

VERO ENERGY INC.

Section 12 – Forms



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Forms

Purpose

The purpose of these forms is to protect the health and safety of all employees, contractors, the environment and the public, by ensuring that all hazards are recognized before an incident/accident occurs. Superintendent, personnel and contractors are responsible in using the forms and ensuring they are completed properly. A brief description for each form use is listed below:

- ❖ Fire Extinguisher Inspection: To be used for inspecting all fire extinguishers.
- ❖ Follow-Up Action Log: Any hazard or deficiencies found during hazard assessment or inspections etc. is to be added to this log.
- ❖ Hazard Alert: To be used to identify hazards at worksites before the job starts.
- ❖ Incident (Near Miss)/Accident: To be used to report all Incidents (Near Misses) and Accidents.
- ❖ Inventory of Activities: List of activities to be completed and the amount of risk they each entail.
- ❖ Job Safety Analysis: Identify hazards and assess risks to ascertain risk control measures for each task.
- ❖ Motor Vehicle Accident Report: To be completed in the event of a motor vehicle incident or near miss incident.
- ❖ New Employee Orientation Acknowledgement Form: To be used for all new employees hired, which would review the Company's policies, procedures, Safety Manual and government regulations, etc.
- ❖ Office Safety Inspection Form: To be used to do the office inspections.
- ❖ Pre-Job Hazard Assessment for Field Employees: To be completed by field employees before starting work each day.
- ❖ Telephone Threat Report: To be used if the company receives any type of threat.
- ❖ Vehicle Inspection Report: To be used by the operator of the vehicle to do a vehicle inspection on a regular basis.
- ❖ ATV Checklist: To be used by the operator of the ATV to do an inspection on a regular basis.

Hazard Alert

| HAZARD ALERT | |
|--|--|
| Worker: | Date |
| Facility: | Legal Description: |
| Area: | |
| Type of Hazard: <input type="checkbox"/> Unsafe Condition <input type="checkbox"/> Unsafe Action | |
| Explanatory Note: | |
| Evaluation of Loss Potential (if not corrected): | |
| <p>Loss Severity Potential</p> <p><input type="checkbox"/> Major (Class A)</p> <p><input type="checkbox"/> Serious (Class B)</p> <p><input type="checkbox"/> Minor (Class C)</p> | <p>Probability of Occurrence</p> <p><input type="checkbox"/> Frequent</p> <p><input type="checkbox"/> Occasional</p> <p><input type="checkbox"/> Seldom</p> |
| <p>What has the originator done to remedy the situation:</p> <p><input type="checkbox"/> Remedied Unsafe Condition <input type="checkbox"/> Notified Facility Supervisor</p> <p><input type="checkbox"/> Warning Placed <input type="checkbox"/> Other Measures Taken:</p> | |
| <p>MANAGEMENT</p> <p>What follow-up action will be taken by site representative, foreman or management:</p> | |
| <p><i>DISTRIBUTION OF FORM</i></p> <p>Sign off that action is completed:</p> | |
| On-Site Supervisor: | Date completed: |
| Area Foreman: | Date completed: |

