

LARGE FILING SEPARATOR SHEET

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FORM OF UNSAFE CONDITION OR HAZARD

Optional: Employee may submit this form anonymously.

Employee's Name: _____

Job Title: _____

Location of Condition Believed to be Unsafe or Hazardous: _____

Date and Time Condition or Hazard Observed: _____

Description of Unsafe Condition or Hazard: _____

What Changes Would you Recommend to Correct the Condition of Hazard? _____

Optional:

Signature of Employee: _____ Date _____

REPOWER USA Response:

Name of Person Investigating Report: _____

Results of Investigation (What was found? Was condition unsafe or a hazard?)
(attach additional sheets if necessary): _____

Action Taken to Correct Hazard or Unsafe Condition. If Appropriate (or Alternatively, Information Provided to Employees as to Why Condition Was Not Unsafe or Hazardous)(attach additional sheets if necessary): _____

Signature of Person Investigating Report: _____



Section III Forms & Information

Valid from: November 2008

Section III:

7.1.18 – RPSHSE – 18

Illness and Injury Prevention Program (CAL/OSHA)

Form 2 – Employee Disciplinary Warning Notice

EMPLOYEE DISCIPLINARY WARNING NOTICE

Name of Employee: _____

Date of Warning: _____ 1st Notice: _____

2nd Notice: _____ 3rd Notice: _____

Date of Violation: _____ Place: _____

TYPE OF VIOLATION

- | | |
|--|---------------------------------|
| <input type="checkbox"/> Conduct of the Job | <input type="checkbox"/> Safety |
| <input type="checkbox"/> Ignoring directions or warnings | <input type="checkbox"/> Other |

EXPLANATION OF THE INFRACTION: _____

On-Site Field Supervisor: _____ Employee: _____

(signature) (signature)



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Illness and Injury Prevention Program (CAL/OSHA)

Form 3 – Request for Corrective Action



Section III Forms & Information

Valid from: November 2008

REQUEST FOR CORRECTIVE ACTION

Request # _____ Date: _____ Time: _____

Requested By: _____ Title: _____

To: _____ Title: _____

Upon receipt of this request you are asked to complete this form indicating the corrective action taken, if necessary on the problem stated below:

Problem:

Notice of corrective action must be furnished within 10 days to the **REPOWER USA** HSE Manager or a member of executive management.

ANALYSIS OF PROBLEM

Causes:

Analysis:

Corrective Action (to prevent recurrence):

Signed: _____ Effective Date: _____

Copies To: **REPOWER USA** Office (Original)
REPOWER USA HSE Manager
Job On-Site Field Supervisor

Name: _____



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Illness and Injury Prevention Program (CAL/OSHA)

Form 3 – Request for Corrective Action



Section III Forms & Information

Valid from: November 2008

REQUEST FOR CORRECTIVE ACTION

Request # _____ Date: _____ Time: _____

Requested By: _____ Title: _____

To: _____ Title: _____

Upon receipt of this request you are asked to complete this form indicating the corrective action taken, if necessary, on the problem stated below:

Problem:

Notice of corrective action must be furnished within 10 days to the **REPOWER USA** HSE Manager or a member of executive management.

ANALYSIS OF PROBLEM

Causes:


Analysis:

Corrective Action (to prevent recurrence):

Signed: _____ Effective Date: _____

Copies To: **REPOWER USA** Office (Original)
REPOWER USA HSE Manager
Job On-Site Field Supervisor

Name: _____

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Illness and Injury Prevention Program (CAL/OSHA)

**Form 4 – REPOWER USA On-Site Field Supervisor's
Accident/Injury/Near Miss/Property Damage/Fires/Spills**



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Valid from: November 2008

REPOWER USA HSE MUST BE NOTIFIED AS SOON AS PRACTICABLE (OVER)

What could have been done to prevent this accident.

What is being done to prevent further accidents of this type. Date that corrective action will be completed

On-Site Field On-Site Field Supervisor's Name

Signature

Date

Report accepted and approved by Field Manager.

☐ Yes ☐ No ☐ Send back for following corrections

Field Manager _____ Signature _____ Date _____

Report accepted and approved Safety Department.

☐ Yes ☐ No ☐ Send back for following corrections

HSE Manager

Signature _____ Date _____

Recommendations from the HSE Department

Safety Department:

Name of person accepting report (Print)

Signature

Date


Report accepted and approved by: Office Manager

☐ Yes ☐ No ☐ Send back for following corrections

Name of Approving Officer

Signature of Approving Officer

Date

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TO INJURED EMPLOYEE:

Here is your **EMPLOYEE'S CLAIM FOR WORKERS COMPENSATION**

BENEFITS. These DWC-1 forms, as they are called, are now required by California State law and serve you as your written proof that you have reported a work-related injury/illness to your employer.

The first thing you must do is fill out the top section of the DWC-1 (the **EMPLOYEE PORTION**), keep the top copy for your records, and return the remainder of the form to the office as soon as possible. Press hard when completing the form so that all copies are legible.

Remember, these forms are important to **YOU!** The insurance **REPOWER USA** is not obligated to acknowledge a claim without this form. Please complete it and return it as soon as possible.

Receipt of DWC-1 Form

I hereby certify that I have received form DWC-1 from my employer, **REPOWER USA Corp.** I understand it must be completed for this work-related injury/illness.


