Delta Engineering Ltd. | **Carter Industries Limited**

Giant Mine C-Shaft Head Frame Deconstruction Project

Daily Tailgate

Job #: 14-002 Site: Giant Mine Supervisor: CLELL CROCK Date: SEPT 19, 2015

Weather PARTLY CLOUDY. Temp: +9°C Wind Speed: _____ Windchill: _____

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

CONVEYOR HOUSES - CLEAN UP NON HAZARDOUS & HAZARDOUS WASTE
SCREEN HOUSE - CLEAN UP NON HAZARDOUS & HAZARDOUS WASTE
MILL CRUSHER - CLEAN UP NON HAZARDOUS & HAZARDOUS WASTE.

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

PERSONAL PROTECTIVE EQUIPMENT

☑	Hard Hat (CSA Approved)	☑	Reflective Clothing
☑	Safety Boots (CSA Approved)	☑	Gloves
☑	Eye Protection (CSA Approved)	☑	Hearing Protection
☑	Fall Arrest Harness — AS REQ'D.	☑	1/2 Mask

TYVEK SUITS

Incidents Reviewed / Action(s) To Be Taken:

Topic Discussion:

- PERMITS REQUIRED FOR 1 BLASTING & EXPLOSIVES, 2 CONFINED SPACE 3 CRANE & HOISTING, 4 ENVIRONMENTAL, 5 GROUND DISTURBANCE 6 HOT WORK, 7 WORKING AT HEIGHTS.
- FIELD LEVEL HAZARD ASSESSMENTS : SUPERVISORS WITH CREWS, AIR MONITOR, INDIVIDUALS AS REQ'D.
- AIR MONITORING - 3 WORK AREAS, FULL ARRAY (ARSENIC, ASBESTOS, SILICA)

Concerns:

What are we going to do today to improve safety?

What are the Environmental Aspects?

FOR CONTACT COMMS. (COMMUNICATION)

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

FIRE EXTINGUISHER, DAILY SITE INSPECTION.

Safety Notices Discussed:

Attendee(s): No. In Crew _____ Total No. Of Attendees _____

Print	Company	Signature	
KURT STEWART	Delta / Cartur		
Stanley Cook	Delta / Cartur		
Darcy P Cook	Delta / Cartur		
Charles Kluger	WUNA		
PATRICE Jean	CMJ		
GABRIEL COURSOL	CMJ		
Louis Deschesnes	CMJ		
Sarah Preston	PARSONS		
Pascal Poirier	Col. Rb. Eaton		
Bob Johnson	Delta		
Danny Wallace	Parsons		

Project Manager

Site Superintendent

Date SEPT 19/2015

DETON'CHO NUNA

Working at Heights Permit

Time/Date: 09:00 hrs SEPT 19, 2015

Location: C-SHAFT HEAD FRAME DECONSTRUCTION

Work to be completed: HEAD FRAME DECONSTRUCTION ACTIVITIES

Permit to be Posted in Immediate Work Area
All Precautions Must be Checked Off

- [x] Workers Trained and Certified
- [x] All Applicable Procedures Reviewed
- [x] All Inspections and Checklists Complete
- [x] Field Level Risk Assessment Completed.
- [x] Communication System Established
- [x] Working at Heights Training and Certification
- [x] Fall Protection Plan Completed
- [ ] Highline Designed by an Engineer (where applicable)
- [x] Anchorage Rated for 5000 pounds (different anchor for each worker)
- [x] Barricade/Warning Signs in Place and Spotter (if required)
- [x] Free Fall Distance No Greater than 1.2m
- [x] Full Body Harness at All Times

Working at Heights Permit # DCU 002

In Accordance with all applicable parts of NT/NU Mine Health and Safety Act and Regulations including; 1.91 – 1.104, 1.126 – 1.131, 8.11, 8.16 (1), 10.133, and AN/CSA-Z259.10-M90, Z259.12-01M99, Z259.1-95 (R1999), Z259.11-M92 (R1998), Z259.2-M1979

A Working at Heights Permit is required any time that work is to be performed at a height of greater than 1.82m (6 ft), within 3m of an open hole or edge, or where a fall hazard may exist. At heights below 1.82m travel restraint is preferred over fall arrest.