Incident (Near Miss)/Accident Investigation Report

| INCIDENT (NEAR MISS)/ACCIDENT REPORT (Page 1 of 2) | | | | | | |
|--|---|--|-----|--|--------------|-----|
| Location (Unit, Field/Facility Name) | | | | | | |
| Department | | | | | | |
| Location | <input type="checkbox"/> AB <input type="checkbox"/> SK <input type="checkbox"/> BC | LSD | SEC | TWP | RGE | W M |
| QTR. | UNIT | BLK | MAP | SUB DIV | SHEET | |
| Occurrence (MM/DD/YY) | Time (24 hr) | Date Reported (MM/DD/YY) | | | Time (24 hr) | |
| Notification | Name | Telephone Number | | Date & Time | | |
| <input type="checkbox"/> Head Office | | | | | | |
| <input type="checkbox"/> EUB/BCOGC/SIR | | | | | | |
| <input type="checkbox"/> EMA/PEP/SASK EMO | | | | | | |
| <input type="checkbox"/> WH&S/WCB/OH&S | | | | | | |
| <input type="checkbox"/> Police/Fire/Ambulance | | | | | | |
| <input type="checkbox"/> Landowner | | | | | | |
| <input type="checkbox"/> Other | | | | | | |
| TYPE OF INCIDENT (NEAR MISS)/ACCIDENT | | | | | | |
| <input type="checkbox"/> Near Miss | | <input type="checkbox"/> TDG Violation | | <input type="checkbox"/> Equipment Damage | | |
| <input type="checkbox"/> Personal Injury | | <input type="checkbox"/> Explosion/Fire | | <input type="checkbox"/> Property Damage* | | |
| <input type="checkbox"/> Inhalation Exposure | | <input type="checkbox"/> Spill/Release | | <input type="checkbox"/> Vandalism | | |
| <input type="checkbox"/> Chemical Exposure | | <input type="checkbox"/> Environmental | | <input type="checkbox"/> Security/Theft | | |
| <input type="checkbox"/> Occupational Illness | | <input type="checkbox"/> Contamination | | <input type="checkbox"/> Other | | |
| <input type="checkbox"/> Vehicle Accident | | <input type="checkbox"/> Equipment Failure | | <input type="checkbox"/> PSV | | |
| <input type="checkbox"/> ABSA | | | | | | |
| * Attach Supplementary Report as applicable | | Report No. | | Vehicle No. | | |
| <input type="checkbox"/> Employee | <input type="checkbox"/> Contractor | <input type="checkbox"/> Other | | Employer | | |
| EMPLOYEE/CONTRACTOR NAME | | | | | | |
| DESCRIPTION OF INCIDENT/ACCIDENT (Who, What, When, Where & Why – Provide attachments if necessary) | | | | | | |
| SUBSTANDARD ACTIONS | | | | SUBSTANDARD CONDITIONS | | |
| <input type="checkbox"/> Operating Equipment Without Authority <input type="checkbox"/> Failure to Warn <input type="checkbox"/> Failure to Secure <input type="checkbox"/> Operating at Improper Speed <input type="checkbox"/> Making Safety Devices Inoperable <input type="checkbox"/> Removing Safety Devices <input type="checkbox"/> Using Defective Equipment <input type="checkbox"/> Using Equipment Improperly <input type="checkbox"/> Failure to Use PPE Properly <input type="checkbox"/> Improper Loading <input type="checkbox"/> Improper Placement <input type="checkbox"/> Improper Lifting <input type="checkbox"/> Improper Position of Task <input type="checkbox"/> Servicing Equipment in Operation | | | | <input type="checkbox"/> Inadequate Guards or Barriers <input type="checkbox"/> Inadequate or Improper Protective Equipment <input type="checkbox"/> Defective Tools, Equipment or Materials <input type="checkbox"/> Congestion or Restrictive Action <input type="checkbox"/> Inadequate Warning Systems <input type="checkbox"/> Fire and Explosion Hazards <input type="checkbox"/> Poor Housekeeping <input type="checkbox"/> Noise Exposure <input type="checkbox"/> Radiation Exposure <input type="checkbox"/> High or Low Temperature Exposure <input type="checkbox"/> Inadequate or Excessive Illumination <input type="checkbox"/> Inadequate Ventilation <input type="checkbox"/> Hazardous Environmental Condition: <input type="checkbox"/> gas, dust, smoke, fumes or vapours | | |

- Horseplay
- Under the Influence of Alcohol and/or Drugs

INCIDENT (NEAR MISS)/ACCIDENT REPORT (Page 2 of 2)

Analysis Of Incident (Near Miss)/ Accident - Continued
(Basic Causes: (Check all applicable boxes))

PERSONAL FACTORS

- | | |
|--|---|
| <input type="checkbox"/> Inadequate Capability | <input type="checkbox"/> Inadequate Supervision |
| <input type="checkbox"/> Lack of Knowledge | <input type="checkbox"/> Inadequate Engineering Controls |
| <input type="checkbox"/> Lack of Skill | <input type="checkbox"/> Inadequate Purchasing Controls |
| <input type="checkbox"/> Stress | <input type="checkbox"/> Inadequate Maintenance Procedures |
| <input type="checkbox"/> Improper Motivation | <input type="checkbox"/> Inadequate Tools and/or Equipment |
| | <input type="checkbox"/> Abuse or Misuse of Equipment and/or Material |
| | <input type="checkbox"/> Wear and Tear of Equipment and/or Material |
| | <input type="checkbox"/> Inadequate Work Standards |

FREQUENCY POTENTIAL Frequent Occasional Rare

SEVERITY POTENTIAL Major Serious Minor

ACCIDENT SEVERITY

First Day: _____ Last Day: _____

- | | |
|--|--|
| <input type="checkbox"/> First Aid | <input type="checkbox"/> Lost Time |
| <input type="checkbox"/> Medical Treatment | <input type="checkbox"/> Restricted Work |

MEDICAL TREATMENT INFORMATION

Doctor: _____ Telephone: _____

Hospital: _____ Telephone: _____

Diagnosis: _____

PREVENTION

| Recommendations To Prevent Recurrence | Responsibility | |
|---------------------------------------|----------------|-----|
| | Target Date | Who |
| | | |
| | | |