Employee Signature

Date

Witness

Date

Print Employee Name

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Illness and Injury Prevention Program (CAL/OSHA)

**Form 5 – REPOWER Systems USA Acknowledgement of Receipt of
Employee HSE Orientation Handbook**

**ACKNOWLEDGEMENT OF THE RECEIPT OF THE
REPOWER SYSTEMS USA****EMPLOYEE HSE ORIENTATION HANDBOOK**

I, _____, acknowledge receipt of REPOWER USA Corporation's Employee HSE Orientation Handbook. I have read and agree to abide by these safety rules, and I understand that my failure to follow these safety procedures will result in discipline up to and including discharge. I further understand that it is my responsibility to report all unsafe conditions or violations of the Code of Safe Practices to my On-Site Field Supervisor or other management personnel.

I have received HSE training in the following:

- 1) Safety Policy Statement ()
- 2) Safety Responsibilities ()
- 3) Injury/Illness Prevention Program ()
- 4) Code of Safe Practices ()
- 5) REPOWER System USA Safety Rules ()
- 6) Chemical Safety: My Right to Know ()
- 7) Location of First Aid ()
- 8) Location of Fire Extinguishers ()
- 9) Protective Equipment Requirements ()

Date: _____

Employee Signature



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Illness and Injury Prevention Program (CAL/OSHA)

Form 6 – REPOWER Systems USA HSE Field Audit



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Valid from: November 2008

REPOWER SYSTEMS USA

HSE AUDIT

Job: _____

Date: _____

Auditor: _____

Time: _____

On-Site Field Supervisor: _____

Location: _____

	Yes/No	Comments
1. Are proper permits on the job site?	_____	_____
2. Is Fire Watch/Standby alert and on duty?	_____	_____
3. All provisions of permit satisfied?	_____	_____
4. Is there a first aid kit available?	_____	_____
5. PPE worn where required?	_____	_____
6. General good housekeeping on site?	_____	_____
7. Evacuation area designated?	_____	_____
8. Are people working underneath suspended loads?	_____	_____
9. Is a tag line being used?	_____	_____
10. Is the swing radius on the crane barricaded?	_____	_____
11. Is scaffold properly erected?	_____	_____
12. All overhead workers tied off?	_____	_____
13. Are compressed gas cylinders properly stored?	_____	_____
14. Are proper fuel containers being used?	_____	_____
15. Means of egress identified and provided?	_____	_____
16. Are ladders properly used?	_____	_____
17. Sufficient illumination for work?	_____	_____
18. Do all power tools have proper guards?	_____	_____
19. All necessary blinds installed?	_____	_____
20. Is equipment properly tagged out?	_____	_____
21. Is respiratory protection being used where required?	_____	_____
22. Are hoses pinned at the connections?	_____	_____

Comments: _____



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Illness and Injury Prevention Program (CAL/OSHA)

Form 7 – Accident Investigation Witness Interview Form

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ACCIDENT INVESTIGATION WITNESS INTERVIEW FORM

Witness' Name _____ **REPOWER USA** _____

Injured Person _____ Date of Accident _____

Investigator's Name _____ Time _____

Describe the incident (by Witness) _____

Describe specific facility location of the accident _____

How did it happen? _____

Were there any other witnesses? Yes _____ No _____

If so, who? _____

In your opinion, why did it happen? _____

Can you tell me anything else about it? _____

Safety Information

Were proper safety precautions being taken? Yes _____ No _____ Not sure _____

Was employee following safe procedures? Yes _____ No _____ Not sure _____

How do you think the accident could have been prevented? _____

Miscellaneous comments _____

Witness' Signature _____

Investigator's Signature _____

Date _____

Time _____



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Valid from: November 2008


Revision Profile

Rev.	Date	Name	Approval Signature	Remarks
0	11/08	Owens O'Quinn QHSSE Consultant	On File	ORIGINAL
0	11/08	Tammy Conekin	On File	ORIGINAL
1				
2				
3				
4				
5				

Original Review Progress

Date	Reviewer	Signature
11/08	J.K. Barrilleaux – Grammar/Technical Format <i>Evergreen QHSSE Solutions LLC</i>	On File
11/08	Owens O'Quinn – QHSSE Consultant <i>Evergreen QHSSE Solutions LLC</i>	On File
11/08	Tammy Conekin – Head of Service	On File



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**Section III: 7.1.19 RPSHSE – 19
Contractor Management**

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1.0 Introduction

REPOWER USA procedures for establishing, standardizing, disseminating and documentation of methods, responsibilities, and other considerations relating to managing Contractor work within scope of the **REPOWER USA** HSE Manual, HSE Plan and Training. **REPOWER USA** bases its approach to Contractor HSE principles that contractor employees will be guided and protected to the same extent as **REPOWER USA** employees. HSE performance is a prime consideration in the selection of job-site contractors. **REPOWER USA** has the responsibility to select and use contractors who have established HSE cultures to continue the reduction, frequency, and severity of job-site accidents/injuries/illnesses/near misses.

2.0 Policy

These guidelines apply to “**ALL**” contractors performing maintenance, repair, turnaround, major renovation, or specialty work on a **REPOWER USA** job-site. It does not apply to contractors providing incidental services (such as delivery of parts and supplies) which do not influence the integrity of **REPOWER USA** HSE Manual, HSE Plan and Training established protocol.


