CITICORE RENEWABLE ENERGY

Integrated Management System
(Quality, Environment, Health and Safety Management System)

Operational Procedure

Occupational Health & Safety

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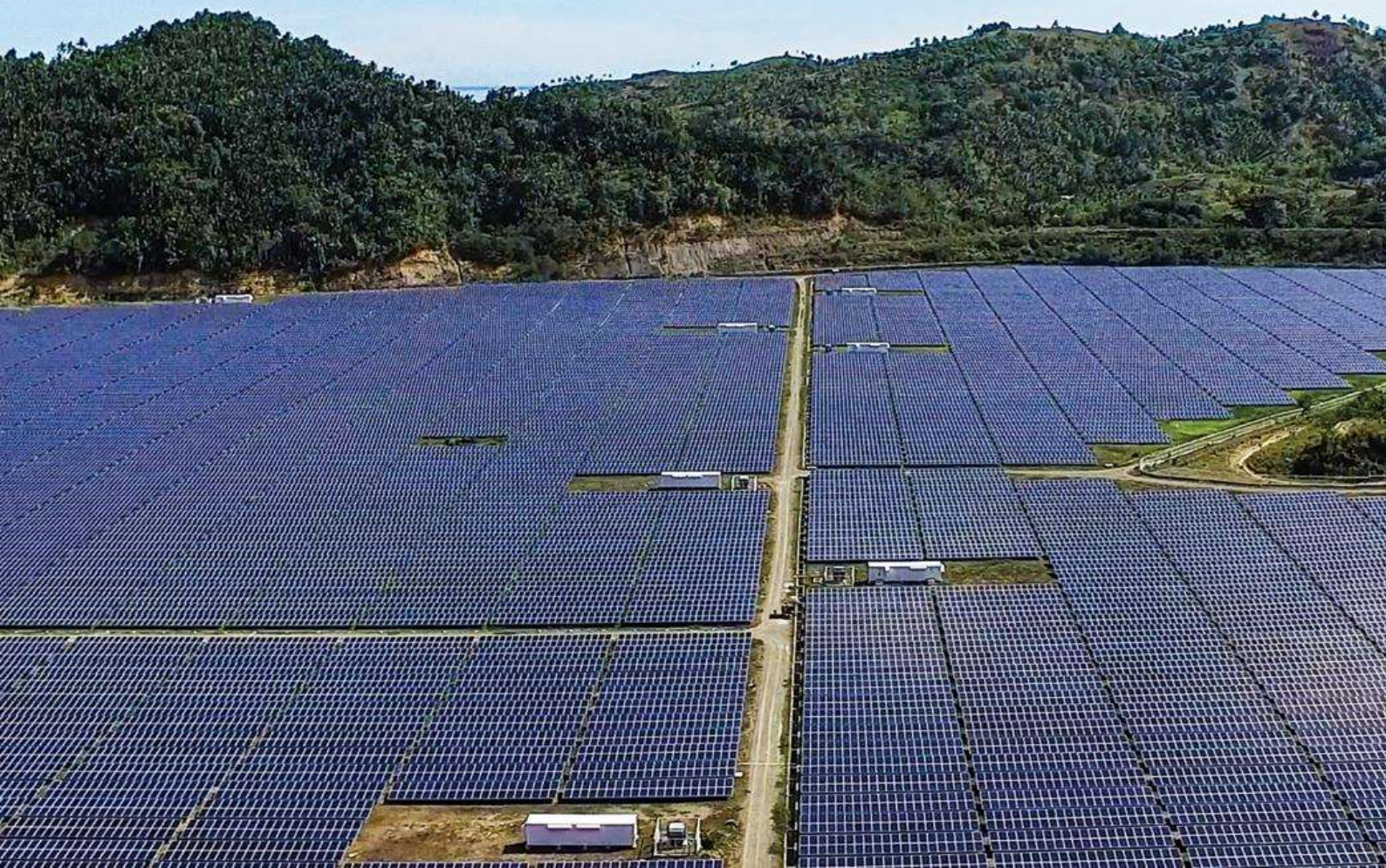

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VERSION HISTORY

Rev. No.	Rev. Date	Description of Change	Author / Originator
00	October 01 2016	Initial Issuance	Edmund B. Mabuti
01	May 10, 2023	Change in Formatting	Jeffrey C. Canosa

	Name	Position	Signature	Date
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1. PURPOSE

1.1. To **prevent injury and ill health** among the Company's employees, associates, contractors and sub-contractors, and other persons in all areas where the Company operate.

1.2 To ensure **compliance to all regulatory requirements** and related obligations as mandated in all health & safety laws and regulations applicable to the Company's operations and services.

2. SCOPE

2.1. This OHSMS is applicable to all persons (i.e., employees, contractors, visitors) who come into contact at all work places during business development, construction, operations and maintenance activities of the Company.

3. DEFINITION OF TERMS

3.1. **Lost Time Accident (LTA)** is an incident that caused injury sustained by an employee and/or 3rd parties that will ultimately lead to the loss of productive working time in the form of work delays or absenteeism. The injury occurs when an employee and/ or an employee of a contractor is injured while carrying out a work-related task for any of the Company's business activities.

3.2. **Company** means Citicore Power Inc. and/or any of its subsidiaries, i.e., SSPI, NGPT, FTSEC, and so on.

3.3. **Project Site** is the place of any ongoing activities of the Company's business development, construction and/or operations and maintenance.

3.4. **Persons** are employees of the Company, employees of contractors and sub-contractors and visitors.

4. RESPONSIBILITY & AUTHORITY

4.1. **The President** has the overall responsibility and authority in directing the development and implementation of strategic policies and procedures on prevention of accidents and illness of employees and third parties while within the site premises.

4.2. **The Sr. Environmental, Safety, and Health Manager (ESH),** shall be responsible for leading the development and continuous improvement and implementation of Occupational Health and Safety Management Systems (OHSMS) to ensure Zero Lost Time Accident at all project sites. The **other ManCom members** shall contribute to development and implementation success of this OHSMS. The ManCom shall demonstrate the Company's commitment to Health and Safety by making it an integral part of the Company's everyday business.

4.3. **The ESH Manager & Supervisor** shall be responsible in identifying areas for: improvement and implementation of the OHSMS. He shall conduct trainings for all employees, conduct inspections, develop and monitor Risk and Safety related KPIs, and conduct audit to ensure gDSFreater health and safety awareness and compliance.

4.4. **The Project Managers**, **O&M Managers, and ESH Supervisor,** shall ensure full understanding and implementation of the OHSMS within their respective Project site of responsibility. They shall also contribute to the continuous improvement of OHSMS, where necessary.

4.5. **Every Employee,** whether Executive, Manager, Supervisor or Staff, shall:

- Understand their responsibility and commitment to health, safety, security and environment and contribute to achievement of the obligations and goals as one of the core elements of Company's identity and business success;
- Be responsible for their own health, security and safety by being familiar with the risks and controlling measures and for executing his or her task in a secure, safe, healthy, environmental friendly and efficient manner in compliance with applicable requirements and guidelines;
- Immediately report any accident or incident that may cause injuries or damage; and,
- Have the right to and the responsibility to stop unsafe behavior or refuse to work in situations that causes harm, and immediately bring these situations to the attention of those at imminent risk and to the management.

5. IMPLEMENTING GUIDELINES

5.1. General Policy Statement

The Company whose vision is to be recognized as Southeast Asia's leading producer of renewable energy, commits to the prevention of injury and ill health among our employees, associates, contractors and sub-contractors, and other members in all areas where we operate. Attuned to such vision, the Company is committed to continuous improvement of our Occupational Health & Safety Management System (OHSMS) and our OHS performance by:

- Ensuring our **activities are safe for all persons** who come into contact with our workplace;
- Conducting systematic **identification and assessment of health and safety hazards** associated with our operations and services and initiating effective controls to eliminate or reduce their risks to as low as reasonably practicable;
- Establishing **effective communication and consultation** arrangements with our personnel for whom we are responsible;
- Providing OHS related **trainings, education and information** to our people to ensure greater health and safety awareness;

- Carrying out **improvement initiatives and best use of our resources** in all health and safety matters; and
- **Fulfilling legal requirements and related obligations** as mandated in all health & safety laws and regulations applicable to our company's operations and services.

5.2. General Safety Rules

- **Horseplay** in any form must not be engaged in by employees in the plant or while in duty.
- **Running** within plant or office premises must be avoided except in case of emergency.
- Employees must not make **inoperative safety devices** such as relief valves, deluge valves, electrical and mechanical interlocks, guards, seat belts, etc. except for maintenance and testing with approval of the Plant Manager or two supervisors.
- All **portable containers** such as bottles, jugs, or cans must be **labeled** as to contents.
- **Flammable or toxic materials must not be dumped** into the sewers or waste water system.
- **Wearing of finger rings, ties, and necklaces** is not permitted while operating fixed power tools and is discouraged in all operating, maintenance and service areas.
- All employees are expected to wear **clothing that is safe and proper** for their jobs. Company-furnished uniforms and protective equipment must not be altered in any manner that impairs the needed protective features.
- **No smoking** at facilities, except in designated areas.
- **Contact lenses** are not permitted in areas where the possibility of exposure to hazardous chemicals exists, and are discouraged in other areas also.
- **Seat belts** must be used at all times within the plant, including personal vehicles, and in all company owned or leased vehicles when used outside the plant. Employees using personal vehicles and rental cars on authorized company business are also required to use their seat belts.
- **All motor vehicle accidents** involving personnel on company business must be reported to the Site Emergency Management Team (SEMT).

- Supervisor shall be notified when an employee needs to **leave work due to illness.** Always **notify your supervisor of any injury or accident.** Late developing injuries should also be reported

- Only authorized personnel shall **operate mobile equipment.**

- Food will be eaten in designated areas only, except for drinking water stations which may be erected and approved by management, deemed suitable for drinking water only.

5.3. Health & Safety Regulatory Compliance

All relevant Health and Safety requirements shall be studied, understood and implemented, such as the following:

- DOE Circular No. DC 2012-11-009, Renewable Energy Safety, Health and Environment Rules and Regulations;
- DOLE Bureau of Working Conditions Occupational Safety and Health Standards (as amended, 1989);
- DOLE OSHS, Implementing Guidelines of Article 162 of the Labor Code of the Philippines;
- DOLE Dept. Order No. 13 and No. 16;
- DOLE/BWC/HSD-IP-6 Form.
- Rule 1040 as mandated by the Department of Labor and Employment through the Bureau of Working Conditions
- P.D. No.856, The Code on Sanitation of the Philippines;
- Comprehensive Dangerous Drugs Act of the Philippines.
- RULE 1050 Notification and keeping of records of accidents and/or occupational illnesses
- Philippine Mechanical Code;
- Philippine Electrical Code;
- Philippine Electrical Code (PEC) and Rule 1210 of D.O#13
- National Building Code;
- Philippine Fire Code;
- Local Regulations and Rule 1413 of D.O#13… Excavation
- Traffic Rules and Regulations

5.4. Risk Identification & Impact Assessment

- The potential health and safety risks shall be identified on per a project site basis. And this has to be conducted before business development or construction or operations or maintenance begins. Then, it has to be updated at least once a year.

- Each risk shall be assessed as to likelihood from happening, i.e. **high**, **medium, low or undefined.** Then, each risk shall be assessed as to its impact, i.e. **critical, serious, moderate or minimal.** The table below shows the action to be taken, such as **emergency, urgent, standard** or **non-urgent.**

LIKELIHOOD	IMPACT			
	CRITICAL	SERIOUS	MODERATE	MINIMAL
HIGH	Emergency	Emergency	Emergency	Standard
MEDIUM	Emergency	Urgent	Urgent	Standard
LOW	Urgent	Urgent	Standard	Standard
UNDEFINED	Urgent	Standard	Standard	Non-Urgent

- The impacts are defined, as follows:

  Critical : Dangerous, life threatening, acute

  Serious : Severe, harsh, stern

  Moderate: Reasonable, temperate, contained

  Minimal : Negligible, slight, insignificant, marginal

5.5. New Employee Health and Safety Indoctrination

- Welcome new employee to the Company, then emphasize that the Company is committed to operating our business safely, without harm to any employee and other people.

- Each newly hired employee, irrespective of their employment status (i.e. direct, contractual, probationary or regular) shall be properly and adequately oriented regarding the key and relevant health and safety policies and procedures of the Company.

- Each supervisor is responsible for providing a safe work environment, and instructing employees in the safest possible way to perform their job.

- Each employee is responsible for following established health and safety practices and for learning safety skills to avoid injury.

- All employees are encouraged to suggest or make recommendations for improved safe work practices.

5.6. Employee Health and Safety Programs

- Annual medical check-up shall be conducted, and any employee with illness shall be subject to medical curing.

