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Solution Control Systems (SCS) is **dedicated** to maintaining a robust Environmental Health and Safety (EHS) system that protects our staff, property, the environment, and the public from incidents resulting from harm or loss. We firmly believe that every individual is entitled to a safe work environment, free from any foreseeable hazards that may result in property damage, personal injury, illness, or other incidents.

SCS is **committed** to **proactively identifying, evaluating, and controlling** safety and health hazards. We aim to ensure the physical, psychological, and social well-being of our workers and the broader community. SCS management fully supports the system's success by providing necessary resources, including adequate and properly maintained safety equipment, comprehensive EHS training tailored to employee roles and risks, and clear, accessible standard operating procedures (SOPs).

Our EHS system is developed in accordance with industry standards, best practices and applicable **federal, provincial and municipal legislative requirements**. SCS aims to not only meet but exceed these standards, fostering a culture of safety excellence. All stakeholders, including management, supervisors, and employees, are equally **responsible** and **accountable** for **upholding** and **participating** in our safety initiatives.

Through continuous safety and loss control efforts, regular audits, and ongoing collaboration, SCS strives for an incident-free workplace. We consistently review and enhance our EHS practices to align with emerging technologies, new regulations, and industry advancements.

The exact EHS requirements apply to our contractors and visitors on our worksite. All individuals must adhere to safety protocols and participate in creating a safe environment. Our **objective** is to have an incident-free workplace, and we can accomplish our **goal** through continuous safety and loss control efforts and dedicated teamwork.

President/General Manager

FEB 11 2025

Date



All workers have the right to refuse work that they reasonably believe poses an undue health or safety hazard to themselves or others on the job site. Such hazards are defined as conditions not typical to the task, occupation, or normal working conditions.

The following outlines the responsibilities and process for handling the workers' right to refuse unsafe work:

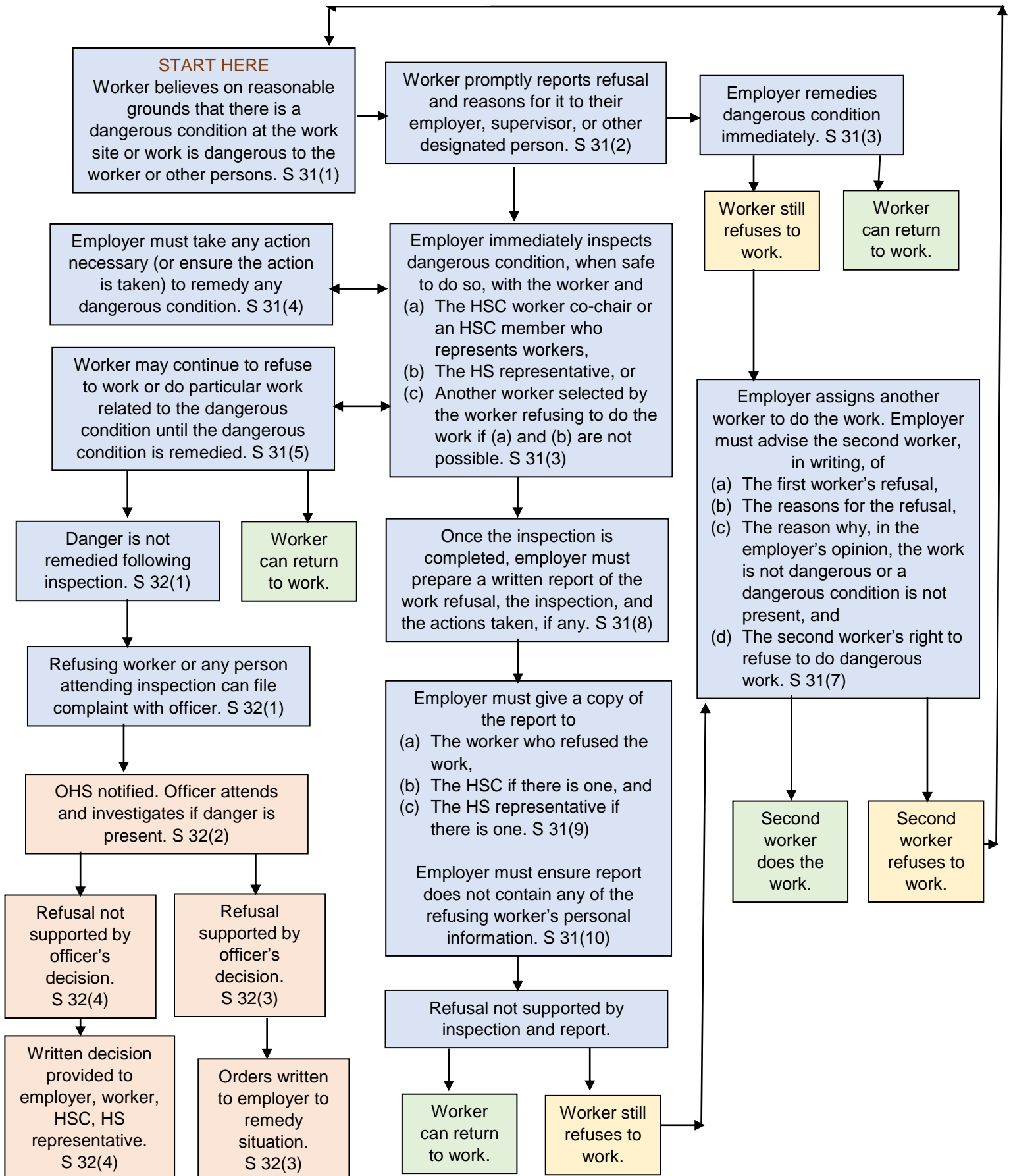
- Workers must not perform, nor be compelled to perform, any task, procedure, or operate any tool, appliance, or equipment that creates an undue health or safety hazard. Workers have a duty to themselves and their colleagues to refuse to carry out any dangerous tasks.
- Workers are protected under this policy and must not face disciplinary action, retaliation, or any adverse consequences for exercising this right.
- Workers exercising their right to refuse unsafe work must immediately report their concern to their supervisor.
- The supervisor must investigate the concern and either correct or provide a clear explanation to the worker if the concern is deemed invalid. The worker can request input or assistance from the Environmental Health and Safety (EHS) Representative.
- If the situation cannot be resolved, the supervisor must reinvestigate the problem in the presence of the worker and EHS representative.
- If the situation remains unresolved, the worker or EHS Representative must escalate the complaint to Alberta Occupational Health and Safety (OHS) for further investigation. Alberta OHS will conduct an independent investigation and issue appropriate directives or orders as necessary.
- Workers refusing unsafe work must be temporarily assigned to alternative work at no loss of pay or benefits until the matter is resolved.
- The refusal and resolution process must be documented to ensure transparency and compliance with regulatory standards.

Note: For a clearer understanding, please refer to **1.2.1 Diagram - Unsafe Work Refusal Process**.

President/General Manager

FEB 11 2025

Date





Solution Control Systems (SCS) is committed to providing a safe, healthy, and productive workplace. This commitment is essential to protecting the well-being of our workers, safeguarding inventory, and ensuring the security of company assets. Workers are expected to maintain suitable mental and physical conditions while at work, enabling them to perform their duties safely and effectively.

Any use or abuse of mood-altering substances (such as alcohol, illegal drugs, or improperly used prescription medications) that compromises workplace safety or performance must be addressed promptly and appropriate action must be taken. SCS respects the personal lives and choices of its employees. However, both on-the-job and off-the-job use of mood-altering substances—such as drugs, alcohol, or other impairing substances—can significantly impact workplace safety, productivity, and the company's ability to maintain a secure and effective working environment.

To ensure the safety and well-being of all employees, workers must report to work free from any mood-altering substances that could impair their ability to perform their duties safely and effectively. While employees have the right to make personal lifestyle choices, SCS will not tolerate the risks associated with substance use or abuse in the workplace. The possession, sale, or use of mood-altering substances on company premises, or reporting to work under the influence of such substances, is strictly prohibited. Violations of this policy will result in disciplinary action, up to and including termination of employment. This approach ensures that Solution Control Systems remains a safe, secure, and productive workplace for everyone.

Employees undergoing prescribed medical treatment involving a controlled substance that may impact their ability to perform their duties safely are required to promptly inform their supervisor or manager. SCS will assess potential risks and implement appropriate measures to ensure workplace safety while respecting employee privacy and confidentiality.

SCS recognizes alcoholism and drug abuse as treatable illnesses and is committed to supporting employees in their recovery. There will be no discrimination or threat to job security for workers seeking assistance for substance abuse. Employees struggling with these issues will receive the same referral and treatment opportunities as those provided for other medical conditions.

This policy does not limit Solution Control Systems' responsibility to maintain a safe and secure workplace. The company reserves the right to take appropriate disciplinary action, including for misconduct resulting from the use or abuse of alcohol and drugs.

The information in this policy does not take precedence over applicable government legislation, with which all workers should be familiar.

President/General Manager

FEB 11 2025

Date

Safety Representative/Committee co-chair

FEB 11 2025

Date



General Manager

Accountabilities

- Establish an EHS system and show support and commitment to the system.
- Sets goals and objectives for the EHS System.
- Provides resources and support to effectively implement and maintain the EHS Program.
- Understand the applicable legislation and ensure it is adhered to across the business.
- Provide Company Health and Safety policy and commitment to safety.
- Provide overall responsibilities for the safety direction.
- Ensure all established policies are administrated and enforced.
- Provide information, instruction, and assistance to all supervisor staff to protect the worker's health and safety.
- Hold all employees accountable to their EHS responsibilities.
- Conduct and documents regular tour of the worksite to observe EHS behavior and issues.

Responsibilities

- Communicate safety messages to the workplace.
- Involvement safety disciplinary process as required.
- Set good example by following the rules and policies.
- Ensure employees are aware of their rights under the Act, Regulation and Code
- Ensure that the health and safety system continue to challenge and move in a forward direction for industries.

I have read and understand my EHS responsibilities and accountabilities. I will perform them to the best of my abilities in support of the company's EHS system.

Name & Signature

Date



Supervisor

Accountabilities

- Ensure that all workers are trained and educated to work in a safe manner and that they use all protective devices and procedures required by the company and safety legislation
- Advise all employees of any potential or foreseeable hazards or dangers and how to identify and address them through control methods.
- Record and investigate incidents such as potential losses, and property damage
- Advise management and Health and Safety Representative on how to prevent similar incidents in the future
- Enforce all established safety regulations and work methods
- Involve themselves in the company safety inspection program
- Provide a good example for employees by always directing and performing work in a safe manner
- Enforce all established safety regulations and work methods

Responsibilities

- Arrange for medical treatment as required, in the case of injury or illness, including transportation to a medical facility
- Carry out on-going safety inspections within area of responsibility
- Correct physical conditions which are liable to cause or have caused incidents
- Maintain a good housekeeping standard and assign definite responsibilities for housekeeping
- Provide toolbox meetings to the crew and record minutes of those meetings
- Set a good example by following the rules and policies
- Ensure workers are aware of their rights under the Act, Regulation and Code.
- Ensure that the EHS system continues to challenge and move in Company forward direction

I have read and understand my EHS accountabilities and responsibilities. I will perform them to the best of my abilities in support of the company's EHS system.

Name & Signature

Date



Worker

Accountabilities

- Carry out your work in a manner that will not create a hazard to your health and safety and the health and safety of your fellow workers, supervisors, and managers.
- Assist the Health and Safety Representative by volunteering to be a good worker and give your expertise when asked.
- Work with the supervisor to help create a safe working environment.

Responsibilities

- Report any incidents, including near misses, immediately to the supervisor in charge of the area.
- Follow company medical and first aid procedures.
- Use safe work procedures
- Make safety suggestions
- Follow the company safety policies and procedures
- Understand and apply the Right to Know, Right to Participate and Right to Refuse.
- Assist management in challenging and improving the EHS system in a forward direction, ensuring safety continues to improve and keeping safety at the forefront of my actions at work.

I have read and understand my EHS accountabilities and responsibilities. I will perform them to the best of my abilities to support the company's EHS system.

Name & Signature

Date



The Performance Evaluation program is a major part of our overall business strategy with the purpose of reviewing and improving job performance of workers through communication and feedback. We believe that an organization is only as good as the people who work for it and will need everyone's commitment to this process. Accuracy, realistic expectations, and fairness are necessary to accomplish this evaluation and to maintain employee confidence and motivation. Performance evaluation is a means of identifying both strengths, weaknesses and areas for improvement. The overall goal of the review process is to create the opportunity for employee growth and job satisfaction.

Worker's Name:	Period:
Start Date:	End Date:
Supervisor Name:	

Section I: Performance Rating

Performance dimensions are rated in accordance with the definition listed below.

1. Excellent	Consistently, clearly exceed in the meeting all jobs' requirements and display a high degree of skills
2. Good	Meet all the job requirements and exceeds in many areas. This is consistently a competent performer.
3. Average	Performs well in the job requirements, displaying potential. Meets the requirements of the position with some opportunity for further development
4. Needs improvement	Falls short in meeting some requirements of the job, resulting in below standard performance

Section II: General Performance

1. Punctuality Timely start, stop and breaks	<input type="checkbox"/> Needs improvement <input type="checkbox"/> Average <input type="checkbox"/> Good <input type="checkbox"/> Excellent
2. Attendance Consistent attendance	<input type="checkbox"/> Needs improvement <input type="checkbox"/> Average <input type="checkbox"/> Good <input type="checkbox"/> Excellent
3. Attitude and Behavior Motivated, enthusiastic, in good standing with co-workers, teamwork	<input type="checkbox"/> Needs improvement <input type="checkbox"/> Average <input type="checkbox"/> Good <input type="checkbox"/> Excellent
4. Dependability Takes responsibility and can be trusted in high-pressure situations	<input type="checkbox"/> Needs improvement <input type="checkbox"/> Average <input type="checkbox"/> Good <input type="checkbox"/> Excellent



<p>5. Leadership and Initiative</p> <p>Takes initiative to find tasks to do, not dependent on direction or supervision.</p>	<input type="checkbox"/> Needs improvement <input type="checkbox"/> Average <input type="checkbox"/> Good <input type="checkbox"/> Excellent
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Section III: Work Performance

<p>1. Technical Skills</p> <p>Demonstrates critical thinking and understanding of drawings, scope of work, and effective work processes</p>	<input type="checkbox"/> Needs improvement <input type="checkbox"/> Average <input type="checkbox"/> Good <input type="checkbox"/> Excellent
<p>2. Customer Feedback</p> <p>Concerns about shipped products quality and workmanship. Includes the number of reworks required.</p>	<input type="checkbox"/> Needs improvement <input type="checkbox"/> Average <input type="checkbox"/> Good <input type="checkbox"/> Excellent
<p>3. Productivity</p> <p>Deadlines are met, and work is completed at a steady pace.</p>	<input type="checkbox"/> Needs improvement <input type="checkbox"/> Average <input type="checkbox"/> Good <input type="checkbox"/> Excellent

Section IV: Performance Dimensions

Dimensions	Definitions	Rating
1. Safety	<p>Emergencies: Must be aware of the location of fire exits, emergency numbers, and evacuation procedures. Follows no-smoking regulations.</p>	<input type="checkbox"/> Needs improvement <input type="checkbox"/> Average <input type="checkbox"/> Good <input type="checkbox"/> Excellent
	<p>Training: Required training, task-specific training, orientation, and other job-specific training.</p> <p>Ensure the use of the training while working.</p>	<input type="checkbox"/> Needs improvement <input type="checkbox"/> Average <input type="checkbox"/> Good <input type="checkbox"/> Excellent
	<p>PPE: wears safety shoes, glasses, hard hats, hearing protection, gloves, uniforms, goggles, dust mask, etc., where designated to do so.</p>	<input type="checkbox"/> Needs improvement <input type="checkbox"/> Average <input type="checkbox"/> Good <input type="checkbox"/> Excellent
	<p>Lock out – tag out: Understand emergency disconnects & lock-out procedures. Identifies machine maintenance status before starting up.</p>	<input type="checkbox"/> Needs improvement <input type="checkbox"/> Average <input type="checkbox"/> Good <input type="checkbox"/> Excellent



	Participation: in safety meetings, Discussions, investigations, Inspections, hazard identification and reporting, reviewing hazard assessment and safe job procedure.	<input type="checkbox"/> Needs improvement <input type="checkbox"/> Average <input type="checkbox"/> Good <input type="checkbox"/> Excellent
	Communication: Co-operate with subordinates respectively, Co-operate with company.	<input type="checkbox"/> Needs improvement <input type="checkbox"/> Average <input type="checkbox"/> Good <input type="checkbox"/> Excellent
2. Safety Leadership	Identifies and intervenes to prevent unsafe working practices among co-workers.	<input type="checkbox"/> Needs improvement <input type="checkbox"/> Average <input type="checkbox"/> Good <input type="checkbox"/> Excellent
3. Surrounding Awareness	Maintains a general sense of activities and proper protocols within surrounding areas.	<input type="checkbox"/> Needs improvement <input type="checkbox"/> Average <input type="checkbox"/> Good <input type="checkbox"/> Excellent
4. Quality of work	Produces thorough, accurate and consistent work. Follows direction yet does not require constant supervision. Meets expected level of production as assigned by supervisor. Quality and diligence apparent in work performed.	<input type="checkbox"/> Needs improvement <input type="checkbox"/> Average <input type="checkbox"/> Good <input type="checkbox"/> Excellent
5. Quality Control	Searches for and corrects errors independently. Uses proper sample procedures for grinding (recording, collection, analysis). Understands quality control procedures, performs tests correctly, and reports off-spec results. Enters all test data on the computer and understands, interprets and acts on statistical Q.C. charts.	<input type="checkbox"/> Needs improvement <input type="checkbox"/> Average <input type="checkbox"/> Good <input type="checkbox"/> Excellent
6. Attendance	Maintains a good attendance record and follows time clock rules and notifies the supervisor of absence in advance. Gives two-weeks advance notification for planned absences.	<input type="checkbox"/> Needs improvement <input type="checkbox"/> Average <input type="checkbox"/> Good <input type="checkbox"/> Excellent
7. Housekeeping	Maintains a clean, organized, and safe workspace, including machines, labs, lunchrooms, and other common areas. Regularly sweeps, disposes of garbage properly, and ensures scrap materials (e.g., resins) are sorted and stored in designated containers. Actively takes responsibility for picking up debris and addressing cleanliness issues before and after the workplace operation.	<input type="checkbox"/> Needs improvement <input type="checkbox"/> Average <input type="checkbox"/> Good <input type="checkbox"/> Excellent



	Demonstrates care for company property by properly maintaining and handling equipment.	
8. Machine Operation	<p>The quality of work on machines is consistent and as per company policies and standards.</p> <ul style="list-style-type: none">• Set up and start up: includes cleaning, lubrication, filter replacement, adjustments, cooling system, connecting railcars, mill checks, etc.• Troubleshooting: understands machine functions and parts production flow and acts for any warning sign. Shuts down machines properly, reports malfunctions and replaces basic parts (daily maintenance).• Class: meets requirements of this job level. (Refer to each job level qualification).	<input type="checkbox"/> Needs improvement <input type="checkbox"/> Average <input type="checkbox"/> Good <input type="checkbox"/> Excellent
9. Dependability	Works conscientiously and consistently, adapts to unusual situations, handles complaints, and contributes extra effort when required.	<input type="checkbox"/> Needs improvement <input type="checkbox"/> Average <input type="checkbox"/> Good <input type="checkbox"/> Excellent
10. Communication	Provides clear, concise and timely information verbally and in writing; asks questions and reports relevant information to the supervisor.	<input type="checkbox"/> Needs improvement <input type="checkbox"/> Average <input type="checkbox"/> Good <input type="checkbox"/> Excellent
11. Problem Solving	Approaches tasks realistically and creatively, considers multiple solutions, and knows when to escalate issues to the supervisor.	<input type="checkbox"/> Needs improvement <input type="checkbox"/> Average <input type="checkbox"/> Good <input type="checkbox"/> Excellent
12. Cooperation	Adjusts behavior to meet production goals, collaborates effectively with co-workers and seeks their assistance and opinion, and demonstrates a positive attitude.	<input type="checkbox"/> Needs improvement <input type="checkbox"/> Average <input type="checkbox"/> Good <input type="checkbox"/> Excellent
13. Leadership/ Training	Motivates and trains others when required, ensuring smooth operations and shift productivity.	<input type="checkbox"/> Needs improvement <input type="checkbox"/> Average <input type="checkbox"/> Good <input type="checkbox"/> Excellent



Section III: Overall Comments & Rating

What are the worker's key strengths, notable achievements, and significant contributions?
What areas of improvement or ongoing development opportunities have been identified for the worker?
How can supervisors support the worker in achieving or surpassing the goals and targets outlined in this evaluation for the upcoming year?
Evaluate the overall level of output, including speed, timeliness, and volume, as well as the worker's willingness to accept special assignments, ability to complete tasks effectively, and demonstration of strong interpersonal and teamwork skills.