Guardrails must be installed on any scaffold, temporary work staging, or permanent platform or walkway from which a person could fall more than 1.5 meters (5 feet).

No Working at Heights is permitted until:

a) A Working at Heights permit is completed.
b) This permit is posted in a conspicuous location at the work place.
c) A Fall Protection Plan is completed
d) The working at heights supervisor (including all workers involved) has reviewed all hazards associated with the task.
e) The NUNA PROCEDURE *IV-0035 Fall Protection Elevated Work* has been reviewed with all workers.

Crew Record (attach list if required)

Print	Signature
CLAUDE DESCH	[signature]
K Scote	[signature]
D Cook	Patrice [signature]
Dale Coend	

Permit Issuer (Qualified Safety Officer or Person)

Print	Signature
Charles Harp [illegible]	[signature]

Permit Receiver

Print	Signature
CLELL CROOK	Clell Crook

SEPT 20, 2015
Sep 21, 2015
[initials]

NUNA Group of Companies

FALL PROTECTION (PLAN)

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

SECTION 1: GENERAL INFORMATION

Jobsite: C-SHAFT HEAD FRAME DECONSTRUCTION

Company Name: DELTA / CARTER

Job: HEAD FRAME STRUCTURES DECONSTRUCTION

Who is filling this plan out? (Name): CLELL 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	Foreman's/GF Approval	Foreman's/GF Approval	Foreman's/GF Approval	Foreman's/GF Approval	Foreman's/GF Approval	Foreman's/GF Approval
CC /	CC /					

SECTION 2: ASSESSING THE WORK AREA - IDENTIFYING FALL HAZARDS

Work Platforms:	FALL PROTECTION IS REQUIRED WHEN ANY (one or more) BOX BELOW IS MARKED.	
When working from a ***Permanent*** or ***Temporary*** platform	☑ The fall distance is greater than 6 feet	
	☐ The fall distance is less than 6 feet ***and***	☐ There is an unusual risk of injury if I fall.
When working from a ***Permanent*** platform	☐ And the fall distance is between 4 feet and 6 feet, in which case...	☐ A travel restraint system is the preferred fall protection system. ☐ If a travel restraint system is not possible, then a fall arrest system is required.
Ladders:	**FALL PROTECTION IS REQUIRED WHEN ANY (one or more) BOX BELOW IS MARKED.**	
When working from a ***fixed ladder*** →	☐ The fall distance is greater than 6 feet	
	☐ The fall distance is less than 6 feet ***and*** →	☐ There is an unusual risk of injury if I fall.
When working from a ***Portable extension ladder*** →	☐ And the fall distance is greater than 6 feet and one or more of the following exists... →	☐ *Overall* fall-distance is greater than 20 feet. ☐ If I cannot maintain 3 point contact. ☐ If I have to move *outside* of the ladder's centerline. ☐ If I cannot stabilize or secure the ladder. ☐ If the ladder is at an angle other than 4:1. ☐ If the ladder is too short or extends less than 3 feet above the landing onto which I'll exit.
	☐ And the fall distance is less than 6 feet **and there is an unusual risk of injury** if I fall ***and*** one or more of the following exists... →	☐ If I cannot maintain 3 point contact. ☐ If I have to move *outside* of the ladder's centerline. ☐ If I cannot stabilize or secure the ladder. ☐ If the ladder is at an angle other than 4:1. ☐ If the ladder is too short or extends less than 3 feet above the landing onto which I'll exit.
When working from a ***Portable step ladder*** →	☐ And the fall distance is greater than 6 feet and one or more of the following exists... →	☐ Overall fall-distance is greater than 20 feet. (e.g. Working next to a hand rail) ☐ If I cannot maintain 3 point contact. ☐ If I have to move *outside* of the ladder's centerline.
	☐ And the fall distance is less than 6 feet and there is an unusual risk of injury if I fall ***and*** one or more of the following exists...	☐ If I cannot maintain 3 point contact. ☐ If I have to move *outside* of the ladder's centerline.
Scaffolds:	**FALL PROTECTION IS REQUIRED WHEN ANY (one or more) BOX BELOW IS MARKED.**	
When working from an **incomplete scaffold *OR* scaffold under construction**	☐ And the fall distance is greater than 6 feet and one or more of the following exists... →	☐ The tag requires fall protection. ☐ The scaffold has no tag.
	☐ And the fall distance is less than 6 feet and there is an unusual risk of injury if I fall. →	
Aerial Work Platforms (AWP)	**FALL PROTECTION IS REQUIRED WHEN ANY (one or more) BOX BELOW IS MARKED.**	
When working from a **self propelled boom supported elevating platform or crane basket**	☑ Elevating platform or crane basket leaves the ground ***OR*** 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 FALL PROTECTION EQUIPMENT & ANCHOR POINTS* - IDENTIFY ALL FALL PROTECTION EQUIPMENT