Line Supervisor: _____ Title: _____ Signature: _____ Date (DD/MM/YY) _____

REVIEW

Support for Preventive Recommendations: _____ Date In (dd/mm/yy) _____ Date Out (dd/mm/yy) _____

Area Manager/Supervisor: Agree / Support Do Not Agree/Support Comment Below

Manager Agree/Support Do Not Agree/Support Comment Below

Others Agree/Support Do Not Agree/Support Comment Below

COMMENTS

Name & Title: _____ Signature: _____ Date: (DD/MM/YY) _____

Name & Title: _____ Signature: _____ Date: (DD/MM/YY) _____

ATTACHMENTS

- | | | |
|---|--|--|
| <input type="checkbox"/> Motor Vehicle Form | <input type="checkbox"/> WCB Employee Form | <input type="checkbox"/> Spill Report Form |
| <input type="checkbox"/> Police Report | <input type="checkbox"/> WCB Employer Form Other | |

JOB SAFETY ANALYSIS WORKSHEET

| | | | |
|------------------------|--|-------------------------------|-------------------------|
| Job Task: | Manager: | Created/Revised by: | Page: _____ of _____ |
| Date Complete/Revised: | Approved By: | Position: | |
| Job Steps: | Potential Incidents or Hazards: | Hazard Classification: | Hazard Controls: |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

1. Identify HAZARDS: Is there a possibility of striking against, being struck by, or making harmful contact with an object; of being caught in, by or between objects; of slipping, tripping or falling; of developing a strain from pushing, pulling, lifting, bending or twisting; of coming in contact with electricity or other power source; of receiving a thermal or chemical burn; of being exposed to a hazardous environment?
2. Hazard Classification:
 - A High Risk
 - B Medium Risk
 - C Low Risk

MOTOR VEHICLE ACCIDENT REPORT

| MOTOR VEHICLE ACCIDENT REPORT Supplementary to Incident (Near Miss)/Accident Investigation Report | | | | |
|--|-------------------|-------------------|---------------------------|--------------------------|
| DATE OF ACCIDENT | | TIME OF ACCIDENT | | INVESTIGATION REPORT NO. |
| LOCATION | | | | |
| VEHICLE OWNER | | COMPANY EQUIPMENT | | CONTRACTOR EQUIPMENT |
| LICENSE PLATE NO. | | YEAR | MAKE | MODEL |
| DRIVER | COMPANY EMPLOYEE | | CONTRACTOR | OTHER (SPECIFY) |
| NAME | | | | DRIVERS LICENSE NO. |
| ADDRESS | | | | PHONE NO. |
| ACCIDENT CLASSIFICATION | | PREVENTABLE | | NON-PREVENTABLE |
| ON COMPANY BUSINESS? | | | ANY PEDESTRIANS INVOLVED? | |
| CONDITIONS | VISIBILITY | | WEATHER | |
| | ROAD SURFACE | | TRAFFIC | |
| OTHER VEHICLE | YEAR | | MAKE | MODEL |
| | LICENCE PLATE NO. | | REGISTERED OWNER | |
| | INSURANCE CO. | | POLICY NO. | |
| OTHER DRIVER/ PEDESTRIAN | NAME | | | ADDRESS |
| | TELEPHONE | | | DRIVERS LICENSE NO. |
| REPORTED TO POLICE? | | | LIABILITY ADMITTED | |
| POLICE FILE NO. | | | CONTACT OFFICER | |
| WITNESS NAMES | | | CONTACT NO. | |
| DESCRIPTION OF DAMAGES (DRAW DIAGRAMS IF NECESSARY) | | | | |
| NOTE: Refer to Incident/Accident Investigation Report for description of accident. | | | | |

NEW EMPLOYEE ORIENTATION ACKNOWLEDGMENT FORM

I have participated in the Vero Energy Inc. New Employee Orientation which outlines and reviews company policies, safety procedures and worksite responsibilities. The orientation covered the following topics (check appropriate topics):

- Company Safety Policy
- Company Health & Safety Manual

Occupational Health and Safety Regulations

- Employer Responsibilities
- Working Alone Implications
- Right to Refuse Work – Imminent Danger
- Working Responsibilities

Workers’ Compensation Legislation

- Reporting of work-related injuries or illnesses
- Working Alone Implications
- Compensation Coverage
- Working Responsibilities

Workplace Hazardous Materials Information System (WHMIS)

- Responsibilities of Employers and Employees
- Material Safety Data Sheets (MSDS)
- Labels
- Worker Education Programs

Transportation of Dangerous Goods (TDG)

- Responsibilities of Employers and Employees
- Classes of Dangerous Goods

Hazard Identification

- Identify Common Sources Of Hazards
- Identify Type of Hazards
- Identify Common Causes Of Injury

Hazard Assessment

- How to Asses A Hazard

Hazard Control

- Types of Control Measures

Personal Protective Equipment (PPE)

- General

Safe Work Practices

- Safe Work Procedures
- Fire Extinguishers
- Fire Prevention
- Driving

Common Workplace Hazards and Controls

- Vehicles
- Lifting
- Tools
- Ladders
- Housekeeping
- Smoking
- Impairment – Alcohol, Drugs and Fatigue
- Ergonomics
- Wildlife Awareness

Emergency Response

- Emergency Response Procedures
- Safety Meetings

Reporting

- Hazard Reporting
- Incident and Near Miss Reporting

I understand and accept my responsibilities as outlined in the New Employee Orientation.