How effectively does the employee prioritize and manage their tasks to meet job-specific deadlines and expectations?
Does the employee demonstrate a clear understanding of their job responsibilities and contribute to achieving departmental or company objectives?
What specific steps can the worker take to improve their contribution to team dynamics and overall workplace culture?
Are there any additional resources or tools that could help the worker excel in their role?
Overall Performance Rating: _____



Specific Personal Goals for Next Year:

Specific Company Goals for Next Year:

Section IV: Signature

We have discussed the content of the appraisal:

Supervisor Name:

Signature:

Worker Name:

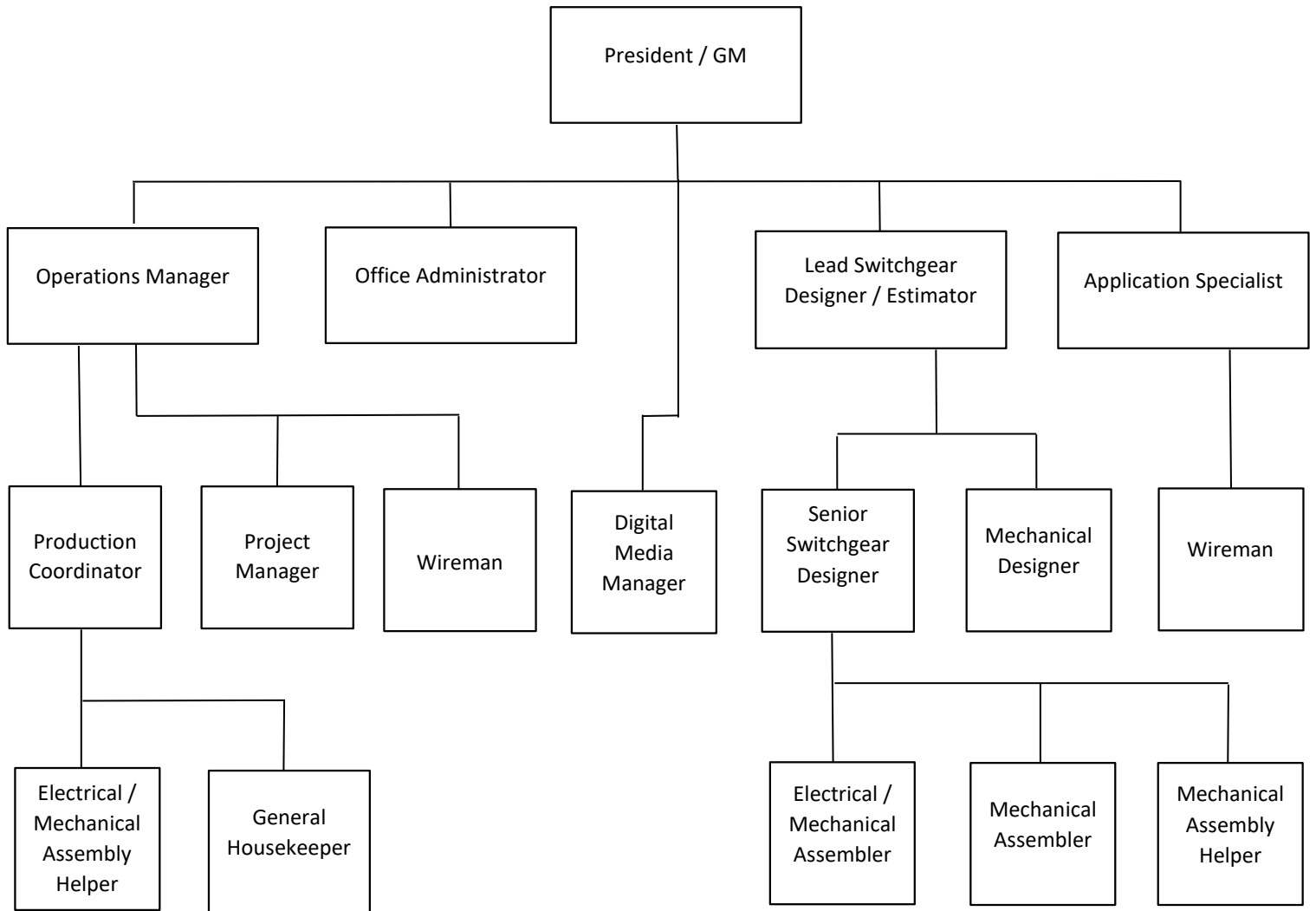
Signature:

Date:

Worker Comments:



3.1 Organization Chart





3.1 Organization Chart

Job Title	Name	Report to	Job Description
President / GM	Jazz Matharu	Jazz Matharu	Office Work
Operation Manager	Manny Singh	Jazz Matharu	Office Work
			Panel Testing
Digital Media Manager	James Joseph	Jazz Matharu	Office Work
			Website Management
			Administrative Tasks
Lead Switchgear Designer / Estimator	Jonathan Lee	Jazz Matharu	Office Work
Application Specialist	Les Eyestone	Jazz Matharu	Office Work
			Panel Testing
Wireman	Brian Russ	Manny Singh	Panel Building
			Panel Testing
			Power Hand tools
Assembler	Tom Bae	Nav Singh	Panel Building
			Pallet Jack
			Power hand tools
Assembler	Tony Garrido	Nav Singh	Panel Building
			Forklift
			Pallet Jack Use
			Power Hand Tools



3.1 Organization Chart

Job Title	Name	Report to	Job Description
Production Coordinator	Aman Lall	Manny Singh	Forklift
			Pallet Jack Use
			Receive and Dispatch
			Power Hand Tools
Wireman	Gary Bains	Manny Singh	Panel Building
			Panel Testing
			Power hand tools
Assembler	Uday Singh	Nav Singh	Panel Building
			Pallet Jack Use
			Power Hand Tools
Senior Switchgear Designer	Nav Singh	Jonathan Lee	Testing Panels
			Assist in Designing
			Office Work
Office Administrator	Baneet Bansal	Jazz Matharu	Office Work
			Administration Tasks
Assembler / Helper	Francisco Garrido	Nav Singh	Panel Building
			Forklift
			Pallet Jack Use
			Power / Hand Tools
Wireman	Samrit Matharu	Les Eyestone	Assist in Designing
Mechanical Designer	Jun Duan	Jonathan Lee	Testing Panels
			Assist in Designing



3.1 Organization Chart

			Office Work
Job Title	Name	Report to	Job Description
Wireman	Anmol Cheema	Manny Singh	Electrical Wiring
			Panel Building
			Panel Testing
			Power / Hand Tools
General Housekeeper	Bobby Dosanjh	Aman Lall	Housekeeping
			Packaging
Helper	Rupinder Singh	Aman Lall	Electrical Wiring
			Panel Building
			Power / Hand Tools
Wireman	Rachel Rysdyk	Les Eyestone	Electrical Wiring
			Panel Building
			Power / Hand Tools
			Pallet Jack Use
Wireman	Radnie Fernandez	Manny Singh	Electrical Wiring
			Panel Building
			Power / Hand Tools



This policy provides a process for identifying and assessing safety hazards in the workplace and a process to manage or control safety hazards to acceptable levels effectively.

This policy applies to all workers and contractors of Solution Control Systems (SCS). Contractors may use their company's risk assessment procedures provided they coordinate with their SCS contact person.

Hazard assessments are required in the following situations:

- Moderate to a high level of risk of injury/harm.
- Using new equipment or hazardous substances.
- Required by legislation; and
- Newly identified risks.

Hazard assessment will be conducted in accordance with Hazard Identification and Risk Assessment Procedure.

A Hazard Assessment team is strongly recommended when conducting Formal Hazard Assessments. This will help your company meet Alberta OHS legislative requirements. Information can be gathered by using the team members:

- Experience
- Inexperience
- Expertise
- Training

President/General Manager

FEB 11 2025

Date



1.0 PURPOSE/ SCOPE

The specific purpose of using a hazard assessment is to:

- Identify and evaluate workplace hazards
- Meet or exceed Alberta OHS legislative requirements
- Establish and implement prevention and control measures to reduce injury, illness, and damage
- Provide continuous improvement for health & safety management system

This Procedure applies to all workers and contractors of SCS. Contractors may use their own company's risk assessment procedures provided there is coordination with their SCS contact person.

2.0 RESPONSIBILITIES

President:

- will provide the appropriate resources, as necessary, to allow the implementation and continuance/maintenance of an effective program.
- Participate by developing and/or approving every formal hazard assessment and FLHA

Supervision (Operation Manager, Switch gear designer, Assembler):

- Encourage the use of the various tools available to allow workers under their supervision to identify, assess and control hazards.
- Participate by reviewing each formal hazard assessment and FLHA.

Workers (Wireman, Application Specialist, Helper):

- Report to supervision any hazard that they have identified in their daily work routine. At the same time, they must always be a positive contributor and work with supervision to mitigate or eliminate the hazard.

3.0 FORMAL HAZARD ASSESSMENT

Formal hazard assessments are required when activities involve moderate to high levels of risk, such as those involving:

- Risk of injury/harm.
- Using new equipment or hazardous substances.
- Required by legislation; and
- Newly identified risks.

Formal hazard assessments are not generally required for low-risk activities, such as those typically involving:

- Little to no safety hazards identified.
- Little to no risk of injury.
- Very short/brief exposure periods; or
- Classrooms and offices.



4.0 FORMAL HAZARD ASSESSMENT STEPS

4.1 Hazard Identification

Identify any potential hazardous situations or job tasks that can result in a person being an armed. The hazard identification process includes, but is not limited to:

- Reviewing the equipment, tasks/activities and materials involved;
- Reviewing past incidents/accidents/near misses; and
- Recording hazards on the Hazard Identification and Risk Assessment Form

4.1.1 Safety Hazard Category

Safety hazards are categorized into the following general categories:

A) Chemical Hazards

Chemical hazards can have adverse health effects such as toxicological, irritation, sensitization, carcinogenic, mutagenic or reproductive responses. Primary exposure is through inhalation, although skin contact (including absorption through intact skin and injection) as well as ingestion are possible. Chemical hazards can exist as solids, liquids, aerosols (dust, fume or mist), gas or vapours.

B) Biological Hazards

Microorganisms such as bacteria, viruses, mould, fungi, parasites and plant or animal agents with potential for causing toxicological effects. Exposure to microorganisms may occur through ingestion, inhalation or through injection (e.g. needle sticks) or contact with mucous membranes.

C) Physical Hazards

Physical hazards are physical elements that can have an adverse physical or physiological effect on a person. Physical hazards include:

- Musculoskeletal:
 - Hazards from poorly arranged or designed equipment and ergonomic factors including force, repetition and awkward postures.
- Environmental:
 - Hazards from radiation (ionizing and non-ionizing), heat and cold, noise, vibration, wind, lightning.
- Mechanical:
 - Hazards that can cause injury from the physical action of machinery, machine parts, tools or loads and includes entanglement, pinch points, friction/abrasion, cutting, contact with or by



moving parts or flying objects, crushing and pressure systems.

- Electrical:
 - Hazards from contact with live/energized parts.
- Slip, trip and fall:
 - Hazards from slippery surfaces, poor housekeeping.

D) Psychosocial

Psychosocial hazards are from risk of violence, harassment, production pressures.

4.2 Assess Work

Rating the safety risk helps prioritize the implementation of control measures where the Risk Level is determined by multiplying the likelihood of the safety risk occurring by the degree of harm the hazard may pose.

Risk Level = Severity x Likelihood

Risk Level = Severity x Likelihood	
Severity	Likelihood
1. Minor First aid / Minor damage	1 – Unlikely
2. Medical Treatment	2 – May happen
3. Lost Time or Fatality	3 – High likely

Risk Assessment Chart			
Sev erity	Likelihood		
	1	2	3
	2	4	6
	3	6	9

4.3 Control Hazard

All hazards that have been assessed should be dealt with in order of priority based on Risk Level, using the following hierarchical order of control measures:

A) Elimination:

- Control the hazard at the source by removing the exposure



and probability/likelihood of an occurrence.

B) Substitution:

- Reduce the risk by substituting the materials, processes or equipment with less harmful ones (e.g. lower toxicity, lower flammability, reduced energy, lower weight etc.)

C) Engineering controls:

- Reduce risk by reducing the probability of a hazardous occurrence by:
 - Preventing or limiting access or exposure to a hazard (e.g. ventilation systems, interlocks, machine guards, enclosures) or
 - Providing alternate means of interacting with the hazard.

D) Administrative Controls:

- Reduce the probability of harm by restricting access to or use of equipment by competent and/or qualified individuals, training, safe work procedures, Safety Data Sheets, work scheduling, work-rest breaks. Increase hazard awareness using warning signs and labels and, visual and audible alarms.

E) Personal Protective Equipment (PPE):

- Generally considered to be the "last resort" for protection, PPE is used to reduce the severity of harm (does not reduce the probability) when the hazards cannot be effectively controlled using other methods.

4.4 Review

Risk assessments and risk control is an on-going process that requires monitoring and review to ensure workers are effectively protected.

Risk assessments must be reviewed:

- On a regular basis (that may vary depending on the level or risk);
- When new work process is introduced
- If there is a change in legislation, standards or other requirements; and
- Anytime there are modifications to the work area (activities, equipment, material, etc.) which could result in a change to the hazards or risk level.
- When inspection and investigation find new hazard
- We have routine work, hence not doing FLHA.

Note: Formal Hazard Assessment only conducted by trained staff. And only approved my president / GM.

5.0 FILED LEVEL HAZARD ASSESSMENT



FLHA Form is completed by the workers when workers are conducting activities at a workshop and review the FLHA if any of the following situation occurs:

- At the beginning of a new and temporarily work.
- A new activity has been temporarily introduced at the workshop
- When new worker join
- A change affects their work or someone else's.
- When the information about the work changes. (e.g., changed plans, unexpected characteristics of the task, such as configuring equipment)
- Conditions on the job site change, such as a significant change in weather.

The immediate reviews, signs, and timestamps the FLHA to agree that the information on the FLHA is clear, specific, and adequate to the work.



Describe the task(s) being performed		See It <i>What could go wrong?</i>
		Evaluate It <i>How bad could it be?</i>
		Control It <i>What can I do to fix it?</i>
Hazards to Consider- check off all that apply		
Physical		
<input type="checkbox"/> Housekeeping <input type="checkbox"/> Material storage & handling <input type="checkbox"/> Slip/Trip/Fall potential <input type="checkbox"/> Blocked exits & walkways <input type="checkbox"/> Confined/restricted space <input type="checkbox"/> Improper ventilation <input type="checkbox"/> Powerlines overhead/ underground <input type="checkbox"/> Ground/surface condition <input type="checkbox"/> Open Excavation	<input type="checkbox"/> Lighting <input type="checkbox"/> Weather <input type="checkbox"/> Hot work <input type="checkbox"/> Vehicle/pedestrian traffic <input type="checkbox"/> Working at heights <input type="checkbox"/> Scaffolding <input type="checkbox"/> Falling objects <input type="checkbox"/> Loads moving or being hoisted <input type="checkbox"/> Ladder use <input type="checkbox"/> Critical Lift	<input type="checkbox"/> Others working below/overhead <input type="checkbox"/> Incorrect tools/equipment <input type="checkbox"/> Working on/near energized equipment <input type="checkbox"/> Defective tools/equipment <input type="checkbox"/> Unguarded equipment <input type="checkbox"/> Noise <input type="checkbox"/> Vibration <input type="checkbox"/> _____
Ergonomic		
<input type="checkbox"/> Awkward body positioning <input type="checkbox"/> Overextension <input type="checkbox"/> Repetitive Motion	<input type="checkbox"/> Twisting/reaching/bending <input type="checkbox"/> Cramped/tight work area <input type="checkbox"/> Forceful pushing/pulling	<input type="checkbox"/> Awkward grip/load carried <input type="checkbox"/> Working at over head height <input type="checkbox"/> _____
Chemical		
<input type="checkbox"/> Freeze burn <input type="checkbox"/> Chemical handling/storage <input type="checkbox"/> Spill potential	<input type="checkbox"/> Dust/fumes/vapours/gases <input type="checkbox"/> Fire/explosion/reactive properties	<input type="checkbox"/> Acid/corrosive material <input type="checkbox"/> Aerosols <input type="checkbox"/> _____
Biological		Psychosocial
<input type="checkbox"/> Waste disposal <input type="checkbox"/> Blood/bodily fluid <input type="checkbox"/> Virus/bacteria <input type="checkbox"/> Insect bite <input type="checkbox"/> Lack of hygiene/sanitation <input type="checkbox"/> _____		<input type="checkbox"/> Personal limitations/illness, age, mental stability <input type="checkbox"/> Harassment/violence <input type="checkbox"/> Stress/fatigue <input type="checkbox"/> Working alone <input type="checkbox"/> Worker(s) not competent <input type="checkbox"/> _____
List PPE Required:		PPE Inspected? <input type="checkbox"/> Yes <input type="checkbox"/> No
First Aid supplies:		Emergency Muster Location:
If working alone, explain check-in procedure:		



Company Name:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="background-color: #d3d3d3;">Risk = Severity X Likelihood</th> </tr> <tr> <th style="background-color: #d3d3d3;">Severity</th> <th style="background-color: #d3d3d3;">Likelihood</th> </tr> <tr> <td>1-Minor first aid injury or damage</td> <td>1-Unlikely</td> </tr> <tr> <td>2-Medical treatment or major damage</td> <td>2-May Happen</td> </tr> <tr> <td>3-Lost time, fatality or catastrophic damage</td> <td>3-Highly Likely</td> </tr> </table>			Risk = Severity X Likelihood		Severity	Likelihood	1-Minor first aid injury or damage	1-Unlikely	2-Medical treatment or major damage	2-May Happen	3-Lost time, fatality or catastrophic damage	3-Highly Likely
Risk = Severity X Likelihood													
Severity				Likelihood									
1-Minor first aid injury or damage	1-Unlikely												
2-Medical treatment or major damage	2-May Happen												
3-Lost time, fatality or catastrophic damage	3-Highly Likely												
Date:													
Other Information:													
Identify the hazards and outline plans to eliminate or control each hazard. Then assign a risk rating.													
HAZARD	CONTROLS	RISK RATING											
Did you properly lock out & tag any defective tools/equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No													
Did you notify nearby workers of any hazards that may affect them? <input type="checkbox"/> Yes <input type="checkbox"/> No													
WORKER NAME (print)	SIGNATURE	TIME	INITIAL										
NOTE: If leaving and coming back to a task, workers must record the time and initial, acknowledging that no new hazards are present.													
Supervisor Signature:		Date:											

ALL AFFECTED WORKER MUST SIGN OFF BEFORE WORK CAN BEGIN

Supervisor Comments:
Was the work area cleaned up/materials store and disposed of properly? <input type="checkbox"/> Yes <input type="checkbox"/> No
Did any incidents occur? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:



	Assessment Date:	Revision #:	Original Assessment Date:
	Applicable Departments:		
Hazard Assessment #:	Location(s):		
This HA is: <input type="checkbox"/> New <input type="checkbox"/> Reason for Revision: <input type="checkbox"/> Incident <input type="checkbox"/> Change <input type="checkbox"/> Periodic			

Risk = Severity X Likelihood	
Severity	Likelihood
1 - Minor First Aid/Minor Damage	1 - Unlikely
2 - Medical Treatment/Major Damage	2 - May Happen
3 - Lost Time or Fatality/Catastrophic Damage	3 - Highly Likely

Tools and Materials:	
PPE Required:	
Applicable OHS Legislation:	

<i>Enter Rating</i>	<i>1, 2 = Low</i>	L
	<i>3, 4 = Medium</i>	M
<input type="checkbox"/>	<i>6, 9 = High</i>	H

Step #	Steps of Task	Existing and/or Potential HEALTH and/or SAFETY Hazards	Health Risk Rating (L, M, H)	Safety Risk Rating (L, M, H)	Hazard Control(s): Engineered [E] Administrative [A] PPE[P]



Sign Off	Name(s)	Title	Signature	Date
Analyzed By:				
Reviewed By:				
Notes/Additional Signatures:				
Approved By:				



	Assessment Date: 06 Jan 2025	Revision #: 02	Original Assessment Date: 06 Jan 2025
	Applicable Departments: Workshop - Angle Grinder		
Hazard Assessment #: 00	Location(s): SCS Workshop		
This HA is: Revised Reason for Revision: <input type="checkbox"/> Incident <input type="checkbox"/> Change <input checked="" type="checkbox"/> Periodic			

Tools and Materials:	None
PPE Required:	Safety gloves, Eyes and Face Protection, Protective Clothing, Closed Toe Shoes
Applicable OHS Legislation:	OHS Act, Regulation, and Code

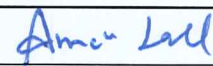

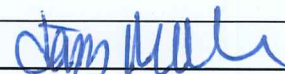
Risk = Severity X Likelihood	
Severity	Likelihood
1 - Minor First Aid/Minor Damage	1 - Unlikely
2 - Medical Treatment/Major Damage	2 - May Happen
3 - Lost Time or Fatality/Catastrophic Damage	3 - Highly Likely

Enter Rating	1, 2 = Low	L
	3, 4 = Medium	M
H	6, 9 = High	H

Step #	Steps of Task	Existing and/or Potential HEALTH and/or SAFETY Hazards	Health Risk Rating (L, M, H)	Safety Risk Rating (L, M, H)	Hazard Control(s): Engineered [E] Administrative [A] PPE[P]
1.	Check Cord Integrity	Hand cut from cut wires.	H	H	<ul style="list-style-type: none"> Wear Leather Gloves Inspect Slowly
2.	Check grinding wheel tightness.	Hand Injury inadvertent starting	H	H	<ul style="list-style-type: none"> Do not plug in the machine until inspection Is complete
3.	Verify the guard is tight and appropriate for the job.	Foot injury from dropping the tool	H	H	<ul style="list-style-type: none"> Rest the tool on the bench. Wear steel-toed shoes.
4.	Make sure Handle Location	Foot injury from drop the tools	H	H	<ul style="list-style-type: none"> Rest the tool on the bench. Wear steel-toed shoes.



5.	Inspect trigger for physical damage and proper operation.	None Foreseen			
6.	Make sure the materials being ground are adequately secured and positioned correctly.	Injuries associated with the work propelled by the grinder and/or landing on you	H	H	<ul style="list-style-type: none"> Verify the work is adequately secured by trying to dislodge it with a gloved hand (the work weight may secure it enough). Wear steel-toed shoes.
7.	Plugin the grinder	Eye and skin damage from projectiles.	H	H	<ul style="list-style-type: none"> Check the trigger switch to ensure it is off.
8.	Begin grinding.	Eye injuries from projectiles and sparks	H	H	<ul style="list-style-type: none"> Wear safety glasses/goggles and a face shield.
		Skin damage from sparks and projectiles	H	H	<ul style="list-style-type: none"> Wear leather gloves, a long-sleeved shirt, long pants, or leather welding guards.
		Hearing Loss	H	H	<ul style="list-style-type: none"> Wear Ear Plugs.
		Ergonomic considerations.	H	H	<ul style="list-style-type: none"> Change position from time to time. Wear vibration-resistant gloves.
		Inhalation of toxic or irritant fume or particulate	H	H	<ul style="list-style-type: none"> Wear the appropriate respirator. Use local or dilution ventilation to direct or collect fumes and/or particulate

Sign Off	Name(s)	Title	Signature	Date
Analyzed By:	Aman Lall	Production Coordinator		06 Jan 2025
Reviewed By:	Manny Singh	Operations Manager		06 Jan 2025
Notes/Additional Signatures:				
Approved By:	Jazz Matharu	General Manager		06 Jan 2025



	Assessment Date: 06 Jan 2025	Revision #: 02	Original Assessment Date: 06 Jan 2025
	Applicable Departments: Workshop – Band Saw		
Hazard Assessment #: 00	Location(s): SCS Workshop		
This HA is: Revise Reason for Revision: <input type="checkbox"/> Incident <input type="checkbox"/> Change <input checked="" type="checkbox"/> Periodic			

Tools and Materials:	None
PPE Required:	Eyes and Face Protection, Protective Clothing, Foot Protection, Leather Gloves
Applicable OHS Legislation:	OHS Act, Regulation and Code




Risk = Severity X Likelihood	
Severity	Likelihood
1 - Minor First Aid/Minor Damage	1 - Unlikely
2 - Medical Treatment/Major Damage	2 - May Happen
3 - Lost Time or Fatality/Catastrophic Damage	3 - Highly Likely

Enter Rating	1, 2 = Low	L
	3, 4 = Medium	M
M	6, 9 = High	H

Step #	Steps of Task	Existing and/or Potential HEALTH and/or SAFETY Hazards	Health Risk Rating (L, M, H)	Safety Risk Rating (L, M, H)	Hazard Control(s): Engineered [E] Administrative [A] PPE[P]
1.	General Use	Inhalation of hazardous fumes, gases, dust, debris	M	M	<ul style="list-style-type: none"> Appropriate ventilation as required Disposable Respirators, if required
		Projectiles – eye injury	H	H	<ul style="list-style-type: none"> Wear Safety Glasses with a side shield
		Trauma – projectiles, rotating parts, point of operation, ingoing	H	H	<ul style="list-style-type: none"> Situational awareness Protective clothing



	nip points, flying chips, and sparks			<ul style="list-style-type: none"> Machine Guards Hand Gloves
	Foot Injury – drop object on foot	M	M	<ul style="list-style-type: none"> Wear Safety Boots
	Hand Injury – sharp object	M	M	<ul style="list-style-type: none"> Gloves as appropriate for the task
	Fire – Spark	H	H	<ul style="list-style-type: none"> Appropriate placed fire extinguisher Remove all combustible and fire hazards
	Electric Shocks – improper grounding, improper operations, and maintenance/	M	M	<ul style="list-style-type: none"> Proper grounding of frame, manufacturer's instructions strictly followed.

