing as a dumb question. Everyone learns when a question is asked and this will also give you an idea if you got your point across the Employees.

3.6 If you do not know the answer to a question, document it on the Safety Meeting Minutes (Document ID 603) under the section “Items Raised by Employees”, explain to the Employee that you will look into the matter and report back to the group at the next scheduled Safety Talk Meeting.

3.7 Find ways to involve or “engage” the Employees of the group. It will keep their interest and it will help them to remember what you have been discussing. Ask them for examples of hazards and corrective measures related to the topic discussed.

3.8 Be interested in your topic and audience, welcome questions and comments.

3.9 End your meeting on a positive note by summing up the key points along with any further action that will be taken as a result of the safety meeting.

3.10 Remember to thank your Employees for their involvement.

4.0 SUPPORTING DOCUMENTATION:

4.1.1 Safety Talk Meeting Minutes (Document ID 603)

4.1.2 Safety Talk(s) - TOPIC

ampere	**AMPERE LIMITED** **SAFETY TALK MEETING MINUTES**	**REVISION DATE:** **JANUARY 2016**

DATE: _____ **MEETING NO.:** _____

PROJECT: _____ **PROJECT NO:** _____

SUPERVISOR: _____ **COMPANY:** **AMPERE LIMITED**

EMPLOYEE NAME: (please print)	EMPLOYEE SIGNATURE:
1)	
2)	
3)	
4)	
5)	
6)	
7)	
8)	
9)	
10)	
11)	
12)	
13)	
14)	
15)	
16)	
17)	
18)	
19)	

ampere	**AMPERE LIMITED** **SAFETY TALK MEETING MINUTES**	**REVISION DATE:** **JANUARY 2016**

DATE: _____ **TOPIC(S):** **MARK WITH AN 'X'**

MARK WITH AN 'X'	TOPICS
☐	Responsibilities – General Contractor, Subcontractor, Employer, Employee
☐	Worker's Rights – RIGHT TO KNOW, RIGHT TO PARTICIPATE, RIGHT TO REFUSE
☐	Head Protection
☐	Eye Protection
☐	Hearing Protection
☐	Hand Protection
☐	Respirators – Types, Fits & Maintenance
☐	Guardrail Systems
☐	Fall Arrest/Protection – Basic Types, Inspections, Lifelines, Rope Grabs, Training, etc.
☐	Slips, Trips & Falls
☐	Step Ladders & Extension Ladders
☐	Step Ladders – 3 point contact
☐	Scaffold Systems
☐	Rigging & Hoisting
☐	Electrical Safety & Hazards
☐	Lockout Tagout Policy & Procedures – Method of Procedure
☐	Temporary Lighting – Installation & Maintenance
☐	Underground Utilities
☐	Vehicle Inspections – Highway Traffic Act – Ontario Regulation 199/07
☐	Excavation & Trenching
☐	Confined Space – Definition, Dangerous Atmospheres, Permits, Air Monitoring, etc.
☐	Hand Tools
☐	Electric Tools
☐	Fire Extinguishers – Monthly Inspections
☐	Heat Stress
☐	Cold Stress
☐	Medical Conditions/Allergies – Mental Illness Awareness
☐	Compressed Gas Cylinders
☐	Back Care & Lifting Techniques
☐	Cranes – Tower/Mobile
☐	Public Protection/Security
☐	WHMIS/MSDS
☐	Accidents/Incidents (Near Miss); ALL are to be reported to your Supervisor, no matter the severity.
OTHER:	
OTHER:	
OTHER:	

****ALL UNSAFE ACTS AND/OR CONDITIONS MUST BE REPORTED IMMEDIATELY TO SUPERVISION****

ATTACHED A COPY OF THE SAFETY TALK TO THIS DOCUMENT, RETAIN A COPY AND KEEP ON THE PROJECT & SUBMIT A COMPLETED COPY TO AMPERE LIMITED TO BE REVIEWED AND RETAINED ON FILE.

1.0 PURPOSE:

1.1 The purpose of this procedure is to ensure that both Employees/Workers of AMPERE LIMITED are made aware that safety awards and recognition are a very important part of our company's approach to safety consciousness. Our safety awards program is designed to involve the participation by AMPERE LIMITED Employees/Workers on an everyday basis in all of our Project locations. At AMPERE LIMITED the Health & Safety of our Employees/Workers is top priority. AMPERE LIMITED is committed to ZERO work related injuries and illnesses.

2.0 DEFINITIONS: N/A

3.0 PROCEDURE:

Awards will be presented annually to Employees/Workers in recognition for diligently complying with AMPERE LIMITED's Health & Safety Policy through services, contributions, inventions, job performance, and procedures or in any manner considered by Management.

3.1 NOMINATION PROCEDURE

3.1.1 Nominations should be submitted in writing either on the attached Nomination Form or by letter.

3.1.2 Nominations should be specific and should describe the Employees/Workers achievements, awards, inventions, training & education, as well as details of his/her leadership and participation on committees.

3.1.3 **All nominations are to be submitted to DANIEL HSIEH (EHS) by NOVEMBER 1 every year.**

3.1.4 All nominations will be reviewed and discussed with Management along with the assistance of the Environmental, Health & Safety Manager.

4.0 SUPPORTING DOCUMENTATION: N/A

ampere	**AMPERE LIMITED** **SAFETY NOMINATION FORM**	**REVISION DATE:** **JANUARY 2016**

DATE OF SUBMISSION: _____

NOMINEE: _____ **NOMINATOR:** _____

PROJECT: _____ **PROJECT NO.:** _____

PHONE: _____ **EMAIL:** _____

EMPLOYEE NAME: _____

QUALIFICATIONS:

Please explain why the above nominee deserves this Safety Award. Be sure to include detailed specific achievements including, but not limited to awards, inventions, recommendations, training & education, as well as details of his/her leadership and participation on committees and Project accomplishments and success which have assisted in improving the Health & Safety of AMPERE LIMITED.

NOMINATOR NAME: (please print)	**NOMINATOR SIGNATURE:**

1.0 PURPOSE:

1.1 The purpose of this procedure is to identify and ensure that all required and relevant information is communicated to workers at the Project locations through a Health & Safety Notice Board. This procedure applies to all external Project locations where site trailers are required. It is the Policy of AMPERE LIMITED that all site trailers are properly equipped with the appropriate safety devices, materials and postings.

2.0 DEFINITIONS:

2.1 WHMIS - WORKPLACE HAZARDOUS MATERIAL INFORMATION SYSTEM

2.2 JHSC - JOINT HEATLH & SAFETY COMMITTEE

2.3 OHSA - OCCUPATIONAL HEALTH & SAFETY ACT

3.0 PROCEDURE:

3.1 The minimum requirements for posting on the Health & Safety Project Bulletin Board in the AMPERE LIMITED Site Office is as follows;

- **3.1.1** Occupational Health & Safety Act and Regulations for Construction Projects.
- **3.1.2** WHMIS Regulations.
- **3.1.3** Designated Substances, if applicable.
- **3.1.4** Ministry of Labor (MOL) explanatory material as follows;
  - **3.1.4.1** Guide to the Act
  - **3.1.4.2** Guide to the JHSC
  - **3.1.4.3** Guide for Safe Operations of Lift Trucks
- **3.1.5** WSIB Form 82; In Case of Injury Poster
- **3.1.6** First Aid Regulations 1101
- **3.1.7** Notice of Project & Form 1000
- **3.1.8** Names & Contact Numbers of the JHSC Members
- **3.1.9** Emergency Services and Numbers (and Clients/Owners)
- **3.1.10** Health & Safety Reports as follows;
  - **3.1.10.1** Joint Health & Safety Committee Meeting Minutes
  - **3.1.10.2** Ministry of Labor Site Visits & Work Orders
  - **3.1.10.3** Accident/Incident Investigation Reports
  - **3.1.10.4** Workplace Safety Inspections
  - **3.1.10.5** Health and Safety Policy Statement

3.2 The following list is the minimum requirements of safety program specific materials/items to be located in the AMPERE LIMITED Site Trailer at all times;

- **3.2.1** AMPERE LIMITED Health & Safety Manual
- **3.2.2** Material Safety Data Sheets (MSDS)
- **3.2.3** Fire Extinguisher(s); Site Trailers over 40' long require two (2) fire extinguishers, minimum 10lbs installed at the access/egress routes.
- **3.2.4** Large First Aid Kit equipped with a First Aid Treatment Log

3.2.5 P103; In Case of an Emergency Poster (complete with a map to the closest hospital, emergency contacts & numbers and essential services numbers).
3.2.6 **NO SMOKING** signage/stickers posted.
3.2.7 Emergency Eye Wash Station.
3.2.8 Accident/Incident Investigation Reports. (blank)
3.2.9 Site Traffic Control Plan.
3.2.10 Confined Space Entry Plan, if applicable.
3.2.11 Fall Rescue Plan/Procedures

4.0 SUPPORTING DOCUMENTATION:

4.1.1 AMPERE LIMITED Health & Safety Project Bulletin Board Checklist (Document ID 607)

1.0 PURPOSE:

It is the policy of AMPERE LIMITED to provide greater protection against workplace injuries and illnesses. This cooperative involvement means together AMPERE LIMITED and the Joint Health & Safety Committee are committed to improving Health & Safety conditions in the workplace.

