



**Daily Tailgate**

Job #: 14-002

Site: Giant Mine

Supervisor: CLAREN CROOK

Date: SEPT 21, 2015

Weather: CLEAR

Temp: +10C

Wind Speed: \_\_\_\_\_ Windchill: \_\_\_\_\_

**PROPOSED SCOPE OF WORK (Type of work to be completed during day)**

<u>CONVEYOR HOUSES - CLEAN UP, PREPARE FOR DEMOLITION</u>					
<u>SCREEN HOUSE - CLEAN UP, PREPARE FOR DEMOLITION</u>					
Gravity	<input checked="" type="checkbox"/> Falls from Heights	<input checked="" type="checkbox"/> Falling Objects	<input checked="" type="checkbox"/> Climbing Obstructions	<input checked="" type="checkbox"/> Tools	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/> Overhead Protection	<input checked="" type="checkbox"/> Barriers	<input checked="" type="checkbox"/> Toe Boards	<input checked="" type="checkbox"/> Signage	<input checked="" type="checkbox"/>
Utilities	<input checked="" type="checkbox"/> Water	<input checked="" type="checkbox"/> Gas	<input checked="" type="checkbox"/> Power (over/under)	<input checked="" type="checkbox"/> Sewer	<input checked="" type="checkbox"/>
Crane	<input checked="" type="checkbox"/> Tag Lines	<input checked="" type="checkbox"/> Signalman	<input checked="" type="checkbox"/> Swing Radius	<input checked="" type="checkbox"/> Rigging	<input checked="" type="checkbox"/>
Motion	<input checked="" type="checkbox"/> Traffic Conditions	<input checked="" type="checkbox"/> Equip Stability	<input checked="" type="checkbox"/> Ground Conditions	<input checked="" type="checkbox"/> Load Movement	<input checked="" type="checkbox"/>
Body Mechanics	<input checked="" type="checkbox"/> Slips/Trips	<input checked="" type="checkbox"/> Lifting Strains	<input checked="" type="checkbox"/> Repetitive Strains	<input checked="" type="checkbox"/> Twist/Bending	<input checked="" type="checkbox"/>
Noise	<input checked="" type="checkbox"/> Chronic (>85dB)	<input checked="" type="checkbox"/> Peak (>115dB)	<input checked="" type="checkbox"/> Continuous (>65dB)	<input checked="" type="checkbox"/> Hearing Protection	<input checked="" type="checkbox"/>
Testing	<input checked="" type="checkbox"/> Hydro-Test	<input checked="" type="checkbox"/> Pneumatic Test	<input checked="" type="checkbox"/> Stress Relieving	<input checked="" type="checkbox"/> X-Raying	<input checked="" type="checkbox"/>
Procedures	<input checked="" type="checkbox"/> Safe Work Practice	<input checked="" type="checkbox"/> Isolations Required	<input checked="" type="checkbox"/> Emergency Response	<input checked="" type="checkbox"/> Signage	<input checked="" type="checkbox"/>
Equipment	<input checked="" type="checkbox"/> Equip Inspection	<input checked="" type="checkbox"/> Site Conditions	<input checked="" type="checkbox"/> Suitability of Equip	<input checked="" type="checkbox"/> Barriers	<input checked="" type="checkbox"/>
Confined Space II	<input checked="" type="checkbox"/> Lockout	<input checked="" type="checkbox"/> JHA Required	<input checked="" type="checkbox"/> Working at Heights	<input checked="" type="checkbox"/> Other	<input checked="" type="checkbox"/>

**PERSONAL PROTECTIVE EQUIPMENT**

- Hard Hat (CSA Approved)
- Safety Boots (CSA Approved)
- Eye Protection (CSA Approved)
- Fall Arrest Harness
- Reflective Clothing ✓ THICK COVERS
- Gloves
- Hearing Protection
- 1/2 Mask

Incidents Reviewed / Action(s) To Be Taken:

Topic Discussion:

- MORE DETAIL IN FIELD LEVEL HAZARD ASSESSMENTS.
- NO ASBESTOS ABATEMENT UNTIL APPROVAL
- EXCLUSION ZONE EXTENDED
- ADDITIONAL SIGNAGE - DERRIS DROPPAGE, FIRE AID, ASBESTOS
- STRAIGHTEN RANCH
- REDUCE CONGESTION.

Concerns:

- GFCI INSTALLED ON
- LOADER FIRE EXTINGUISHER
- MAN LIST FIRE EXTINGUISHERS.

What are we going to do today to improve safety?

TAKE OUR TIME

What are the Environmental Aspects?

CLEAR

Inspections (Planned) Conducted (give details): Aerial work platform; fall protection check; hot work permits; confined space; working at heights; equipment pre-ops; critical lifts

WSPC INSPECTION - SEPT 28

Safety Notices Discussed:





**JOB SAFETY ANALYSIS (JSA)**

Project Name/Number:	C-Shaft Head Frame Structures Deconstruction - Giant Mine, NT
Date:	September 19, 2015
Prime Contractor Name:	Delta Engineering / Carter Industries Joint Venture
Sub-Contractor Name(s):	

**Reference: Local OH&S Legislation and Enviro-Vac OH&S Program**

Additional Documents Referenced:

- Mobilization and Demobilization of Equipment JSA

**Task/Activity: VAC LOADER OPERATION AND USE**

- Supervisor must be on site at all times.
- Daily tailgate and weekly safety meetings will be performed, JSA's reviewed and/or more developed.
- See daily tailgate/toolbox meetings for general site hazards. Review job scope prior to commencing work and approach Supervisor with questions if unsure of expectations.
- JSA's to be reviewed and amended when conditions/tasks change.
- Emergency Response Plan in place and reviewed.
- Nuna and Delta/Carter site orientation reviewed.
- Safety person on site.
- Note that this JSA should be used in conjunction with other JSAs and building specific risk assessments/work procedures as necessary