Sign Off	Name(s)	Title	Signature	Date
Analyzed By:	Aman Lall	Production Coordinator		06 Jan 2025
Reviewed By:	Manny Singh	Operations Manager		06 Jan 2025
Notes/Additional Signatures:				
Approved By:	Jazz Matharu	General Manager		06 Jan 2025



	Assessment Date: 06 Jan 2025	Revision #: 02	Original Assessment Date: 06 Jan 2025
	Applicable Departments: Workshop – Bench Grinder		
Hazard Assessment #: 00	Location(s): SCS Workshop		
This HA is: Revised Reason for Revision: <input type="checkbox"/> Incident <input type="checkbox"/> Change <input checked="" type="checkbox"/> Periodic			

Tools and Materials:	None
PPE Required:	Eyes and Face Protection, Protective Clothing, Closed Toe Shoes, Safety Gloves
Applicable OHS Legislation:	OHS Act, Regulation, and Code



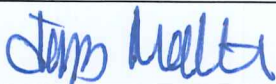
Risk = Severity X Likelihood	
Severity	Likelihood
1 - Minor First Aid/Minor Damage	1 - Unlikely
2 - Medical Treatment/Major Damage	2 - May Happen
3 - Lost Time or Fatality/Catastrophic Damage	3 - Highly Likely

Enter Rating	1, 2 = Low	L
	3, 4 = Medium	M
M	6, 9 = High	H

Step #	Steps of Task	Existing and/or Potential HEALTH and/or SAFETY Hazards	Health Risk Rating (L, M, H)	Safety Risk Rating (L, M, H)	Hazard Control(s): Engineered [E] Administrative [A] PPE[P]
1.	General Use	Inhalation of hazardous fumes, gases, dust	M	M	<ul style="list-style-type: none"> Appropriate ventilation as required Disposable respirators, if required
		Projectiles – eye injury	H	H	<ul style="list-style-type: none"> Wear safety glasses with a side shield or appropriate safety goggles.



		Trauma – projectiles, rotating parts, point of operation, ingoing nip points, flying chips, and sparks	H	H	<ul style="list-style-type: none"> Situational awareness PPE Protective Clothing Machine Guards
		Foot Injury – drop object on foot	M	M	<ul style="list-style-type: none"> Wear Safety Shoes
		Hand Injury – sharp Object	M	M	<ul style="list-style-type: none"> Wear appropriate Safety Gloves suitable for the task
		Fire – spark	H	H	<ul style="list-style-type: none"> Appropriate placed fire extinguisher Remove all combustible and fire hazards
		Electric Shocks – improper grounding, improper operations, and maintenance	M	M	<ul style="list-style-type: none"> Proper grounding of frame, manufacturer's instructions strictly followed.

Sign Off	Name(s)	Title	Signature	Date
Analyzed By:	Aman Lall	Production Coordinator		06 Jan 2025
Reviewed By:	Manny Singh	Operations Manager		06 Jan 2025
Notes/Additional Signatures:				
Approved By:	Jazz Matharu	General Manager		06 Jan 2025



	Assessment Date: 06 Jan 2025	Revision #: 02	Original Assessment Date: 06 Jan 2025
	Applicable Departments: Workshop – Drill Press		
Hazard Assessment #: 00	Location(s): SCS Workshop		
This HA is: Revised Reason for Revision: <input type="checkbox"/> Incident <input type="checkbox"/> Change <input checked="" type="checkbox"/> Periodic			

Tools and Materials:	None
PPE Required:	Safety Glasses, Safety Gloves, Closed Toe Shoes, Earplugs and Protective Clothing
Applicable OHS Legislation:	OHS Act, Regulation, and Code

Risk = Severity X Likelihood	
Severity	Likelihood
1 - Minor First Aid/Minor Damage	1 - Unlikely
2 - Medical Treatment/Major Damage	2 - May Happen
3 - Lost Time or Fatality/Catastrophic Damage	3 - Highly Likely

Enter Rating	1, 2 = Low	L
	3, 4 = Medium	M
M	6, 9 = High	H

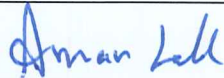

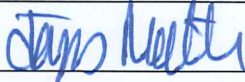
Step #	Steps of Task	Existing and/or Potential HEALTH and/or SAFETY Hazards	Health Risk Rating (L, M, H)	Safety Risk Rating (L, M, H)	Hazard Control(s): Engineered [E] Administrative [A] PPE[P]
1.	Inspect Equipment / PPE Checks	Damaged equipment may result in injury	M	M	<ul style="list-style-type: none"> Put on all required PPE for use of the Drill Press. Approved Safety Glasses with side shields, protective clothing and closed toe shoes. Consider Earplugs for noise protection. Additional foot protection is required when working with heavy parts and pieces. Tuck in shirt, no loose-fitting



					<ul style="list-style-type: none">• clothing or jewelry.• Work with the supervisor of the space to review the operation and ensure all risks have been addressed.
2.	Rotate drill up and install the bit	Abrasions/ Lacerations, Pinch Points	M	M	<ul style="list-style-type: none">• Be aware of hand placement to avoid abrasions/lacerations and pinch points.
3.	Place material to be drilled on the platform	Abrasions/Lacerations, Muscle Strains, Pinch Points	M	M	<ul style="list-style-type: none">• Be aware of hand/body placement and sharp edges of the material.• Use proper lifting technique while placing the material on the drill.• Ask for help if the material is too heavy or awkward in size/shape.• Be aware of hand and body placement.• If the material you're drilling has sharp edges, wear gloves but only while securing material to the drill table.
4.	Secure Material with C-clamp	Abrasions	M	M	<ul style="list-style-type: none">• Be aware of hand placement to avoid abrasions/lacerations and pinch points.• If the material you're drilling has sharp edges, wear gloves but only while securing material to the drill table.• Rotate guard into place near, but not touching, the chuck and drill bit.
5.	Turn on the drill press	Rotating Parts, Pinch Points, High Noise, and Flying Debris.	M	M	<ul style="list-style-type: none">• Be aware of hand/body placement due to rotating hazards• Metal shaving may be hot• Be aware of foot placement and walking surface to prevent slipping
6.	Remove the drilled material	Abrasions/Lacerations, Muscle Strains, Pinch Points, High Temperature.	M	M	<ul style="list-style-type: none">• Be aware of hand/body placement and sharp edges of the material.• Use proper lifting techniques while removing the material from the drill.



					<ul style="list-style-type: none"> Ask for help if the material is too heavy or awkward in size/shape. Be aware of hand and body placement. The bit and drilled material may be hot or have sharp edges, especially when drilling steel. Do not touch without proper hand protection.
7.	Housekeeping	Abrasions/Lacerations, Flying Objects, Hot Material, Slipping Hazards.	H	H	<ul style="list-style-type: none"> Be aware of hand/body placement and sharp edges of the material. Do not attempt to remove metal shavings from the bit with your hands. Use a shop brush to remove the shavings and a broom and dustpan (or vacuum) to pick the shavings off the ground. Some metal shavings may be sharp, hot, or wet from the lubricant. Wipe up any wet surface (drill platform/shop floor) during the cleaning process. Gloves must be worn while picking up metal shavings.

Sign Off	Name(s)	Title	Signature	Date
Analyzed By:	Aman Lall	Production Coordinator		06 Jan 2025
Reviewed By:	Manny Singh	Operations Manager		06 Jan 2025
Notes/Additional Signatures:				
Approved By:	Jazz Matharu	General Manager		06 Jan 2025



	Assessment Date: 06 Jan 2025	Revision #: 02	Original Assessment Date: 06 Jan 2025
	Applicable Departments: Workshop - Forklift		
Hazard Assessment #: 00	Location(s): SCS Workshop		
This HA is: Revised Reason for Revision: <input type="checkbox"/> Incident <input type="checkbox"/> Change <input checked="" type="checkbox"/> Periodic			

Risk = Severity X Likelihood	
Severity	Likelihood
1 - Minor First Aid/Minor Damage	1 - Unlikely
2 - Medical Treatment/Major Damage	2 - May Happen
3 - Lost Time or Fatality/Catastrophic Damage	3 - Highly Likely

Tools and Materials:	None
PPE Required:	Eye Protection (Safety Glasses and Face Protection, Body Covering, Foot Protection)
Applicable OHS Legislation:	OHS Act, Reg, and Code

Enter Rating	1, 2 = Low	L
	3, 4 = Medium	M
H	6, 9 = High	H

Step #	Steps of Task	Existing and/or Potential HEALTH and/or SAFETY Hazards	Health Risk Rating (L, M, H)	Safety Risk Rating (L, M, H)	Hazard Control(s): Engineered [E] Administrative [A] PPE[P]
1.	Visual Inspection of Forklift	<ul style="list-style-type: none"> Unauthorized Used Unsafe Equipment Logbook not completed 	H	H	<ul style="list-style-type: none"> Operate by trained and licensed personnel only Operate by people who have been inducted on the forklift that is being used Visually inspect the forklift



					<ul style="list-style-type: none">• Check the logbook. If pre-start for the day has not been done, do a full pre-start check.• Take care when operating. Always check gauges and listen for abnormal noises and abnormal operating functions when using the forklift.• Always take care and think about the task at hand
2.	Pick up Pallets	<ul style="list-style-type: none">• Forks not lined up properly• Don't insert forks cleanly• Other people and traffic• Overload the machine• Damaged product• Moving loads / liquid loads• Hazardous goods/chemicals	H	H	<ul style="list-style-type: none">• Inspect load/pallet to ensure it is safe• Comply with all relevant MSDS's• Get forklift square to the pallets – pivot on the front axle• Get forks level before inserting into the pallets – if not 100% sure, then lift the empty forks about 1.8 meters high so they are in line with your eyesight. You will now be able to get the level (if unsure, tilt fully forward, then tilt fully back, then tilt so they are level)• Lift load then tilt back so it is level before reversing out• Check behind before reversing. Ensure good vision at all times (all windows clean) Sound horn 3 times and wait 5 seconds before reversing if vision is restricted, or get a spotter• Lower load to travel height and tilt back enough to stabilize the load• Don't overload the machine / understand the load chart• Operate carefully and keep load low• Always take care and think about the task at hand
3.	Drive Loaded forklift around the workshop	<ul style="list-style-type: none">• Traffic• People• Uneven surface• Heat	H	H	Whenever driving the forklift, follow manufacturers and site procedures, including



		<ul style="list-style-type: none">• Glare• Rollovers• Crushing of people/objects• Damaged equipment			<ul style="list-style-type: none">• Make sure the machine is in safe operating condition• Look out for hazards• Always wear your seatbelt• Drive slowly• Keep your load low• Make sure that forklifts and pedestrians cannot come into contact with each other• Make sure the load is stable• Do not lift loads near people, or over the top of people• Keep a clear line of sight – you may need to reverse or get a spotter• Don't turn on inclines – travel straight up or straight down with the loaded end facing up the incline• No passengers or riders• Always take care and think about the task at hand
--	--	--	--	--	--



4.	Drive back to sit area to park the forklift	<ul style="list-style-type: none">• People• Traffic• Glare• Uneven road surface• Obstructions	H	H	<ul style="list-style-type: none">• Always ensure good vision (all windows clean)• Sound horn 3 times and wait 5 seconds before reversing if vision is restricted• Keep forks below axle height and slightly always tilted back (but clear of the operating surface)• Park in a safe place• Forks flat on the ground• Always take care and think about the task at hand
5.	Park Forklift	<ul style="list-style-type: none">• Cause an obstruction• Cause a trip hazard• Uneven road surface / Forklift may roll away• Possible faults with forklift• Possible gas leak	H	H	<ul style="list-style-type: none">• Park in a safe place• Forks/attachment flat on the ground (or as per manufacturers and site procedures)• Controls in neutral (or as per manufacturer's instructions) and hand brake on• Conduct post-op check for leaks or damage• Turn gas off if the forklift is to be left unattended• Always take care and think about the task at hand



Sign Off	Name(s)	Title	Signature	Date
Analyzed By:	Aman Lall	Production Coordinator	<i>Aman Lall</i>	06 Jan 2025
Reviewed By:	Manny Singh	Operations Manager	<i>Ms</i>	06 Jan 2025
Notes/Additional Signatures:				
Approved By:	Jazz Matharu	General Manager	<i>Jazz Matharu</i>	06 Jan 2025



	Assessment Date: 06 Jan 2025	Revision #: 02	Original Assessment Date: 06 Jan 2025
	Applicable Departments: Workshop - Heat Gun		
Hazard Assessment #: 00	Location(s): SCS Workshop		
This HA is: Revised Reason for Revision: <input type="checkbox"/> Incident <input type="checkbox"/> Change <input checked="" type="checkbox"/> Periodic			

Tools and Materials:	None
PPE Required:	Safety Gloves, Safety Glasses, Disposal Respirators
Applicable OHS Legislation:	OHS Act, Regulation, and Code

Risk = Severity X Likelihood	
Severity	Likelihood
1 - Minor First Aid/Minor Damage	1 - Unlikely
2 - Medical Treatment/Major Damage	2 - May Happen
3 - Lost Time or Fatality/Catastrophic Damage	3 - Highly Likely

Enter Rating	1, 2 = Low	L
	3, 4 = Medium	M
H	6, 9 = High	H

Step #	Steps of Task	Existing and/or Potential HEALTH and/or SAFETY Hazards	Health Risk Rating (L, M, H)	Safety Risk Rating (L, M, H)	Hazard Control(s): Engineered [E] Administrative [A] PPE[P]
1.	General Use	<ul style="list-style-type: none"> Inhalation - Fumes, Burns, Electrical Shock 	H	H	<ul style="list-style-type: none"> Properly ventilated work area, use disposal respirators
		<ul style="list-style-type: none"> Burns – Hot air, contact with a heat gun 	H	H	<ul style="list-style-type: none"> Situational awareness, safety gloves
		<ul style="list-style-type: none"> Electrical Shock – Improper operation and maintenance 	H	H	<ul style="list-style-type: none"> Manufacturer's instructions strictly followed, replace worn parts.



Sign Off	Name(s)	Title	Signature	Date
Analyzed By:	Aman Lall	Production Coordinator	<i>Aman Lall</i>	06 Jan 2025
Reviewed By:	Manny Singh	Operations Manager	<i>MS</i>	06 Jan 2025
Notes/Additional Signatures:				
Approved By:	Jazz Matharu	General Manager	<i>Jazz Matharu</i>	06 Jan 2025



	Assessment Date: 06 Jan 2025	Revision #: 02	Original Assessment Date: 06 Jan 2025
	Applicable Departments: Workshop – Manual Chain Block		
Hazard Assessment #: 00	Location(s): SCS Workshop		
This HA is: Revised Reason for Revision: <input type="checkbox"/> Incident <input type="checkbox"/> Change <input checked="" type="checkbox"/> Periodic			

Tools and Materials:	None
PPE Required:	Eye Protection (Safety Glasses), Earplugs, Safety Gloves
Applicable OHS Legislation:	OHS Act, Regulation, and Code



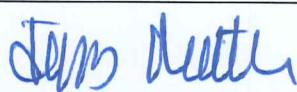
Risk = Severity X Likelihood	
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Enter Rating	1, 2 = Low	L
	3, 4 = Medium	M
H	6, 9 = High	H

Step #	Steps of Task	Existing and/or Potential HEALTH and/or SAFETY Hazards	Health Risk Rating (L, M, H)	Safety Risk Rating (L, M, H)	Hazard Control(s): Engineered [E] Administrative [A] PPE[P]
1.	Selecting the correct block	<ul style="list-style-type: none"> Damage Equipment or property. Dropped Object 	H	H	<ul style="list-style-type: none"> Select the block to be used and plan the lift taking the following into account: <ul style="list-style-type: none"> Type of suspension – hook, trolley Capacity, class of use, and range of lift Most chain blocks are designated for vertical lift only. Use of these at an angle required additional risk



					<p>assessment and precautions</p> <ul style="list-style-type: none">Follow manufacturer guidelines
2.	Storing and handling manual chain blocks	<ul style="list-style-type: none">Corrosion, and exposure to hazardous substances	H	H	<ul style="list-style-type: none">Never return damaged blocks to storage.Block should not be dropped, thrown, or dragged across the floor.Never galvanize or subject the chain, or other load-bearing parts, to any other plating process without the express approval of the supplier.

Sign Off	Name(s)	Title	Signature	Date
Analyzed By:	Aman Lall	Production Coordinator		06 Jan 2025
Reviewed By:	Manny Singh	Operations Manager		06 Jan 2025
Notes/Additional Signatures:				
Approved By:	Jazz Matharu	General Manager		06 Jan 2025



	Assessment Date: 06 Jan 2025	Revision #: 02	Original Assessment Date: 06 Jan 2025
	Applicable Departments: Workshop – Office Work		
Hazard Assessment #: 00	Location(s): SCS Office		
This HA is: Revised Reason for Revision: <input type="checkbox"/> Incident <input type="checkbox"/> Change <input checked="" type="checkbox"/> Periodic			

Tools and Materials:	None
PPE Required:	None
Applicable OHS Legislation:	OHS Act, Regulation and Code

Risk = Severity X Likelihood	
Severity	Likelihood
1 - Minor First Aid/Minor Damage	1 - Unlikely
2 - Medical Treatment/Major Damage	2 - May Happen
3 - Lost Time or Fatality/Catastrophic Damage	3 - Highly Likely

Enter Rating	1, 2 = Low	L
	3, 4 = Medium	M
L	6, 9 = High	H

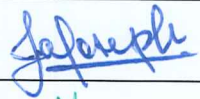


Step #	Steps of Task	Existing and/or Potential HEALTH and/or SAFETY Hazards	Health Risk Rating (L, M, H)	Safety Risk Rating (L, M, H)	Hazard Control(s): Engineered [E] Administrative [A] PPE[P]
1.	Walking	Slips and Trips	L	L	<ul style="list-style-type: none"> All areas well lit, including stairs Keep clear all walkways Slip Resistant Pad or mats where needed. Sign for wet floor Wear Proper Footwear.



2.	Manual Handling	<ul style="list-style-type: none">Staff risk injuries or back pain from handling heavy / bulky objects, eg deliveries of paper.	M	M	<ul style="list-style-type: none">Trolleys used to transport boxes of paper and other heavy items when collecting deliveries etc.High shelves are for light objects only
3.	Fire	<ul style="list-style-type: none">If trapped, staff could suffer fatal injuries from smoke inhalation / burns.	M	M	<ul style="list-style-type: none">Fire Extinguisher are placed at all required locations.All personnel are trained in Fire Hazard and Fire Extinguisher procedures.
4.	Staff stand on chair to file on high shelves, put up decorations	<ul style="list-style-type: none">Falls from any height can cause bruises and fractures.	M	M	<ul style="list-style-type: none">An appropriate stepladder will be bought and staff shown how to use it properly.
5.	Electrical	<ul style="list-style-type: none">Electrical shocks or burns from using faulty electrical equipmentElectrical faults can also lead to fires	M	M	<ul style="list-style-type: none">Fireproof electrical installation. Electrical tripping system.No switch, automatic off and on mechanism.Staff trained to spot and report any defective tools or damaged cables / equipment to their supervisorDefective equipment taken out of use safely and promptly replaced.Staff told not to bring in their own appliances, such as toasters, fans, etc.
6.	Display Screen Equipment	<ul style="list-style-type: none">Staff risk posture problems and pain, discomfort or injuries, eg to their hands / arm, from overuse or improper use or from poorly designed workstations or work environments.	M	M	<ul style="list-style-type: none">Workstation and equipment are set up to ensure good posture and to avoid glare and reflections on the screen.Work planned to include regular breaks or change of activity.Lighting and temperature suitably controlled.



		<ul style="list-style-type: none">Headaches or sore eyes can also occur, e.g., if lighting is poor.			<ul style="list-style-type: none">Provide chairs and computer station accessories to provide comfort.
7.	Stress	<ul style="list-style-type: none">All staff could be affected by factors such as lack of job control, not knowing their role etc.	M	M	<ul style="list-style-type: none">Staff understand what their duties and responsibilities are.Staff can talk to supervisors or manager if they are feeling unwell or ill at ease about things at work

Sign Off	Name(s)	Title	Signature	Date
Analyzed By:	James Joseph	Digital Media Manager		06 Jan 2025
Reviewed By:	Manny Singh	Operations Manager		06 Jan 2025
Notes/Additional Signatures:				
Approved By:	Jazz Matharu	General Manager		06 Jan 2025



	Assessment Date: 06 Jan 2025	Revision #: 02	Original Assessment Date: 06 Jan 2025
	Applicable Departments: Workshop - Pallet Jack		
Hazard Assessment #: 00	Location(s): SCS Workshop		
This HA is: New Reason for Revision: <input type="checkbox"/> Incident <input type="checkbox"/> Change <input checked="" type="checkbox"/> Periodic			

Risk = Severity X Likelihood	
Severity	Likelihood
1 - Minor First Aid/Minor Damage	1 - Unlikely
2 - Medical Treatment/Major Damage	2 - May Happen
3 - Lost Time or Fatality/Catastrophic Damage	3 - Highly Likely

Tools and Materials:	None
PPE Required:	Eye Protection (Safety Glasses), Earplugs, Apron, Face Shield, Safety Gloves, Protective Clothing
Applicable OHS Legislation:	OHS Act, Regulation, and Code

<i>Enter Rating</i>	1, 2 = <i>Low</i>	L
	3, 4 = <i>Medium</i>	M
H	6, 9 = <i>High</i>	H

Step #	Steps of Task	Existing and/or Potential HEALTH and/or SAFETY Hazards	Health Risk Rating (L, M, H)	Safety Risk Rating (L, M, H)	Hazard Control(s): Engineered [E] Administrative [A] PPE[P]
1.	Operation of manual	Improper Equipment operation <ul style="list-style-type: none"> Crush Strike 	H	H	<ul style="list-style-type: none"> Ready access to equipment's operator manual The trained and qualified operator of powered pallet Jack
		<ul style="list-style-type: none"> Strain/ sprain 	H	H	<ul style="list-style-type: none"> Supervision shall evaluate the use of mechanical means before use pallet jack



					<ul style="list-style-type: none">• Never use a pallet jack to move a load that exceeds its weight rating.• Size up any load when using a pallet jack for assistance when/if required
		<ul style="list-style-type: none">• Caught Between / Crush	H	H	<ul style="list-style-type: none">• Be mindful of body positioning and never position yourself in a possible pinch point.• Use a spotter when in tight places if the travel paths are obscure.• Keep your hands on the controls and feet on the platform• While riding, never stick a foot or any part of the body outside of the truck, no matter how slow the truck is moving• When traveling forks first, keep both hands on the control; be careful when changing direction: keep your feet clear of the truck.• Operator truck at a speed that will you time to react in an emergency; stop the truck completely before dismounting.
		<ul style="list-style-type: none">• Struck by	H	H	<ul style="list-style-type: none">• Ensure that you have room to drive and turn; watch out for power unit swing and slow down when making a turn.• Use a spotter when in tight spaces or the travel path is obscured.



Sign Off	Name(s)	Title	Signature	Date
Analyzed By:	Aman Lall	Production Coordinator	<i>Aman Lall</i>	06 Jan 2025
Reviewed By:	Manny Singh	Operations Manager	<i>MS</i>	06 Jan 2025
Notes/Additional Signatures:				
Approved By:	Jazz Matharu	General Manager	<i>Jazz Matharu</i>	06 Jan 2025



	Assessment Date: 06 Jan 2025	Revision #: 02	Original Assessment Date: 06 Jan 2025
	Applicable Departments: Workshop – Panel Building		
Hazard Assessment #: 00	Location(s): SCS Workshop		
This HA is: Revised Reason for Revision: <input type="checkbox"/> Incident <input type="checkbox"/> Change <input checked="" type="checkbox"/> Periodic			

Risk = Severity X Likelihood	
Severity	Likelihood
1 - Minor First Aid/Minor Damage	1 - Unlikely
2 - Medical Treatment/Major Damage	2 - May Happen
3 - Lost Time or Fatality/Catastrophic Damage	3 - Highly Likely

Tools and Materials:	None
PPE Required:	Eye Protection (Safety Glasses), Earplugs, Apron, Safety Gloves, Protective Clothing
Applicable OHS Legislation:	OHS Act, Regulation, and Code




Enter Rating	1, 2 = Low	L
	3, 4 = Medium	M
M	6, 9 = High	H

Step #	Steps of Task	Existing and/or Potential HEALTH and/or SAFETY Hazards	Health Risk Rating (L, M, H)	Safety Risk Rating (L, M, H)	Hazard Control(s): Engineered [E] Administrative [A] PPE[P]
1.	Mounting parts include drilling.	<ul style="list-style-type: none"> Power cords – old, frayed, trip hazards, elec. Shock Noise 	M	M	<ul style="list-style-type: none"> Ensure power cords are intact and not frayed, discontinue use if so Keep the work area clear of people, communicate your activities to people walking through the work area.