2.0 DEFINITIONS: N/A

3.0 PROCEDURE:

3.1 STRUCTURE

3.1.1 The Joint Health & Safety Committee (JHSC) consists of at least (2) two worker members and (2) two Management members.

3.1.2 The JHSC will meet on a monthly basis or more frequent as necessary. The Meeting Minutes will be recorded, distributed and posted on the Project Health & Safety Bulletin Boards.

3.2 SELECTION PROCESS FOR THE JHSC

3.2.1 WORKER MEMBERS: Will be elected by their peers. Individuals can volunteer or be nominated. An election will be held to select the appropriate number of worker members. The work members will be comprised of workers regularly employed with each division (ie. Construction, Tenant and Service).

3.2.2 MANAGEMENT MEMBER: The Senior Management team will select the Management Member(s) (ie. EHS Manager).

3.2.3 WORKER CERTIFIED MEMBER: The Employees will decide who will become the Certified Member(s).

3.2.4 MANAGEMENT CERTIFIED MEMBER: The management member(s) of the JHSC will decide who will become the certified management member.

3.2.5 REPLACEMENT PROCESS OF CERTIFIED MEMEBERS: The same process as above will be used to replace the certified member.

3.2.6 SELECTION OF WORKER CO-CHAIR: The worker members on the JHSC will decide who the worker co-chair becomes.

3.2.7 SELECTION OF MANAGEMENT CO-CHAIR: The management members on the JHSC will decide who will become the management co-chair.

3.2.8 SECRETARY: A secretary will be assigned by management to attend meetings and produce the Meeting Minutes.

3.2.9 If the company is having difficulty selecting JHSC members, management will;

3.2.9.1 Made additional efforts to promote the benefits of becoming a Joint Health & Safety Committee member.

3.2.9.2 Educate and train Employees on Health & Safety.

3.2.9.3 Provide information to Employees on the roles and responsibilities of the Joint Health & Safety Committee.

3.3 SUBMISSION OF RECOMMENDATIONS

3.3.1 WHY: A function of the JHSC/worker representative is to make recommendations to Management and the Employees for the improvement of the Health & Safety of the Employees.

3.3.2 WHO CAN SUBMIT: The Joint Health & Safety Committee.

3.3.3 WHO TO SUBMIT TO: The Executive Management Team.

3.3.4 WHAT CAN BE SUBMITTED: Any Health & Safety recommendation to rectify a situation that may be a source of danger or hazard to the Employee.

3.3.5 WHEN: As soon as the danger is identified.

3.3.6 HOW: In writing, on the JHSC recommendation to Management Form; Document ID 701.

3.4 LENGTH OF TERM

The length of term for JHSC is no more than (1) one year; reviewed on an annual basis.

3.5 ROLES AND RESPONSIBILITIES

3.5.1 EMPLOYER – The employer is responsible for ensuring that;

3.5.1.1 A location is provided for meetings and chooses a committee member or members.

3.5.1.2 The committee is informed of any work related accidents involving injury, death or occupational illness, and providing the committee with the results of any reports relating to the Health & Safety in the workplace.

3.5.1.3 A written response is provided to the committee for any formal written recommendations within (21) twenty-one days.

3.5.1.4 If the recommendations are accepted, a timetable for action must be outlined and provided to the committee. If the Employer disagrees with the recommendation, reasons must be provided in writing.

3.5.2 COMMITTEE – The committee has (4) four principle functions;

3.5.2.1 Identify potential hazards.

3.5.2.2 Evaluate the potential hazards.

3.5.2.3 Recommend corrective action(s).

3.5.2.4 Follow up on implemented recommendations.

3.6 FUNCTION

3.6.1 Carry out regular inspections of the workplace. Each member will be assigned an area to complete an inspection on at least on a monthly basis. This inspection will include but not limited to, eye wash stations, fire extinguishers and general housekeeping.

3.6.2 In some cases, participate in the development of assessment reports and control program reports required under the designated substance regulation.

3.6.3 In some cases, the Joint Health Safety Committee members will be requested to assist in the investigation of a workplace accident.

3.6.4 All committee members shall be available to receive Employee concerns, complaints and recommendations; to discuss problems and recommend solutions; and to provide input into proposed and existing Health and Safety programs.

3.7 WORKER ACCESS TO COMMITTEE INFORMATION

3.7.1 The names and locations of all Health & Safety Committee members shall be posted in the workplace on the Project Health & Safety Bulletin Board. This list will be updated as changes occur to the Health & Safety Committee membership.

3.7.2 A copy of the Occupational Health & Safety Act and Regulations, as well as other explanatory material will also be posted on the Project Health & Safety Bulletin Board, readily available and accessible to construction personnel.

3.7.3 A copy of the Ministry of Labour inspection reports and orders issued, as well and the Health & Safety Committee Meeting Minutes shall also be posted on the Project Health & Safety Bulletin Board.

3.8 WORKER HEALTH AND SAFETY CONCERNS

3.8.1 Workers may approach a Health and Safety Committee member with a concern about Health and Safety. In such instances, the member must inform the worker that it is the workers duty under the Occupational Health & Safety Act and Regulations to report his concerns to his immediate Supervisor.

3.8.2 The member will make every effort to have the worker report to his immediate Supervisor, including accompanying the worker to speak to the Supervisor, if necessary.

3.8.3 When a Supervisor is informed of a worker safety concern, they shall promptly and courteously investigate and address the issue with the worker. If the Supervisor cannot correct or resolve the issue at the time of reporting, he shall notify the worker of an approximate time frame for the concern to be resolved.

3.8.4 If the concern is satisfactorily resolved, the worker may take the concerns to a member of the committee and request that it be addressed by the committee at the earliest opportunity, and no later than the next scheduled meeting. When the committee has addressed the concern and/or made a recommendation for the resolution of the issue, the worker shall be notified; and shall be informed when the concern is resolved.

3.8.5 If the concern appears to pose an immediate danger, and the extent of the hazard has been explained to the Supervisor and remains uncorrected; the worker is entitled to exercise the right of refusal pursuant to Section 43 of the Occupational Health & Safety Act and Regulations, where the circumstances are likely to endanger himself/herself, or another worker.

3.8.6 Certified members may be asked to review these concerns and rule if the concern is a “dangerous circumstance” and will follow procedure pursuant to Section 44(1) of the Occupational Health & Safety Act and Regulations.

4.0 SUPPORTING DOCUMENTATION:

4.1.1 JHSC Recommendation to Management Form (Document ID 701)

ampere	**AMPERE LIMITED** **JHSC RECOMMENDATIONS TO MANAGEMENT FORM**	**REVISION DATE:** **JANUARY 2016**

RECOMMENDATION AS A RESULT OF (CIRCLE ONE):

- **WORKPLACE AUDIT**
- **WORKER HEALTH AND SAFETY CONCERN**
- **JHSC CONCERN**

RECOMMENDATION DUE TO NON COMPLIANCE WITH (CIRCLE ONE):

- **O.H.S.A & CONSTRUCTION REGULATIONS 213/91**
- **O.H.S.A & INDUSTRIAL REGULATIONS 851**
- **EMPLOYER STANDARD OR PROCEDURE**

DATE OF RECOMMENDATION: _____

RECOMMENDATION: _____

_____
_____
_____
_____
_____

WRITTEN RESPONSE (TO BE RETURNED WITHIN 21 DAYS OF RECOMMENDATION DATE AS PER OSHA:

- **AGREE WITH RECOMMENDATION**
- **DISAGREE WITH RECOMMENDATION**

_____
_____
_____
_____
_____
_____

DISTRIBUTION TO:

- **ORIGINATOR**
- **EMPLOYER**
- **JHSC COMMITTEE**

1.0 PURPOSE:

The purpose of this policy is to assist all Employees and the Joint Health Safety Committee members in the work stoppage process.

2.0 DEFINITIONS:

2.1 DANGEROUS CIRCUMSTANCE

A dangerous circumstance is a situation where;

- **A PROVISION OF THE OCCUPATIONAL HEALTH & SAFETY ACT AND REGULATIONS IS BEING CONTRAVENED.**
- **THE CONTRAVENTION POSES A DANGER OR HAZARD TO A WORKER; AND**
- **THE DANGER OR HAZARD IS SUCH THAT ANY DELAY IN CONTROLLING IT MAY SERIOUSLY ENDANGER A WORKER.**
- **ALL THREE OF THESE CONDITIONS MUST EXIST AT THE SAME TIME FOR A WORK STOPPAGE.**

2.2 UNILATERAL WORK STOPPAGE

A single Joint Health Safety Committee member is given authority to shut down a piece of equipment or operation when they come across a dangerous circumstance.

2.3 BILATERAL WORK STOPPAGE

The worker and management member must agree that a work stoppage should occur.

3.0 PROCEDURE:

3.1 The Occupational Health & Safety Act and Regulations gives certified Joint Health Safety Committee members the right to direct the Employer to stop work if they agree there is a "dangerous circumstance".

