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|  | STURGEON ELECTRIC COMPANY Safety Management System | | Doc No: | SMP |
| | | | Initial Issue Date: | 01/01/2011 |
| SUBCONTRACTOR MANAGEMENT PLAN (SMP) | | | Revision Date: | Initial Version |
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Purpose

The purpose of this program is to ensure that STURGEON ELECTRIC COMPANY continues to improve subcontractor health, safety and environmental performance and to establish a standard for pre-qualification, evaluation/selection and development of our subcontractors.

Scope

This program applies to all subcontractors and all STURGEON ELECTRIC COMPANY locations.

General Requirements

All STURGEON ELECTRIC COMPANY subcontractors are to be managed in accordance with this program.

The use of subcontractors must be pre-approved by STURGEON ELECTRIC COMPANY. Approval requirements include:

- A formal safety review of the subcontractor being performed by STURGEON ELECTRIC COMPANY safety department.
- The scope of the review was commensurate with the hazards and risk exposure.
- Subcontractor has been/will be oriented to the safety policies, expectations and requirements of STURGEON ELECTRIC COMPANY.
- The subcontractor agrees to abide by our Drug and Alcohol policy and onsite safety rules throughout the duration of the work.

Any subcontractor that has a “Non-Approved” safety status will not be used on any STURGEON ELECTRIC COMPANY site.

Procedure

Pre-Qualification of Subcontractors

Subcontractors will be pre-qualified by reviewing their safety programs, safety training documents and safety statistics.

Evaluation Safety Metrics

Acceptable safety metrics will be used as criteria for prequalifying and selecting subcontractors. The safety metrics and scoring will consider:

- STURGEON ELECTRIC COMPANY Subcontractor Safety Pre-Qualification Form responses and subcontractor safety program documents review 60% (Rated from 0-60 total points)
- Subcontractor safety training documents review 20% (Rated from 0-20 total points)
- Subcontractor safety statistics review 20% (Rated from 0-20 total points)

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Evaluation Rating and Acceptance

The subcontractor rating system will have five designations:

- Equal to or Greater than 90 points = A – no restrictions.
- Between 85 and 89 points = B – Mitigation plan must be documented and approved by STURGEON ELECTRIC COMPANY Safety.
- Between 81 and 84 points = C – Mitigation plan must be documented and approved by STURGEON ELECTRIC COMPANY Safety; management approval in writing.
- Between 71 and 80 points = D – Mandatory commitment meeting with senior subcontractor management present; mitigation plan documented and approved by STURGEON ELECTRIC COMPANY Safety; management approval in writing; trained subcontractor safety personnel on site during work regardless of number of workers.
- Less than 70 points = F – not to be used.

Once each subcontractor has been evaluated and scored, STURGEON ELECTRIC COMPANY safety will provide management the scores/ranking.

STURGEON ELECTRIC COMPANY reserves the right to change a subcontractor’s status to “Non-Approved” if the subcontractor shows insufficient progress towards accepted mitigation plan or other agreed upon criteria.

Subcontractor Involvement

Contractors are required to follow or implement the work practices and systems described below while performing work at STURGEON ELECTRIC COMPANY worksites:

- Attend an safety orientation, pre-job meeting or kick-off meeting provided by STURGEON ELECTRIC COMPANY prior to any work beginning
- Monitor employees for substance abuse and report nonconformities to STURGEON ELECTRIC COMPANY
- Ensure personnel have the required training and competency for their work
- Participate in STURGEON ELECTRIC COMPANY tailgate safety meetings, job safety analysis or hazard assessments and on the job safety inspections.
- Perform a pre-job safety inspection that includes equipment
- Participate in the BBS hazard reporting system
- Report all injuries, spills, property damage incidents and near misses
- Comply with onsite and Owner Client safety rules
- Implement STURGEON ELECTRIC COMPANY safety practices and processes as applicable
- Clean up and restore the worksite after the job is over
- Ensure compliance with regulations at all times
- Post job safety performance reviews shall be conducted for subcontractors.

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SUBCONTRACTOR SAFETY PRE-QUALIFICATION FORM

| GENERAL INFORMATION | | | |
|--|------------------|-------------------|--------|
| 1. Subcontractor Information: | | | |
| Subcontractor Name: | | Telephone Number: | |
| Street Address: | | Fax Number: | |
| City: | | Website Address: | |
| Province/State: | | Postal Code/Zip: | |
| 2. Officers | | | |
| President: | | | |
| Vice President: | | | |
| Treasurer: | | | |
| 3. How many years has your organization been in business under your present firm's name? | | | |
| 4. Parent Firm Name: | | | |
| City: | Province/State: | Postal Code/Zip: | |
| Subsidiaries: | | | |
| | | | |
| 5. Under current management since (Date): (please enter date as mm/dd/yyyy) | | | |
| 6. Contact for Insurance Information: | | | |
| Title: | Telephone: | Fax: | Email: |
| 7. Insurance Carrier(s): | | | |
| Name | Type of Coverage | Telephone | |
| | | | |
| | | | |
| 8. Worker's Compensation Account Status (Please enclose a copy of your workers compensation insurance certificate.) | | | |
| Account Number: | | Industry Code: | |
| 9. Contact for requesting bids: | | | |
| Title: | Telephone: | Fax: | Email: |
| 10. Contractor Evaluation form completed by: | | | |
| Title: | Telephone: | Fax: | Email: |

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HEALTH, SAFETY AND ENVIRONMENTAL PERFORMANCE

Health, Safety and Environmental Performance

Provide the following data for your firm using your record keeping forms from the past three (3) years.
If the data is not available please reply with Not Available - N/A.