					<ul style="list-style-type: none"> Consider earplugs for noise protection and safety glasses for eye protection.
		<ul style="list-style-type: none"> Abrasions/ Lacer 	M	M	<ul style="list-style-type: none"> Ensure drill bits and saw blades are sharp and in good condition, do not force cuts or drill holes for resistance, discard bits and blades if dull or damaged.
		<ul style="list-style-type: none"> Flying debris in the eye while cutting 	M	M	<ul style="list-style-type: none"> Wear all PPE
		<ul style="list-style-type: none"> Pinch points 	M	M	<ul style="list-style-type: none"> Wear all PPE, use good techniques, be diligent, keep the work area clear of people, avoid horseplay in work areas.
2.	Panel wiring, stripping and terminating wires	<ul style="list-style-type: none"> Flying debris in the eye while cutting 	L	L	<ul style="list-style-type: none"> Wear all PPE
		<ul style="list-style-type: none"> Cut hands and pinch points 	L	L	<ul style="list-style-type: none"> Wear all PPE, use good technique, be diligent, keep the work area clear of people, avoid horseplay in work areas.
		<ul style="list-style-type: none"> Repetitive motion 	L	L	<ul style="list-style-type: none"> Take Small breaks and use electric screwdriver.
3.	Cutting door for operator, meters and fans	<ul style="list-style-type: none"> Ele Hazard, Flying Debris, Cut 	H	H	<ul style="list-style-type: none"> Read power tool hazard assessment form.
4.	Dropping back pan	<ul style="list-style-type: none"> Pinch points 	H	H	<ul style="list-style-type: none"> Wear proper PPE, use lifting straps to drop the backpan in the panel.



Sign Off	Name(s)	Title	Signature	Date
Analyzed By:	Les Eyestone	Application Specialist		06 Jan 2025
Reviewed By:	Manny Singh	Operations Manager		06 Jan 2025
Notes/Additional Signatures:				
Approved By:	Jazz Matharu	General Manager		06 Jan 2025



	Assessment Date: 06 Jan 2025	Revision #: 02	Original Assessment Date: 06 Jan 2025
	Applicable Departments: Workshop – Panel Testing		
Hazard Assessment #: 00	Location(s): SCS Workshop		
This HA is: Revised Reason for Revision: <input type="checkbox"/> Incident <input type="checkbox"/> Change <input checked="" type="checkbox"/> Periodic			

Risk = Severity X Likelihood	
Severity	Likelihood
1 - Minor First Aid/Minor Damage	1 - Unlikely
2 - Medical Treatment/Major Damage	2 - May Happen
3 - Lost Time or Fatality/Catastrophic Damage	3 - Highly Likely

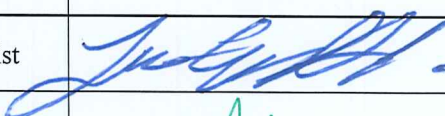

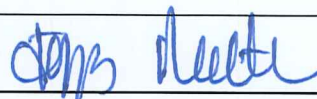
Tools and Materials:	None
PPE Required:	Eye Protection (Safety Glasses), Earplugs, Apron, Safety Gloves, Protective Clothing
Applicable OHS Legislation:	OHS Act, Regulation and Code

<i>Enter Rating</i>	1, 2 = Low	L
	3, 4 = Medium	M
H	6, 9 = High	H

Step #	Steps of Task	Existing and/or Potential HEALTH and/or SAFETY Hazards	Health Risk Rating (L, M, H)	Safety Risk Rating (L, M, H)	Hazard Control(s): Engineered [E] Administrative [A] PPE[P]
1.	Visual check, inspect connections and continuity.	<ul style="list-style-type: none"> Power cords – old, frayed, trip hazards, elec. Shock 	M	M	<ul style="list-style-type: none"> Wear safety gloves and safety glasses.
2.	Insulation Test	<ul style="list-style-type: none"> Electric shock 	H	H	<ul style="list-style-type: none"> Use proper PPE and read HIPOT hazard assessment form. Only authorized personnel to do this test.



3.	Power up panel	<ul style="list-style-type: none">Electric Shock	H	H	<ul style="list-style-type: none">Use proper PPE. Only authorized personnel to do this test. After terminating the main power to the panel, make sure to initially power up remotely with the panel door closed.
4.	Power off and unterminated	<ul style="list-style-type: none">Electric Shock	H	H	<ul style="list-style-type: none">After testing is done, shut down the main power. After confirming the power off make sure power cable connections are unterminated and rolled back to the designated place.

Sign Off	Name(s)	Title	Signature	Date
Analyzed By:	Les Eyestone	Application Specialist		06 Jan 2025
Reviewed By:	Manny Singh	Operations Manager		06 Jan 2025
Notes/Additional Signatures:				
Approved By:	Jazz Matharu	General Manager		06 Jan 2025



	Assessment Date: 06 Jan 2025	Revision #: 02	Original Assessment Date: 06 Jan 2025
	Applicable Departments: Workshop - Power Hand Tools		
Hazard Assessment #: 00	Location(s): SCS Workshop		
This HA is: Revised Reason for Revision: <input type="checkbox"/> Incident <input type="checkbox"/> Change <input checked="" type="checkbox"/> Periodic			

Tools and Materials:	None
PPE Required:	Eye Protection (Safety Glasses), Earplugs, Apron, Face Shield, Safety Gloves, Protective Clothing
Applicable OHS Legislation:	OHS Act, Regulation and Code

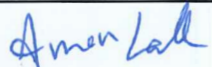

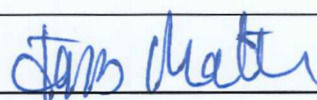
Risk = Severity X Likelihood	
Severity	Likelihood
1 - Minor First Aid/Minor Damage	1 - Unlikely
2 - Medical Treatment/Major Damage	2 - May Happen
3 - Lost Time or Fatality/Catastrophic Damage	3 - Highly Likely

Enter Rating	1, 2 = Low	L
	3, 4 = Medium	M
H	6, 9 = High	H

Step #	Steps of Task	Existing and/or Potential HEALTH and/or SAFETY Hazards	Health Risk Rating (L, M, H)	Safety Risk Rating (L, M, H)	Hazard Control(s): Engineered [E] Administrative [A] PPE[P]
1.	Using power tools	<ul style="list-style-type: none"> Power cords – old, frayed, trip hazards, elec. Shock 	H	H	<ul style="list-style-type: none"> Ensure power cords are intact and not frayed, discontinue use if so, keep the work area clear of people, communicate your activities to people walking through the work area.



		<ul style="list-style-type: none">Dull bits, blades			<ul style="list-style-type: none">Ensure drill bits and saw blades are sharp and in good condition, do not force cuts or drilled holes if resistance, discard bits and blades if dull or damaged.
		<ul style="list-style-type: none">Flying debris in the eye while cutting	H	H	<ul style="list-style-type: none">Wear safety glasses.
		<ul style="list-style-type: none">Cuts to hands, arms, legs	H	H	<ul style="list-style-type: none">Use good technique, be diligent, keep the work area clear of people, avoid horseplay in work areas.Wear cut resist hand gloves.Wear Safety boots

Sign Off	Name(s)	Title	Signature	Date
Analyzed By:	Aman Lall	Production Coordinator		06 Jan 2025
Reviewed By:	Manny Singh	Operations Manager		06 Jan 2025
Notes/Additional Signatures:				
Approved By:	Jazz Matharu	General Manager		06 Jan 2025

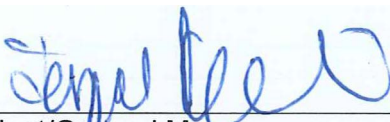


Report hazards to your supervisor, if there is an immediate threat to life, safety, property, or the environment, in which case you must call Protection Services at 911, for hazardous conditions and unsafe practices that you detect at SCS premises, or any formal concern and complaint regarding the health and safety of the worker. Please fill "3.7 Hazardous Condition or Complaint Report Form" and submit to SCS EHS representative.

For immediate attention, provide immediate oral notice, followed by written report.

If the situation is resolved without your supervisor's involvement, be sure to inform him / her about the hazard and the action taken, especially if the area involved is under the supervisor's direct responsibility.

If a worker finds any hazard, and he/ she uses his/her rights such as "Unsafe Work Refusal"; please follow "1.2.1 Diagram – Unsafe Work Refusal Process".



President/General Manager

FEB 11 2025

Date



Date:	Department:	Reported By:
<p>1. Hazard Classification [check one]:</p> <p><input type="checkbox"/> A – unsafe conditions or unsafe acts with the potential for permanent disability, loss of life or body part, and/or extensive loss of structure, equipment, material or environmental damage. <u>Immediate</u> corrective action required.</p> <p><input type="checkbox"/> B – unsafe conditions or unsafe acts with the potential for serious injury or property damage that is disruptive to production, process, or environmental damage, but less severe than class “A” hazards. Corrective action required [48 hours].</p> <p><input type="checkbox"/> C – unsafe conditions or unsafe acts with the potential for minor injury, occupational illness, non-disruptive property or environmental damage, but less severe than class “B” hazards. Corrective and/or follow-up action required [3-7 days].</p> <p><input type="checkbox"/> Formal Concern and Complaint regarding the Health and safety of workers. Corrective and/or follow-up action required [3-7 days].</p>		
2. Describe the any Hazard (i.e., Hazardous Condition(s), unsafe acts) or complaint in your own words:		
3. List what Immediate Action you have taken to eliminate or minimize the hazardous condition(s) or issues:		
4. Make some Recommendations on how to further eliminate or minimize the hazardous condition(s) or issues:		
Originator's Signature:		
5. Department Supervisor's Comments:		
Date correction action / Solution to be completed by:	Actual date corrective action completed:	
Date: Person:	Date: Person:	
H&S Representative's Comments:		
Signature:		Date:
Supervisor's Comments:		
Signature:		Date:



SCS is committed to a respectful and safe workplace. SCS has zero tolerance for workplace violence and harassment of any kind and will be proactive in preventing workplace harassment and violence, including bullying.

SCS management recognizes that all workers have the right to work in a non-violent and harassment-free workplace. This policy applies to all SCS operations, workers, subcontractors, and visitors in the workplace.

SCS is committed to providing a work environment where all workers are treated with dignity and respect. Workplace violence or harassment will not be tolerated by anyone, including workers, visitors, and subcontractors.

Management will investigate and deal with all complaints or incidents of workplace harassment, violence and bullying in a fair, respectful, and timely manner. Information provided about an incident or a complaint will not be disclosed except as necessary to protect workers, investigate the complaint or incident, take corrective action or as otherwise required by law.

Managers, supervisors, workers, subcontractors, and visitors are expected to adhere to this policy and are held responsible by SCS for not following it. Workers should not be penalized or disciplined for reporting an incident or participating in an investigation involving workplace harassment or violence.

President/General Manager

FEB 11 2025

Date



This program is designed to eliminate or minimize the risk to any SCS representative against harassment in the workplace, through the development of standard, procedures and worker education and training. Hence, SCS will not tolerate any acts of harassment against or by representative for any reason.

This program also identifies what constitutes and what does not constitute workplace harassment and provides direction for reporting workplace harassment.

Workplace Harassment: It is defined as engaging in a course of vexatious comments or conduct against an individual in a workplace that is known or ought reasonably to be known as unwelcome workplace harassment or as workplace sexual harassment.

- **Harassment:** Harassment is a form of discrimination defined as a course of vexatious comments or conduct that is known or ought reasonably to be known to be unwelcome. In some cases, a single action may be classified as harassment.
- **Racial Harassment:** It is harassment on the ground of race/ ethnic origin is defined as unwanted or welcomed conduct based on a person's race that is offensive to the recipient, and which might threaten a person's security or create a stressful, hostile or intimidating work environment. Harassment on the grounds of race may include:
 - Verbal harassment: offensive jokes or remarks about a person's race or ethnic origin, ridicule or assumptions based on racial stereotypes.
 - Visual harassment: Production, display or circulation of materials offensive to racial or ethnic groups, such as cartoons or racial propaganda.
 - Physical harassment: physical assault, threats of physical assault

Sexual Harassment: Sexual harassment means engaging in the course of conduct of a gender-related or sexual nature that is known or might reasonably be known to be unwelcome or unwanted. In some cases, a single action may constitute sexual harassment.

- A direct or implied threat of reprisal for refusing to comply with a sexually orientated request, propositions or taunting about a person's body, attire, sex or sexual orientation.
- Unwelcome physical contact or unwelcome invitations or requests, direct or indirect, to engage in behavior of a sexual nature
- Refusing to work with or have contact with workers because of their sex, gender or sexual orientation.
- Harassment concerns will be brought forth, investigated, and addressed by the site supervisor immediately.
- Sexual harassment may include but is not limited to:
 - Unwanted comments, jokes, or gestures of a sexual nature
 - Display of sexually explicit material, images, or objects in the workplace.
 - Unwelcome advances, flirtation, or propositions, whether verbal or non-verbal.
 - Persistent inquiries about personal sexual preferences or histories
 - Making derogatory or offensive remarks about someone's gender, sexual orientation, or identity.
 - Spreading rumors or gossip about someone's behavior or relationships.



- Engaging in any behavior that creates a hostile, intimidating, or offensive work environment based on gender or sexuality.

How to Report

Workers can report incidents or complaints of workplace harassment verbally or in writing. When submitting a written complaint, use the workplace harassment complaint form. When reporting verbally, the reporting contact, along with the worker complaining of harassment, will fill out the complaint form.

The report of the incident should include the following information:

- Name(s) of the worker who has allegedly experienced workplace harassment and contact information
- Name of the alleged harasser(s), position, and contact information (if known)
- Names of the witness(es) (if any) or other person(s) with relevant information to provide about the incident and contact information (if known)
- Details of what happened including date(s), frequency, and location(s) of the alleged incident(s)
- Any supporting documents the worker who complains of harassment may have in his/her possession that are relevant to the complaint.
- List any documents a witness, another person or the alleged harasser may have in their possession that are relevant to the complaint.

Investigation

Commitment to Investigate: SCS will ensure that an investigation appropriate in the circumstances is conducted when the employer, EHS representative becomes aware of an incident of workplace harassment or receives a complaint of workplace harassment.

Who will investigate: EHS Representative and General manager will conduct the investigation into the incident or complaint of workplace harassment?

Timing of the Investigation: The investigation must be completed in a timely manner and generally within 90 days or less unless there are extenuating circumstances (ex. Illness, complex investigation) warranting a longer investigation.

Investigation Process: The person conducting the investigation whether internal or external to the workplace will, at minimum, complete the following:

- The investigator must ensure the investigation is kept confidential and identifying information is not disclosed unless necessary to conduct the investigation. The investigator should remind the parties of this confidentiality obligation at the beginning of the investigation.
- The investigator must thoroughly interview the worker who allegedly experienced the workplace harassment and the alleged harasser(s) if the alleged harasser is a worker of the employer. If the alleged harasser is not a worker, the investigator should make reasonable efforts to interview the alleged harasser(s).



4.2 Workplace Harassment Prevention Procedure

- The alleged harasser(s) must be given the opportunity to respond to the specific allegations raised by the worker. In some circumstances, the worker who allegedly experienced the workplace harassment should be given a reasonable opportunity to reply.
- The investigator must interview any relevant witnesses employed by the employer who may be identified by either the worker who allegedly experienced the workplace harassment, the alleged harasser(s) or as necessary to conduct a thorough investigation. The investigator must make reasonable efforts to interview any relevant witnesses who are not employed by the employer if there are any identified.
- The investigator must collect a review any relevant document.
- The investigator must take appropriate notes and statements during interviews with the worker who allegedly experienced workplace harassment, the alleged harasser(s) and any witnesses.
- The investigator must prepare a written report summarizing the steps taken during the investigation, the complaint, and the allegations of the worker who allegedly experienced the workplace harassment, the response from the alleged harasser(s), the evidence of any witnesses, and the evidence gathered. The report must set out findings of fact and conclude about whether workplace harassment was found or not.

Result Of the investigation

Within 10 days of the investigation being completed, the worker who allegedly experienced the workplace harassment and the alleged harasser(s), if he or she is a worker of the employer, will be informed in writing of the results of the investigation any corrective action taken or what will be taken by the employer to address workplace harassment.

Confidentiality

Information about complaints and incident(s) shall be kept confidential to the extent possible. Information obtained about an incident or complaint of workplace harassment, including identifying information about any individuals involved, will not be disclosed unless disclosure is necessary to protect workers, to investigate the complaint or incident, to take corrective action or otherwise as required by law.

While the investigation is on-going, the worker who has allegedly experienced harassment, the alleged harasser(s) and any witnesses should not discuss the incident or complaint or the investigation with either other or other workers or witnesses unless necessary to obtain advice about their rights. The investigator may discuss the investigation and disclose the incident or complaint-related information only as necessary to conduct the investigation.

All records of the investigation will be kept confidential.

Enforcement

Behavior that violates this policy will not be tolerated and could result in disciplinary up to and including termination of employment.



Reprisals

Retaliation or reprisal of any kind, by worker, supervisor, or management against any complaint is prohibited. Such prohibited acts of reprisal will result in disciplinary action up to and including termination of employment. Alleged retaliation or reprisals are subject to the same complaint procedures and penalties as complaints of harassment.

Malicious Reports

Where it is determined that a complaint made a complaint of harassment in bad faith or with the intent to harm another person/worker and/or has misrepresented what is going on in the Workplace, then formal disciplinary action may be taken against the complaint. Conduct based on mistakes or misunderstandings shall not constitute malicious conduct.

Record keeping and Review

The employer (human resources or designated person) will keep records of the investigation including:

- a copy of the complaint or details about the incident.
- a record of the investigation including notes.
- a copy of the investigation report (if any);
- a summary of the results of the investigation that was provided to the worker who allegedly experienced the workplace harassment and the alleged harasser(s), if a worker of the employer.
- a copy of any corrective action taken to address the complaint or incident of workplace harassment.

All records of the investigation will be kept confidential. The investigation documents, including the report should not be disclosed unless necessary to investigate an incident or complaint of workplace harassment, take corrective action or otherwise as required by law.

Records will be kept for at least 3 years.

This program will be reviewed annually by the EHS Department, Human Resources Department and Sr. Management.



SCS is committed to providing a working environment in which all its workers and representatives are treated with respect and dignity and have the right to work in an environment free from Violence and Bullying. As part of this commitment, this policy is aimed at preventing and resolving behavior and conduct that constitutes violence.

SCS will not tolerate any form of workplace violence in its employment, accommodation, or business dealings. This includes but is not limited to the workplaces such as office, workshop and mobile worker and refers to all forms of communication. This Policy provides guidelines on the complaints, investigations, and risk assessments. Each worker and representative have an obligation to understand this Policy and how it applies to their relationship with SCS. Every representative of the SCS has right to file a complaint of violation and/or harassment.

Workplace Violence: 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; or 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.

Bullying: There can be a fine line in the difference of bullying and violence. Bullying is different form of violence. Bullying is physical or psychological violence; Bullying is usually repeated over the time until it become pattern. Victims often feel helpless, and unable to protect or defend themselves. Some of the examples given below but not limited to:

- Teasing
- Spreading malicious rumors, gossip
- Isolating someone socially or from team
- Constantly changing work guideline
- Criticizing a person constantly
- Spying or stalking
- Blocking applications (Repetition without any proper reason) (any kind of application such as training, leave or any promotion)

Complainant: A person who is or has been subjected to, or a person who has witnessed alleged discrimination or harassment.

Responder: An individual who is alleged to have exhibited conduct that is the subject of a complaint.

Assessing the workplace Violence or Bullying

SCS has several responsibilities for assessing the risk or workplace violence.

SCS will:

- assess the risk of workplace violence that may arise from the nature of the workplace, type of work or conditions of work.
- consider the circumstances of the workplace and circumstances common to similar workplaces, as well as any other elements prescribed in regulations.



- develop measures and procedures to control identified risks that are likely to expose a worker to physical injury. These measures and procedures must be part of the workplace violence program.

SCS will advise the EHS representatives of the assessment results.

SCS will repeat the assessment as often as necessary to ensure the workplace violence policy and program continue to protect workers from workplace violence or bullying and inform the EHS representative, or workers of the results of the re-assessment.

Circumstances specific to the workplace could include:

- layout and design of the workplace
- geographic location of the workplace
- work carried out and conditions of work; including activities or circumstances associated with a higher risk of violence
- protective measures and procedures, including security measures, that may already be in place.
- past violent incidents in the workplace.

Several activities or circumstances may increase the risk of workplace violence and bullying. These include but not limited to:

- transporting people and goods
- a mobile workplace (such as a vehicle)
- working with subcontractors or clients
- working with frontline to top management
- working alone or with just a few people
- working late nights or very early morning
- major age gap with two working individuals
- gender inequality
- Working with different teams and work groups

How to Report

Workers can report incidents or complaints of workplace violence verbally or in writing. When submitting a written complaint, use the workplace 4.2 harassment and violence complaint form. When reporting verbally, the reporting contact, along with the worker complaining of violence, will fill out the complaint form.

The report of the incident should include the following information:

- Name(s) of the worker who has allegedly experienced workplace violence and contact information
- Name of the alleged person, position and contact information (if known)
- Names of the witness(es) (if any) or other person(s) with relevant information to provide about the incident and contact information (if known)
- Details of what happened including date(s), frequency and location(s) of the alleged incident(s)
- Any supporting documents the worker who complains of violence may have in his/her possession that are relevant to the complaint.
- List any documents a witness, another person or the alleged person may have in their possession that are relevant to the complaint.



Investigation

Commitment to Investigate: SCS will ensure that an investigation appropriate in the circumstances is conducted when the employer, EHS representative becomes aware of an incident of workplace Violence or receives a complaint of workplace Violence.

Who will investigate: EHS Representative and General manager will conduct the investigation into the incident or complaint of workplace Violence?

Timing of the Investigation: The investigation must be completed in a timely manner and generally within 90 days or less unless there are extenuating circumstances (ex. Illness, complex investigation) warranting a longer investigation.

Investigation Process: The person conducting the investigation whether internal or external to the workplace will, at minimum, complete the following:

- The investigator must ensure the investigation is kept confidential and identifying information is not disclosed unless necessary to conduct the investigation. The investigator should remind the parties of this confidentiality obligation at the beginning of the investigation.
- The investigator must thoroughly interview the worker who allegedly experienced the workplace Violence and the alleged person if the alleged harasser is a worker of the employer. If the alleged harasser is not a worker, the investigator should make reasonable efforts to interview the alleged person.
- The alleged person must be given the opportunity to respond to the specific allegations raised by the worker. In some circumstances, the worker who allegedly experienced the workplace Violence should be given a reasonable opportunity to reply.
- The investigator must interview any relevant witnesses employed by the employer who may be identified by either the worker who allegedly experienced the workplace Violence, the alleged person or as necessary to conduct a thorough investigation. The investigator must make reasonable efforts to interview any relevant witnesses who are not employed by the employer if there are any identified.
- The investigator must collect a review any relevant document.
- The investigator must take appropriate notes and statements during interviews with the worker who allegedly experienced workplace Violence, the alleged person and any witnesses.
- The investigator must prepare a written report summarizing the steps taken during the investigation, the complaint, and the allegations of the worker who allegedly experienced the workplace Violence, the response from the alleged person, the evidence of any witnesses, and the evidence gathered. The report must set out findings of fact and conclude about whether workplace Violence was found or not.

Result Of the investigation

Within 10 days of the investigation being completed, the worker who allegedly experienced the workplace Violence and the alleged person, if he or she is a worker of the employer, will be informed in writing of the results of the investigation any corrective action taken or what will be taken by the employer to address workplace Violence.



