

 ZiJin ROSEBEL GOLD MINES N.V. 罗斯贝尔金矿有限公司	RGM Safe Work Plan	OHS-F-12
		Version 3 , September 15, 2017



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:

Contract company details:

Contractor name:

Contractor address:

Phone:

Contractor Safety
representative:

Type of work:

Location of work:

Total manpower

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>Gravity</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>Temperature</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>Hazard Controls (Engineering and Administrative)</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>Mitigations</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 <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>Motion</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>Chemical</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>Safety Controls (Personal Protective Equipment)</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	<p>Mitigations</p> <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 <input type="checkbox"/> Hearing protection <input type="checkbox"/> Fire Resistant Clothing <input type="checkbox"/> HV vest <input type="checkbox"/> Other:
<p>Mechanical</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>Biological</p> <input type="checkbox"/> Animals/Insects <input type="checkbox"/> Bacteria/Viruses <input type="checkbox"/> Contaminated food/water <input type="checkbox"/> Other:	<p>Safety Equipment</p> <input type="checkbox"/> Fire Extinguishers <input type="checkbox"/> Fire retardant tarps <input type="checkbox"/> Locks and tags <input type="checkbox"/> Gas detectors	<p>Mitigations</p> <input type="checkbox"/> Personal Monitors <input type="checkbox"/> Tag line <input type="checkbox"/> Safety cable <input type="checkbox"/> Safety Barricade <input type="checkbox"/> Caution tape <input type="checkbox"/> Area Monitors <input type="checkbox"/> Fall arrest equipment <input type="checkbox"/> Other:
<p>Electrical</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>Radiation</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>Emergency/Contingency Plans</p> <input type="checkbox"/> Spill Control <input type="checkbox"/> Spill Contingency Plans <input type="checkbox"/> Emergency Evacuation Plans	<p>Mitigations</p> <input type="checkbox"/> Incident Reporting Procedure <input type="checkbox"/> Near miss reporting <input type="checkbox"/> Other:
<p>Pressure</p> <input type="checkbox"/> Piping <input type="checkbox"/> Cylinders <input type="checkbox"/> Vessels/Tanks <input type="checkbox"/> Hoses <input type="checkbox"/> Other:	<p>Sound</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>Certification Requirements</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	<p>Mitigations</p> <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 <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:
		<p>Safe Work Practices</p> <input type="checkbox"/> JHA <input type="checkbox"/> SLAM <input type="checkbox"/> Confined Space entrée permit <input type="checkbox"/> Safety procedures	<p>Mitigations</p> <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"/> Isolation of Hazardous Energy <input type="checkbox"/> Fall plan <input type="checkbox"/> Other:

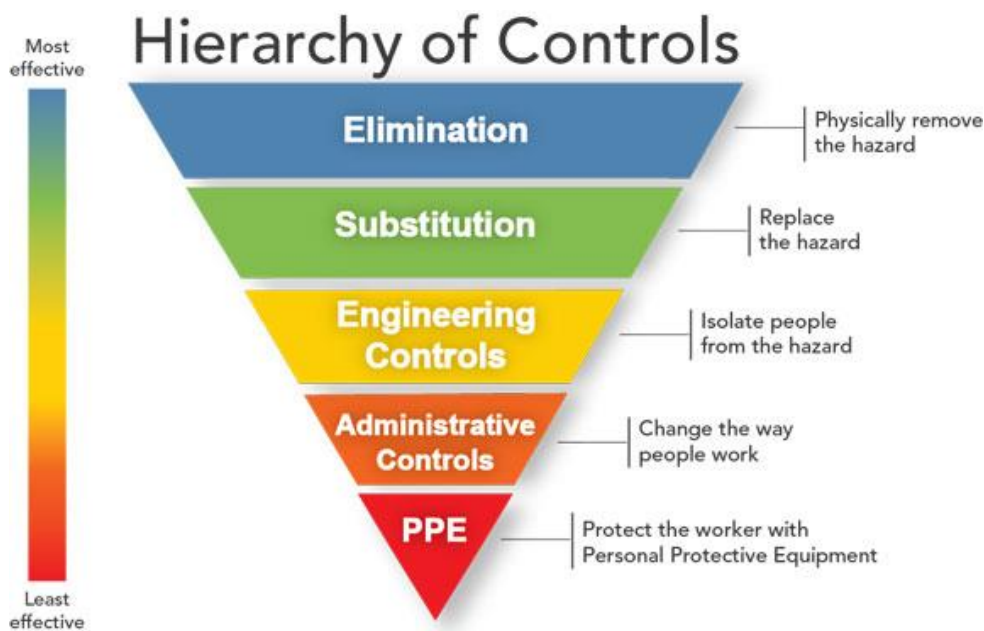
Other:

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

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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)