3.0 Responsibilities

3.1 **REPOWER USA** Responsibilities

- ❖ **REPOWER USA** when selecting contractors **SHALL** obtain and evaluate information regarding the contractor’s HSE performance and applicable programs.
- ❖ **REPOWER USA SHALL** inform contractor of known potential fire, explosion, or toxic release of hazardous materials related to the contractor’s work within the process and appropriate emergency action plan.
- ❖ **REPOWER USA SHALL** fully explain to contractor employees the applicable provisions of the Emergency Response Plan (ERP) for specific job-site.
- ❖ **REPOWER USA SHALL** develop and implement HSE work practices consistent within the Site specific HSE Plan to control the entrance, presence and exit of contractor’s and their employees while at the job-site. The basis for this HSE Plan will be the **REPOWER USA** HSE Manual, HSE Plan, and Client requirements.
- ❖ **REPOWER USA SHALL** periodically evaluate the performance of contractors and their employees integration and compliance with **REPOWER USA** HSE Manual, HSE Plan, and Client requirements.
- ❖ **REPOWER USA SHALL** maintain appropriate Contractor employees accident/injury/illness reports as related to the specific job-site.
- ❖ **REPOWER USA SHALL** provide to each contractor employee a copy of the **REPOWER USA** Project Employee Handbook with appropriate acknowledgement signature documentation.

3.2 Contractor Responsibilities

- ❖ Contractor **SHALL** provide to **REPOWER USA** appropriately trained employees within the guidelines and requirements of **REPOWER USA** and Client HSE training.
- ❖ Contractor **SHALL** provide appropriate documentation (such as Trade Craft Cards, Safety Council Cards or approved in-house Company Training) for each employee on a **REPOWER USA** job-site.
- ❖ Contractor **SHALL** provide a document which contains the identity of each employee, the date of training, and the methods used to verify employee's competence.
- ❖ Contractor **SHALL** assure that each employee is instructed in the known potential fire, explosion, or toxic release of hazardous materials related to the contractor's work within the process and appropriate emergency action plan.
- ❖ Contractor **SHALL** provide documented assurance (such as training, awards, etc.) that their employees have an established culture of involvement as **TEAM MEMBERS** in applicable HSE programs as outlined by **REPOWER USA** and Client for specific job-site.
- ❖ Contractor **SHALL** provide documentation to **REPOWER USA** of any unique hazards presented by the contractor's employees projected work.

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Contractor Management

Form 1 - REPOWER USA Contractor HSE Questionnaire



Section III Forms & Information

Valid from: November 2008

REPOWER USA Contractor HSE Questionnaire

Company Name: _____

Company Address: _____

Telephone Numbers: (direct) _____ (fax) _____

Submission date: _____

Person Completing Questionnaire: _____

Name

Signature

Contact telephone numbers: (direct) _____ (fax) _____

HS&E Representative: _____

Name

Signature

Contact telephone numbers: (direct) _____ (fax) _____

- 1.) List your Worker's Compensation experience modification rates (EMR) for the current previous three years.

Reporting Year	EMR	Comment
Current Year		

If your EMR is exactly 1.0 for any reporting year, is it because your firm is, or was, too new or too small to have an EMR calculated?

☐ YES ☐ NO

Provide documentation for the following:

- ❖ Furnish a letter from your insurance agent, carrier, or state fund (on their letterhead) verifying the EMR data listed above.
- ❖ Provide a copy of the last three years "Experience Rating Calculation Sheets" which your insurance carrier forwards to you annually.
- ❖ Provide a copy of the page of your last three years' insurance policies that show experience modification rate and coverage period.



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- 2.) List you company's OSHA incident rates for the previous three years.
Use your OSHA Form 300 to calculate Incident Rate using the formula below.

$$\frac{\text{Number of incidents} \times 200,000 \text{ hours}}{\text{Number of hours worked}} = \text{Incident Rate}$$

Categories	Current Year	_____	_____	_____
Fatalities				
Injuries and Illnesses with lost workdays				
Injuries and illnesses with restricted workdays				

- 3.) Does you company have a written HSE Program? ☐ YES ☐ NO
If "YES" provide an electronic copy of HSE Program.
If "NO" provide reasons for not having a HSE Program.

- 4.) Does your company have one or more full time designated:
- Physicians? ☐ YES ☐ NO
- HSE Professional? ☐ YES ☐ NO
- Industrial Hygienist? ☐ YES ☐ NO
- Other Care Providers? ☐ YES ☐ NO
- If "NO" provide reasons.

- 5.) Can you provide a list of employees hired in the previous year? ☐ YES ☐ NO
- Do you have a new employee orientation program? ☐ YES ☐ NO
- Does your company "new employee" orientation include the following:

Category	Y	N	Category	Y	N
Company HS&E Policy			Fire Protection		
Company HS&E Rules			Housekeeping		
HS&E Meeting Attendance			Electrical Safety		
Hazard Identification			Fall Protection		
Hazard Reporting			First Aid/CPR		
Accident/Injury/Near Miss Reporting			Vehicle Safety		
Personal Protective Equipment (PPE)			Respiratory Protection		
Hearing Conservation			Hazard Communication (HAZCOM)		



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- 6.) Does your company's training program include newly hired employees promoted to first line supervisor's ☐ YES ☐ NO

Does it include instructions in the following:

Category	Y	N	Category	Y	N
Hazard Identification & Reporting			First Aid/CPR		
Emergency Response Procedures			HSE Work Practices		
Accident/Injury/Near Miss Reporting			New employee orientation		
Tailgate/toolbox HS&E meetings			Supervision of Employees		
Other					

NOTE: In accordance with OSHA 29 CFR 1910.119 contractor to provide appropriate documentation to verify employees training and competence.

