



Policies, Guidelines & Responsibilities

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Title: EH&S Company Statement	Date of Issue: May 1, 2018
	Review/Revise Date:
<p>Monsoon Oilfield is committed to providing a safe workplace for all its workers.</p> <p>We recognize that all workers have the right to work in a safe and healthy environment, consistent with the <i>Occupational Health and Safety Act</i>.</p> <p>Our objective is to conduct our business in the safest possible manner consistent with:</p> <ul style="list-style-type: none"> • the Occupational Health & Safety Act, Regulation and Code • Applicable Regulations • Safe work practices & Procedures <p>We are committed to take every reasonable effort to eliminate the hazards that cause accidents, injuries and environmental concerns.</p> <p>Disregard or willful violations of this policy by workers at any level may be considered cause for disciplinary action in accordance with the company's discipline policy.</p> <p>** The information in this policy does not take precedence over applicable government legislation which all workers should be familiar with.</p>	
Approval signature:	



Company Organizational Chart



Title: Discipline	Date of Issue: May 1, 2018
	Review/Revise Date:
<p>All workers are required to comply with all statutory requirements concerning the health and safety of workers in the workplace, as well as the safe work procedures and any other requirements of the company’s health and safety program. The company will <u>not</u> condone any breach of statutory requirements or health and safety program. The company has implemented the following disciplinary actions for violations:</p> <p><u>Verbal Warning</u> – In opinion of the employer, the violation is of a minor nature and which does not directly endanger the well-being of any person at the workplace. Disciplinary action will consist of a mandatory discussion with employer regarding the violation.</p> <p><u>Yellow Warning</u> - A written “Notice of Infraction” will be issued where in the opinion of the employer; the violation is of a major nature which will directly endanger the health and well-being of any person at the workplace. Disciplinary action will consist of a mandatory discussion with employer regarding the violation and possible suspension. Repeated violations of this nature will lead to suspension and possible termination.</p> <p><u>Red Warning</u> - A written “Notice of Infraction” will be issued where, in the opinion of the employer, the violation is life threatening to one or more individuals on site. Disciplinary action will consist of a mandatory discussion with employer regarding the violation and mandatory suspension or termination.</p> <p>Note: Warnings are intended to give workers the opportunity to correct their actions. Serious offences or flagrant violations of the safety program or the Occupational Health and Safety Act and Regulations are grounds for immediate suspension or dismissal.</p> <p>** The information in this policy does not take precedence over applicable government legislation which all workers should be familiar with.</p> <p>Additional Resources Notice of Infraction Form</p>	
Approval signature:	



Title:	EH&S Policy, Guidelines & Responsibilities	Date of Issue: May 1, 2018
		Review/Revise Date:
<p>It is the policy of Monsoon Oilfield that all workers, including sub-contractors and visitors, understand and strictly adhere to the provisions of the <i>Occupational Health and Safety Act</i> and all applicable regulations.</p> <p>The duties and responsibilities of the employer/supervisor and worker, legislated in the <i>Occupational Health and Safety Act</i>, are of paramount importance.</p> <p>Below, are some of the most fundamental safety guidelines; know them and adhere to them. The employer will inform you of any additional safety rules and procedures as the need arises.</p> <p>If you are unsure of a procedure or process, we encourage you to ask for assistance. Guessing or assuming that it is safe is a major cause of accidents.</p> <p><u>Company Guidelines</u></p> <ul style="list-style-type: none"> • All accidents and near misses must be reported immediately to the employer/supervisor, and prior to leaving the workplace. • All workers must be competent in expected work tasks. • Working under the influence of non-prescription drugs, alcohol or other intoxicants is strictly forbidden and is grounds for immediate discipline up to and including discharge. • Misuse of company property or equipment will not be tolerated and is grounds for immediate discipline up to and including discharge. • Use common sense when it comes to health and safety. If you are unsure of the proper procedure or the safety hazards, please ask for assistance and/or instructions. • Work site must be kept free of hazards that could cause slips, trips, or falls • All workers must familiarize themselves with the contents of this policy and acknowledge receipt of this policy prior to starting their employment. • Working in a way that endangers yourself or others will not be tolerated and is grounds for immediate discipline up to and including discharge. • Violating safety laws and/or guidelines will be considered a major rule violation and can result in disciplinary action, up to and including discharge. 		



Employer

- Develop a program and provide enough resources to implement, train and enforce the health and safety policy and program.
- Annually review Monsoon Oilfield's written health and safety policy
- Be visibly committed and inspire others to make health and safety work.
- Be aware of applicable legislation and ensure compliance.
- Ensure the workers are trained to safely complete the work and deal with hazards. Ensure that the training is current and regularly reviewed.
- Ensure procedures and practices are established so workers can carry out safe and healthy work.
- Inspect equipment, materials, and protective devices bi-weekly to ensure they maintained and in good condition
- Review toolbox talks, field level hazard assessments and accident/incident reports. Ensure corrective actions are taken.
- Ensure that workers use or wear the equipment, protective devices or clothing that Monsoon Oilfield requires to be used or worn
- Review SDSs with workers before using hazardous materials
- Stop work when it's unsafe or you don't feel there are enough competent workers to complete the work.

Workers

- Conduct toolbox talks, field level hazard assessments and accident investigations with employer
- Work in a way that will not endanger yourself or others and in accordance with Monsoon Oilfield's Health & Safety Policy and Program (including the OH&S Act and Regulations, Safe Work Practices and Procedures)
- Use or wear the equipment, protective devices or clothing that Monsoon Oilfield requires to be used or worn
- Report hazards or unsafe conditions to employer after taking appropriate immediate action (obligated by law)
- Clean up work area at least daily.
- Advise other workers of unsafe conditions or work practices.
- Provide recommendations to the employer to improve health and safety.
- Report all injuries and accidents/incidents, no matter how minor. The employer/supervisor will conduct his/her investigation and report it to management.
- Do not engage in any prank, contest, feat of strength, unnecessary running or boisterous conduct.

Subcontractors



- Work safely in accordance with Monsoon Oilfield’s Health & Safety Policy and Program as indicated in the Site Specific Orientation(including the Occupational Health and Safety Act and applicable Regulations)
 - *Monsoon Oilfield will communicate the "Owner Client's" Drug and Alcohol policy to subcontractors*
- Ensure that their workers are properly licensed, qualified as required by contract, or trained for their duties
- Provide, inspect, and maintain necessary safety equipment as required for their direct-hire workers
- Monitor site conditions daily and report all injuries, accidents, or near-misses, lost-time injuries or medical aid cases occurring on site to Monsoon Oilfield
- Provide proof of WCB for all sub-contractors workers.
- Conduct clean-up of work areas daily (NOTE: If waste and debris create a hazard and are not cleaned up in a reasonable time, they will be cleaned up by Monsoon Oilfield at the expense of the subcontractor.)
- Conduct daily toolbox talks in addition to specific hazard training when required
- Monsoon Oilfield will report all incidents involving subcontractor’s workers to the Subcontracting employer, and Monsoon Oilfield will participate in the subcontractor's incident investigations.
- Conduct post-job performance reviews with Monsoon Oilfield. Factors that may be considered are (but not limited to) housekeeping, cost, active participation in safety meetings, and quality of work.

**Monsoon Oilfield will ensure workers compensation rate sheets, HSE programs and/or training documentation are reviewed when selecting subcontractors.

Visitors

- Observe in a way that will not endanger yourself or others and in accordance with Monsoon Oilfield’s Health & Safety Policy and Program (including the OH&S Act and Regulations, Safe Work Practices and Procedures)
- Use or wear the equipment, protective devices or clothing that Monsoon Oilfield requires to be used or worn
- Report hazards or unsafe conditions
- Report all injuries and accidents/incidents, no matter how minor. The employer/supervisor will conduct his/her investigation and report it to management.
- Do not engage in any prank, contest, feat of strength, unnecessary running or boisterous conduct.



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

Applicable Legislation

Regulation 14(1)(2)(3)

Approval signature:



Title: Inspections	Date of Issue: May 1, 2018
	Review/Revise Date:
<p>Monsoon Oilfield will conduct monthly documented workplace inspections for the purpose of identifying and correcting unsafe conditions and behaviour. The inspections will cover the work activities, equipment, materials and work area. The Workplace Inspection form is to be used as a guideline since specific sites may have unique situations and potential hazards that may not be covered by this list.</p> <p>All parties who conduct formal workplace inspections will be trained on their responsibilities and on how to complete the Workplace Inspection form. All completed health and safety inspection reports will be reviewed, evaluated and filed.</p>	
Employer	
<ul style="list-style-type: none"> • Conduct formal inspections monthly using the Workplace Inspection Form • Ensure corrective action is taken to address hazards identified. • File the findings and corrective actions of your inspection. 	
Worker	
<ul style="list-style-type: none"> • Conduct daily informal inspections of your workplace and take action to correct hazards. • All identified hazardous conditions should be eliminated or controlled immediately. When this is not possible: <ul style="list-style-type: none"> a. Interim control measures should be implemented immediately. b. Warning signs should be posted at the location of the hazard. c. All affected workers should be informed of the location of the hazard and the required interim controls. • Permanent control measures should be implemented as soon as possible. 	
<p>** The information in this policy does not take precedence over applicable government legislation which all workers should be familiar with.</p>	
<p>Additional Resources Workplace Inspection Form</p>	
Approval signature:	



Title: Hazard Reporting	Date of Issue: May 1, 2018
	Review/Revise Date:
<p>Monsoon Oilfield is committed to identifying and removing or controlling hazards. This will be completed by reviewing all common work tasks and the potential hazards associated with each, including slips, trips and falls. All hazard assessments and the methods to control or eliminate the identified hazards will be reviewed with affected workers. In addition, workers will complete Field Level Hazard Assessments. The Field Level Hazard Assessment is a worker-oriented process. Workers are in the best position to identify the hazards in the workplace because they are the ones who perform the work. Workers act as a second set of eyes for the employer.</p>	
<p>Employer</p> <ul style="list-style-type: none"> • Ensure action is taken to control the hazard identified (engineering controls, administrative controls, and PPE) • Provide hazard identification and risk assessment training for workers • Respond to the worker’s concerns as soon a reasonably possible 	
<p>Worker</p> <ul style="list-style-type: none"> • Complete a Field Level Hazard Assessment before work begins • Repeat at reasonably practicable intervals to prevent the development of unsafe and unhealthy working conditions, when a new work process is introduced, or when a work process or operation changes. • Document all hazards and means of control on FLHA form or Hazard Id • Provide recommendations to the employer on how to eliminate or control the hazard. 	
<p>** The information in this policy does not take precedence over applicable government legislation which all workers should be familiar with.</p>	
<p>Additional Resources JHA FLHA Hazard Id</p>	
<p>Applicable Legislation Code Part 2</p>	
Approval signature:	



Title:	Personal Protective Equipment	Date of Issue: May 1, 2018
		Review/Revise Date:
<p>It is Monsoon Oilfield’s policy to control all hazards on –site using engineering, administration or behavioural controls. As a back-up system, personal protective equipment (PPE) will be used to limit exposure.</p> <p>In order to ensure that workers are protected from hazards where possible, it is policy that all personnel on a Monsoon Oilfield site wear the appropriate PPE required at all times.</p>		
Employer		
<ul style="list-style-type: none"> • Ensure safety kits and all required PPE is provided for all workers • Ensure supplies are replenished as required • Workers are trained in the use and care of the PPE they are using. • Records of training are available. • Ensure PPE is: <ul style="list-style-type: none"> a. Worn and used properly by all workers whenever necessary <ul style="list-style-type: none"> i. All workers on-site wear: <ul style="list-style-type: none"> 1. CSA Grade 1 safety footwear, 2. High visibility coveralls ii. Other PPE (harnesses, respirators, hearing protection, gloves, eye protection, coveralls etc.) is available and is used when needed. b. Stored, cleaned and maintained properly c. Inspected and tagged “defective” when necessary • Familiarize workers with all hazards to which they may not be aware • Review PPE compliance problems and requirements in safety meetings with all workers <p>Note: These requirements may be restated in the company rules and/or in the new hire/site orientation policy.</p>		
Worker		
<ul style="list-style-type: none"> • Participate in PPE training when applicable (respirators, hearing, fall protection, etc). • Be informed of all hazards and potential hazards on-site. • Bring all hazards to the employer and other workers on-site. • Wear the appropriate PPE when required by the Act or Regulations and your employer. <ul style="list-style-type: none"> a. Properly fitting eye protection that is approved to CSA Standard Z94.3-07, Eye and Face Protectors when eye hazards exist 		



- b. Properly fitting and appropriate gloves when handling objects that could injure your hands
- c. Coveralls to keep protected from a harmful substance that may injure the skin on contact or may adversely affect your health if it is absorbed through the skin.
- d. Protective headgear when head hazards exist.
- e. Foot protection when foot hazards exist.