- First Aid and CPR medicines and equipment shall be maintained at operational condition at all times.
- The company will maintain a drug and alcohol-free workplace. Use of illegal or unauthorized drugs and alcohol poses a substantial and immediate danger to the safety and welfare of the company's employees, its surrounding neighbors, the efficient operations of the company and the reliable service to our customers.
- Test all applicants selected for employment for illegal or unauthorized drug use and for being under the influence of alcohol prior to being hired.
- Make reasonable accommodations for employees with a drug or alcohol problem who come forward in advance and request assistance as provided for under our current group health insurance and Employee Assistance Plan.
- Provide the employees with ergonomic tables and chairs and other office furniture.
- Continuously research and implement safety and health driven programs, such as to manage stress, sexually transmitted diseases, etc.
- Working hours and break times shall be set, and such shall give enough time for each employee to refresh their mind and body.
- Employees with contagious illness shall be required to take immediate Sick Live until a Fit to Work Permit is issued.
- Continuously develop and comply with Employee Health Care Programs
- Ensure availability of First Aid/ Medicines

5.7. Visitor's Safety Orientation

- Any visitor or group of visitors shall be oriented with the applicable safety precautions, depending on their project site area or activity to visit.
- Each visitor shall be provided with appropriate PPE, but return the same upon exit of the project site.
- All visitors shall be properly recorded.

5.8. Personal Protective Equipment (PPE)

- Depending on the nature of the employee's routine duties and responsibilities, he shall be provided with PPE.

- The PPEs to be issued to the employees concerned are particularly to protect the head, eye, hands and foot.

- Personal protective clothing and equipment include devices or items to be worn, used, or put in place for the safety or protection of individuals performing work assignments when they are in or entering a hazardous area/condition or performing work that may require "extra" protection.

- Each department is responsible, through its supervisor, to safeguard their personnel by ensuring that personal protective clothing is properly used and worn correctly to prevent unnecessary exposure to job hazards.

- After equipment issuance, the department is responsible for the equipment inspection, and minor maintenance and for requesting replacement as necessary.

- Contractors will provide the required personal protective clothing and equipment for their employees.

5.9. Contractor Health and Safety Regulations

- All Contractors shall be required to attend "Contractor Safety Indoctrination". Contractor employees without Contractor Safety Indoctrination ID's will not be allowed to enter the plant.

- All contractors are responsible for ensuring that its employees on each job has received safety indoctrination and plant indoctrination before beginning work. The indoctrination shall be scheduled before deployment of the new employee on the job.

- Submission of Permit to Work, Safe Work Permit and other health and safety related permits shall be required from all contractors, particular where the work categories are hot, cold, at heights, lifting, electrical, excavation, confined space, etc.

- The contractors shall provide or require all his employees Personnel Protective Equipment (PPEs), and they have to wear the same, where the kind of work requires.

- All contractors shall be briefed on the following:

  - Potential hazards
  - Reporting emergencies
  - Personal Protective Equipment
  - Vehicle, Heavy Equipment and Tools
  - Fire, Earthquake, Severe Weather
  - Housekeeping
  - Other Miscellaneous Health and Safety as defined under this P&M Manual

- When a contractor would want to take a visitor inside the plant, he is required to file a "Visitor's Notification Form". The contractor's supervisor is responsible for the visitor

while in the plant and the visitor must be under contractor supervision escort at all times.

- No firearms, explosives, alcoholic beverages, or unauthorized drug are allowed in the plant.
- Pictures are not to be taken on property except with Project Manager and/or O&M Manager permission.
- All tools & equipment brought inside the plant should be declared using our attached tools declaration form.
- All contractor employees shall attend the pre-task meeting and must sign the back of the statement of understanding at the back of the Safe Work Permit Form.
- All contractor personnel shall wear an approved hard hat, safety glasses and safety shoes as minimum personal protection equipment at all times in and around the work site.
- Where there is a danger of falling more than four feet from one level to another, safety belts or harnesses, with lifelines attached, are to be worn by contractor employees where the use of scaffolds with handrails or ladders is impractical. Ladders shall be used only in cases where the operation to be performed does not require excessive force, the person can face the ladder while doing the job, tied off to prevent falling over.
- All contractor employees shall observe all safety rules required in the area. It is the general contractor's responsibility to enforce these rules. The general contractor's responsibility extends to all subcontractors and their work force.
- Failure of any contractor employee to fully comply with the safety regulations above shall constitute sufficient cause for the Company to exclude the contractor employee from the plant site. The Company reserves the right to blacklist Contractors who cannot comply with the company's safety standard.
- Contractors will provide the required personal protective clothing and equipment for their employees except when the contract specifies that such items are to be furnished by the Company.

5.10. Critical areas of Power Plant Facilities

- The most critical areas in renewable power plant facilities are tabulated below per technology.

CRITICAL AREAS	SOLAR	BIOMASS	HYDRO
General construction	Applicable	Applicable	Applicable
Power Station	Applicable	Applicable	Applicable
Auxiliary Transformers	Applicable	Applicable	Applicable
Control Room	Applicable	Applicable	Applicable
Communication Systems	Applicable	Applicable	Applicable
Mountains	Applicable	Applicable	Applicable
Dam, river, water tunnels	Applicable	Applicable	Applicable
Confined space	Applicable	Applicable	Applicable
Cooling Systems	NA	Applicable	NA
Air cooled condenser	NA	Applicable	NA
Boiler	NA	Applicable	NA
Bottom ash and fly ash silo	NA	Applicable	NA
Control & Air Compressor Rooms	NA	Applicable	NA
Chimney	NA	Applicable	NA
Water treatment plant	NA	Applicable	NA
Generator Stators	NA	Applicable	NA
Cooling Tower	NA	Applicable	NA
Biomass Fuel Storage	NA	Applicable	NA
Biomass Chipping	NA	Applicable	NA
Belt Conveyor	NA	Applicable	NA

- Appropriate barricading, taping or precautionary signage shall be set-up.
- The Project Site Management shall continue to identify critical areas, and determine specific health and safety measures when visiting and working on critical areas.
- No one is authorized to enter the critical areas without approval by Project Site Manager or Facilities/ Safety Officer.

5.10.1. Critical Works

- Special attention shall be made on critical works that include **Hot Works**, **Electrical Works**, **Lifting, Excavation/ Trenching, Working at Heights.** The rules and guidelines per critical work are defined below.
- **Barricades** are set-up to warn of serious and imminent danger. To be effective, they must be readily seen under the most adverse conditions

- The use and specification of barricades shall be governed by the following regulations:
  - The person having responsibility over a situation will see that tapes are cordoned and removed when it is no longer needed.
  - The site management shall maintain and stock of red and yellow tapes
  - Except in the case of extreme urgency, no one shall enter a red danger tape barricaded area without approval by the Facilities/ Safety Officer and Operations Manager or Construction Manager.

5.10.2. Hot Works: Welding, Cutting & Grinding

- Hot Work is any work that involves burning, welding, using fire- or spark-producing tools, or that produces a source of ignition.

- All welding / cutting / grinding works and similar ignition generating activities shall be performed in full compliance with the precaution cited in the approved Safe Work Permit.

- Only qualified / competent welders, with Skills Training Certificate, will be allowed to perform welding works.

- Appropriate Personal Protective Equipment (PPEs) such as welding mask, cutting goggles, flame resistant gloves / aprons, leggings, welding screens / welding fume respirator, forced air ventilation (if required) and similar equipment will be provided to welders and affected personnel in the immediate area.

- No welding / cutting operation will be conducted unless the area is clear of any flammable / combustible materials.

- No welding / cutting operation will be conducted unless at least one (1) unit of Dry Chemical portable fire extinguisher is readily available in the immediate area.

- Cutting operations will be done in a manner such that the torch flame will not be directed to oxy-acetylene gas cylinders or to any combustible materials.

- At least two persons are present at the hot work area throughout the work.

- Gas welding / cutting equipment hose connections and pressure regulators will be de-pressurized, fully disconnected and, welding machine turned off at the end of each work shift or during which they are not in use.

- Post welding / cutting inspection will be observed by the responsible crew and Supervisor after every completion of welding / cutting work at the end of work shift. After-the-job inspection is important in order to detect possible smoldering fire that can result from stray hot splatters from welding / cutting work.

- All electric arc welding equipment must be properly earthed and screw clamp type electrode holders will be used.
- Approved torch igniter shall be available and used for all oxy-acetylene cutting operations. Cigarette lighters or matches are not allowed.
- Open acetylene valve a quarter turn only to give a pressure not exceeding 15psig. Oxygen cylinder valve shall be opened completely.
- Nothing shall be placed on top of oxy-acetylene manifolds that will damage the manifold or interfere with the quick closing of the valve.
- Approved acetylene wrench shall be provided and kept available at the cylinder valve at all times during cutting operations.

Cutting with the use of grinder

- Always wear eye and face protection when grinding.
- Don't start the grinding machine unless the machine guard is in place.
- Always allow newly mounted wheels to run at operating speed, with guard in place, for at least one minute before grinding.
- Don't force a wheel onto the grinding machine or alter the size of the arbor hole.
- Don't stand directly in front of a grinding wheel when a grinder is started.

Use of Fuel Gas

- Fuel gas must not be used from cylinders through torches or other devices which are equipped with shut off valves without reducing the pressure through a suitable regulator attached to the cylinder valve or manifold.
- Before connecting a regulator to the cylinder valve, the valve shall be opened slightly and closed immediately to allow freeing the valve of dust or dirt that might otherwise enter the regulator.
- The person cracking the valve must stand on one side of the outlet not in front of it. Cracking must be performed in an area away from ignition source.
- The cylinder valve must always be opened slowly to prevent damage to the regulator. For quick closing, valves of fuel gas cylinders shall not be opened more than 1 ½ turns.
- Acetylene cylinder must always have an approved acetylene wrench readily available for immediate use.

- Before a regulator is removed from a cylinder valve, the cylinder valve shall always be closed and the gas released from the regulator.

In case of Fuel Gas Leak

- If, upon opening the valve on a fuel gas cylinder, there is found to be a leak around the valve stem, the valve shall be closed and the gland nut tightened. If this action does not stop the leak, the use of cylinder must be stopped and the cylinder tagged "Do Not Use" and removed from service.

- In the event that a fuel gas leaks from the valve rather than from the valve stem, and the gas cannot be shut off, the cylinder shall be immediately tagged "Defective, Do Not Use" and subsequently removed from service.

- If a leak develops at a fuse plug or other safety device, the cylinder must be immediately tagged 'Defective, Do Not Use' and removed from service.

- In case of a fuel gas leak, quickly prompt nearby personnel to immediately abort any introduction of ignition source in the immediate area. Other potential ignition sources such as power tools shall be unplugged however, it must be done with extreme caution since removing a plug from an outlet can itself produce a spark.

- Should a leak cannot be exactly located, apply a diluted soap solution in the valve / manifold area and look for sign of bubbles. A bubble will indicate the exact location of leak.

5.10.3. Electrical Works

- All temporary and permanent electrical installation works, power transmission, distribution and equipment including wire capacities on the project shall conform to provisions of Philippine Electric Code (PEC) and Rule 1210 of DO#13.

- Only competent personnel equipped with personal protective equipment (e.g. rubber gloves, etc.) will perform any work involving energized equipment or equipment energization / de-energization.

- All electrically operated tools and equipment will be properly grounded and maintained by a competent electrician.

- Circuit breakers or similar equipment will be used on all electrical circuits including portable power distribution outlets for electrical hand tools.

- Only qualified electricians will be allowed to perform repair and carry out maintenance of electrical tools and equipment.

- Temporary power panels and breakers shall be adequately covered at all times and be properly identified or labeled as to specific equipment, lighting installed connected thereto.

- Access to circuit breakers shall be maintained free of any obstruction at all times and kept away from combustible materials.

- All temporary wiring shall be guarded, buried, or isolated by elevation to prevent accidental contact by workers or equipment.

- Exposed empty light sockets, broken light sockets or bulbs shall not be permitted.

- All Extension cords to be used should be double insulated type.

- Before any existing electrical unit is de-energized, it must be physically verified by the responsible Foreman / Supervisor that all loads associated with that unit have been cleared to be "de-energized".

- Under no circumstances shall, a de-energized unit or part thereof shall be worked on unless the energy isolating device of that unit has been properly Locked and Tagged out in an "OFF" position by the responsible originator or authorized personnel.

- Specific unit or equipment or parts thereof to be worked on must be legibly identified or marked prior to starting work.

- Only competent personnel shall be allowed to perform the job

5.10.4. Lifting Works

- Lifting job is critical if it falls into anyone of the following:
  - Lifting a load equal to or more heavier than 10 tons.
  - A single lift where 2 or more cranes are used, including tandem lifts and trailing cranes
  - Lifts in close proximity to high voltage power lines
  - Where the gross load is 75% of the gross capacity of the crane.

- Refer to Section **5.11. Controlled Vehicles, Equipment and Tools**

5.10.5. Excavation/ Trenching

- Excavation/ trenching works shall conform to applicable Local Regulations and Rule 1413 of D.O. #13.