Attach appropriate documentation to completed questionnaire.

- 7.) Does your company hold periodic HSE meeting for your employees?

☐ YES ☐ NO

Weekly ☐ YES ☐ NO Bi-weekly ☐ YES ☐ NO

Monthly ☐ YES ☐ NO

Less often (as needed) ☐ YES ☐ NO

- 8.) Does your company conduct field HSE audits/inspection of jobs in progress?

☐ YES ☐ NO

If "YES", who conduct these audits/inspections? _____
How often? _____

- 9.) Does company utilize methods to notify "ALL" employees of accidents and the precautions related to accidents/injuries/illnesses/near misses?

☐ YES ☐ NO

How is the notification accomplished? _____

Safety meetings? ☐ YES ☐ NO

If yes, how soon after the event? _____

Written notification? ☐ YES ☐ NO

If "YES", is this notification posted at the job-site where the incident occurred?

☐ YES ☐ NO

- 10.) Is a HS&E Behavior Based Safety criteria used in employee performance evaluation?

Managers ☐ YES ☐ NO

Field Supervisors ☐ YES ☐ NO



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Employees

☐ YES

☐ NO



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- 11.) Does your company use "toolbox" and "tailgate" HSE meetings? ☐ YES ☐ NO
- If "YES" how often?
- Weekly ☐ YES ☐ NO Bi-weekly ☐ YES ☐ NO
- Monthly ☐ YES ☐ NO
- Less often (as needed) ☐ YES ☐ NO
- 12.) Does your company have a Alcohol & Drug Program? ☐ YES ☐ NO
- If "YES" attach a electronic copy of the written program.
- 13.) Does your company conduct Environmental Training? ☐ YES ☐ NO
- 14.) Does your company have a Hazard Communication Program (HAZCOM)? ☐ YES ☐ NO
- List components of the program. _____
- _____
- _____
- 15.) Does your company require pre-employment physicals? ☐ YES ☐ NO

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Contractor Management

Form 2 - Contractor HSE Questionnaire Evaluation



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Valid from: November 2008

REPOWER USA Contractor HSE Questionnaire Evaluation

Company Name: _____

Company Address: _____

Telephone Numbers: (direct) _____ (fax) _____

Submission date: _____

Person Completing Questionnaire: _____

Name

Signature

Contact telephone numbers: (direct) _____ (fax) _____

NOTE: This Contractor Evaluation Document is confidential and SHALL NOT be given to Prospective contractors.

- 1.) Prospective Contractor's average Worker's Compensation Modification Rate (EMR) is:

1.0 _____ ☐ YES ☐ NO (average)

Less than 1.0 _____ ☐ YES ☐ NO (better than average)

More than 1.2 requires further investigation: _____

- 2.) Answers of "YES" to all questions indicates the presence of an ideal prospective contractor.

An answer of "NO" require additional evaluation of question with the non indication.

- 3.) Recommendation:

Evaluation completed by: _____

Name

Signature

Check one of the following:

☐ Information submitted by prospective contractor indicates acceptable performance as experienced and qualified. Basic HS&E programs appear to be in place.

☐ Information submitted by prospective contractor has unacceptable HS&E performance or does not appear to have basic HS&E programs in place.

Prospective Contractor: ☐ Approved ☐ Disapproved

Business Manager: _____ Date: _____



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Contractor Management

Form 3 - HSE Work Practice Training Acknowledgement

HSE Work Practice Training Acknowledgement

I _____

(Employee's name)

Acknowledge that I have received and understand such training in Work Practices necessary to safely perform my job at _____ (current job-site). I further acknowledge that my understanding of the training was verified through one of the following:

☐ Verbal ☐ Written testing

☐ Other methods (explain) _____

Employee Signature

Date

=====

Contractor's Name

Hereby acknowledges that the above name employee of Contractor was tested as stated above and to the best of the Contractor's knowledge is adequately trained to safely perform his/her assigned tasks at _____ (current job-site).

Contractor Representative's name (please print)

Date

Contractor's Representative's signature

Position

- 1.) **DO NOT** sign unless you believe you have been sufficiently instructed to perform your duties.
- 2.) Discuss any part of the training that you **DO NOT** understand with your Supervisor prior to signing.
- 3.) Return the signed sheet to your supervisor. Contractor **SHALL** provide copies of all signed forms to Job-site Supervisor prior to commencement of work.