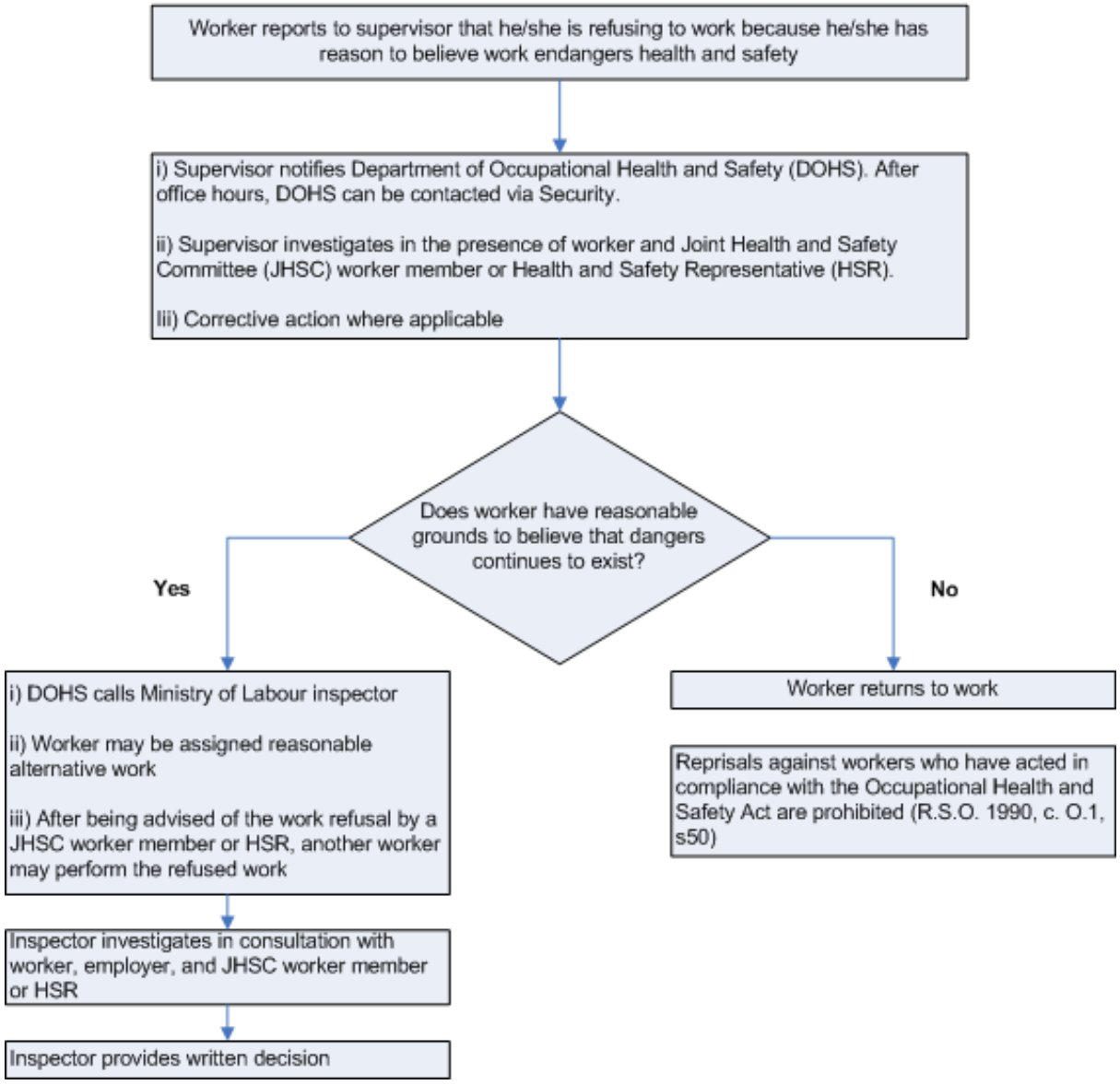
3.2 All parties concerned should follow the work refusal process chart.

4.0 SUPPORTING DOCUMENATION

4.1.1 Work Refusal Process Chart (Document ID 703)

ampere	**AMPERE LIMITED** **WORK REFUSAL PROCESS CHART**	**REVISION DATE:** **JANUARY 2016**

After the hazard reporting process, the work refusal process is available to workers who continue to believe that the work endangers their health and safety.



1.0 PURPOSE:

1.1 The purpose of this policy is to ensure that all workers are aware of the exposure to hazardous materials in the workplace. AMPERE LIMITED will provide a safe working environment and will comply with the WHMIS Regulation 860. AMPERE LIMITED will implement exposure controls for the protection of their Employees. Contractors must implement all exposure controls specified.

2.0 DEFINITIONS:

2.1 HAZARDOUS MATERIALS
A substance (solid, liquid, gas) or combination of substances with properties which, if not properly controlled, could result in human illness or injury.

2.2 MATERIAL SAFETY DATA SHEETS (MSDS)
A current Material Safety Data Sheet for all hazardous materials used, handled, or stored must be readily available in the workplace.

2.3 WORKPLACE HAZARDOUS MATERIALS INFORMATION SYSTEM (WHMIS)
WHMIS supplier labels must be affixed to all WHMIS controlled products transported to, used, or stored at/in the workplace.

2.4 EMERGENCY RESPONSE
An emergency response plan indicating the locations of hazardous materials storage locations.

3.0 PROCEDURE:

3.1 Supervisors and Workers must be aware of all the hazardous chemicals they are working with.

3.2 Workers will use the proper personal protective equipment as per the WHMIS and MSDS sheets.

3.3 All safety barrier signs shall be posted in prominent locations and in sufficient numbers to warn workers of the hazards from chemical and or work processes.

3.4 All workers are to notify their immediate Supervisor immediately and emergency personnel of any chemical spill.

3.5 Safety barriers and signs must be erected and maintained to give clear identification of the hazards and the areas affected.

4.0 SUPPORTING DOCUMENTATION:

4.1.1 Material Safety Data Sheets (MSDS) – FILE

1.0 PURPOSE:

1.1 The purpose of this procedure is to ensure AMPERE LIMITED Employees adhere to the legal requirements for handling, working with, removing and disposing of asbestos and asbestos containing products and also to provide an overview of the asbestos regulations. Ontario Regulation 278/05 applies to all work on Asbestos Containing Materials (ACM) or work likely to disturb ACM. If the scope of work is unclear with regards to asbestos, all areas in question shall be deemed to contain asbestos material. **IN ALL CASES, ONLY QUALIFIED PERSONNEL ARE TO HANDLE, REMOVE AND DISPOSE OF ASBESTOS.** AMPERE LIMITED shall develop a safe operating procedure for workers on Project locations and construction sites where asbestos may or may not be present. The control of asbestos operations is of paramount concern for our Employees and their families; therefore, this policy supersedes the regulations regarding asbestos handling, working, removing and disposal. In all cases the requirement for third party removal and disposal will be contracted out.

2.0 DEFINITIONS:

2.1 ASBESTOS

Is a group of naturally occurring silicates that can be separated into fibers. The following six asbestos minerals are regulated;

- **2.1.1** Actinolite – Amphibole types of Asbestos
- **2.1.2** Amosite – Amphibole types of Asbestos
- **2.1.3** Anthophyllite – Amphibole types of Asbestos
- **2.1.4** Crocidolite – Amphibole types of Asbestos
- **2.1.5** Tremolite – Amphibole types of Asbestos
- **2.1.6** Chrysotile – Serpentine type of Asbestos

2.2 ASBESTOS CONTAINING MATERIAL (ACM)

Are products and building materials that contain greater than 0.5% or more asbestos by dry weight.

2.2.1 FRIABLE MATERIAL

When dry, can be crumbled, pulverized or powdered by hand pressure, or is naturally crumbled, pulverized or powdered.

2.2.2 NON-FRIABLE

Difficult to crumble with hand pressure to dust.

2.3 CLASSIFICATION TYPES

The Ministry of Labour uses the following (5) five factors to categorize the asbestos related activity into one of the three types; Type 1 (low), Type 2 (medium), Type 3 (high).

2.3.1 TYPE 1 OPERATION

Generally presents little hazard to workers or bystanders (ie. hand removal or vinyl asbestos tile). Refer to O.Reg 278/05 for further details.

2.3.2 TYPE 2 OPERATION

May create exposure exceeding acceptable limits (ie. removing six square inches of asbestos fireproofing to attach a new pipe hanger). Refer to O.Reg 278/05 for further details.

2.3.3 TYPE 3 OPERATION

Major exposures, exceeding acceptable limits, involving frequent or prolonged

exposure, and posing serious risks to both workers and to bystanders (ie. full scale removal or sprayed asbestos fireproofing in an occupied building). Refer to O.Reg 278/05 for further details.

3.0 PROCEDURE:

3.1 WORKER ENCOUNTERED ASBESTOS:

If any workers are unexpectedly exposed to asbestos or possible asbestos they shall be moved to a safe location close to the area in question, but outside the exclusion zone that has been erected.

3.1.1 The Supervisor is to be informed immediately.

3.1.2 Exposed workers are not permitted to enter common areas (ie. rest rooms, cafeterias, etc.) until it is determined that the material is not asbestos or an effective decontamination of the exposed worker has taken place.

3.1.3 The JHSC co-chair must be notified as soon as practical by the workers Supervisor to inform him/her of a possible asbestos exposure situation.

3.1.4 A voluntary WSIB Workers Exposure Incident Form (#3958A) should be offered to the exposed worker to complete; available on the WSIB website at www.wsib.on.ca).

3.1.5 it is then the responsibility of the Owner to arrange the proper testing authority to determine whether the material encountered contains asbestos. Until official confirmation otherwise, the material will be treated as asbestos.

3.1.6 Upon determination that the material is asbestos, the material will be removed under the direction of the Owner of the Project.

