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\*Reference ‘Transport Program’ Appendix for detailed information on Transportation Equipment inspection requirements.

## 8.1 Inspection Policy

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The purpose of the company's Inspection Program is to control the possibility of incident, accident and material resources by identifying and correcting unsafe acts and/or conditions. The companies will maintain a comprehensive program of safety inspections on our workers, trucks, trailers, jobsites and yard facility throughout all of its operations.

Inspections of our equipment, tools and facility will also provide the opportunities to detect hazards. Our safety program features scheduled inspections along with informal observations to ensure that our equipment, tools and facilities are functioning properly and that workers are following safe work procedures and practices. **Reference 'Transportation Program' Appendix** for extensive detail specific to company Commercial Vehicles Inspections.

Observation of our workers provide the opportunity to identify unsafe behavior. Observation is intended to help workers to identify the safest methods of performing work tasks. Observation of behavior is not a disciplinary process.

The Health & Safety Coordinator along with the assistance of applicable Project Managers is responsible for the overall operation of the program. Employees are responsible for participating in and contributing to the Inspection Program.

Inspection Schedules are outlined as per the Inspection Schedule Matrix.

**The safety information in this policy does not take precedence over applicable government regulations, with which all employees should be familiar.**



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Monty Cissell, President

July 5, 2023

## 8.2 Inspection Schedule

Type of Inspection	Prior to Use		Weekly		Monthly		Quarterly		Yearly or Scheduled interval	
	Responsible	Responsible	Responsible	Responsible	Responsible	Responsible	Responsible	Responsible	Responsible	Responsible
<b>Vehicle</b>	X	Driver (visual)					X	Driver document	X	Mfg. Specs, Authorized Dealer
<b>Heavy Equipment</b> <i>(Excavators, Dozers, Mulchers, Graders)</i>	X	Operators (visual)							X	Inspected with scheduled service Maintenance Staff
<b>Transport Tractors, Transport Trailers</b>	X	Pre-check documented. Daily Trip Inspection							X	Inspected by Certified Mechanic
<b>Tree Spades</b>	X	Operators (visual)							X	Supervisor/Mgmt./HS Rep
<b>PPE</b>	X	Workers visual							X	Supervisor/Mgmt./HS Rep
<b>Worksite</b> <i>(Workplace Insp)</i>							X	Supervisor/Mgmt./HS Rep		
<b>Shop &amp; Yard</b> <i>(Workplace Insp)</i>							X	Supervisor/Mgmt./HS Rep		
<b>Office</b>							X	Supervisor/Mgmt./HS Rep		
<b>Safety Equipment</b>					X	H&S Assistant or designate Visual			X	Supervisor/Mgmt./HS Rep

**Safety Equipment includes:** Fire Extinguishers, First Aid Kits, Eye Wash Stations.

**Personal Protective Equipment includes:** CSA Standard – Hard hat, Steel Toed Boots, Fire Retardant High Visibility Coveralls, Safety Glasses, Hearing protection.

## 8.3 Inspection Program

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The purpose of the company's inspection program is to control the possibility of accident, incident and material resources by identifying and correcting unsafe acts and/or conditions. The companies will maintain a program that not only identifies correction actions, but also assigns responsibility to individuals to perform corrective action with specific target and implementation dates.

Inspections and observations performed shall be performed by qualified supervisors or managers of Wild West Dirt Works Ltd. and or Glacier Rock Resources that are both qualified and competent.

### Workplace Inspections

#### Shop & Yard Inspections

Visual inspections of worksites will be completed daily by the employee/operator, hazards found will be documented on the Site Specific Hazard Assessment conducted that day. Quarterly shop/yard inspections will be completed by Supervisors/Managers/HS Reps and will be documented on the workplace inspection form.

#### Worksite Inspections

Visual inspections of worksites will be completed daily by the employee/operator, hazards found will be documented on the Site Specific Hazard Assessment conducted that day. Quarterly worksite inspections will be completed by Supervisors/Managers/HS Reps and will be documented on the workplace inspection form.