- The following considerations shall be taken into account in order to begin excavation work with minimum risk to personnel, equipment and enable the work to proceed without interruption.

- Size and purpose of excavation.
- Nature of the ground including proximity of made-up ground.
- Stability of adjacent structures.
- Position of underground obstructions, such as pipes, electric cables and other utilities through as built plans / drawings.
- Sources of soil vibration (machinery, traffic).
- Adjacent roads and footpaths.
- Availability of competent person to oversee excavation works.
- If the activity involves road works affecting traffic or public thoroughfare, a thorough survey of the vicinity must be made and a traffic route plan established showing locations of actual work area and all adjacent roads.
- Work methodology showing details of execution of the job including
- traffic control measures to be taken such as signage, lightings, flagmen, barriers, etc.

5.10.6. Working at Heights

Use of Scaffold

- A Safe Work Permit must be issued for the purpose of erecting and dismantling scaffolds.
- Scaffolds will be inspected before using; scaffold checklist shall be provided and signed.
- All scaffold / temporary work platforms must be constructed in conformance to Rule1414 of D.O. #13 and must contain minimum, safety features herein prescribed.
- All scaffolds or temporary work platforms shall be designed and erected to support at least four (4) times the maximum intended load or weight they are expected to support when in use.
- Only competent, properly trained and dedicated scaffolding personnel shall be allowed to erect, modify and dismantle scaffolds.
- A scaffold must be constructed with the following minimum parts and construction features:
- Scaffolds will be inspected before using; scaffold checklist shall be provided and signed.
- Where required, a design and calculation by Site Engineer will be sought
- Stable and level ground, capable of carrying the maximum intended load without settling or displacement.

- Timber sole plates on
  all loose or not compacted ground. Sole plates may not be required on paved areas however, the same must be provided.

- Where scaffold frame / steel tubing must be protected from potentially harmful substances or where the pavement requires extra protection from physical damage.

- Under no circumstance, a mobile scaffold will be moved with persons on the platform.

- No planks, tubes, framing and couplers with sign of damage shall be used on scaffoldings. Defective scaffolding materials shall be readily isolated from the work area / disposed of from the Facility.

- A scaffold is to be erected, moved, dismantled, and/or altered under the supervision of a competent person.

- All scaffolds are to be marked with one of the following tags:

  Green tag – This scaffold meets OSHA regulations and complies with this policy. Fall protection equipment must be worn.

  Yellow tag – WARNING - This scaffold is stable, rigid, strong however it does not meet all the OSHA Scaffold requirement. This scaffolding may be used but safety harness shall be anchored at all times.

  Red tag – DANGER – This scaffold is not to be used. Scaffolding that is unstable or that is being dismantled shall be marked with a red tag.

- Specific Types of Scaffolding
  - Tubular Welded Frame Units: Do not mix brands of scaffold.
  - Form and Service Scaffolds: shall be designed and constructed to support 4x the maximum intended load.
  - Suspension Scaffolds: Unless pre-approved by Risk and Safety experts, suspension scaffold shall not be used.

- Tools shall not be thrown up or down the scaffolding.

- Under no circumstance, a mobile scaffold will be moved with persons on the platform.

Use of Ladder

- Ladder shall bear on a firm, level base, bricks, concrete blocks or similar unstable materials shall not be used as base support or to gain extra reach.

- Inclined ladder shall be positioned such that it makes an angle approximately 75 degrees with the horizontal or at slope – ratio of one (1) horizontal to four (4) vertical.

- All ladders (vertical or inclined) shall have their top extended at least 90 centimeters (36 inches) or 3 rungs above the stepping off point / landing and properly secured to prevent displacement. Too extended ladders shall not be allowed to prevent flipping over.

- When used on scaffolds, ladders must be fixed in a manner such that no obstruction whatsoever will interfere or hamper the person ascending or descending the ladder. Scaffold tubes, ladder clamps, planks or lashings shall not reduce the effective width of the ladder and shall not create potential tripping hazard to ensure a continuous path of travel to and from platform during normal or emergency use.

- The spacing of rungs or steps of portable ladders shall be 30 centimeters (12-inches) on centers.

- The minimum width between side rails of a straight ladder or any section of an extension ladder shall be 30 centimeters (12 inches).

- Access ladders shall not be obstructed at any time and shall be kept free of any tripping hazards.

- Ladders bearing any sign of defect or with broken rungs / steps, split rails or slippery by grease or oil shall not be used. Damaged ones shall be marked “DO NOT USE” and removed from service. Irreparable ladder must be totally destroyed.

- Ladders shall not be placed on unstable supports such as boxes, bricks, drums, or hollow blocks to increase reach or lengths, and in such a way that obstructs access ways.

- Ladders shall be inspected for defects prior to each use by the user and periodically by the assigned competent person. Periodic inspection of ladders shall be properly documented.

- Ladder shall not be placed against or in front of doors towards the opening unless the door is blocked or restrained from opening.

Use of Harness

- All personnel working in an unprotected level at or above 6 feet in height from the ground or floor, who are exposed to potential fall, shall wear full body harness with shock absorbing lanyard as minimum. The lanyard shall be anchored at all times to an anchorage point such as a lifeline or rigid structure or a stable part of the scaffold structure at the highest point possible and not lower than shoulder level (where possible).

- Where applicable, the harness shall be anchored to a permanent structure and not on the railings of the scaffold.

5.11. Controlled Vehicles, Equipment and Tools

- There are vehicles, equipment and tools that when not properly operated can pose safety risk towards personnel and properties, such as the following:

  - Passenger Vehicles (Sec. 5.12.1)
  - Trailers (Sec. 5.12.2)
  - Mobile Cranes & Forklifts (Sec. 5.12.3)
  - High Torque Wrenches (Sec. 5.12.4)
  - Grinder & Abrasive Wheels (Sec. 5.12.5)

- These vehicles, equipment and tools shall be controlled, and the rules and guidelines upon them and those personnel who operate them are listed below.

5.11.1. Passenger Vehicles

- Only authorized employees shall drive company vehicles and comply with the Vehicle Safety Policy.

- All traffic rules and regulations must be followed.

- Wear Vehicle Seat Belts at all times when vehicle is running regardless of distance travelled.

- The maximum speed shall be observed
  - 20 kph inside the plant
  - 40 kph on dirt, rough roads and zigzag roads
  - 60 kph on concrete road
  - 30 kph on school zones
  - 25 kph on bad weather condition
  - NOTE: speed limit are set as guides only. Drivers are expected to use best judgment to further reduce vehicle speed to the road, weather, visibility and traffic conditions for safety.

- Vehicle user is responsible for keeping the vehicle in safe operating condition.

- All cost (net of insurance claims) of preventable car accident shall be borne by the one driving the car.

5.11.2. Trailers

- Before tractor is removed from trailer, the dolly shall be lowered into position.

- Before starting to load or unload, chocks shall be placed under the wheels.

- The driver shall not remain in the cab when the trailer is being loaded or unloaded, if the tractor is attached.

5.11.3. Mobile Cranes and Forklifts

- Special care shall be taken for the following safety points:
  - Personnel in the area
  - No riders allowed
  - Do not overload because of possibility of tipping or losing load.
  - High tensions wires, i.e. equipment shall not be operated within 10 feet of high voltage lines.

- When travelling in reverse or backing, there must be an observer or spotter to guide the operator, where necessary.

- Never allow load to be overhead of personnel.

5.11.4. High Torque Wrenches

- This tool may crush fingers if not handled properly, hence be very careful to set the tool properly before operating.

- The tool should be properly inspected for defect before use. Ensure that no part of the hand of body is placed at the pinch points.

- Training on correct operation is required for this equipment.

- Hand protection gloves shall be used, and only industrial gloves shall be used.

5.11.5. Grinders and Abrasive Wheels

- All grinders shall be equipped with protective guard allowing only the working segment of the wheel or disc to be exposed. This guard shall never be removed. Deliberate removal of this guard or use of grinder without such guard shall be subject to stern disciplinary action.

- Ensure that the design classification of abrasive wheel / cutting disc is appropriate for the material to be cut (i.e. Aluminum Oxide wheel – denoted by letter “A” for high tensile strength material; Silicon Carbide – denoted by Letter “C” for low tensile strength material etc.)

- Check and ensure that the grinding tool is approved voltage and equipped with “press” activated ON / OFF switch.

- Under no circumstances shall, the spindle speed of grinding machine (RPM) exceed the rotating speed marked on the cutting / grinding disc.

- Grinders shall be switched off and held until rotation of wheel is completely stopped before they are placed down.

- Abrasive wheels that have been dropped shall no longer be used as the impact may result in breakage during the actual use.

- Abrasive wheels must be ensured free of cracks or damage before they are mounted by means of "Ring Test". This is to be achieved by gently "tapping" the side of the wheel with a light non-metallic object such as handle of a screw driver at about 1-2 inches from the periphery and 45 degrees off the vertical centerline (each side). Tapping is repeated after every 45 degrees rotation of the wheel until completed. (A sound of undamaged wheel will give a clear metallic tone and cracked one will produce a "dead sound" and not a clear ring).

- Before using a portable hand grinder, it must first be visually checked out. Items to be checked but not limited to are:
  - It must have 3 prong electrical cap with a U ground, except those that are double insulated.
  - The power cord must be free of cuts or cracks and inspected in accordance to electrical cords and power tools procedures.
  - The housing must be intact.
  - The wheel guard must be in place.
  - Defective abrasive wheel (cracked, broken, out of balance) shall not be used.

- After completion of the visual check, the Operator shall be wearing safety glasses and a face shield before operations begins.

5.12. Hazardous Materials, Liquids and Gases (HMLG)

- All the hazardous materials, liquids and gases that are relevant the Company's solar, biomass, hydro, wind power plant facilities shall be identified.

- The supplier of hazardous materials shall be required to provide the pertinent Materials Safety Data Sheet (MSDS).

- Read labels and the MSDS before using a chemical and know the following:
  - Is it corrosive (acid or base)?
  - Is it toxic?
  - Will it emit toxic gases?
  - What is the permissible exposure limit?
  - Is it flammable?
  - Will it react to other chemicals?
  - How should it be stored?
  - Is it prone to spontaneous combustion?
  - What health effect it can cause?
  - What PPE is required?
  - How should it be handled safely?

  - What is the first aid procedure?
  - What is the first aid equipment needed?

- Wear PPE required in the MSDS when handling the chemicals.
- Label all chemicals appropriately and store them in proper places.
- Do not leave chemicals in a situation where it may cause harm to other persons. Return to warehouse unconsumed chemicals including used bottles and containers.
- Oxygen cylinders in storage shall be separated from fuel-gas cylinders or combustible materials especially oil or grease.
- Warning notices such as “Danger, No Smoking” will be provided and maintained in all compressed (oxy-acetylene) gas cylinders storage area.
- All compressed gas cylinders including empty ones shall be kept upright and chained at all times and properly capped when not in use. At no circumstance, cylinders will be located or stored closer than 15 meters (50 feet) from sources of heat or ignition such as open flame operation, generators, welding machines, compressors, oven, etc.
- Flammable and highly combustible substances such as thinner, paint, gasoline, oil, grease, etc. shall not be stored within 15 meters (50 feet) of compressed gas cylinder storage areas.
- No compressed gas cylinders of any kind shall be placed, stored, or left in a confined space and similar enclosed area, whether empty or full due to potential hazard of leakage.
- Compress gas cylinder storage area shall be located in an open / well ventilated area, with sun protection (shed). When stored inside the building, cylinders shall be located in a well-protected, well-ventilated and dry location area.
- Regardless of the storage location, compressed gas cylinders shall be stored where they are not subject to being knocked over or damaged by passing or falling objects.
- Compressed gas cylinders shall not be located where they can become a part of an electrical circuit. Electrode must not be struck against cylinder to strike an arc.
- Cylinders when transported, shall be secured, kept upright and have their caps properly in place. Cylinders maybe moved by tilting and rolling on bottom edge slightly upright but never dragged or its body rolled.
- All compressed gas cylinders i.e. oxygen, acetylene, argon, nitrogen, etc. shall be clearly identified by color and name of the contents.

- Lifting / hoisting
  compressed gas cylinders shall be done ONLY by means of approved material basket or cradle. Hoisting by choker slings directly attached to the cylinders in any way is strictly prohibited.

- Before cylinders are moved, transported or lifted, regulators shall be removed and protective caps put in place. Before removing regulators, valves must be closed and the gas totally bled off.

- Flashback arresters shall be installed on all oxy-acetylene cutting rigs, both at the side of the torch and regulators

5.13. Fire Prevention and Control

- **Fire safety is everyone's responsibility.** All employees should know how to prevent and respond to fires, and are responsible for adhering to company policy regarding fire emergencies.

- Employees shall be **trained about the fire hazards** associated with the specific materials and processes to which they are exposed, and will maintain documentation of the training.