Confidentiality

Information about complaints and incident(s) shall be kept confidential to the extent possible. Information obtained about an incident or complaint of workplace Violence, including identifying information about any individuals involved, will not be disclosed unless disclosure is necessary to protect workers, to investigate the complaint or incident, to take corrective action or otherwise as required by law.

While the investigation is on-going, the worker who has allegedly experienced Violence, the alleged person and any witnesses should not discuss the incident or complaint or the investigation with either other or other workers or witnesses unless necessary to obtain advice about their rights. The investigator may discuss the investigation and disclose the incident or complaint-related information only as necessary to conduct the investigation. All records of the investigation will be kept confidential.

Enforcement

Behaviour that violates this policy will not be tolerated and could result in disciplinary up to and including termination of employment.

Reprisals

Retaliation or reprisal of any kind, by worker, supervisor, or management against any complaint is prohibited. Such prohibited acts of reprisal will result in disciplinary action up to and including termination of employment. Alleged retaliation or reprisals are subject to the same complaint procedures and penalties as complaints of Violence.

Malicious Reports

Where it is determined that a complaint made a complaint of Violence in bad faith or with the intent to harm another person/worker and/or has misrepresented what is going on in the Workplace, then formal disciplinary action may be taken against the complaint. Conduct based on mistakes or misunderstandings shall not constitute malicious conduct.

Record keeping and Review

The employer (human resources or designated person) will keep records of the investigation including:

- a copy of the complaint or details about the incident.
- a record of the investigation including notes.
- a copy of the investigation report (if any);
- a summary of the results of the investigation that was provided to the worker who allegedly experienced the workplace Violence and the alleged person if a worker of the employer.
- a copy of any corrective action taken to address the complaint or incident of workplace Violence.

All records of the investigation will be kept confidential. The investigation documents, including the report should not be disclosed unless necessary to investigate an incident or complaint of workplace Violence, take corrective action or otherwise as required by law.

Records will be kept for at least 3 years.

This program will be reviewed annually by the EHS Department, Human Resources Department and Sr. Management.



- The employer must ensure that all areas of the workplace and all types of work practice are covered during the risk assessment for workplace violence.
- The following chart sets out 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.
- Indicate and provide detail if Workers are involved in any of the below working practices.

- Working With Public?

- Handling Money or Valuable equipment?

- Working Alone or in small number?

- Arriving or leaving at same time every day using the same route?

- Working late at night or early in the morning?

- Travelling to other cities or countries?



OFFICE/WORK SHOP						
Job/Department Location:					Date:	
Completed By:						
Physical Environment	Yes	No	N/ A		Control in Place	Suggested Controls – (Responsible Person & Closure Date)
Parking Lots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are lot entrances and exits marked clearly?	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the lot well lit?	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is access controlled?	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are company vehicles parked overnight?	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have vehicles been broken into or stolen from the lot?	<input type="checkbox"/>	
Yard Perimeter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are business with higher violence risk located nearby (banks, bars)?	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the yard isolated from other buildings?	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the entrance well lit?	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the yard shared with other businesses?	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the yard fenced in?	<input type="checkbox"/>	
Yard Inside	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is it well lit?	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is there a security system?	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is access controlled by card or key?	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is there security staff and check-in points?	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are there limited hours of yard operation?	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is there a phone or way of communicating in an emergency?	<input type="checkbox"/>	
Security System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is there a security system?	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is it tested regularly (at least once a month)?	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the system adequate?	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is there signage stating that there is a security system?	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are there mirrors or camera as part of the system?	<input type="checkbox"/>	
Reception Area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is it visible and easily accessible?	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is reception staffed at all times, during business hours?	<input type="checkbox"/>	









Whether the worker uses the complaint form or not, SCS is still obligated to ensure an investigation appropriate in the circumstances is conducted into an incident of workplace violence from.	
Name of the Complaint:	Date:
Address:	Phone #:
Name of Respondent:	Date:
Address:	Phone #:
Incident Occurrence Date(s):	
Description of Incident(s):	
Relevant Document / Evidence:	
Witness(es) if any:	
Singing below indicates that the details stated above are true	
Signature:	Date:



DO NOT use this equipment unless you have been instructed in its safe use and operation and have been given permission

PERSONAL PROTECTIVE EQUIPMENT

- | | | |
|---|---|---|
|  Safety glasses must be worn at all times in work areas. |  Long and loose hair must be contained. |  Ensure all flammable materials are safely stored. |
|  Sturdy footwear must be worn at all times in work areas. |  Close fitting/protective clothing must be worn. |  Rings and jewellery must not be worn. |

PRE-OPERATIONAL SAFETY CHECKS

- ✓ Locate and ensure you are familiar with all machine operations and controls.
- ✓ Check workspaces and walkways to ensure no slip/trip hazards are present.
- ✓ Put the compressor in a suitable location for safe operation.
- ✓ Lock the wheels on the base of the compressor to prevent movement.
- ✓ Check that all fittings and connections are in good condition.
- ✓ Check all fittings are securely connected before being pressurised.
- ✓ ensure that tank is at correct/recommended operating pressure

OPERATIONAL SAFETY CHECKS

- ✓ Start the compressor, noting pressure increase and cut-out/cut-in pressure.
- ✓ Listen for any air leaks from any flexible airlines and immediately report if any leaks are found.
- ✓ Adjust pressure regulator to suit work requirements.
- ✓ Disconnect tool from air supply hose before doing tool maintenance, clearing a jammed fastener, leaving work area, moving tool to another location or handing tool to another person
- ✓ Operate compressor at least 12 inches from a wall or obstruction
- ✓ Check the compressor at regular intervals.

ENDING OPERATIONS AND CLEANING UP

- ✓ Switch off machine when work is completed.
- ✓ Leave the machine, hose and work area in a safe, clean and tidy state.

DON'T







- ✗ Do not use faulty equipment. Immediately report suspect machinery.
- ✗ Do not blow compressed air onto the skin.
- ✗ Do not restrict ventilation openings as it will cause serious overheating and could cause fire
- ✗ Do not touch any exposed metal parts on a compressor during or immediately after operation. Compressors will remain hot for a period of time after use

This SWP does not necessarily cover all possible hazards associated with this equipment and should be used in conjunction with other references. It is designed as a guide to be used to complement training and as a reminder to users prior to equipment use.



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in its safe use and operation and have been given permission**

PERSONAL PROTECTIVE EQUIPMENT

- | | | |
|---|---|---|
|  Safety glasses must be worn at all times in work areas. |  Long and loose hair must be contained. |  Hearing protection must be worn. |
|  Sturdy footwear must be worn at all times in work areas. |  Close fitting/protective clothing must be worn. |  Rings and jewellery must not be worn. |

PRE-OPERATIONAL SAFETY CHECKS

- ✓ Only properly trained competent employees are allowed to operate this equipment
- ✓ Ensure all guards are fitted, secure and functional. Do not operate if guards are missing or faulty.
- ✓ Check workspaces and walkways to ensure no slip/trip hazards are present.
- ✓ Use only in designated grinding area or erect screens if necessary
- ✓ Required PPE must be worn at all times during the operation of this equipment
- ✓ Check the grinder, its power cord and plug, guards before each use.
- ✓ Check all grinding wheels for cracks or any other defects before use.
- ✓ Always inspect the work piece to ensure that there aren't any items which might damage the grinding wheel or cause injury to the operator.
- ✓ Secure and support the work piece using clamps, bench vices, etc

OPERATIONAL SAFETY CHECKS

- ✓ Keep hands away from grinding surface.
- ✓ Always install grinding wheels following the manufacturer's recommended procedures
- ✓ Ensure guards are in place and adjusted to fit the user
- ✓ Allow angle grinder to reach operating speed before applying to work piece and increase load gradually
- ✓ Never make adjustments while the angle grinder is running
- ✓ Hold grinder so that sparks fly away from you, other people and flammable materials
- ✓ Ensure that the wheel speed marked on the wheel is equal to or greater than the maximum speed of the grinder

ENDING OPERATIONS AND CLEANING UP

- ✓ Switch off the machine when work completed.
- ✓ Reset all guards to a fully closed position.

- ✓ Ensure that grinders are cleaned after (and before) use and stored properly, away from areas where the grinder or wheel may be damaged
- ✓ Leave the machine in a safe, clean and tidy state.

DON'T

- ✗ Do not use faulty equipment. Immediately report suspect machinery.
- ✗ Do not use grinding wheels that are cracked
- ✗ Do not lift or drag angle grinders by the cord
- ✗ Do not leave the angle grinder running & only use the grinder when hand held
- ✗ DO NOT use this equipment for any purposes other than those intended by the manufacturer
- ✗ Do not use angle grinders that vibrate or operate roughly during use.
- ✗ Do not use angle grinders near flammable materials
- ✗ Never leave the machine running unattended.

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PERSONAL PROTECTIVE EQUIPMENT



Safety glasses must be worn at all times in work areas.



Long and loose hair must be contained.



Gloves must not be worn.



Sturdy footwear must be worn at all times in work areas.



Close fitting/protective clothing must be worn.



Rings and jewellery must not be worn.

PRE-OPERATIONAL SAFETY CHECKS

- ✓ Locate and ensure you are familiar with all machine operations and controls.
- ✓ Ensure all guards are fitted, secure and functional. Do not operate if guards are missing or faulty.
- ✓ Check workspaces and walkways to ensure no slip/trip hazards are present.
- ✓ Ensure the chuck key (if used) has been removed from the drill chuck.
- ✓ Follow correct clamping procedures to ensure work is secure.
- ✓ Erect a barricade if the job obstructs the walkway.
- ✓ Adjust the spindle speed to suit drill or cutter diameter.

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OPERATIONAL SAFETY CHECKS

- ✓ Before making adjustments or before cleaning swarf accumulations, switch off and bring the machine to a complete standstill.
- ✓ Feed downwards at a sufficient rate to keep the drill cutting.
- ✓ Feed with care as the drill breaks through the underside of the work.
- ✓ Use a safe working posture.

ENDING OPERATIONS AND CLEANING UP

- ✓ Switch off the machine when work completed.
- ✓ Leave the machine in a safe, clean and tidy state.

DON'T

- ✗ Do not use faulty equipment. Immediately report suspect equipment.
- ✗ Never leave the machine running unattended.
- ✗ Do not hold the item being drilled with your hands. Use a clamp.



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PERSONAL PROTECTIVE EQUIPMENT



Safety glasses must be worn at all times in work areas.



Long and loose hair must be contained.



Ensure all flammable materials are safely stored.



Sturdy footwear must be worn at all times in work areas.



Close fitting/protective clothing must be worn.



Rings and jewellery must not be worn.

PRE-OPERATIONAL SAFETY CHECKS

- ✓ Locate and ensure you are familiar with all machine operations and controls.
- ✓ Check brakes, lights and horn before use.
- ✓ Ensure reversing beeper and warning lights are operational.
- ✓ Ensure seat belt/safety restraint is in good condition.
- ✓ Know the capacity of the forklift before using it. Do not use a forklift without a load rating plate.
- ✓ Check gas-powered vehicles for gas leaks in fuel lines.
- ✓ Ensure the lifting forks are in sound condition and centred either side of the mast.
- ✓ Check tyre pressures. Never drive with a flat or under-inflated tyre.

OPERATIONAL SAFETY CHECKS

- ✓ Watch out for pedestrians.
- ✓ Ensure the lifting tines are secure into the pallet and the load is stable before lifting or driving off.
- ✓ Be careful of ceiling clearance or overhead obstructions when raising the mast.
- ✓ Always remember that the safe working load of a forklift reduces as the mast is tilted forward.
- ✓ Always put the heavy end of the load against the load backrest.
- ✓ When approaching a blind corner, use horn and drive slowly.
- ✓ Always have someone guide you if a load restricts your vision.
- ✓ Slow down when changing direction or on wet or greasy surfaces.
- ✓ Avoid harsh braking, especially when carrying a load.

REFUELLING

- ✓ For gas-powered vehicles, change gas bottles in a well-ventilated area clear of a naked flame or source of ignition.
- ✓ For battery-operated vehicles, charge in well-ventilated area.

ENDING OPERATIONS AND CLEANING UP

- ✓ When stopping the forklift:
 - Park on even ground and lower the forks to the ground.
 - Shift the gear selector to park position and apply the parking brake.
 - Turn off the ignition and remove the keys.
- ✓ For gas-powered vehicles, turn off gas and don't park near an ignition source, doorway or pit.

DON'T

- ✗ Do not use faulty equipment. Report any faults immediately.
- ✗ Do not use engine-powered forklifts in poorly ventilated areas.
- ✗ Do not allow anyone to ride on the forks.
- ✗ Do not lift a load with the mast tilted forward.
- ✗ Do not travel with forks raised or reach mechanism extended.
- ✗ Never travel with the load elevated.
- ✗ Do not attempt to turn on an incline or sloping surface.
- ✗ Do not dismount from a forklift while the engine is running unless the vehicle has completely stopped, transmission is in park position, and the parking brake is effectively engaged.
- ✗ Do not leave forks elevated when forklift is unattended.
- ✗ Do not refuel an engine-powered forklift unless the motor is stopped and ignition turned off.

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PERSONAL PROTECTIVE EQUIPMENT



Safety glasses must be worn at all times in work areas.



Long and loose hair must be contained.



Hearing protection must be worn.



Sturdy footwear must be worn at all times in work areas.



Close fitting/protective clothing must be worn.



Rings and jewellery must not be worn.

PRE-OPERATIONAL SAFETY CHECKS

- ✓ Task (e.g. Drawings, instructions, specifications etc.) is clearly understood
- ✓ Ensure drill bit is installed tightly into chuck and chuck key has been removed (if applicable).
- ✓ Work piece is secured.
- ✓ Correct drill speed has been set.
- ✓ Where necessary, depth stop for drill has been set or wood to be drilled is rested on scrap.
- ✓ Correct drill bit has been selected for material being drilled
- ✓ Identify ON/OFF switch and emergency stop button

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OPERATIONAL SAFETY CHECKS

- ✓ Check that drill bit runs 'true' and does not wobble.
- ✓ Keep hands clear of work piece and away from rotating tool.
- ✓ Back out frequently on deep cuts to clean and cool drill bit.
- ✓ Turn off drill before speed settings or bit is changes
- ✓ Exercise caution when removing hot drill bit
- ✓ Stop the machine before attempting to back the work away from the blade.

ENDING OPERATIONS AND CLEANING UP

- ✓ Switch off the machine when work completed.
- ✓ Switch off drill before removing waste material from the drill table.
- ✓ Leave the machine in a safe, clean and tidy state.

DON'T

- ✗ Do not use faulty equipment. Immediately report suspect machinery.
- ✗ Never leave the machine running unattended.



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PERSONAL PROTECTIVE EQUIPMENT



Safety glasses must be worn at all times in work areas.



Long and loose hair must be contained.



Hearing protection must be worn.



Sturdy footwear must be worn at all times in work areas.



mask must be worn.



Rings and jewellery must not be worn.

PRE-OPERATIONAL SAFETY CHECKS

- ✓ Only properly trained competent employees are allowed to operate this equipment
- ✓ Ensure all guards are fitted, secure and functional. Do not operate if guards are missing or faulty.
- ✓ Check workspaces and walkways to ensure no slip/trip hazards are present.
- ✓ Required PPE must be worn at all times during the operation of this equipment
- ✓ Check the grinder, its power cord and plug, guards before each use.
- ✓ Check all grinding wheels for cracks or any other defects before use.

- ✗ Do not use grinders near flammable materials
- ✗ Never leave the machine running unattended.

OPERATIONAL SAFETY CHECKS

- ✓ Keep hands away from grinding surface.
- ✓ Always install grinding wheels following the manufacturer's recommended procedures
- ✓ Ensure guards are in place and adjusted to fit the user
- ✓ Ensure that the wheel speed marked on the wheel is equal to or greater than the maximum speed of the grinder

ENDING OPERATIONS AND CLEANING UP

- ✓ Switch off the machine when work completed.
- ✓ Reset all guards to a fully closed position.
- ✓ Ensure that grinders are cleaned after (and before) use and stored properly, away from areas where the grinder or wheel may be damaged
- ✓ Leave the machine in a safe, clean and tidy state.

DON'T

- ✗ Do not use faulty equipment. Immediately report suspect machinery.
- ✗ Do not use grinding wheels that are cracked
- ✗ Do not put a grinder down until the wheel has stopped revolving.
- ✗ DO NOT use this equipment for any purposes other than those intended by the manufacturer
- ✗ Do not use grinders that vibrate or operate roughly during use.

This SWP does not necessarily cover all possible hazards associated with this equipment and should be used in conjunction with other references. It is designed as a guide to be used to compliment training and as a reminder to users prior to equipment use.



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PERSONAL PROTECTIVE EQUIPMENT



Safety glasses must be worn at all times in work areas.



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Hearing protection must be worn.



Sturdy footwear must be worn at all times in work areas.



Close fitting/protective clothing must be worn.



.Mask when excessive dust

PRE-OPERATIONAL SAFETY CHECKS

- ✓ Ensure this power tool has a suitable safe work area
- ✓ Examine the power lead and plug for obvious damage.
- ✓ Do not use dull or damaged drill bits
- ✓ Check the selected drill bit is correctly fitted
- ✓ Only use bits with a ¼ inch hex shank

OPERATIONAL SAFETY CHECKS

- ✓ Do not connect to power source until all adjustments have been made
- ✓ Check that the power lead does not create a trip hazard and that it is well clear of the workpiece.
- ✓ Select the correct sized drill bit. Tighten securely in the chuck
- ✓ Ensure the workpiece is secure & well supported in a convenient position for drilling
- ✓ The power drill must be held firmly with both hands to control operational accuracy and the rotational torque
- ✓ Keep hands and fingers well clear of moving parts. Avoid blocking & covering the motor ventilation slots with your hands
- ✓ Allow the drill to reach operating speed, then apply load gradually. Do not apply excessive force
- ✓ Back the drill bit out to clear away all waste
- ✓ Examine the material to be drilled for splits, loose knots & nails, etc

ENDING OPERATIONS AND CLEANING UP

- ✓ Switch off the machine when work completed.
- ✓ Turn off after backing out the drill bit. Do not place the drill down until the bit has stopped rotating.
- ✓ Leave the machine in a safe, clean and tidy state.

DON'T







- ✗ Avoid prolonged use as this could overheat the motor.
- ✗ Do not touch live drill
- ✗ DO NOT use this equipment for any purposes other than those intended by the manufacturer
- ✗ Never leave the machine running unattended.

This SWP does not necessarily cover all possible hazards associated with this equipment and should be used in conjunction with other references. It is designed as a guide to be used to compliment training and as a reminder to users prior to equipment use.



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PERSONAL PROTECTIVE EQUIPMENT

- | | | |
|---|---|---|
|  Safety glasses must be worn at all times in work areas. |  Long and loose hair must be contained. |  Hearing protection must be worn. |
|  Sturdy footwear must be worn at all times in work areas. |  Close fitting/protective clothing must be worn. |  Rings and jewellery must not be worn. |

PRE-OPERATIONAL SAFETY CHECKS

- ✓ Your foot must be completely removed from the pedal box after completing each cut, on machines, which are not equipped light curtains or other safe guards.
- ✓ Ensure all guards are fitted, secure and functional. Do not operate if guards are missing or faulty.
- ✓ Check workspaces and walkways to ensure no slip/trip hazards are present.
- ✓ Use proper shutdown procedures when changing punches, dies, blades, or shims. Shut off the main power and have the key, (switch) in off position when changing punches and dies Lower the blade guide and guard to full effect.
- ✓ **Never** put your hands near a Hazardous area or Pinch Point, if a part is too large to sit on the ironworker table without your assistance, only hold the part if your hands are completely off the ironworker table and no body part could be susceptible to injury.

OPERATIONAL SAFETY CHECKS

- ✓ Keep hands away from the blade and cutting area.
- ✓ **Before** installing a Punch or a Die into the Ironworker, they must be **slipped checked** Failure to do so could cause tooling damage and/ or personal injury After changing punches, dies, blades or shims, lower the punch/ shear by hand (or jog) to check the clearance and alignment.
- ✓ Before making adjustments, switch off the saw and bring the machine to a complete standstill.
- ✓ Always adjust material hold-downs to allow material to just slide under before attempting to shear. Don't allow more than 1/8" clearance between the material and the hold-down clamp. Check to confirm proper blade clearance (use feeler gauges).

ENDING OPERATIONS AND CLEANING UP

- ✓ Switch off the machine when work completed.
- ✓ Reset all guards to a fully closed position.
- ✓ Leave the machine in a safe, clean and tidy state.

DON'T

- ✗ Do not use faulty equipment. Immediately report suspect machinery.

- ✗ Don't cut pieces that have less than 1/2" under the hold-down.
- ✗ Do not attempt to punch material thicker than the diameter of the punch.
- ✗ Never leave the machine running unattended.
- ✗ Never put material in from the back-side of the shear. Always cut from the roller table side making sure the material is under the hold-down.

This SWP does not necessarily cover all possible hazards associated with this equipment and should be used in conjunction with other references. It is designed as a guide to be used to compliment training and as a reminder to users prior to equipment use.



**DO NOT use this machine unless you have been instructed
in its safe use and operation and have been given permission**

PERSONAL PROTECTIVE EQUIPMENT



Safety glasses must be worn at all times in work areas.



Long and loose hair must be contained.



Gloves must not be worn when using this machine.



Sturdy footwear must be worn at all times in work areas.



Close fitting/protective clothing must be worn.



Rings and jewellery must not be worn.

PRE-OPERATIONAL SAFETY CHECKS

- ✓ Locate and ensure you are familiar with all machine operations and controls.
- ✓ Ensure all guards are fitted, secure and functional. Do not operate if guards are missing or faulty.
- ✓ Working parts should be well lubricated and the rolls free of rust and dirt.
- ✓ Check workspaces and walkways to ensure no slip/trip hazards are present.
- ✓ Be aware of other people in the area and ensure the area is clear before using equipment.

OPERATIONAL SAFETY CHECKS

- ✓ Adjust both ends of the rollers evenly.
- ✓ Take care during the initial feeding of the workpiece into the rolls.
- ✓ Hold the workpiece sufficiently far back from the edge being fed into the rolls, to allow for the infeed speed of the machine.
- ✓ Wind handle at a slow even rate. Be aware of rotating rollers.
- ✓ Only one person may operate this machine at any one time.

ENDING OPERATIONS AND CLEANING UP

- ✓ Ensure the handle is left in a safe position after use.
- ✓ Leave the work area in a safe, clean and tidy state.

DON'T







- ✗ Do not use faulty equipment. Immediately report suspect machinery.
- ✗ Do not attempt to roll material beyond the capacity of the machine.
- ✗ Do not attempt to bend rod or wire in bending rolls unless the rolls are grooved for this purpose.

This SWP does not necessarily cover all possible hazards associated with this equipment and should be used in conjunction with other references. It is designed as a guide to be used to complement training and as a reminder to users prior to equipment use.



**DO NOT use this machine unless you have been instructed
in its safe use and operation and have been given permission**

PERSONAL PROTECTIVE EQUIPMENT

- | | | |
|---|---|---|
|  Safety glasses must be worn at all times in work areas. |  Long and loose hair must be contained. |  Gloves must not be worn. |
|  Sturdy footwear must be worn at all times in work areas. |  Close fitting/protective clothing must be worn. |  Rings and jewellery must not be worn. |

PRE-OPERATIONAL SAFETY CHECKS

- ✓ Locate and ensure you are familiar with all machine operations and controls.
- ✓ Ensure all guards are fitted, secure and functional. Do not operate if guards are missing or faulty.
- ✓ Check workspaces and walkways to ensure no slip/trip hazards are present.
- ✓ Ensure the table is set not more than 2mm from disc.
- ✓ Check belts and discs are in a serviceable condition.
- ✓ Stand out of the direct line of the abrasive belt at all times.
- ✓ Start the dust extraction unit before using the machine.