#### Employee Observation

Managers and Supervisors shall be trained in job observation including how to conduct an observation and provide constructive feedback based on those observations.

Completed observations and employee evaluations must be documented on the Work Site Inspection Form. Collected data will be utilized for formal statistical reporting and analysis to identify trends and increase safe behaviors. The process shall be shared with workers to access appropriate follow-up actions including:

1. Reinforcement of good safety behaviors,
2. Unsafe behaviors observed
3. Feedback from worker
4. Verification that the observation feedback is to improve job safety, not for disciplinary action

## Vehicle Inspections

Employees operating company owned vehicles are required to conduct and document quarterly vehicle inspections.

Items to check include:

- ✓ Oil Level
  - Engine
  - Transmission
- ✓ Radiator Level
- ✓ Fuel Level
- ✓ Washer Fluid
- ✓ Steering System
- ✓ Brakes
- ✓ Tires & Wheel Lugs
- ✓ Body Condition
- ✓ Exhaust System
- ✓ Horn
- ✓ Lights
- ✓ Fire Extinguisher and first aid kits
- ✓ Personal Protective Equipment

## Equipment Inspections

Equipment inspections are to be visually completed at the beginning of each shift (Day, Night) by the employee(s)/operator(s)

**Items to check include:**

- ✓ Cab glass/mirrors
- ✓ Seatbelts
- ✓ Leaks
- ✓ Lights
- ✓ Guards
- ✓ Buckets, Blades
- ✓ Unusual Noises
- ✓ Cleanliness
- ✓ Oil level
- ✓ Hydraulic fluid
- ✓ Hoses
- ✓ Battery Cables and Connections

Any comments or repairs required will also be noted and verbally communicated to the mechanic on shift and your supervisor. Major repairs should be reported to your Supervisor/Operations Manager immediately.

## Defective Tools & Equipment Inspection

Any defective tools or equipment that are in need of repair should be documented on this form. Any defective equipment should be equipped with a lockout tag. Major repairs and defects should be reported to your Supervisor/Operations Manager immediately.

## Transport Truck Inspections

The purpose of transport truck inspections are to identify systems or parts that are not working properly, have failed or are missing parts so that they can be replaced or repaired before they cause harm. Reference 'Transport Program' Appendix for details specific to Commercially Regulated Vehicles.

## Pre-trip Inspections

Pre-trip inspections are to be completed by all drivers that are authorized to be operating any vehicle with a GVM of 4500 kg or higher. Vehicles with GVM of 11794 kg or higher must document the conducted pre-trip inspection. The companies have provided drivers with pre-trip inspection booklets and require them to be handed in at a minimum of every seven (7) days. Trip inspections and logs will be filed by driver in chronological order and retained for a minimum of six (6) months.

When a defect is found, the driver must report it immediately to his/her Manager or Supervisor to ensure repairs and appropriate corrective actions can be implemented.

When major defects are repaired, the company shall amend the trip inspection and any other supporting documents to certify that the defect has been repaired or corrected.

### Areas to check include:

- Air Brake System
- Cab
- Cargo Securement
- Coupling Devices
- Dangerous Goods
- Driver Controls
- Driver Seat
- Electric Brake System
- Emergency Equipment & Safety Devices
- Exhaust System
- Fuel System
- General
- Glass & Mirrors
- Heater/Defroster
- Horn
- Hydraulic Brake System
- Lamps & Reflectors
- Steering
- Suspension System
- Tires
- Wheels, Hubs, & Fasteners
- Windshield Wiper/Washer



## Commercial Vehicle Inspection Program (CVIP)

Wild West Dirt Works Ltd. and Glacier Rock Resources Inc. ensure that vehicles with a GVM of 11,794 kg or higher are annually inspected by a licensed mechanic to assure that vehicles are in safe operation. Each vehicle that is inspected will have a CVIP certificate in a safe location in the cab of the vehicle(s). Each certificate will be replaced annually with the up-to-date CVIP.