Employee Signature

Position

Manager's Signature

Position

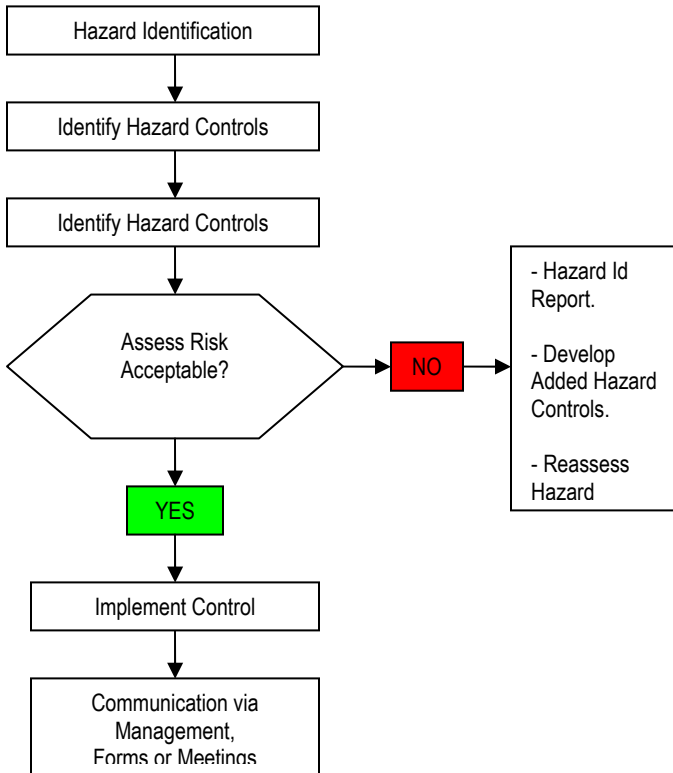
Date of Orientation

Date Started Work

OFFICE SAFETY

| OFFICE SAFETY INSPECTION FORM | | | | | | | |
|------------------------------------|-----|----------------------------------|-----|------------------------|------------------------------------|-------|-----|
| <input type="checkbox"/> Weekly | | <input type="checkbox"/> Monthly | | | <input type="checkbox"/> Quarterly | | |
| Date of Inspection: | | | | Inspected By: | | | |
| | YES | NO | N/A | | YES | NO | N/A |
| Congestion | | | | Quarterly | | | |
| Fire Extinguishers | | | | Unrestricted Egress | | | |
| • Proper Location | | | | First Aid Supplies | | | |
| • Free Access | | | | • First Aid Kit | | | |
| • Suitable for Hazard | | | | Electrical Cords | | | |
| Sufficient Electrical Outlets | | | | Building Stairwell | | | |
| Drinking Water | | | | Lighting | | | |
| • Kitchen Area | | | | Floors | | | |
| • Clean | | | | Tripping Hazards | | | |
| Storage Areas | | | | Office Furniture | | | |
| • Safely Arranged | | | | Properly Labeled WHMIS | | | |
| • Shelves Overloaded | | | | General Housekeeping | | | |
| • Neat | | | | | | | |
| Corrective Actions: | | | | | | | |
| Priority#: | | Description | | By Whom: | | Date: | |
| Comments: | | | | | | | |
| Follow-up on Corrective Action By: | | | | | | | |
| Inspection Signature: | | | | Date: | | | |

INSTRUCTIONS FOR COMPLETING THE PRE-JOB HAZARD ASSESSMENT FORM



Complete Section A and transfer any action items down to Section E for assigning responsibility for completion.

2. Complete Section B and transfer any action items down to Section E for assigning responsibility for completion.

3. Complete Section C and assess the identified hazards as per the loss severity potential and probability of occurrence.

- Items that fall into Major (Class A) or Serious (Class B) should have an individual Hazard Identification Report Form completed and forwarded to management for review.