Sequence of Basic Job Steps	Potential Hazards	Safety Controls to Reduce or Eliminate Hazard
1. Mobilize Vac Loader to site	<ul style="list-style-type: none"> <li>a. Mechanical issues</li> <li>b. Towing failure</li> <li>c. Maintenance</li> </ul>	<ul style="list-style-type: none"> <li>a. Pre-inspection before trip and as conditions change.</li> <li>b. See <b>Mobilization/Demobilization of Equipment JSA</b></li> <li>c. Ensure all fluids are full and maintenance is up to date.</li> </ul>
2. Setup Vac loader at site	<ul style="list-style-type: none"> <li>a. Exhaust</li> <li>b. Fire/Explosion</li> <li>c. Overhead obstructions</li> <li>d. Pinch points</li> <li>e. Cuts/nicks</li> <li>f. Spills</li> <li>g. Hopper not secured</li> </ul>	<ul style="list-style-type: none"> <li>a. Ensure unit is placed so that the exhaust is not pulled in to the building via ventilation. If it is to be placed inside, air must be scrubbed.</li> <li>b. Vac loader to be grounded in place. Unit is fitted with explosion proof bags/fittings. Fire extinguisher to be mounted on unit and inspected monthly and maintained as necessary. Fire extinguishers to be used as escape only and the authorities called immediately.</li> <li>c. Be aware of overhead hazards/powerlines. Place the vac loader keeping in mind that the hopper must be raised. Allow a minimum of 20 ft height clearance.</li> <li>d. Keep hands or other body parts out of line of fire</li> <li>e. Wear minimum Kevlar Level 3 gloves</li> <li>f. Have spill kit at location.</li> <li>g. Ensure safety bar and pins are in place</li> </ul>
3. Operating the Vac loader at unit	<ul style="list-style-type: none"> <li>a. Noise</li> <li>b. Unskilled operator</li> <li>c. Pinch/crush points</li> <li>d. Emergency stop inaccessible</li> <li>e. Overfilling bags</li> <li>f. Adverse weather conditions</li> <li>g. Slips trips and falls</li> </ul>	<ul style="list-style-type: none"> <li>a. Workers to be wearing CSA approved hearing protection during operation of the unit. Double hearing protection with plugs and muffs to be used.</li> <li>b. Only workers who are experienced in the operation of the vac loader are to be permitted to use it. Newly trained workers are to be mentored by experienced workers. If there are questions, the supervisor or Project Manager should be contacted.</li> <li>c. Keep hand and body parts away from the moving parts of the unit and out of line of fire.</li> <li>d. Keep remote emergency shutoff system available at all times. There is also a manual emergency shutoff at the unit. The inline T design shuts off the hose pressure</li> </ul>



C-Shaft Head Frame Deconstruction

Giant Mine, NT

		<ul style="list-style-type: none"> <li>e. Do not fill meter bags too full. Change bag between dump cycles.</li> <li>f. Operator to be wearing clothing sufficient for the weather conditions (ie, rain, cold weather gear etc.)</li> <li>g. Be aware of any ground hazards – remove/mark where possible. Hoses/cords to be kept organized</li> </ul>
<p>4. Using the Vac loader to perform cleanup</p>	<ul style="list-style-type: none"> <li>a. High vacuum pressure (3500 cfm at 28"mercury)</li> <li>b. Bodily harm from pressure</li> <li>c. Other workers in proximity</li> <li>d. Clogging the unit</li> <li>e. Slips/trips/falls</li> <li>f. Cuts/nicks</li> <li>g. Poor communication with operator</li> <li>h. Emergency</li> </ul>	<ul style="list-style-type: none"> <li>a. Only point vacuum at items that are to be vacuumed, not loose equipment/debris that is not to be vacuumed up.</li> <li>b. Keep vac hose pointed away from body <u>at all times. Do not use body parts/hands to check pressure. Never use your hand to remove something stuck on the end of the hose.</u></li> <li>c. Be aware of other workers proximity and space yourselves so that you aren't close enough that you could catch them with your hose</li> <li>d. Be careful not to vacuum up items that could clog the hoses, such as Tyvek suits, towels, large pieces of poly etc. If you do happen to vacuum up something that could potentially damage the unit, tell the supervisor immediately so it can be removed before it causes damage.</li> <li>e. See 3h</li> <li>f. See 2f</li> <li>g. Ensure that a method of communication is used, either hand signals in work areas where there can be visual connection or radio where there isn't. Radio communication to be tested with the unit operational to ensure the operator and users can effectively communicate over noise. If not possible, contact supervisor for alternate method of communication.</li> <li>h. Emergency stop with workers. If necessary, the hose can be cut to release as well. Communicate with operator immediately</li> </ul>
<p>5. Job Completion</p>	<ul style="list-style-type: none"> <li>a. Contaminated hoses</li> <li>b. Contaminated baghouse/filters needing changed</li> <li>c. Confined space</li> <li>d. Incomplete shutoff</li> </ul>	<ul style="list-style-type: none"> <li>a. Wearing Moderate risk PPE, seal the ends of the hoses. Water wash down to rinse interior of hoses</li> <li>b. Place vac loader inside a high-risk containment, open flip top lid and manhole on side and remove Filter bags and dispose as asbestos waste.</li> <li>c. Bag house/hopper is a confined space. Do not enter. Can</li> </ul>



	<p>e. Poor housekeeping f. Storage unsecured g. Spills</p>	<p>be opened and filters removed from the exterior. If you must enter the baghouse or hopper for any reason, contact supervisor as confined space entry procedures must be developed. d. Ensure that all operations (ie hopper dump etc) are complete prior to shutting down the unit. Ensure that all moving parts are stopped prior to removal of hoses or maintenance. e. Ensure work area is left free of debris and tidy f. Store the vac loader so that it is secured and cannot be made operational unintentionally. The keys to remain with the site supervisor when not in use. g. Use a spill tray when fueling or filling fluids onsite.</p>
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<p><b>Tools/Equipment:(List tools being used, and how they are being stored if relevant to safety at the site)</b></p> <p>Vac Loader, Truck, vac hoses</p>	
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<p><b>Personal Protection Equipment:</b> <b>Minimum requirements: Safety shoes, hard hat, visi-vest and gloves on person (and used as required)</b></p>	
<p><input checked="" type="checkbox"/> Hard-hat (CSA side-protection) <input checked="" type="checkbox"/> Gloves <input checked="" type="checkbox"/> Gloves (Industrial nitrile, gauntlet length) <input checked="" type="checkbox"/> Eye Protection (CSA safety glasses)</p>	<p><input checked="" type="checkbox"/> Safety Boots (Steel-toed CSA approved) <input checked="" type="checkbox"/> High Visibility Vest <input type="checkbox"/> Respiratory Protection (PAPR)</p>