OPERATIONAL SAFETY CHECKS

- ✓ Only one person may operate this machine at any one time.
- ✓ Allow machine to reach maximum revolutions before operating to avoid overloading.
- ✓ Always place material on the table on the downward side of the disc travel to hold it down on the table surface.
- ✓ Hold material firmly against stops or table before applying pressure on abrasive.
- ✓ Keep fingers clear of disc or belt while sanding.
- ✓ Before making adjustments, switch off and bring the machine to a complete standstill.

ENDING OPERATIONS AND CLEANING UP

- ✓ Switch off the machine when work completed.
- ✓ Leave the machine in a safe, clean and tidy state.

DON'T

- ✗ Do not use faulty equipment. Immediately report suspect machinery.
- ✗ Do not sand very small items.
- ✗ Do not sharpen tools with the sander.

- ✗ Do not sand metal.
- ✗ Never leave the machine running unattended.

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**DO NOT use this machine unless you have been instructed
in its safe use and operation and have been given permission**

PERSONAL PROTECTIVE EQUIPMENT



Safety glasses must be worn at all times in work areas.



Long and loose hair must be contained.



Hearing protection must be worn.



Sturdy footwear must be worn at all times in work areas.



Close fitting/protective clothing must be worn.



Rings and jewellery must not be worn.

PRE-OPERATIONAL SAFETY CHECKS

- ✓ Locate and ensure you are familiar with all machine operations and controls
- ✓ Ensure all guards are fitted, secure and functional. Do not operate if guards are missing or faulty.
- ✓ Check workspaces and walkways to ensure no slip/trip hazards are present.
- ✓ Ensure push stick is available.
- ✓ Lower the blade guide and guard to full effect.
- ✓ Start the dust extraction unit before using the machine.

OPERATIONAL SAFETY CHECKS

- ✓ Keep hands away from the blade and cutting area.
- ✓ Feed the workpiece forward evenly and hold it firmly on the table to ensure effective control during cutting, while keeping hands in a safe position.
- ✓ Use a push stick when feeding material past the blade.
- ✓ Before making adjustments, switch off the saw and bring the machine to a complete standstill.
- ✓ Stop the machine before attempting to back the work away from the blade.
- ✓ Stop the saw immediately if the blade develops a 'click'. Report it to your supervisor.

ENDING OPERATIONS AND CLEANING UP

- ✓ Switch off the machine when work completed.
- ✓ Reset all guards to a fully closed position.
- ✓ Leave the machine in a safe, clean and tidy state.

DON'T

- ✗ Do not use faulty equipment. Immediately report suspect machinery.
- ✗ Attempt to cut very small items.
- ✗ Cut cylindrical or irregular stock.
- ✗ Never leave the machine running unattended.

- ✗ Do not force a wide blade on a cut of small radius. Use relief cuts when cutting sharp curves.

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in its safe use and operation and have been given permission**

PERSONAL PROTECTIVE EQUIPMENT



Safety glasses must be worn at all times in work areas.



Long and loose hair must be contained.



Hearing protection must be worn.



Sturdy footwear must be worn at all times in work areas.



Close fitting/protective clothing must be worn.



Rings and jewellery must not be worn.

PRE-OPERATIONAL SAFETY CHECKS

- ✓ Locate and ensure you are familiar with all machine operations and controls.
- ✓ Ensure all guards are fitted, secure and functional. Do not operate if guards are missing or faulty.
- ✓ Ensure the saw is properly secured to a worktable by bolts/clamps at approximately hip height.
- ✓ Ensure the saw is operated on an RCD protected circuit.
- ✓ Use abrasive cut off wheels with the correct size arbor hole.
- ✓ Use abrasive cut off wheels with a maximum safe operating speed greater than the "no load RPM" marked on the machine's nameplate.
- ✓ Inspect the cut off wheel for chips and cracks.
- ✓ Check workspaces and walkways to ensure no slip/trip-hazards are present.
- ✓ Ensure the depth stop is properly adjusted.
- ✓ Keep table and work area clear of all tools and off-cut material.

OPERATIONAL SAFETY CHECKS

- ✓ Ensure all adjustments to machine are secure before making a cut.
- ✓ Use the vice to clamp the work and properly support the over-hanging portion of the workpiece level with the base of the machine.
- ✓ Allow the machine to reach full speed before contacting the workpiece.
- ✓ Ease the abrasive disc against the workpiece when starting to cut.
- ✓ Keep hands away from the blade and cutting area.
- ✓ After finishing the cut, release the switch, hold the saw arm down and wait for the disc to stop before removing work or off-cut piece.
- ✓ Before making any adjustments, disconnect the plug from the power source and bring the machine to a complete standstill.

ENDING OPERATIONS AND CLEANING UP

- ✓ Remove foreign material from in and around ventilation openings and switch levers.
- ✓ Leave the machine in a safe, clean and tidy state.

DON'T

- ✗ Do not use faulty equipment. Immediately report suspect equipment.
- ✗ Do not grind on the side of abrasive cut off wheels.
- ✗ Do not cut wood or wood products.
- ✗ Do not hold a workpiece by hand, as it will become very hot while being cut.
- ✗ Do not use a length stop on the free off-cut end of a clamped workpiece.
- ✗ Do not have any part of your body in line with the path of the abrasive disc.
- ✗ Do not force the tool into a cut.
- ✗ Do not attempt to remove cut material while disc is moving.

This SWP does not necessarily cover all possible hazards associated with this equipment and should be used in conjunction with other references. It is designed as a guide to be used to compliment training and as a reminder to users prior to equipment use.



**DO NOT use this equipment unless you have been instructed
in its safe use and operation and have been given permission**

PERSONAL PROTECTIVE EQUIPMENT



Safety glasses must be worn at all times in work areas.



Long and loose hair must be contained.



Hearing protection must be worn.



Sturdy footwear must be worn at all times in work areas.



Close fitting/protective clothing must be worn.



Rings and jewellery must not be worn.

PRE-OPERATIONAL SAFETY CHECKS

- ✓ Locate and ensure you are familiar with all machine operations and controls.
- ✓ Check workspaces and walkways to ensure no slip/trip hazards are present.
- ✓ Ensure all guards are fitted, secure and functional. Do not operate if guards are missing or faulty.
- ✓ Ensure all locks are securely tightened.
- ✓ Ensure table and work area is clear of all tools, off-cut timber and sawdust.
- ✓ Start the dust extraction unit before using the machine.
- ✓ Unplug and lock-out machine before attempting any maintenance

- ✗ Do not cut freehand.
- ✗ Do not cut pieces with shattered ends.
- ✗ Never remove off cuts or sawdust from the saw table while the saw is running.
- ✗ Attempt to cut very small items.
- ✗ Never leave the machine running unattended.

OPERATIONAL SAFETY CHECKS

- ✓ Allow the saw blade to obtain maximum speed before making a cut.
- ✓ Stop the saw immediately if the blade develops a 'click'. Report it to your shop manager.
- ✓ Always stand to one side of the line of cut.
- ✓ Before making adjustments, switch off and bring the machine to a complete standstill.
- ✓ Remove the rip fence when using the mitre gauge.
- ✓ Make sure someone "tails out" when cutting long material.

ENDING OPERATIONS AND CLEANING UP

- ✓ Switch off the machine when work completed.
- ✓ Reset all guards to a fully lowered position.
- ✓ Fully lower blade below the table.
- ✓ Leave the machine in a safe, clean and tidy state.

DON'T

- ✗ Do not use faulty equipment. Immediately report suspect equipment.
- ✗ Do not cut irregular stock, branches or wood with embedded nails or screws.

This SWP does not necessarily cover all possible hazards associated with this equipment and should be used in conjunction with other references. It is designed as a guide to be used to compliment training and as a reminder to users prior to equipment use.



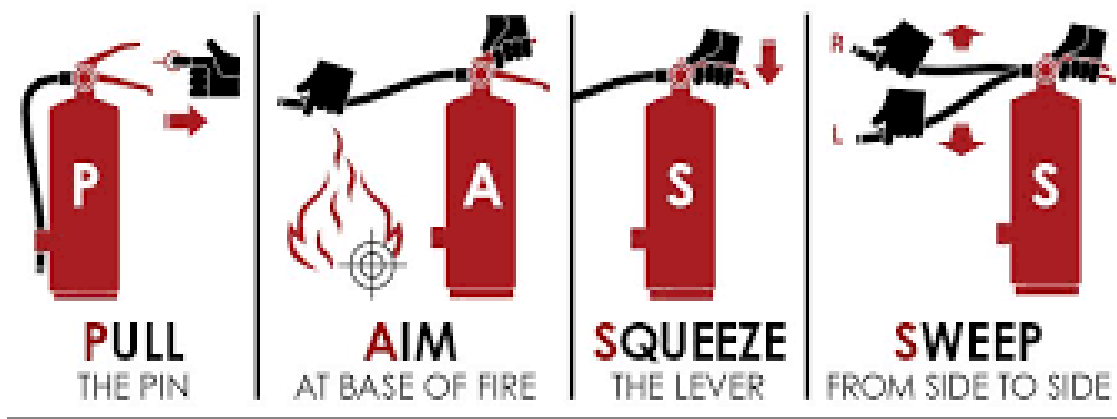
There are seven easy steps to extinguish fire or operate fire extinguisher.

1. Keep calm.
2. Do not enter an enclosed space where the fire is or has been burning.
3. **Do not attempt to extinguish any fire without first informing others of the danger.** Report the location, your name and telephone extension if applicable. The safety of all personnel is your first priority, then direct attention to the protection of property.
4. If the fire is small and readily extinguishable, take immediate action to put it out.

Do not attempt to extinguish a fire if:

- A **properly rated** extinguisher is **not** available,
 - You are **not trained** to use it,
 - The fire might **block your exit** route, or
 - The fire is **out of control**.
5. If the fire cannot be contained, sound general alarm and summon firefighting personnel.
 6. Clear and secure the immediate area.
 7. If trained in firefighting, assist firefighting personnel as needed.

HOW TO USE A FIRE EXTINGUISHER



"ANY FIRE, REGARDLESS OF SIZE, IS SERIOUS."



Written lock-out procedures must be made available to all workers who are required to work on machinery or equipment that can be energized. These lockout procedures must ensure all panels in the system are secured in a **Zero Energy state**. When circumstances require lock-out, **control devices must be secured in the inoperative position by using locks**. Such locks must be marked or tagged (brassing) to identify the person applying them.

All equipment must be locked/tagged or isolated according to Solution Control Systems Inc.'s procedures and in accordance with the regulations of the Alberta Occupational Health and Safety Code:

1. All equipment or machinery installed with dual supply capability must be permanently labeled as to its "dual supply" nature. Lock-out both energy sources before commencing work.
2. Any hydraulic machinery, or machinery/equipment with moveable parts, must be blocked or lowered until no further movement is possible. It is possible for components to drop, slide, rotate or move unexpectedly (gravity or trapped pressure) even when locked out.
3. Lock-out measures include locks, scissors, chains, blocks, blanking or off-setting.
4. Where lock-out requires locks, each worker must use a personal lock and key. Locks must be durable, made of case-hardened steel and key-operated only. The lock must be used with a tag identifying:
 - Worker
 - Employer
 - Date/time
 - Location of work area
5. On each power source, every worker involved in the job must use a lock. A lock-out bar or scissors can be used to accommodate several locks. Other locks are added by placing another bar or scissors in the last hole of the previous one.
6. Never lend anyone else the key to your lock(s).
7. Scissors should be made of case-hardened steel and be used when more than one worker is involved in the lock-out.
8. Chains or covers are used when equipment such as valves and control boxes cannot be locked. Locks are then applied to the chains or covers.
9. Blocks are made of wood or metal in various shapes to prevent machinery/equipment parts from moving.
10. Solution Control Systems Inc.'s lock-out procedures shall take precedence over subcontractor lock-out procedures unless the contractor's lock-out procedures



supersede those outlined by Solution Control Systems Inc.'s "Control of Hazardous Energy" Lock-Out / Tag-Out Standard

11. Electrical systems must be de-energized and temporarily grounded.
12. A record must be kept of all locked-out switches, power sources, controls, interlocks, pneumatics, hydraulics, computer-controlled sources, robotics or other such devices opened, locked off or otherwise rendered inoperable so they can be re-activated once work is complete.

Workers testing electrical systems must:

- remove all watches, rings, neck chains or other current-conducting jewelry,
- wear electric shock resistant footwear,
- wear safety glasses with side shield.



Mandatory Selection of EHS Representative

- Where no committee is required under OHS act, part - 3 and where employer with 5 to 19 workers at a work site. But employers must appoint one Health and Safety Representative.
- The EHS representative is chosen by the workers, unless prescribed by a union agreement.
- The EHS representative participates in workplace inspections, incident investigations, and work refusals.
- The EHS representative is chosen by the workers, unless prescribed by a union agreement.

Monthly Inspections

- Inspect the workplace at least once a month or, if that is not practical, inspect the workplace at least twice a year.
- EHS Representatives will identify hazards as per SCS's Worksite Inspection Procedures.

Recommendation to Employer

- The EHS Representative has the power to identify situations that may be a source of danger or hazard to workers and to make recommendations or report his or her findings to the employer.

Terms of Office for EHS Representative

Based on OHS legislation, EHS Representative must hold office for a term of not less than one year and may continue to hold office until next is selected or appointed.

Power of the EHS Representative

- Identify actual and potential workplace hazards
- Make recommendations to the employer about the health and safety on the workplace.
- Participate in the Work refusal process and lead inspecting workplaces when there are critical injuries and fatalities.

Responsibilities of EHS Representatives

- Responding to workers health and safety issues and concerns
- Participating in Hazard and control identification
- Developing and promoting safety training
- Conducting inspection of worksite
- Participation in investigation
- Developing and promoting health and safety measures and checking the effectiveness
- Making recommendations improves the environment health and safety management system.

General Procedures

- A worker must report any hazard or contravention of the Act to the employer or supervisor. As a best-practice it may also be advisable to alert the EHS Representative that the matter has been presented to the employer. If the matter is not resolved to the worker's satisfaction, a worker may choose to inform the EHS Representative about the identified hazard or contravention.
- An EHS Representative is entitled to take time from work as is necessary to carry out his or her duties to carry out monthly inspections of the workplace and inspect the place where a person is fatal or critically injured at a workplace. An EHS Representative must be paid at either their regular rate or, where applicable, their premium rate of pay when absent from work for the purposes of carrying out his or her duties under the Act.
- An SCS shall ensure that an EHS Representative receives training to enable him/her to effectively exercise the powers and perform the duties of an EHS Representative. The training shall meet such requirements as may be prescribed. The EHS Representative



receiving training shall be paid for time spent at representative's regular or premium rate as may be proper.

- The EHS Representative must be present during the SCS or supervisor's investigation of a work refusal. This investigation is typically conducted by the supervisor. If the issue is not resolved, SCS, the worker, or a representative of one of them, must notify a OHS Contact Center (780-415-8690). The EHS Representative must be consulted by the inspector who conducts the investigation. The inspector is required to investigate the work refusal in consultation with specified persons, including the health and safety representative where applicable.
- The EHS Representative has the power to inspect the place where the incident occurred as well as any relevant machine, device or thing and shall report his or her findings in writing to the OHS Contact Center. Where appropriate, the EHS Representative may wish to make specific recommendations to the SCS in respect of the hazard which led to the injury or fatality.
- The EHS Representative has various powers relating to the collection of health and safety-related information. For example: the EHS Representative have the power to obtain information from the employer about environment health and safety related testing and any actual or potential hazards in the workplace. SCS must share any knowledge of health and safety practices, tests and standards. SCS is further obligated to provide the EHS representative with EHS reports.
- Where a person is fatally or critically injured from any cause at a workplace the employer must immediately notify the OHS Center. SCS must notify the EHS Representative of lost time injuries caused by accident, explosion, fire or incident of workplace violence at the workplace, and must report any occupational illnesses of which he or she has knowledge.
- SCS may also be required to provide other specific information to the EHS representative where prescribed. Therefore, as stated previously, it is important that SCS and the EHS Representative be familiar with the regulations that apply to their workplace.
- It is an offense for any person to knowingly hinder or interfere with, or to give false information to a health and safety representative who is in the process of exercising his or her powers and/or performing his or her duties under the Act.

SCS Responsibilities with the respect to the EHS Representative include:

- Upon the request of the EHS Representative, provide information regarding the identification of potential or existing hazards involving materials, processes, or equipment.
- Provide the EHS Representative with a copy of all orders or reports issued to the employer by an inspector of OHS Contact Center.
- Provide EHS Representative with the opportunity to accompany a OHS inspector on the physical inspection of the workplace.
- Provide EHS Representative with information and assistance the representative requires for the purposes of inspecting the workplace.
- Provide the information to EHS Representative as required under any applicable designated substances regulation.
- Advise EHS Representative of the results of the assessment or reassessment of the risks of workplace violence, and provide him or her with a copy of the assessment if it is in writing and provide any other specific information where prescribed.



Recommendation #:	Date:
<u>Identified Problem/Hazard:</u>	
<u>Recommended Solution:</u>	
Health and Safety Representative Signature:	
<u>Response by Employer:</u>	
<u>Employer Signature and Date:</u>	



Regularly scheduled safety meetings are important to a well-run job site. They are not only required by government regulation but also provide a valuable opportunity to provide task-specific training and instruction in safe work practices.

Safety meetings will be held weekly (Every 15 Days) and involve all workers under the direct supervision of a Solution Control Systems Inc., Representative. They make workers aware of the site and task-safe work practices and procedures. They also provide a forum for workers to voice their safety concerns and ensure corrective action is taken as needed. **Attendance at Safety meetings is mandatory.**

It is the policy of Solution Control Systems Inc. to have an **SCS Representative**. The SCS Representative must be formed with management and worker representation. The prime objective of the meeting is to take a proactive approach to safety to prevent the incident. The safety meeting must meet regularly, with no less than one monthly meeting. The agenda of these meetings must include a review of safety inspection results, a discussion of unsafe conditions and practices, a review of incidents and implementation of corrective action. Meeting members are responsible for setting a good example, submitting safety concerns for discussion, assisting in safety inspections and Incident investigations, and encouraging co-workers to make safety suggestions.

For all meetings, minutes must be taken, and all present must sign an attendance sheet.

President/General Manager

FEB 11 2025

Date



SAFETY MEETING MINUTES

DATE:

CONDUCTED BY:

#	Agenda Description	Action Description	By	Deadline

Notes

More Pages ☐

Suggestions

Attendance

Attendee	Signature	Attendee	Signature



EHS training is an essential component of the overall safety initiative. Management is committed to training all employees and supporting the health and safety training system. Health and safety training related to the specific job duties of each employee is mandatory.

All newly hired, transferred, and promoted workers shall receive comprehensive health & safety training on safe work practices, procedures, use of hazard controls, Personal Protective Equipment (PPE) and general company health & safety systems and policies before commencing their work.

Floor supervisors will conduct regular competency assessments to ensure employees are adequately qualified, suitably trained, and with sufficient experience to perform their jobs safely with minimal supervision. Detailed records shall be maintained for each employee, documenting initial safety orientation, job-specific training, competency assessments completed by the supervisor, weekly safety meeting and the dates of the movement, or assessments conducted.

Each manager and supervisor shall be held accountable to ensure that all workers are adequately trained to company and provincial safety standards to work safely and healthily.

Ongoing job-specific refresher training will be conducted as required to maintain competency.

President/General Manager

FEB 11 2025

Date



- Always be careful – use good judgment in doing your work to protect yourself and other from injury.
- Report all near misses and incidents immediately.
- Required PPE (CSA) issued to all personal and visitors in the workshop.
- No person can enter in the workshop without any permission of SCS point of contact person. And running in the workshop without permission is an unsafe act.
- Do not operate machines or equipment unless authorized and certified to do so.
- Do not use defective tools or equipment. Report such cases to your supervisor or Health and Safety Representative.
- All policies and procedure shall be followed by every SCS worker and visitors.
- Maintain Good Housekeeping practices as following:
 - Eliminate Clutter which is a common cause of incident, such as slip, trips, and falls, and Fire Explosions.
 - Stack and store item safely and in proper places.
 - Use proper waste containers
 - Vacuum or wet sweep dusty areas frequently
 - Store all work materials in approved and designated containers
 - Keep exits, aisles, and entrance clear
 - Keep fire alarms and fire extinguisher clear
 - Keep work area clean
- All machines' guards and safety devices must be used all times. Tempering with or otherwise circumventing any safety device is prohibited such action is subject to disciplinary action by the SCS/ Alberta OHS.
- Lift and carry things safely. Utilize lifts (certified operators only), or other mobile devices such as carts, tables with wheels or request assistance.

Sign – off (Worker, Contractors, Visitors)

I _____ hereby acknowledge that I have attend the worker safety orientation and have familiarization myself with these rules and regulation. I am aware that it is a condition of my employment to follow these rules and to always work safety.

Failure to comply will result in disciplinary action up to and including dismissal.

Date of Orientation:

Worker Signature: _____

Worker ID# _____



Date:	Clock:
Worker Name:	
Trade or Position:	
Welcome:	
Give your name	
Introduction to Supervisor	
Introduction to EHS representative	
Daily Routine:	
Location and Use of time clocks	
Start and Stopping Time	
Coffee and Lunch Break	
Working Cloth and Rentals	
First Aids facilities	
Location of Fire Extinguisher	
Procedure and Legislation:	
Responsibilities and Accountabilities	
EHS General Company Rules	
PPS	
Critical Hazards	
Hazard Reporting	
Fire Extinguisher	
Emergency Response Procedure	
Incident Reporting	
Standard Operating Procedure	
Worker's Three Rights: Right to know, Right to participate, and Right to Refuse.	
WHMIS:	
Introductions	
Other Safety Training	

I hereby acknowledge that the above subjects have been discussed with me and that they have been understood by me.

Worker Signature

Date

Supervisor Signature

Date



Date:	
Worker Name:	
Trade or Position:	
Literature Information:	
	SCS EHS Manual
	EHS Policy
PPE Provided:	
	Safety Glasses
	Hearing Protection
	Respirator or dust mask
PPE Supplied by SCS:	
	SCA Approved safety boots
	Proper Clothing
Physical tour of workshop and workstation:	
	Fire Exits
	First Aid Station
	Location Of Fire Extinguisher
	Bathroom Facilities
	Lunchrooms
	Workplace / Office
	Other Specific Information
Introducing new worker to:	
	EHS Representative
	First aid Trained People
	Other Worker in new worker's area
	Equipment they may be operating
List and Safety related training:	
	First Aid
	WHMIS 2015
	Forklift



Questionnaire:
In your own word describe two responsibilities that you have accountable for in safety system.
what is the company policy on refuse to work on workplace?
In the Standard Work Procedure section, what is the general rule when it comes to defective tools

Before Commencing Work: <ul style="list-style-type: none">• Make sure you are familiar with the job procedure• Find Out Standard Operating Practices apply• Get Initial “walk through” assistance from authorized personnel before attempting job on your own
--

Worker Orientation Sign Off

I have read the Company Handbook/ Employee Information sheet thoroughly and have taken initial tour workplace. I clearly understand the policies in effect and understand that I must conform to the procedure and rules they contain.

Worker Signature

Date

Supervisor Signature

Date



Safety Competency is a crucial step in reinforcing and ensuring continued competency and to ward off complacency. It can augment through hands-on instruction, training, and demonstration in the workplace. Written records of this activity combined with active verification of competency through observation and reinforced direction achieve diligence and a safety culture.