- **Smoking is prohibited** in all critical areas and surrounding critical works. Certain outdoor areas may also be designated as no smoking areas. The areas in which smoking is prohibited outdoors are identified by NO SMOKING signs

- **Good housekeeping** is one of the best means to limit the risk of fires, and this could be done by:

  - Minimize the storage of combustible materials.
  - Make sure that doors, hallways, stairs, and other exit routes are kept free of obstructions.
  - Dispose of combustible waste in covered, airtight, metal containers.
  - Use and store flammable materials in well-ventilated areas away from ignition sources.
  - Use only nonflammable cleaning products.
  - Keep incompatible (i.e., chemically reactive) substances away from each other.
  - Ensure that heating units are safeguarded.
  - Repair and clean up flammable liquid leaks immediately.
  - Keep work areas free of dust, lint, sawdust, scraps, and similar material.
  - Do not rely on extension cords if wiring improvements are needed, and take care not to overload circuits with multiple pieces of equipment.
  - Ensure that required hot work permits are obtained.
  - Turn off electrical equipment when not in use.

- Ensure that equipment is maintained according to manufacturers' specifications. The following equipment is subject to the maintenance, inspection, and testing procedures:

- Equipment installed
  to detect fuel leaks, control heating, and control pressurized systems.
- Portable fire extinguishers, automatic sprinkler systems, and fixed extinguishing systems.
- Detection systems for smoke, heat, or flame.
- Fire alarm systems.
- Emergency backup systems and the equipment they support.

- The workplace fire hazards at Project Site facilities and the procedures for controlling the hazards.

  - Electrical fire hazards
  - Portable heaters
  - Office fire hazards
  - Cutting, Welding, and Open Flame Work
  - Flammable and Combustible Materials

Electrical Fire Hazards

- Electrical system failures and the misuse of electrical equipment are leading causes of workplace fires. Fires can result from loose ground connections, wiring with frayed insulation, or overloaded fuses, circuits, motors, or outlets. To prevent electrical fires, employees shall:

  - Make sure that worn wires are replaced.
  - Use only appropriately rated fuses.
  - Never use extension cords as substitutes for wiring improvements.
  - Use only approved extension cords [i.e., those with the Underwriters Laboratory (UL) or Factory Mutual (FM) label].
  - Check wiring in hazardous locations where the risk of fire is especially high.
  - Check electrical equipment to ensure that it is either properly grounded or double insulated.
  - Ensure adequate spacing while performing maintenance.

Portable Heaters

- All portable heaters shall be approved by responsible manager/ supervisor. Portable electric heaters shall have tip-over protection that automatically shuts off the unit when it is tipped over. There shall be adequate clearance between the heater and combustible furnishings or other materials at all times.

Office Fire Hazards

- Fire risks are not limited to industrial facilities. Fires in offices have become more likely because of the increased use of electrical equipment, such as computers and fax machines. To prevent office fires, employees shall:

- Avoid overloading circuits with office equipment.
- Turn off nonessential electrical equipment at the end of each workday.
- Keep storage areas clear of rubbish.
- Ensure that extension cords are not placed under carpets.
- Ensure that trash and paper set aside for recycling is not allowed to accumulate.

Cutting, Welding, and Open Flame Work

- All necessary hot work permits have been obtained prior to work beginning.
- Cutting and welding are done by authorized personnel in designated cutting and welding areas whenever possible.
- Adequate ventilation is provided.
- Torches, regulators, pressure-reducing valves, and manifolds are UL listed or FM approved.
- Oxygen-fuel gas systems are equipped with listed and/or approved backflow valves and pressure-relief devices.
- Cutters, welders, and helpers are wearing eye protection and protective clothing as appropriate.
- Cutting or welding is prohibited in sprinklered areas while sprinkler protection is out of service.
- Cutting or welding is prohibited in areas where explosive atmospheres of gases, vapors, or dusts could develop from residues or accumulations in confined spaces.
- Cutting or welding is prohibited on metal walls, ceilings, or roofs built of combustible sandwich-type panel construction or having combustible covering.
- Confined spaces such as tanks are tested to ensure that the atmosphere is not over ten percent of the lower flammable limit before cutting or welding in or on the tank.
- Small tanks, piping, or containers that cannot be entered are cleaned, purged, and tested before cutting or welding on them begins.
- Fire watch has been established.

Flammable and Combustible Materials

- Conduct, evaluate the presence of combustible materials at Certain types of substances can ignite at relatively low temperatures or pose a risk of catastrophic explosion if ignited. Such substances obviously require special care and handling.

  Class A combustibles. These include common combustible materials (wood, paper, cloth, rubber, and plastics) that can act as fuel and are found in non-specialized areas such as offices.

  Water, multi-purpose dry chemical (ABC), and halon 1211 are approved fire extinguishing agents for Class A combustibles.

  Class B combustibles. These include flammable and combustible liquids (oils, greases, tars, oil-based paints, and lacquers), flammable gases, and flammable aerosols.

Water should not be used to extinguish Class B fires caused by flammable liquids. Water can cause the burning liquid to spread, making the fire worse. To extinguish a fire caused by flammable liquids, exclude the air around the burning liquid.

- Fire Prevention Plan shall be reviewed at least annually for necessary changes.

5.14. Emergency Preparedness

- Despite all preventive measure for prevent injuries and illness, potential crisis may still happen for whatever reason. In this regard, it is necessary to organize a team to act on emergency situations, such as the effect of natural calamities, fire caused by natural calamities, man-made fires, vehicular accidents, sabotage, etc.

  - Corporate Emergency Management Team(CEMT)
  - Site Emergency Management Team (SEMT)
  - Site External Emergency Service Agency (SEESA)

- Identify all the potential risks and assess the impact to the business, and this has to be done at least before that start of business development, construction, operations and maintenance.

5.15. Health and Safety Administration

- The Health and Safety responsible employees shall maintain an up-to-date and well-organized record filing system throughout the duration of the plant and construction. These records as minimum, shall include but not are confined to the following information:

  - Safe work permitting and orientation
  - Health and Safety related Forms
  - Weekly/Monthly reports
  - Monthly Safety Statistics
  - HSE Minutes of Meeting
  - HSE Training Records
  - Rigging / Lifting Equipment Test Certificates
  - Safety Observation/ Audit Report

5.16. Audit and Management Review

- An Audit Questionnaires and/or Checklist shall be developed as a guide for the auditor or management representative to test compliance of this OHSMS.

- An audit shall be conducted regularly, and all audit findings and recommendation shall be presented to ManCom members concerned. Then, appropriate corrective and/or corrective action plans shall be drawn and implemented accordingly.

6. OPERATING PROCEDURES

The following operating procedures shall be implemented to be able to achieve the various implementing policies and guidelines as stated in the foregoing sections of this document.

SEC. NO.	TITLE OF PROCEDURES	FORM NUMBER
6.1	New Employee SHE Indoctrination	CPI-P&P-002-REF A
6.2	Contractor HSE Orientation	CPI-P&P-002-REF B
6.3	Visitor Safety Orientation	CPI-P&P-002-REF C
6.4	Risk Identification & Impact Assessment	CPI-P&P-002-REF D
6.5	Safety & Health Hazard Identification & Impact Assessment	CPI-P&P-002-REF E
6.6	Use of Personal Protective Equipment	CPI-P&P-002-REF F
6.7	Safework Permitting	CPI-P&P-002-REF G
6.8	Use of Safety-Critical Equipment	CPI-P&P-002-REF H
6.9	Use of Company Vehicles	CPI-P&P-002-REF I
6.10	Emergency Communication Contact List	CPI-P&P-002-REF J
6.11	Emergency Drill & Evacuation	CPI-P&P-002-REF K
6.12	General Safety Inspection	CPI-P&P-002-REF L
6.13	Hazardous Materials, Chemicals & Gases	CPI-P&P-002-REF N
6.14	Solid Waste Management	CPI-P&P-002-REF O
6.15	Noise Control	CPI-P&P-002-REF P
6.16	Compliance Audit	CPI-P&P-002-REF Q

7. FORMS & REPORTS

The following Business Forms and Reports shall be used to carry out these aforementioned policies and procedures:

SEC. NO.	LIST OF OHSMS FORMS/ REPORTS	FORM NUMBER
7.1	Safe work Permit	CPI Form HSE-001
7.2	Health and Safety Orientation Checklist	CPI Form HSE-002
7.3	Use of PPE Checklist	CPI Form HSE-003
7.4	Hot Work Permit	CPI Form HSE-004
7.5	Hot Work Safety Checklist	CPI Form HSE-005
7.6	Confined Space Entry Permit	CPI Form HSE-006
7.7	Log Out/ Tag Out (LOTO) Permit	CPI Form HSE-007
7.8	Electrical Works Safety Checklist	CPI Form HSE-008
7.9	Excavation Safety Inspection Checklist	CPI Form HSE-009
7.10	Heavy Equipment Operation Permit	CPI Form HSE-010
7.11	Crane Safety Checklist	CPI Form HSE-011
7.12	Trailer Safety Checklist	CPI Form HSE-012
7.13	Forklift Safety Checklist	CPI Form HSE-013
7.14	Vehicle Trip Permit	CPI Form HSE-014
7.15	Vehicle Condition & Safety Checklist	CPI Form HSE-015
7.16	High Torque Wrenches Safety Checklist	CPI Form HSE-016
7.17	Grinder and Abrasive Wheels Safety Checklist	CPI Form HSE-017
7.18	Working at Height Permit	CPI Form HSE-018
7.19	Scaffolding Safety Checklist	CPI Form HSE-019
7.20	Ladders Safety Checklist	CPI Form HSE-020
7.21	Body Harnesses Safety Checklist	CPI Form HSE-021
7.22	Flammable/ Combustible Materials Safety Checklist	CPI Form HSE-022
7.23	Hazardous Materials, Chemicals and Gases Safety Checklist	CPI Form HSE-023
7.24	Waste Holding & Storage Inspection Checklist	CPI Form HSE-024
7.25	Waste Disposal Checklist	CPI Form HSE-025
7.26	Domestic Waste Gate Pass	CPI Form HSE-026
7.27	Metal Scrap Gate Pass Form	CPI Form HSE-027
7.28	Toolbox Talk Record Form	CPI Form HSE-028
7.29	Fire Drill Checklist	CPI Form HSE-029
7.30	Earthquake Drill Checklist	CPI Form HSE-030
7.31	Evacuation Drill Checklist	CPI Form HSE-031
7.32	Emergency Lights Inspection Report	CPI Form HSE-032
7.33	Fire Detection and Alarm System Inspection Report	CPI Form HSE-033
7.34	Fire Extinguisher Inspection Report	CPI Form HSE-034
7.35	Ambient Noise Monitoring Record	CPI Form HSE-035
7.36	Telephone Bomb Threat - Checklist	CPI Form HSE-036
7.37	Incident Investigation Report	CPI Form HSE-037
7.38	Employee Safety Suggestion Form (Refer to CE)	CPI Form HSE-038
7.39	Safety Training Records	CPI Form HSE-039
7.40	OHS Training Attendance Record	CPI Form HSE-040
7.41	General Safety Inspection Report	CPI Form HSE-041
7.42	Weekly HSE Report	CPI Form HSE-042
7.43	HSE Monthly Status Report	CPI Form HSE-043

8. APPENDICES

The applicable provisions of the following regulatory rules and regulations shall be complied with.

SEC.	TITLE	APPENDIX
7.1	DOE Circular No. DC 2012-11-009, Renewable Energy Safety, Health and Environment Rules and Regulations	Appendix A
7.2	DOLE Bureau of Working Conditions Occupational Safety and Health Standards (as amended, 1989)	Appendix B
7.3	DOLE OSHS, Implementing Guidelines of Article 162 of the Labor Code of the Philippines	Appendix C
7.4	DOLE Dept. Order No. 13 and No. 16	Appendix D
7.5	DOLE/BWC/HSD-IP-6 Form	Appendix E
7.6	Rule 1040 as mandated by the Department of Labor and Employment through the Bureau of Working Conditions	Appendix F
7.7	P.D. No. 856, The Code on Sanitation of the Philippines	Appendix G
7.8	Comprehensive Dangerous Drugs Act of the Philippines	Appendix H
7.9	RULE 1050 Notification and keeping of records of accidents and/or occupational Illnesses	Appendix I
8.10	Philippine Mechanical Code	Appendix J
8.11	Philippine Electrical Code	Appendix K
8.12	Philippine Electrical Code (PEC) and Rule 1210 of D.O.#13	Appendix L
8.13	National Building Code	Appendix M
8.14	Philippine Fire Code	Appendix O
8.15	Local Regulations and Rule 1413 of D.O. #13... Excavation	Appendix P
8.16	Traffic Rules and Regulations	Appendix Q

REF. A

OPERATING PROCEDURES
6.1. NEW EMPLOYEE HSE INDOCRINATION

Policy Doc. No.	OP DOC. No.	Effective Date
CPI-P&P-PFM-002	CPI-P&P-PFM-002-REF.A	October 1, 2016
Prepared by	**Reviewed by**	**Approved by**
R.Castillo/F.Salcedo/A.Mondero Facilities Officers	Ralph Gilbert G. Binos Facilities Manager	Edmund B. Mabuti EVP-FAM

Person Responsible	Activity Flow	Document Required/Database Used
HR Officer	Endorsement ↓	- Notice of Employment - Job Description - Fit to Work Certificate
Facilities or Safety Officer	Indoctrination ↓	Indoctrination Checklist
Facilities or Safety Officer	Issue PPE ↓	Materials Receiving Form
Section/Unit Concerned	Job Orientation ↓	Duties and Responsibilities
Facilities or Safety Officer	Record Keeping	Employee HSE Folder

KEY DIRECTIVES:
- The Facilities or Safety Officer shall ensure that this business process is implemented at any instance of a new employee.