<p><b>Personal Protection Equipment:</b>  <b>Minimum requirements: Safety shoes, hard hat, visi-vest and gloves on person (and used as required)</b></p>	
<input checked="" type="checkbox"/> Hard-hat (CSA side-protection) <input checked="" type="checkbox"/> Gloves <input checked="" type="checkbox"/> Gloves (Industrial nitrile, gauntlet length) <input checked="" type="checkbox"/> Eye Protection (CSA safety glasses) <input type="checkbox"/> Full body harness with fall restraint/arrest <input type="checkbox"/> Coveralls (Reflective – Fire-rated) <input checked="" type="checkbox"/> Coveralls (Tyvek) <input checked="" type="checkbox"/> Coveralls (TyChem)	<input checked="" type="checkbox"/> Safety Boots (Steel-toed CSA approved) <input checked="" type="checkbox"/> High Visibility Vest <input type="checkbox"/> Respiratory Protection (PAPR) <input type="checkbox"/> Respiratory Protection (Full Face APR) <input checked="" type="checkbox"/> Respiratory Protection (1/2 face) <input type="checkbox"/> Respiratory Protection (Airline)

<p><b>Outside Authorities:</b>          (Any authorities who need to be advised, including the site operator)</p>
<p>Parsons</p>

<p><b>Disposal of Surplus or Contaminated Materials:</b>          (Details including when, where, how, etc...?)</p>
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Waste to be handled by Delta Carter

**Safety Process Information Regarding this JSA:**

Prepared By:	Clell Crook
Position:	Safety Advisor
Date:	September 19, 2015

**Person(s) Carrying Out This Process On The Actual Work-Site:**

Name:	Shawn Carter	Signed:	Sept 20/15	Date:	Sept 20/15
Name:	Daryl Cook	Signed:	[Signature]	Date:	Sept 20/15
Name:	Stanley Cook	Signed:	[Signature]	Date:	Sept 20/15
Name:	Kurt Stewart	Signed:	[Signature]	Date:	Sept 20/15
Verified By:					
Name:	clell crook	Signed:	[Signature]	Date:	Sept 20/2015

Note: For tasks/activities that extend beyond a single day, use the attached "DAILY RENEWAL" form for the review of JSA with current crew & weather

[Signature] Danny Wallace Sept 20 2015



<b>JSA Daily Renewal Form:</b>	
Date:	SAFT 21, 2015
Weather Conditions:	CLAR.
Change(s) Noted:	
<b>Names of Participants:</b> (Please circle name of Supervisor)	
Name: <u>Darryl Cook</u>	Signed: <u>[Signature]</u>
Name: <u>Kurt Stewart</u>	Signed: <u>[Signature]</u>
Name: <u>Stanley Cook</u>	Signed: <u>[Signature]</u>
Name: <u>[Signature]</u>	Signed: <u>[Signature]</u>

[Signature]



<b>JSA Daily Renewal Form:</b>	
Date:	
Weather Conditions:	
Change(s) Noted:	
<b>Names of Participants: (Please circle name of Supervisor)</b>	
Name:	Signed:





FLHA QUALITY AUDIT

Is the FLHA current and valid for this task?  
If not, what action was taken?

yes

Have all hazards been identified?  
If no, what action was taken?

yes

Identified controls in place and being followed?  
If no, what action was taken?

yes

Are all crew members signed on?  
If no, what action was taken?

yes

AUDIT RATING  
Excellent  Coaching Applied   
Work Stopped

Date: Sept 21/15 Time: 7am  
Supervisor: (print below)

Kent Stewart

Worker: (print below)

CE.

All hazards requiring controls MUST be listed below along with their hazard number and how you plan to eliminate or control the hazards to safe levels

HAZARD # PLANS TO ELIMINATE / CONTROL RISK

	<u>CONCRETE HOUSE - CLEAN OUT (debris)</u>	
	<u>- Remove dust</u>	
	<u>- clean and remove hazards around</u>	
	<u>work site</u>	
	<u>SEWER HOUSE - HEPPE VAC</u>	
	<u>- remove loose debris</u>	
	<u>- remove hazardous materials upon approval</u>	
	<u>- clean &amp; remove hazards around</u>	
	<u>work site</u>	

WORKER NAME(S) (print below)

INITIAL

Shawn Carter SC  
Stanley Cook SC

JOB COMPLETION

	Yes	No	N/A
A. Has the area been cleaned up?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Has all flagging/tagging been removed	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
C. Are there any hazards remaining?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D. Were there any incidents or injuries?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If yes to C or D above, explain:

Please return FLHA to foreman at the end of each shift.



Date: Sept 21/15 Project Name: Garant Mine  
 Description of Work: Conveyer house (Clean & prep for demo)

**FIELD LEVEL HAZARD ASSESSMENT**

Check off the hazards that apply to this task. List the item # on the other side and identify the plans to eliminate/control the risk.