- ☑ Anchor Sling
- ☑ Beam Camp
- ☐ Engineered Anchor (AWP, Lug)
- ☐ Engineered Anchor (Strong-back beam)
- ☐ Ladder Climbing Rail Grab
- ☐ Lifeline - Horizontal
- ☐ Lifeline - Vertical With _____
- ☐ Rope Grab
- ☐ Tripod
- ☐ Winch
- ☐ Carabineer Attached To _____
- ☐ Double Lanyard With Shock Absorber
- ☐ Single Lanyard With Shock Absorber (no longer accepted on Nuna worksites)
- ☐ Retractable Lifeline / SRL
- ☐ Retractable Lifeline with Integral Retrieval System
- ☑ Harness Type A: Back D-Ring
- ☐ Harness Type D: Front D-Ring
- ☐ Harness Type E: Shoulder D-Rings
- ☐ Harness Type L: Ladder Climbing
- ☐ Harness Type P: Pole Climbing
- ☐ Other: _____
- ☐ Other: _____
- ☐ Other: _____
- ☐ Other: _____

Identify Anchor Points to be Used: ☐ Engineered ☑ Temporary: (Specify) ANCHOR SLING/BEAM CLAMP

Anchor Connector to be Used: ☑ Carabineer ☑ 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.

Foreman/GF Name for review: CLAUDE OELSCHLAGER/KURT STEWART What is the clearance distance below the work area?: 10'

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.

- ☑ Inspect equipment
- ☑ 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.
- ☐ Anchor to engineered anchor point on AWP.
- ☑ Install overhead retractable lifeline with tagline.
- ☐ Install rope grab and vertical lifeline.
- ☐ Using pre engineered horizontal lifeline.
- ☑ Establish a control zone with ribbon and tags.
- ☐ Anchor fall protection to scaffold with permission and instruction of a scaffold installer.
- ☐ Put together travel restraint anchor, lanyard, and connecting hardware.
- ☐ Use engineered ladder climbing fall protection system.
- ☐ Install tripod with winch.
- ☐ Verify horizontal lifeline is inspected up to date (5 years)

Description of system being used i.e. Fall Arrest, Travel Restraint: FALL ARREST

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

☑ Self Rescue ☑ Person Lift (AWP/Crane Basket) ☐ Tripod and Winch ☐ Rescue Team ☑ Ladder ☐ Other _____

☐ Retractable lifeline with integral retrieval system

☐ An established fall-rescue plan that the site's high angle rescue team will use. (Attach if required)

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.

☑ Worker will self-rescue

☑ Worker will call for help using radio or other pre-identified plan.

☑ 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.

☑ Establish an attending worker.

Attending worker name: CLAUDE OELSCHLAGER/KURT STEWART **Contact 'FOR HELP' Method and Info:** Radio Cell Phone (CIRCLE) Air Horn

Carter Industries Limited

Date: SEPT 19 Project Name: DEMOLITION

Description of Work: DEMOLITION

[redacted] Construction Ltd.

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.

