HSE REQUISITES

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ARTICLE 1 – PURPOSE

This document outlines the Owner’s Health, Safety and Environmental requirements (the “Requirements”) associated with the Work that Contractor is required to follow.

ARTICLE 2 – HEALTH, SAFETY AND ENVIRONMENTAL (‘HSE”) PLANNING

2.1 ISNetworld Health & Safety Management System Evaluation.

“ISNetworld” or “ISN” means the 3rd party contractor management system that Owner uses to verify HSE qualifications among other things. Unless an exception has been granted by the Owner, contractors completing on site work activities for the Owner must be registered and have a fully completed contractor profile in ISNetworld (ISN) in advance of Contractor selection. Contractors shall not enter the Site or other property controlled by Owner or its Affiliates unless:

a) They are a member of ISN;
b) Have an Alcohol and Drug Policy that meets the requirements set out in ISN. Should Contractor not have an Alcohol and Drug Policy they shall be required to follow Capital Power’s Alcohol and Drug Program for Contractors;
c) Have designated Capital Power Corporation as an “Owner Client” entitled to view Contractor information;
d) Have been assigned an ISN grade for the purposes of evaluating Contractors Health and Safety program for acceptability to Owner requirements (“ISN Grade”);
e) If applicable have implemented a Risk Mitigation Plan as required by Owner in its sole discretion which shall be maintained for the Term of the Contract.

2.2 Health Safety Environment (HSE) Site Planning.

During the period between contract award and the start of Work at the Site, Contractor shall meet with an Owner representative to review these Requirements and the required documents.

No Work shall commence at the Site until the Owner had confirmed the planning requirements as set out in this document have been satisfied by Contractor.

The Owner may make recommendations for improvements to any of the documents set out in these Requirements. Contractor shall cooperate with the Owner in connection to those recommendations and shall support the Owner’s desire to positively influence HSE performance.

Any review comments or recommendations by the Owner related to any documents set out in these Requirements will not relieve Contractor of full and complete responsibility and liability for HSE compliance associated with the Work.

2.3 General Planning

In addition to observing, abiding and complying with all jurisdictional regulations applicable to the Work identified in the contract, Contractor shall:

a) Ensure all workers including Subcontractors complete Owner’s Site-specific orientations in ISN prior to arriving at any Owner Site at Contractor’s expense. workers will not be permitted to enter upon the Site or other property controlled by Owner or its Affiliates, without evidence that their orientations are current;
b) Ensure their Subcontractors meet the requirements in this document;  
c) Ensure both the Contactor’s and Subcontractor’s personnel comply with the Site-specific Personal Protective Equipment (PPE) requirements, operating procedures, processes and Work practices governing the environment, health, safety, security, protection of the public, and the Work on the Site;  
d) Participate in Owner’s safety kick-off meeting;  
e) Conduct a formal documented safety kick-off meeting with Subcontractors and any other appropriate parties as applicable prior to starting Work;  
f) Utilize a root cause analysis process acceptable to the Owner;  
g) Verify Contractor personnel and their Subcontractors are fit for Work relative to medical and physical considerations;  
h) If applicable, have a plan in place to address integration of any non-English speaking workers at the Site;  
i) As required by applicable laws, provide a trained and competent safety representative of designated worker to participate in the joint health and safety committee.

2.4 Pre-Mobilization Requirements.  
Contractor shall complete prior to the date of Work commencement at the Site and provide to the Owner for review upon request:  
a) Job Hazard Assessments;  
b) A Spill Prevention and Contingency Plan for the Site (if applicable);  
c) A Waste Management Plan for the Work Site (if applicable);  
d) Safety Data Sheets (SDS) for all chemicals to be used at the Site (if applicable).

2.5 Hazard Recognition, Assessment and Control.  
Contractor and Subcontractors shall use structured and documented processes to identify, assess and control potential hazards associated with the Work. This process shall include: This process shall include:  
a) Job Hazard Assessments  
Job Hazard Assessments shall specifically identify the following:  
   - The Work to be performed,  
   - Steps associated with performing such Work,  
   - Hazards associates with each step, and  
   - Means to eliminate or control all such hazards.  
b) Field Level Hazard Assessments  
Contractor shall complete/review and sign on to a Field Level Hazard Assessment prior to starting Work in the field each day.  
Contractor shall monitor the Work to ensure hazard control procedures and execution are effective and all hazards remain adequately controlled. Contractor shall stop Work immediately if hazards cannot be adequately controlled.