<b>ERGONOMIC HAZARDS</b>	<input checked="" type="checkbox"/>	<b>PERSONAL LIMITATION HAZARDS</b>	<input type="checkbox"/>	<b>ELECTRICAL HAZARDS</b>	<input type="checkbox"/>	<b>PROCEDURES/ PERMIT'S REQUIRED</b>	<input type="checkbox"/>
1 Repetitive motion	<input checked="" type="checkbox"/>	23 Working alone	<input type="checkbox"/>	45 Shock Hazard/GFI's	<input type="checkbox"/>	Lockout	<input type="checkbox"/>
2 Heavy lifting	<input checked="" type="checkbox"/>	24 Violence	<input type="checkbox"/>	46 Working on/near energized eq.	<input type="checkbox"/>	Confined Space	<input type="checkbox"/>
3 Awkward positions	<input checked="" type="checkbox"/>	25 First time performing task	<input checked="" type="checkbox"/>	47 Hot work/electrical permit req'd	<input type="checkbox"/>	Fall Protection	<input type="checkbox"/>
4 Over exertion	<input type="checkbox"/>	26 Confusing instructions	<input type="checkbox"/>	48 Electrical cords inspected	<input checked="" type="checkbox"/>	Craning & Rigging	<input type="checkbox"/>
5 Pinch points	<input checked="" type="checkbox"/>	27 Physical limitations	<input checked="" type="checkbox"/>	49 Electrical tools inspected	<input checked="" type="checkbox"/>	Hot Work	<input type="checkbox"/>
6 Body in line of fire	<input type="checkbox"/>			50 Explosive Hazard/Expl. Proof plugs	<input type="checkbox"/>	Excavation	<input type="checkbox"/>
7 Working above your head	<input checked="" type="checkbox"/>	<b>HOT WORK HAZARDS</b>	<input type="checkbox"/>		<input type="checkbox"/>	JHA reviewed	<input type="checkbox"/>
<b>WORK AT HEIGHTS HAZARDS</b>		28 Welding/grinding	<input type="checkbox"/>	<b>HOISTING/RIGGING HAZARDS</b>	<input type="checkbox"/>	Permit Number	<input type="checkbox"/>
8 Barricades, flagging, signs	<input checked="" type="checkbox"/>	29 Burrn/Heat sources	<input type="checkbox"/>	51 Hoisting (tools equipment)	<input type="checkbox"/>		
9 Hole (coverings in place)	<input checked="" type="checkbox"/>	30 Compressed gases	<input type="checkbox"/>	52 Load limits (slings rating)	<input checked="" type="checkbox"/>		
10 Falling items	<input checked="" type="checkbox"/>	31 Leaks in hoses or bottles	<input type="checkbox"/>	53 Lifting points (damage/wear)	<input checked="" type="checkbox"/>		
11 Powered platforms	<input type="checkbox"/>	32 Noise (extreme)	<input type="checkbox"/>	<b>UG HAZARDS</b>	<input type="checkbox"/>	<b>ENSURE PPE REQUIREMENTS</b>	<input type="checkbox"/>
12 Others working overhead/below	<input checked="" type="checkbox"/>	33 Combustible material in area	<input type="checkbox"/>	54 Cap lamp inspected	<input type="checkbox"/>	Eye/head protection	<input checked="" type="checkbox"/>
13 Fall (fall arrest/100% tie off)	<input type="checkbox"/>	34 Airborne particles	<input type="checkbox"/>	55 Self-Rescuer inspected	<input type="checkbox"/>	Hearing protection	<input checked="" type="checkbox"/>
14 Tie point identified	<input type="checkbox"/>	35 Arc flash	<input type="checkbox"/>	56 Tag in and out	<input type="checkbox"/>	Limb and body protection	<input checked="" type="checkbox"/>
15 Ladders	<input checked="" type="checkbox"/>	<b>ENVIRONMENTAL HAZARDS</b>	<input type="checkbox"/>	57 Ventilation fan on	<input type="checkbox"/>	Hand protection	<input checked="" type="checkbox"/>
<b>ACCESS/EGRESS HAZARDS</b>		36 Spill potential	<input checked="" type="checkbox"/>	58 Back/rib screened	<input type="checkbox"/>	Foot protection	<input checked="" type="checkbox"/>
16 Aerial lift/man basket (inspected)	<input type="checkbox"/>	37 Weather conditions	<input checked="" type="checkbox"/>		<input type="checkbox"/>	Respirator	<input checked="" type="checkbox"/>
17 Scaffold (inspected & tagged)	<input type="checkbox"/>	38 Dust	<input checked="" type="checkbox"/>	<b>REVIEWED AT TAILBOARD</b>	<input type="checkbox"/>	Additional PPE required:	<input type="checkbox"/>
18 Ladders (tied off)	<input type="checkbox"/>	39 Ventilation	<input checked="" type="checkbox"/>	Fire extinguisher location	<input checked="" type="checkbox"/>	_____	<input type="checkbox"/>
19 Slips/trips	<input checked="" type="checkbox"/>	40 Heat stress/cold exposure	<input checked="" type="checkbox"/>	First aid room	<input checked="" type="checkbox"/>	_____	<input type="checkbox"/>
20 Hoisting (tools/equipment)	<input type="checkbox"/>	41 Other workers in area	<input checked="" type="checkbox"/>	Safety shower/eyewash	<input checked="" type="checkbox"/>	_____	<input type="checkbox"/>
21 Excavations / Trenching	<input type="checkbox"/>	42 Lighting levels	<input checked="" type="checkbox"/>	Muster point	<input checked="" type="checkbox"/>	_____	<input type="checkbox"/>
22 Confined Space	<input type="checkbox"/>	43 Housekeeping	<input checked="" type="checkbox"/>	Emergency response plan	<input checked="" type="checkbox"/>	_____	<input type="checkbox"/>
		44 Ground conditions	<input checked="" type="checkbox"/>	Incident reporting	<input checked="" type="checkbox"/>	_____	<input type="checkbox"/>
				Nearest phone location	<input checked="" type="checkbox"/>	_____	<input type="checkbox"/>
				MSDS reviewed	<input type="checkbox"/>	_____	<input type="checkbox"/>

Tools/ PPE Inspected and in good order	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Mobile Equipment Inspected and in good order	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

FLHA QUALITY AUDIT

Is the FLHA current and valid for this task?  
If not, what action was taken?

Y

Have all hazards been identified?  
If no, what action was taken?

Y

Identified controls in place and being followed?  
If no, what action was taken?

Y

Are all crew members signed on?  
If no, what action was taken?

Y

AUDIT RATING  
Excellent  Coaching Applied   
Work Stopped

Date: 21 SEP 2018 Time: 7:45  
Supervisor: (print below)

Worker: (print below)

CE

All hazards requiring controls MUST be listed below along with their hazard number and how you plan to eliminate or control the hazards to safe levels

HAZARD #	PLANS TO ELIMINATE / CONTROL RISK	WORKER NAME(S) (print below)	INITIAL	JOB COMPLETION	Yes	No	N/A
	REMOVE THE ROLL CONVOYOR	CLAUDE DESCHAMBER	CD	A. Has the area been cleaned up?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	CUT THE CONVOYOR	LOUIS DESCHAMBER	LD	B. Has all flagging/tagging been removed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	REMOVE THE SHUT WORK	MATTHEW LEAH	ML	C. Are there any hazards remaining?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	CUT THE SHUT WORK	CATHY LEE	CL	D. Were there any incidents or injuries?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	REMOVE THE SHUT WORK			If yes to C or D above, explain:			

Please return FLHA to foreman at the end of each shift.