Safety Performance Definitions and Guidance

- a. **Hours Worked** Employee hours worked last three years. Please report actual scheduled total hours worked and total overtime hours worked. If actual hours worked are not available for certain individuals hours worked may be estimated. A default of 2000 hours per individual per year can be used as an estimate.
- b. **Recordable Incidents** Recordable cases are those that involve any work-related injury or illness, including death but excluding first-aid injuries.
- c. **Lost Workday Cases** A Lost Workday Case is a medical case that involves fatalities, days away from work cases or restricted work activity cases.
 - **Days Away from Work Case** Where the employee is away from scheduled work day one day or more after the day of a work related injury or illness. The day of the incident does not count as lost workday. Stop count when total days away and restricted duty days reach 180 or employee leaves the firm.
 - **Restricted Work Activity Case** Where the employee as result of work-related injury or illness:
 - ◊ Assigned to another job on a temporary or permanent basis or
 - ◊ Worked at their permanent job but less than a full day
 - ◊ Could not perform routine functions associated with their permanent job
 The day of the incident is not counted as a Restricted Duty day. Stop count when total days away or restricted duty days reach 180 or if employee leaves the firm.
- d. **Motor Vehicle Incident** A motor vehicle is any mechanically or electrically powered devices (excluding one moved by human power), upon which or by which any person or property may be transported upon a land roadway.
 - **Motor Vehicle Incident** Includes any event involving a motor vehicle that is owned, leased or rented by the firm that results in death, injury or property damage unless the vehicle is properly parked.

| Health and Safety Incidents | 2009 | 2008 | 2007 |
|---|------|------|------|
| a. Total Hours Worked | | | |
| b. Total Recordable Incidents # Fatalities # Medical Aids # Days Away from Work Cases # Restricted Work Activity Cases | | | |
| c. Total Recordable Incident Rate (TRIR) <u>Total # Recordable Incidents x 200,000</u> Total # Hours worked | | | |
| d. Lost Workday Cases (LWC) # Fatalities # Days Away from Work Case # Restricted Work Activity Case | | | |
| e. Lost Workday Incident Rate (LWDR) <u>Total # Lost Workday Incidents x 200,000</u> Total # Hours Worked | | | |

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|---|-------------|-------------|-------------|
| Health and Safety Incidents - continued | 2009 | 2008 | 2007 |
| f. Motor Vehicle Incidents (MVI) # Motor Vehicles Incidents # Kilometers/Miles driven | | | |
| g. Motor Vehicle Incident Frequency Rate (MVIFR) Total # of Firm's Motor Vehicle Incidents x 1,000,000 Total # Kilometers/Miles driven | | | |
| Environmental Incidents | 2009 | 2008 | 2007 |
| Total # Spills to Water a. Petroleum Spills # spills Sheen (est. volume as 0.1 bbl. To < 1bbl. # spills 1 bbl. To < 100 bbls. # spills 100 bbls. or more b. Chemical Spills # spills 1 bbl./160 kg. to < 100 bbls./16,000 kg. # spills 100 bbls./16,000 or more | | | |
| Total # Spills to Land a. Petroleum spills # spills 1 bbl. To < 100 bbls. # spills 100 bbls. or more b. Chemical Spills # spills 1 bbl./160 kg. to < 50 bbls./8,000 kg # spills 50 bbls./8,000 kg. or more | | | |
| Enforcement Actions | 2009 | 2008 | 2007 |
| Citations # Health and Safety # Environmental Please provide details | | | |
| Fines Total # Fines Total \$\$ Paid Please provide details | | | |

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HEALTH, SAFETY AND ENVIRONMENTAL MANAGEMENT

Highest ranking HSE professional in the firm:

| | | |
|-------------|--------|-------------------|
| Name/Title: | Email: | Telephone Numbers |
|-------------|--------|-------------------|

Do you have a written Basic Safety / HSE Program? Yes No

| | | |
|--|------------------------------|-----------------------------|
| Does your Basic Safety/HSE Program include the following? | | |
| a. HSE Policy statement signed by management | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b. Management Involvement and Commitment | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c. Hazard Identification and Risk Control | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d. Rules and Work Procedures | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| e. Training | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| f. Communications | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| g. Incident and Accident Reporting and Investigation | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Does the program include work practices and procedures such as?