- Items that fall into Minor (Class C) can be transferred down to Section E for assigning responsibility for completion

4. The Vero Energy Representative is to sign off on the daily report and submit to management for final sign off and to determine further action if required. Completed reports will be centrally filed in the Calgary office.

| POTENTIAL CONSEQUENCE OF THE HAZARD | | | | EXPOSURE AND/OR EXPOSURE FREQUENCY | | |
|-------------------------------------|----------------------------------|---------------------------------|----------------|--|-------------------|--------------------------|
| | | | | HIGH | MEDIUM | LOW |
| SEVERITY INDEX | PEOPLE | ASSET | ENVIRONMENT | LIKELIHOOD OF THE EVENT HAPPENING AGAIN ASSUMING NOTHING IS DONE TO PREVENT IT | | |
| | | | | VERY LIKELY | REASONABLE CHANCE | CAN IMAGINE BUT UNLIKELY |
| 4 | SLIGHT INJURY | SLIGHT LOSS (<\$1000) | MINOR IMPACT | | | |
| 3 | MINOR INJURY | MODERATE LOSS (<\$15,000) | MEDIUM IMPACT | | | |
| 2 | MAJOR INJURY | MAJOR LOSS (\$15,000-\$250,000) | MAJOR IMPACT | | | |
| 1 | FATALITY OR PERMANENT DISABILITY | MASSIVE LOSS(>\$250,000) | MASSIVE IMPACT | | | |

■ High Potential Hazards – Class A
 ■ Medium Potential Hazards – Class B
 ■ Low Potential Hazards – Class C

PRE-JOB HAZARD ASSESSMENT FOR FIELD EMPLOYEES

| | | | | |
|---|------------------------------|---------------------------------|----------------------------------|----------------------------------|
| Client: | | Location: | | |
| Working Alone | | | | |
| Report in Procedures: <input type="checkbox"/> Morning <input type="checkbox"/> Evening | | Who was contacted? _____ | | |
| Time: _____ | | | | |
| Nearest First Aid Facility or Hospital: _____ | | | | |
| Daily Equipment Inspection – Check your vehicle and report all deficiencies. | | | | |
| Vehicle: <input type="checkbox"/> Tires <input type="checkbox"/> Oil <input type="checkbox"/> Fuel <input type="checkbox"/> Washer Fluid <input type="checkbox"/> Lights Other: _____ | | | | |
| Communication System: | | | | |
| <input type="checkbox"/> Cell Phone <input type="checkbox"/> Land Line <input type="checkbox"/> Radio <input type="checkbox"/> SAT Phone Other: _____ | | | | |
| Personal Protective Equipment – Check off required PPE, report all missing or worn items below | | | | |
| <input type="checkbox"/> Hardhat <input type="checkbox"/> Signs <input type="checkbox"/> Eye Wear <input type="checkbox"/> Gloves <input type="checkbox"/> Steel-toed Boots <input type="checkbox"/> Fire Retardant Coveralls | | | | |
| Pre-Job Hazard Assessment Checklist (Complete when starting a new job or worksite conditions change) | | | | |
| Item | Item | Item | Item | Item |
| Power Lines: Overhead or Buried | First Aid Equipment/ | Ground Conditions | Inexperienced Workers | Chemical/Biological Exposures |
| Flammable Materials | Fire and Rescue Equipment | Road Conditions | Personal Protective Equipment | Heat/Cold Exposures |
| H ₂ S, Natural Gas, Methane | Emergency Response Proc. | MSDS Available | Mobile Equipment | Muster Points |
| Confined Space, if required | Wind Direction | On-Site Traffic/Construction | Manual Lifting | Alarm Systems |
| Moving Equipment | Steam Clouds | Work permit, if Required | Restricted Access | Heavy Equipment |
| Weather Conditions | Excessive Noise Levels | Security of Worksite | Ladders | Mobile Equipment |
| Working from Height | Warning Signs | Check-in Procedures | Electrical | Other: |
| Wildlife | Driving | Parking on-site | Mechanical | Other: |
| Loss Severity Potential: <input type="checkbox"/> Major – Class A <input type="checkbox"/> Serious – Class B <input type="checkbox"/> Minor – Class C | | | | |
| Possibility of Occurrence: <input type="checkbox"/> Frequent <input type="checkbox"/> Occasional <input type="checkbox"/> Seldom | | | | |
| Action items: | | | | |
| Actions, Repairs or Replacement | Responsible Person | Completion Date | Verification | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Vero Energy Rep Signature: _____ | | | Date: _____ | |
| Client Signature _____ | | | Date: _____ | |
| Management Review _____ | | | Date: _____ | |