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

Applicable Legislation

Occupational Health and Safety Act
Reg 13(3)
Code Part 18

Approval signature:



Title: Tools, Equipment & Vehicles	Date of Issue: May 1, 2018	
	Review/Revise Date:	
<p>It is our policy to ensure that all tools, equipment and vehicles are well maintained in order to reduce the risk of accidents or injuries.</p> <p>Employer</p> <ul style="list-style-type: none"> • Ensure maintenance is conducted every 10,000 kms or annually depending on what comes first. Work performed is to be recorded using the Vehicle Maintenance Service Log • Conduct a monthly inspection of all tools and equipment. This inspection is recorded monthly using the Tools & Equipment Inspection form • Review the preventive maintenance program on an annual basis. • Recommendations that are discovered as a result of the annual review or throughout the year will be documented and necessary corrective actions will be completed. <p>Worker</p> <ul style="list-style-type: none"> • Only competent workers are to use tools, powered mobile equipment and vehicles • Inspect all tools, equipment and vehicles before using • Complete vehicle Pre-Trip Vehicle Inspection and document defects • Respect maintenance schedules for all tools, equipment and vehicles • If at any time a worker judges that a tool, equipment or vehicle is unsafe for use, properly tag the item and inform the employer immediately. • Use seatbelts while operating all equipment & vehicles. • Tools, equipment or vehicles that are tagged unsafe are not to be used before it's repaired or replaced. • Ensure that equipment and vehicles are secured against unintentional movement when not in use. <p><small>** The information in this policy does not take precedence over applicable government legislation which all workers should be familiar with.</small></p>		
Maintenance Schedule		
Types of Equipment	Type of Inspection	Schedule
Truck	Pre-Trip inspection	Every job
	Complete inspection	10,000 kms or Annually
<p>Additional Resources</p> <p>Vehicle Maintenance Service Log</p> <p>Tools & Equipment Inspection</p> <p>Pre-Trip Vehicle Inspection</p> <p>Applicable Legislation</p> <p>Code Part 25 & Reg 12(1a-d)</p>		
Approval signature:		



Title: WHMIS	Date of Issue: May 1, 2018
	Review/Revise Date:
<p>Monsoon Oilfield ensures the safety of our workers by maintaining complete Safety Data Sheets and Workplace Hazardous Materials Information System training for all hazardous products we handle. Training will be conducted as part of the New Worker Orientation and the sheets are on location for quick and easy access when questions need to be answered.</p>	
<p>Employer:</p> <ul style="list-style-type: none"> • All Monsoon Oilfield supplied material will be reviewed and trained to: <ol style="list-style-type: none"> a. Inform workers of the health hazards associated with exposure to that substance b. Inform workers of measurements made of airborne concentrations of harmful substances at the work site c. Review procedures developed to minimize the worker’s exposure to harmful substances. • SDSs will be provided and filed for materials that that are required • Ensure that supplier labels are on all hazardous products • If products don’t have supplier label or product has been transferred a workplace label will be produced. • Make available “upon request” SDS to all Monsoon Oilfield workers • Ensure that proper personal protective equipment is available on site 	
<p>Worker</p> <ul style="list-style-type: none"> • Ensure that there is an SDS for hazardous products used on the site and in the site file which is accessible to all workers • Review all Monsoon Oilfield supplied material and obtain all SDS required • Ensure that proper personal protective equipment is used <p>** The information in this policy does not take precedence over applicable government legislation which all workers should be familiar with.</p> <p>Applicable Legislation Code Part 4</p>	
Approval signature:	



Title: Orientation & Training	Date of Issue: May 1, 2018
	Review/Revise Date:
<p>Monsoon Oilfield will provide all safety and related training that is necessary to minimize losses of human and physical resources of the company. Workers will participate in the New Worker Orientation.</p> <p>This training will include, but not be limited to:</p> <ul style="list-style-type: none"> ▪ Monsoon Oilfield Safety Orientation ▪ Task and trade-specific training ▪ Workplace Hazardous Materials Information System (WHMIS) orientation ▪ Processes ▪ Hours of work <p>After completing the orientation the worker will sign the New Hire Orientation Checklist acknowledging acceptance and understanding of his/her obligations and responsibilities.</p> <p>Employer</p> <p>The employer will ensure each new worker participates in the Monsoon Oilfield Safety Orientation and reviews all necessary site specific health and safety information.</p> <p>The Monsoon Oilfield Safety Orientation will, at a minimum, include the following elements:</p> <ul style="list-style-type: none"> • Monsoon Oilfield’s <u>EHS Policy Statement</u> • Monsoon Oilfield’s <u>EHS Policy, Guidelines and Responsibilities</u> • Applicable OH&S legislation including worker rights • Company health and safety program including: <ul style="list-style-type: none"> ○ <u>Hazard Assessment and Reporting</u> ○ <u>Emergency Response</u> ○ <u>Investigations (accident reporting)</u> ○ <u>Discipline policy</u> ○ <u>Substance Abuse policy</u> ○ <u>Workplace violence policy</u> ○ <u>Use and maintenance of PPE</u> ○ Safe Work Practices and Procedures • Site specific health & safety requirements. <p>Verification/evaluation process will be required to ensure the information has been clearly understood.</p>	



Site Specific Orientation

When a new worker reports for work, they must have all the “extra” safety requirements that pertain to the particular job site explained to them by a competent person. This site specific orientation will be documented during toolbox meetings and filed. It will contain all site particular information such as:

- Site specific safety standards/ applicable client procedures.
- Names of first aid attendants and location of first aid stations/kits.
- Location of:
 - Legislation
 - Monsoon Oilfield Health and Safety Program
 - Site SDS booklet
 - Emergency procedures

Sub-Contractors\Visitors

Subcontractor orientation will require the completion of a Field Level Hazard Assessment (FLHA) for each trade prior to the start of work. Monsoon Oilfield will review and accept or modify the proposed FLHA as required.

Any Monsoon Oilfield worker authorizing a site visit assumes responsibility that visitors are aware of all safety requirements and have in their possession all safety equipment required for the site.

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

Additional Resources

- New Worker Checklist
- [Toolbox Mtg & FLHA & Working Alone](#)

Applicable Legislation

- Reg 13(2)(3)
- Reg 15
- Code Part 29

Approval signature:	
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Title:	Workplace Violence	Date of Issue: May 1, 2018
		Review/Revise Date:



Monsoon Oilfield is committed to preventing all forms of bullying, harassment and violence with control measures such as; but not limited to posted signage, restricted access to work areas, locked doors, personal protective devices, background checks, security procedures, emergency response procedures, working alone procedures, and other robbery prevention measures.

"Violence", whether at a work site or work-related, means the threatened, attempted or actual conduct of a person that causes or is likely to cause physical or psychological injury or harm, and includes domestic or sexual violence. "Harassment" means any single incident or repeated incidents of objectionable or unwelcome conduct, comment, bullying or action by a person that the person knows or ought reasonably to know will or would cause offence or humiliation to a worker, or adversely affects the worker's health and safety, and includes: (a) conduct, comment, bullying or action because of race, religious beliefs, colour, physical disability, mental disability, age, ancestry, place of origin, marital status, source of income, family status, gender, gender identity, gender expression and sexual orientation, and (b) a sexual solicitation or advance, but excludes any reasonable conduct of an employer or supervisor in respect of the management of workers or a work site. This policy applies to the employer, workers and sub-contractors.

Violations of respect in any of the forms previously stated will not be tolerated and will be dealt with in a timely fashion. Each reported case will be investigated, and if substantiated will be dealt with under the health and safety discipline policy with the advice to consult a health professional. Investigations will be treated with as much confidentiality as can be practically afforded.

There shall be no adverse job consequences to any individual for reporting violence issues unless the investigation determines that the allegation was an unkind act. There shall be no retaliation from co-workers directed at an individual for making a complaint. Retaliation shall be treated as a form of workplace violence/harassment. This information will be reviewed in the New Worker Orientation.

This policy will be reviewed every 3 years.

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

Applicable Legislation
Code Part 27

Approval signature:	
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Title:	Emergency Plan	Date of Issue: May 1, 2018
		Review/Revise Date:



Monsoon Oilfield is committed to having an emergency plan in place for each worksite to assist workers respond to any emergency situation.

On location

- Evacuation procedures specific to location will be reviewed at the toolbox meetings and emergency information will be available at the truck.

Plan Testing

At the discretion of the employer, emergency plan rehearsals will be held annually. A rehearsal shall require:

- a) Notification of emergency services, all supervision and possibly prior notification of workers;
- b) A pre-determined all clear signal to allow rapid return to work;
- c) An evaluation system to determine the effectiveness of the emergency plan and correct deficiencies.

If Monsoon Oilfield is to perform work is on a site that has an existing emergency and evacuation plan, Monsoon Oilfield will ensure all workers are trained and apply company procedures necessary to complement the existing system and ensure a complete Emergency Plan for the site.

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

Additional Resources

[Emergency Response Drill](#)

[Emergency Response Plan](#)

Applicable Legislation

Code Part 7

Approval signature:



Title:	Emergency Response On-Site	Date of Issue: May 1, 2018
		Revise Date:
Equipment/Material:		Status: <i>Approved</i>
<p>In the event of one of the following emergencies at the work-site:</p> <ul style="list-style-type: none"> • Fire • Explosion • Critical injury • Toxic spill or release <p>Follow the steps listed below:</p> <ol style="list-style-type: none"> 1. Stop – Turn off all equipment 2. Advise all personnel of evacuation by blowing horn 3. Direct personnel to muster point appointed at tail-gate meeting <ul style="list-style-type: none"> ○ TOXIC SPILL or RELEASE: ensure muster point is up-wind 4. Once assembled at muster point, perform roll-call to account for all workers and visitors 5. Call 9-1-1 to arrange for transportation of ill or injured and fire services if needed <ul style="list-style-type: none"> ○ Monsoon Oilfield will provide immediate transportation of injured workers if emergency services aren't able to provide. 6. Return to work site only when the "All-Clear" is given 		
<p>First-Aiders</p> <ul style="list-style-type: none"> • Direct all personnel to muster point appointed at tail-gate meeting • Assist ill or injured to evacuate the location • Provide first aid if necessary • Return to site only when the "All-Clear" is given <p>Trained in First Aid:</p> <p style="text-align: right;">William Newbery - 780-293-8463</p>		
<p>On-site Workers/Visitors/Clients</p> <ul style="list-style-type: none"> • Evacuate to muster point appointed at tail-gate meeting • Do not leave, roll-call must be performed • Return to site only when the "All-Clear" is given 		
Location of Emergency Equipment		Fire Extinguisher - Truck Horn - Truck



Workers Trained Emergency Equipment	William Newbery – Fire Extinguisher
Emergency Response Training Requirements & Frequency	Use of Fire Extinguishers – Orientation & Annually
Location & Use of Emergency Facilities	Fire Station Ambulance Police Hospital
Fire Protection Requirements	N/A
First Aid Supplies	Type No. 1 First Aid Kit in truck Eye Wash supplies in truck
Material Data Sheets (SDS)	SDS's are located in truck
<p>** The information in this policy does not take precedence over applicable government legislation which all workers should be familiar with.</p> <p>Code Part 7, 11</p>	
Approval signature:	



Emergency Response Numbers		
Type	Name	Number
Emergency Contact 1	William Newbery	780-293-8463
Emergency Contact 2	Mike Gullett	403-596-8824
Police Dispatch	9 - 1 - 1	
Gas	ATCO Gas	1(800)511-3447
OH&S		1(866)415-8690
Overhead Power	Fortis Alberta	1-866-717-3113
Poison Centre		1(800)332-1414
Underground Utilities	Alberta First Call	1(800)242-3447