3.1.7 Upon determination that the material is not asbestos, the exclusion zone can be removed and work can proceed.

3.2 EXCLUSION ZONES:

The following is a list of minimum requirements for exclusion zones;

3.2.1 Safety barriers (ie. fence or **RED** danger tape) and DANGER DUE TO signage must be erected and maintained to give clear identification of the hazard and the area(s) affected.

3.2.2 The name of the Supervisor in charge of the area, the company name, the contact number of the work group posting the sign, the nature of the hazard and date when the sign was erected must be clearly marked on the sign.

3.2.3 The hazard shall be cordoned off on all sides and when adjacent to other hazard areas, consideration of access and egress to the surrounding work area must be addressed.

3.2.4 Signs will be posted in prominent locations and in sufficient numbers to warn workers and personnel of the hazard from all sides of the affected area(s).

3.2.5 Access to the danger area can only be authorized by the person controlling the hazard area.

3.2.6 Crossing an exclusion zone without authorization shall be deemed a serious safety violation; therefore disciplinary action will be enforced.

3.2.7 Upon confirmation that the hazard has been controlled, all exclusion zone materials must be taken down, removed and disposed of accordingly.

1.0 PURPOSE:

1.1 To ensure that AMPERE LIMITED supplies and maintains First Aid Stations and has workers who are qualified and trained in First Aid procedures in the workplace, and at all construction sites and project locations at all times, as required under the Workplace Safety and insurance Act, Regulation 1101 – First Aid Regulations. It is the intent of AMPERE LIMITED that Employees who are trained and are holding current training certification in First Aid Procedures will offer and provide assistance as required.

2.0 DEFINITIONS: N/A

3.0 PROCEDURE:

3.1 SUPERVISOR

The Supervisor is responsible for ensuring that;

- **3.1.1** First Aid is administered immediately only by a qualified First Aider.
- **3.1.2** There is a record of the first aid treatment/advice given to the worker.
- **3.1.3** Transportation is provided immediately to the closest hospital, clinic or physician's office.
- **3.1.4** The injured worker has all the necessary documentation prior to leaving the workplace, construction site/project location.
- **3.1.5** Complete the First Aid Treatment Log.

3.2 WORKERS

Workers are responsible for ensuring that;

- **3.2.1** They receive First Aid immediately only from a qualified First Aider.
- **3.2.2** They tell their immediate Supervisor of any injury or the possible onset of a work-related illness or condition.
- **3.2.3** They cooperate in health care treatment, as well as any ongoing treatment.
- **3.2.4** They cooperate in the Early and Safety Return to Work Program.
- **3.2.5** They return all required documentation (WSIB) promptly.
- **3.2.6** Report to the Health and Safety Department **DANIEL HSIEH, (EHS) ENVIRONMENTAL, HEALTH & SAFETY OFFICER** any changes in medical condition or return to work status.

4.0 SUPPORTING DOCUMENTATION:

- **4.1.1** First Aid Treatment Log (Document ID 901)
- **4.1.2** WSIB – First Aid Regulation 1101

ampere	**AMPERE LIMITED** **FIRST AID TREATMENT LOG**	**REVISION DATE:** **JANUARY 2016**

****ANYONE USING THIS FIRST AID KIT/SUPPLIES MUST FILL OUT THE BELOW TREATMENT LOG TO ENSURE COMPLIANCE WITH WSIB REGULATION 1101.**

PROJECT: _____ **PROJECT NO.:** _____

INJURED EMPLOYEE NAME	INJURY DETAILS	TIME	DATE	TREATMENT RECEIVED	FIRST AID PROVIDER NAME
		AM/PM	MM/DD/YYYY		

1.0 PURPOSE:

1.1 Inspection, detection and correction activities help Managers, Supervisors to identify substandard conditions or practices. AMPERE LIMITED utilizes inspections as an opportunity to correct the problems before losses occur.

2.0 DEFINITIONS:

2.1 INSPECTOR
Refers to Management, Supervisors, and Workers, operators or equipment or machinery and safety representatives shall inspect the physical condition of the workplace at least once a week.

2.2 INSPECTION
Unless otherwise required by the regulations or by order by an MOL Inspector, a Health and Safety representative shall inspect the physical condition of the workplace at least once a week. The constructor, employer and workers shall provide a Health and Safety representative with such information and assistance as the member may require for the purpose of carrying out and inspection of the workplace.

2.3 WORKPLACE
Any land, premises, location or thing at, upon, in or near which a worker works.

3.0 PROCEDURE: REQUIRED INSPECTIONS

3.1 EXECUTIVE TEAM
The following outlines the requirements for inspections for the Executive Team at AMPERE LIMITED.

3.1.1 The Environmental, Health and Safety (EHS) Manager once a month shall perform a workplace inspection and at minimum one Health and Safety Audit through one of the following or an equivalent method;

3.1.1.1 Personal tour of the workplace or,

3.1.1.2 Inspection with Management or,

3.1.1.3 Inspection with JHSC Representative

NOTE: This inspection should concentrate on critical or important Health and Safety items (not a comprehensive inspection) and engage workers one on one. This will provide visible evidence of interest, involvement and commitment to the Health and Safety Program.

3.2 MANAGERS
The following outlines requirements for Inspections for Manager's at all Company and Project locations;

3.2.1 A Manager shall inspect all work areas he/she is responsible for on a monthly basis

3.2.2 A Manager shall complete at minimum (1) one monthly Health & Safety Audit.

3.3 SUPERVISORS

The following outlines requirements for Inspections for Supervisors at all construction sites and Project locations;

3.3.1 A Supervisor or competent person appointed by the Supervisor shall inspect all machinery and equipment, including fire extinguishing equipment, electrical installations, communications systems, sanitation and medical facilities, buildings and other structures, temporary supports and means of access and egress at the Project.

3.3.2 A Supervisor or competent person appointed by the Supervisor shall conduct at minimum weekly documented inspections of all work areas he/she is responsible and accountable for.

3.3.3 A Supervisor shall complete at minimum a daily Job Safety Analysis/Workplace Inspection.

3.4 OPERATORS/WORKERS

The following outlines the requirements for inspections for workers at construction sites and project locations;

3.4.1 Conduct and record daily inspections of all applicable equipment or machinery used. Forward all relevant documentation to immediate Supervisor.

3.4.2 **Joint Health Safety Committee:** The following outlines the requirements for inspections at the Head Office SHOP/Warehouse.

3.4.3 A Health and Safety Committee Representative(s) from the Joint Health Safety Committee (JHSC) shall inspect the physical condition of the company property on a monthly basis.

3.5 SHOP/WAREHOUSE

It is the responsibility of a competent SHOP/Warehouse Employee to carry out assigned inspections (pre-use, annual certifications, etc.) mechanically powered vehicles, machines, tools and equipment rated at greater than (10) ten horsepower to determine whether they can handle their rated capacity and to identify any defects or hazardous conditions prior to sending them to the construction sites and/or project locations.

3.6 Inspectors will use the following tools to conduct appropriate inspections;

3.6.1 Inspection worksheet

3.6.2 Previous Workplace Safety Inspection Report(s)

3.6.3 Incident/Injury reports to review, if needed corrective action that has been taken.

3.7 Establish an annual documented schedule for Workplace Safety Inspections.

3.8 Any hazards or unsafe conditions observed while conducting the inspection are corrected, immediately, if possible. This includes notifying the manager of the area where the hazard was identified and recording the notification on the inspection worksheet.

3.9 Minimum of (2) two Employees contacts or observation(s) of activities will be conducted during each workplace inspection. Results of the inspections are to be determined on the inspection worksheet.

3.10 Those conducting the inspection must sign the original completed inspection worksheet.

3.11 **AFTER THE INSPECTION:** The following steps must be taken immediately following the inspection;

3.11.1 Inspectors will forward original, completed workplace inspections to their immediate Supervisor within (1) one day of the inspection.

3.11.2 Management/Supervision will assign corrective actions to each identified hazard(s), the corrective actions shall include a time frame for completion.

3.11.3 Management will report to the Executive Team at monthly Management Meetings.

3.11.4 If a new hazard is created, it must be rated using the same rating system as the initial inspection. Recommendation for corrective action(s) developed including assigned time frames, documentation (who, what, where, when, etc.) and etc.

4.0 **SUPPORTING DOCUMENTATION:**

4.1.1 Workplace Safety Inspection Report (Document ID 1001)

MANAGEMENT INITIALS: _____

WEEKLY WORKPLACE SAFETY INSPECTION REPORT

PROJECT NAME:	**PROJECT NO.:**
INSPECTED BY:	**DATE:**
INSPECTOR SIGNATURE:	**TIME:**
FOREMAN NAME:	**WEATHER:**
FOREMAN SIGNATURE:	**TEMPERATURE:**
AMPERE'S PROJECT SAFETY REPRESENTATIVE (PRINT NAME):	
AMPERE'S PROJECT SAFETY REPRESENTATIVE (SIGNATURE):	

LEGEND: A = YES B = NO C= NOT APPLICABLE D= ACTION REQUIRED (DUE DATE FOR ACTION)

1.	PROJECT INFORMATION/FIRST AID	A	B	C	D
a.	2016 AMPERE LIMITED Health & Safety Manual available on Project.				
b.	Occupational Health & Safety Act & Regulations (GREEN BOOK) available on Project.				
c.	Does the Project have Weekly Tool Box Safety Meetings?				
d.	Do you provide Health & Safety training to Employees? (WHMIS, Fall Protection, First Aid/CPR, etc.)				
e.	Employee(s) on Project with a valid First Aid Certification?				
f.	Is there a First Aid Kit & Eye Wash Station readily available? If, YES, where?				
g.	First Aid Log posted in First Aid Kit and kept updated?				
h.	If applicable, are accident/incident records being kept & reviewed with workers on a weekly basis; discussing preventative measures?				
i.	Are emergency telephone numbers conspicuously posted to Employees?				
j.	Procedure established to identify unsafe tools and equipment (tag & remove from workplace)?				
k.	Does AMPERE have monthly JHSC Meetings?				
l.	Does the Project have JHSC/WTC Meetings? Does an AMPERE Representative attend?				
m.	Does the Project have daily JSAs prior to work shift commencing each and every day?				