Competency Evaluation can be addressed by a one-on-one with the Supervisor which could include a review of Safety training, observations of worker in routine scenarios and discussion with worker and other sources of information available to the supervisor.

the supervisor must satisfy themselves that the employee can undertake their duties safely and document their conclusion. This is not a performance assessment of the employee but rather a review and retraining exercise to ensure ongoing safety culture and awareness.

The objectives of competency evaluation and ongoing training are to:

- teach new skills, procedures, or processes.
- refresh old skills or knowledge, correct bad habits; and
- re-verify and document competency and awareness.

Key aspects that might be reviewed and discussed during worker competency are: safe work procedures; proper use of tools and equipment; emergency response; WHMIS currency of training and certifications and due diligence.

Supervisors must conduct or ensure worker competency is addressed on a regular basis and at least once per year. This exercise could be addressed incrementally through routine workshop activities and section safety meetings allowing annual documentation to be a summary of observations throughout the year.



Worker Name: _____ **Date:** _____

Supervisor: _____ **Location:** _____

Part A: Qualification and Pre-Use Inspection

**Supervisor
Initials**

☐ Worker possesses current applicable training qualification (Confirmed)

☐ Worker conducted pre use inspection of:

Part B: Demonstration and Observation

	Competent	Requires Coaching	Demonstration Description:	Supervisor Initials
1	<input type="checkbox"/>	<input type="checkbox"/>		
2	<input type="checkbox"/>	<input type="checkbox"/>		
3	<input type="checkbox"/>	<input type="checkbox"/>		
4	<input type="checkbox"/>	<input type="checkbox"/>		
5	<input type="checkbox"/>	<input type="checkbox"/>		

Part C: Summary/Comments

**Supervisor
Initials**

☐ Worker's performance was satisfactory.

☐ Worker requires further training and observation.

Comments:

This procedure establishes the requirements for implementing the qualification and proficiency evaluation process for individuals assigned to perform or verify SCS tasks and activities.

This procedure is applicable to all jobs that perform electrical panel related activities in support of the SCS.

Jobs	Qualification and Experiences
General Manager	Qualification <ul style="list-style-type: none"> Degree in business management or a master's in business administration. Good knowledge of different business functions. Strong leadership qualities. Excellent communication skills. Highly organized. Strong work ethic. Computer literate. Experiences 10 years of Project Management Experience 5 Years of Finance Management Experience
Operation Manager	Qualification <ul style="list-style-type: none"> Bachelor's degree or Diploma in operations management, business administration, or related field. Strong negotiation skills Exceptional organisational skills Awareness of internal and external customer needs Experiences 4 years of project Management or control. 3 years of supervisory level experience.
Switchgear Designer	Qualification <ul style="list-style-type: none"> University Degree or Technologist Diploma in Mechanical Engineering. Ability to integrate new technologies into equipment to ensure that the organization is meeting its high-quality goals and objectives.

	<ul style="list-style-type: none"> • The skills necessary to communicate and collaborate with other area of the workshop in multiple disciplines. • Exceptional grasp of diverse, fundamental mechanical engineering concepts and relationships. • Ability to create and review technical documentation, including project plans, test procedures, and design documents. • High level of proficiency with Microsoft Office productivity suite. <p>Experience</p> <ul style="list-style-type: none"> • Minimum 5 years of Experience in mechanical assembly and design
Application	<p>Qualification</p> <ul style="list-style-type: none"> • University Degree or Technologist Diploma in Electrical Engineering. • Ability to integrate new technologies into equipment to ensure that the organization is meeting its high-quality goals and objectives. • The skills necessary to communicate and collaborate with other area of the workshop in multiple disciplines. • Exceptional grasp of diverse, fundamental electrical engineering concepts and relationships. • Ability to create and review technical documentation, including penal design, test procedures, and other design documents. <p>Experience</p> <ul style="list-style-type: none"> • Minimum 5 years of experience in trouble shooting, commissioning, and design of electrical system.

Assembler	Qualification <ul style="list-style-type: none"> • Technologist Diploma in Electrical Engineering. • Knowledge of basic safety skills • Able to use hand and power tools • Excellent communication skills. Experience <ul style="list-style-type: none"> • Minimum 5 years of experience in mechanical assembly
Wireman	Qualification <ul style="list-style-type: none"> • Technologist Diploma in Electrical Engineering. • Knowledge of basic safety skills • Able to use hand and power tools • Excellent communication skills. Experience: <ul style="list-style-type: none"> • Minimum 2 years of experience as wireman.
Helper	Qualification: <ul style="list-style-type: none"> • High school diploma • Aware of Basic safety • Able to use hand tools and power tools • Have good communication skills – English Experience <p>Minimum 1 to 2 years of experience in manufacturing unit or related industrial environment.</p>



Environmental Health & Safety Manual

7.6 Training log

[illegible]



It is the policy of maintaining a safe and healthy workplace through identifying, evaluating, and prioritizing hazards in compliance with the Occupational Health and Safety Act, Regulation and Code and Company Standards.

Management and supervisors are responsible for selecting appropriate contracted employers and managing their activities to minimize the risk to themselves, our staff, and the environment. Management and supervisors will inform visitors and other persons at or near our work area of the hazards and means used to control them.

All visitors (including contracted employers, other workers, self-employed persons or volunteers) will undergo a site orientation and must follow all rules and understand and follow emergency response protocol. Evaluation of contracted employers and proper selection will minimize the risk of an incident resulting in a loss. Therefore, all contracted employers will be subject to a prequalification review before work commences. Contracted employers, self-employed persons and other workers are expected to conduct their work safely and report any potential or existing hazards to management.

Noncompliance by any party with any safety rules or policies will result in disciplinary action, up to and including removal from the work site.

Health and Safety information, including hazard information, Safety Data Sheets (SDS), and inspection forms, will be readily available to all workers.

A healthy and safe workplace is everyone's responsibility. Management is committed to maintaining this standard and invites you to support and participate in these contracted employer and visitor safety initiatives.



President/General Manager

FEB 11 2025

Date



SCS will employ only those contractors that maintain a safety records. All contractors will be screened prior to selection. SCS utilizes a third party, Avetta, to screen all contractors based on industry and legislative occupational health and safety standards and SCS' provided requirements.

SCS require that all contractors:

- Disclose any OHS charges, fines or violations from the previous 3 years and associated corrective actions
- Disclose incident and injury history for medical aid, restricted work cases, lost time cases and associated corrective actions
- Provide valid WCB/WSIB clearance for their respective regions of work
- Maintain a Health and Safety manual which accurately reflects the scope work executed by the contractor
- Comply with requirements as outlined by the approved Third-Party evaluator (Avetta).
- Complete and submit Subcontractor Agreement Form

Contractors that meet SCS criteria will receive a 'Green Flag' status for the Health and Safety requirements in Avetta. The overall flag status will be contingent upon review of Financial and Insurance information.

Contractors that, for exceptional circumstances, cannot participate in the Avetta screening process, will still be required to meet the requirements outlined above, less the third party evaluation.

Monitoring:

All Contractors will be:

- Included in pre job meetings
- Made aware of incident and near miss reporting and investigation requirements
- Made aware of Hazard ID reporting
- Required to participate in SCS Safety programs such as inspections, or a contractor equivalent program.
- Follow all site and trade training requirements.

SCS EHS Representative may request to periodically audit participation in SCS Safety programs to ensure minimum compliance.



Evaluating:

- Every contractor will be evaluated through periodic inspections.
- At the end of every work, the president will conduct a formal review of the contractor using the contractor Evaluation Form or an equivalent.

Evaluating Criteria

- Participation in meeting – Safety Meetings
- Participation in work planning such as JHA and SOPs
- Following SCS EHS requirements such as incident reporting, participation in investigation, Hazard Reporting.
- Regulatory Compliance such as compliance with all applicable local, regional, Provincial, and federal health and safety requirements.

If the contractor meet expectation as satisfactory, it will stay in SCS approved contractor list, and if evaluation is non – compliant to SCS requirements, the contractor shall be removed from approved contractor list. The contractor may be ineligible for work with SCS for a period.



Name of Contractor	
Address	
Phone #	
Contact Person Name	

The above-named contractor/sub-contractor has reviewed Solution Control Systems Safety manual and has ensured that all employees of the contracting firm at this location are aware of and will abide by the health and safety policies of Solution Control Systems Ltd. If any employee of the contractor is seen in violation of any health and safety policy, they will be escorted from the premises.

YES NO

Description of the type of work or services generally provided to Solution Control Systems Inc.:

Contractor's Signature: _____ Date: _____

Manager's Approval to Commence Work

Manager's Signature: _____ Date: _____



Contractor Name: _____

1. Introduction
2. Overview of Solution Control Systems Safety Policy
3. Contractor Orientation

<input type="checkbox"/> Use of Employee Entrances	<input type="checkbox"/> Smoking Policy
<input type="checkbox"/> Location of Kitchen Facilities	<input type="checkbox"/> Hot Work Permit
<input type="checkbox"/> Rest Rooms	<input type="checkbox"/> Environmental Health Concerns
<input type="checkbox"/> First Aid Stations	<input type="checkbox"/> Contractor Tools
<input type="checkbox"/> PPE, bump caps, ear plugs, glasses, boots	<input type="checkbox"/> Company Equipment, Tools
<input type="checkbox"/> Visitor Identification	<input type="checkbox"/> Lockout, Tag-out
<input type="checkbox"/> Health & Safety Act & Regulations	<input type="checkbox"/> Fall Protection, Overhead Work
<input type="checkbox"/> WHMIS/MSDS	<input type="checkbox"/> Solution Control Systems Safety Rules (handout)
<input type="checkbox"/> Emergency Evacuation	<input type="checkbox"/> Other (describe)
Phase II (identify other training/testing required as per job requirement)	
<input type="checkbox"/> Fire Watch	<input type="checkbox"/>
<input type="checkbox"/> Forklift Operation	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	

I have received the Solution Control Systems Contractor Orientation. I agree to comply with all safety rules and requirements for my assignment and work area. I understand that there are general and specific safety requirements regarding work at Solution Control Systems and this program has introduced both requirements to me in a general introduction.

The company I work for has provided me with instructions and training for specific safety requirements. I have been appropriately trained, and qualified to safely perform my assignment at Solution Control Systems.

Contractor Signature: _____ Date: _____



EHS POLICY

Solution Control Systems (SCS) is **dedicated** to maintaining a robust Environmental Health and Safety (EHS) system that protects our staff, property, the environment, and the public from incidents resulting from harm or loss. We firmly believe that every individual is entitled to a safe work environment, free from any foreseeable hazards that may result in property damage, personal injury, illness, or other incidents.

SCS is **committed** to **proactively identifying, evaluating, and controlling** safety and health hazards. We aim to ensure the physical, psychological, and social well-being of our workers and the broader community. SCS management fully supports the system's success by providing necessary resources, including adequate and properly maintained safety equipment, comprehensive EHS training tailored to employee roles and risks, and clear, accessible standard operating procedures (SOPs).

Our EHS system is developed in accordance with industry standards, best practices and applicable **federal, provincial and municipal legislative requirements**. SCS aims to not only meet but exceed these standards, fostering a culture of safety excellence. All stakeholders, including management, supervisors, and employees, are equally **responsible and accountable** for **upholding and participating** in our safety initiatives.

Through continuous safety and loss control efforts, regular audits, and ongoing collaboration, SCS strives for an incident-free workplace. We consistently review and enhance our EHS practices to align with emerging technologies, new regulations, and industry advancements.

The exact EHS requirements apply to our contractors and visitors on our worksite. All individuals must adhere to safety protocols and participate in creating a safe environment. Our **objective** is to have an incident-free workplace, and we can accomplish our **goal** through continuous safety and loss control efforts and dedicated teamwork.



VIOLENCE AND HARASSMENT POLICY

SCS is committed to a respectful and safe workplace. SCS has zero tolerance for workplace violence and harassment of any kind and will be proactive in the prevention of workplace harassment and violence, including bullying.

SCS management recognizes that all workers have the right to work in a non-violent and harassment free workplace. This policy applies to all SCS operations, workers, subcontractors, and visitors in the workplace.

SCS is committed to providing a work environment in which all workers are treated with dignity and respect. Workplace violence or harassment will not be tolerated by any person in the workplace including workers, visitors, and subcontractors.

Management will investigate and deal with all complaints or incidents of workplace harassment, violence and bullying in a fair, respectful, and timely manner. Information provided about an incident or about a complaint will not be disclosed except as necessary to protect workers, to investigate the complaint or incident, to take corrective action or as otherwise required by law.

Managers, supervisors, workers, subcontractor, and visitors are expected to adhere to this policy and held responsible by SCS for not following it. Workers are not to be penalized or disciplined for reporting an incident or for participating in an investigation involving workplace harassment or violence.



EMERGENCY CALL-IN PROCEDURES

In case of problems arising in the operation of any worksite or equipment therein or within Solution Control Systems Inc., Edmonton premises, the following procedure will be followed:

A. From Monday 09:00 to Friday 17:30:

- 1) If capable, the problem shall be solved by the person responsible.
If not, your immediate foreman, team lead, or supervisor is to be notified.
- 2) Equipment that malfunctions or is being operated that provides a hazard to safety shall be isolated (shut down) and your immediate foreman, team lead, or supervisor shall be notified.
- 3) If your immediate supervisor cannot be contacted, then contact the Company President:
Jazz Matharu 780-485-9944
- 4) Should the Company President not be available then contact the Office Manager:
TBA 780-485-9944
780-970-7805

B. After Normal Working Hours:

1. Contact the Company President.
Jazz Matharu 780-970-7805

NOTE: All Major Incidents or Injuries involving professional medical attention – such as stitches, casts, etc. – must be reported to the Company's Office Manager (IMMEDIATELY) and Company President (within 24 hours).

The Company President **MUST** be notified **IMMEDIATELY** for any work-related death; 3 or more persons injured in a single incident; or an injury/illness or incident involving media attention.

Alberta Workplace, Health & Safety (1-866-415-8690) and the WCB (1-866-922-9221) will also need to be notified.

The location for Solution Control Systems Inc., Edmonton is:

15835 145 Ave NW Edmonton AB T6V 0H8

D) Working Alone:

- 1) If working alone or working after regular hours of operation in the Solution Control Systems Inc., Edmonton building, the Office Manager must be notified at:
TBA 780-970-7805
 - a) **NOTE: These "call-ins" must not exceed 2 (two) hours in durations and must be documented / logged by the Office Manager.**
- 2) If working alone offsite, and you are unable to establish a local contact, then the Office Manager must be contacted:
TBA 780-970-7805
 - a) **NOTE: These "call-ins" must not exceed 2 (two) hours in durations and must be documented / logged by the Office Manager.**



GENERAL COMPANY RULES

- Always be careful – use good judgment in doing your work to protect yourself and other from injury.
- Report all near misses and incidents immediately.
- Required PPE (CSA) issued to all personnel and visitors in the workshop.
- No person can enter the workshop without any permission of SCS point of contact person. And running in the workshop without permission is an unsafe act.
- Do not operate machines or equipment unless authorized and certified to do so.
- Do not use defective tools or equipment. Report such cases to your supervisor or Health and Safety Representative.
- All policies and procedure shall be followed by every SCS worker and visitors.
- Maintain Good Housekeeping practices as follows:
 - Eliminate Clutter which is a common cause of incident, such as slip, trips, and falls, and Fire Explosions.
 - Stack and store item safely and in proper places.
 - Use proper waste containers
 - Vacuum or wet sweep dusty areas frequently
 - Store all work materials in approved and designated containers
 - Keep exits, aisles, and entrance clear
 - Keep fire alarms and fire extinguisher clear
 - Keep work area clean
- All machines' guards and safety devices must be used all times. Tempering with or otherwise circumventing any safety device is prohibited such action is subject to disciplinary action by the SCS/ Alberta OHS.
- Lift and carry things safety. Utilize lifts (certified operators only), or other mobile devices such as carts, tables with wheels or request assistance.

All other parties shall be signed on the Visitor Signing Sheet.



It is the policy of Solution Control Systems that all tools and equipment be properly maintained to reduce risk of injury and/or property damage. We ask all workers, supervisors, and managers to ensure our established preventative maintenance programs are completed as per the required schedules. Any safety concerns regarding any equipment should be reported as soon as possible.

All employees are responsible for checking their tools and equipment. Any tools and equipment found to be defective shall be taken out of service. All equipment brought into the facility shall meet or exceed provincial and/or CSA or Industry Standards (as a minimum). The same maintenance standards are required for any employees providing their own tools, as well as onsite contracted employees performing maintenance to company tools, equipment, or facilities.

Inventory List:

An updated inventory list shall be kept for current equipment and machinery whether new or modified. Include item that require schedule service, adjusting, all replacement, such as:

- mobile equipment
- hand tools
- any specific equipment
- safety equipment
- personal protective equipment

In edition two schedule maintenance system, the inventory list should assess which tools and equipment required repair or replacement. record of repair cost on all tools, equipment, and facility equipment must be kept. In SCS's "Tools and equipment inventory list" that require preventive maintenance.

Standard:

It is our policy to ensure that all equipment acquired, design or modified is set up and maintain to meet the following

- manufacturers recommendation
- Industries standards such as CSA
- Legislated requirements
- employer best practices

Schedule:

The schedule for preventive maintenance is identified on the preventive maintenance inventory.

Records:

Maintenance record will be maintained for the life of the equipment and for six months after the equipment seems to be the responsibility of the company

A standard checklist will be used to record the following:

- list of items to be inspected
- Inspector's name and Signature
- Date of Inspection
- Comments of any deficiency
- Recommendations



President/General Manager

FEB 11 2025

Date



Type Equipment	Type Of inspection	Schedule	When to repair / replace
Any Hand Tools	Visual Inspection	Daily	Replace when failure occurs
Grinders	Visual Inspection - Proper Guard - Inspect Grinding Disk, Chips and Other damage - Handle, electrical cord, any damage free	Daily	Replace When failure occurs
Band Saw	Visual Pre-Start Inspection - Drain hydraulic fluid tank and change fluid - Clean hydraulic fluid stringer and fluid filter - Change transmission oil - Checklist from manual	Prior to use Annually	Repair – Contact service company when failure occurs.
Forklift	- Prestart Inspection	Prior to use	Repair – Contact service company when failure occurs.
Compressor	- Complete inspection	Annually	Repair when failure occurs Preventive maintenance as per manufacturer's recommendations.
Manual Chain Block	Visual Inspection	Prior to use	Repair when failure occurs Preventive maintenance as per manufacturer's recommendations
Pallet Jack	Visual Inspection	Prior to use	Repair when failure occurs Preventive maintenance as per manufacturer's recommendations

SCS staff should understand how to handle defective tools and equipment. Both the company and its employees are responsible to ensure all tools and equipment are thoroughly checked and safe prior to use.

SCS will make every effort to ensure that supplied tools and equipment meets or exceeds applicable and industrial standards. It is with the cooperation and involvement of its employees that a safe work environment is possible.

Step – 1

Pre inspection of the tools and equipment, as per the manufacturer's requirement.

Step -2

if found defective, the employee shall remove the tool or equipment from the work area if possible.

Step -3

the employee should ask for a defective tool tag and write the required information.

Step -4

Attach the tag to the tools or equipment with the wire tie provided.

Step -5

Inform to the supervisor and record in defective tool log.

Note:

If the tools or equipment are unable to be moved, request for defective tools tags, inform the supervisor and fill the information logbook.

Defective tool tags must be yellow and clearly state "DEFECTIVE" or "DO NOT USE". Also include Equipment information, Employee name, Reasons for defectiveness, and Date with signature.



Date	Tool (Serial #)	Problem	Reported By	Repair Completed	Date Repaired	Name



Hour Meter End		Date:			
Hour Meter Start					
Hours Operated					
All Trucks	OK	Defect	Petrol/Diesel/LPG	OK	Defect
Faults Previous Day			Fuel Level		
Obvious Leaks			Fuel Connectors		
Hydraulic Fluid Levels			Engine Oil Level		
Mast & Carriage			Coolant Level		
Chains & Fixing Bolts			Battery		
Forks			Fan/Other Belts		
Backrest/Extension			Inching Pedal		
Attachments			LPG Bottle Security		
Tyres/Wheels/Nuts					
Seat & Seat Belt					
Steering			Electric		
Service Brakes			Electrolyte Levels		
Parking Brake			Cable Connections		
Operating Controls			General Cleanliness		
Operating System			Battery Security		
Warning Lights					
Gauges/Instruments					
Lights/Beacon			Other Checks		
Horn			A.		
Alarms			B.		
Other Warning Devices			C.		
Safety Guards/Covers			D.		
Bodywork					
Defects					
Operator			Signature		
Supervisor			Signature		
Do not use the truck until any faults have been rectified					



Daily Checks – What to Look for

All Trucks

Faults Previous Day. Check the previous page (or book). This will identify what may have been wrong the previous day or shift. You should check these items carefully to ensure that the fault has been rectified.

Obvious Leaks. Check the floor, beside and under the truck.

Hydraulic Fluid Level. Check the level in the reservoir.

Mast and Carriage. Visually check for any damage or foreign items. Check also for appropriate lubrication.

Chains and Fixing Bolts. Visually check for damaged links, obvious stretching and appropriate lubrication. Visually check the fixing bolts for any sign of damage.

Forks. Visually check for any sign of cracks, especially at the heels, or any other sign of damage or excess wear. Check securing pins.

Backrest/Extension. Visually check for damage or debris. Bent or otherwise damaged metal is weakened and may be dangerous.

Attachments. Check for the actual security of the attachment, at its fixing or locking points, and check any hydraulic or other connections. Some attachments may need additional checks. Only check and use attachments if you have been trained to do so.

Tyres/Wheels/Nuts. Check all tyres for obvious damage, including cuts and tread wear. Check pneumatic tyres for the correct pressure. Check wheels for damage, especially to the rims, and check that wheel nuts are tight.

Seat and Seat Belt. Check that the seat is correctly fixed to the truck and not loose or damaged. Check that the seat belt or other restraint is properly secure and functions correctly.

Steering. Check the steering feels normal and there is no undue play or unusual movement.

Service Brakes. Check the brakes feel normal and work efficiently.

Parking Brake. Check the parking brake works efficiently and releases correctly.

Operating Controls. Check that all foot and hand controls operate correctly and are not obstructed in any way.

Operating System. If the truck is fitted with computerised systems check to ensure that they have initialised and are working correctly.

Warning Lights. Check for the correct operation of all warning lights. If a light stays on, and you are not sure of its meaning, check the user manual or seek further advice. **Do not use the truck with a warning light illuminated if you do not know it is still safe!**



Gauges/Instruments. Check that all gauges and other instruments are working correctly.

Lights/Beacon. Check for correct operation.

Horn. Check for correct operation.

Alarms. Check for correct operation.

Other Warning Devices. Make sure you know what is fitted to the truck. Check all for correct operation.

Safety Guards and Covers. Check all are properly fastened and secured. A flapping cover can be a hazard to your colleagues as well as yourself.

Bodywork. Visually check around the vehicle. Damaged bodywork may indicate other problem areas on the truck. Check the areas carefully. Damaged bodywork may indicate damage to racking or other equipment. Report what you find so that your supervisor can check it out.

Petrol/Diesel/LPG

Fuel Level. Check the level and refuel as needed. Remember to wear protective gloves and keep away from cigarettes or other fire hazards.

Engine Oil Level. Check and top up as needed.

Coolant Level. Check and top up as needed.

Battery. Ensure the battery is secure and clean. Check the level of distilled water and top up as needed. Wear eye protection and gloves.

Fan/Other Belts. Check for correct tension and obvious damage.

Inching Pedal. Check for correct operation.

LPG Bottle Security. Check the bottle is secure and clamps are fully tightened. Ensure connections are secure.

Electric

Electrolyte Levels. Check the electrolyte levels of all cells.

Cable Connections. Check they are clean and properly secure.

General Cleanliness. Ensure the battery area is clean and clear from debris.

