

Job #: 14-002

Site: Giant Mine

Supervisor: CLIFF CRACK

Date: SEPT 18, 2015

Weather: _____

Temp: _____

Wind Speed: _____

Windchill: _____

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

| | | | | | |
|-------------------------|---|---|---|--|--|
| <u>BASIKING MEDICAL</u> | | | | | |
| <u>SITE WALK AROUND</u> | | | | | |
| <u>DRIVEN STATION</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"/> 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 REQ'D
- Reflective Clothing
- Gloves HYDRA-SURE
- Hearing Protection
- 1/2 Mask

Incidents Reviewed / Action(s) To Be Taken:

Topic Discussion:

- SMOKE ONLY IN DESIGNATED AREAS
- BUDDY SYSTEM
- SEWER IS STILL HOOKED UP.
- RESPIRATOR FIT TEST.

Concerns:

- COULD BE ASBESTOS PAPER LAYING ON GROUND
- CONDITION OF STRUCTURE - DETERIORATED.
- LIVE ELECTRICAL LINES

What are we going to do today to improve safety?

What are the Environmental Aspects?

WEATHER

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

EQUIPMENT PRE OPS,

Safety Notices Discussed:

Excavation Permit

In Accordance with all applicable parts of NT/NU Mine Health and Safety Act and Regulations including R 125-95 s. 1.02, 1.04, 1.128, 1.132, 1.136, 1.159, 1.33, 1.61, 6.01, 10.04, 10.07, 10.08, 10.13, and 10.36, 13.01, and 14.41, Alberta Occupational Health and Safety Code 2009, Schedule 4, Part 32 Excavating and Tunneling s. 441, 442 (1),(2) and (3), 446, 449, 455, 456, 457 (4) and (5), CSA Z462, Table 1 for additional voltage ranges or NFPA 70E, Table 130.2(C), Ontario Occupational Health and Safety Act Construction Project Regulation O Reg. 213 Part III Excavation

An Excavation Permit is required for any surface disturbance greater than 15cm in grade. Including penetration into concrete floor slabs by any means or the removal of any foundation that is considered to be an excavation.

No Ground Disturbance Work is permitted until:

- An Excavation permit is completed.
- This permit is posted in a conspicuous location at the work place.
- The job supervisor and all workers involved have reviewed all hazards associated with the task.
- It is assured that no water will be allowed to accumulate in the excavation.
- The NUNA PROCEDURE IV-0002 Excavation and Ground Disturbance has been reviewed with all workers.

Crew Record (attach list if required)

Print

Signature

PATRICE JEAN Patrice Jean
Darryl Cook Darryl Cook

Permit Issuer

Print

Signature

Darryl MacDonald DM

Permit Receiver

Print

Signature

CILL COOK Cill Cook



Excavation Permit

Date: 09/18/15

Location: HEAD FRAME

Work to be completed: DIG TRENCH
BURY ELECTRICAL CABLES

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

- A Proper Training and Certification
- Communication System Established
- A Field Level Risk Assessment Has Been Completed. Outlining Tasks, Hazards and Mitigations or Controls
- Soil Status and Intended Use/Disposition
- Excavation and Shoring/Sloping Plan Developed (and Ladder if required) All Inspections, Check Lists and Forms Completed
- Buried Hazards Identified, Located and Marked
- Excavation Contingency Plan/Emergency Response Developed
- Barricade in Place (if required)
- Notification to Engineer of Site (if required)
- Supervisor Visually Checked Field Markings and Reviewed with Operator(s)/Worker(s)
- No Water Allowed to Accumulate At Any Time
- Other Permit (if required, ex. Confined Space or Electrical Permits) N/A



Description of Work: MOVE SIA CANS TO C-SHIFT SITE.

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.

Table with 4 columns: Hazard Category, Hazard Description, Item #, and Check-off box. Categories include Ergonomic, Personal Limitation, Electrical, Hoisting/Rigging, UG, Environmental, Access/Egress, and PPE requirements.

Summary boxes for 'Tools/PPE Inspected and in good order' and 'Mobile Equipment Inspected and in good order' with Yes/No checkboxes.

Date: Sept 18/15 Project Name: Giant Mine (Headframe)

Description of Work: Head frame demolition

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 | 23 | Working alone | 45 | Shock Hazard/GFI's | Lockout | Req'd In Place |
| 2 | Heavy lifting | 24 | Violence | 46 | Working on/near energized eq. | Confined Space | |
| 3 | Awkward positions | 25 | First time performing task | 47 | Hot work/electrical permit req'd | Fall Protection | |
| 4 | Over exertion | 26 | Confusing instructions | 48 | Electrical cords inspected | Craning & Rigging | |
| 5 | Pinch points | 27 | Physical limitations | 49 | Electrical tools inspected | Hot Work | |
| 6 | Body in line of fire | | | 50 | Explosive Hazard/Expl. Proof plugs | Excavation | |
| 7 | Working above your head | | | | | JHA reviewed | |
| WORK AT HEIGHTS HAZARDS | | HOT WORK HAZARDS | | HOISTING/RIGGING HAZARDS | | Permit Number | |
| 8 | Barricades, flagging, signs | 28 | Welding/grinding | 51 | Hoisting (tools equipment) | | |
| 9 | Hole (coverings in place) | 29 | Burn/Heat sources | 52 | Load limits (slings rating) | | |
| 10 | Falling items | 30 | Compressed gases | 53 | Lifting points (damage/wear) | | |
| 11 | Powered platforms | 31 | Leaks in hoses or bottles | | | | |
| 12 | Others working overhead/below | 32 | Noise (extreme) | | | | |
| 13 | Fall (fall arrest/100% tie off) | 33 | Combustible material in area | | | | |
| 14 | Tie point identified | 34 | Airborne particles | | | | |
| 15 | Ladders | 35 | Arc flash | | | | |

| ACCESS/EGRESS HAZARDS | | ENVIRONMENTAL HAZARDS | | UG HAZARDS | | ENSURE PPE REQUIREMENTS | |
|-----------------------|------------------------------------|-----------------------|---------------------------|------------|------------------------|--------------------------|-------------------------------------|
| 16 | Aerial lift/man basket (inspected) | 36 | Spill potential | 54 | Cap lamp inspected | Eye/head protection | <input checked="" type="checkbox"/> |
| 17 | Scaffold (inspected & tagged) | 37 | Weather conditions | 55 | Self-Rescuer inspected | Hearing protection | <input type="checkbox"/> |
| 18 | Ladders (tied off) | 38 | Dust | 56 | Tag in and out | Limb and body protection | <input type="checkbox"/> |
| 19 | Slips/trips | 39 | Ventilation | 57 | Ventilation fan on | Hand protection | <input checked="" type="checkbox"/> |
| 20 | Hoisting (tools/equipment) | 40 | Heat stress/cold exposure | 58 | Back/rib screened | Foot protection | <input checked="" type="checkbox"/> |
| 21 | Excavations / Trenching | 41 | Other workers in area | | | Respirator | <input checked="" type="checkbox"/> |
| 22 | Confined Space | 42 | Lighting levels | | | Additional PPE required: | |
| | | 43 | Housekeeping | | | | |
| | | 44 | Ground conditions | | | | |

| | | |
|--|---|-----------------------------|
| 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 type="checkbox"/> | No <input type="checkbox"/> |