ACTION TAKEN/COMMENTS:

GENERAL CONTRACTOR:

MANAGEMENT INITIALS: _____

WEEKLY WORKPLACE SAFETY INSPECTION REPORT

2.	HOUSEKEEPING AND SANITATION	A	B	C	D
a.	General neatness of work area is acceptable and safe.				
b.	Daily disposal of waste and trash is being completed.				
c.	Passageways and walkways free of trip/slip hazards.				
d.	Nails, banding & wire bent over, removed or pulled from lumber.				
e.	Waste containers provided and used.				
f.	Adequate number of toilets for size of workforce on Project.				
g.	Toilets maintained on a daily basis.				
h.	Adequate supply of drinking water.				
i.	Disposable drinking cups available on the Project.				
j.	Adequate lighting.				
k.	Icy areas salted and sanded.				
l.	Snow removal completed on snow covered walkways to ensure safe access/egress to work areas.				
m.	Does AMPERE have rolling garbage containers situated on the Project?				
n.	Are the rolling garbage containers picked up by AMPERE at least once a week?				
ACTION TAKEN/COMMENTS:					

3.	FIRE PREVENTION	A	B	C	D
a.	Fire extinguishers situated on the Project.				
b.	Fire extinguishers identified, inspected monthly and located in a conspicuous area of Project.				
c.	Hydrants clear, access to public thoroughfare open.				
d.	“NO SMOKING” signs posted and enforced where needed.				
e.	Storage, use and handling of flammable and combustible liquids in accordance with standards.				
f.	Are temporary heaters being used on the Project?				
g.	Is there proper clearance, proper mounting, and ventilation for the temporary heating?				
h.	Is there any debris, garbage around the temporary heating? If so, is all debris, garbage removed and disposed of accordingly?				
ACTION TAKEN/COMMENTS:					

4.	TEMPORARY ELECTRICAL POWER	A	B	C	D
a.	Adequate wiring, well insulated, temporary panels per code.				
b.	All electrical equipment grounded and all extension cords three-wire type unless double insulated.				
c.	Electrical hazard signs posted.				
d.	Proper fire extinguishers provided and inspected on a monthly basis.				
e.	All terminal boxes equipped with required covers.				
f.	Have concealed electrical lines been located and marked?				
g.	Temporary lighting being used on the Project?				
h.	Is the temporary lighting being maintained on the Project (ie. bulb replacement)?				
i.	Are all extension cords plugged into GFI receptacles?				
j.	Was any defective equipment observed during inspection & removed from the workplace?				

MANAGEMENT INITIALS: _____

WEEKLY WORKPLACE SAFETY INSPECTION REPORT

ACTION TAKEN/COMMENTS:

5.	POWER TOOLS	A	B	C	D
a.	All power tools are maintained and in safe working condition.				
b.	All power operated tools properly guarded.				
c.	Electric tools grounded and/or double insulated.				
d.	Pneumatic power tools, fuel power tools, hydraulic power tools have required guards.				
e.	Good housekeeping tools are being used.				
f.	Defective tool(s) observed during time of inspection.				
g.	Defective tool(s) removed from the work area and tagged.				
h.	Defective tool(s) scheduled to be returned to AMPERE Head Office (SHOP).				
ACTION TAKEN/COMMENTS:					

6.	POWDER & GAS-ACTUATED TOOLS	A	B	C	D
a.	Tools inspected prior to use and in good working condition.				
b.	Eye Protection or face shields observed being used.				
c.	Tools used as recommended as per the Manufacturer's Recommendations.				
d.	Tools and charges protected from unauthorized use.				
e.	Gas containers and charges are kept in a loaded storage and away from excessive heat.				
ACTION TAKEN/COMMENTS:					

7.	LADDER SAFETY & AWARENESS	A	B	C	D
a.	Ladders inspected for defects that could endanger an Employee prior to use; in good condition.				
b.	Properly secured to prevent slipping, sliding, and/or failing.				
c.	Ladders, especially extension ladders have proper base, inclined at a ratio 1:4, top and bottom kept clear, properly secured.				
d.	Are ladders positioned correctly according to the work environment and scope of work being performed to ensure safety of the Employee and OHSA and Regulations.				
e.	Ladder side rail extends 36" above landing area.				
f.	Stepladders fully open and locked when in use.				
g.	Are the AMPERE Employees that are using the ladders inspecting them daily?				
h.	Is the Ladder Risk Assessment Checklist properly completed by worker(s)?				
i.	Are AMPERE Employees trained in Ladder Safety & Awareness?				
ACTION TAKEN/COMMENTS:					

MANAGEMENT INITIALS: _____

WEEKLY WORKPLACE SAFETY INSPECTION REPORT

8.	SCAFFOLDING REQUIREMENTS	A	B	C	D
a.	List the type of scaffold being used on the Project:				
b.	Does the scaffold belong to AMPERE or is it a RENTAL:				
c.	If the scaffold is a RENTAL, please list below the name of the RENTAL Company.				
d.	Scaffold erected, moved, dismantled, and altered by competent person.				
e.	Equipped with top rail, mid rail and toe boards.				
f.	Scaffold; parts damaged and/or weakened are removed from service.				
g.	Access and egress by properly installed ladder.				
h.	Is the scaffold plumb and square with cross-bracing?				
i.	#1 grade spruce scaffold planks – cleated at each end to prevent movement.				
j.	Base plates securely nailed to mud sills.				
k.	Working area free from debris and other trip hazards.				
l.	Scaffold System Wheels; locked, secured to prevent movement.				
ACTION TAKEN/COMMENTS:					

9	COMMERCIAL MOTOR VEHICLES	A	B	C	D
a.	Is the Operator completing daily inspections prior to operation at the beginning of work shift.				
b.	Is the Insurance located in the Commercial Motor Vehicle?				
c.	Are the lights, brakes and horn operational?				
d.	Is the windshield and door glass free from cracks that impair the operator's vision?				
e.	Are the tires in good condition; traction, inflation?				
f.	All fluids; filled to correct levels.				
g.	Routine Maintenance completed; oil change?				
h.	Is a fire extinguishers and first aid kit situated in the Commercial Motor Vehicle?				
i.	Maintenance Request Submitted to Abdul Ashoor for approval.				
ACTION TAKEN/COMMENTS:					
LICENSE PLATE: **KMS:**					

10.	FLAMMABLE GASES AND LIQUIDS	A	B	C	D
a.	All containers clearly identified.				
b.	Proper storage practices observed.				
c.	Fire hazards checked.				
d.	Proper storage temperatures and protection.				
e.	Proper types and numbers of fire extinguishers in both work and storage area.				
f.	Material Safety Data Sheets (MSDS) readily available.				
ACTION TAKEN/COMMENTS:					

WEEKLY WORKPLACE SAFETY INSPECTION REPORT

11.	HANDLING AND STORAGE OF MATERIALS	A	B	C	D
a.	Are materials properly stored or stacked; away from handrails/edges?				
b.	Are passageways clear?				
c.	Stacks on firm footings; not too high?				
d.	Are Employees lifting loads correctly; requesting assistance when needed?				
e.	Are materials protected from weather conditions, if applicable?				
f.	Is dust controlled?				
g.	Is housekeeping in good condition in the designated material storage area?				
ACTION TAKEN/COMMENTS:					

12.	ELEVATED WORK PLATFORMS (SCISSOR LIFTS)	A	B	C	D
a.	Employee wearing Fall Protection Equipment.				
b.	Employee ensuring 100% tie off to proper anchor point.				
c.	Three-point contact when entering/exiting the work platform.				
d.	Work platform housekeeping in good condition; free of debris.				
e.	Chains/Doors closed, secured, locked.				
f.	Employee performing daily inspection of machine.				
g.	Confirm that daily inspections are being completed and are readily available for review.				
h.	Employee operating machine in a safe and controlled manner.				
i.	Employee operating EWP has completed training and can provide certification card.				
ACTION TAKEN/COMMENTS:					

13.	PERSONAL PROTECTIVE EQUIPMENT	A	B	C	D
a.	Eye Protection; being worn as per Company Health & Safety Policy.				
b.	Face Shields; being worn as per Company Health & Safety Policy.				
c.	Respiratory Protection available and properly fitted.				
d.	Grade 1 Protective Footwear complete with GREEN Triangle; in good condition (no holes).				
e.	Head Protection (hard hat); being worn as per Company Health & Safety Policy.				
f.	Skin Protection; being worn during the summer months.				
g.	Adequate Ventilation provided.				
h.	Hearing Protection; being worn as per Company Health & Safety Policy.				
i.	Fall Protection; Full Body Harness and Lifelines provided and used.				
j.	Hand Protection; being worn as per Company Health & Safety Policy.				
ACTION TAKEN/COMMENTS:					

