



Hatch-CIM Mining and Minerals Project Development Safety Award

Please download the Hatch-CIM Mining & Minerals Project Development Safety Award submission form and email it to Victor Tatone, Health & Safety Regional Manager, Hatch at victor.tatone@hatch.com

| Eligibility | |
|---|---------------|
| <p><i>This information is to be used to determine the eligibility for the Hatch-CIM Mining and Minerals Project Development Safety Award. Eligibility is based on the following criteria:</i></p> <ol style="list-style-type: none"><i>1. Project owner or project team is an active CIM member</i><i>2. Canadian owner/contractor team completing a single significant (>300,000 work hours) project geographically located in Canada within 12-months prior to the award application. Applications stand for 3-years</i><i>3. Inclusive of all Canadian mine and processing facilities in the metals, diamonds, industrial minerals, oil sands, and coal sectors.</i> <p><i>Hatch-CIM considers the safe execution of a project to be of overriding importance and the assessment of each participant's safety performance will be the criteria used for the final selection process.</i></p> <p><i>The Hatch-CIM Mining and Minerals Project Development Safety Award will be presented to the team that best meets or exceeds the established criteria and will hold the award for one year. All information provided will be held in confidence by the selection committee.</i></p> | |
| CERTIFICATION | |
| The information provided in this application is an accurate summary of the participant's Health and Safety Management System | |
| Project Name/Location: | |
| Project Team Names: | |
| Owner's Name/Project Lead | (print names) |
| Contractor's Name/Project Lead | (print names) |
| Describe the project (250 words or less) | |
| | |
| Project Team Officer's Signature: | |
| Owner | Date |
| Contractor: | Date |

| | | | |
|---|--|------------------------------|-----------------------------|
| 1. SAFE WORK PERFORMANCE | | | |
| 1A. Injury Experience / Historical Performance | | | |
| Complete the following project totals: | | | |
| Number of Medical Aid Injury Cases | | | |
| Number of Lost Time Injury Cases | | | |
| Number of Fatalities | | | |
| Hours Worked on the Project | | | |
| Medical Aid Injury Case Rate | | | |
| Lost Time Injury Case Rate | | | |
| Medical Treatment Case | Any occupational injury or illness requiring treatment beyond first aid under the direction of a physician | | |
| Lost Time injury Cases | Any occupational injury that prevents the worker from performing any work for at least one day | | |
| Case Rates | Total number of cases X 200,000 divided by the total number of hours worked in the calendar year | | |
| 1B. Contractor's Workers' Compensation Experience | | | |
| Use the previous three years records to complete the following: | | | |
| Average % Discount or Surcharge | | | |
| Was your Workers Compensation account in good standing? (Please provide letter of confirmation) | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Citations | | | |
| Was the project team cited, charged or prosecuted under Health, Safety and/or Environmental Legislation? If yes, provide details | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Safety Program | | | |
| Did you have a written project safety management system/program? If yes, provide the entire document for review | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Was the safety management system/program based on a system that is OHSAS 18001 or COR certified? If yes, provide copies of certificates | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Did you have a project-specific H&S policy? If yes, provide a copy for review | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Did you have a pocket safety booklet for field distribution? If yes, provide a copy for review | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are regular internal/external audits of your program used to maintain the quality of execution? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

| 4. Training Program | | | |
|--|--|------------------------------|-----------------------------|
| 4A. | Is health and safety training conducted in your organization? If yes, provide an outline of the training, course length and number of participants | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | | |
| | | | |
| 4B. | Were records maintained for all training, refresher and induction programs undertaken for employees in your organization? If yes, provide examples of safety training records | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | | |
| | | | |
| 4C. | Did you have a project-specific orientation program for new hire employees? If yes, include a course outline | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4D. | Did you have a project-specific program for training newly hired or promoted supervisors? If yes, submit the program or outline for evaluation | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. SAFETY ACTIVITIES | | | |
| 5A. | Did you conduct project safety inspections? If Yes, how often? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly | | | |
| 5B. | Did you hold project site safety meetings for field employees? If Yes, how often? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly | | | |
| 5C. | Did you hold project site meetings where safety is addressed with management and field supervisors? If Yes, how often? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly | | | |
| 5D. | Were pre-job safety risks analyzed and controls implemented before each new task? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the process documented? If yes, provide a completed example of one generated at the project site | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Who leads the discussion? | | | |
| | | | |
| 5E. | Did you have a project hazard assessment process? If yes, please provide an executed example document for review | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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|------------------------------|---|------------------------------|-----------------------------|--------------------------|--------------------------|--------------------------|
| 5F | Did you set project-specific safety targets and objectives? If so, what are they for the current year? <i>Comments:</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |
| 5G | Did the project prepare safe work method statements with relevant hazard investigations and risk assessments or specific safety instructions relevant to the project? If yes, provide a summary listing of procedures or instructions <i>Comments:</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |
| 5H | Was there a procedure by which employees can report hazards at workplaces? If yes provide details and two completed examples <i>Comments:</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |
| 6. Safety Stewardship | | | | | | |
| 6A | Are project incident reports and report summaries sent to the following and how often? | | | | | |
| | | Yes | No | Monthly | Quarterly | Annually |
| | Project/Site Manager | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Project Manager/Director | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Safety Director/Manager | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Project Sponsor | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6B. | How were project incident records and summaries kept? How often are they reported internally? | | | | | |
| | | Yes | No | Monthly | Quarterly | Annually |
| | Incidents totaled for the entire project | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Incidents totaled by contractors | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6C. | How was the project costs of individual incidents kept? How often are they reported internally? | | | | | |
| | | Yes | No | Monthly | Quarterly | Annually |
| | Costs totaled for the entire project | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Costs totaled by contractors | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Subtotalled by superintendent | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| 6D | Did the project track and report non-injury incidents? | Yes | No | Monthly | Quarterly | Annually |
|-----|--|--------------------------|--------------------------|--------------------------|------------------------------|-----------------------------|
| | Near Hit/Near Miss | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Property Damage | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Fire | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Security | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Environmental | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Road/Travel Safety | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6E. | Is your safety program adequately resourced, include organization chart if applicable | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6G | Did senior project management demonstrate commitment to your project's safety policy and management system? <i>Provide three examples</i> 1. 2. 3. | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. | Why do you think your project should be the award winner? | | | | | |
| 8. | Please provide two references with contact information | | | | | |

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