Title: First Aid	Date of Issue: May 1, 2018
	Review/Revise Date:
<p>Monsoon Oilfield is committed to the safety of our workers and will ensure the appropriate first aid resources and certified personnel are available. Including:</p> <ul style="list-style-type: none"> ▪ Posting first aid certificates, ▪ Providing a minimum of 1 first aider ▪ Ensuring the emergency first aid kit is available and accessible <p>The first aid requirements (Code Part 11) for every workplace state:</p> <ul style="list-style-type: none"> ▪ The number of first aiders meets Regulations (Schedule 2, Tables 5, 6, or 7) according to the number of workers employed. ▪ That the 'designated' first aider be available to render assistance at all times during that shift. ▪ The injury reporting process with contact information is posted. <p>Worker</p> <ul style="list-style-type: none"> • When an injuries or illnesses occur, notify the first trained person immediately and the employer as soon as practicable. <p>Employer</p> <ul style="list-style-type: none"> • Provide resources and set up medical/first aid facilities to comply with all applicable legislation. • Ensure that designated workers have completed first aid training and possess current certificates and that their names are known and posted • Provide immediate transportation to a hospital, doctor's office, or the worker's home, if emergency vehicle transportation is not available. <ul style="list-style-type: none"> ○ Should the worker refuse the transportation Monsoon Oilfield will call 9-1-1 and get the ambulance attendant to administer medical attention on-site • Ensure a Fitness for Work Form and SDS are taken to the medical facility • All work-related injuries and illnesses are documented using the Accident Report form (a) the name of the worker; (b) the name and qualifications of the person giving first aid; (c) a description of the illness or injury; (d) the first aid given to the worker; (e) the date and time of the illness or injury; (f) the date and time the illness or injury was reported; (g) where at the work site the incident occurred; (h) the work-related cause of the incident, if any. <p>** The information in this policy does not take precedence over applicable government legislation which all workers should be familiar with.</p> <p>Additional Resources Accident Report Form First Kit Inventory</p>	
Approval signature:	



Title: Accident/Incident Investigation	Date of Issue: May 1, 2018
	Review/Revise Date:
<p>Monsoon Oilfield requires all workers to immediately report to their employer all accidents and incidents that result in injury or property damage, and all near misses with the potential for serious injury or property damage. Each incident will be analyzed and documented to determine causes and contributing factors and the analysis will be used to reduce or eliminate the risk of further incident. All investigation team members are provided training on investigation techniques.</p> <p>The following types of incidents/accidents shall be fully investigated:</p> <ul style="list-style-type: none"> • Accidents that result in injuries requiring medical aid • Accidents that cause damage or interrupt operation with potential loss • All incidents that, by regulation, must be reported to WCB, Occupation Health and Safety or other regulatory agencies <p>Definitions</p> <p>An Accident is defined as an unplanned event that causes harm to people or damage to property. Accidents are categorized as one of the following:</p> <ul style="list-style-type: none"> ▪ Lost Time Injury (LTI) refers to any injury that prevents a worker from coming to work on the day following the day of the injury. ▪ Medical Aid refers to any injury not severe enough to warrant more than the day of injury off, but where medical treatment by a doctor is given. ▪ First Aid refers only to injuries that can be treated on the job without any days lost. ▪ An Incident is defined as property damage but with no injury to workers. ▪ A Near Miss is a situation in which no injury or damage occurred but might have if conditions had been slightly different. ▪ Occupational Illness is defined as a condition resulting from a worker’s exposure to chemical, biological or physical agents in the workplace to the extent that the health of the worker is impaired. ▪ Critical Injury is defined as an injury of a serious nature that: <ul style="list-style-type: none"> a) Places life in jeopardy; b) Produces unconsciousness; c) Results in substantial loss of blood; d) Involves the fracture of a leg or arm but not a finger or toe; e) Involves the amputation of a leg, arm, hand or foot but not a finger or toe; f) Consists of burns to a major portion of the body; or g) Causes the loss of sight to an eye. 	
Employer	



Monsoon Oilfield will investigate all accidents and incidents that involve workers. This includes completing the Accident Investigation Report, taking statements from witnesses and collecting any other pertinent information and ensuring the injured worker has received the necessary medical assistance. Evidence will be protected as required by legislation.

All accident reports will be completed, reported to WCB and Occupational Health and Safety (if needed) and filed. The injured worker will be contacted as frequently as the injury deems, or at least once a week.

Process

1. Workers report all incidents/accidents to the employer.
2. Employer conducts initial investigations using the Accident Investigation Form.
3. Employer reviews all reports, determines corrective action to be taken, and ensure that such action is implemented.

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

Additional Resources

- [Near Miss Form](#)
- [Accident Report](#)
- [Accident Investigation Form](#)
- [Corrective Action Form](#)
- [Witness Statement Form](#)

Report an incident [link](#)
WCB Act

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Title:	Records Review and Statistical Analysis	Date of Issue: May 1, 2018
		Review/Revise Date:
<p>In order to recognize hazards and monitor the success of Monsoon Oilfield’s Health & Safety Program, reports, records and other performance measures must be reviewed. Analysis of these reports will provide information regarding what elements of the entire program need attention and improvement, and will assist in the prevention of accidents and injuries.</p> <p>In addition to Hazard Assessment Procedures already in place, it is Monsoon Oilfield’s policy to perform annual reviews of the following performance measures:</p> <ul style="list-style-type: none"> ▪ Hazard reports¹ ▪ Accident investigations ▪ First Aid & Medical Aid reports ▪ Lost time injury² reports <p>To review data from these sources, it is necessary to record all injuries, accidents, and incidents that occur on the job.</p>		
Employer		
<ul style="list-style-type: none"> • Record all accidents, incidents, first aid & medical aid occurrences, lost time injuries, and equipment damage and make available. • Coordinate first aid response, accident investigation or other follow up procedures subsequent to an occurrence. • Maintain records of orientation, project inspections, and safety audits and follow up actions. • Monitor injury frequency rates. • Compile an annual report on all health and safety activities and occurrences. • Ensure follow up performed for all action items. • Ensure appropriate actions are taken following review of quarterly 		
Worker		
<ul style="list-style-type: none"> • Report all accidents, incidents, first aid occurrences, lost time injuries and equipment damage to employer. <p><u>Records Review and Statistical Analysis Process</u></p> <ol style="list-style-type: none"> 1. All safety data is registered and recorded on-site, with appropriate responses initiated immediately (accident investigation, etc.) 2. All safety data are copied to employer. 3. Inspection checklists from routine safety inspections may be collected and statistically analyzed in a Health & Safety report (annually/bi-annually). 4. All other safety data is presented and reviewed using charts and graphs in annual report that assesses: 		

¹ Refers to any hazard assessment performed by an outside resource.

² Refers to an injury where the direct result keeps an worker off work for more than one full day.



Company Safety Data	Statistical Focus Examples
Site inspections	Number performed, issue involved, hazards identified
Accident investigations	Number performed, recommendations, by occupation
Lost Time injuries	Frequency, injury type, body part involved, by occupation

5. Appropriate action is taken, to respond to trends, repeated contravention, repeated injuries or commonly identified hazards.

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Additional Resources

Safety Records

Applicable Legislation

Occupational Health and Safety Act, Sections 25-28.

Approval signature:



Topic:	Job Hazard Assessments Safe Job Procedures Safe Work Practices	Date of Issue: May 1, 2018
		Review Date:
<p>Monsoon Oilfield has compiled a list of tasks performed; some of the tasks have been assessed as critical. A task may become critical based on frequency, severity, or probability. This list will be updated as new tasks, operations or equipment are introduced. All tasks listed as critical will have a corresponding JHA completed with input from workers.</p> <p>Hazard Priority Ranking</p> <p>Estimate of <u>Severity</u> of the problem if the potential incident were to occur –</p> <ol style="list-style-type: none"> 1. Imminent Danger (e.g. causing death, widespread occupational illness, loss of facilities) 2. Serious (e.g. severe injury, serious illness, property and equipment damage) 3. Minor (e.g. non-serious injury, illness, or damage) 4. Negligible/Ok (e.g. minor injury, requiring first aid or less) <p>Estimate of <u>Probability</u> of the potential incident occurring -</p> <ol style="list-style-type: none"> A. Probable – Likely to occur immediately or soon B. Reasonably probable – likely to occur eventually C. Remote – could occur at some point D. Extremely remote – unlikely to occur <p>All JHA’s will be reviewed on an annual basis or as needed. Safe Job Procedures and Safe Work Practices have also been created to control the hazards associated with the tasks.</p>		
JHA’s	Driving Loading Equipment into a Truck	
Safe Job Procedures (SJP) have been developed with the input of involved workers. They are the steps that need to be followed along with associated hazards and controls. Further general information is located in the Safe Work Practice (SWP) section.	Tire Changing Procedure Loading Equipment into a Truck JHA Working Alone Lockout/Tagout	
Safe Work Practices (SWP) are generally written methods outlining how to perform a task with minimum risk to people,	Chemical, Biological Hazards and Harmful Substances Electrical Safety Fire and Explosion Ladders	



equipment, materials, environment, and processes.	Manual Lifting Noise Exposure Respiratory Protection Cranes, Hoists & Lift Trucks Fall Protection Hot Work Power & Hand Tools
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Topic:		Driving JHA	Date of Issue: May 1, 2018	
			Date of Review:	
<p>This includes the following tasks:</p> <ul style="list-style-type: none"> • Driving on Highway • Driving on dirt or gravel roads • Fuelling • Changing Tire • Breakdown <p>In performing these tasks the worker is exposed to some hazards. These are:</p> <ul style="list-style-type: none"> • Traffic • High speeds • Weather • Poor lighting • Exhaustion (falling asleep while driving) <p>Administrative Controls require all workers to be properly licensed to drive the type of vehicle they are driving. All vehicles must be equipped with a first aid kit.</p>				
Sequence of Steps		Potential Incidents or Hazards	Hazard Rank	Controls
<i>Personal Protective Equipment required:</i> Reflective vests when outside vehicle				
1	Driving on Highway	Incident caused by others, weather conditions, inattentiveness	2-B	Be alert, stay overnight if too tired or poor weather, defensive driving courses, pay attention, do not drink or use drugs and drive, inspect vehicle prior to driving
2	Driving on dirt or gravel roads	Poor road conditions, washboard, large trucks driving in the centre of the road, dust clouds	2-B	Use radio if it is a road requirement, slow down prior to turns and downhill slopes (this is where washboard is most often), pull over and let vehicles pass (stay out of dust clouds)
3	Fuelling	Explosion	2-D	No smoking within 7.5m of pump, do not enter vehicle after pumping has begun – if necessary to re-enter the vehicle ground yourself by touching metal
4	Changing Tire	Hit by other vehicle, crush of body parts	4-D	Wear reflective vest, use flares or triangles, ensure jack sits securely, park on level ground, block tires
5	Breakdown	Hit by other vehicle	4-D	Wear reflective vest, use flares or triangles, pull far off the road



Loading Equipment into a Truck JHA

Topic:		Loading Equipment into a Truck JHA		Date of Issue: May 1, 2018
				Date of Review:
Sequence of Steps		Potential Incidents or Hazards	Hazard Rank	Controls
<i>Personal Protective Equipment required: CSA Grade 1 Boots, leather work gloves</i>				
1	Load heavy, element proof equipment first right at the front of the box	Back injury, Dropping heavy weight on self, pinch points.	2/3B	Use proper lifting techniques, only carry what you can handle
2	Load lighter, element proof equipment in the back of the box, or on top of the heavy equipment	Back injury, Splinters	4D	Only carry what you can handle, wear gloves in good conditions
3	Load heavy, expensive, or non-element proof equipment in back cab of truck	Back injury, Dropping heavy weight on self, pinch points.	3B	Use proper lifting techniques, only carry what you can handle
4	Load lighter, expensive, or non-element proof equipment in back cab of truck on top of heavier stuff.	Back injury, blocking view of mirrors and blind spots	4C	Only carry what you can handle, don't load above the windows.
5	Install cargo net across box and along back seat if needed	Snapping elastic	4D	Use nets in good condition