Date: 21 Sept Project Name: Garrett  
 Description of Work: Demo Unit

**FIELD LEVEL HAZARD ASSESSMENT**

Check off the hazards that apply to this task. List the item # on the other side and identify the plans to eliminate/control the risk.

<p><b>ERGONOMIC HAZARDS</b></p> <p>1 Repetitive motion <input checked="" type="checkbox"/></p> <p>2 Heavy lifting <input type="checkbox"/></p> <p>3 Awkward positions <input checked="" type="checkbox"/></p> <p>4 Over exertion <input type="checkbox"/></p> <p>5 Pinch points <input type="checkbox"/></p> <p>6 Body in line of fire <input type="checkbox"/></p> <p>7 Working above your head <input type="checkbox"/></p> <p><b>WORK AT HEIGHTS HAZARDS</b></p> <p>8 Barricades, flagging, signs <input checked="" type="checkbox"/></p> <p>9 Hole (coverings in place) <input checked="" type="checkbox"/></p> <p>10 Falling items <input checked="" type="checkbox"/></p> <p>11 Powered platforms <input type="checkbox"/></p> <p>12 Others working overhead/below <input checked="" type="checkbox"/></p> <p>13 Fall (fall arrest/100% tie off) <input type="checkbox"/></p> <p>14 Tie point identified <input type="checkbox"/></p> <p>15 Ladders <input checked="" type="checkbox"/></p> <p><b>ACCESS/EGRESS HAZARDS</b></p> <p>16 Aerial lift/man basket (inspected) <input checked="" type="checkbox"/></p> <p>17 Scaffold (inspected &amp; tagged) <input type="checkbox"/></p> <p>18 Ladders (tied off) <input checked="" type="checkbox"/></p> <p>19 Slips/trips <input checked="" type="checkbox"/></p> <p>20 Hoisting (tools/equipment) <input type="checkbox"/></p> <p>21 Excavations / Trenching <input type="checkbox"/></p> <p>22 Confined Space <input type="checkbox"/></p>	<p><b>PERSONAL LIMITATION HAZARDS</b></p> <p>23 Working alone <input type="checkbox"/></p> <p>24 Violence <input type="checkbox"/></p> <p>25 First time performing task <input type="checkbox"/></p> <p>26 Confusing instructions <input type="checkbox"/></p> <p>27 Physical limitations <input type="checkbox"/></p> <p><b>HOT WORK HAZARDS</b></p> <p>28 Welding/grinding <input checked="" type="checkbox"/></p> <p>29 Burn/Heat sources <input type="checkbox"/></p> <p>30 Compressed gases <input type="checkbox"/></p> <p>31 Leaks in hoses or bottles <input type="checkbox"/></p> <p>32 Noise (extreme) <input type="checkbox"/></p> <p>33 Combustible material in area <input type="checkbox"/></p> <p>34 Airborne particles <input type="checkbox"/></p> <p>35 Arc flash <input type="checkbox"/></p> <p><b>ENVIRONMENTAL HAZARDS</b></p> <p>36 Spill potential <input checked="" type="checkbox"/></p> <p>37 Weather conditions <input checked="" type="checkbox"/></p> <p>38 Dust <input checked="" type="checkbox"/></p> <p>39 Ventilation <input type="checkbox"/></p> <p>40 Heat stress/cold exposure <input type="checkbox"/></p> <p>41 Other workers in area <input checked="" type="checkbox"/></p> <p>42 Lighting levels <input type="checkbox"/></p> <p>43 Housekeeping <input type="checkbox"/></p> <p>44 Ground conditions <input checked="" type="checkbox"/></p> <p><b>ELECTRICAL HAZARDS</b></p> <p>45 Shock Hazard/GFI's <input type="checkbox"/></p> <p>46 Working on/near energized eq. <input type="checkbox"/></p> <p>47 Hot work/electrical permit req'd <input type="checkbox"/></p> <p>48 Electrical cords inspected <input type="checkbox"/></p> <p>49 Electrical tools inspected <input type="checkbox"/></p> <p>50 Explosive Hazard/Expl. Proof plugs <input type="checkbox"/></p> <p><b>HOISTING/RIGGING HAZARDS</b></p> <p>51 Hoisting (tools equipment) <input type="checkbox"/></p> <p>52 Load limits (slings rating) <input type="checkbox"/></p> <p>53 Lifting points (damage/wear) <input type="checkbox"/></p> <p><b>UG HAZARDS</b></p> <p>54 Cap lamp inspected <input type="checkbox"/></p> <p>55 Self-Rescuer inspected <input type="checkbox"/></p> <p>56 Tag in and out <input type="checkbox"/></p> <p>57 Ventilation fan on <input type="checkbox"/></p> <p>58 Back/rb screened <input type="checkbox"/></p> <p><b>REVIEWED AT TAILBOARD</b></p> <p>Fire extinguisher location <input checked="" type="checkbox"/></p> <p>First aid room <input checked="" type="checkbox"/></p> <p>Safety shower/eyewash <input checked="" type="checkbox"/></p> <p>Muster point <input type="checkbox"/></p> <p>Emergency response plan <input checked="" type="checkbox"/></p> <p>Incident reporting <input checked="" type="checkbox"/></p> <p>Nearest phone location <input type="checkbox"/></p> <p>MSDS reviewed <input type="checkbox"/></p>	<p><b>PROCEDURES/ PERMIT'S REQUIRED</b></p> <p>Lockout <input type="checkbox"/></p> <p>Confined Space <input type="checkbox"/></p> <p>Fall Protection <input type="checkbox"/></p> <p>Craning &amp; Rigging <input type="checkbox"/></p> <p>Hot Work <input type="checkbox"/></p> <p>Excavation <input type="checkbox"/></p> <p>JHA reviewed <input type="checkbox"/></p> <p>Permit Number <input type="checkbox"/></p>	<p><b>ENSURE PPE REQUIREMENTS</b></p> <p>Eye/head protection <input checked="" type="checkbox"/></p> <p>Hearing protection <input type="checkbox"/></p> <p>Limb and body protection <input checked="" type="checkbox"/></p> <p>Hand protection <input checked="" type="checkbox"/></p> <p>Foot protection <input checked="" type="checkbox"/></p> <p>Respirator <input checked="" type="checkbox"/></p> <p>Additional PPE required: <u>2 TYOER</u> <input type="checkbox"/></p>
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Mobile Equipment Inspected and in good order  Yes  No