| TELEPHONE THREAT REPORT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|-------------------------------------|---|--------|---------|-----------|---------|------------|-------------------------------|-------------------------------|------------------------------------|-------------------------------|--|-------------------------------|-------------------------------|-------------------------------|--------------------------------|---|---------------------------------------|-----------------------------------|-------------------------------|-----------------------------------|---|-------------------------------|------------------------------------|-------------------------------|-------------------------------------|------------------------------------|--------------------------------|----------------------------------|----------------------------------|-----------------------------------|---------------------------------|-----------------------------------|--------------------------------|---|-------------------------------------|----------------------------------|--------------------------------------|----------------------------------|-----------------------------------|-------------------------------------|---------------------------------|--|--|----------------------------------|-----------------------------------|---------------------------------|--|--|---------------------------------|------------------------------------|--------------------------------|--|--|--------------------------------|--------------------------------|--------------------------------|--|--|--|------------------------------------|---|
| Date: | Time: | <ul style="list-style-type: none"> • Listen and remain calm Signal someone to call supervisor or team leader • Do not hang up or disconnect your phone, even after caller hangs up • Keep caller talking • Record as much information as possible • Signal someone to call a supervisor of team leader • Do not interrupt caller • Ask questions below | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Caller's Sex: | <input type="checkbox"/> Male <input type="checkbox"/> Female Age: _____ Accent: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| EXACT WORDING OF THREAT: (if possible, have caller REPEAT to avoid mistakes in the message) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| QUESTIONS TO ASK: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| • When will the bomb go off? (date and time) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| • Where is it located? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| • What does it look like? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| • Why did you do this? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| • Where are you calling from? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| • What is your name? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DID CALLER REVEAL ANY IDENTIFYING CHARACTERISTICS? (nickname, familiarity with staff, building, etc.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">VOICE:</th> <th style="width: 20%;">SPEECH:</th> <th style="width: 20%;">LANGUAGE:</th> <th style="width: 20%;">MANNER:</th> <th style="width: 20%;">BACKGROUND</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Loud</td> <td><input type="checkbox"/> Fast</td> <td><input type="checkbox"/> Excellent</td> <td><input type="checkbox"/> Calm</td> <td><input type="checkbox"/> Office machines</td> </tr> <tr> <td><input type="checkbox"/> Soft</td> <td><input type="checkbox"/> Slow</td> <td><input type="checkbox"/> Good</td> <td><input type="checkbox"/> Angry</td> <td><input type="checkbox"/> Factory machines</td> </tr> <tr> <td><input type="checkbox"/> High Pitched</td> <td><input type="checkbox"/> Distinct</td> <td><input type="checkbox"/> Fair</td> <td><input type="checkbox"/> Rational</td> <td><input type="checkbox"/> Street traffic</td> </tr> <tr> <td><input type="checkbox"/> Deep</td> <td><input type="checkbox"/> Distorted</td> <td><input type="checkbox"/> Poor</td> <td><input type="checkbox"/> Irrational</td> <td><input type="checkbox"/> Airplanes</td> </tr> <tr> <td><input type="checkbox"/> Raspy</td> <td><input type="checkbox"/> Stutter</td> <td><input type="checkbox"/> Profane</td> <td><input type="checkbox"/> Coherent</td> <td><input type="checkbox"/> Trains</td> </tr> <tr> <td><input type="checkbox"/> Pleasant</td> <td><input type="checkbox"/> Nasal</td> <td><input type="checkbox"/> Use of phrases</td> <td><input type="checkbox"/> Incoherent</td> <td><input type="checkbox"/> Animals</td> </tr> <tr> <td><input type="checkbox"/> Intoxicated</td> <td><input type="checkbox"/> Slurred</td> <td><input