ERGONOMIC HAZARDS

1	Repetitive motion	☑
2	Heavy lifting	☐
3	Awkward positions	☑
4	Over exertion	☐
5	Pinch points	☐
6	Body in line of fire	☐
7	Working above your head	☑

WORK AT HEIGHTS HAZARDS

8	Barricades, flagging, signs	☑
9	Hole (coverings in place)	☑
10	Falling items	☑
11	Powered platforms	☑
12	Others working overhead/below	☑
13	Fall (fall arrest/100% tie off)	☑
14	Tie point identified	☑
15	Ladders	☑

ACCESS/EGRESS HAZARDS

16	Aerial lift/man basket (inspected)	☑
17	Scaffold (inspected & tagged)	☐
18	Ladders (tied off)	☐
19	Slips/trips	☑
20	Hoisting (tools/equipment)	☐
21	Excavations / Trenching	☑
22	Confined Space	☐

PERSONAL LIMITATION HAZARDS

23	Working alone	☐
24	Violence	☐
25	First time performing task	☐
26	Confusing instructions	☐
27	Physical limitations	☐

HOT WORK HAZARDS

28	Welding/grinding	☐
29	Burn/Heat sources	☐
30	Compressed gases	☐
31	Leaks in hoses or bottles	☐
32	Noise (extreme)	☐
33	Combustible material in area	☐
34	Airborne particles	☐
35	Arc flash	☐

ENVIRONMENTAL HAZARDS

36	Spill potential	☑
37	Weather conditions	☑
38	Dust	☑
39	Ventilation	☐
40	Heat stress/cold exposure	☐
41	Other workers in area	☑
42	Lighting levels	☑
43	Housekeeping	☑
44	Ground conditions	☑

ELECTRICAL HAZARDS

45	Shock Hazard/GFI's	☐
46	Working on/near energized eq.	☐
47	Hot work/electrical permit req'd	☐
48	Electrical cords inspected	☐
49	Electrical tools inspected	☐
50	Explosive Hazard/Expl. Proof plugs	☐

HOISTING/RIGGING HAZARDS

51	Hoisting (tools equipment)	☐
52	Load limits (slings rating)	☐
53	Lifting points (damage/wear)	☐

UG HAZARDS

54	Cap lamp inspected	☐
55	Self-Rescuer inspected	☐
56	Tag in and out	☐
57	Ventilation fan on	☐
58	Back/rib screened	☐

REVIEWED AT TAILBOARD

Fire extinguisher location	☑
First aid room	☑
Safety shower/eyewash	☑
Muster point	☑
Emergency response plan	☑
Incident reporting	☑
Nearest phone location	☑
MSDS reviewed	☐

PROCEDURES/ PERMIT'S REQUIRED

	Req'd	In Place
Lockout	☐	☐
Confined Space	☐	☐
Fall Protection	☐	☐
Craning & Rigging	☐	☐
Hot Work	☐	☐
Excavation	☐	☐
JHA reviewed	☐	☐

Permit Number _____

ENSURE PPE REQUIREMENTS

Eye/head protection	☐
Hearing protection	☐
Limb and body protection	☐
Hand protection	☐
Foot protection	☐
Respirator	☐
Additional PPE required:	☐
_____	☐
_____	☐

Tools/ PPE	Yes	No
Inspected and in good order	☐	☐

Mobile Equipment Inspected and in good order

Yes	No
☐	☐

FLHA QUALITY AUDIT

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

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

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

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

AUDIT RATING
Excellent ☐ Coaching Applied ☐
Work Stopped ☐

Date: SAT 14/15 **Time:**_____
Supervisor: (print below)

_____

Worker: (print below)

_____

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
	CLEAN UP THE LAND
	CLEAN UP THE CONVEYOR
	CLEAN UP THE SCREEN HOUSE

WORKER NAME(s) (print below)	INITIAL
CLAUDE DESCHESNES	CD
LOUIS DESCHESNES	L.D
GABRIEL COUTSOL	GC
Patrice Jean	P.J.

JOB COMPLETION	Yes	No	N/A
A. Has the area been cleaned up?	☑	☐	☐
B. Has all flagging/tagging been removed	☐	☑	☐
C. Are there any hazards remaining?	☐	☑	☐
D. Were there any incidents or injuries?	☐	☑	

If yes to C or D above, explain:

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

[redacted]

Date: Sept 19/15 Project Name: Giant Mine

Description of Work: Conveyor houses (clean + remove debris)

[redacted] Construction Ltd.