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Contractor Management

Form 4 - Contractor Sign In/Out Sheet



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Contractor Sign In/Out Sheet

Date: _____ Job No.: _____

Facility: _____

Client: _____

Time In (initial)	Time Out (initial)	Name (Print)	Signature	Company



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Revision Profile

Rev.	Date	Name	Approval Signature	Remarks
0	11/08	Owens O'Quinn QHSSE Consultant	On File	ORIGINAL
0	11/08	Tammy Conekin	On File	ORIGINAL
1				
2				
3				
4				
5				

Original Review Progress

Date	Reviewer	Signature
11/08	J.K. Barrilleaux – Grammar/Technical Format <i>Evergreen QHSSE Solutions LLC</i>	On File
11/08	Owens O'Quinn – QHSSE Consultant <i>Evergreen QHSSE Solutions LLC</i>	On File
11/08	Tammy Conekin – Head of Service	On File



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Drug & Alcohol Program**Contents**

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General Drug and Alcohol Policy

1.0 Purpose and Scope

The use, possession, distribution, transfer or storage of prohibited drugs, inhalants or alcoholic beverages in or on Company property or being under the influence of drugs, inhalants or alcohol while acting within the scope of employment is prohibited, as is the misuse of legitimately prescribed drugs.

The Management of **REPOWER USA** Corporation is committed to providing a safe environment for its employees, protecting Company property and prohibiting influences in the workplace which have a detrimental effect on job performance. The presence of drugs or alcohol in the workplace has been determined by **REPOWER USA** Corporation Management to present a threat to those goals.

Except as superceded by applicable state law, this Program will comply with the applicable provisions of Title 49 CFR Part 382 (Controlled Substance and Alcohol Testing). All testing under this program will be administered in accordance with Title 49 CFR Part 40.

2.0 Policy

The use, possession, distribution, transfer or storage of prohibited drugs, inhalants or alcoholic beverages in or on Company property or being under the influence of drugs, inhalants or alcohol while acting within the scope of employment is prohibited, as is the misuse of legitimately prescribed drugs.

3.0 General Responsibilities

Senior Management is charged with the responsibility for implementing and enforcing this Policy.

Senior Management shall designate a member of Management to be responsible for the administration and implementation of the Prohibited Drug and Alcohol Policy.

The HSE Coordinator will provide appropriate training to employees for effective application of the policy.

4.0 Application of Policy

This policy shall apply to all employees of **REPOWER USA**.

Contractors and subcontractors will be advised of the Policy's application to them.

5.0 Available Treatment Programs

The Company sponsors an Employee Assistance Program designed to assist employees with personal problems, including, but not limited to alcohol or drug abuse. It is Management's desire that employees voluntarily seek assistance under this program. However, participation in the program will not exempt any employee from the provisions of this policy. Participation in this program will exempt employees only if they are in treatment for drug or alcohol abuse and are free of drugs and alcohol.

6.0 Training

It shall be the responsibility of the Corporate HSE Officer to develop and administer a Company wide drug training and education program for all Management and personnel with emphasis on the following:

- Prohibited drugs and alcohol as they relate to safety in the workplace.
- Recognition of prohibited drugs and drug paraphernalia.
- Recognition of the symptoms associated with taking prohibited drugs or alcohol or the misuse of prescribed medicines.
- Appropriate action to be taken.

7.0 Administration of Policy

The Company shall exhibit permanent posted signs, clearly readable, at prominent locations on Company property. In addition, the senior member of Management will cause to be posted bulletin board notices informing employees of the Prohibited Drug and Alcohol Policy and its search, enforcement and disciplinary provisions.

The appropriate personnel will conduct safety meetings periodically for the purpose of informing all employees of the Prohibited Drug and Alcohol Policy and its related search, enforcement and disciplinary provisions. Attendees shall be requested to sign and return an acknowledgment form.

8.0 Enforcement

Types of Tests Performed

- **Pre-Employment** - All pre-employment physical examinations will include medical analysis for the detection of prohibited drugs and alcohol. The individual so tested will be informed of such test prior to the physical exam. Employment will be denied to any individual whose medical analysis is positive for prohibited drugs or alcohol.
- **Post Accident** - In the event of any significant accident involving injury to persons or property of the Company, employees involved may, at the discretion of Company Management, be required to provide a specimen for analysis within two hours of said accident. Failure to comply may be grounds for termination. If testing is deemed necessary, Management will make arrangements with a local facility for the performance of all such tests.

- **Random** - Covered employees will be tested for alcohol at an annual rate of ten percent (10%), and for drugs at an annual rate of twenty-five percent (25%) of the total number of covered positions at the beginning of the calendar year, or at such annual rates as otherwise modified / established in response to significant changes in the total number of active employees.

Random selection shall be performed independently by the Companies Consortium / Third Party Administrator (C/TPA) utilizing a computer-based scientifically valid method of selection. The selection process will give each covered employee an equal chance of being selected each time a selection is made.

The Company will conduct a minimum of four (4) selections annually and the dates for administering random tests will be spread reasonably throughout the calendar year. Each covered employee selected for testing will be tested within the selection period.

Random testing of covered employees will be unannounced (i.e., no advance notice to the employee). Upon notification of selection for random drug and / or alcohol testing, each covered employee must proceed immediately to the designated testing site.

- **Reasonable Cause** – The Company will require a covered employee to submit to an alcohol and/or drug test(s) when it has reasonable cause to believe the employee has violated the provisions of this policy and engaged in prohibited alcohol/drug-related conduct.

A Supervisor's determination that reasonable cause exists to require an alcohol or drug test(s) must be based on specific observations concerning the appearance, behavior, speech or body odors of the employee. Observations may include indications of the chronic and withdrawal effects of controlled substances.