## 8.4 Inspection Forms

### Vehicle Inspection Checklist

Driver Name:	Date:	Unit:	KM:
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✓ Check each item as applicable

	Remarks
Oil Levels:	
Engine	
Transmission	
Radiator Level	
Fuel Level	
Washer Fluid	
Steering System	
Brakes	
Tires and Wheel Lugs	
Body Condition	
Exhaust System	
Horn	
Lights (Signal, clearance, parking, head lights, brake lights, etc.).	
Fire Extinguisher & First Aid Kit and supplies	
Personal Protective Equipment	

Necessary Mechanical Repairs or Comments:

Driver's Signature: \_\_\_\_\_



Workplace Inspection Form

<p><b>GLACIER ROCK RESOURCES</b></p> <p>Date: _____</p> <p>Inspector: _____</p> <p>+ 1. Health &amp; Safety Policy Available 2. Windows/floors/doors/steps 3. Washroom sanitation/supplies 4. Garbage cans clean &amp; empty 5. Fire extinguishers/smoke alarm 6. Indoor air quality/ventilation 7. First aid/contents 8. Lighting 9. Heating/cooling 10. Escape routes not blocked</p> <hr/> <p>19. Clean work area/Equipment 20. Equipment serviced/ in good repair 21. No obvious hazards present 22. Proper tools being used</p> <hr/> <p>27. Following Procedures 28. Treating Co-workers with respect 29. Good communication 30. Performing tasks correctly</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">ITEM #</th> <th style="width: 90%;">DESCRIPTION</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table> <p>Severity: "A" Hazard – imminent Action: "A" – immediate</p> <p>COMMENTS: _____ _____ _____</p>	ITEM #	DESCRIPTION									<p style="text-align: center;"><b>WORKSITE INSPECTION FORM</b></p> <p style="text-align: center;"><b>WILD WEST</b> DIRT WORKS LTD.</p> <p style="text-align: center;"><b>WORKPLACE INSPECTION FORM</b></p> <p>Date: _____ Location: <input type="checkbox"/> WorkSite _____ <input type="checkbox"/> Shop/Yard</p> <p>Inspector: _____ Position: <input type="checkbox"/> Supervisor <input type="checkbox"/> Management <input type="checkbox"/> HS Rep</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center;">HOUSEKEEPING</th> </tr> </thead> <tbody> <tr> <td style="width: 50%;">1. 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COMMENTS:

**Corrective Action:**

RESPONSIBLE PERSON	TARGET DATE	CORRECTIVE ACTION	DATE IMPLIMENTED

**Inspection Completed and Submitted:**

\_\_\_\_\_  
Signature

**Reviewed by Supervisor:**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Corrective Actions Completed and Submitted:**

\_\_\_\_\_  
Signature

**Reviewed by Supervisor:**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Office Use Only**

**Record of Worker Involvement:**

**Reviewed by Management:**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## Office Inspection



### OFFICE INSPECTION

Location being Inspected: \_\_\_\_\_ Date: \_\_\_\_\_

Inspected By: \_\_\_\_\_ Position: Supervisor Management HS Rep

Area/Item	Y	N	N/A	Comments
<b>Floors</b>				
Floors free of loose material, debris, or worn carpeting				
Are the floors dry with no spills?				
<b>Lighting</b>				
Are all bulbs in working order?				
Are all areas well illuminated?				
Emergency lighting in place and regularly tested?				
Exit signs in working order?				
<b>Bulletin Boards and Signs</b>				
Are they clean and readable?				
Is the material current?				
Required communications posted?				
Company H&S Manual, OHS Leg available?				
<b>Hazardous Products</b>				
Hazardous Products on site properly labelled				
If yes, are the SDSs on site?				
<b>Storage</b>				
Are material neatly and safety piled?				
Are there stepladders available?				
Are large and heavy objects are stored low?				
Passageways and work areas clear of obstructions?				
<b>Housekeeping</b>				
Are all areas free of garbage?				
Are paper and waste properly disposed of?				
Are cords tucked away to prevent tripping?				
Are wall and ceiling fixtures fastened securely?				
<b>Sanitation</b>				
Are washrooms and food preparation areas clean?				
Are measures in place to prevent the spread of disease?				
<b>Emergency Preparedness</b>				
Emergency Response Plan clearly identified?				
Emergency phone list posted?				
First Aid attendant identified?				
Muster point identified?				
Visitor sign in/out current and up to date?				
Employee sign in/out current and up to date?				
Safe work procedures available?				
<b>Emergency Equipment</b>				
First Aid kits appropriate and available?				
Fire Extinguishers maintained and inspected?				