REF. B

OPERATING PROCEDURES
6.2. CONTRACTOR HSE ORIENTATION

Policy Doc. No. CPI-P&P-PFM-002	OP DOC. No. CPI-P&P-PFM-002-REF.B	Effective Date
Prepared by R.Castillo/F.Salcedo/A.Mondero Facilities Officers	Reviewed by Ralph Gilbert G. Binos Facilities Manager	Approved by Edmund B. Mabuti EVP-FAM

Person Responsible	**Activity Flow**	**Document Required/Database Used**
Dept/Sec/Unit Concerned	Endorsement	Permits to Work Safework Permits Other Permits required
Facilities or Safety Officer	Indoctrination	Indoctrination Checklist
HSE Team	Wearing of PPE	Wear Applicable PPE (Must be supplied by Contractor)
Dept/Sec/Unit Concerned	Sending to Work site	HSE Confirmation Slip
Dept/Sec/Unit Concerned	Acceptance/ Job Orientation	HSE Confirmation Slip/ Duties and Responsibilities
HSE Team	Record Keeping	HSE Contractor Folder

KEY DIRECTIVES:
- The Facilities Officer shall ensure that this business process is implemented at any instance a contractor/ 3rd party work for the Company.

REF. C

OPERATING PROCEDURES
6.3. VISITOR SAFETY ORIENTATION

Policy Doc. No. CPI-P&P-PFM-002	OP DOC. No. CPI-P&P-PFM-002-REF.C	Effective Date
Prepared by R.Castillo/F.Salcedo/A.Mondero Facilities Officers	Reviewed by Ralph Gilbert G. Binos Facilities Manager	Approved by Edmund B. Mabuti EVP-FAM

Person Responsible	Activity Flow	Document Required/Database Used
Dept. Mgr	Request	Letter of Request Visitor's Pass Form
Facilities or Safety Officer	Orientation	Indoctrination Checklist
Facilities or Safety Officer	Issue PPE	Visitor's PPE Issue/Return Logbook
Dept. Mgr	Approval	Visitor's Pass Form
Facilities or Safety Officer	Record Keeping	Logbook Visitors Record Folders

KEY DIRECTIVES:

1. The Security Guard shall not allow entry of any visitor without a duly approved Pass Form
2. Visitor/s from the Regulatory Agencies, LGUs, Schools, Institutions requires pre-approval by a VP – Government & Public Affairs & EVP - FAM
3. Visitors are not allowed to take pictures, unless the purpose is written and duly approved by Manager concerned.

REF. D

OPERATING PROCEDURES
6.4. RISK IDENTIFICATION & IMPACT ASSESSMENT

Policy Doc. No. CPI-P&P-PFM-002	OP DOC. No. CPI-P&P-PFM-002-REF.D	Effective Date
Prepared by R.Castillo/F.Salcedo/A.Mondero Facilities Officers	Reviewed by Ralph Gilbert G. Binos Facilities Manager	Approved by Edmund B. Mabuti EVP-FAM

Person Responsible	**Activity Flow**	**Document Required/Database Used**
Risk & Safety Manager Facilities Manager	Initiate/ Coordinate	Emails, Notes of meetings
Managers concerned Facilities/ Risk Officers	↓ Inputs	Emails, Notes of discussions
R&S Manager/ EVP-FAM	↓ Impact Analysis	Assessment sheets
Managers concerned Facilities/ Risk Officers ManCom concerned	↓ Consensus	Emails, minutes of meetings
Risk & Safety Manger	↓ Release	Emails, memo
Risk & Safety Manger	↓ Mitigation/ Treatment Planning	Risk Assessment and Treatment Plan duly agreed upon by Management Team
Risk & Safety Manger	↓ Implementation & Monitoring	Purchase safety equipment, trainings and other improvement actions

KEY DIRECTIVES:

REF. E

OPERATING PROCEDURES
6.5. USE OF PERSONAL PROTECTIVE EQUIPMENT

Policy Doc. No. CPI-P&P-PFM-002	OP DOC. No. CPI-P&P-PFM-002-REF.E	Effective Date
Prepared by R.Castillo/F.Salcedo/A.Mondero Facilities Officers	Reviewed by Ralph Gilbert G. Binos Facilities Manager	Approved by Edmund B. Mabuti EVP-FAM

Person Responsible	Activity Flow	Document Required/Database Used
Facilities or Safety Officer	Initiate	New employment documents Visitor's Pass Form List of Contractor's Employees
Facilities or Safety Officer	Conduct Orientation	Attendance Sheet PPE Checklist
Facilities or Safety Officer	Issuance of PPE (excluding contractor)	Employee Accountability List PPE List lent to Visitors
Employee or Visitor	Acceptance	Acknowledgement signature
Facilities or Safety Officer	Recording	Employee HSE Folder Visitor's record book

KEY DIRECTIVES:
1. Re-orientation of employees on the proper use of PPEs shall be conducted regularly by the HSE Team
2. The HSE Team shall ensure adequate & appropriate PPE

REF. F

OPERATING PROCEDURES
6.6. SAFE WORK PERMITTING

Policy Doc. No.	OP DOC. No.	Effective Date
CPI-P&P-PFM-002	CPI-P&P-PFM-002-REF.F	
Prepared by	**Reviewed by**	**Approved by**
R.Castillo/F.Salcedo/A.Mondero Facilities Officers	Ralph Gilbert G. Binos Facilities Manager	Edmund B. Mabuti EVP-FAM

Person Responsible	Activity Flow	Document Required/Database Used
Supervisors	Request	Job Order
Facilities Assistant	Check Activity Area	Checklist 1. Hot Works Safety Checklist 2. Electrical Works Safety Checklist 3. Excavation/Trenching Safety Checklist 4. Critical Lift Safety Checklist 5. Operating Cranes & Forklift Safety Checklist 6. Operating of trailers Safety Checklist 7. Working at Heights Checklist
	Permit Preparation	Work Permit Form 1. Hot Work Permit 2. Log Out/ Tag Out (LOTO) Permit 3. Excavation Permit/ Confined Space Entry Permit 4. Permit to Work
Facilities Officer	Verified	Work Permit Form
PM/ O&M Manager	Approved	Work Permit Form
Supervisor	Acceptance	Work Permit Form

KEY DIRECTIVES:

REF. G

OPERATING PROCEDURES
6.7. USE OF CRITICAL EQUIPMENT

Policy Doc. No. CPI-P&P-PFM-002	OP DOC. No. CPI-P&P-PFM-002-REF.G	Effective Date
Prepared by R.Castillo/F.Salcedo/A.Mondero Facilities Officers	Reviewed by Ralph Gilbert G. Binos Facilities Manager	Approved by Edmund B. Mabuti EVP-FAM

Person Responsible	**Activity Flow**	**Document Required/Database Used**
Employees/ Workers/ Visitors	Participate	Endorsement Form
HSE Team	Confirmation	Checklist 1. Personal Protective Equipment Checklist 2. High Torque Wrenches Checklist 3. Grinder and Abrasive Wheels Safety Checklist 4. Ladders and means of access Safety Checklist 5. Scaffold & Harnesses Safety Checklist
Supervisor	Orientation	Checklist
Facilities Officer Safety Officer	Verified	Checklist
PM/ O&M Manager	Approved	Checklist
Employees/ Workers/ Visitors	Acceptance	Checklist

KEY DIRECTIVES:

REF. H

OPERATING PROCEDURES 6.8. USE OF COMPANY VEHICLE		
Policy Doc. No. CPI-P&P-PFM-002	OP DOC. No. CPI-P&P-PFM-002-REF.H	Effective Date
Prepared by R.Castillo/F.Salcedo/A.Mondero Facilities Officers	Reviewed by Ralph Gilbert G. Binos Facilities Manager	Approved by Edmund B. Mabuti EVP-FAM

Person Responsible	Activity Flow	Document Required/Database Used
Department Concerned/ Individual	Request	Request form
Facilities Assistant	Check	Vehicle Checklist
	Permit Preparation	Trip Ticket
Facilities Officer	Verified	Trip Ticket
Project/ O&M Manager	Approved	Trip Ticket
Security Personnel	Confirmed	Trip Ticket/ Logbook

KEY DIRECTIVES:

REF. I

OPERATING PROCEDURES
6.9. EMERGENCY COMMUNICATION CONTACT LIST

Policy Doc. No. CPI-P&P-PFM-002	OP DOC. No. CPI-P&P-PFM-002-REF.I	Effective Date
Prepared by: R.Castillo/F.Salcedo/A.Mondero Facilities Officers	Reviewed by: Ralph Gilbert G. Binos Facilities Manager	Approved by: Edmund B. Mabuti EVP-FAM

Person Responsible	Activity Flow	Document Required/Database Used
Facilities Officer	Request	Email to request for updated list of: - Corporate Emergency Management Team (CEMT) - Site Emergency Management Team (SEMT) - Site External Emergency Service Agency (SEESA)
Risk & Safety Manager Facilities Officer	Updating/ Preparation	Request Form Same as above
ManCom	Approval	Memorandum
Risk & Safety Manager	Dissemination	Memorandum
Supervisor/ Department Concerned	Acceptance	Memorandum
Facilities Officer	Cascade at site	Checklist
Supervisor/ Department Concerned	Assessing	Checklist

KEY DIRECTIVES:

REF. J

OPERATING PROCEDURES
6.10. EMERGENCY DRILL AND EVACUATION

Policy Doc. No. CPI-P&P-PFM-002	OP DOC. No. CPI-P&P-PFM-002-REF.J	Effective Date
Prepared by R.Castillo/F.Salcedo/A.Mondero Facilities Officers	Reviewed by Ralph Gilbert G. Binos Facilities Manager	Approved by Edmund B. Mabuti EVP-FAM

Person Responsible	**Activity Flow**	**Document Required/Database Used**
Facilities Officer	Request	Request Form for the Drill
Project/ O&M Manager	Approval	Signed Request Form
Facilities Assistant	Preparation	Notice of Drill to all employees
	Information	Flyers - containing guidelines
	Dissemination	Duties and Responsibilities of the Committee members
Employees/ Workers	Preparation/ Implementation	Flyers
Technical Engineer	Sound Alarm/ Bell Ringing	Functioning Alarm Systems
Employees/ Workers	Evacuation	Flyers

Supervisor	Guide Evacuators	Guide the Evacuators
	↓ Counting	Attendance
Technical Engineer	↓ Stop Alarm	
Facilities Officer	↓ Assessment	Checklist 1. Fire Drill Checklist 2. Evacuation Checklist 3. Earthquake Drill Checklist
PM/ O&M Manager	↓ Closing	Checklist

KEY DIRECTIVES:

REF. K

OPERATING PROCEDURES
6.11. GENERAL SAFETY INSPECTION

Policy Doc. No.	OP DOC. No.	Effective Date
CPI-P&P-PFM-002	CPI-P&P-PFM-002-REF.K	
Prepared by:	**Reviewed by:**	**Approved by:**
R.Castillo/F.Salcedo/A.Mondero Facilities Officers	Ralph Gilbert G. Binos Facilities Manager	Edmund B. Mabuti EVP-FAM

Person Responsible	Activity Flow	Document Required/Database Used
Facilities /Safety Officer	Inspection	Checklist
Supervisor/ Department Concerned	↓ Assessing	Checklist
	↓ Acceptance	Checklist
Facilities Officer	↓ Verified	Checklist
Project Manager	↓ Approved	Checklist Form

KEY DIRECTIVES:

REF. L

OPERATING PROCEDURES
6.12. HAZARDOUS MATERIALS, CHEMICAL AND GASES

Policy Doc. No.	OP DOC. No.	Effective Date
CPI-P&P-PFM-002	CPI-P&P-PFM-002-REF.L	
Prepared by	**Reviewed by**	**Approved by**
R.Castillo/F.Salcedo/A.Mondero Facilities Officer	Ralph Gilbert G. Binos Facilities Manager	Edmund B. Mabuti EVP-FAM

