

POLICY STATEMENT

We all want to have a safe and healthy workplace. To ensure this, we need everybody's participation.

The management at Phoenix Glass Inc. is committed to providing safe and healthy working conditions and to promoting positive attitudes towards safety and health within the organization.

Management is responsible for providing a safe work place and for establishing and maintaining adequate standards of maintenance of work place and equipment to ensure that physical and health hazards are guarded against or eliminated and for developing work procedures conducive to a safe and healthy workplace.

Superintendents/Foremen/Leadhands are responsible for ensuring that all employees are properly instructed to do their work safely; for enforcing safe work procedures and regulations; and for correcting all unsafe activities.

All employees and subcontractors are required to work safely, to know and follow all rules and safe work procedures.

Everyone is expected to correct or report unsafe conditions and activities and to work cooperatively towards the prevention of accidents.

REPORTING ACCIDENTS AND INJURIES

All WorkSafe BC (WCB) safety regulations must be strictly adhered to. There will be zero tolerance to employees who do not comply with the regulations. The safety regulations must be enforced and compliance is mandatory.

All accidents that cause injuries or property damage and all near miss incidents that could have caused injuries or property damage must be reported immediately. Not reporting an accident or injury (major or minor) is against Phoenix Glass Inc. and WCB regulations. After the first warning/notice, repeat offenders will be penalized for subsequent offenses.

It is everyone's responsibility to report all incidents, accidents and/or injuries promptly to your leadhand/foreman or supervisor. If the employee is not able to report directly to the company's WCB representative (Darlene), then the leadhand/foreman or supervisor must do so on his/her behalf. (Please ensure that proper documentation from the site first aid attendant is filled out accordingly and faxed to the office.) If/When the employee has consulted with a treating physician, it is imperative that all the necessary documentation be submitted immediately to the office.

All incidents, accidents and/or injuries must be recorded in the weekly tool box meeting report.

No work is to proceed without all the proper measures in place. Our goal is to assist all employees to be able to work safely. **Safety is of the utmost importance.**

Yours truly,
Steve Lebedovich
PHOENIX GLASS INC.

DISCIPLINARY POLICY

Employees shall not behave contrary to Company rules, regulations and policies, or act dishonestly, illegally, in an unsafe manner or in violation of any Regulations of Government Agencies.

Unsafe behavior can cause permanent, critical or fatal injuries to the person behaving unsafely or to those around them. Unsafe behavior can put Phoenix Glass Inc. at risk of heavy fines and legal actions. While committed to fair actions, the seriousness of unsafe behavior can justify strong discipline including termination in many cases. Unsafe performance will not be tolerated and the full force of the company will be applied when serious disregard for safety is demonstrated.

Minor Infraction

Definition: Any infraction of company procedures or rules.

- 1st offence verbal warning with a notation to personnel file
- 2nd offence written warning and letter to personnel file
- 3rd offence \$50.00 fine
- 4th offence \$150.00 fine and two weeks off with no pay
- 5th offence termination

Examples: hard hats, chin straps, ear/eye protection, steel toe shoes, etc. All infractions will be documented in the Supervisor's diary. Any other infraction will be noted and posted on jobsite tool box meetings records

Major Infraction:

Definition: A serious infraction of company rules or health and safety procedures, which has the potential to cause serious damage or injury.

- 1st offence written warning and letter to personnel file
- 2nd offence \$50.00 fine
- 3rd offence \$150.00 fine and two weeks off without pay
- 4th offence termination

Examples: Being impaired at the workplace, (under the influence of alcohol or drugs) fighting, not wearing proper PPE, failure to lock-out, etc.

All of the above are minimum disciplinary actions **Phoenix Glass Inc.** reserves the right to increase penalties or terminate employment at any time.

HOURS OF WORK

Hours of work are from 7:00 am to 3:30 pm. For those who wish to miss your afternoon coffee break, the quitting time is 3:15 pm.

You must notify the job coordinator and leadhand if you will be absent, late, or leaving early. Working during your lunch period must be approved by the job coordinator only.

You are not allowed to work during the lunch period without prior authorization from your job coordinator.

Time cards to be submitted to leadhands to submit to the office.

BOOM AND SCISSOR LIFT

You are not allowed to operate any self-propelled elevating work platform (boom/scissor lift) without your orientation card. This card must be with you at all times and must be readily available upon inspection.