| | | |
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| a. Permit to Work including Isolation of Energy | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b. Confined Space Entry | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c. Injury and Illness Recording | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d. Fall Protection | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| e. Personal Protective Equipment | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| f. Portable Electrical/Power Tools | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| g. Motor Vehicle/Driving Safety | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| h. Compressed Gas Cylinders | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| i. Electrical Equipment Grounding Assurance | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| j. Powered Industrial Vehicles (Cranes, Forklifts, Etc.) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| k. Housekeeping | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| l. Accident/Incident Reporting and Investigations | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| m. Unsafe Condition Reporting | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| n. Emergency Preparedness, Including Evacuation Plan | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| o. Waste Disposal and Pollution Prevention | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| p. Regular Workplace Inspection / Audits | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you have a Drug and Alcohol program? | | |
| a. Pre-employment Testing | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b. Reasonable Cause Testing | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c. Post-rehabilitation/Return to Work Testing | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

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| Do you have a Job Safety Analysis (JSA) process in place? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Is there a Root Cause Analysis process used for investigations, near misses, environmental spills? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Is there a Management of Change (MOC) Process in place? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you have programs for the following? | | | |
| a. Respiratory Protection | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b. Where applicable, have employees been: | | | |
| • Trained | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Fit tested | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Medically approved | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c. Hazard communication/WHMIS | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d. Programs for potential high hazard work such as Highly Hazardous Chemicals; Explosives and Blasting Agents | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you have a corrective action process for addressing individual/employee safety and health performance deficiencies? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Medical | | | |
| a. Do you conduct medical examinations for: | | | |
| • Pre-placement Job Capability | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Pulmonary | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Respiratory | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b. Describe how you intend to provide first aid and other medical services while on-site. | | | |
| Do you have personnel trained to perform first aid and CPR? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Personal Protective Equipment (PPE) | | | |
| a. Is applicable PPE provided for employees? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b. Do you have a program to assure that PPE is inspected and maintained? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| HSE Meetings | | | Frequency |
| a. Do you hold site HSE meetings for? | | | |
| • Field Supervisors | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Employees | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • New Hires | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Subcontractors | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

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| Inspections and Audits | | | Frequency |
| a. Do you conduct internal HSE Inspections? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| b. Do you conduct internal HSE program audits? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| c. Are corrections or deficiencies to internal HSE program or equipment communicated and documented until closure? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| Equipment and Materials: | | | |
| a. Do you own or lease Equipment and Materials? If yes, please complete the following questions: | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| b. Do you have a system for establishing applicable health, safety, and environmental specifications for acquisition of materials and equipment? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| c. Do you conduct inspections on operating equipment (e.g., cranes, forklifts) in compliance with regulatory requirements? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| d. Do you maintain operating equipment in compliance with regulatory requirements? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| e. Do you maintain the applicable inspection and maintenance certification records for operating equipment? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| f. Do you document corrections or deficiencies from equipment inspections and maintenance? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| Subcontractor Management | | | |
| a. Do you subcontract any work? If the answer is yes, please complete the following questions: | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | |
| b. Do you have a written contractor safety management process? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| c. Do you use HSE performance criteria in selection of subcontractors? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| d. Do you evaluate the ability of subcontractors to comply with applicable HSE requirements as part of the selection process? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| e. Do your subcontractors have a written HSE Program? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| f. Do you include your subcontractors in: | | | |
| • HSE Orientation | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| • HSE Meetings | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| • HSE Equipment Inspections | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| • HSE Program Audits | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| • Are corrections or deficiencies documented | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |

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| Employee and Trades Training | | | |
| a. | Have employees been trained in appropriate job skills? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b. | Are employees' job skills certified where required by regulatory or industry consensus standards? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c. | List trades/crafts which have been certified: | | |

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| Health, Safety and Environmental Orientation | | New Hires | | Supervisors | |
| a. | Do you have an HSE Orientation Program for new hires and newly hired or promoted supervisors? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b. | Does the program provide instruction on the following: | | | | |
| | •New worker orientation | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | •Safe Work Practices | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | •Safety Supervision | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | •Toolbox meetings | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | •Emergency Procedures | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | •First Aid Procedures | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | •Fire Protection and Prevention | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | •Safety Intervention | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | •Hazard Communication/WHMIS | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

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| Health, Safety and Environmental Training | | | |
| a. | Do you know the regulatory HSE training requirements for your employees? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b. | Have your employees received the required HSE training and re-training | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c. | Do you have a specific HSE training program for supervisors? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

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| Training Records | | | |
| a. | Do you have HSE and training records for your Employee's? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b. | Do the training records include the following: | | |
| | • Employee identification | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | • Date of training | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | • Name of trainer | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | • Method used to verify understanding | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c. | How do you verify understanding of training? (Check all that apply) | | |

- Written test
 Oral test
 Performance test
 Job Monitoring
 Other (List)