Where practicable, the reasonable cause determination should be based on the observation of the covered employee by two persons in supervisory positions. At least two of the employee's supervisors, one of whom is trained in the detection of the symptoms of possible drug/alcohol use, shall substantiate and concur in the decision to test an employee who is reasonably suspected of drug/alcohol use.

- **Return to duty** - The Company shall ensure that before an employee returns to duty after engaging in prohibited conduct concerning alcohol, the employee shall undergo a return-to-duty alcohol test with a result indicating an alcohol concentration of less than 0.02.

The Company shall ensure that before an employee returns to duty after engaging in prohibited conduct concerning controlled substances, the employee shall undergo a return-to-duty drug test with a result indicating a verified negative result for drug use.

The covered employee must comply with the education and/or treatment recommendations prescribed by the SAP in order to be considered eligible to return-to-duty and prior to taking the required return-to-duty test(s).

- **Testing required by Customer contract** – Numerous Customers of **REPOWER USA** Corporation require that Drug and Alcohol testing be performed as a condition of entry and work on a Customer's site. In the event that the **REPOWER USA** Corporation Anti Drug and alcohol program does not meet the requirements of the Customer, then any and all relevant Employees (full time and contract employees) will be subject to the requirements and testing procedures of the Customer's Program.

9.0 Coordination with Law Enforcement Officials

As required, contact with law enforcement officials shall be made to define law enforcement's role in the following:

- Chemical analysis of any substances suspected of being a prohibited drug or alcohol or item used as drug paraphernalia. Any independent analysis of suspected substances will be undertaken only with the consent and knowledge of law enforcement officials.
- The disposition of any suspected prohibited drug or alcohol or drug paraphernalia.
- The reporting of any suspected criminal activities.

When contact with law enforcement officials is necessary, an investigation report will be prepared by a designated member of Management for each incident and retained in a permanent file. Included in such reports will be a copy of a letter confirming the understanding reached with enforcement officials regarding the incident in question.

9.1 Searches

- **General** - **REPOWER USA** Corporation Senior Management shall have the authority to order a general search of Company and/or employee personal property located on Company premises. Such searches shall be conducted in the presence of at least two representatives of Management, including one Company Supervisor. Specially trained canine search teams may additionally be utilized as required.
- **Random** - With the consent of **REPOWER USA** Corporation Management, random searches of Company premises and personal property of employees will be conducted in the presence of at least two representatives of Management, including one Supervisor.
- **Personal** - Should a **REPOWER USA** Supervisor or other member of Management determine that reasonable cause exists to believe a violation of the Prohibited Drug and Alcohol Policy has been committed so as to justify a personal search of an Employee, he shall:
 - Confront the employee and request an explanation.
 - If the explanation is not satisfactory, the Supervisor will ask the employee to accompany him to a designated location for the purpose of a personal search. Any refusal to submit to such search should be witnessed where possible by another representative of Management.

- If the employee's person is to be searched, his consent must first be obtained in Consent to Search.
- A personal search shall be conducted in the presence of two **REPOWER USA** Corporation Management representatives, including one Company Supervisor and an additional witness, if the employee so chooses. Only other females or witnesses shall search female employees.
- Should the search result in the discovery of suspected prohibited drugs or alcohol, or drug paraphernalia, such contraband will be confiscated and the employee will be given a receipt and suspended without pay pending completion of the investigation.
- Should the employee refuse to submit to the personal search, he/she shall be suspended without pay pending completion of an investigation.

In the administration of these procedures, it is essential that the personal privacy of the employee is given maximum consideration.

10.0 Consequences of Violations of the Policy

Any employee suspected to be in violation of the Prohibited Drug and Alcohol Policy shall be immediately suspended without pay pending completion of an investigation. During the course of the investigation, the suspected employee shall have the opportunity to make an explanation.

A determination shall be made by appropriate **REPOWER USA** Corporation Management as to whether or not the employee violated the Prohibited Drug and Alcohol Policy. Should the determination be made that no violation occurred, the employee will be reinstated without penalty.

Any employee who is known to have engaged in prohibited conduct with regard to alcohol misuse (measured breath alcohol level of .04 or greater) or use of controlled substances, is subject to the following consequences.

The employee shall be immediately removed from his/her position, and shall be advised by the Company of the resources available to them in evaluating and resolving problems associated with the misuse of alcohol or use of controlled substances.

The employee will be evaluated by a substance abuse professional (SAP) who shall determine what intervention or assistance is required for the employee associated with alcohol misuse and/or controlled substances use. In addition, the employee must be re-evaluated by a SAP to determine that the covered employee has followed the rehabilitation program prescribed.

Before returning to duty, the employee shall undergo a return-to-duty alcohol test with a result indicating a breath alcohol level of less than 0.02 if the conduct involved alcohol, or a drug test with a verified negative result if the conduct involved drug use.

It must be the start of the employee's next regularly scheduled duty period, but not less than eight (8) hours following the administration of a test, before an employee may be returned to duty after an alcohol test result indicating a breath alcohol level of 0.02 or greater but less than 0.04. The Company will not take any action against a covered employee based solely on test results showing an alcohol concentration of less than 0.04.

In addition, each employee must be re-evaluated by a SAP to determine that the employee has followed the rehabilitation program prescribed.

The employee shall also be subject to unannounced follow-up drug and / or alcohol testing, as prescribed by the SAP.