ITEM #	DESCRIPTION	HAZARD OBSERVED	SEVERITY	RECOMMENDED ACTION
<b>Severity:</b>		"A" Hazard – imminent	"B" Hazard – serious	"C" Hazard – minor
<b>Action:</b>		"A" – immediate	"B" - < one week	"C" < three weeks

**COMMENTS:**

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**Corrective Action:**

RESPONSIBLE PERSON	TARGET DATE	CORRECTIVE ACTION	DATE IMPLIMENTED

**Inspection Completed and Submitted:**

\_\_\_\_\_ Signature

**Reviewed by Supervisor:**

\_\_\_\_\_ Print Name                      \_\_\_\_\_ Signature                      \_\_\_\_\_ Date

**Corrective Actions Completed and Submitted:**

\_\_\_\_\_ Signature

**Reviewed by Supervisor:**

\_\_\_\_\_ Print Name                      \_\_\_\_\_ Signature                      \_\_\_\_\_ Date

**Office Use Only**

**Record of Worker Involvement:**

\_\_\_\_\_

**Reviewed by Management:**

\_\_\_\_\_ Print Name                      \_\_\_\_\_ Signature                      \_\_\_\_\_ Date



## Defective Tools & Equipment Form

*This form is to be used by employees to document defective tools and equipment that are unsafe and in need of repair. Make sure you use lockout tags to identify the hazard and notify your supervisor immediately.*

Name:	Date:
Equipment/Tool Description:	
Location of Hazard:	

Details of Hazard and Corrective Action Required

Did you tag the equipment/tool with a lock-out tag?     YES     NO

Who did you report this to? \_\_\_\_\_

-----

### **Follow-Up Action (to be completed by Supervisor/Manager)**

Comments on action completed, if required


Date completed \_\_\_\_\_ Approximate cost to fix: \$ \_\_\_\_\_

Reviewed by: _____ Date: _____
--------------------------------

## Safety Equipment Inspection Form



### SAFETY EQUIPMENT INSPECTION

Location of Inspection (Job Site/Project) \_\_\_\_\_  
 Date of Inspection: \_\_\_\_\_  
 Person Inspecting Safety Equipment: \_\_\_\_\_ SUPERVISOR / HS REP / MANAGER

FIRE EXTINGUISHERS				
Fire Extinguisher Location	Is the nozzle unobstructed?	Does the unit indicate proper pressure?	Does the unit show any signs of corrosion or damage?	Is there any necessary follow up? NO YES. Follow-up Required to be done:
	Yes No	Yes No	Yes No	
	Yes No	Yes No	Yes No	
	Yes No	Yes No	Yes No	
	Yes No	Yes No	Yes No	
	Yes No	Yes No	Yes No	
	Yes No	Yes No	Yes No	
FIRST AID KIT				
First Aid Kit Location	Has anything been removed from the kit?	Is the kit accessible and labelled?	Is the kit in good condition?	Is there any necessary follow up? NO YES. Follow-up Required to be done:
	Yes No	Yes No	Yes No	

EYEWASH STATION				
Eyewash Station Location	In working order?	Clean?	Accessible & labelled?	Is there any necessary follow up? NO YES. Follow-up Required to be done:
	Yes No	Yes No	Yes No	
SIGNAGE		PPE		
Muster Point	Yes No	Eye Protection	Yes No	Is there any necessary follow up? NO YES. Follow-up Required to be done:
Exit Signs	Yes No	Hearing Protect	Yes No	
ERP Posted?	Yes No	Coveralls	Yes No	

Verified by (name & Initial)

Date follow up Complete: \_\_\_\_\_

Reviewed By Supervisor (name & Initial)

Date Review Complete: \_\_\_\_\_