



# ROSEBEL GOLD MINES CONTRACTOR SAFE WORK PLAN

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**Background:**

Rosebel Gold Mines-RGM is committed to safety as a key company value which is ZERO HARM. Contractors directly affect RGM safety performance in promoting and maintaining a safe and healthful workplace. Contractors are an integral part of RGM business and therefore we expect contractors to provide the same commitment to health and safety.

**Purpose:**

The purpose of this document is to review H&S requirement in the selection process of contract work/service

**Scope:**

The Safe Work Plan form is mandatory to submit during tendering phase and will be reviewed and scored as part of the selection process of contractors.

**1. General information**

Project/service  
Name:

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**Contract company details:**

Contractor name:

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Contractor address:  
Contractor Safety  
representative:

Phone:

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Type of work:

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Location of work:

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Total manpower

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Contractor Safety  
representative:

Phone:

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## 2. Health & Safety Policy

Please state *Contractor Company Health & Safety policy or Health & Safety commitment below:*

- *Company profile*
- *Company Health & Safety policy*
- *ISO certifications (if any)*

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### **3. Employees and responsibilities**

*List all employees assigned to the company with the responsibilities in an organization chart.*

### **4. Training and competency**

*List all training and competency of employees (technical and safety related)*

## 5. Work activity

Brief description of scope of work/service:

List the potential hazards with the mitigations:

Potential Hazards		Mitigations	
<p><b>Gravity</b></p> <input type="checkbox"/> Overhead work <input type="checkbox"/> Falling object <input type="checkbox"/> Excavation <input type="checkbox"/> Collapsing roof/equipment <input type="checkbox"/> Elevated/Uneven work surface <input type="checkbox"/> Open holes <input type="checkbox"/> Other:	<p><b>Temperature</b></p> <input type="checkbox"/> Ignition source <input type="checkbox"/> Hot/Cold surfaces <input type="checkbox"/> Hot/Cold liquids <input type="checkbox"/> Hot/Cold gases <input type="checkbox"/> Hot weather conditions <input type="checkbox"/> Other:	<p><b>Hazard Controls (Engineering and Administrative)</b></p> <input type="checkbox"/> Work Permits <input type="checkbox"/> PPE Program <input type="checkbox"/> Warning signs <input type="checkbox"/> Pipeline markers <input type="checkbox"/> Spotters/Attendants <input type="checkbox"/> Barricades <input type="checkbox"/> Housekeeping	<p><b>Mitigations</b></p> <input type="checkbox"/> Ignition source controls <input type="checkbox"/> Gas monitoring <input type="checkbox"/> Material Safety Data Sheets <input type="checkbox"/> Scaffolding <input type="checkbox"/> Parking Plans <input type="checkbox"/> Equipment Staging Plans <input type="checkbox"/> Essential personnel only
<p><b>Motion</b></p> <input type="checkbox"/> Vehicle/Equipment movement <input type="checkbox"/> Limited mobility (confined space) <input type="checkbox"/> Material movement <input type="checkbox"/> Water/Wind movement <input type="checkbox"/> Body positioning/Ergonomics <input type="checkbox"/> Manual Lifting <input type="checkbox"/> Other:	<p><b>Chemical</b></p> <input type="checkbox"/> Explosive <input type="checkbox"/> Toxic Compounds <input type="checkbox"/> Corrosive Compound <input type="checkbox"/> Reactive Compounds <input type="checkbox"/> Other:	<p><b>Safety Controls (Personal Protective Equipment)</b></p> <input type="checkbox"/> Hard hat <input type="checkbox"/> Safety shoes <input type="checkbox"/> Safety glasses <input type="checkbox"/> Face shield <input type="checkbox"/> Goggles <input type="checkbox"/> Cotton gloves	<input type="checkbox"/> Break Rotation <input type="checkbox"/> Temporary Lighting <input type="checkbox"/> Isolation of Hazardous Energy <input type="checkbox"/> Equipment Inspections <input type="checkbox"/> Specific safety training <input type="checkbox"/> Other:
<p><b>Mechanical</b></p> <input type="checkbox"/> Rotating equipment <input type="checkbox"/> Drive belts and conveyors <input type="checkbox"/> Motors <input type="checkbox"/> Power/Hand tools <input type="checkbox"/> Other:	<p><b>Biological</b></p> <input type="checkbox"/> Animals/Insects <input type="checkbox"/> Bacteria/Viruses <input type="checkbox"/> Contaminated food/water <input type="checkbox"/> Other:	<p><b>Safety Equipment</b></p> <input type="checkbox"/> Fire Extinguishers <input type="checkbox"/> Fire retardant tarps <input type="checkbox"/> Locks and tags <input type="checkbox"/> Gas detectors	<input type="checkbox"/> Leather gloves <input type="checkbox"/> Chemical gloves <input type="checkbox"/> Electrical rated gloves <input type="checkbox"/> Chemical suit <input type="checkbox"/> Work vest/Life vest <input type="checkbox"/> Full body harness
<p><b>Electrical</b></p> <input type="checkbox"/> Power lines (above/below) <input type="checkbox"/> Energized equipment <input type="checkbox"/> Static charges <input type="checkbox"/> Wiring <input type="checkbox"/> Batteries <input type="checkbox"/> Other:	<p><b>Radiation</b></p> <input type="checkbox"/> Lighting <input type="checkbox"/> Welding arc/flash <input type="checkbox"/> Sunlight <input type="checkbox"/> X-rays <input type="checkbox"/> Other:	<p><b>Emergency/Contingency Plans</b></p> <input type="checkbox"/> Spill Control <input type="checkbox"/> Spill Contingency Plans <input type="checkbox"/> Emergency Evacuation Plans	<input type="checkbox"/> Personal Monitors <input type="checkbox"/> Tag line <input type="checkbox"/> Safety cable <input type="checkbox"/> Safety Barricade
<p><b>Pressure</b></p> <input type="checkbox"/> Piping <input type="checkbox"/> Cylinders <input type="checkbox"/> Vessels/Tanks <input type="checkbox"/> Hoses <input type="checkbox"/> Other:	<p><b>Sound</b></p> <input type="checkbox"/> Equipment noise <input type="checkbox"/> Impact noise <input type="checkbox"/> Venting noise <input type="checkbox"/> Communication <input type="checkbox"/> Other:	<p><b>Environmental Equipment</b></p> <input type="checkbox"/> Absorbent pads <input type="checkbox"/> Containment pans <input type="checkbox"/> Other:	<input type="checkbox"/> Hearing protection <input type="checkbox"/> Fire Resistant Clothing <input type="checkbox"/> HV vest <input type="checkbox"/> Other:
		<p><b>Certification Requirements</b></p> <input type="checkbox"/> Certified Welder <input type="checkbox"/> Qualified Crane Operator <input type="checkbox"/> Qualified Rigger <input type="checkbox"/> Qualified Signal Man <input type="checkbox"/> Competent Person Fall <input type="checkbox"/> Scaffolding Inspector	<input type="checkbox"/> Qualified fall person <input type="checkbox"/> Confined Space rescue <input type="checkbox"/> Fire Watch <input type="checkbox"/> Equipment Operator <input type="checkbox"/> Confined Space rescue <input type="checkbox"/> Qualified Gas tester
		<p><b>Safe Work Practices</b></p> <input type="checkbox"/> JHA <input type="checkbox"/> SLAM <input type="checkbox"/> Confined Space entrée permit <input type="checkbox"/> Safety procedures	<input type="checkbox"/> Electrical Safe Work <input type="checkbox"/> Excavation <input type="checkbox"/> Lifting and Rigging <input type="checkbox"/> Hot Work permit
			<input type="checkbox"/> Confined space authorized person <input type="checkbox"/> Lock out Tag out authorized person <input type="checkbox"/> HAZWOPER <input type="checkbox"/> Rope rescue <input type="checkbox"/> Other:
			<input type="checkbox"/> Isolation of Hazardous Energy <input type="checkbox"/> Fall plan <input type="checkbox"/> Other:

Other:

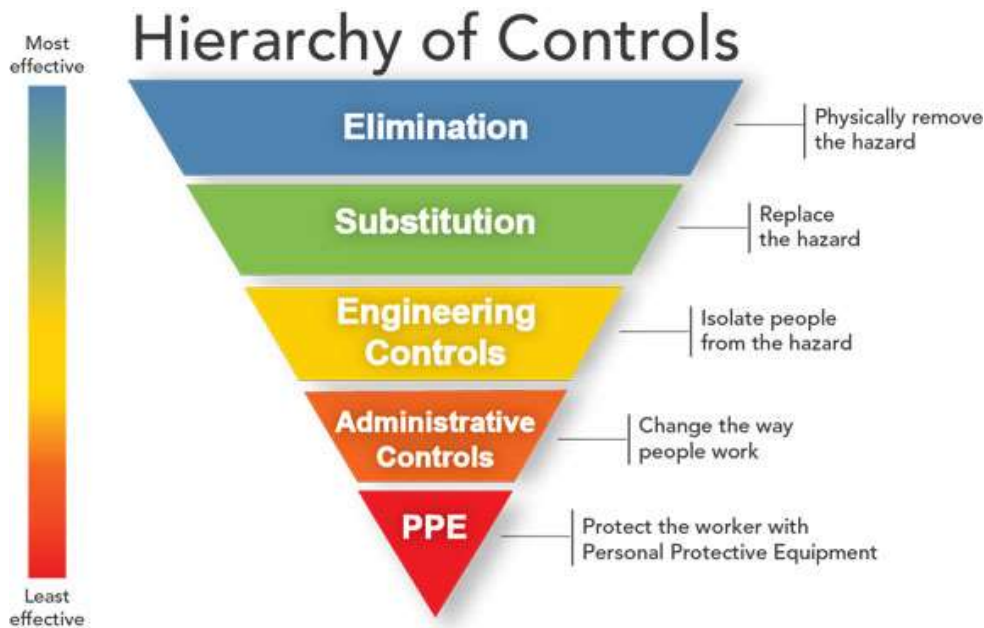
## 6. Hazard analysis

List the hazards of the project/service with the potential outcome and control/mitigation measure used.

Note: this should be done using the Hierarchy of Control methodology.

Job	Description	Hazards	Outcome	Control/mitigation measure
•				
•				
•				
•				

Example of hazard analysis



Hierarchy of controls



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## **7. First Aid and Injury Management**

*Describe any specific Injury Management processes for this project/service including reporting to RGM Health & Safety Department for all incidents types.*

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## 8. Emergency Procedures

*State project/service emergency and evacuation procedures:*

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## 9. PPE requirements

*Specific PPE that contractor will be provided*

- 

## 10. Incident reporting and investigation

*Describe how incidents will be reported, recorded and investigated and how you will report it to the affected Departments.*

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## 11. Past performance

*List past performance records*

## 12. Contractor Leading Indicator (KPI)

Describe what leading indicators will be reported to RGM H&S department:

- Task observations inspections
- Work Floor presence inspections by contractor management
- Tool box meetings
- Safety inspections
- Safety meetings

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**13. Contractor Management (Equipment fleet specification)**

*List number of Light Vehicles and Mobile Equipment used for project/service (equipment type-build year-equipment hours)*

*If contractor will be using any subcontractors, they must be supervised at all time by the main contractor and understand RGM policies and safety procedures.*

*Note: the vehicles and mobile equipment used for work/project needs to be inspected with the RGM safety representative according the RGM-mobile equipment standard prior starting any work.*

**14. Sign Off**

**Signature Contractor Manager:**

(Name and Signature) .....