11.0 Contractors and Sub-Contractors

All contractors and subcontractors shall be notified of the **REPOWER USA** Corporation safety rule concerning the Prohibited Drug and Alcohol Policy by means of a Letter to the contractor. Should any employee of a contractor or subcontractor violate the safety rule, his or her employer shall be promptly notified and such individual shall be barred from Company premises and from further performance of contract work.

12.0 Guidelines Concerning use of Legally Prescribed Drugs

Legally prescribed drugs are permitted in the workplace provided the supply does not exceed two days.

Each prescription should be recorded with the employee's immediate supervisor along with the prescribed dosage.

Supervisors should observe those employees on prescribed medication and be alert for any indication that suggests abuse or effect the medication has that presents a safety hazard to the employee and/or his or her co-workers.

Prescription drugs must be kept in the original container as issued by the pharmacist. Employees are not to mix different prescription drugs into the same container.

Employees can only be in possession of their own prescription. They cannot have their spouse's or anyone else's prescription.

No one, unless licensed, is allowed to dispense medication. For example, a wife is not allowed to give her husband (our employee) her diet pills. If the husband is overweight, he needs to get a prescription in his own name from his physician.

Drugs and medication that can be obtained over-the-counter should also be kept in its proper container. Doing this will prevent confusion.

13.0 Definitions

- **Drug** - A drug is a chemical substance that produces physical, mental, emotional or behavioral change in the user.
- **Prohibited Drug** - A prohibited drug is any drug which the use, possession, transfer or storage thereof is illegal or any other drug, including, but not limited to, a prescription drug(s), used for any reason other than a legitimate medical purpose.
- **Paraphernalia** - Paraphernalia is any item, which can be used for the administering, transferring or storing of a prohibited drug.

These items include, but are not limited to:

- Blenders, bowls, containers, spoons, mixing device used or intended for use in compounding controlled substances.
- Capsules, balloons, envelopes and other containers used or intended for use or concealing in packaging small quantities of controlled substances.
- Hypodermic syringes, needles or other objects designed or intended for injecting controlled substances into the human body.

Objects used or intended for use or designed for use in ingesting, inhaling or otherwise introducing marijuana, cocaine, hashish, hashish oil, etc. into the human body, such as metal, wooden, acrylic, glass, stone, plastic or ceramic pipes with or without screens, permanent screens, hashish heads or punctured metal bowls, water pipes, carburetion tubes and devices, smoking and carburetion masks, roach clips or other objects used to hold smoking materials such as a marijuana cigarette that has become too small or too short to be held by hand, chamber pipes, electric pipes, air driven pipes, chillums, bongs, ice pipes, or rolling paper (Zigzag, E-Z Wider, Bamba, Job, Joker, etc.) not associated specifically with tobacco products.

Section III – Forms & Information
Form 3 – Drug and Alcohol Policy**Purpose and Scope**

The use, possession, distribution, transfer or storage of prohibited drugs, inhalants or alcoholic beverages in or on Company property or being under the influence of drugs, inhalants or alcohol while acting within the scope of employment is prohibited, as is the misuse of legitimately prescribed drugs.

The Management of **REPOWER USA** is committed to providing a safe environment for its employees, protecting Company property and prohibiting influences in the workplace which have a detrimental effect on job performance. The presence of drugs or alcohol in the workplace has been determined by **REPOWER USA** Management to present a threat to those goals.

Except as superceded by any applicable state laws, this Program will comply with the applicable provisions of Title 49 CFR Part 382 (Controlled Substance and Alcohol Testing). All testing under this program will be administered in accordance with Title 49 CFR Part 40.

Policy

The use, possession, distribution, transfer or storage of prohibited drugs, inhalants or alcoholic beverages in or on Company property or being under the influence of drugs, inhalants or alcohol while acting within the scope of employment is prohibited, as is the misuse of legitimately prescribed drugs.

General Responsibilities

Senior Management is charged with the responsibility for implementing and enforcing this Policy.

Senior Management shall designate a member of Management to be responsible for the administration and implementation of the Prohibited Drug and Alcohol Policy.

The HSE Coordinator will provide appropriate training to employees for effective application of the policy.

Application of Policy

This policy shall apply to all employees of **REPOWER USA**.

Contractors and subcontractors will be advised of the Policy's application to them.

Available Treatment Programs

The Company sponsors an Employee Assistance Program designed to assist employees with personal problems, including, but not limited to alcohol or drug abuse. It is Management's desire that employees voluntarily seek assistance under this program. However, participation in the program will not exempt any employee from the provisions of this policy. Participation in this program will exempt employees only if they are in treatment for drug or alcohol abuse and are free of drugs and alcohol.

Training

It shall be the responsibility of the Corporate HSE Officer to develop and administer a Company wide drug training and education program for all Management and personnel with emphasis on the following:

- ❖ Prohibited drugs and alcohol as they relate to safety in the workplace.
- ❖ Recognition of prohibited drugs and drug paraphernalia.
- ❖ Recognition of the symptoms associated with taking prohibited drugs or alcohol or the misuse of prescribed medicines.
- ❖ Appropriate action to be taken.

Administration of Policy

The Company shall exhibit permanent posted signs, clearly readable, at prominent locations on Company property. In addition, the senior member of Management will cause to be posted bulletin board notices informing employees of the Prohibited Drug and Alcohol Policy and its search, enforcement and disciplinary provisions.