Tire Changing Procedure SJP

Job/Task:	Changing a Tire SJP	Date of Issue: May 1, 2018
		Review Date:
Required PPE:	As required for job	Status:
Equipment/Material:	Wheel Wrench, Jack	
<p>When experiencing a flat tire while driving, do not heavily apply the brake.</p> <ol style="list-style-type: none"> 1. Gently apply the brake and move to the side of the road. 2. Park on level ground and turn off the engine. 3. Turn on the hazard flashers and place flares as required. 4. Always wear highly visible clothing while changing a tire. 5. Block the wheels, as to ensure that the vehicle will not roll. 6. Always set the parking brake prior to jacking up the vehicle. 7. Only loosen the wheel nuts. Never remove the wheel nuts until the tire is raised off the ground. 8. Never place any part of your body underneath the vehicle. 9. Always place the jack in the recommended manufacturer's front or back jacking points. 10. Never use a jackal for tire changing. Use the appropriate jack. 11. Always ensure the lug nuts are snug prior to lowering the tire. 12. Fully tighten the lug nuts after lowering the vehicle to the ground. 13. Always ensure that all tire changing equipment is put back to its original location. 14. Retighten lug after 100 km of driving <p>Tire Servicing If you are not qualified to inspect, disassemble and reassemble a tire or tire and wheel assembly DO NOT perform this task.</p>		
<p>** The information in this policy does not take precedence over applicable government legislation which all workers should be familiar with.</p>		
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Job/Task:	Working Alone SJP	Date of Issue: May 1, 2018
		Review Date:
Required PPE:	As required for job	Status:
Equipment/Material:	2 Way radio or cell phone	
Training:	New Worker Orientation	
<p>There are situations where personnel sometimes work alone. Examples include:</p> <ul style="list-style-type: none"> • Staying late to complete a job • Working in a space that has only enough room for one worker • Cleaning up scrap and debris when work is done for the day • Worker isn't directly supervised • Worker is beyond visual and audible range <p>The greatest risk in working alone is that no one is available to help a worker who may be injured, trapped, or unconscious. Even if co-workers realize that someone is missing, it may be difficult to locate an incapacitated worker. In addition, studies have shown that personnel working alone are more likely to take risks by cutting corners or not following established procedures.</p> <p>Before any work is performed alone:</p> <ul style="list-style-type: none"> ✓ Inspect the jobsite for real and potential hazards and take whatever steps are required to safeguard workers. ✓ Properly wear/use all personal protective equipment that is required. ✓ Review and understand all safety and work-related procedures. ✓ Understand what a confined space is and the regulations under the <i>Occupational Health and Safety Act</i> prohibiting entry or work without another person standing by outside the area. <p>Once work commences:</p>		
Worker		
<ol style="list-style-type: none"> 1. Ensure someone is checking on you or who you are to report to at regular intervals. (Where hazard exposure is high, intervals should be kept short.) 2. Confirm means of communicating between you and your contact. 3. Cellular phones or two-way radios can also provide effective communication. Test the units on-site to ensure that reception is reliable. 		
Employer		



1. Ensure that any worker working alone is aware of real and potential hazards in the area.
2. Communicate the method of checking in and check-in intervals are clearly understood
3. Confirm any communication equipment used is in good working order
 - a. Perform regular visits if other means of communication are not available or practicable.

Don't	✓ Assume that someone knows where you are.
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Job/Task:	Lockout/Tagout	Date of Issue: May 1, 2018
		Review Date:
Required PPE:	As required for job	Status:
Equipment/Material:		
Training:	Lockout/Tagout	
<p>The company and its workers are responsible for ensuring that work on equipment is performed safely. Work cannot be performed until the equipment has come to a complete stop and has been locked out and tagged or otherwise rendered inoperative. Employees will follow be provided with Lockout/Tagout Training.</p> <p>Worker</p> <p>Tagging of Equipment The following must be indicated on the tag:</p> <ul style="list-style-type: none"> ✓ Words directing persons not to start or operate the equipment. ✓ The date when the tag was installed. ✓ The worker’s printed name and signature. <p>Where equipment is locked out and tagged for servicing, repairs, tests or adjustments, the employer must develop and implement work practices, procedures or other controls that ensure the activity is performed in a safe manner.</p> <p>Lockout/Tagout Procedure:</p> <ol style="list-style-type: none"> 1. De-energize source that needs to be maintained. 2. Lock out and tag energy sources with lockout tag and criteria above. 3. Each and every employee that performs work on equipment must have individual tags on energy control points. 4. Verify that the equipment/machine has zero energy 5. Perform maintenance <p>Returning Equipment to Operation</p> <ul style="list-style-type: none"> ✓ Only the worker who installed the lock or warning is allowed to remove it. <ul style="list-style-type: none"> ➤ In case where the worker who installed the lock or warning tag is not available, e.g. off shift, on holidays, etc., the lock or tag may be removed by a competent worker designated by the employer to remove the lock or tag. <p>This ensures that the employer is aware of what is going to be done and that an appropriate</p>		



worker performs the removal.

Prior to returning the equipment to operation, a worker must ensure that doing so does not endanger the worker or other workers or people in the vicinity.

Employer

- a. Provide Tags for workers

Don't

✓ Remove tags that you didn't place.

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Topic:	Chemical, Biological and Harmful Substances SWP	Date of Issue: May 1, 2018
		Review Date:
Required PPE:	As identified in SDS	Status: <i>Approved</i>
Equipment/Material:	Controlled and non-controlled substances	
Workers have the potential of coming into contact with many different chemicals. These chemicals may cause short or long term detrimental effects on bodily systems if used in an unsafe manner or at levels exceeding legislation.		
Do	Employer	
	<ul style="list-style-type: none"> ✓ Assess potential exposure to harmful substances through air sampling when appropriate. ✓ Ensure workers exposure to chemical and biological hazards are kept as low as reasonably practicable and does not exceed the occupational exposure limits found in Schedule 1, Table 2 in OH&S code. ✓ Provide Workplace Hazardous Materials Information System (WHMIS) Training to workers. ✓ Provide appropriate emergency equipment (eg. Eye wash) 	
Don't	Workers	
	<ul style="list-style-type: none"> ✓ Read, understand and comply with safe work practices and procedures. ✓ Ask for Safety Data Sheets (SDS) for more information 	
<ul style="list-style-type: none"> ✓ Continue to work if you are unsure 		
** The information in this policy does not take precedence over applicable government legislation which all workers should be familiar with.		
Approval signature:		



Topic:	Electrical Safety	Date of Issue: May 1, 2018
		Review Date:
Required PPE:	Gloves, Safety Glasses	Status: <i>Approved</i>
Equipment/Material:	Electrical appliances, tools and equipment	
<p>Accidental contact with electrical components can have deadly consequences. Use the following guidelines and provided training to work safely with electricity, recognize electrical hazards, prevent electrical shock and arc flash, and recognize electrical shock and arc flash hazard label. In addition, PPE must be worn to protect from electrical shock and/or arc flash. When working within the arc flash boundary full body protection is necessary; this may include, but is not limited to, arc flash suit with face shield, safety glasses, non-conductive head protection, and leather gloves and footwear.</p>		
Do	<ul style="list-style-type: none"> ✓ Only have qualified and authorized electricians service and repair electrical appliances, tools and equipment. ✓ Ensure missing or damaged ground plugs of any appliance, tool or piece of equipment are to be repaired prior to use. ✓ Ensure all electrical tools must be CSA approved. ✓ Ensure that all extension or power supply cords are: <ul style="list-style-type: none"> ○ approved for the intended use and location ○ fitted with approved cord end attachment devices that are installed in an approved manner ○ provided with a grounding conductor ○ maintained and protected from physical or mechanical damage ○ plugged into an approved GFCI plug adapter or GFCI receptacle (if used in a damp location) ✓ Perform Lockout/Tagout prior to commencing work. ✓ Tag damaged extension cords or power tools “Out of Service” until they’re repaired or replaced as warranted. ✓ Remove tools with electrical arcing brushes when you feel any tingling during use. 	
Don’t	<ul style="list-style-type: none"> ✓ Use damaged extension cords or power tools shall be tagged “Out of Service”, repaired or replaced as warranted. ✓ Make adjustments while power tools are connected to a power source. ✓ Store flammable materials near electrical equipment. 	
<p align="center">** The information in this policy does not take precedence over applicable government legislation which all workers should be familiar with.</p>		
Approval signature:		



Topic:	Fire and Explosion	Date of Issue: May 1, 2018
		Review Date:
Required PPE:		Status: <i>Approved</i>
Equipment/Material:	Flammable and explosive materials	
The goal is to prevent fire and explosions by following these guidelines.		
Do	<ul style="list-style-type: none"> ✓ Perform hazard assessment to execute appropriate controls ✓ Ensure flammable substances and compressed gas are stored and handled in accordance with manufacturer’s specifications. ✓ Ensure only CSA approved containers are used for storage and transportation 	
Don’t	<ul style="list-style-type: none"> ✓ Store compressed flammable gas in the same room as compressed oxygen. ✓ Use internal combustion engines in hazardous locations. ✓ Store enough quantity to produce an explosive atmosphere if released. ✓ Store flammable substances <ul style="list-style-type: none"> ○ within 30 meters of an underground shaft ○ in the immediate vicinity of the air intake of a ventilation supply system or an internal combustion engine or a lit heater or furnace 	
** The information in this policy does not take precedence over applicable government legislation which all workers should be familiar with.		
Approval signature:		



Topic:	H2S	Date of Issue: May 1, 2018
		Review Date:
Required PPE:	Air Respiratory Equipment	Status: <i>Approved</i>
Equipment/Material:		
Workers must not be exposed to a concentration of H2S exceeding 10 ppm over an 8 hours and must use air respiratory protective equipment when a worker must enter a work area with 15 ppm H2S or greater.		
Do	Employer	
	<ul style="list-style-type: none"> ✓ Ensure that a worker’s exposure to H2S does not exceed its occupational exposure limit of 10 ppm over an 8 hour time period. ✓ Any workers that are in contact with H2S are trained on the hazards of H2S and the Safe Work Procedures 	
Don’t	Workers	
	<ul style="list-style-type: none"> ✓ Apply H2S Training ✓ Wear respiratory equipment when required to work in areas with 15 ppm H2S or greater. 	
Don’t	<ul style="list-style-type: none"> ✓ Work in H2S concentration exceeding 10ppm for greater than 8 hours 	
In the Case of H2S Release	<ol style="list-style-type: none"> 1. Evacuate immediately by moving upwind or crosswind from the release when an H2S alarm sounds. Move to higher ground. 2. Sound the alarm. Notify someone and relay any information you may have and that you may require assistance. 3. Assess the situation. Do a head count and consider other hazards. 4. Protect rescue personnel. Put on SCBA/SABA to protect rescue personnel. If necessary, shut down the plant. 5. Rescue victim. Start by ventilating the building with fans or by opening all doors. 6. Revive victim. Only qualified personnel may use mechanical resuscitators or oxygen. 7. Get medical aid. All H2S victims require medical attention. Arrange a transport of the victim to medical aid and provide the necessary information to Emergency Medical Services. 	
** The information in this policy does not take precedence over applicable government legislation which all workers should be familiar with.		
Approval signature:		



Topic:	Ladders	Date of Issue: May 1, 2018
		Review Date:
Required PPE:	Boots	Status: <i>Approved</i>
Equipment/Material:	CSA certified Ladder	
Do	<ul style="list-style-type: none"> ✓ Ensure ladder is on a level/stable surface ✓ Use 3-point contact at all times ✓ Use non-conductive ladders when working around energized equipment. ✓ Only use CSA certified ladders ✓ Secure portable ladders ✓ Place the portable ladder on a 4:1 incline ✓ Ensure side rails extend at least 1 meter above a platform, landing or parapet. 	
Don't	<ul style="list-style-type: none"> ✓ Stand on the top two steps/rungs ✓ Carry items up a ladder while ascending 	
<p>** The information in this policy does not take precedence over applicable government legislation which all workers should be familiar with.</p>		
Approval signature:		