Tools/ PPE Inspected and in good order  Yes  No



**GIANT MINE - GENERAL WORK PERMIT NUMBER: DCV001**

**A: General Information**

- All sections of this form must be completed, checked and visually verified at the job site by the authorized permit issuer.
- General Work Permits can be written for up to a 28 day period and must be reviewed and signed by the permit issuer and permit receiver at the beginning of each shift as work is ongoing.
- General Work Permits not reviewed within a 72 hour period shall be immediately revoked.
- All General Work Permits are to be registered with the Deton Cho Nuna Safety Department and a copy posted in the C-Dry.
- The field copy of this General Permit is to be posted at the work site along with any other Task Permits and pertinent documents.
- Attach additional information as required. In the applicable section below; identify to "SEE ATTACHED".

Location: <b>C-SHAFT HEADFRAME</b>	Work Description: <b>C-SHAFT HEADFRAME DEMOLITION OF STRUCTURES - CONTAMINATION OF HAZARDOUS MATERIALS - ASBESTOS ABATEMENT</b>
Company: <b>DELTA / CATSKR</b>	Equipment Required: <b>336 TRUCK HOV, 950 WHEELS LEASE, WHITE TRUCK 120' MAN LIFT</b>
Date: <b>SEP 15/25</b>	<input checked="" type="checkbox"/> <b>LOW RISK</b> <input type="checkbox"/> <b>MEDIUM RISK</b> <input type="checkbox"/> <b>HIGH RISK</b>

**B: Hazard Assessment**

<b>Material Hazards:</b>	<input type="checkbox"/> Ammonia <input type="checkbox"/> Arsenic <input type="checkbox"/> Asbestos <input type="checkbox"/> Chemical Contact <input type="checkbox"/> Combustible Gas <input type="checkbox"/> Cyanide <input type="checkbox"/> IDLH Atmosphere <input type="checkbox"/> Mercury/Lead <input type="checkbox"/> Molds and Fungus <input type="checkbox"/> Oxygen Deficient/Enriched <input type="checkbox"/> Other
<b>Environmental Hazards:</b>	<input type="checkbox"/> Blowing Dust <input type="checkbox"/> Distractions <input type="checkbox"/> Ground Conditions <input type="checkbox"/> High Noise <input type="checkbox"/> Insects <input type="checkbox"/> Open Holes <input type="checkbox"/> Poor Lighting <input type="checkbox"/> Slip/Trip/Fall <input type="checkbox"/> Traffic/Road Conditions <input type="checkbox"/> Weather Conditions <input type="checkbox"/> Other
<b>Equipment Hazards:</b>	<input type="checkbox"/> Buried Services <input type="checkbox"/> Fire/Flammables <input type="checkbox"/> High Voltage <input type="checkbox"/> Mechanical Hazard <input type="checkbox"/> Mobile Equipment <input type="checkbox"/> Overhead Lines <input type="checkbox"/> Pinch Points <input type="checkbox"/> Stored Energy <input type="checkbox"/> Thermal Burns <input type="checkbox"/> Welding Flash <input type="checkbox"/> Other
<b>Process Hazards:</b>	<input type="checkbox"/> Awkward Position <input type="checkbox"/> Confined Space <input type="checkbox"/> Heavy Lifting <input type="checkbox"/> Ladder Work <input type="checkbox"/> Line of Fire <input type="checkbox"/> Overhead/Crane Work <input type="checkbox"/> Repetitive Work <input type="checkbox"/> Sharp Edges <input type="checkbox"/> Working Alone <input type="checkbox"/> Working at Heights <input type="checkbox"/> Other

**C: CSA Approved PPE**

<b>Basic:</b>	<input checked="" type="checkbox"/> Ear Muffs or Plugs <input checked="" type="checkbox"/> Hard Hat (side impact) <input checked="" type="checkbox"/> Gloves for Task <input checked="" type="checkbox"/> Safety Glasses
<b>Additional:</b>	<input type="checkbox"/> Safety Goggles <input type="checkbox"/> Muffs & Plugs (>110 dba) <input type="checkbox"/> Other
<b>Environmental:</b>	<input checked="" type="checkbox"/> Contamination Gear <input checked="" type="checkbox"/> Disposable Coveralls <input checked="" type="checkbox"/> Respirator <input type="checkbox"/> Arctic Wear <input type="checkbox"/> Rain Wear <input type="checkbox"/> Other
<b>Underground:</b>	<input type="checkbox"/> Cap Lamp <input type="checkbox"/> Rubber Boots <input type="checkbox"/> UG Belt <input type="checkbox"/> W65 <input type="checkbox"/> Other

**D: Hazard Mitigation**

<b>Task Permits Required:</b>	<input checked="" type="checkbox"/> Blasting & Explosives <input checked="" type="checkbox"/> Confined Space <input checked="" type="checkbox"/> Crane and Hoisting <input checked="" type="checkbox"/> Environmental <input checked="" type="checkbox"/> Ground Disturbance <input checked="" type="checkbox"/> Hot Work <input checked="" type="checkbox"/> Working at Heights
<b>Isolation Required:</b>	<input type="checkbox"/> Blind/Blank <input checked="" type="checkbox"/> Double Block and Bleed <input checked="" type="checkbox"/> Electrical Isolation <input type="checkbox"/> Hydraulic Isolation <input type="checkbox"/> Lock out Tag Out <input type="checkbox"/> Mechanical Isolation <input type="checkbox"/> Pneumatic Isolation
<b>Equipment Required:</b>	<input checked="" type="checkbox"/> 2-way Radio <input checked="" type="checkbox"/> Barricades <input checked="" type="checkbox"/> Emergency Shower <input checked="" type="checkbox"/> Eye Wash Station <input checked="" type="checkbox"/> Fire Extinguisher <input checked="" type="checkbox"/> First Aid Kit <input type="checkbox"/> Other
<b>Documents Required:</b>	<input checked="" type="checkbox"/> All Workers Site Orientation <input checked="" type="checkbox"/> Field Level Risk Assessment <input type="checkbox"/> Formal Risk Assessment <input type="checkbox"/> MSDS Posted and Reviewed <input type="checkbox"/> SOP / SWP <input type="checkbox"/> Training Certificates <input type="checkbox"/> All Documents Submitted

Additional/Other Information/Conditions: (Identify additional; documentation, emergency contacts, hazards, specialized PPE, tools...etc...)