type="checkbox"/> Accent :</td> <td><input type="checkbox"/> Deliberate</td> <td><input type="checkbox"/> Bedlam</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> English</td> <td><input type="checkbox"/> Laughing</td> <td><input type="checkbox"/> Voices</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> French</td> <td><input type="checkbox"/> Righteous</td> <td><input type="checkbox"/> Quiet</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Other</td> <td><input type="checkbox"/> Mixed</td> <td><input type="checkbox"/> Music</td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Emotional</td> <td><input type="checkbox"/> Party Atmosphere</td> </tr> </tbody> </table> | | | | | VOICE: | SPEECH: | LANGUAGE: | MANNER: | BACKGROUND | <input type="checkbox"/> Loud | <input type="checkbox"/> Fast | <input type="checkbox"/> Excellent | <input type="checkbox"/> Calm | <input type="checkbox"/> Office machines | <input type="checkbox"/> Soft | <input type="checkbox"/> Slow | <input type="checkbox"/> Good | <input type="checkbox"/> Angry | <input type="checkbox"/> Factory machines | <input type="checkbox"/> High Pitched | <input type="checkbox"/> Distinct | <input type="checkbox"/> Fair | <input type="checkbox"/> Rational | <input type="checkbox"/> Street traffic | <input type="checkbox"/> Deep | <input type="checkbox"/> Distorted | <input type="checkbox"/> Poor | <input type="checkbox"/> Irrational | <input type="checkbox"/> Airplanes | <input type="checkbox"/> Raspy | <input type="checkbox"/> Stutter | <input type="checkbox"/> Profane | <input type="checkbox"/> Coherent | <input type="checkbox"/> Trains | <input type="checkbox"/> Pleasant | <input type="checkbox"/> Nasal | <input type="checkbox"/> Use of phrases | <input type="checkbox"/> Incoherent | <input type="checkbox"/> Animals | <input type="checkbox"/> Intoxicated | <input type="checkbox"/> Slurred | <input type="checkbox"/> Accent : | <input type="checkbox"/> Deliberate | <input type="checkbox"/> Bedlam | | | <input type="checkbox"/> English | <input type="checkbox"/> Laughing | <input type="checkbox"/> Voices | | | <input type="checkbox"/> French | <input type="checkbox"/> Righteous | <input type="checkbox"/> Quiet | | | <input type="checkbox"/> Other | <input type="checkbox"/> Mixed | <input type="checkbox"/> Music | | | | <input type="checkbox"/> Emotional | <input type="checkbox"/> Party Atmosphere |
| VOICE: | SPEECH: | LANGUAGE: | MANNER: | BACKGROUND | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Loud | <input type="checkbox"/> Fast | <input type="checkbox"/> Excellent | <input type="checkbox"/> Calm | <input type="checkbox"/> Office machines | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Soft | <input type="checkbox"/> Slow | <input type="checkbox"/> Good | <input type="checkbox"/> Angry | <input type="checkbox"/> Factory machines | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> High Pitched | <input type="checkbox"/> Distinct | <input type="checkbox"/> Fair | <input type="checkbox"/> Rational | <input type="checkbox"/> Street traffic | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Deep | <input type="checkbox"/> Distorted | <input type="checkbox"/> Poor | <input type="checkbox"/> Irrational | <input type="checkbox"/> Airplanes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Raspy | <input type="checkbox"/> Stutter | <input type="checkbox"/> Profane | <input type="checkbox"/> Coherent | <input type="checkbox"/> Trains | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Pleasant | <input type="checkbox"/> Nasal | <input type="checkbox"/> Use of phrases | <input type="checkbox"/> Incoherent | <input type="checkbox"/> Animals | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Intoxicated | <input type="checkbox"/> Slurred | <input type="checkbox"/> Accent : | <input type="checkbox"/> Deliberate | <input type="checkbox"/> Bedlam | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | <input type="checkbox"/> English | <input type="checkbox"/> Laughing | <input type="checkbox"/> Voices | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | <input type="checkbox"/> French | <input type="checkbox"/> Righteous | <input type="checkbox"/> Quiet | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | <input type="checkbox"/> Other | <input type="checkbox"/> Mixed | <input type="checkbox"/> Music | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | <input type="checkbox"/> Emotional | <input type="checkbox"/> Party Atmosphere | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| REMARKS: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Report Taken By: | Name: | Telephone: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

