Transnet Freight Rail

Tender Number: HOAC-HO-41712



Description of the Works: An appointment of the waste management service provider to manufacture, supply, lay, replace, and remove absorbent mats from locomotive staging areas and yards, and dispose of used mats at licensed landfill sites for a period of 36 months.

T2.2-XX: Health and Safety Questionnaire



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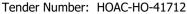


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Health, Safety Questionnaire

1.	L. SAFE WORK PERFORMANCE							
1A.	Injury Experience / Historical Performance - Alberta							
	he previous three years in			following:				
Year		<u>,</u> , , , , , , , , , , , , , , , , , ,		T T				
Num	per of medical treatment	cases						
Num	per of restricted work day	cases						
Num	per of lost time injury cas	es						
Num	per of fatal injuries							
Total	recordable frequency							
Lost	time injury frequency							
	per of worker manhours							
			L					
1 - Me	dical Treatment Case	Any occupational injury or provided under the direction	on of a physician	, , ,	,			
	stricted Work Day Case	craft jurisdiction duties	jury or illness that prevents a worker from performing any of his/her					
	st Time injury Cases	Any occupational injury that day						
	tal Recordable Frequency	Total number of Medical T by 200,000 then divided by	total manhours					
	t Time Injury Frequency	Total number of Lost Time	Injury cases multiplied	by 200,000 then divid	le by total manhours			
	Vorkers' Compensation Ex			C II · ('C I'	11.			
Use t	he previous three years in	• •			cable):			
	Industry Code:	Indu	stry Classification					
Year								
	stry Rate							
Contractor Rate								
% Discount or Surcharge								
	ur Workers' Compensatio	n account in good	Yes		-			
stand			☐ No					
(Pleas	e provide letter of confirmation)							
	CITATIONS							
2A.	Has your company been cited, charged or prosecuted under Health, Safety and/or Environmental Legislation in the last 5 years? Yes No If yes, provide details:							
	/ /							
2B.	Has your company been cited, charged or prosecuted under the above Legislation in another Country, Region or State? Yes No If yes, provide details:							







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3. CERTIFICATE OF RECOGNITION Does your company have a Certificate of Recognition? Yes No If Yes, what is the Certificate No. Issue Date 4. SAFETY PROGRAM Do vou have a written safety program manual? Yes No If Yes, provide a copy for review □ No Do you have a pocket safety booklet for field distribution? ☐ Yes If Yes, provide a copy for review Does your safety program contain the following elements: YES No YFS No CORPORATE SAFETY POLICY **EQUIPMENT MAINTENANCE** INCIDENT NOTIFICATION POLICY **EMERGENCY RESPONSE RECORDKEEPING & STATISTICS** HAZARD ASSESSMENT REFERENCE TO LEGISLATION SAFE WORK PRACTICES **GENERAL RULES & REGULATIONS** SAFE WORK PROCEDURES PROGRESSIVE DISCIPLINE POLICY **WORKPLACE INSPECTIONS** RESPONSIBILITIES **INVESTIGATION PROCESS PPE STANDARDS** TRAINING POLICY & PROGRAM **ENVIRONMENTAL STANDARDS COMMUNICATION PROCESSES** MODIFIED WORK PROGRAM 5. TRAINING PROGRAM □ No 5A. Do you have an orientation program for new hire employees?
Yes If Yes, include a course outline. Does it include any of the following: No YES No YES **GENERAL RULES & REGULATIONS** П **CONFINED SPACE ENTRY EMERGENCY REPORTING TRENCHING & EXCAVATION** INJURY REPORTING SIGNS & BARRICADES LEGISLATION **DANGEROUS HOLES & OPENINGS** RIGGING & CRANES RIGHT TO REFUSE WORK PERSONAL PROTECTIVE EQUIPMENT MOBILE VEHICLES PREVENTATIVE MAINTENANCE **EMERGENCY PROCEDURES** PROJECT SAFETY COMMITTEE **HAND & POWER TOOLS** FIRE PREVENTION & PROTECTION HOUSEKEEPING **LADDERS & SCAFFOLDS ELECTRICAL SAFETY** COMPRESSED GAS CYLINDERS **FALL ARREST STANDARDS**