Person Responsible	Activity Flow	Document Required/Database Used
Department Concerned	Request	Job Order
Facilities Assistant	↓ Checking	Checklist & MSDS (SDS) 1. Hazardous Materials, Chemicals & Gases Safety Checklist
	↓ Permit Preparation	Work Permit 1. Hazardous Work Permit
HSE Officer	↓ Verified	Work Permit
O&M Manager	↓ Approved	Work Permit
Facilities Assistant	↓ Warehousing	Checklist & MSDS (SDS) and Work Permit

KEY DIRECTIVES:

REF. M

OPERATING PROCEDURES
6.13. SOLID WASTE MANAGEMENT

Policy Doc. No. CPI-P&P-PFM-002	OP DOC. No. CPI-P&P-PFM-002-REF.A	Effective Date
Prepared by R.Castillo/F.Salcedo/A.Mondero Facilities Officers	Reviewed by Ralph Gilbert G. Binos Facilities Manager	Approved by Edmund B. Mabuti EVP-FAM

Person Responsible	**Activity Flow**	**Document Required/Database Used**
Facilities Assistant	Check	Checklist 1. Solid waste Handling Checklist
	↓ Permit Preparation ↓	Gate Pass 1. Domestic Waste Gate Pass 2. Metal Scrap Gate Pass Form
Facilities Officer	Verified	Gate Pass
	↓	
O&M Manager	Approval	Gate Pass
	↓	
Security Personnel	Log	Gate Pass/ Logbook

KEY DIRECTIVES:

REF. N

OPERATING PROCEDURES
6.14. NOISE CONTROL

Policy Doc. No. CPI-P&P-PFM-002	OP DOC. No. CPI-P&P-PFM-002-REF.N	Effective Date
Prepared by R.Castillo/F.Salcedo/A.Mondero Facilities Officers	Reviewed by Ralph Gilbert G. Binos Facilities Manager	Approved by Edmund B. Mabuti EVP-FAM

Person Responsible	Activity Flow	Document Required/Database Used
Department Concerned	Suggestion/ Complain	Employee Safety Suggestion Form
HSE Team	↓ Check/ Inspection	Noise Control Checklist
Facilities Officer	↓ Verified	Noise Control Checklist
HSE Team	↓ Documentation	Letter of request
Project Manager	↓ Approval	Letter of request
Engineering/ Construction	↓ Installation	Design

KEY DIRECTIVES:

REF. O

OPERATING PROCEDURES
6.15. COMPLIANCE AUDIT

Policy Doc. No.	OP DOC. No.	Effective Date
CPI-P&P-PFM-002	CPI-P&P-PFM-002-REF.A	
Prepared by: R.Castillo/F.Salcedo/A.Mondero Facilities Officers	**Reviewed by:** Ralph Gilbert G. Binos Facilities Manager	**Approved by:** Edmund B. Mabuti EVP-FAM

Person Responsible	Activity Flow	Document Required/Database Used
Risk & Safety Manager Internal Auditor/s ManCom	Request	Minutes of meeting Instructional emails Audit Program
EVP- FAM	Approval	Minutes of meeting Instructional emails Audit Program
Risk & Safety Manager Internal Auditor/s	Conduct of Audit or Management Review	Emails and/or emails
Risk & Safety Manager Internal Auditor/s	Review with Auditee	Auditee Replies Action Plan
Risk & Safety Manager Internal Auditor/s	Reporting	Audit Report to ManCom
Mancom	Resolve Key Issues	Minutes of meeting
	Implement Improvement Plan	Checklist

KEY DIRECTIVES:

SAFE WORK PERMIT

CPI Form-HSE-001 Doc. Control No. _____

ISSUED TO	EFFECTIVITY DATE	EXPIIRATION DATE
	EFFECTIVITY TIME	EXPIIRATION TIME
JOB LOCATION	WORK TO BE DONE	

		YES	NO
Area Permit ☐	Jobsite visited by both parties		
Hot Work Permit ☐	Safety shower and eyewash located		
Electical Hazards ☐	Ventilation needed		
Lifting ☐	Barricade required		
Excavation ☐	Confined space entry required		
	CSE Permit No._____		
	Critical lift checklist required		
SPECIAL SAFETY EQUIPMENT	Underground drawing checked(if appropriate)		
(must be worn if checked)			
Eye Protection ☐	Ground fault interrupter required?		
Rubber Boots ☐	Is a voltage test required?		
Rubber Gloves ☐	Test Result_____		
High Viltage Gloves ☐	Do the gas test results show safe working condition?		
Safety full body harness ☐	Pre-cautions		
Safety Belt ☐	Fire extinguisher positions known?		
Hearing Protection ☐	Is confinement of sparks required		
Scaffolding ☐	Is additional fire fighting required		
Others(list) ☐	General		
a_____	Are energy isolation required?		
b_____	Is a PML required		
c	Is an Equipment Hold out required?		

REMARKS AND INSTRUCTIONS

ISSUED BY	APPROVED BY	RECEIVED BY
SIGNATURE/NAME/POSITION/DATE	SIGNATURE/NAME/POSITION/DATE	SIGNATURE/NAME/POSITION/DATE

CANCELLED BY		RETURNED BY	
DATE CANCELLED	TIME CANCELLED	DATE RETURNED	TIME RETURNED
CANCELLATION ISSUED BY		CANCELLATION ACCEPTED BY	

CLOSE OUT	YES	NO	NA	RETURN THE SWP TO SAFETY OFFICER
1. Is the job complete?				- When the job is completed_____
2. Is worked area cleaned up?				-When hazard is no longer applicable
3. Did an accident or near miss occur in the job				-When changes/ accident happens

DISTRIBUTION: HSE Documentation file, person/s concerned

HEALTH & SAFETY ORIENTATION CHECKLIST

CPI Form-HSE-002 **Doc. Control No. _____**

NAME	DEPARTMENT/SECTION:
POSITION:	DATE:

TOPICS FOR THE ORIENTATION	CLEAR	UNCLEAR	INITIAL
1. Accidents and their results			
Company interest on Safety			
Safety record of the Company			
Safety recognition and awards			
2. Accident, Nature and Results:			
Common unsafe practices			
Common unsafe Conditions			
Accidents and their results			
3. Personal Protective Equipment:			
Different types of PPE and emergency equipment to be shown,			
discussed and explained to employee			
Demonstrate proper use and maintenance of device			
4. Responsibility on Safety:			
Personal Responsibility			
Responsibility for co-workers			
5. General Safety Rules:			
Company Safety Rules and Regulations			
Fire Safety Rules			
Disciplinary action on Safety violations			
6. Drug Free Workplace/HIV:			
Company Policies and Programs			
7. Reporting of Minor Injuries/Major Incident and Near-miss:			
Reporting of minor injury, no matter how slight			
First aid treatment			

ORIENTED BY	ACKNOWLEDGED BY(attach list of attendees if necessary)

DISTRIBUTION: HSE Documentation file, person/s concerned

CITICORE RENEWABLE ENERGY

USE OF PPE CHECKLIST

CPI Form-HSE-003 Doc. Control No. _____

SUGGESTED QUESTIONS	TYPICAL OPERATIONS OF CONCERN	YES	NO
EYES			
Do the person/s perform tasks, or work near employees who perform tasks, that might produce airborne dust or flying particles?	Sawing, cutting, drilling, sanding, grinding, hammering, chopping, abrasive blasting, punch press operations, etc.		
Do the person/s handle, or work near employees who handle, hazardous liquid chemicals or encounter blood	Pouring, mixing, painting, cleaning, syphoning, dip tank operations, dental and health care services, etc.		
Are the person's eyes exposed to other potential physical or chemical irritants?	Battery charging, installing fiberglass insulation, compressed air or gas operations, etc.		
Are the person/s exposed to intense light or lasers?	Welding, cutting, laser operations, etc.		
FACE			
Do your employees handle, or work near employees who handle, hazardous liquid chemicals?	Pouring, mixing, painting, cleaning, syphoning, dip tank operations, etc.		
Are your employees' faces exposed to extreme heat?	Welding, pouring molten metal, smithing, baking, cooking, drying, etc.		
Are your employees' faces exposed to other potential irritants?	Cutting, sanding, grinding, hammering, chopping, pouring, mixing, painting, cleaning, syphoning, etc.		
HEAD			
Might tools or other objects fall from above and strike your employees on the head?	Work stations or traffic routes located under catwalks or conveyor belts, construction, trenching, utility work, etc.		
Are the person's heads, when they stand or bend, near exposed beams, machine parts, pipes, etc.?	Construction, confined space operations, building maintenance, etc.		
Do the person/s work with or near exposed electrical wiring or components?	Building maintenance; utility work; construction; wiring; work on or near communications, computer, or other high		
FEET			
Might tools, heavy equipment, or other objects roll, fall onto, or strike your employees' feet?	Construction, plumbing, smithing, building maintenance, trenching, utility work, grass cutting, etc.		
Do the person/s work with or near exposed electrical wiring or components?	Building maintenance; utility work; construction; wiring; work on or near communications, computer, or other high tech equipment; arc or resistance welding; etc.		
Do the person/s handle, or work near employees who handle, molten metal?	Welding, foundry work, casting, smithing, etc.		
Do the person/s work with explosives or in explosive atmospheres?	Demolition, explosives manufacturing, grain milling, spray painting, abrasive blasting, work with highly flammable materials, etc.		

USE OF PPE CHECKLIST

CPI Form-HSE-003 Doc. Control No. _____

SUGGESTED QUESTIONS	TYPICAL OPERATIONS OF CONCERN	YES	NO
HANDS			
Do the person/s hands come into contact with tools or materials that might scrape, bruise, or cut?	Grinding, sanding, sawing, hammering, material handling, etc.		
Do the person/s handle chemicals that might irritate skin, or come into contact with blood?	Pouring, mixing, painting, cleaning, syphoning, dip tank operations, health care and dental services, etc.		
Do work procedures require your employees to place their hands and arms near extreme heat?	Welding, pouring molten metal, smithing, baking, cooking, drying, etc.		
Are the person's hands and arms placed near exposed electrical wiring or components?	Building maintenance; utility work; construction; wiring; work on or near communications, computer, or other high tech equipment; arc or resistance welding; etc.		
BODY			
Are the person/s bodies exposed to irritating dust or chemical splashes?	Pouring, mixing, painting, cleaning, syphoning, dip tank operations, machining, sawing, battery charging, installing fiberglass insulation, compressed air or gas operations, etc.		
Are the person/s bodies exposed to sharp or rough surfaces?	Cutting, grinding, sanding, sawing, glazing, material handling, etc.		
Are the person/s bodies exposed to extreme heat?	Welding, pouring molten metal, smithing, baking, cooking, drying, etc.		
Are the person/s' bodies exposed to acids or other hazardous substances?	Pouring, mixing, painting, cleaning, syphoning, dip tank operations, etc.		
HEARING			
Are the person/s exposed to loud noise from machines, tools, music systems, etc.?	Machining, grinding, sanding, work near conveyors, pneumatic equipment, generators, ventilation fans, motors, punch and brake presses, etc.		
CHECKED BY **HSE REPRESENTATIVE**	**CONFORMITY BY PERSON/S**		

DISTRIBUTION: HSE Documentation file, person/s concerned

HOT WORK PERMIT

CPI Form-HSE-004

Doc. Control No_____

PERMIT USER (COMPANY)	**WORK DATE**
PROJECT NAME & NUMBER	**WORK TIME FROM [ ] TO [ ]**

NO.	ACTIVITY	EXACT LOCATION(S)	NUMBER OF WORKERS	RA
	EQUIPMENT / MATERIALS			
	EQUIPMENT / MATERIALS			
	EQUIPMENT/ MATERIALS			

☐ HAZARDOUS ACTIVITIES CLASSIFICATION

H.E. OPERATION ☐	DRILLING / GRINDING ☐	GAS CUTTING ☐	WELDING ☐	USE OF OPEN FLAMES ☐
☐ OPERATOR MUST BE DULY CERTIFIED.	☐ CHECK BITS AND DISCS FOR DAMAGE, DEFORMITY, AND DULLNESS.	☐ CGS MUST BE PLACED IN A RACK OR IS SECURED FROM FALLING DOWN.	☐ MUST BE PROPERLY GROUNDED USING RATED CABLE.	☐ HOUSEKEEP FLAMMABLE MATERIALS BEFORE WORK.
☐ EQUIPMENT MUST HAVE CHECKLIST.	☐ GRINDERS MUST HAVE GUARDS AND FITTED WITH DEAD-MAN SWITCH	☐ MUST HAVE WORKING GAUGES, REGULATORS AND PROPER CLAMPS	☐ ELECTRODE MUST BE INSULATED.	☐ HOUSEKEEP COMBUSTIBLE MATERIALS BEFORE WORK
☐ LIFTING SHALL COMPLY WITH EQUIPMENT SWL.	☐ HOUSEKEEP FLAMMABLE MATERIALS ON WORK AREA.	☐ MUST BE FITTED WITH FLASHBACK ARRESTORS.	☐ MUST BE PLACED IN DRY AREAS.	
☐ SWL MUST BE POSTED.			☐ MUST HAVE GFCI INSTALLED (BREAKERS)	