14.	EXTENSION CORDS	A	B	C	D
a.	All extension cords are in good condition.				

WEEKLY WORKPLACE SAFETY INSPECTION REPORT

b.	If the above answer was "NO", was the extension cord removed from the Project.				
c.	All extension cords are plugged into GFI receptacles.				
d.	All extension cords have ground intact.				
e.	Are passageways and walkways clear of extension cords; NO slip/trip hazards observed.				
ACTION TAKEN/COMMENTS:					

15.	GENERAL HEALTH & SAFETY INFORMATION	A	B	C	D
a.	Is a 'Notice of Project' posted on the Project location?				
b.	Is a Foreman's Workbook situated on the Project?				
c.	Does the Foreman on the Project have a Daily Job Site Journal?				
d.	Is the Foreman completed the Daily Job Site Journal on a daily basis?				
e.	Ministry of Labour (MOL) Inspectors Orders and Reports are posted on the Project.				
f.	Emergency Response Plan is posted on the Project Health & Safety Bulletin Board.				
g.	In Case of Injury Poster issued by WSIB is posted.				
h.	Health & Safety at Work: Prevention Starts Here poster issued by the MOL is posted.				
i.	AMPERE Form 1000 is posted.				
j.	Does AMPERE have subcontractors on the Project?				
k.	Has the AMPERE Subcontractor completed AMPERE's Health & Safety Prequalification?				
l.	How many Employees from AMPERE are on the Project? (List Below)				
m.	How many Subcontractor Employees are on the Project? (List Below)				
ACTION TAKEN/COMMENTS:					

16.	METHOD OF PROCEDURE (MOP)	A	B	C	D
a.	Does the Foreman know when an MOP is required to be developed?				
b.	Does the AMPERE workforce (Workers) know when an MOP is required to be developed?				
c.	Is there an MOP being used on the Project at this time?				
d.	Is the MOP being adhered to for a Power Shutdown?				
e.	Is the MOP being adhered to for LIVE Work?				
f.	Is the MOP being adhered to for Dangerous Work?				
g.	Is the MOP being adhered to for Confined Space Work?				
h.	When is the MOP scope of work scheduled to begin?				

WEEKLY WORKPLACE SAFETY INSPECTION REPORT

i.	When is the MOP scope of work scheduled to be completed?				
j.	Has the MOP been submitted to the General Contractor and/or Client for review and approval?				
k.	Have ALL involved in the MOP reviewed the MOP and fully understand the hazards associated with the scope of work?				
l.	Has a Safety Talk been completed with ALL involved in the MOP prior to the scope of work beginning?				
ACTION TAKEN/COMMENTS:					

17.	**FALL PROTECTION**	**A**	**B**	**C**	**D**
a.	Is Fall Protection equipment situated on the Project for the AMPERE workforce (Workers)?				
b.	Were any Workers using Fall Protection at the time of the Inspection?				
c.	Have these Workers received the required Fall Protection training?				
d.	Were these Workers able to provide a copy of their Fall Protection certification card upon request?				
e.	Is the Fall Protection equipment inspected prior to each use?				
f.	Are copies of the Fall Protection equipment inspections kept on the Project?				
g.	List below the AMPERE Employee names that were observed using Fall Protection at the time of the inspection.				
h.	Is a Travel Restraint System being used on the Project?				
i.	Is the anchor point in compliance with the OHSA and Regulations in Construction?				
j.	Does the Worker have ALL Fall Protection and Travel Restraint equipment in position in accordance with the OHSA and Regulations in Construction?				
k.	Was the Travel Restraint System inspected prior to use? If so, by whom.				
ACTION TAKEN/COMMENTS:					

18.	**EMPLOYEE HEALTH & SAFETY TRAINING**	**A**	**B**	**C**	**D**
a.	Ontario College of Trades				
b.	WHMIS				
c.	Fall Protection (Working at Heights)				
d.	First Aid/CPR				
e.	Workplace Violence & Harassment				
f.	Ladder Safety Awareness				
g.	Basics of Supervision				
h.	EWP (Elevated Work Platform)				
i.	Supervisors Health & Safety Awareness in 5 Steps (MOL)				
j.	Workers Health & Safety Awareness in 4 Steps (MOL)				
k.	Lockout Tagout				
l.	Arc Flash Awareness				
m.	Forklift (Powered Industrial Truck)				

MANAGEMENT INITIALS: _____

WEEKLY WORKPLACE SAFETY INSPECTION REPORT

ACTION TAKEN/COMMENTS:

19.	REFLECTIVE CLOTHING & HIGH TRAFFIC WORK AREAS	A	B	C	D
a.	Are the Workers on the Project required to wear reflective clothing? If so, why?				
b.	Are ALL Workers wearing the required reflective clothing on the Project?				
c.	Is the Workers reflective clothing in good condition?				
d.	Is there a reflective clothing item on the Project for visitors? (vest or shirt)				
e.	Is AMPERE Workers involved with the scope of work in the high traffic areas of the Project?				
f.	If so, please provide scope of work description below.				
g.	Is the high traffic work areas on the Project properly barricaded, signage posted, etc.				
h.	Is an MOP required to be developed and adhered to for the AMPERE scope of work being completed in the high traffic areas?				

ACTION TAKEN/COMMENTS:

GENERAL COMMENTS:

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HEALTH & SAFETY ISSUES AND/OR CONCERNS RAISED:

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MANAGEMENT INITIALS: _____

WEEKLY WORKPLACE SAFETY INSPECTION REPORT

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FOLLOW-UP REQUIRED:

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EMPLOYEE NON-COMPLIANCE DISCIPLINARY ACTION:

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EMPLOYEE HEALTH & SAFETY TRAINING CERTIFICATION (EXPIRED, TRAINING REQUIRED):

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1.0 PURPOSE:

1.1 This policy applies to all AMPERE LIMITED personnel, construction sites and project locations unless, by contract, we are required to use the methods of our Client/Owners. All incidents occurring in the workplace will be investigated to determine the basic causes and the necessary corrective actions to prevent a recurrence.

2.0 DEFINITIONS:

2.1 INCIDENT

An incident is an undesired event which could or does result in a loss to people, damage to property, loss to process, environmental occurrence or damage to reputation.

2.2 ACCIDENT

An accident is an incident which does result in harm to people, damage to property, loss to process, environmental occurrence or reputation.

2.3 NEAR MISS

A near miss is an incident which, under slightly different circumstances, could have resulted in harm to people, damage to property, loss to process, environmental occurrence or damage to reputation.

3.0 PROCEDURE:

3.1 **ALL INCIDENTS** are required to immediately be reported to the Employee's Supervisor.

3.2 The Supervisor is to inform the Health and Safety Department immediately and inform them an accident has occurred providing them with detailed information. The EHS Manager shall be responsible to ensure that the investigation is conducted, procedure and policy is implemented, progress is monitored and the procedure is regularly reviewed.

3.3 Investigations are to begin on the same shift as the incident occurs or within 24 hours.

3.4 The Health and Safety Department is required to complete the Accident Investigation Report (Document ID 901) and provide a copy to Kelly Burke, the Project Manager and the immediate Supervisor.

3.5 **WORKERS/SUPERVISORS** shall participate as requested to complete the Investigation.

****NO ONE SHALL IN ANY WAY DISTURB THE ACCIDENT SCENE UNDER THE LOCAL POLICE AND MINISTR OF LABOUR HAVE COMPLETED THEIR INVESTIGATION AND HAVE ADVISED OTHERWISE.**

4.0 SUPPORTING DOCUMENTATION:

4.1.1 Accident/Incident Investigation Report (Document ID 1101)

ampere	**AMPERE LIMITED ACCIDENT/INCIDENT INVESTIGATION REPORT**	**REVISION DATE: JANUARY 2016**

ACCIDENT TYPE:	☐	LOST TIME INJURY	☐	MEDICAL AID	☐	FIRST AID	☐	FATALITY	☐	UNTREATED INJURY
INCIDENT TYPE:	☐	PROERTY DAMAGE	☐	VEHICLE	☐	EQUIPMENT	☐	NEAR MISS	☐	THEFT/SECURITY
	☐	ENVIRONMENTAL	☐	FIRE/EXPLOSION						

DATE & LOCATION OF EVENT

DIVISION:	DATE (MM/DD/YYYY):	TIME (AM/PM:	DATE REPORTED TO SUPERVISOR (MM/DD/YYYY):	TIME (AM/PM):
PROJECT NAME:		PROJECT NO.:		

EMPLOYEE INFORMATION

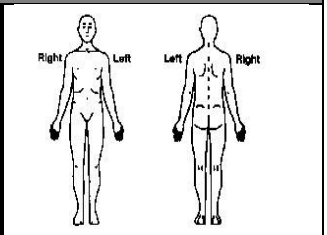
LAST NAME:	FIRST NAME:	INITIAL:	DATE OF BIRTH (MM/DD/YYYY):	
STREET ADDRESS:		CITY/TOWN/PROV:		POSTAL CODE:
PHONE NUMBER:		TRADE:		UNION:
SIN NO.:		YRS OF EXPERIENCE:		START DATE:
SUPERVISOR'S NAME:		SUPERVISOR'S PHONE NUMBER:		HOURS WORKED:

DESCRIPTION OF ACCIDENT/INCIDENT

NAME & ADDRESS OF WITNESSES:	**WITNESS STATEMENT ATTACHED:**	YES	☐	NO	☐

INJURY DETAILS

AREA OF INJURY		**LEFT SIDE**		**RIGHT SIDE**		**INJURY TYPE**			
HEAD	☐	EYE	☐	NECK	☐	CUT	☐	FOREIGN BODY	☐
FACE	☐	FINGER	☐	WRIST	☐	SCRATCH	☐	PUNCTURE	☐
HAND	☐	CHEST	☐	ABDOMEN	☐	BRUISE	☐	DISLOCATION	☐
LOWER BACK	☐	GROIN	☐	KNEE	☐	SPRAIN	☐	CONCUSSION	☐
UPPER BACK	☐	LEG	☐	HIP/THIGH	☐	STRAIN	☐	FRACTURE	☐
ANKLE/FOOT	☐	SHOULDER	☐	UPPER ARM	☐	BURN	☐	ALLERGIC REACTION	☐



INJURY SEVERITY

☐	**ACUTE (TRAUMATIC, IMMEDIATE ONSET OF SYMPTOMS**					☐	**CHRONIC (GRADUAL ONSET, OCCUPATIONAL DISEASE)**						
☐	**MINOR**	☐	**MAJOR**	☐	**CRITICAL**	☐	**MINOR**	☐	**MAJOR**	☐	**CRITICAL**		

INJURY TREATMENT

NAME(S) OF FIRST AIDERS:

NAME/ADDRESS OF ATTENDING PHYSICIAN:	PHONE NUMBER:

RETURN TO WORK: THE EMPLOYEE WILL ASSUME:

☐	REGULAR DUTIES	☐	MODIFIED DUTIES (ENSURE FAF-FUNCTIONAL ABILITIES FORM IS ATTACHED)

WAS A FUNCTIONAL ABILITIES FORM COMPLETED BY TREATING PHYSICIAN							**WAS MODIFIED WORK COMPLETED & ACCEPTED**						
☐	**YES**	☐	**NO**	☐	**N/A**		☐	**YES**	☐	**NO**	☐	**N/A**	

EVENT TYPE – SELECT THE CATEGORY THAT BEST DESCRIBES THE ACCIDENT/INCIDENT							
☐	CAUGHT IN/UNDER/BETWEEN	☐	IMPACT/STRUCK BY	☐	CONTACT WITH	☐	CHEMICAL EXPOSURE
☐	FALL	☐	WATER RELATED HAZARD	☐	ENVIRONMENTAL EXPOSURE	☐	PHYSICAL STRAIN/EXERTION
☐	FIRE	☐	STRUCTURAL FAILURE	☐	UTILITY DAMAGE	☐	RADIATION EXPOSURE
☐	WELDING FLASH	☐	EXPLOSION	☐	MOTOR VEHICLE INCIDENT		
EVENT DETAILS – ACTIVITY – SELECT THE CATEGORY THAT BEST DESCRIBES THE ACCIDENT/INCIDENT							
☐	DRIVING	☐	BODY MOVEMENT	☐	HANDLING CHEMICALS	☐	OPERATING EQUIPMENT/TOOLS
☐	HOT WORK	☐	WORKING AT HEIGHT	☐	TRENCHING/EXCAVATING	☐	FABRICATION ACTIVITIES
☐	OFFICE WORK	☐	MATERIAL HANDLING	☐	REPETITIVE TASKS	☐	WORKING WITH/NEAR ELECTRICITY
IMMEDIATE & UNDERLYING CAUSES							
PEOPLE – SELECT THE FACTORS THAT MAY HAVE CONTRIBUTED TO THE EVENT							
☐	INATTENTION	☐	HEALTH/PRE-EXISTING CONDITION	☐	LACK OF SKILLS/TRAINING	☐	MISJUDGEMENT
☐	OVEREXERTION	☐	FAILURE TO WEAR PROPER PPE	☐	FAILURE TO FOLLOW SAFE WORK PROCEDURE	☐	LACK OF EXPERIENCE/KNOWLEDGE
PHYSICAL ENVIRONMENT – SELECT THE FACTORS THAT MAY HAVE CONTRIBUTED TO THE EVENT							
☐	ANIMALS, PLANTS	☐	COLD ENVIRONMENT	☐	CONFINED SPACE	☐	DARK, NIGHT CONDITIONS
☐	SNOW/ICE	☐	DUSTY ENVIRONMENT	☐	ENERGIZED ENVIRONMENT	☐	EROSION, CORROSION
☐	UNEVEN SURFACES	☐	HOT ENVIRONMENT	☐	WINDY CONDITIONS	☐	WORKING AT HEIGHT
☐	SHARP OBJECTS	☐	SLIPPERY SURFACE	☐	WORKERS OVERHEAD	☐	STRUCTURAL FAILURE
☐	LINE OF FIRE	☐	RAINY CONDITIONS	☐	INADEQUATE VISIBILITY	☐	INADEQUATE HOUSEKEEPING
PROCEDURES – SELECT FACTORS THAT MAY HAVE CONTRIBUTED TO THE EVENT							
☐	NO JSA	☐	INCORRECT PROCEDURES USED	☐	NO INSTRUCTIONS GIVEN	☐	PROCEDURES NOT AVAILABLE
☐	PROCEDURES NOT CLEAR	☐	PROCEDURES NOT SUFFICENT	☐	PROCEDURES NOT USED/FOLLOWED	☐	VERBAL INSTRUCTIONS ONLY
CAUSES – SELECT AT LEAST ONE							
☐	COMMUNICATION	☐	HOUSEKEEPING	☐	JOB PLANNING	☐	EQUIPMENT DESIGN/DEFECT
☐	MAINTENANCE	☐	PERSONNEL PERFORMANCE	☐	POLICIES & PROCEDURES	☐	HAZARD NOT IDENTIFIED
☐	RESPONSIBILITIES	☐	SUPERVISION	☐	WORK PLACE LAYOUT	☐	TRAINING
DESCRIBE HOW THE IMMEDIATE & UNDERLYING CAUSES IDENTIFIED RESULTED IN THE ACCIDENT/INCIDENT.							
THE IMMEDIATE CAUSE(S) (MEANS THE MAIN CAUSE OF THE ACCIDENT/INCIDENT) WAS:							
THE UNDERLYING CAUSE(S) (MEANS OTHER CAUSES THAT CONTRIBUTED TO THE ACCIDENT/INCIDENT) WAS:							
CORRECTIVE MEASURES – ACTIONS TAKEN TO PREVENT A REOCCURANCE							
☐	PPE	☐	COMMUNICATION CHANGE	☐	EQUIPMENT/HARDWARE	☐	PLANNING/SCHEDULING
☐	REPAIR/REPLACE	☐	DEVELOP PROCEDURE	☐	TRAINING/RETRAINING	☐	RAISE AWARENESS
☐	WORK CHANGES	☐	DISCIPLINARY ACTION	☐	OTHER:		
PREPARED BY (PRINT NAME):				PREPARED BY (SIGNATURE):			
DATE PREPARED:				COPIES TO (DISTRIBUTION):			

INCIDENT REPORT (NEAR MISS)

An Incident (Near Miss) is an event in which no personal injury or damage has occurred, but may have if the conditions had been slightly different.

PROJECT NAME: _____

PROJECT NO.: _____

DATE: _____

SCOPE OF WORK (DESCRIPTION): _____

WORK LOCATION: _____

SUPERVISOR: _____

INCIDENT DESCRIPTION:

_____
_____
_____
_____
_____
_____

ACTIONS TAKEN:

_____
_____
_____
_____
_____
_____

CORRECTIVE MEASURES TO PREVENT A REOCCURRENCE:

_____
_____
_____
_____
_____

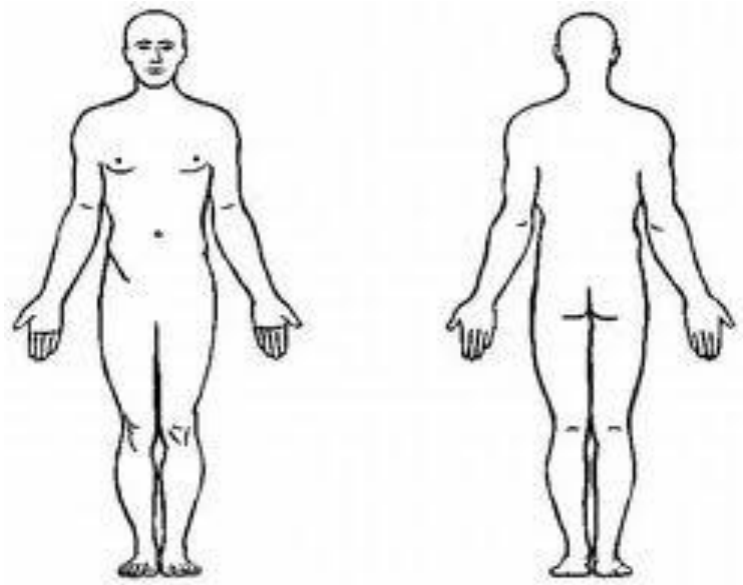
COMPLETED BY NAME: (please print)	**COMPLETED BY SIGNATURE:**

ampere	**AMPERE LIMITED** **PERSONAL INJURY WITNESS REPORT**	**REVISION DATE:** **JANUARY 2016**

WITNESS NAME: (PLEASE PRINT)	**EMPLOYER NAME:**
POSITION:	**LENGTH OF TIME IN POSITION:**

INJURED EMPLOYEE'S NAME: (PLEASE PRINT)	**RELATIONSHIP TO INJURED EMPLOYEE**	
INJURY DATE:	**TIME: (AM/PM)**	**PROJECT:**

INJURY INFORMATION (IDENTIFY AREA OF INJURY ON DIAGRAM)



HAS THE EMPLOYEE HAD AN INJURY OR PROBLEM WITH THAT AREA BEFORE?	☐	**YES**	☐	**NO**
IF YES, PLEASE PROVIDE DETAILS.				