**GIANT MINE - GENERAL WORK PERMIT NUMBER:**

ENR Emergency	873-7181	Environment	445-7566	Fire/Ambulance	873-2222	Medic	445-3285
Mine Super.	445-1655	Poison/Hospital	669-4111	Radio Channel	Repeater	RCMP	873-1111
Safety Super.	445-2884	Security	445-5622	Security II	446-2642	Area Code	867-

**E: Permit Sign Off (All conditions from section D: are being met)**

Name	Signature	Date
Charles Knight	[Signature]	Sept 18/15
Permit Issuer:(Safety Officer)	Permit Receiver:	Safety Representative:
Permit Receiver:	Permit Receiver:	Permit Receiver:
Affected Parties*:	Affected Parties:	Affected Parties::

\*Note Affected Parties could be any other contractor or person who would be affected by work being done in the work area.

**F: Permit Renewals (Including daily review of FLRAs)**

Date	Permit Issuer	Permit Receiver	Permit Time	Finish Time	Date	Permit Issuer	Permit Receiver	Permit Time	Finish Time
15.	CE	CE	19:00	19:00hrs	15.				
16.	CE	CE	2:00	19:00hrs	16.				
17.	CE	CE	7:00	19:00	17.				
18.	CE	CE	7:00	19:00	18.				
19.	CE	CE	07:00		19.				
20.					20.				
21.					21.				
22.					22.				
23.					23.				
24.					24.				
25.					25.				
26.					26.				
27.					27.				
28.					28.				

**H: Permit Completion Sign Off**

Permit Holder:	Signature	Date
Permit Issuer:		
Safety Representative:		
Field copy returned to issuer	<input type="checkbox"/>	
Site condition is acceptable	<input type="checkbox"/>	
Contractor has cleared site	<input type="checkbox"/>	
Job Complete	<input type="checkbox"/>	



GIANT MINE - GENERAL WORK PERMIT NUMBER: \_\_\_\_\_

NCL 009

G: Crew Sign Off: I acknowledge that I have reviewed this Work Permit and agree to its terms and conditions.

Print Name	Signature	Date
Bob Johnson	<i>[Signature]</i>	Sept. 18/15
Pascal Joiner	<i>[Signature]</i>	Sept. 18/15
MARTIN ROMPER	<i>[Signature]</i>	Sept 18/15
CIAVO DOSCHESDES	<i>[Signature]</i>	Sept 18/15
COABRIE COUSDA	<i>[Signature]</i>	Sept 18-15
KURT STEWART	<i>[Signature]</i>	Sept 18/15
PATRICE DEAN	<i>[Signature]</i>	Sept. 18/2015
DARCY COO	<i>[Signature]</i>	Sept 18/15
LOUIS DESCHESDES	<i>[Signature]</i>	Sept 18/15
JIMMY WILCOX	<i>[Signature]</i>	Sept 18/15
SARAH BRESTEN	<i>[Signature]</i>	Sept 18, 2015
SHAUN CARTER	<i>[Signature]</i>	Sept 19/15









SECTION 1: GENERAL INFORMATION

# FALL PROTECTION (PLAN)

Legally required to be filled out every time a worker dons a harness to work above 6 feet

Job: HEAD FRAME STRUCTURES DECONSTRUCTION

Company Name: DELTA CARTER

Who is filling this plan out? (Name): CELLER CROOK

Shift 1 (Date)	Shift 2 (Date)	Shift 3 (Date)	Shift 4 (Date)	Shift 5 (Date)	Shift 6 (Date)	Shift 7 (Date)
SEPT 19/2015	SEPT 20/2015	SEPT 21/2015	SEPT 22/2015	SEPT 23/2015	SEPT 24/2015	SEPT 24/2015
Foreman's/GF Approval						

## SECTION 2: ASSESSING THE WORK AREA - IDENTIFYING FALL HAZARDS

<b>Work Platforms:</b>	<b>FALL PROTECTION IS REQUIRED WHEN ANY (one or more) BOX BELOW IS MARKED.</b>
When working from a <b>Permanent</b> or <b>Temporary</b> platform	<input checked="" type="checkbox"/> The fall distance is greater than 6 feet <input type="checkbox"/> The fall distance is less than 6 feet <b>and</b> <input type="checkbox"/> And the fall distance is between 4 feet and 6 feet, in which case...
When working from a <b>Permanent</b> platform	<input type="checkbox"/> There is an unusual risk of injury if I fall. <input type="checkbox"/> A travel restraint system is the preferred fall protection system. <input type="checkbox"/> If a travel restraint system is not possible, then a fall arrest system is required.
<b>Ladders:</b>	<b>FALL PROTECTION IS REQUIRED WHEN ANY (one or more) BOX BELOW IS MARKED.</b>
When working from a <b>fixed ladder</b>	<input type="checkbox"/> The fall distance is greater than 6 feet <input type="checkbox"/> The fall distance is less than 6 feet <b>and</b> <input type="checkbox"/> And the fall distance is greater than 6 feet and one or more of the following exists...
When working from a <b>Portable extension ladder</b>	<input type="checkbox"/> There is an unusual risk of injury if I fall. <input type="checkbox"/> Overall fall-distance is greater than 20 feet. <input type="checkbox"/> If I cannot maintain 3 point contact. <input type="checkbox"/> If I have to move <b>outside</b> of the ladder's centerline. <input type="checkbox"/> If I cannot stabilize or secure the ladder. <input type="checkbox"/> If the ladder is at an angle other than 4:1. <input type="checkbox"/> If the ladder is too short or extends less than 3 feet above the landing onto which I'll exit.
When working from a <b>Portable step ladder</b>	<input type="checkbox"/> And the fall distance is less than 6 feet <b>and</b> there is an unusual risk of injury if I fall <b>and</b> one or more of the following exists... <input type="checkbox"/> And the fall distance is greater than 6 feet and one or more of the following exists...
<b>Scaffolds:</b>	<b>FALL PROTECTION IS REQUIRED WHEN ANY (one or more) BOX BELOW IS MARKED.</b>
When working from an incomplete scaffold <b>OR</b> scaffold under construction	<input type="checkbox"/> And the fall distance is less than 6 feet and there is an unusual risk of injury if I fall <b>and</b> one or more of the following exists... <input type="checkbox"/> Overall fall-distance is greater than 20 feet. (e.g. Working next to a hand rail) <input type="checkbox"/> If I cannot maintain 3 point contact. <input type="checkbox"/> If I have to move <b>outside</b> of the ladder's centerline. <input type="checkbox"/> If I cannot maintain 3 point contact. <input type="checkbox"/> If I have to move <b>outside</b> of the ladder's centerline.
<b>Aerial Work Platforms (AWP)</b>	<b>FALL PROTECTION IS REQUIRED WHEN ANY (one or more) BOX BELOW IS MARKED.</b>
When working from a self propelled boom supported elevating platform or crane basket	<input checked="" type="checkbox"/> Elevating platform or crane basket leaves the ground <b>OR</b> the aerial device is moving, in which case I must immediately attach fall protection to an approved anchor on the elevating platform.