☐ SUPPORT EQUIPMENTS / MATERIALS / ACTIVITY

SCAFFOLD USE ☐	GONDOLA ☐	WORKING PLATFORM ☐	ILLUMINATION ☐	VENTILATION ☐
REMOVAL OF BARRICADES ☐	REMOVAL OF FLOOR COVERS ☐	REMOVAL OF SAFETY DEVICE ☐	MANUAL LIFTING ☐	CONFINED SPACE ENTRY ☐

☐ PPE REQUIREMENTS

FALL	HAND AND HEAD	FACE	BODY AND FOOT	RESPIRATORY
FULL BODY HARNESS ☐	LEATHER GLOVES ☐	GOGGLES ☐	PVC BOOTS ☐	DUST MASK ☐
ROPE GRABS ☐	COTTON / HALF COATED GLOVES ☐	WELDING MASK ☐	SAFETY SHOES ☐	DUST RESPIRATOR ☐
INERTIA REELS ☐	PVC GLOVES ☐	FACE SHIELD ☐	LEATHER JACKET ☐	BREATHING APPARATUS ☐
LIFE LINES ☐	SAFETY HELMET ☐		REFLECTIVE VEST ☐	

HOT WORK PERMIT

OTHER PRECAUTIONS

WORKMEN LIST (THESE ARE THE ONLY ALLOWED PERSON TO WORK)

NO.	FULL NAME (Buong pangalan)	ID NO.	POSITION (Katungkulan)	SIGNATURE (Lagda)	DATE (Petsa)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

APPROVAL AND START OF WORK

WORK SITE SUPERVISOR				TRANSFER OF RESPONSIBILITY			
NAME				NAME			
POSITION				POSITION			
DATE / TIME		SIGN		DATE / TIME		SIGN	
FIRE WATCH (NAME / SIGNATURE)	1 2			POSITION		DATE TIME	
HSE DEPARTMENT (NAME / SIGNATURE)				POSITION		DATE TIME	

END OF WORK AND PERMIT CLOSURE`

GOOD HOUSEKEEPING	☐	NO INCIDENTS (FIRE, MATERIALS)	☐	NO HUMAN INJURY	☐	COVERS, BARRICADES RETURNED	☐	NO RECORDS OF VIOLATIONS	☐

OTHER CONERN		ACTIONS TO TAKE	

ACTIVITY SUPERVISOR	SITE NURSE	PERMIT APPROVER	DATE CLOSED

Requested By	Approved By
Signature over Printed Name/ Position/ Date	Signature over Printed Name/ Position/ Date

DISTRIBUTION: HSE Documentation file, person/s concerned

HOT WORK PERMIT CHECKLIST

CPI Form-HSE-005 **Doc. Control No. _____**

Hot Work Permit Ref.	Date	Project Location

	ACTION ITEMS	YES	NO	REMARKS
A	**Before Hot Work Begins**			
1	Hot work equipment is in satisfactory operating condition and in good repair.			
2	At hot work site floors swept clean for a radius of 35 feet.			
3	Combustible floors kept wet; covered with damp sand or welding blanket or pad.			
4	Openings or cracks in walls, floors or ducts within 35 feet of the site shall be			
5	Precautions to prevent ignition of combustibles on other side of walls by relocating combustibles.			
6	Fully charged/operable fire extinguishers (appropriate for type of fire) are immediately available.			
7	Sprinkler heads and smoke detectors in close proximity to the hot work are covered.			
8	Combustibles relocated at least 35 feet in all directions from the site. If not possible, combustibles shall be covered by an approved welding curtain, blanket or pad			
9	Hot work near walls, partitions, ceilings or roofs of combustible material shall be protected by "Hot work near walls, partitions, ceilings or roofs of combustible material shall be protected by approved welding curtain, blanket or pad.			
10	Site checked by Hot Work Operations Supervisor. Create hot work permit and complete this section of the checklist."Site checked by Hot Work Operations Supervisor. Create hot work permit and complete this section of the checklist. of the site.. Post the hot work permit and checklist at the site."			
11	Fire Watch Attendant assigned/in-place at site and in adjoining areas not visible from			
B	**During Hot Work**			
12	Hot Work Operations Supervisor checks site (at least once a day) while work is in progress to			
C	**Following Hot Work**			
13	Fire Watch Attendant provided for 30 minutes following the completion of hot work.			
14	Fire Watch Attendant to look for and extinguish smoldering fires.			
	Fire Watch Attendant checks site for safety, completes this section of the checklist and signs/dates the hot work permit then provides to the Hot Work Operation Supervisor.			
16	Hot Work Operation Supervisor signs and dates the bottom of the form and submits completed hot work permit and checklist to			

PREPARED BY	APPROVED BY	CONFIRMED BY
Signature/ Name/ Position/ Date	Signature/ Name/ Position/ Date	Signature/ Name/ Position/ Date

DISTRIBUTION: HSE Documentation file, person/s concerned

CONFINED SPACE ENTRY PERMIT

CPI-Form-HSE-006 **Doc. Control No._____**

DATE/TIME PERMIT ISSUED	**EXPIRATION DATE/ TIME**
PROJECT	**LOCATION OF ACTIVITY**
PURPOSE OF ENTRY	**DEPT/CONTRACTOR:**
AUTHORIZED ENTRANT(S): 1._____ 2._____ 3._____	**AUTHORIZED ATTENDANT/WATCHMAN(S):** 1._____ 2._____ 3._____
TIME OF ACTUAL ENTRY:	**TIME OF COMPLETION OF ENTRY:**

ATMOSPHERIC TEST DATA

TEST	**PRE-ENTRY RESULT**		**FOLLOW-UP TESTING RESULT**				
GAS/NORMAL VALUES	**Date/Time:**						**REMARKS**
O2 19.5-22%							
% LEL (<10%)							
CO (<25ppm)							
H2S (<10ppm)							
OTHERS							
1							
2							
3							

PRE-ENTRY TESTING BY:			**DATE:**	**TIME:**
INSTRUMENT	**MODEL**	**SERIAL#**	**GAS-CAL DATE/TIME**	**PASSES GAS-CAL:Y/N?**

ZERO CALIBRATION PRIORTO ENTRY CONDUCTED BY:

REQUIRED SAFETY CONTROL/ OBSERVATION HAZARD

REQUIRMENT	**YES**	**NO**	**COMMENTS/ CONTROL / MEASURES/ EQUIPMENT**
RESPIRATION PROTECTION			
PROTECTIVE CLOTHING			
PPE			
FIRE EXTINGUISHER			
NON-ENTRY RESCUE EQPT.			
LOCKOUT/TAGOUT			
VENTILATION			
FOLLOW-UP TESTING			
OTHER CONTROLS			
ARE WORKERS TRAINED?			
COMMENT REQUIRED IF CHECKED "YES"			

COMMUNICATION:	**VISUAL:**		**DIRECT VERBAL :** ☐	**PHONE :** ☐	**RADIO:** ☐	☐	
EMERGENCY CONTACT:							**PHONE:**

IS THE SPACE LABELLED? YES OR NO:	**OTHER COMMENTS:**

PERMIT ISSUED ENTRY SIGNATORIES: REQUESTED BY:_____ NAME/ SIGNATURE APPROVED BY:_____ NAME/SIGNATURE	**PERMIT CANCELLED ENTRY SIGNATORIES** REQUESTED BY:_____ NAME/ SIGNATURE APPROVED BY:_____ NAME/SIGNATURE
NOTED BY Signature over Printed Name/ Position/ Date	NOTED BY Signature over Printed Name/ Position/ Date

DISTRIBUTION: HSE Documentation file, person/s concerned

LOCK OUT / TAG OUT (LOTO) PERMIT

CPI Form-HSE-007 Doc. Control No. _____

Project Name:	Reference No.:	Electrocution	
		Burns	
		Fire	
Work Area:	Date:	Explosion	
		Pinned between object	

Specific Equipment to be Locked Out

ISSUED TO: _____	SPECIFIC AREAS WHERE LOCK OUT / TAG OUT IS NEEDED:
WORK TO BE DONE: _____ _____ _____	□ Electrical control switches/ source □ Water lines/ valves

DO NOT DO ANY WORK ON ENERGIZED EQUIPMENT UNTIL THE FOLLOWING PROCEDURES HAVE BEEN TAKEN AND SIGNED BY THE AUTHORIZED PERSONNEL.

PROCEDURES

- Notify Building Administrator and operator to de-energize equipment.
- Shut down machinery or equipment by normal stopping procedure by the operator.
- Place the Tag Out
- Electrical personnel shall affix Lock Out device to the electrical main switch or breaker.
- Authorized employee shall affix Lock Out devices to the energy sources that require Lock Out other than electrical energy source.

REQUESTED BY SIGNATURE/NAME/POSITION/DATE	APPROVED BY SIGNATURE/NAME/POSITION/DATE
ASSISTED BY SIGNATURE/NAME/POSITION/DATE	ACKNOWLEDGED BY SIGNATURE/NAME/POSITION/DATE

DISTRIBUTION: HSE Documentation file, person/s concerned

ELECTRICAL WORKS SAFETY CHECKLIST

CPI Form-HSE-008 **Doc. Control No. _____**

FACILITY	AREA
CONTRACTOR/ EMPLOYEE	DATE

AREA	YES	NO	REMARKS
Employee Knowledge			
Date of Electrical Safety Training			
Hazards of Electricity			
Reporting electrical hazards			
Safe electrical work practices			
Program Administrative			
Last Electrical Safety Inspection			
Written Program			
Qualified Electricians			
Training Certificates			
Electrical Safety Equipment			
Lockout Tagout material			
Volt/Ohm meters			
Electrical rated gloves			
Electrical rated rubber matting			
Insulated tools			
Barriers & signs			
Non-Conductive ladders			
Area Inspection			
Electrical Services Labeled			
NO missing Knockout Plugs			
No exposed wires or circuits			
Grounded plugs			
Wiring is in permanent conduit			
Extension cords from above have strain relief fasteners			
No cords through doors, windows, walls			
Free clearance and approach to electrical panels			

PREPARED BY	APPROVED BY	CONFIRMED BY
Signature/Name/ Position/ Date	Signature/Name/ Position/ Date	Signature/Name/ Position/ Date

DISTRIBUTION: HSE Documentation file, person/s concerned

EXCAVATION SAFETY INSPECTION CHECKLIST

CPI Form-HSE-009 **Doc. Control No. _____**

Company:	Date:
Project:	Validity:
Scope of Work:	

	EXCAVATION	YES	NO	REMARKS
1	Excavations and Protective Systems inspected by Competent Person daily, before start of work.			
2	Competent Person has authority to remove workers from excavation immediately.			
3	Surface encumbrances supported or removed.			
4	Employees protected from loose rock or soil.			
5	Hard hats worn by all employees.			
6	Spoils, materials, and equipment set back a minimum of 2' from edge of excavation.			
7	Barriers provided at all remote excavations, wells, pits, shafts, etc.			
8	Safe access/egress approximately 25 ft. away from workers			
9	Warning vests or other highly visible PPE provided and worn by all employees exposed to vehicular traffic.			
10	Employees prohibited from working or walking under suspended loads.			
11	Employees prohibited from working on faces of sloped or benched excavations above other employees.			
12	Warning system established and used when mobile equipment is operating near edge of excavation.			
	UTILITIES			
13	Utility companies contacted and/or utilities located.			
14	Exact location of utilities marked when near excavation.			
15	Underground installations protected, supported, or removed when excavation is open.			
	WET CONDITION			
16	Precautions taken to protect employees from accumulation of water.			
17	Water removal equipment monitored by Competent Person.			
18	Surface water controlled or diverted.			
19	Inspection made after each rainstorm.			