EMPLOYEE ORIENTATION

All new employees must receive an orientation prior to starting work

Employee's Name: _____

Hire Date: _____ Position: _____

I have read and understand the attached document regarding the following (initial where applicable):

Policy Statement _____	Reporting of Accidents & Injuries _____
Disciplinary Policy _____	Hours of Work _____
Operating Lifts _____	

TOPICS COVERED

Topics:	Initial	Topics:	Initial
<input type="checkbox"/> Company Safety Policy		<input type="checkbox"/> WHMIS	
<input type="checkbox"/> Employee Responsibilities		<input type="checkbox"/> First Aid Room	
<input type="checkbox"/> Disciplinary Policy		<input type="checkbox"/> First Aid Attendant	
<input type="checkbox"/> Safety/Toolbox Meetings		<input type="checkbox"/> Nearest Medical Facility (clinic/hospital)	
<input type="checkbox"/> General Safety Rules		<input type="checkbox"/> Lift Certification	
<input type="checkbox"/> Reporting Unsafe Acts/Conditions		<input type="checkbox"/> Emergency Numbers	
<input type="checkbox"/> Reporting Accidents		<input type="checkbox"/> Evacuation Plan	
<input type="checkbox"/> Reporting Injuries		<input type="checkbox"/> Location of Lunchroom & Washrooms	
<input type="checkbox"/> Location of MSDS		<input type="checkbox"/>	
<input type="checkbox"/> Location of WCB Regulations		<input type="checkbox"/>	

SAFE WORK PRACTICES

Topics:	Initial	Topics:	Initial
<input type="checkbox"/> Fall Protection		<input type="checkbox"/> Housekeeping	
<input type="checkbox"/> Scaffolding		<input type="checkbox"/> Securely Cover & Mark Hole Openings	
<input type="checkbox"/> Hoisting & Rigging		<input type="checkbox"/> Traffic & Pedestrian Control	
<input type="checkbox"/> Mobile Equipment		<input type="checkbox"/> Grinders & Cut-off Saws	
<input type="checkbox"/> Power Tools		<input type="checkbox"/> Welding & Cutting	
<input type="checkbox"/> Ladders		<input type="checkbox"/> Explosive Fastening Tools	
<input type="checkbox"/> Fire Extinguishers		<input type="checkbox"/>	

PERSONAL PROTECTIVE EQUIPMENT

Topics:	Initial	Topics:	Initial
<input type="checkbox"/> Fall Protection Equipment		<input type="checkbox"/> Gloves	
<input type="checkbox"/> Safety Boots		<input type="checkbox"/> Respiratory Protection	
<input type="checkbox"/> Hearing Protection/Tests		<input type="checkbox"/> Other:	
<input type="checkbox"/> Hard Hats/Chin Straps		<input type="checkbox"/>	
<input type="checkbox"/> Safety Glasses/Face Shields		<input type="checkbox"/>	

Employee's Signature: _____ Date: _____

Supervisor's/Trainer's Signature _____ Date: _____

TOOL REQUIREMENTS

Employee's Name: _____

Hire Date: _____ Position: _____

- | | |
|----------------------------------------------------|------------------------------------------|
| <input type="checkbox"/> 35' Tape | <input type="checkbox"/> Putty knife |
| <input type="checkbox"/> Side cutters | <input type="checkbox"/> Crescent wrench |
| <input type="checkbox"/> Vinyl roller | <input type="checkbox"/> Caulking gun |
| <input type="checkbox"/> Snips (red, green yellow) | <input type="checkbox"/> Hacksaw |
| <input type="checkbox"/> Pry bar | <input type="checkbox"/> Square |
| <input type="checkbox"/> Rubber mallet | <input type="checkbox"/> Files |
| <input type="checkbox"/> Claw hammer | <input type="checkbox"/> Level |
| <input type="checkbox"/> Set of screw drivers | <input type="checkbox"/> Chalk line |
| <input type="checkbox"/> Olfa knife | <input type="checkbox"/> Plum bob |
| <input type="checkbox"/> Hard hat | |
| | |
| <input type="checkbox"/> Harness | <input type="checkbox"/> Safety goggles |
| <input type="checkbox"/> Lanyard | <input type="checkbox"/> Ear plugs |
| <input type="checkbox"/> Line grab | <input type="checkbox"/> Chin strap |
| <input type="checkbox"/> Hi-Vis vest | <input type="checkbox"/> Suction cup |
| <input type="checkbox"/> Sausage gun | <input type="checkbox"/> Extension cord |
| <input type="checkbox"/> Drill | |
| <input type="checkbox"/> Screw gun | |
| <input type="checkbox"/> Hilti | |
| <input type="checkbox"/> _____ | |
| <input type="checkbox"/> _____ | |
| <input type="checkbox"/> _____ | |

Employee's Signature: _____ Date: _____

Supervisor's/Trainer's Signature _____ Date: _____