**SECTION 3: SELECTING ALL PROTECTION EQUIPMENT & ANCHOR POINTS - IDENTIFY ALL FALL PROTECTION EQUIPMENT**

<input checked="" type="checkbox"/> Anchor Sling <input checked="" type="checkbox"/> Beam Camp <input type="checkbox"/> Engineered Anchor (AWP, Lug) <input type="checkbox"/> Engineered Anchor (Strong-back beam) <input type="checkbox"/> Ladder Climbing Rail Grab <input type="checkbox"/> Lifeline - Horizontal <input type="checkbox"/> Lifeline - Vertical With <input type="checkbox"/> Rope Grab	<input type="checkbox"/> Tripod <input type="checkbox"/> Winch <input type="checkbox"/> Carabiner Attached To <input type="checkbox"/> Double Lanyard With Shock Absorber <input type="checkbox"/> Single Lanyard With Shock Absorber <input type="checkbox"/> (no longer accepted on Nuna worksites) <input type="checkbox"/> Retractable Lifeline / SRL	<input type="checkbox"/> Retractable Lifeline with Integral Retrieval System <input checked="" type="checkbox"/> Harness Type A: Back D-Ring <input type="checkbox"/> Harness Type D: Front D-Ring <input type="checkbox"/> Harness Type E: Shoulder D-Rings <input type="checkbox"/> Harness Type L: Ladder Climbing <input type="checkbox"/> Harness Type P: Pole Climbing <input type="checkbox"/> Other: <input type="checkbox"/> Other: <input type="checkbox"/> Other: <input type="checkbox"/> Other:
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**Identify Anchor Points to be Used:**  Engineered  Temporary: (Specify) ANCHOR SWING-BEAM CLAMP  
**Anchor Connector to be Used:**  Carabiner  Double Locking Snap Hook  Other:  
 Supervisor and worker visually inspected the anchor points to be used.  The anchor point is free of any visual damage.  Fall protection anchor is independent of load or platform anchors.  
 What is the clearance distance below the work area?: 10'  
 Foreman/GF Name for review: CLAUDE DESCHAMPS / KURT STEWART

**SECTION 4: IMPLEMENTING A FALL PROTECTION SYSTEM - ASSEMBLING FALL PROTECTION EQUIPMENT**

Check off the boxes below if they apply and using them as a guide, describe how and when the fall protection equipment will be installed and who will install it.

<input checked="" type="checkbox"/> Inspect equipment <input checked="" type="checkbox"/> Install equipment so that it limits free-fall distance to a 3 foot maximum without a shock absorber or 6 foot maximum with a shock absorber. <input type="checkbox"/> Anchor to engineered anchor point on AWP. <input checked="" type="checkbox"/> Install overhead retractable lifeline with tagline. <input type="checkbox"/> Install rope grab and vertical lifeline. <input type="checkbox"/> Using pre engineered horizontal lifeline.	<input checked="" type="checkbox"/> Establish a control zone with ribbon and tags. <input type="checkbox"/> Anchor fall protection to scaffold with permission and instruction of a scaffold installer. <input type="checkbox"/> Put together travel restraint anchor, lanyard, and connecting hardware. <input type="checkbox"/> Use engineered ladder climbing fall protection system. <input type="checkbox"/> Install tripod with winch. <input type="checkbox"/> Verify horizontal lifeline is inspected up to date (5 years)
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**Description of system being used i.e. Fall Arrest, Travel Restraint:** FALL ARREST

**SECTION 5: DOCUMENTING THE RESCUE PLAN - CHOOSING THE RESCUE METHOD**

<input checked="" type="checkbox"/> Self Rescue <input checked="" type="checkbox"/> Person Lift (AWP/Crane Basket) <input type="checkbox"/> Retractable lifeline with integral retrieval system <input type="checkbox"/> An established fall-rescue plan that the site's high angle rescue team will use. (Attach if required)	<input type="checkbox"/> Tripod and Winch <input type="checkbox"/> Rescue Team <input checked="" type="checkbox"/> Ladder <input type="checkbox"/> Other
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**NOTE: If a worker devises a new or untested rescue plan, then he/she must review the plan with the rescue team to guarantee its workability.**

Describe the rescue method to be used (if required)

**SECTION 6: IMPLEMENTING THE RESCUE PLAN - INITIATING THE RESCUE PLAN**

In the event that any other worker on the job falls in fall protection equipment, the following rescue plan will be implemented.

<input checked="" type="checkbox"/> Worker will self-rescue <input checked="" type="checkbox"/> Worker will call for help using radio or other pre-identified plan. <input checked="" type="checkbox"/> Co-worker(s) working with the worker will implement the rescue plan by radio or conduct the rescue plan if a retrieval system is in place. <input checked="" type="checkbox"/> Establish an attending worker.	Attending worker name: <u>CLAUDE DESCHAMPS / KURT STEWART</u> Contact FOR HELP Method and Info: <u>Radio</u> <u>Cell Phone</u> Air Horn
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