Battery Security. Ensure the batteries are secure within their compartment and that any protective hatches are properly closed.

Other Checks

Other items may need to be checked. These may be listed on a separate sheet. Discuss this with your supervisor.



Remember, if you are not sure about anything at all, ask your supervisor.



It is the policy to maintain a safe and healthy workplace. To accomplish our objective, it is the responsibility of management, supervisors, and workers to report any unsafe conditions found in the workplace.

Each Senior manager, supervisor and worker are responsible for conducting a monthly workshop inspection of the parking area with the assistance of an EHS Representative. All hazards or deficiencies will be adequately noted, prioritized, and corrected as the condition requires.

President/General Manager

FEB 11 2025

Date



Location being

Inspected:

Date:

Project/Site

Name & #:

Inspected By (Print
Name):

Weather:

Additional

Inspection

Team Members:

Item	Location	Y	N	N/A	Comments
Documentation/Signage					
Company H&S Manual Available					
OH&S Legislation. Available					
Safety Policy and Rules Posted					
Required Signs Posted					
Incident Investigation Package					
SWPs onsite					
Training Records					
Site Orientation Records					
WHMIS Training Records					
Operators Trained					
Fire Extinguisher Training					
Supervisor Trained					
Emergency Response					
Emergency #s Posted					
Site Emergency Plan Posted (With map)					
First Aid Certificates Posted					
First Aid Kits location					
Fire Extinguishers					
Appropriate means of communication					
Environment					
Containment					
Disposal of hazardous materials					
Other					
Guardrails Secure					
Employees following SWPs					
Ladder Use and Condition					
Equipment Operated Properly					
Access/Egress Routes Clear					
Tools/Equipment in Good Repair					
Material/Equipment Storage					

Item	Location	Y	N	N/A	Comments
Housekeeping					
PPE Used as Required					
Adequate Lighting Provided					
Guarding Requirements					
Washrooms Clean & Sanitary					
Lunchrooms Clean & Sanitary					
Additional items noted:					

Location	Observations	Priority	Corrective Action	Target Date	Person Responsible	Initial (Upon Completion)

Summary/Additional Comments:



Scheduled Follow-Up: _____
Date

Inspection Completed and Submitted to Supervisor/Management:

_____ Print Name	_____ Signature	_____ Date
---------------------	--------------------	---------------

Reviewed by Supervisor of Work Area:

_____ Print Name	_____ Signature	_____ Date
---------------------	--------------------	---------------

Reviewed by Manager:

_____ Print Name	_____ Signature	_____ Date
---------------------	--------------------	---------------



It is the policy of SCS to properly investigate all reported work-related incidents, including near misses, occupational illnesses, work refusal and damage to property, equipment, and the environment, to identify all related causes and corrective actions.

Every worker, contracted employer and visitor is accountable for reporting all incidents, such as property damage, first aid injuries, and medical aid incidents, to the department supervisor as soon as it is practical.

Investigations will occur during the shift of occurrence and will be investigated by a trained supervisor with the assistance of the health & safety committee member.

The reports of such occurrences will be completed on our company incident investigation report forms. They will be forwarded to General Manager and the safety department for review, signature, and follow-up action.



President/General Manager

FEB 11 2025

Date



Events, which fall within the following categories, involving Solution Control Systems Inc., employees or subcontractors performing a task on or off the work site and/or involving the public, **must** be reported:

CATEGORY 1:

- Fatality or Serious Risk of Death
- Major Structural Failure or Collapse (bridge, building, tower, crane, hoist, temporary construction support system, or excavation)
- Major Release of a Toxic or Hazardous Substance
- Blasting or Diving Accident

In addition to following the appropriate emergency protocol, conducting a investigation and filing the appropriate accident investigation forms and reports, **incidents in Category 1 must be reported immediately** (post contract names & numbers) to the:

1. Solution Control Systems Inc., Office Manager
2. Solution Control Systems Inc., Company's President
3. Alberta Occupational Health and Safety and Workers' Compensation Board, **as required**
4. Police and other local Authorities, **as required**.

CATEGORY 2:

- Injury Requiring Medical Treatment
- Potential for Serious Injury
- Occupational illness
- Work Refusal (Please refer subsection 1.2 Right to refuse of Unsafe Work)
- Violence and Harassment (please refer section 4: Workplace Harassment and Violence Policy)

In addition to following the appropriate emergency protocol and investigating, **incidents in Category 2 must be reported immediately** to the:

1. Solution Control Systems Inc., Office Manager
2. Solution Control Systems Inc., Company's President
3. Alberta Workers' Compensation Board, **as required**

Solution Control Systems Inc. located in Edmonton is required to report to W.C.B.: time loss accidents, medical aids, return to work and workers placed on modified duties (even if no time lost.)

Note: Above mentioned any incident, use 11.3 Incident Investigation Form.

Worker's supervisor will conduct the investigation of work refusal and/or incident and will submit and report to mentioned authorities.



WORKER REPORTING REQUIREMENTS

1. Workers are required to report to their supervisor any incident and/or injuries of **potentially** disabling injuries/conditions as soon as possible.
2. Injured workers are required to seek First Aid treatment, **no matter how minor the injury.**
3. When a worker is treated by a physician following an injury, **he must report any anticipated loss of work time to his supervisor and to the Solution Control Systems Inc., Office Manager** as soon as possible. A letter from his physician is also required which states when he can return to work.
4. If injured on the job site, the worker must fill out the appropriate Workers' Compensation forms prescribed by legislation. Workers must ensure they comply with Alberta W.C.B. rules and regulations.
5. If work time is lost or may be lost, the Solution Control Systems Inc., Edmonton Office Manager will require the injured worker's doctor to indicate the date of return to work for that worker
6. If worker is capable and meaningful, and appropriate work is available, **the injured worker will be required to participate in a Light Duty / Modified Work Program.**
7. Failure to follow reporting procedures will result in disciplinary action.



INCIDENT INVESTIGATION #			
INCIDENT:			
<input type="checkbox"/> Injury <input type="checkbox"/> Illness <input type="checkbox"/> Property Damage <input type="checkbox"/> Work Refusal <input type="checkbox"/> Violence/Harassment <input type="checkbox"/> Vehicle Collision <input type="checkbox"/> Hazardous Material Exposure <input type="checkbox"/> Environmental Damage <input type="checkbox"/> Fatality			
Incident Date:	mm	dd	yyyy time
Date Incident Reported:	mm	dd	yyyy time
Start of Investigation:	mm	dd	yyyy time
Location of event:			
WORKER(S) INVOLVED			
Last Name:		First Name:	
Department:		Worker #:	
Date of Hire:		<input type="checkbox"/> full time <input type="checkbox"/> part time <input type="checkbox"/> contracted	
Name of witness 1:			
DESCRIPTION OF EVENT			
Sequence of events in chronological order. Include where the incident occurred, what the employee was doing, their mental state, the size, description of any equipment, materials or tools involved, environmental conditions, etc. Indicate whether additional information such as diagrams, photos, reports are attached.			
INJURY			
Type of Injury Sustained:			
<input type="checkbox"/> Slip/Trip/Fall <input type="checkbox"/> Foreign Object <input type="checkbox"/> Burn <input type="checkbox"/> Laceration <input type="checkbox"/> Strain/Sprain <input type="checkbox"/> Irritation <input type="checkbox"/> Contusion <input type="checkbox"/> Aggravation			
Body Part(s) Affected:			
<input type="checkbox"/> Head <input type="checkbox"/> Eye <input type="checkbox"/> Neck <input type="checkbox"/> Arm <input type="checkbox"/> Hand/Finger <input type="checkbox"/> Torso <input type="checkbox"/> Back <input type="checkbox"/> Pelvis <input type="checkbox"/> Leg <input type="checkbox"/> Foot/Toe			
Type of Incident:			
<input type="checkbox"/> Struck by <input type="checkbox"/> Caught in/on <input type="checkbox"/> Overexertion <input type="checkbox"/> Sprain/Strain <input type="checkbox"/> Pinch <input type="checkbox"/> Struck against <input type="checkbox"/> Hot/Cold			
Type of Claim:			
<input type="checkbox"/> First Aid Only <input type="checkbox"/> Medical Aid (hospital/clinic name: _____) <input type="checkbox"/> Modified Work** <input type="checkbox"/> Lost Time**			
**Has a WCB claim been processed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
First Aid Report Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No		Incident Report Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Property Damage sustained: <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, describe:			



DIRECT CAUSES		
Unsafe Acts		
<input type="checkbox"/> Operating without Authority <input type="checkbox"/> Unsafe Handling <input type="checkbox"/> Failure to wear PPE <input type="checkbox"/> Failure to warn <input type="checkbox"/> Unsafe position/posture <input type="checkbox"/> Unfit for Duty	<input type="checkbox"/> Working at unsafe speed <input type="checkbox"/> Horseplay <input type="checkbox"/> Harassment <input type="checkbox"/> Violence <input type="checkbox"/> Improper dress/PPC <input type="checkbox"/> Safety device removed	<input type="checkbox"/> Using defective tools <input type="checkbox"/> Using defective equipment <input type="checkbox"/> Working on moving equipment <input type="checkbox"/> Unauthorized to operate or service equip. <input type="checkbox"/> Other, please specify: _____
Unsafe Conditions		
<input type="checkbox"/> Inadequate lighting <input type="checkbox"/> Improper PPE provided <input type="checkbox"/> Defective tools/equipment <input type="checkbox"/> Congested work area <input type="checkbox"/> Inadequate warning system <input type="checkbox"/> Poor Housekeeping <input type="checkbox"/> Missed worksite inspections	<input type="checkbox"/> Improper storage <input type="checkbox"/> Spill/leak <input type="checkbox"/> Inhalation hazard <input type="checkbox"/> Extreme temperatures <input type="checkbox"/> Excessive Noise <input type="checkbox"/> Fire/explosion hazard <input type="checkbox"/> Improper lifting plan	<input type="checkbox"/> Unsafe job design <input type="checkbox"/> Lack of safe job procedure <input type="checkbox"/> Hazardous procedure <input type="checkbox"/> Unsafe equipment <input type="checkbox"/> Radiation exposure <input type="checkbox"/> Other, please specify: _____
INDIRECT CAUSES		
Personal Factors	Job Factors	
<input type="checkbox"/> Inadequate physical capability <input type="checkbox"/> Inadequate mental capability <input type="checkbox"/> Pre-existing injury <input type="checkbox"/> Physical and/or mental stress <input type="checkbox"/> Lack of knowledge/skill <input type="checkbox"/> Improper motivation <input type="checkbox"/> Non-compliance to company rules/procedures <input type="checkbox"/> No/inadequate safe job procedure(s) <input type="checkbox"/> Other, please specify: _____	<input type="checkbox"/> New hazard introduced <input type="checkbox"/> Inadequate leadership/supervision <input type="checkbox"/> Inadequate equipment or tools <input type="checkbox"/> Inadequate maintenance <input type="checkbox"/> Inadequate/no job plan or procedure <input type="checkbox"/> Equipment malfunction <input type="checkbox"/> Abuse or misuse of tools/equipment <input type="checkbox"/> No/inadequate hazard assessment(s) <input type="checkbox"/> Improper posture/ergonomics <input type="checkbox"/> Other, please specify: _____	
ROOT CAUSES		
<input type="checkbox"/> Worker(s) training/re-training <input type="checkbox"/> Purchase new tool(s) <input type="checkbox"/> Equipment repair/replacement <input type="checkbox"/> Develop or update Hazard Assessment <input type="checkbox"/> Develop or update Safe job procedure <input type="checkbox"/> Modify supervisory communication <input type="checkbox"/> Revise safety rule or policy <input type="checkbox"/> Ergonomic assessment/work area changes	<input type="checkbox"/> Improve safety inspection process <input type="checkbox"/> Reassignment of workers <input type="checkbox"/> Consult manufacturer/distributor/subject expert <input type="checkbox"/> Redesign process layout/work flow <input type="checkbox"/> Install barrier or guard <input type="checkbox"/> Conduct leadership training <input type="checkbox"/> Develop/revise maintenance program <input type="checkbox"/> Develop/revise emergency preparedness plan(s) <input type="checkbox"/> Revise PPE requirements <input type="checkbox"/> Other, please specify: _____	



CORRECTIVE ACTIONS					
Note: each cause identified above requires corrective action					
#	Recommended Corrective Action	Person(s) Responsible	Risk Rating	Target Date	Completion Date
Documents Reviewed					
Hazard Assessment(s)		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Attached			
Safe Job Procedure(s)		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Attached			
Manufacturer's Specs		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Attached			
Diagrams/Photos		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Attached			
Hazards identified					
Were new hazards identified during the investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, describe:					
Investigation Team					
Investigator:		Position:		Signature	
HSC Member:		Position:		Signature	
Involved Worker:		Position:		Signature	
Comments:					
Date investigated was Concluded:					



Employee Details

Name
Department

Description of Near Miss

Location:	
Date	Details
Time	
Witness(s)	

Incident Causes

--

Recommended Corrective Actions

--

Worker Signature

Supervisor Signature	Date



Company: Solution Control Systems

Address: 15835 145 Ave NW Edmonton AB T6V 0H8

Completed by: Jazz Matharu

Date: Dec 20, 2021

In case of problems arising in the operation of any worksite or equipment therein or within Solution Control Systems Inc., Edmonton premises, the following procedure will be followed:

From Monday 08:00 to Friday 16:30:

- 1) If capable, the problem shall be solved by the person responsible. If not, your immediate foreman, team lead or supervisor is to be notified.
- 2) Equipment that malfunctions or is being operated that provides a hazard to safety shall be isolated (shut down) and your immediate foreman, team lead, or supervisor shall be notified.
- 3) If your immediate supervisor cannot be contacted, then contact the Company President:
Jazz Matharu 780-485-9944
- 4) Should the Company President not be available then contact the Office Manager:
TBA 780-485-9944
 780-970-7805

After Normal Working Hours:

1. Contact the Company President.
Jazz Matharu 780-970-7805

All Major Incidents or Injuries involving professional medical attention – such as stitches, casts, etc. – must be reported to the Company’s Office Manager (IMMEDIATELY) and Company President (within 24 hours).

The Company President MUST be notified IMMEDIATELY for any work-related death; 3 or more persons injured in a single incident; or an injury/illness or incident involving media attention.

Alberta Workplace, Health & Safety (1-866-415-8690) and the WCB (1-866-922-9221) will also need to be notified.

If you are working alone:

- 1) If working alone or working after regular hours of operation in the Solution Control Systems Inc., Edmonton building, the Office Manager must be notified at:
TBA 780-970-7805
a) **NOTE:** These “call-ins” must not exceed 2 (two) hours in durations and must be documented / logged by the Office Manager.
- 2) If working alone offsite, and you are unable to establish a local contact, then the Office Manager must be contacted:
TBA 780-970-7805
a) **NOTE:** These “call-ins” must not exceed 2 (two) hours in durations and must be documented / logged by the Office Manager.



Potential Injury with Procedure

A. Injuries

1. If no danger, provide first aid if trained to do so.
If danger, follow Emergency Response Procedure (attached on next page "Emergency Call-In Procedures) to deal with this type of emergency.
2. Call First Aid Attendant.
3. Call ambulance if needed.
4. Notify the worksite's Main Office Administration and/or Solution Control Systems Inc., Edmonton's Office Manager and inform of victim's location.
5. Treat victim and ready for transport.
6. Secure area.
7. Notify foreman, team lead or Supervisor and Solution Control Systems Inc.'s, Company President.
8. Complete Investigation Report.
9. Notify Authorities where required.
10. Take other necessary action (e.g., cleanup, etc.)

B. Non-Injuries

1. Secure area.
2. Notify Supervisor; Solution Control Systems Inc., Edmonton Office; and Solution Control Systems Inc., Company President.
3. Complete Investigation report.
4. Notify Authorities where required.
5. Take other necessary action (e.g., preventive, etc.)

C. Environment

1. Ensure no danger to self or others.
2. Evacuate area if necessary.
3. Contain hazard if possible.
4. Secure area.
5. Notify Foreman, Team Lead or Supervisor; Solution Control Systems Inc., Edmonton Office Manager; and Solution Control Systems Inc., Company President.
6. Complete Investigation report.
7. Take other necessary action (e.g., cleanup, etc.)

D. Fire

1. Sound alarm.
2. Evacuate.
3. Call: Fire Emergency number. and foreman, team lead or assigned Supervisor.
4. Assist in fire fighting if trained.
5. Secure area.
6. Notify Solution Control Systems Inc., Edmonton Office Manager and Solution Control Systems Inc., Company President. **Complete Investigation Report.**
7. Notify Authorities where required.
8. Take other necessary action (e.g., cleanup, etc.)

E. Extraordinary Event (e.g., structure collapse)

1. Sound Alarm
2. Secure area.
3. Notify Foreman, Team Lead or Supervisor; Solution Control Systems Inc., Edmonton Office Manager; and Solution Control Systems Inc., Company President. Notify Alberta OHS & WCB as required.



4. Notify Police and other local Authorities as required.
5. Complete Investigation Report.
6. Take other necessary action (e.g., preventive, etc.)

F. Evacuation

1. Sound alarm.
2. Evacuate immediately. Assemble at “muster point” / emergency-gathering area.
3. Contractors are to do a head count and to report findings to their Solution Control Systems Inc., assigned Supervisor or the Company’s president.
4. Only the assigned Rescue Team, with appropriate equipment, is to search for personnel **and only if asked** by a Solution Control Systems Inc. assigned Supervisor. (Check brass/tag or sign in/out sheet to ensure person(s) is really missing and is on the work site.)
5. All site workers are to remain at “muster point” / emergency-gathering area until instructed by a Solution Control Systems Inc. assigned Supervisor to proceed to another area or return to job tasks.
6. Notify additional Authorities as required.
7. Secure the site.

G. Utility

1. Malfunction in electrical power distribution
2. Remain calm.
3. Follow directions from the supervisors for immediate action.
4. If evacuation of a workshop is required, follow the guidelines mentioned in F.
5. Do not use candles or other type of flame for lighting.
6. Unplug all electrical equipment (including computers) and turn off light switches.
7. Prior to evacuating, staff should secure all powered tools.
8. Malfunction of HVAC system
 - Remain calm
 - Follow directions from the supervisor for immediate action
 - If evacuation of workshop is required, follow the guidelines mentioned in F.
9. Water Failure.
 - Stop all electrical activity near water failure
 - Report you supervisor immediately
 - Turn off all the water sources
 - Move all electrical and other objects to safe location
 - Evacuate area if needed.

H. Severe Weather

1. Winter Storm / Snow
 - STAY INDOORS during the storm.
 - WALK CAREFULLY on snowy, icy walkways.
 - KEEP DRY. Change wet clothing frequently to prevent a loss of body heat.
 - MINIMIZE TRAVEL. Drive only if it is absolutely necessary. Travel in the day; don’t travel alone; keep others informed of your schedule; stay on main roads and avoid back road shortcuts. Let someone know travel destination, travel route, and expected time of arrival at travel destination.
2. Extreme Heat
 - DRINK plenty of WATER. Avoid drinks with caffeine
 - EAT well-balanced, light and regular meals.
 - DRESS in loose-fitting, lightweight, and light-colored clothes that cover as much skin as possible. Wear a wide-brimmed hat to protect face and head.



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- BE AWARE of the symptoms of medical heat emergencies. See “MEDICAL EMERGENCY” section of this guide for information on first aid during heat emergencies

President/General Manager

FEB 11 2025

Date

Company Name: Solution Control Systems Inc.	Office Number: 780-485-9944
Address: 15835 145 Ave, Edmonton, AB T6V0H8	Fax Number: 780-757-7274
Prepared By: Jazz Matharu	

Emergency Response Contacts

Edmonton Police Services	9-1-1
Edmonton Police Services (Non-Emergency)	3-7-7 780-423-4567
Emergency Medical Services (Ambulance)	9-1-1
Fire Rescue Services	9-1-1 780-425-1231
Health Link (Health Advice 24/7)	8-1-1
Poison & Drug Information Service (PADIS)	1-800-332-1414

Company Contacts

President/General Manager	780-970-7805
Operations Manager	780-245-6616
Health and Safety Coordinator	780-970-7805
First Aiders (Brian Russ, Navjot Pharwaha, Les Eyestone, Jun Duan)	587-372-9869, 587-568-7515, 780-245-4696, 825-439-7386

Alberta Government Contacts

Occupational Health and Safety	1-866-415-8690 (Toll Free) 780-415-8690 (in Edmonton)
Workers' Compensation Board (WCB)	1-866-922-9221 (toll free)
Alberta Environment	1-800-222-6514

Medical Centers

Primary Medical Clinic (located in Superstore) (2.7KM)	12350 137 Ave NW, Edmonton, AB T5L 4X6	780-406-5514
Palisades Medical Clinic (5.7KM)	12808 137 Ave NW, Edmonton, AB T6V 1C7	780-457-1100
Northgate Centre Medical Clinic (2 nd FL of Northgate Mall) (6KM)	#2074 - 9499 137 Ave NW, Edmonton, AB T5E 5R8	780-457-4250
DX Medical Centers (7.5KM)	2520 Tudor Gln, St. Albert, AB T8N 2Y3	780-990-1820
Sturgeon Community Hospital (9KM)	201 Boudreau Rd, St. Albert, AB T8N 6C4	780-418-8200
Royal Alexandra Hospital (9.1KM)	10240 Kingsway NW, Edmonton, AB T5H 3V9	780-735-4111
University of Alberta Hospital (15.4KM)	8440 112 St NW, Edmonton, AB T6G 2B7	780-407-8822



Ensure the workplace meets the requirements for First Aid in accordance with the OHS Alberta Code. Any worker who sustains a workplace injury or becomes ill due to workplace conditions shall report the injury or illness to their supervisor and get immediate first Aid. SCS will maintain the First Aid kit according to OHS Code Alberta.

Responsibility for all

Get first Aid right away. First Aid includes but is not limited to: minor cleaning cuts, scrapes, or scratches; treating a little burn; applying bandages and dressings, cold compresses, cold packs, ice bags, and splints, changing an application or a dressing after any follow-up is only for observation.

General Provisions

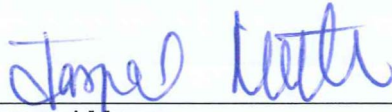
SCS shall ensure that all first aid boxes and stations for every shift are overseen by workers holding valid first aid certificates from a training agency recognized by WCB.

- A qualified worker trained in First Aid shall be responsible for overseeing the first aid station and must be stationed nearby to ensure prompt response in case of emergencies.
- First aid stations shall always be located within quick and easy access for the prompt treatment of any worker when work is in progress.
- SCS shall keep a record of all circumstances respecting an accident as described by the injured worker: the date and time of its occurrence; the names of witnesses; the nature and exact location of the injuries to the worker; and the date, time, and nature of each first aid treatment given.
- First aid boxes and their contents shall be inspected at not less than quarter-yearly intervals by respective supervisors. They shall record the inspection card for each box with the date of the most recent inspection and the signature of the person making the inspection.

First Aid Requirements

In workplaces where there are two to nine workers in any one shift, is required first aid #2 shall contain, as a minimum illustrated in OHS code, schedule 2. and shall ensure that the first aid station is always in charge of a worker who

- holds a valid Standard First Aid Certificate or its equivalent.
- Works near the box.



President/General Manager

FEB 11 2025

Date



Date of Injury/ illness:	Time:
Date of Injury / Illness Reported:	Time:
Full Name of injured or ill worker:	
Description of injury or illness:	
Description of where the injury or illness occurred:	
Cause of the injury or illness:	
First Aid Provided:	Yes / No
Name of the First Aider:	Qualification of First Aid: Standard
Describe first aid provided: Copy Provided to Worker: Yes / No Injured / ill worker initial: _____	
Keep this record confidential and retain for at least three years from date of injury / illness is reported.	