Topic:	Manual Lifting	Date of Issue: May 1, 2018
		Review Date:
Required PPE:	Not Applicable	Status: <i>Approved</i>
Equipment/Material:	Heavy or awkward material	
Do	<ul style="list-style-type: none"> ✓ Perform hazard assessment ✓ Size up load ✓ Ask if you need help ✓ Get a good footing ✓ Bend your knees and get a good grip on the object ✓ Keep your back straight, lift with your legs and keep the object being lifted close to your body ✓ Keep your balance ✓ Keep your back straight and bend your knees while putting the object down ✓ Use mechanized equipment for material handling, whenever practicable. (Where reasonably practicable the appropriate equipment for lifting, lowering, pushing, pulling, carrying, handling, or transporting heavy or awkward loads will be provided) ✓ Participate in ergonomics training 	
Don't	<ul style="list-style-type: none"> ✓ Twist or turn as you lift ✓ Bend at the waist to put the object down 	
<p>** The information in this policy does not take precedence over applicable government legislation which all workers should be familiar with.</p>		
Approval signature:		



Topic:	Noise Exposure	Date of Issue: May 1, 2018
		Review Date:
Required PPE:	Hearing Protection	Status: <i>Approved</i>
Equipment/Material:	Loud Equipment or Tools	
<p>Hearing loss – any reduction in the normal ability to hear is referred to as a loss of hearing. A hearing loss can be either temporary or permanent.</p> <p>Temporary hearing loss occurs when hair cells in the inner ear have been bent by vibrations and need time to bounce back. The recovery period may be minutes to days.</p> <p>Permanent hearing loss is the result of hair cell or nerve destruction within the inner ear. Once these important parts of the hearing process are destroyed, they can never be restored or regenerated.</p>		
Do	<p>Employer</p> <ul style="list-style-type: none"> ✓ Use Schedule 3, Table 1&2 in OH&S code to identify proper hearing protectors based on noise. Where engineering controls are not practicable to ensure workers are not exposed to noise that exceeds 85 dBA. ✓ Train workers on the hazards of noise exposure including how Hearing Protection Devices (HPDs) fit, are used, and are maintained. <p>Workers</p> <ul style="list-style-type: none"> ✓ Understand that there is risk of hearing loss increases if HPDs are not worn in noisy environments. ✓ Aware that wearing HPDs is required in all situations where noise exposure may damage hearing and to be effective an HPD must not be removed even for short periods. ✓ Aware of various HPDs available to accommodate differences in ear canal size, jaw size, head size and shape, comfort level, compatibility with other forms of PPE, etc. ✓ Understand proper fit is essential to achieve maximum protection. 	
	<p>Don't</p> <ul style="list-style-type: none"> ✓ Continue to work if you are unsure of the noise level ✓ Allow worker's exposure to noise does not exceed: (a) the noise exposure limits in Schedule 3, Table 1 of the OHS Code, and (b) 85 dBA Lex. 	
<p>** The information in this policy does not take precedence over applicable government legislation which all workers should be familiar with.</p>		
Approval signature:		



Topic:	Respiratory Protection	Date of Issue: May 1, 2018
		Review Date:
Required PPE:	Respiratory PPE	Status: <i>Approved</i>
Equipment/Material:	Airborne Contaminants	
Exposure to an airborne contaminant or a mixture of airborne contaminants is in a concentration exceeding their occupational exposure limits Monsoon Oilfield will provide and ensure the availability of the appropriate respiratory protective equipment.		
Do	Employer	
	<ul style="list-style-type: none"> ✓ Provide appropriate respiratory equipment for airborne contaminants by considering the circumstances, concentration, duration, oxygen level and emergency escape. ✓ Ensure that there is effective facial seal for safe use is correctly fit tested and tested in accordance with CSA Standard Z94.4-02 ✓ Ensure that any respiratory equipment is stored in a readily accessible location, stored in a manner that prevents its contamination, maintained in a clean and sanitary condition, inspected before and after each use to ensure it is in satisfactory working condition, and serviced and used in accordance with the manufacturer’s specifications. ✓ Ensure that workers are trained for use of a self-contained breathing apparatus in the case that a worksite becomes immediately dangerous to life or health 	
Don't	Workers	
	<ul style="list-style-type: none"> ✓ Wear respiratory equipment provided <ul style="list-style-type: none"> ○ Particulate mask for dusk ✓ Perform PPE Maintenance as per Maintenance Policy ✓ Ensure face is clean shaven when needed to have effective facial seal 	
	✓ Use respiratory protection that is damaged or isn't fitted	
** The information in this policy does not take precedence over applicable government legislation which all workers should be familiar with.		
Approval signature:		



Topic:	Cranes, Hoists & Lift Trucks	Date of Issue: May 1, 2018
		Review Date:
Required PPE:	Hard Hat	Status: <i>Approved</i>
Equipment/Material:	Crane, Hoist, Lift Truck	
Following safe procedures, when rigging a load, will result in a successful lift every time. Only competent workers will operate lifting devices.		
Do	Employer ✓ Ensure workers are adequately trained to operate device.	
	Workers ✓ Determine what the load is. Safe working load must be clearly marked on rigging equipment ✓ Know its weight and center of gravity. ✓ Maintain maintenance records (log book) for all lifting devices ✓ Inspect the rigging before use. ✓ Cover all sharp corners and/or edges with pads or softeners to prevent slings or rigging from being damaged. ✓ Select appropriate slings ✓ HAVE REQUIRED TRAINING/CERTIFICATES AND COMPETENT TO OPERATE THE EQUIPMENT ✓ ENSURE LOAD CAPACITY OR RATED MUST BE CLEARLY MARKED ON ALL LIFTING EQUIPMENT ✓ Properly position the truck mounted crane and/or picker. ✓ Inspect the crane and/or picker and ensure there is an up to date lift log for the equipment. ✓ Ensure the rigging is properly attached to the load. ✓ Ensure personnel not involved in the lift are clear of the lift area. ✓ Move the load slowly and “boom in” when lifting a heavy load. ✓ Keep the load as close to the ground as possible when the boom is in motion. ✓ Ensure the area where the load will be placed is clear of personnel and debris. ✓ Lower the load gently and make sure it is stable before releasing pressure on the sling or chain.	
Don't	✓ Exceed the working load limits of slings ✓ Pass loads over other workers ✓ Stand under suspended loads ✓ OVERLIFT. NEVER OVERRIDE. FOLLOW MANUFACTURES LOAD CHARTS AND RATING.	
** The information in this policy does not take precedence over applicable government legislation which all workers should be familiar with.		
Approval signature:		



Topic:	Fall Protection SWP	Date of Issue: May 1, 2018
Required PPE:	Barricades and warning signs Manufacturers specifications Standard Job Procedure Fall protection plan ERP (Emergency response plan)	Review Date: Status: <i>Approved</i>
Equipment/Material:	Selection and use of fall protection systems should be determined by a hazard assessment, work type, location, and duration.	
To provide workers with protective systems and devices to prevent injuries associated with falls from height of more than 3m (10ft). Fall protection systems when used by trained personnel provide an effective means to prevent workers from falling when working at height.		
Do	Employer	
	<ul style="list-style-type: none"> ✓ Ensuring workers are competent in the use of fall protection systems. ✓ Ensure that fall protection systems selected are appropriate for the type of work being performed. ✓ That fall protection plans has been completed and communicated to workers. ✓ Ensure that provisions for rescue have been made prior to work commencement. 	
Do	Workers	
	<ul style="list-style-type: none"> ✓ Read and understand the fall protection plan. ✓ Ensure barricades, ribbons and signs identify restricted areas. ✓ Be fully knowledgeable with the protection system. ✓ Complete a pre-use inspection form, if for any reason the equipment is defective, it must be removed from service. ✓ Ensure you know the capabilities of Fall Protection Equipment. ✓ Ensure you know your anchor points. ✓ Utilize a buddy system when working and continually check each other's harness and D ring to ensure that the harness is not too loose and or the D ring has not slipped down the back. 	
Don't	<ul style="list-style-type: none"> ✓ Do not wrap the lanyards and/or rope around beams, girders, pipes, etc. as this may cut or abrade them. ✓ Use any type of fall protection system unless they have received Fall Protection training from a recognized training agency. 	
** The information in this policy does not take precedence over applicable government legislation which all workers should be familiar with.		
Approval signature:		



Topic:	Hot Work	Date of Issue: May 1, 2018
		Review Date:
Required PPE:	Work Gloves Safety Glasses	Status: <i>Approved</i>
Equipment/Material:	Any equipment must meet manufacturer's specifications	
<p>Hot work is any work or process which produces a potential source of ignition including but not limited to: cutting, welding, grinding, burning, air gouging, riveting, drilling, the introduction to a work process of a combustion engine, or any other work where flame is used or sparks are produced.</p>		
Do	<p>Employer</p> <ul style="list-style-type: none"> ✓ Ensure that adequate means are taken to protect a worker below the operation from sparks, debris, and other falling hazards. Including the use of screens, covers and guards. 	
	<p>Workers</p> <ul style="list-style-type: none"> ✓ Inspect work place before work begins & complete hot work permit ✓ Ensure that (a) compressed or liquefied gas containers are used, handled, stored, and transported in accordance with the manufacturer's specifications, (b) a cylinder of compressed flammable gas is not stored in the same room as a cylinder of compressed oxygen, unless the storage arrangements are in accordance with Part 3 of the Alberta Fire Code (1997), (c) compressed or liquefied gas cylinders, piping, and fittings are protected from damage during handling, filling, transportation, and storage, (d) compressed or liquefied gas cylinders are equipped with a valve protection cap if manufactured with a means of attachment, and (e) oxygen cylinders or valves, regulators, or other fittings of the oxygen using apparatus or oxygen distributing system are kept free of oil and grease. ✓ Make certain that all containers have been purged and tested for flammable contents before cutting or welding them. ✓ Keep the torch, arc or any source of current away from compressed gas cylinders. Use a spark lighter or pilot light to light a torch. Never use a match. ✓ Wear proper eye protection to prevent flash burns. ✓ Use extreme caution in dry areas to prevent fires. 	



	<ul style="list-style-type: none"> ✓ Wear face shields or other adequate eye protection when grinding. ✓ Check your equipment at frequent and regular intervals for defects, particularly for defective cable in wet areas and meets manufacturer's specifications.
Don't	<ul style="list-style-type: none"> ✓ Look at the arc without proper eye protection. Avoid slag, splatters and spark burns.
<p>** The information in this policy does not take precedence over applicable government legislation which all workers should be familiar with.</p>	
Approval signature:	
Document to be posted?	
Distribution to:	



Topic:	Power & Hand Tools	Date of Issue: May 1, 2018
		Review Date:
Required PPE:	Work Gloves Safety Glasses	Status: <i>Approved</i>
Equipment/Material:	Any equipment must meet manufacturer's specifications	
To protect workers from injuries associated with the use of power and hand tools.		
Do	Employer	
	<ul style="list-style-type: none"> ✓ Ensure that tools and equipment are maintained in accordance with legislative requirements, and manufacturer's guidelines. ✓ Ensure that appropriate tools and equipment are available. ✓ Ensure basic instruction in the safe use of tools is provided. ✓ Ensure required PPE is available and utilized by workers. ✓ Determine competency of employees to safely operate tools and equipment provided. ✓ Ensure all moving parts are guarded. 	
	Workers	
	<ul style="list-style-type: none"> ✓ Electrical tools must have 3 wire (grounding) cord and plug, excluding double insulated tools. ✓ Grinder discs, buffers and stones to be used only for designed application and at rated speeds. ✓ Stationary grinders must have properly adjusted tool rests and stones to be properly dressed. ✓ Angle grinders to have Original Equipment Manufacturer (O.E.M.) guard. ✓ On/off switches must be functional and positioned so Operator has access. ✓ Accessories can only be used that are designed for use with the tools specified. ✓ Saw blades must be designed for the product being cut and at the rated speed, O.E.M. guards must be in place and functional. ✓ Chisels, punches, hammer, wrenches, etc. to have all burrs ground from striking area. 	