AERIAL WORK PLATFORMS

WEATHER EXTREMES



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-	vou have a program for trainir s, submit an outline for evaluation. D	•		·	No				
(11.10	o, oubline an outline for evaluation. E	Yes	No	aon on the following.	Yes	No			
EMPLOYER RESPONSIBILITIES		SAFETY COMMUNICATION							
EMPLOYEE RESPONSIBILITIES		FIRST AID/MEDICAL PROCEDURES							
DUE DILI	GENCE			NEW WORKER TRAINING					
SAFETY I	_EADERSHIP			ENVIRONMENTAL REQUIREMENTS					
WORK REFUSALS				HAZARD ASSESSMENT					
INSPECTI	ON PROCESSES			PRE-JOB SAFETY INSTRUCTION					
EMERGE	NCY PROCEDURES			DRUG & ALCOHOL POLICY					
INCIDENT	INVESTIGATION			PROGRESSIVE DISCIPLINARY POLICY					
SAFE WO	ORK PROCEDURES			SAFE WORK PRACTICES					
SAFETY I	MEETINGS			NOTIFICATION REQUIREMENTS					
6. SAI	FETY ACTIVITIES								
	Do you conduct safety inspec	ctions?		Yes No Weekly Mont	thly	Quarterly			
Des	Describe your sefety inspection process (include participation, desumentation requirements								
	Describe your safety inspection process (include participation, documentation requirements, follow-up, report distribution).								
Who follows up on inspection action items?									
Do you hold site safety meetings for field employees? If Yes, how often?									
Yes No Daily Weekly Biweekly									
Do you hold site meetings where safety is addressed with management and field supervisors?									
	Yes No Weekly Biweekly Monthly								
ls nr	re-job safety instruction provid	ded befor	e to eac	ch new task? ☐ Yes ☐ No	_	Ш			
_	e process documented?		☐ Yes						
Who leads the discussion?									
Do you have a hazard assessment process?									
 Are hazard assessments documented? If yes, how are hazard assessments communicated 									
and implemented on each project? Who is responsible for leading the hazard assessment process?									
Does your company have policies and procedures for environmental protection, spill clean-up, reporting, waste disposal, and recycling as part of the Health & Safety Program?									
Yes No									
How does your company measure its H&S success?									
Attach separate sheet to explain									



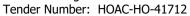
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7.	SAFETY STEWARDSHIP						
7A	Are incident reports and report summaries sent to the following and how often?						
			Yes	No	Monthly	Quarterly	Annually
	Project/Site Manager		Ш	Ш			
	Managing Director						
	Safety Director/Manager						
	/Chief Executive Officer						
7B	How are incident records and summaries kept? How often are they reported internally?						
			Yes	No	Monthly	Quarterly	Annually
	Incidents totaled for the entire company						
	Incidents totaled by project						
	 Subtotaled by superintendent 						
	 Subtotaled by foreman 						
7C	How are the costs of individual incidents kept?	How ofte					برالمريم ۸
	Costs totaled for the entire company		Yes	No □	Monthly	Quarterly	Annually
	Costs totaled by project						
	Subtotaled by superintendent Subtotaled by foremen/general foremen	n					
7D	 Subtotaled by foreman/general forema Does your company track non-injury incidents? 		Ш	Ш	Ш		
, ,	2000 your company track non injury molacine.		Yes	No	Monthly	Quarterly	Annually
	Near Miss						
	Property Damage						
	Fire						
	Security						
	Environmental						
8	PERSONNEL						
	List key health and safety officers planned	_			esume.	D	·
	Name	F	osition/1	itie		Designa	lion
	Supply name, address and phone num	ber of	your cor	mpany	's corpor	ate health a	and safety
	representative. Does this individual have responsibilities other than health, safety and environment?						
	Name		Addres	S		Telephone N	Number
	Other						
	responsibilities:						
9	REFERENCES						
	List the last three company's your form has worked for that could verify the quality and						
	management commitment to your occupational Health & Safety program Name and Company Address Phone Number			mher			
	riamo ana company		,	<u> </u>			







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