



Giant Mine C-Shaft Head Frame Deconstruction Project

Daily Tailgate

Job #: 14-002 Site: Giant Mine

Supervisor: CLARENCE

Date: SEPT 20, 2015

Weather: OVERCAST

Temp: +7 Wind Speed: _____ Windchill: _____

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

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

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"/> Overhead Protection	<input checked="" type="checkbox"/> Barriers	<input checked="" type="checkbox"/> Toe Boards	<input checked="" type="checkbox"/> Signage
Utilities	<input checked="" type="checkbox"/> Water	<input checked="" type="checkbox"/> Gas	<input checked="" type="checkbox"/> Power (over/under)	<input checked="" type="checkbox"/> Sewer
Crane	<input checked="" type="checkbox"/> Tag Lines	<input checked="" type="checkbox"/> Signalman	<input checked="" type="checkbox"/> Swing Radius	<input checked="" type="checkbox"/> Rigging
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
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
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
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
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
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
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

PERSONAL PROTECTIVE EQUIPMENT

- Hard Hat (CSA Approved)
- Safety Boots (CSA Approved)
- Eye Protection (CSA Approved)
- Fall Arrest Harness AS READS
- Reflective Clothing
- Gloves VTYVCK SUITS
- Hearing Protection
- 1/2 Mask

Incidents Reviewed / Action(s) To Be Taken:

Topic Discussion:

- SITE SAFETY OFFICER - SHAWN CARTER
- DAILY EQUIPMENT CHECK LISTS
- EXTENDED WORK AREA TO INCLUDE THERMAL SIPHON SITES.
- FIELD LEVEL HAZARD ASSESSMENTS
- SITE DAILY SAFETY INSPECTION
- FIRE EXTINGUISHER CHECKS.

Concerns:

What are we going to do today to improve safety?

GOOD HOUSE KEEPING AT WORK AREAS.

What are the Environmental Aspects?

WEATHER,

Inspections (Planned) Conducted (give details):

Aerial work platform; fall protection check; hot work permits; confined space; working at heights; equipment pre-ops; critical lifts

EQUIPMENT CHECKS, FIRE EXTINGUISHERS

Safety Notices Discussed:

HOT WORK PERMIT

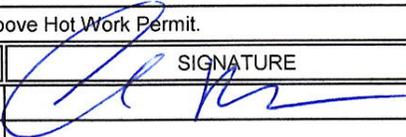
DEFINITION - Hot Work is any process which because of its design or function can cause ignition of a gaseous or vaporous atmosphere due to direct or indirect contact.

PROCEDURE - A hot work permitting program will be required on all sites when sources may be introduced. The Site Safety/Competent person is responsible for all site Hot Work permitting. A copy of this permit must be posted at the area where Hot Work activities are occurring.

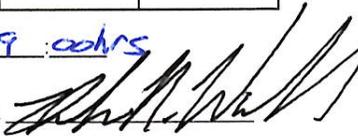
The Site Safety/Competent person has surveyed the site and found the following Hot Work condition(s) do or may exist at , and will require permitting.

CONDITION	YES	NO	N/A	CONDITION	YES	NO	N/A
Welding	✓	✗		Electrical Equipment, fixed			
Cutting	✓			Electrical equipment, portable			
Use of Power Tools	✓			Electrical Equipment, hand-held			
Space Heaters	✓			Others:			

PRE-WORK CHECKLIST All items must be completed for permit to be valid	YES	NO	N/A
Has the work area been inspected by the Site Safety/Competent person prior to Hot Work beginning?	✓		
Has a fire watch been established? Name: <u>SHAWN CARTER</u>	✓		
Is the fire extinguisher appropriate for the media?/ Readily accessible? Type: <u>20lb ANSUL X2</u>	✓		
Is the work area clear of all trash and combustible debris?	✓		
Is the welding/cutting equipment properly grounded?	✓		
Are the flash arresters installed in each cutting/welding cylinder?	✓		
Has the area been monitored for combustible atmosphere, carbon monoxide, and oxygen deficiency?			✓
If not, why? <u>- CLEAR OPEN AIR / TUR VENTILATION</u>			
Will combustible gas indicators(s) (CGI) and carbon monoxide and oxygen meters be used constantly during Hot Work?		✓	
If not, why? <u>NOT REQUIRED</u>			
List additional personal protective equipment (PPE) worn: <u>FACE SHIELDS, WELDING/CUTTING GOGGLES</u>	✓		
Is welding or cutting on closed systems prohibited?	✓		
Are closed system cutting procedures established?			✓

HOT WORK TEAM SIGN-OFF		
I/we have read and understand the terms of the above Hot Work Permit.		
NAME (PLEASE PRINT CLEARLY)	SIGNATURE	DATE/TIME
<u>CLAUDR DESCHENES</u>		

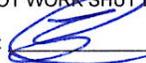
DATE 20/09/15 START TIME 08:00HR PERMIT EXPIRATION TIME 19:00HR
 (There should be no more than 15 minutes elapse between permit issuance and the beginning of Hot Work)

CERTIFICATION OF CONTRACTOR SITE SAFETY/COMPETENT PERSON THAT HOT WORK MAY COMMENCE 

A NEW HOT WORK PERMIT WILL BE REQUIRED at the beginning of each shift or whenever there is more than one (1) hour of no Hot Work procedure (i.e., lunch breaks, etc.).