	<ul style="list-style-type: none"> ✓ Chisels, punches, screwdrivers, etc. to have tips properly dressed. ✓ Cracked and, or splintered handles to be replaced. ✓ All tools must be cleaned after use and repairs made before being properly stored. ✓ Tools to be used for designed purpose only. ✓ Repairs to tools must be performed by qualified personnel, using O.E.M. parts or equivalent. ✓ Defective tools and equipment are to be removed from service and repaired or replaced.
Don't	<ul style="list-style-type: none"> ✓ Tamper with safeguards.
<p>** The information in this policy does not take precedence over applicable government legislation which all workers should be familiar with.</p>	
Approval signature:	
Document to be posted?	
Distribution to:	



Title:	Notice of Infraction
Use this form to document the infractions of workers conduct.	
Worker's Name	_____
Date of Warning	_____
Job	_____
Issued by	_____
Type of Violation	Safety <input type="checkbox"/> Other <input type="checkbox"/>
Company Statement (Employer's Report)	
Signature _____	
Worker Statement (check the appropriate statement)	
I agree with the Company's statement <input type="checkbox"/>	
I disagree with the Company's statement, for the following reasons <input type="checkbox"/> (state below)	
I have entered my statement of the above matter.	
Worker Signature _____	Date _____
Witness Name _____	Signature _____
I would like to receive a copy of this statement for my records. <input type="checkbox"/>	



Title:	Workplace Inspection	Date:
		Inspector:

This workplace inspection is to identify any safety concerns with work activities, work areas, equipment and materials. Please note that this is a guideline and any specific hazards may be added to the Hazards Observed section of this form.

- Things to look for:**
- | | |
|--|---|
| <input type="checkbox"/> Atmosphere condition | <input type="checkbox"/> First Aid contents |
| <input type="checkbox"/> Electrical wiring, cord condition | <input type="checkbox"/> Hand and power tool condition |
| <input type="checkbox"/> Exits, alarms | <input type="checkbox"/> Housekeeping |
| <input type="checkbox"/> Fire protection equipment | <input type="checkbox"/> Ladders |
| <input type="checkbox"/> Flammable liquid, gas, labels, storage containers | <input type="checkbox"/> Lunch area |
| <input type="checkbox"/> Guarding and controls on equipment | <input type="checkbox"/> Proper lifting |
| <input type="checkbox"/> Heating and cooling systems | <input type="checkbox"/> Safe work practices and procedures |
| <input type="checkbox"/> Lighting | <input type="checkbox"/> Smoking |
| <input type="checkbox"/> Storage facilities | <input type="checkbox"/> Training |
| <input type="checkbox"/> Structural concerns | <input type="checkbox"/> Use and condition of PPE |
| | <input type="checkbox"/> Vehicles |
| | <input type="checkbox"/> Warning signs, labels |

Hazard(s) Observed	Priority	Corrective Action Taken

*Priority Index 1.Imminent Danger 2.Serious 3.Minor

Additional Comments:



Title:		Vehicle Maintenance Service Log		Kms:	
Vehicle:				Date: DD/MM/YYYY	
				Mechanic:	
Rating Legend:	NA - Not Applicable	✓ - Passed in good working condition			
	M - Passed but maintenance required	✗ - Rejected, repair necessary before returning to service			
Fluid Levels					
	Motor Oil		Rear End		Air Filter
	Radiator		Brake Fluid		Oil Change Required?
	Power Steering		Greasing Required		Oil Filter Changed?
	Windshield Washer				
Driver's Compartment					
	Sun Visors		Horn & Switches		Steering Power Assist
	Windshield Wipers		Windshield Defrost		Windshield
	Side Windows		Beam Indicator		Instrument Lamps
	Pedal Pads		Fire Extinguisher		Hazard Warning Kit/Flares
	Seats & Seatbelts		First Aid Kit		Air Pressure Gauge
	Speedometer		Survival Kit		Cellular Phone
	Compressor Buildups		Acc. Pedal and Air Throttle		Booster Cable
	Air Leakage		Compressed Air		Steering Column Security
Body Exterior					
	Head Lamp Operation/Aim		Clearance Lamps		Identification Lamps
	Tail Lamps		Stop Lamps		Turn Signal Lamps
	Marker Lamps		Hazard Lamps		Reflex Reflectors
	Trailer Hitch		TDG Placards		Fenders/Mud Flaps
	Trailer Cord		Paint		Air Lines
	Tire Pressure		Headache Rack or Chain		Body & Doors
	Glad Hands & Air Systems		Reservoirs/Brackets/Straps		Bumpers & Cabs
Under The Hood					
	Hood		Air Compressor Belt		Air Compressor
	Power Steering System		Fuel Pump and System		Battery & Wiring
	Air Filter		Fan & Belt		Carburetor
	Cooling System		Windshield Washer Pump		Distributor
	Exhaust System		Windshield Wash Container		
Undercarriage					
	Pin & Bushing Wear		Sprocket		Springs
	Link Wear		Shock Absorbers		Muffler
	Roller Wear		Oil Pan		Pittman Arm
	Idler Wear		Drag Link		Differential
	Track Wear		Tie Rod		Suspension
	Roller Guards		Frame Rails		Axles
Brake, Tires, and Wheels					
	Brake Components		Chock Block		Road Clearance
	Spring Caging Bolts		Brake Drum Condition		Brake Lining Thickness
	Disc Brakes		Brake Lines & Hoses		Brake Failure Indicator
	Reservoirs and Valves		Tire Pressure		Park Brake
	Wheel Bearings		Vacuum System, Reserve		Emergency Brake
	Proportioning Valve		Pump Operator		Brake Operation



Safety Records & Statistics

Brake Camshafts & Travel	Tire Wear	Jack
Tire Iron	Spare Tire	Chains

Identified Concerns	Priority	Assigned To

*Priority Index 1.Imminent Danger 2.Serious 3.Minor

Additional Comments:



Title:	Pre-Trip Inspection Checklist	Date: DD/MM/YYYY
Driver:		Vehicle:

Use this form to conduct your vehicle pre-trip.

Things to look for:

- Engine oil level
- Brake operation
- Windshield wiper blades
- Washer fluid
- Head lights
- Brake Lights
- Reverse Lights
- Signal Lights

- Tire Wear
- Tire Inflation
- Horn
- Fuel level
- TDG labels if necessary
- First Aid kit
- Other: _____
- Other: _____

Identified Concerns	Priority	Corrective Action Taken

*Priority Index 1.Imminent Danger 2.Serious 3.Minor

Additional Comments:



Title:	Tools/Equipment/PPE Inspection	Inspector: Date: DD/MM/YYYY
---------------	--------------------------------	--

Use this form to conduct the monthly inspection of all tools, equipment and PPE.

Things to look for: <input type="checkbox"/> Chisels and wedges with mushroom heads <input type="checkbox"/> Spilt or cracked <input type="checkbox"/> Rust/Dirt <input type="checkbox"/> Broken or inoperative guards <input type="checkbox"/> Insufficient or improper grounding	Hard Hat <input type="checkbox"/> CSA Approved <input type="checkbox"/> Crack and wear Coveralls <input type="checkbox"/> Fire resistant <input type="checkbox"/> Good Condition <input type="checkbox"/> Reflective stripes	Boots <input type="checkbox"/> CSA Approved <input type="checkbox"/> Steel Toe First Aid Kit <input type="checkbox"/> All contents available Safety Glasses <input type="checkbox"/> CSA Approved <input type="checkbox"/> Scratches
--	--	--

Identified Concerns	Priority	Corrective Action Taken

*Priority Index 1.Imminent Danger 2.Serious 3.Minor

Additional Comments:



TOOLBOX MEETING & FIELD LEVEL HAZARD ASSESSMENT			
Workers On-Site:			
Job/Task:		Location:	Date:
First Aider:		Ph Num:	
<p>√ Review these prior to start of each job and when conditions change. Hazard Assessments/Toolbox Meetings must be repeated or updated weekly, when a work process is introduced or changed, or when new worker(s) arrive on site.</p> <p>Check the boxes that apply to the work and the controls put in place.</p>			
Toolbox Meeting: (Check applicable)		Hazards: (Check all applicable)	
<input type="checkbox"/> Everyone fit for duty <input type="checkbox"/> Contractors/Visitors Oriented <input type="checkbox"/> SWP & SJPs for job/task <input type="checkbox"/> Emergency Response Plan <input type="checkbox"/> First Aid/Medical Location and Numbers <input type="checkbox"/> Required PPE for hazards identifies\d <input type="checkbox"/> Location of SDS		<input type="checkbox"/> Poor Cell Service <input type="checkbox"/> Electricity <input type="checkbox"/> Back Strain <input type="checkbox"/> Water <input type="checkbox"/> Tools/Equipment <input type="checkbox"/> House Keeping <input type="checkbox"/> Physical Limitations <input type="checkbox"/> Driving <input type="checkbox"/> Chemicals (Dust gases) <input type="checkbox"/> Hazardous Materials	
Environmental Hazards: (Check all applicable)		<input type="checkbox"/> Moving Machinery <input type="checkbox"/> Working Alone <input type="checkbox"/> Ladders <input type="checkbox"/> Pinch Points <input type="checkbox"/> Traffic <input type="checkbox"/> Noise <input type="checkbox"/> Access/Egress <input type="checkbox"/> Open Pit <input type="checkbox"/> Scaffolds <input type="checkbox"/>	
<input type="checkbox"/> Ground Conditions <input type="checkbox"/> Muddy <input type="checkbox"/> Soft <input type="checkbox"/> Icy <input type="checkbox"/> Slippery <input type="checkbox"/> Uneven <input type="checkbox"/> Sloped		<input type="checkbox"/> Weather Conditions <input type="checkbox"/> Sunny <input type="checkbox"/> Snowing <input type="checkbox"/> Windy <input type="checkbox"/> Raining <input type="checkbox"/> Cold <input type="checkbox"/> Hot	
Controls: (Check all applicable)			
<input type="checkbox"/> Barricades <input type="checkbox"/> 2-way Radio <input type="checkbox"/> Fire Extinguisher <input type="checkbox"/> Ground Water Control <input type="checkbox"/> Machine Guarding <input type="checkbox"/> First Aid Kit <input type="checkbox"/> ERP		<input type="checkbox"/> First Aid Kit <input type="checkbox"/> Working Alone Plan <input type="checkbox"/> WHMIS <input type="checkbox"/> PPE <input type="checkbox"/> CSA Approved Footwear <input type="checkbox"/> Hearing Protection <input type="checkbox"/> Gloves <input type="checkbox"/> Safety Glasses w/side Shield <input type="checkbox"/> Hard Hat <input type="checkbox"/> Safety Vest <input type="checkbox"/> ATV helmet	
<p><i>*Sign only if you understand the identified hazards and controls above.</i></p>			
<p>Worker Name</p> <p>_____</p> <p>_____</p> <p>_____</p>		<p>Worker Signature</p> <p>_____</p> <p>_____</p> <p>_____</p>	



Hazard ID

- Unsafe Condition
- Unsafe Act
- Near Miss

Date:

Location:

What did you see? (*Unsafe Act/Condition/Near Miss*)

What Actions did you take or are required?

Follow Up Required (Who)?