ARTICLE 3 – RIGHT TO STOP UNSAFE WORK  
Any Worker, whether in the employ of the Owner, Contractor, or any Subcontractor, shall have the right to stop all work for unacceptable health, safety, or environmental risk. Work stoppage is considered a near miss incident and shall be investigated, documented and reported to the Owner.
ARTICLE 4 – ALCOHOL AND DRUG POLICY

Contractor shall follow the Alcohol and Drug Policy, and corresponding Risk Mitigation Plan as applicable and agreed to.

ARTICLE 5 - PRE-ACCESS TESTING VERIFICATION (SAFETY SENSITIVE POSITIONS)

Except for Contractor Workers who are participants in the Alberta Canada, “Rapid Site Access Program”, all Workers in an identified Safety-Sensitive Position are to undergo an Alcohol and Drug test as precondition to commencing work on Capital Power Business. Failure to pass the test(s) or refusal to participate means the Worker is not eligible to perform Capital Power Business or gain access to Site. Testing types: Canada - Breath Alcohol and Urine Express Panel 5. US – Breath Alcohol and Urine Lab Panel 5 (DP7N). The use of urine or oral fluid laboratory testing for site-access is acceptable.

The test shall be completed 90 days or less before deployment to Site and confirmation of compliance shall be provided to Capital Power by means of an acceptable clearance letter from the testing provider or on the Capital Power Contractor Site Access A&D Compliance Form.

Pre-Access testing is not required for Contractor Workers who are subject to pre-employment testing by Contractor as long as they have been in constant employment with Contractor and have not had a negative testing result. Confirmation of compliance shall be provided to Capital Power by submitting Contractor Site Access A&D Compliance Form.

When pre-access testing is waived by the Owner, Contractor shall ensure that every supervisor and employee provides a signed declaration before being permitted to commence work on site. This form shall be completed ONCE upon initial arrival in lieu of pre-access testing.

To mitigate risk in this circumstance Contractor shall conduct/complete Contractor Fit for Duty Declaration Form.

The Owner reserves the right to request and review compliance to the pre-access testing requirements or Contractor Fit for Duty Declaration Form.

ARTICLE 6 – FIT FOR DUTY

Contractor shall verify all Contractor and Subcontractor personnel are fit for duty relative to medical and physical considerations.

ARTICLE 7 – EVALUATION AND SELECTON OF SUBCONTRACTORS

Contractor is responsible for the health and safety performance of its Subcontractors and shall;

a) Evaluate the safety performance of Subcontractors by using a formal, documented process;
b) Prior to and Subcontractor starting Work, Contractor shall provide completed Subcontractor HSE related prequalification documentation to the Owner for review, if requested.

ARTICLE 8 – INCIDENT MANAGEMENT

a) Contractor and its Subcontractors shall have a formal incident management program and shall;
b) Report all environment, health and safety incidents and near misses in accordance with regulatory requirements and Owner requirements;
c) Fully investigate all incidents, including near miss incidents to identify root causes and corrective measure to prevent reoccurrence;
d) At the Owner’s request, present incident investigation findings to the Owner’s Site management. The Owner may require or make recommendations for improvements to these investigations;

e) At the commencement of the investigation, the Owner is to be notified and the Contactor and/or Subcontractor, as applicable, will provide notice of any meetings, interview or any other elements of the incident investigation;

f) At its sole discretion, the Owner reserves the right to participate directly in any aspect of the incident investigation, including review and finalization of the incident report.

g) Provide qualified senior management, line management and safety representatives to oversee and participate in incident investigations;

h) Provide injured parties with adequate medical care and shall perform the appropriate level of case management.

8.1 Incident Reporting Timelines.
Contractor shall provide the Owner with the following:

a) Immediate verbal notification for all incidents and near misses, unless impracticable in which case as soon as practicable;

b) A preliminary written notification and preliminary incident report within twenty-four (24) hours of an incident; and

c) A detailed final incident report or investigation status update in writing within forty-eight (48) hours of the incident stating when the report will be completed.

8.2 Incident Investigations.
Contractor shall investigate the following incident types:

a) First Aid: Work related injury requiring medical attention administered immediately after the injury occurs and at the Work Site (short term treatment).

b) Recordable Injury/Illness: Incident requiring medical treatment beyond First Aid for a work-related injury or illness.

c) Restricted Work: Any work-related injury or illness that prevents a worker from performing the routine functions of their regularly scheduled job or any subsequent regularly scheduled workday. A worker’s routine functions are those work activities the worker regularly performs at least once a week.

d) Lost Time Injury: Any work-related injury or illness that renders the injured person temporarily unable to perform any regular work activity on any normally scheduled workday after the day on which the injury occurred. When a worker loses all or part of a workday following the day of the injury due to medical treatment, it is not classified as a Lost Time incident.

e) High-Potential Near Miss: An event in which under slightly different circumstances could have resulted in a fatality, significant injury, significant damage, or significant production loss.