SEQUENCE OF EVENTS: Describe how the injury happened and the events leading up to it. Describe any machinery, equipment or tools involved. If general work duties are the cause, explain what movements resulted in the injury.

WAS PERSONAL PROTECTIVE EQUIPMENT REQUIRED TO BE WORN?	☐	**YES**	☐	**NO**
WAS IT BEING WORN? PROPERLY?	☐	**YES**	☐	**NO**

LIST CORRECTIVE MEASURES THAT YOU BELIEVE SHOULD BE TAKEN TO PREVENT SIMILAR INJURIES IN THE FUTURE.	
EMPLOYEE NAME: (PLEASE PRINT)	**EMPLOYEE NAME: (SIGNATURE)**
DATE/TIME COMPLETED:	

ampere	**AMPERE LIMITED WORKPLACE VIOLENCE RISK ASSESSMENT CHECKLIST**	**REVISION DATE: JANUARY 2016**

WORKPLACE VIOLENCE RISK ASSESSMENT CHECKLIST CONTENT – CONSTRUCTION OR PROJECT

- The Employer must ensure that all areas of the workplace; construction or Project and all types of work practice are covered during the risk assessment for workplace violence.
- The following chart sets out some areas of the workplace; construction or Project and some risk factors for work practice to consider when designing a company risk assessment checklist.
  This checklist is to be used as a guideline ONLY.

THE INSPECTION OF PROJECTS SHOULD INCLUDE EXISTING FIXED FACILITIES AND AREAS BOTH INSIDE AND OUTSIDE THE ACTUAL WORKPLACE; CONSTRUCTION OR PROJECT SUCH AS:

PROJECT ACCESS/EGRESS	☐	YES	☐	NO	Is the Project access/egress monitored (security, gate)?
	☐	YES	☐	NO	Is there a SIGN IN/SIGN OUT procedure?
	☐	YES	☐	NO	Is the Project enclosed (fenced perimeter)?
	☐	YES	☐	NO	Is the Project accessible to the Public?
	☐	YES	☐	NO	Is equipment left overnight on the Project?
EMPLOYEE DESIGNATED PARKING	☐	YES	☐	NO	Are vehicles parked in one designated area?
	☐	YES	☐	NO	Is it identified well?
	☐	YES	☐	NO	Is the parking lot well lit?
	☐	YES	☐	NO	Is the access/egress to the lot controlled?
	☐	YES	☐	NO	Have vehicles been broken into/stolen from the lot before?
PROJECT EXTERIOR PERIMETER	☐	YES	☐	NO	Are businesses with higher violence risk located nearby (banks, bars)?
	☐	YES	☐	NO	Is the workplace located in a dense manufacturing area?
	☐	YES	☐	NO	Is the Project in a high crime area?
	☐	YES	☐	NO	Is the Project isolated?
	☐	YES	☐	NO	Is the area heavily travelled by the Public (roadways)?
PROJECT SITE TRAILER COMPLEX	☐	YES	☐	NO	Are there a large number of trailers?
	☐	YES	☐	NO	Are entrances visible and easily accessible; maintained at all times?
	☐	YES	☐	NO	Are the trailers equipped with phone/communication systems?
	☐	YES	☐	NO	Are the trailers kept locked at all times when not occupied?
	☐	YES	☐	NO	Are the trailers kept well lit both on the interior and exterior?

1.0 PURPOSE:

1.1 AMPERE LIMITED is committed to preventing injuries and illnesses in the workplace by maintaining a healthy and safe work environment. An important part of this commitment is to assist any Employee who has been injured or who becomes ill as a result of work in returning in an early and safe manner.

2.0 DEFINITIONS:

2.1 WSIB
The Workplace Safety and Insurance Board.

2.2 WSIB CLAIM
A claim for remuneration arising from a work related injury or illness that requires medical attention or time lost from work.

2.3 FIRST AID
Initial limited care for an illness or injury, performed by a certified First Aid Provider in the workplace.

2.4 MEDICAL AID INJURY
An injury that required treatment from a health care professional such as a physician, nurse, chiropractor, optometrist or dentist.

2.5 LOST TIME INJURY
An injury where the Employee loses time from work beyond the actual shift when the injury occurred.

2.6 MODIFIED WORK
Any job, task, function or combination thereof that an Employee, suffering from a diminished capacity, may perform safely without risk of re-injury.

2.7 RETURN TO WORK
Provisions for the injured Employees to participate to return to work within the functional abilities assigned by the attending physician or medical practitioner.

3.0 PROCEDURE: STEP BY STEP FROM INCIDENT OCCURRENCE

3.1 Incident Occurs.

3.2 Treatment is sought immediately; either First Aid and/or Medical Aid.

3.3 If there is no medical treatment required, the Supervisor is required to complete the Accident/Incident Investigation Report

3.4 If medical treatment is sought, the Employee must take a letter to the attending Medical

Professional and the WSIB Functional Abilities Form (2647A).

3.5 Have the attending Medical Professional complete the WSIB Functional Abilities Form (2647A).

3.6 The WSIB Functional Abilities Form (2647A) must be returned to the worker's immediate Supervisor and then forwarded to the Health and Safety Department.

3.7 If the worker is capable of returning to work with no restrictions, he/she may do so.

3.8 If there are restrictions required (ie. modification to duties or hours) a work plan must be completed between the worker, the immediate Supervisor and the Health and Safety Department to assist the worker with his/her Early and Safe Return to Work Plan.

3.9 While in the Early and Safe Return to Work process, the worker must complete a Modified Duties Assignment Form on a weekly basis. This form shall be signed off by the immediate Supervisor and faxed to the Health and Safety Department at the end of the work week.

3.10 The Worker, Supervisor and the Health and Safety Department will work together to facilitate the worker while in the Early and Safe Return to Work Program.

3.11 When the worker is able to return to full duties, he/she will need to return a completed WSIB Functional Abilities Form (2647A) from his/her Medical Professional to his/her immediate Supervisor. This shall be forwarded to the Health and Safety Department.

3.12 During the Early and Safe Return to Work process, the Health and Safety Department will be in constant contact with the Workplace Safety and Insurance Board (WSIB) to provide updates of progress.

3.13 Generally, modified work is considered to be temporary, and is intended to assist the Employee in returning to regular full duties without restrictions.

3.14 Where possible, the pre-injury job may be modified in some form, such as but not limited to;

- **3.14.1** Physical Modifications.
- **3.14.2** Redesigning the Workplace Environment.
- **3.14.3** Reducing Hours and/or Volume of Work.
- **3.14.4** Receiving assistance from co-workers for more difficult tasks.

4.0 SUPPORTING DOCUMENTATION:

- **4.1.1** WSIB Functional Abilities Form (2647A)
- **4.1.2** Modified Duties Assignment Form (Document ID 1201)

ampere	**AMPERE LIMITED** **MODIFIED DUTIES ASSIGNMENT**	**REVISION DATE:** **JANUARY 2016**

EMPLOYEE NAME:_____ **PROJECT:** _____

OCCUPATION: _____ **PROJECT NO.:** _____

SUPERVISOR: _____ **PERIOD COVERED: FROM**_____ **TO** _____

I _____ acknowledge that the modified duty/early and safe return to work program has been fully explained to me and that I understand the scope of these duties.

I shall be working modified duties for _____ **WEEKS**_____ days/weeks (circle the applicable period of time) consisting of _____ **HOURS/DAY**_____ hours a day, _____ **DAYS/WEEK**_____ days/week with the following restrictions as per my doctor's instructions. If I feel that I am not able to perform any duties assigned to me, I shall immediately inform my Supervisor and new duties will be assigned.

RESTRICTIONS: PLEASE REFERENCE ATTACHED FUNCTIONAL ABILITIES FORM DATED _____.

DAILY WORK SCHEDULE (scope of work being performed):

DAY OF THE WEEK	MODIFIED DUTIES JOB DESCRIPTION
MONDAY	
TUESDAY	
WEDNESDAY	
THURSDAY	
FRIDAY	
COMMENTS:	

EMPLOYEE NAME: (please print)	**EMPLOYEE SIGNATURE:**
SUPERVISOR NAME: (please print)	**SUPERVISOR SIGNATURE:**

Ampere Limited
15 Torbarrie Road
Toronto, Ontario
M3L 1G5

tel: (416) 661-3330
fax: (416) 661-4508
web : www.ampere.ca

RETURN TO WORK CONTACT LOG

Claim #:	
Employee Name:	Phone #:
Supervisor Name:	Phone #:
Treating Physician(s):	Phone #:
Claims Adjudicator:	Phone #:
Return to Work Date:	
Plan Start Date:	Plan End Date:

It is the Supervisor's responsibility to ensure this form is kept up-to-date and in the Claims Management file set up for the employee.

RECORD OF CONTACT

DATE OF CONTACT	PERSON CONTACTED	CONVERSATION LOG