Date Required By:

Loss Severity Potential
 HI MED LOW

Probability of Recurrence
 HI MED LOW



WORKING ALONE PLAN		
Date:		
Name of Person Working Alone:		
Contact Responsible for person above:		
Alternate Contact:		
Local Contact:		
Likely end of day destination:		
Contracting Company:		
√ This form must be filled out each time a worker is alone and only if the FLHA indicates that the task isn't too risky for a lone worker.		
Location	Hazards	Last Check-in Time
<p>The lone worker must call the contact person once the job commence and in 2 hour intervals throughout the day ending with a final call when the destination for that day is reached. If the worker fails to make contact within these guidelines, the 'Contact Person' will:</p> <ol style="list-style-type: none"> 1. Attempt to contact worker by cell phone, home number, hotel number 2. Then the client will be notified and a plan to locate the worker will be initiated. 3. Continual attempts will be made to contact the worker, also a call to the workers significant others and emergency contacts to see if they have heard from them 4. The local contact will physically go to the locations specified on the contact sheet 5. Local hospitals will be called 6. Local police and RCMP will be notified <p>When worker is located all parties involved will be notified.</p>		



Title:	New Worker Checklist	Date:
		New Worker:
This checklist is to identify the topics covered in training and any additional comments.		
Topics Covered:		<u>Safety Orientation</u>
<input type="checkbox"/> Specific training <ul style="list-style-type: none"> <input type="checkbox"/> WHMIS <input type="checkbox"/> CSTS <input type="checkbox"/> Specific PPE <input type="checkbox"/> Safe Work Practices and Job Procedures <input type="checkbox"/> Processes <input type="checkbox"/> Hours of work, location of parking, lunch area, and toilets <input type="checkbox"/> . <input type="checkbox"/> .		<input type="checkbox"/> EH&S Policy Statement <input type="checkbox"/> EH&S Policy, Guidelines and Responsibilities <input type="checkbox"/> Applicable Legislation <input type="checkbox"/> Hazard Assessment and reporting <input type="checkbox"/> Emergency Response <input type="checkbox"/> Investigations (accident reporting) <input type="checkbox"/> Discipline policy <input type="checkbox"/> Substance Abuse policy <input type="checkbox"/> Workplace violence policy <input type="checkbox"/> Use and maintenance of PPE
Orientation Questionnaire		Answer
Hazard identification and control is important to maintain a safe working environment.		True or False
Working safely is a condition of employment.		True or False
All injuries, regardless of how minor, must be reported to your employer.		True or False
It is important to maintain good housekeeping in your area.		True or False
You observe an unsafe condition on site, you should...		<ol style="list-style-type: none"> 1. Wait for toolbox meeting to report it 2. Report it immediately 3. Let someone else worry about it
Personal protective equipment should be worn when...		<ol style="list-style-type: none"> 1. Someone else is wearing it 2. The employer advises you to 3. The potential for personal injury exists
Tools and equipment that are tagged as "defective" are okay to use		True or False
Safety Data Sheets (SDS) are required for hazardous products. These sheets are readily available for you to see them.		True or False
<i>I understand and accept my responsibilities and obligations as a worker on all Monsoon Oilfield sites. I will comply with Monsoon Oilfield's health and safety program and OHS legislation regarding safety.</i>		
Worker Signature:		Date: DD / MM / YYYY
Employer Signature:		Date: DD / MM / YYYY
Additional Comments:		



Title:	Competency Checklist	
<p>This checklist is to identify the topics covered while performing competency checks for new workers. Adequately qualified – Suitably Trained – Sufficient Experience <i>Legend (✓ - shown proficiency X - needs work N/A – not necessary)</i></p>		
	Topics Covered	
Week 2	<p>Topics Covered:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Training and Certification <ul style="list-style-type: none"> ○ Completed New Worker Orientation ○ Laborer experience ○ <input type="checkbox"/> Observations <ul style="list-style-type: none"> ○ Proper use of chemicals (WHIMS) ○ Participating in FLHA ○ Wearing PPE properly ○ Using tools and equipment properly ○ 	
Comments/Concerns		
Month 1	<ul style="list-style-type: none"> <input type="checkbox"/> Training and Certification <ul style="list-style-type: none"> ○ . <input type="checkbox"/> Observations <ul style="list-style-type: none"> ○ . ○ . ○ . 	
Comments/Concerns		
Month 3	<ul style="list-style-type: none"> <input type="checkbox"/> Training and Certification <ul style="list-style-type: none"> ○ Excavation experience ○ . ○ <input type="checkbox"/> Observations <ul style="list-style-type: none"> ○ . ○ . 	
Comments/Concerns		
Employer Signature:		Date: DD / MM / YYYY
Additional Comments:		



Fall Protection Plan

Client Information		
Company Name:		
Street Address:	Phone:	
Site Information		
Project Name:		
Date:	Location:	
Site Phone:		
Site Supervisor:		
Site Safety Supervisor:		
Project Details		
<input type="checkbox"/> New Construction	or <input type="checkbox"/> Renovation	
<input type="checkbox"/> Residential	or <input type="checkbox"/> Commercial	
<input type="checkbox"/> Single Family Home		
<input type="checkbox"/> Multi-family Development		
Application Details:		
Falling Hazards		
Falls on same level		
<input type="checkbox"/> Slip and Fall	<input type="checkbox"/> Trip Over	
Falls to lower level		
<input type="checkbox"/> Openings in Floor	<input type="checkbox"/> Unprotected Edges	<input type="checkbox"/> Stairs, Ramps, or Ladders
<input type="checkbox"/> Fall Against or Onto an Object (ie. Equipment & Machinery)	<input type="checkbox"/> Equipment Failure	
<input type="checkbox"/> Other (Describe):		



Fall Protection Plan

Controls

Fall protection system to be used

- Control Zone Travel Restraint Fall Arrest (PFAS) Rope Access

Please describe the components and configuration of the system chosen (Attach diagrams, or pictures if required):

Rescue Procedures & Emergency Response

Is it possible for suspended worker to self rescue? Yes No N/A

If yes please describe how:

Is it possible to rescue suspended worker using readily available equipment or tools on site (ie. Manlift, Scissor lift, Ladder, etc.)? Yes No N/A

If yes please describe equipment and method:

Is there a high angle rescue team onsite capable of affecting rescue of suspended worker?

- Yes No N/A

If yes please describe:



Fall Protection Plan

Rescue Procedures and Emergency Response Continued	
If there is no high angle rescue team available onsite are local emergency responders trained to affect a high angle rescue? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What is the estimated response time to arrive on location?	Minutes
Are first aid services available on site? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes what level of training is available?	
<input type="checkbox"/> Emergency First Aid	<input type="checkbox"/> Standard First Aid
<input type="checkbox"/> Emergency Medical Responder	<input type="checkbox"/> Emergency Medical Technician
<input type="checkbox"/> Paramedic	<input type="checkbox"/> Registered Nurse
	<input type="checkbox"/> Advanced First Aid
	<input type="checkbox"/> Medical Doctor
Emergency Communication & Contacts	
Method to summon rescue team: <input type="checkbox"/> Horn <input type="checkbox"/> Radio Ch. <input type="checkbox"/> Phone	
First Aid Contact Name:	Location:
Contact by: <input type="checkbox"/> Radio Ch.	<input type="checkbox"/> Phone
Fire dial:	Ambulance dial:
Nearest hospital:	Address:
Phone:	
Emergency company contacts	
Name:	Name:
Phone:	Phone:
Name:	Name:
Phone:	Phone:
Approval and Acceptance	
Approved By:	Date:
Signature:	
Accepted By:	Date:
Signature:	



Title:	Emergency Response Drill		
Use this form to document the details of the emergency response drill.			
Person Completing Form:		Date:	
Time Alarm Sounded:		Time Drill Concluded:	Time to Evacuate: (fire evacuation drills only)
Type of Drill:	Notification / Alert Method:	Weather Conditions:	
<input type="checkbox"/> Fire / Evacuation <input type="checkbox"/> Explosion <input type="checkbox"/> Toxic Spill <input type="checkbox"/> Medical Emergency <input type="checkbox"/> Contact with Electricity <input type="checkbox"/> Other: _____	<input type="checkbox"/> Bell or Buzzer <input type="checkbox"/> Enhanced Alert System <input type="checkbox"/> Intercom <input type="checkbox"/> Phone <input type="checkbox"/> Voice Notification <input type="checkbox"/> Siren <input type="checkbox"/> Other: _____	<input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Raining <input type="checkbox"/> Rain and wind <input type="checkbox"/> Windy <input type="checkbox"/> Snow / Sleet <input type="checkbox"/> Hail	
Participants: (check all that apply)	Situation at Start of Drill:	Additional Comments	
<input type="checkbox"/> Employer <input type="checkbox"/> Safety Personnel <input type="checkbox"/> Workers <input type="checkbox"/> Security Officers <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Fire Department <input type="checkbox"/> Emergency Medical Services <input type="checkbox"/> County Emergency Mgmt. <input type="checkbox"/> Other _____	<input type="checkbox"/> Before Business Hours <input type="checkbox"/> During Business Hours <input type="checkbox"/> Peak Business Hours <input type="checkbox"/> Lunch Time <input type="checkbox"/> After Business Hours <input type="checkbox"/> Other: _____ _____		
Employer previously trained on emergency procedures this year?	Workers previously trained on emergency procedures this year?		
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Incident Command System Used?	Incident Commander:	Operations Chief:	
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Problems Encountered: (Check all that apply)			
<input type="checkbox"/> Alarm not heard <input type="checkbox"/> Workers unsure of what to do / proper <input type="checkbox"/> Weather-related problems <input type="checkbox"/> Windows left open <input type="checkbox"/> Personnel not accounted for / attendance <input type="checkbox"/> Difficulties with evacuation of disabled personnel, customers or visitors <input type="checkbox"/> Personnel unaccounted for (note # below)		<input type="checkbox"/> Radio communication problems <input type="checkbox"/> Noise impedes communications <input type="checkbox"/> Personnel not out of sight (lockdown drill) <input type="checkbox"/> Personnel not serious about drill <input type="checkbox"/> Improper or unavailable supplies (SiP) <input type="checkbox"/> Exits blocked <input type="checkbox"/> Transportation <input type="checkbox"/> Incident command problems <input type="checkbox"/> Other: _____	
Extenuating Circumstances / Identified Factors / Special Conditions Simulated:			




Title:	Emergency Response Plan		
Date:			Location:
Use this form to document the details of the on-site emergency response plan.			
EMERGENCY PROCEDURES	<p>In the event of an emergency occurring within or affecting the worksite, the (designated person) makes the following decisions and ensures the appropriate key steps are taken:</p> <ul style="list-style-type: none"> • _____ • _____ • _____ 		
LOCATION OF EMERGENCY EQUIPMENT	Fire Alarm: _____ Fire Extinguisher: _____ ESD: _____ First Aid Kit: _____ Other: _____		
EMERGENCY RESPONSE EMPLOYEE TRAINING	Name	Type of Training	Expiry
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
LOCATION AND USE OF EMERGENCY FACILITIES	The nearest Emergency services are to be contacted Via 911. The nearest location of each (including direct phone numbers) is listed below: <ul style="list-style-type: none"> • Fire Station: _____ • Ambulance: _____ • Police: _____ • Hospital: _____ • Other: _____ 		
ALARM AND EMERGENCY COMMUNICATION REQUIREMENTS	<ul style="list-style-type: none"> • SPOTS: _____ • Cell Phone: _____ • Radio: _____ • Satellite Phone: _____ • Other: _____ 		
MATERIAL SAFETY DATA SHEETS (SDS)	SDS sheets are located at E-MAC offices as well as: _____		
PROCEDURES FOR RESCUE AND EVACUATION	In case of (type of emergency/evacuation): <ul style="list-style-type: none"> • _____ • _____ Transportation of ill or injured worker is by _____		
CLIENT FIELD CONTACTS	Contact information of client operational staff: <ul style="list-style-type: none"> • Name/Phone# _____ • Name/Phone# _____ • Name/Phone# _____ 		
REVIEWED BY	Name	Signature	
	_____	_____	



Title:		First Aid Kit Inventory		
Date:			Location:	
Use this form to document the contents of the First Aid Kit.				
Qty	Monsoon Oilfield Qty	AB Num 2 Qty	BC Level 1 Qty	Item
	3	3	3	blankets
	24		24	14 cm x 19 cm wound cleaning towelettes, individually packaged
	60	10	60	antiseptic cleansing towelettes, individually packaged
	100	50	100	sterile adhesive dressings, individually packaged
	20	20	12	10 centimetres x 10 centimetres sterile gauze pads individually packaged
	30	30		10 centimetres x 10 centimetres sterile compress dressings, with ties, individually packaged
	30	30		15 centimetres x 15 centimetres sterile compress dressings, with ties, individually packaged
	4		4	15 centimetres x 15 centimetres sterile compress dressings, with ties, individually packaged
	1	1		20 centimetres x 25 centimetres sterile abdominal dressing
	2	2		conform gauze bandages — 75 millimetres wide
	6	4	6	cotton triangular bandages, minimum length of base 1.25 m
	8	8	4	safety pins — assorted sizes;
	1	1	1	14 cm stainless steel bandage scissors or universal scissors
	1	1		pair of tweezers
	1		1	11.5 cm stainless steel sliver forceps
	1	1	1	25 millimetres x 4.5 metres roll of adhesive tape
	2	2	2	crepe tension bandages — 75 millimetres wide
	1	1	1	resuscitation barrier device with a one-way valve
	6	6	6	pairs of disposable surgical gloves
	1	1		sterile, dry eye dressing
	1	1		first aid instruction manual (condensed)
	1	1		inventory of kit contents;
	1	1		waterproof waste bag.
	12		12	cotton tip applicators
	1		1	first aid records and pen



												
Title:	Near Miss	Workers On-site:										
Job/Task:		Date: MM / DD / YY										
Details:												
What Happened?												
Direct Causes												
Indirect Causes												
Recommendations: (suggestions offered, policies, procedures, site rules)												
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Name(s)</th> <th style="width: 50%;">Signature</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>			Name(s)	Signature								
Name(s)	Signature											
Signature: _____												



Title:		Accident Report					
Use this form to document the details of an accident.							
Injured Worker's Last Name			First Name		Occupation		
Location where injury/accident occurred					First Aid Provider		
Hospital or Clinic Attended for Medical Aid					Treating Physician's Name		
Nature of Injury					Project Location of Accident/Injury		
Person who transported employee							
Will this be a lost time injury?		No <input type="checkbox"/>	Yes <input type="checkbox"/>	Is injury work-related?		No <input type="checkbox"/>	Yes <input type="checkbox"/>
Were any subcontractors involved?		No <input type="checkbox"/>	Yes <input type="checkbox"/>	Was WCB called ³ ?		No <input type="checkbox"/>	Yes <input type="checkbox"/>
Injury Details							
Date and Hour of Injury				Date and Hour Reported to Employer			
Day	Month	Year	Time	Day	Month	Year	Time
			a.m. p.m.				a.m. p.m.
Date and Hour Last Worked				Normal Working Hours			
Day	Month	Year	Time	from		to	
			a.m. p.m.		a.m. p.m.		a.m. p.m.
Who was the injury reported to?							
What caused the injury? Describe the injury, the body part involved and specify left or right side (use back of sheet if necessary).							
Describe the worker's activities at the time of the injury. Include details of equipment or materials used (use back of sheet if necessary).							
Did anyone else witness the accident or know more about the injury?							