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.

ERGONOMIC HAZARDS

1	Repetitive motion	☑
2	Heavy lifting	☑
3	Awkward positions	☑
4	Over exertion	☐
5	Pinch points	☑
6	Body in line of fire	☐
7	Working above your head	☑

WORK AT HEIGHTS HAZARDS

8	Barricades, flagging, signs	☐
9	Hole (coverings in place)	☐
10	Falling items	☑
11	Powered platforms	☐
12	Others working overhead/below	☑
13	Fall (fall arrest/100% tie off)	☐
14	Tie point identified	☐
15	Ladders	☑

ACCESS/EGRESS HAZARDS

16	Aerial lift/man basket (inspected)	☐
17	Scaffold (inspected & tagged)	☐
18	Ladders (tied off)	☐
19	Slips/trips	☑
20	Hoisting (tools/equipment)	☐
21	Excavations / Trenching	☐
22	Confined Space	☐

PERSONAL LIMITATION HAZARDS

23	Working alone	☐
24	Violence	☐
25	First time performing task	☑
26	Confusing instructions	☐
27	Physical limitations	☑

HOT WORK HAZARDS

28	Welding/grinding	☐
29	Burn/Heat sources	☐
30	Compressed gases	☐
31	Leaks in hoses or bottles	☐
32	Noise (extreme)	☐
33	Combustible material in area	☐
34	Airborne particles	☐
35	Arc flash	☐

ENVIRONMENTAL HAZARDS

36	Spill potential	☑
37	Weather conditions	☑
38	Dust	☑
39	Ventilation	☑
40	Heat stress/cold exposure	☑
41	Other workers in area	☑
42	Lighting levels	☑
43	Housekeeping	☑
44	Ground conditions	☑

ELECTRICAL HAZARDS

45	Shock Hazard/GFI's	☐
46	Working on/near energized eq.	☐
47	Hot work/electrical permit req'd	☐
48	Electrical cords inspected	☑
49	Electrical tools inspected	☑
50	Explosive Hazard/Expl. Proof plugs	☐

HOISTING/RIGGING HAZARDS

51	Hoisting (tools equipment)	☐
52	Load limits (slings rating)	☑
53	Lifting points (damage/wear)	☑

UG HAZARDS

54	Cap lamp inspected	☐
55	Self-Rescuer inspected	☐
56	Tag in and out	☐
57	Ventilation fan on	☐
58	Back/rib screened	☐

REVIEWED AT TAILBOARD

Fire extinguisher location	☑
First aid room	☑
Safety shower/eyewash	☐
Muster point	☑
Emergency response plan	☑
Incident reporting	☑
Nearest phone location	☑
MSDS reviewed	☐

PROCEDURES/ PERMIT'S REQUIRED

	Req'd	In Place
Lockout	☐	☐
Confined Space	☐	☐
Fall Protection	☐	☐
Craning & Rigging	☐	☐
Hot Work	☐	☐
Excavation	☐	☐
JHA reviewed	☐	☐

Permit Number _____

ENSURE PPE REQUIREMENTS

Eye/head protection	☑
Hearing protection	☑
Limb and body protection	☐
Hand protection	☑
Foot protection	☑
Respirator	☑
Additional PPE required:	☐
_____	☐
_____	☐

Tools/ PPE Inspected and in good order	Yes	No
	☑	☐

Mobile Equipment Inspected and in good order	Yes	No
	☑	☐

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 19/15 **Time:** 7 AM

Supervisor: (print below)

Kurt Stewart

Worker: (print below)

CC.

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
	Conveyor Houses – clean – remove debris – remove hazardous waste if any – prep for demolition

WORKER NAME(s) (print below)	INITIAL
Darryl Cook	
Stanley Cook	

JOB COMPLETION	Yes	No	N/A
A. Has the area been cleaned up?	☑	☐	☐
B. Has all flagging/tagging been removed	☐	☐	☑
C. Are there any hazards remaining?	☐	☑	☐
D. Were there any incidents or injuries?	☐	☑	

If yes to C or D above, explain:

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

[redacted]