ARTICLE 9 – MEASUREMENT AND REPORTING OF PERFORMANCE

If applicable, Contractor shall submit monthly HSE reporting to the Owner within five (5) business days of the end of a month. Contractor may report Contractor and Subcontractor data as a single report, but it must clearly describe Contractor and Subcontractor information.

Contractor shall be responsible for tracking and reporting the following metrics as a minimum:

a) Total Recordable Injury Frequency for the project;

b) DART (Days Away, Restricted or Transfer) UNITED STATES ONLY;

c) Hours worked for Contractor and each Subcontractor.

d) Leading Indicators:
   - Number of inspections performed with corrective actions;
   - Number of field level hazard assessments completed;
- Number of safety meetings/tool box talks performed;
- Number of near miss/hazard IDs reported with corrective actions, and
- Percentage of corrective actions completed

e) Lagging Indicators:
- First aid injuries, recordable injuries, restricted work injuries, lost time injuries;
- Motor vehicle incidents;
- Security incidents/property damage;
- Mobile equipment damage and;
- Environmental incidents (spills or release, violation of regulatory requirements).

ARTICLE 10 – EMERGENCY PREPARDNESS

Each Contractor shall provide First Aid services, equipment and supplies in accordance with jurisdictional regulations. Contractor shall establish an overall emergency plan (routes, equipment, emergency contacts, etc.) and inform all the workers on the Site of the contents of the plan.

If the Site has an existing emergency plan, Contractor shall familiarize the workers under their control of the contents of the plan.

ARTICLE 11 – HSE MANAGEMENT PERSONNEL

If applicable, Contractor’s HSE management personnel shall be approved by the Owner in advance of appointments at the Work Site. Contractor shall submit to the Owner, a statement of qualification (i.e. resume) for identified health and safety personnel and environmental monitor(s).

In consultation with the Owner, Contractor shall determine the peak workforce. The peak workforce number will be used to determine the experience required by Contractor’s Site HSE representative as outlined below: Management Personnel Qualifications. This determination will be made so that the most qualified safety representative is on Site from the start of Work. Contractor’s Site HSE representative shall remain onsite from the start of the Work and until completion of the Work.

For each of the identified safety personnel and environmental monitor, name, telephone and email contact information shall be supplied to the Owner. Contractor shall notify the Owner at a minimum seventy-two (72) hours in advance (in writing) regarding any changes in Site safety and environmental monitoring coverage.

The Environmental monitor personnel shall be provided in accordance to the requirements specified in the contract.
<table>
<thead>
<tr>
<th>Manpower Including Subcontractors</th>
<th>Role</th>
<th>Minimum Qualification Criteria</th>
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<tbody>
<tr>
<td>1-19</td>
<td><strong>Safety Representative</strong>&lt;br&gt;<em>{This worker may also function as a supervisor, foreman, or crew leader on the Project.}</em></td>
<td><strong>CANADA</strong>&lt;br&gt;Current Cardiopulmonary Resuscitation (CPR)/standard first aid training.&lt;br&gt;Demonstrate experience and skills necessary to thoroughly understand the health and safety hazards and controls of the specific Work.</td>
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<td>20-99</td>
<td><strong>Health and Safety Coordinator</strong>&lt;br&gt;<em>{Dedicated full-time. This person shall not have any other non-H&amp;S assigned duties.}</em></td>
<td><strong>CANADA</strong>&lt;br&gt;3 years construction experience as a full-time Health and Safety Coordinator.&lt;br&gt;Current CPR/standard first aid training.&lt;br&gt;National Construction Safety Officer (NCSO) or equivalent level of training of experience, and skills necessary to thoroughly understand the health and safety hazards and controls.</td>
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<tr>
<td>100+</td>
<td><strong>Health and Safety Manager</strong>&lt;br&gt;<em>{Dedicated full-time. This personal shall not have any non-H&amp;S assigned duties.}</em></td>
<td><strong>CANADA</strong>&lt;br&gt;5 years related construction experience as a full-time Health and Safety Manager.&lt;br&gt;Current CPR/first aid certification.&lt;br&gt;Canadian Registered Safety Professional (CRSP) or equivalent level of training, years of experience, and skills necessary to thoroughly understand the health and safety controls.</td>
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<td>Each 100 thereafter</td>
<td>One additional Health and Safety Coordinator will be required.&lt;br&gt;<em>{The Owner may accept Junior H&amp;S Coordinators when experienced H&amp;S personnel are on Site with a ratio of 1 Junior: 3 Health and Safety Coordinators.</em></td>
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