³ Reasons to call WCB: fatality, critical injuries (defined as an injury of a serious nature that: places life in jeopardy, produces unconsciousness, results in substantial loss of blood, involves the fracture of a leg or arm, involves the amputation of a leg, arm, hand or foot, consists of burns to a major portion of the body, causes the loss of sight in an eye), fire, explosion or hazardous material release, lost time injuries or accident requiring medical treatment, occupational illnesses, any worker who has had their fall arrested, any 'prescribed incident', or property damage >\$500.



Title:	Accident Investigation		
Use this form to document the investigation details of an accident.			
Last Name:	First Name	Occupation/Job Title	Yrs. Experience in Occupation
Full Address:			
City/Town			Postal Code
Division/Branch		Date of Occurrence	Time
Location		Date Reported	Time
<input type="checkbox"/> Hazardous Situation <input type="checkbox"/> Incident <input type="checkbox"/> First Aid <input type="checkbox"/> Health Care <input type="checkbox"/> Lost Time <input type="checkbox"/> Critical Injury			
Describe what happened and, if applicable, describe injury. Attach an accident/incident diagram, if appropriate.			
Describe the nature, date and time of first aid treatment, if applicable.			
Part of Body Injured (Indicate "R", "L", or "B", where applicable)			Signature of person reporting incident
<input type="checkbox"/> Head	<input type="checkbox"/> Lower back	<input type="checkbox"/> Hand/fingers	<input type="checkbox"/> Ankle/foot
<input type="checkbox"/> Eye	<input type="checkbox"/> Upper Arm	<input type="checkbox"/> Hip	<input type="checkbox"/> Other
<input type="checkbox"/> Neck	<input type="checkbox"/> Elbow	<input type="checkbox"/> Upper leg	
<input type="checkbox"/> Shoulder	<input type="checkbox"/> Lower Arm	<input type="checkbox"/> Knee	
<input type="checkbox"/> Upper back	<input type="checkbox"/> Wrist	<input type="checkbox"/> Lower leg	
Type of Accident/Incident			
Check off (✓) statements that best describe the accident/incident:			
<input type="checkbox"/> Repetitive Strain	<input type="checkbox"/> Slip/fall	<input type="checkbox"/> Exposure to	
<input type="checkbox"/> Acute Strain (lifting, pulling, carrying)	<input type="checkbox"/> Vehicle	<input type="checkbox"/> Other (explain)	
<input type="checkbox"/> Caught in/under/between	<input type="checkbox"/> Client/employee action		
<input type="checkbox"/> Struck, contacted by/with/against	<input type="checkbox"/> Cut/bruise		
Witnesses			
Name		Telephone	
Address			
Name		Telephone	
Address			
Physician's Name		Telephone	
Address			
Remember to attach witness(es) statement(s) on the Witness Statement form.			



Causes: Check (✓) all that are applicable		
<p>Conditions</p> <ul style="list-style-type: none"> <input type="checkbox"/> Congestion or restricted action <input type="checkbox"/> Poor housekeeping; disorderly workplace <input type="checkbox"/> Slip/trip hazards <input type="checkbox"/> Lack of or inappropriate furniture/equipment <input type="checkbox"/> Design or arrangement of furniture/equipment <input type="checkbox"/> Defective furniture, tools, equipment or materials <input type="checkbox"/> Inadequate or excessive illumination <input type="checkbox"/> Inadequate ventilation <input type="checkbox"/> Excessive noise <input type="checkbox"/> Inadequate or improper protective equipment <input type="checkbox"/> Fire and explosion hazards <input type="checkbox"/> Inadequate warning systems <input type="checkbox"/> Irrate client/employee action <input type="checkbox"/> Adverse weather <input type="checkbox"/> Other (explain): 	<p>Practices</p> <ul style="list-style-type: none"> <input type="checkbox"/> Improper body position/posture <input type="checkbox"/> Tasks not varied/micro breaks not taken <input type="checkbox"/> Unnecessary rushing <input type="checkbox"/> Improper lifting <input type="checkbox"/> Unsafe loading/placement <input type="checkbox"/> Using defective equipment <input type="checkbox"/> Using equipment improperly <input type="checkbox"/> Altering or modifying equipment <input type="checkbox"/> Not using personal protective equipment or failing to use it properly <input type="checkbox"/> Not following appropriate procedures <input type="checkbox"/> Inappropriate conduct <input type="checkbox"/> Hazardous personal attire <input type="checkbox"/> Other (explain): 	
<p>What are the reasons for the existence of these practices and/or conditions?</p>		
Prevention/Corrective Action		
<p>Actions to prevent accident/incident recurrence. Check (✓) those actions taken to prevent recurrence. Mark with (P) other corrective actions decided upon or planned but not yet carried out. More than one item may apply.</p>		
<ul style="list-style-type: none"> <input type="checkbox"/> Training/instruction of person involved <input type="checkbox"/> Improve work procedures <input type="checkbox"/> Inform staff/managers of safe work procedures <input type="checkbox"/> Perform job safety analysis <input type="checkbox"/> Inform staff/managers of hazard and how to protect themselves <input type="checkbox"/> Notify appropriate individuals <input type="checkbox"/> Improve engineering/design <input type="checkbox"/> Improve inspection procedures <input type="checkbox"/> Tools, equipment, furniture repair or replacement 	<ul style="list-style-type: none"> <input type="checkbox"/> Request ergonomic assessment <input type="checkbox"/> Request environmental assessment <input type="checkbox"/> Correction of work area <input type="checkbox"/> Recommend development/improvement to training/OHS program <input type="checkbox"/> Reassess work standards <input type="checkbox"/> Reassignment of person <input type="checkbox"/> Improve housekeeping <input type="checkbox"/> Other (describe): 	
<p>Remember that ALL corrective action must be documented on the Corrective Action form.</p>		
<p>Describe actions taken.</p>		
Investigated by:		
Employer Signature	Name (print)	Date (dd-mmm-yyyy)
Review by:		
Director's/Program Head's Signature	Name (print)	Date (dd-mmm-yyyy)



Title:	Corrective Action
Use this form to document the corrective action taken after an accident.	
Date of injury/incident: _____ Injury/incident number: _____	
Date: _____	
Corrective action taken (as indicated on the Accident/Investigation Form):	
Recommendations:	
Date assigned:	
Responsibility assigned to:	
Details of what has to be done:	
Who has completed it?	
When was it completed?	



Title:	Witness Statement
Use this form to document the witness(es) statements following an accident.	
Date of injury/incident:	_____ Injury/incident number: _____
Name of witness:	_____
Date:	_____
Name of interviewer:	_____
Details of interview:	_____
Signature of witness:	_____
Signature of interviewer:	_____



MONTHLY/YEAR END LOSS SUMMARY 2018

Incident Frequency Rate = No. of Incidents x 200,000 Man Hours ÷ Monthly Man Hours Worked												
Injury Severity Rate = Number of Work Days Lost x 200,000 ÷ Total Man Hours Worked During The Year												
Monthly Man-Hours Worked			Near Miss	Property Damage	Lost Time Incident	Medical Aid	First Aid	Actual Days lost	Modified Duty Days	Monthly Frequency Rate	Monthly Injury Severity Rate	Loss Monthly Total Cost
Month	YTD											
J			0	0	0	0	0	0	0	#DIV/0!	#DIV/0!	
F			0	0	0	0	0	0	0	#DIV/0!	0	
M			0	0	0	0	0	0	0	#DIV/0!	0	
A			0	0	0	0	0	0	0	#DIV/0!	0	
M			0	0	0	0	0	0	0	#DIV/0!	0	
J			0	0	0	0	0	0	0	#DIV/0!	0	
J			0	0	0	0	0	0	0	#DIV/0!	0	
A			0	0	0	0	0	0	0	#DIV/0!	0	
S			0	0	0	0	0	0	0	#DIV/0!	0	
O			0	0	0	0	0	0	0	#DIV/0!	0	
N			0	0	0	0	0	0	0	#DIV/0!	0	
D			0	0	0	0	0	0	0	#DIV/0!	0	
Total Man-Hours YTD			Total	Total	Total	Total	Total	Total	Total	Yearly Frequency Rate	Yearly Injury Severity Rate	Loss Yearly Total Costs
0			0	0	0	0	0	0	0	#DIV/0!	#DIV/0!	0
Completed By:			Date	Received By:			Date		Signature			



Subcontractor Form

Subcontractor:		Hire Date:
		Email:
Contact Name:		Position:
Address:		Phone Number:
<ul style="list-style-type: none"> • This checklist is to ensure all hired contractors must have their own, valid WCB coverage. Every contractor's Health & Safety Manual, training documentation and premium rate statements have been reviewed in the selection process. In the event you are unable to provide your own Health & Safety Manual, you will be required to adhere to Monsoon Oilfield's Health & Safety Manual. • Monsoon Oilfield will report all incidents involving subcontractors to the hiring client and participate in the investigations. • It is the responsibility of Monsoon Oilfield's to communicate the site operator's Drug and Alcohol Policy. Note: A post-job performance review will be conducted. 		
Topics Covered: <ul style="list-style-type: none"> <input type="checkbox"/> Specific training <ul style="list-style-type: none"> ○ WHMIS ○ CSTS ○ Specific PPE <input type="checkbox"/> Safe Work Practices and Job Procedures <input type="checkbox"/> Processes <input type="checkbox"/> Site Specific Information 		<u>Safety Orientation</u> <ul style="list-style-type: none"> <input type="checkbox"/> EH&S Policy Statement <input type="checkbox"/> EH&S Policy, Guidelines and Responsibilities <input type="checkbox"/> Applicable Legislation <input type="checkbox"/> Hazard Assessment and reporting <input type="checkbox"/> Emergency Response <input type="checkbox"/> Investigations (accident reporting) <input type="checkbox"/> Discipline policy <input type="checkbox"/> Substance Abuse policy <input type="checkbox"/> Workplace violence policy <input type="checkbox"/> Use and maintenance of PPE
Documents Required		
Company Safety Manual		
Safety Training Certificates (H2S, First Aid, TDG)		
WCB Premium Rate Statement		
Certificate of Insurance		
COR/SECOR		
<p><i>I understand and accept my responsibilities and obligations as a subcontractor on all Monsoon Oilfield sites. I will comply with Monsoon Oilfield's health and safety program and OHS legislation regarding safety.</i></p>		
Subcontractor Signature:		Date: DD / MM / YYYY
Employer Signature:		Date: DD / MM / YYYY
Additional Comments:		



Subcontractor Form

Post Job Review - Subcontractor Name:	
Subcontractor Signature:	Date: DD / MM / YYYY
Employer Signature:	Date: DD / MM / YYYY
Additional Comments:	