*The above Hot Work activities at the identified location ended at (time):

CERTIFICATION OF SITE SAFETY/COMPETENT PERSON THAT THE HOT WORK AREA HAS BEEN SHUT DOWN AND THAT, UPON INSPECTION OF AT LEAST 30 MINUTES AFTER HOT WORK SHUT DOWN, THAT NO IGNITION POTENTIAL EXISTS:

SITE SAFETY/COMPETENT PERSON SIGNATURE:  TIME INSPECTED:

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: 20/09 Time:

Supervisor: (print below)

C Deschewas

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

DIMAL CLEAN UP CONVOYOR #1
REMOVING THE STRAP OPEN THE HOLE #2
CLEAN UP CONVOYOR #2

WORKER NAME(S) (print below)

CLAUDE DESCHERWAS CD
LOUIS DESCHERWAS LD
GABRIEL CONTOUR

INITIAL

JOB COMPLETION
A. Has the area been cleaned up? Yes No N/A
B. Has all flagging/tagging been removed? Yes No N/A
C. Are there any hazards remaining? Yes No N/A
D. Were there any incidents or injuries?
If yes to C or D above, explain: Yes No

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

Deschewas

20/09/09

CD



Date: Sept 2015 Project Name: Grant Mine
 Description of Work: Conveyor house (top for dome)

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



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"> a. Mechanical issues b. Towing failure c. Maintenance 	<ul style="list-style-type: none"> a. Pre-inspection before trip and as conditions change. b. See Mobilization/Demobilization of Equipment JSA c. Ensure all fluids are full and maintenance is up to date.
2. Setup Vac loader at site	<ul style="list-style-type: none"> a. Exhaust b. Fire/Explosion c. Overhead obstructions d. Pinch points e. Cuts/nicks f. Spills g. Hopper not secured 	<ul style="list-style-type: none"> 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. 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. 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. d. Keep hands or other body parts out of line of fire e. Wear minimum Kevlar Level 3 gloves f. Have spill kit at location. g. Ensure safety bar and pins are in place
3. Operating the Vac loader at unit	<ul style="list-style-type: none"> a. Noise b. Unskilled operator c. Pinch/crush points d. Emergency stop inaccessible e. Overfilling bags f. Adverse weather conditions g. Slips trips and falls 	<ul style="list-style-type: none"> a. Workers to be wearing CSA approved hearing protection during operation of the unit. Double hearing protection with plugs and muffs to be used. 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. c. Keep hand and body parts away from the moving parts of the unit and out of line of fire. 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



C-Shaft Head Frame Deconstruction

Giant Mine, NT

	<p>e. Do not fill meter bags too full. Change bag between dump cycles.</p> <p>f. Operator to be wearing clothing sufficient for the weather conditions (ie, rain, cold weather gear etc.)</p> <p>g. Be aware of any ground hazards – remove/mark where possible. Hoses/cords to be kept organized</p>		
<p>4. Using the Vac loader to perform cleanup</p>	<p>a. Only point vacuum at items that are to be vacuumed, not loose equipment/debris that is not to be vacuumed up.</p> <p>b. Keep vac hose pointed away from body 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.</p> <p>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</p> <p>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.</p> <p>e. See 3h</p> <p>f. See 2f</p> <p>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.</p> <p>h. Emergency stop with workers. If necessary, the hose can be cut to release as well. Communicate with operator immediately</p>	<p>a. High vacuum pressure (3500 cfm at 28"mercury)</p> <p>b. Bodily harm from pressure</p> <p>c. Other workers in proximity</p> <p>d. Clogging the unit</p> <p>e. Slips/trips/falls</p> <p>f. Cuts/nicks</p> <p>g. Poor communication with operator</p> <p>h. Emergency</p>	
<p>5. Job Completion</p>	<p>a. Wearing Moderate risk PPE, seal the ends of the hoses.</p> <p>b. Water wash down to rinse interior of hoses</p> <p>c. 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.</p> <p>d. Bag house/hopper is a confined space. Do not enter. Can</p>	<p>a. Contaminated hoses</p> <p>b. Contaminated baghouse/filters needing changed</p> <p>c. Confined space</p> <p>d. Incomplete shutoff</p>	



	<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>Tools/Equipment:(List tools being used, and how they are being stored if relevant to safety at the site)</p>	
<p>Vac Loader, Truck, vac hoses</p>	

<p>Personal Protection Equipment: Minimum requirements: Safety shoes, hard hat, visi-vest and gloves on person (and used as required)</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>Personal Protection Equipment: Minimum requirements: Safety shoes, hard hat, visi-vest and gloves on person (and used as required)</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>Outside Authorities: (Any authorities who need to be advised, including the site operator)</p>
<p>Parsons</p>

<p>Disposal of Surplus or Contaminated Materials: (Details including when, where, how, etc...?)</p>



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