VEHICLE INSPECTION REPORT

Date: _____ Truck #: _____ Operator: _____

Indicate a X where a problem is detected and an N to indicate no problems visible.

| Engine Compartment | Liters Added |
|--------------------|--------------|
| Engine Motor Oil | |
| Engine Coolant | |
| Power Steering Oil | |
| Window Fluid | |

| Walk Around | L | R | Comments |
|----------------|---|---|----------|
| Steering Tires | | | |
| Drive Tires | | | |

| General Appearance | | Comments |
|--------------------|--|----------|
| Cab | | |
| Windows | | |
| Doors | | |
| Seat | | |
| Seatbelt | | |
| Mirrors | | |
| Lights | | |
| Horn | | |
| Backup Alarm | | |
| Parking Brake | | |
| Air Leaks | | |
| Brake Adjustment | | |
| Oil Leaks | | |
| Fuel Level | | |
| Winch Line | | |

To be completed by designated operator and forwarded to head office.

Inspected by: _____

ATV CHECKLIST

| Owner or Unit #: _____ | | Model: _____ | | Unit Serial #: _____ | |
|--------------------------------|----------------|-----------------------------|--|-------------------------------|--|
| Mileage: _____ | | Date: _____ | | Unit License Plate #: _____ | |
| G – Fully Satisfactory | | M – Marginal (See comments) | | X – Requires Prompt Attention | |
| | | | | N/A – Not Applicable | |
| Area of Unit | G, M, X or N/A | Comments | | | |
| Tire Pressure (as recommended) | | | | | |
| Condition of Rubber | | | | | |
| Rims | | | | | |
| Axle Nuts Tight | | | | | |
| Controls Working | | | | | |
| Throttle and Other Cables | | | | | |
| Brakes | | | | | |
| Foot Shifters | | | | | |
| Headlights and Taillights | | | | | |
| Fuel Tank Full | | | | | |
| Oil Level | | | | | |
| Check for Leaks | | | | | |
| Air Filter Elements Condition | | | | | |
| Chain Lubricated | | | | | |
| Drive Shaft Condition | | | | | |
| Any Loose Pars | | | | | |
| Idle Speed | | | | | |
| Engine Sound | | | | | |
| Stop Switch | | | | | |
| Body Damage | | | | | |

To be completed by Owner/Operator and submitted to Head Office

Owner / Operator Signature: _____

Manager/Supervisor Sign-Off: _____

Date:

Comments:

VERO CONTRACTOR PREQUALIFICATION

| GENERAL INFORMATION | | | |
|--|--|--|------------------|
| <input type="checkbox"/> Service Company | <input type="checkbox"/> Field Contractor / Site Personnel | <input type="checkbox"/> Vendor / Supplier | |
| Role: | | | |
| Company Name: | | | |
| Street Address: | | Mailing Address: | Email / Website: |
| City: | | | |
| Province: | Postal Code: | City: | |
| Phone: | Fax: | Province: | Postal Code: |
| How many years has your business been operating? | | | |
| Previous Name if Applicable: | | Comments: | |

| CONTACT INFORMATION | | | |
|---------------------|------|-------|--------|
| Contact for: | Name | Phone | E-mail |
| Primary Information | | | |
| Bidding Information | | | |
| HS&E purposes | | | |

| ORGANIZATION |
|---|
| Describe the services your company performs: |
| List other types of work, within the services you normally perform, that you subcontract to others: |

| HEALTH, SAFETY & ENVIRONMENTAL PERFORMANCE | |
|--|----------------|
| Your WCB Number: | Industry Code: |
| <ul style="list-style-type: none"> • Number of fatalities • Number of lost time accidents (LT) • Number of days lost • Number of medical aid injuries (MA) • Number of First Aid injuries | 2009 |
| | |
| | |
| | |
| | |
| | |

| SUBCONTRACTORS | | |
|---|------------------------------|-----------------------------|
| Subcontractors: | | |
| Do you hire subcontractors (If no, proceed to next section) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| List the name of the subcontractors: | | |
| Do you evaluate the ability of subcontractors to comply with applicable HS&E requirements as part of the selection process: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you include your subcontractors in: | | |
| • Audits | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Health, Safety and Environmental Meetings | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Health, Safety and Environmental Orientations | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Inspections | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

| INFORMATION SUBMITTAL |
|-----------------------|
|-----------------------|

Note: Vero Energy may require Copies of the following.

| No. | Records, Statements & Forms | Included |
|-----|--|----------|
| 1. | WCB certificate, affidavit, or letter of compliance (dated within the last 3 months) | |
| 2. | Substance Abuse Policy | |
| 3. | A sample of an Accident/Incident form | |
| 4. | A sample of a Hazard Assessment form | |
| 5. | Current Certificate of Recognition (C.O.R.) and/or Small Employer Certificate of Recognition (S.E.C.O.R) | |
| 6. | A sample of a HS&E Planned Inspection Report Form | |
| 7. | Outline of your Employee job site Health, Safety & Environmental Orientation | |
| 8. | Outline of your Employee and Supervisor HS&E Training Programs | |
| 9. | Copy of the table of contents for your company's Safety Manual used for Employee Training and Reference | |
| 10. | A sample of a completed Field Level Risk Assessment form (Task Hazard Assessment) | |
| 11. | An inventory (list) of job specific work practices and procedures related to your work activities. | |
| 12. | Submission of your current ticket training to Vero Energy Inc. (minimum CSTS / PST requirement) | |
| 13. | Certificate of Insurance | |
| 14. | Certificate of Authorization from ABSA | |

1. CONTRACTOR AGREES TO ABIDE BY THE HEALTH & SAFETY MANAGEMENT SYSTEM SUPPLIED BY VERO ENERGY WHEN WORKING ON ANY VERO'S SITES.
2. ALL CONTRACTORS MUST ENSURE THAT ALL SUBCONTRACTORS USED ON A VERO ENERGY'S SITE HAVE RECEIVED A VERO ENERGY CONTRACTOR ORIENTATION PRIOR TO WORKING.

| |
|---|
| By signing this form, I hereby indicate that the information contained within is truthful and open to review. |
|---|

| SIGNATURES REQUIRED | | |
|----------------------------|------------------------|----------------|
| Contractor Representative | Title/Telephone Number | Signature/Date |
| Vero Energy Representative | Title/Telephone Number | Signature/Date |