The appropriate personnel will conduct safety meetings periodically for the purpose of informing all employees of the Prohibited Drug and Alcohol Policy and its related search, enforcement and disciplinary provisions. Attendees shall be requested to sign and return an acknowledgment form.

Enforcement

Types of Tests Performed

- ❖ **Pre-Employment** - All pre-employment physical examinations will include medical analysis for the detection of prohibited drugs and alcohol. The individual so tested will be informed of such test prior to the physical exam. Employment will be denied to any individual whose medical analysis is positive for prohibited drugs or alcohol.
- ❖ **Post Accident** - In the event of any significant accident involving injury to persons or property of the Company, employees involved may, at the discretion of Company Management, be required to provide a specimen for analysis within two hours of said accident. Failure to comply may be grounds for termination. If testing is deemed necessary, Management will make arrangements with a local facility for the performance of all such tests.

- ❖ **Random** - Covered employees will be tested for alcohol at an annual rate of ten percent (10%), and for drugs at an annual rate of twenty-five percent (25%) of the total number of covered positions at the beginning of the calendar year, or at such annual rates as otherwise modified / established in response to significant changes in the total number of active employees.

Random selection shall be performed independently by the Companies Consortium / Third Party Administrator (C/TPA) utilizing a computer-based scientifically valid method of selection. The selection process will give each covered employee an equal chance of being selected each time a selection is made.

The Company will conduct a minimum of four (4) selections annually and the dates for administering random tests will be spread reasonably throughout the calendar year. Each covered employee selected for testing will be tested within the selection period.

Random testing of covered employees will be unannounced (i.e., no advance notice to the employee). Upon notification of selection for random drug and / or alcohol testing, each covered employee must proceed immediately to the designated testing site.

- ❖ **Reasonable Cause** – The Company will require a covered employee to submit to an alcohol and/or drug test(s) when it has reasonable cause to believe the employee has violated the provisions of this policy and engaged in prohibited alcohol/drug-related conduct.

A Supervisor's determination that reasonable cause exists to require an alcohol or drug test(s) must be based on specific observations concerning the appearance, behavior, speech or body odors of the employee. Observations may include indications of the chronic and withdrawal effects of controlled substances.

Where practicable, the reasonable cause determination should be based on the observation of the covered employee by two persons in supervisory positions. At least two of the employee's supervisors, one of whom is trained in the detection of the symptoms of possible drug/alcohol use, shall substantiate and concur in the decision to test an employee who is reasonably suspected of drug/alcohol use.

- ❖ **Return to duty** - The Company shall ensure that before an employee returns to duty after engaging in prohibited conduct concerning alcohol, the employee shall undergo a return-to-duty alcohol test with a result indicating an alcohol concentration of less than 0.02.

The Company shall ensure that before an employee returns to duty after engaging in prohibited conduct concerning controlled substances, the employee shall undergo a return-to-duty drug test with a result indicating a verified negative result for drug use.

The covered employee must comply with the education and/or treatment recommendations prescribed by the SAP in order to be considered eligible to return-to-duty and prior to taking the required return-to-duty test(s).

- ❖ **Testing required by Customer contract** – Numerous Customers of **REPOWER USA** require that Drug and Alcohol testing be performed as a condition of entry and work on a Customer's site. In the event that the **REPOWER USA** Anti Drug and alcohol program does not meet the requirements of the Customer, then any and all relevant Employees (full time and contract employees) will be subject to the requirements and testing procedures of the Customer's Program.

Coordination with Law Enforcement Officials

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- ❖ The disposition of any suspected prohibited drug or alcohol or drug paraphernalia.
- ❖ The reporting of any suspected criminal activities.

When contact with law enforcement officials is necessary, an investigation report will be prepared by a designated member of Management for each incident and retained in a permanent file. Included in such reports will be a copy of a letter confirming the understanding reached with enforcement officials regarding the incident in question.

Searches

- ❖ **General** - Senior Management shall have the authority to order a general search of Company and/or employee personal property located on Company premises. Such searches shall be conducted in the presence of at least two representatives of Management, including one Company Supervisor. Specially trained canine search teams may additionally be utilized as required.
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- ❖ **Paraphernalia** - Paraphernalia is any item, which can be used for the administering, transferring or storing of a prohibited drug.

These items include, but are not limited to:

- Blenders, bowls, containers, spoons, mixing device used or intended for use in compounding controlled substances.
- Capsules, balloons, envelopes and other containers used or intended for use or concealing in packaging small quantities of controlled substances.
- Hypodermic syringes, needles or other objects designed or intended for injecting controlled substances into the human body.

Objects used or intended for use or designed for use in ingesting, inhaling or otherwise introducing marijuana, cocaine, hashish, hashish oil, etc. into the human body, such as metal, wooden, acrylic, glass, stone, plastic or ceramic pipes with or without screens, permanent screens, hashish heads or punctured metal bowls, water pipes, carburetion tubes and devices, smoking and carburetion masks, roach clips or other objects used to hold smoking materials such as a marijuana cigarette that has become too small or too short to be held by hand, chamber pipes, electric pipes, air driven pipes, chillums, bongs, ice pipes, or rolling paper (Zigzag, E-Z Wider, Bamba, Job, Joker, etc.) not associated specifically with tobacco products.