INSPECTED BY	REVIEWED BY	CONFORMED BY
SIGNATURE/ NAME/ POSITION/DATE	SIGNATURE/ NAME/ POSITION/DATE	SIGNATURE/ NAME/ POSITION/DATE

DISTRIBUTION: HSE Documentation file, person/s concerned

HEAVY EQUIPMENT OPERATION PERMIT

CPI Form-HSE-010 **Doc. Control No. _____**

Issued to	Start Date	Finish Date
Area / Location	Start Time	Finish Time
Major Activity		

Description of Work to be done

HEAVY EQUIPMENT OPERATOR/ RIGGER:

DESCRIPTION OF HEAVY EQUIPMENT:

Verification of Related Documents

- ☐ Operator Certifications
- ☐ Certifications for all Rigging Equipment
- ☐ Capacity Certificates and Inspection Reports for all Lifting Equipment
- ☐ Rigging Diagram
- ☐ Free Body Diagram

Pre - Lift Preparation

- ☐ Inspection of all Rigging and Lifting Equipment
- ☐ Assured Ground Stability
- ☐ Potential Pinch Points have been identified and avoided
- ☐ Conduct Pre - Lift Meeting
- ☐ Appropriate barricade/ enclosure and safety signages
- ☐ Others _____

Lifting Work Precautionary Measures as Identified below:

Personal Protective Equipment

- ☐ Gloves
- ☐ Reflective Vest
- ☐ Safety Shoes
- ☐ Hard Hat
- ☐ Goggles
- ☐ Whistle
- ☐ Others _____

Immediate Response Preparation

- ☐ First Aider
- ☐ First Aid Kit
- ☐ Fire Extinguisher
- ☐ Others

Post Hot Work Measures:

- ☐ Area to be free of residues
- ☐ All Rigging and Lifting Materials removed.
- ☐ Area is further cleaned if infestation is sighted
- ☐ Others

Checked By:

_____
Sub-Contractor's Safety Officer

Requested By:

Sub-Contractor's PIC/ Safety Officer
(Print Name and Signature)
Date :

I accept the conditions stated on this permit and I certify that all persons under my control who will perform the job will be made fully aware of of potential hazards as well as conditions and precautions to be taken as specified on the permit and those associated by the work to be performed.
(Print Name and Signature)
Date :

INSPECTED BY	REVIEWED BY	CONFORMED BY
SIGNATURE/ NAME/ POSITION/DATE	SIGNATURE/ NAME/ POSITION/DATE	SIGNATURE/ NAME/ POSITION/DATE

DISTRIBUTION: HSE Documentation file, person/s concerned

CRANE SAFETY CHECKLIST

CPI Form-HSE-011 **Doc. Control No. _____**

EQUIPMENT NO.	CAPACITY	OTHER INFORMATION
BRAND TYPE	DATE	

	PARTS FOR CHECKING	CONDITION GOOD	FAIR	FIX	ACTION TAKEN
	FUEL SYSTEM				
1	AIR INTAKE SYSTEM				
2	EXHAUST SYSTEM				
3	AIR COMPRESSOR				
4	TUNE UP				
5	OIL LEAKS				
6	RADIATOR & FAN				
7	MUFFLER & PIPES				
8	ENGINE MOUNT				
9	STARTS HARD				
	CLUTCH				
1	SLIPS				
2	DRAGS				
3	ADJUSTMENT				
	TRANSMISSION				
1	SHIFT EASILY				
2	GEAR NOISE				
3	PTO				
4	NO OIL LEAKS				
	DRIVELINES				
1	PROPELLER SHAFT				
2	CROSS JOINTS				
3	CENTER BEARING				
4	BOLTS & NUTS INTACK				
	STEERING				
1	STEERS HARD				
2	LINKAGE				
3	STEERING COLUMN				
4	STEERING WHEEL				
5	POWER CYLINDER				
6	TIE ROD & END				
	FRONT AXLE & SUSPENSION				
1	BEAM & AXLE				
2	LEAF SPRINGS				
3	SHOCK ABSORBER				
4	FRONT DRIVE				
	REAR AXLE & DIF. & SUS.				
1	RR DIFFERENTIAL				
2	RF DIFFERENTIAL				
3	PROPELLER SHAFT				
4	TORQUE RODS				
5	FINAL DRIVE				
6	LEAF SPRINGS				
7	BOGGIE AXLE				
	BRAKES				
1	AIR COMPRESSOR				
2	AIR LINES				
3	AIR TANK				
4	BRAKE BOOSTER				
5	RELAY VALVE				
6	TREDDLE VALVE				
7	BRAKE CHAMBERS				
8	MAXI BRAKES				
9	MASTER CYLINDER				
10	LEAKS WHEEL CYL.				
11	PARKING BRAKES				
12	BRAKE DRAGS				
13	BRAKE FLUID				
	BODY WORKS				
1	DRIVER CAB				
2	SEATS & COVER				
3	FLOORING BED				

CITICORE RENEWABLE ENERGY

CRANE SAFETY CHECKLIST

CPI Form-HSE-011 **Doc. Control No. _____**

EQUIPMENT NO.	CAPACITY	OTHER INFORMATION
BRAND TYPE	DATE	

	PARTS FOR CHECKING	CONDITION GOOD	FAIR	FIX	ACTION TAKEN
4	FENDER & BUMPER				
5	ENGINE COVER				
6	SIDE MIRROR				
7	DENTS				
8	PAINTS				
9	STICKER & CODE				
	ELECTRICALS				
1	WIRING HARNESS				
2	WIPER ASSEMBLY				
3	LIGHTING ACCESS				
4	STARTER				
5	HORN				
6	BACK HORN				
7	BATTERIES				
	PANEL BOARD				
1	ENGINE OIL PRESS.				
2	WATER TEMP.				
3	AIR PRESSURE				
4	ODOMETER				
5	FUEL METER GAUGE				
6	CHARGING AMPERE				
7	INDICATOR LIGHTS				
8	ALL SWITCHES				
	TIRES & WHEELS				
1	ALIGNMENT				
2	TIRE PRESSURE				
3	TIRE THREAD 1/16" MIN.				
4	WHEELS				
5	SPARE				
	OUTRIGGER				
1	VERTICAL CYLINDER				
2	HORIZONTAL CYLIDER				
3	HYDRAULIC HOSE				
4	HYDRAULIC PUMP				
5	OUTRIGGER CONTROL				
6	OIL LEAKS				
7	PADS				
	PM SERVICE				
1	LUBRICATION				
2	GREASING				
3	CLEANLINESS				
	ENGINE				
1	FUEL SYSTEM				
2	AIR INTAKE SYSTEM				
3	EXHAUST SYSTEM				
4	AIR COMPRESSOR				
5	TUNE UP				
6	OIL LEAKS				
7	RADIATOR & FAN				
8	MUFFLER & PIPES				
9	ENGINE MOUNT				
10	STARTS HARD				
	DRIVELINES				
1	PTO				
2	TORQUE CONVERTER				
3	TRANSMISSION				
	CONTROL				
1	CLUTCH OPERATION				
2	BRAKE OPERATION				
3	BOOM OPERATION				
4	HOIST OPERATION				
5	SWING OPERATION				

CITICORE RENEWABLE ENERGY

CRANE SAFETY CHECKLIST

CPI Form-HSE-011 **Doc. Control No. _____**

EQUIPMENT NO.	CAPACITY	OTHER INFORMATION
BRAND TYPE	DATE	

	PARTS FOR CHECKING	CONDITION GOOD	FAIR	FIX	ACTION TAKEN
6	SINGLE LINE OPT'N.				
7	MAGNET TORQUE OPT'N.				
8	MASTER CYL. OPT'N.				
	BOOM SECTION				
1	RUST				
2	NO EXCESSIVE STRESS				
3	BOOM POINT PULLEY				
	CABLES, HOOK BLOCK & ACC'S.				
1	LINKS				
2	LUBRICATION				
3	HOOK BLOCK				
4	PULLEYS				
5	SAFETY HOOK				
6	PENDANT CABLES				
7	SHACKLES				
	HYDRAULIC SYSTEM				
1	HYDRAULIC PUMP				
2	HYDRAULIC MOTOR				
3	WINCHES				
4	TELESCOPIC CYLINDER				
5	HOSE & REELS				
6	CONTROL VALVE				
	ELECTRICAL				
1	WIRING HARNESS				
2	WIPER ASSEMBLY				
3	LIGHTING ACCESSORIES				
4	STARTER				
5	HORN				
6	BACK HORN				
7	BATTERIES				
	PANEL BOARD				
1	ENGINE OIL PRESS.				
2	WATER TEMP.				
3	AIR PRESSURE				
4	ODOMETER				
5	FUEL LEVEL GUAGE				
6	CHARGING AMPERE				
7	INDICATOR LIGHTS				
8	ALL SWITCHES				
	BODY WORKS				
1	CABS				
2	BODY ASSEMBLY				
3	OPERATOR SEAT & BELT				
4	WINDSHIELD				
5	DENTS				
6	PAINTS				
7	CODE & STICKER				
	SAFETY DEVICES				
1	LIMIT SWITCH				
2	LIMIT WEIGHT				
3	CORD REEL				
4	BUZZER				
5	AUTOMATIC MOMENT LIMITER				
6	MICRO SWITCH				
7	ROTARY WARNING LIGHT				
8	FIRE EXTINGUISHER				

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TRAILER SAFETY CHECKLIST

CPI Form-HSE-012 **Doc. Control No. _____**

EQUIPMENT NO.	CAPACITY	OTHER INFORMATION
BRAND TYPE	DATE	

	PARTS FOR CHECKING	CONDITION GOOD	FAIR	FIX	ACTION TAKEN
	CAR/VAN/TRUCK				
1	TIRES, INCLUDING WEAR & AIR PRESSURE				
2	ENGINE FLUID LEVEL				
3	FUEL, COOLERS AND OIL LEAKS				
4	BRAKES				
5	LIGHTS INCLUDING TURN SIGNALS/BRAKES				
6	HORN, GAUGES AND CONTROLS				
7	STEERING				
8	WINDSHIELD, WIPERS AND MIRRORS				
9	SEAT BELTS				
10	FIRE EXTINGUISHER & FIRST AID KIT				
	TRAILER				
1	PIN SECURING BALL MOUNT TO RECEIVER IS INTACT				
2	HITCH COUPLER IS SECURED				
2	SPRING BAR HINGES AND SAFETY DIPS IN PLACE				
3	SAFETY CHAINS PROPERLY ATTACHED				
3	ELECTRICAL WIRING & PLUG				
4	REFLECTIONS & REQUIRED SIGNS				
4	BRAKE, SIGNAL, PLATE LIGHTS				
5	TIRES INCLUDING WEAR, AIR, LUG NUTS				
5	OVERALL CONDITION				
3	LOAD IS SECURED AND WEIGHT EVEN				
1	VISIBILITY IN TOW USING THE MIRRORS				
2	LIMITS OF WEIGHT, HEIGHT, LOAD				

INSPECTED BY	REVIEWED BY	CONFORMED BY
SIGNATURE/ NAME/ POSITION/DATE	SIGNATURE/ NAME/ POSITION/DATE	SIGNATURE/ NAME/ POSITION/DATE

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FORKLIFT SAFETY CHECKLIST

CPI Form-HSE-013 Doc. Control No. _____

EQUIPMENT NO.	CAPACITY	OTHER INFORMATION
BRAND TYPE	DATE	

	CONDITION		
	GOOD	FIX	REMARKS
1. Brake System			
a. Foot Brake	☐	☐	
b. Hand Brake	☐	☐	
c. Brake Line	☐	☐	
2. Electrical System:			
a.Battery	☐	☐	
b.Horns	☐	☐	
c. Keys	☐	☐	
3. Panel Board/Instruments			
a. Temp. Gauge	☐	☐	
b. Ammeter Gauge	☐	☐	
c. Oil Pressure	☐	☐	
4. Lighting System			
a. Head Lights	☐	☐	
b. Stop Lights	☐	☐	
c. Park Lights	☐	☐	
d. Signal Lights	☐	☐	
5. Oil Level/ Condition			
a. Engine Oil Level	☐	☐	
b. Hydraulic Oil Level	☐	☐	
6. Engine Cooling			
a. Sunction Hose	☐	☐	
b. Discharge Hose	☐	☐	
c. Water	☐	☐	
7. Wheels Inspection			
a. Wheel Nut/Bolt	☐	☐	
b. Tire/Rim	☐	☐	
8. Cluch			
a. Pedal Play	☐	☐	
9. Body Group			
a. Seats	☐	☐	
b. Side Step	☐	☐	
c. Muffler	☐	☐	
10. Fuel System			
a. Tank Cap	☐	☐	
b. Line	☐	☐	

	CONDITION		
	YES	NO	REMARKS
11. Charging System			
a. Alternator	☐	☐	
b. Voltage Regulator	☐	☐	
c. Belt Tension	☐	☐	
12. Battery			
a. Mount base	☐	☐	
b. Battery Clamp	☐	☐	
c. Battery Terminal	☐	☐	
d. Cable Wire	☐	☐	
e. Fluid Level	☐	☐	
13. Tires			
a. Tires Pressure	☐	☐	
b. Tire Thread	☐	☐	
14. Hydraulic System			
a. Hydraulic Oil Level	☐	☐	
b. Hydraulic Oil Pump	☐	☐	
c. Hydraulic Hoses/Liner	☐	☐	
d. Hydraulic Cylinders	☐	☐	
15. Mechanical			
a. Rotating Gears	☐	☐	
b. Level Play	☐	☐	
c. Blade	☐	☐	
16. Pow er Steering			
a. Hydraulic Oil Level	☐	☐	
b. Hoses/Lines	☐	☐	
c. Fittings	☐	☐	
d. Leakage	☐	☐	
17. P.P.E.			
a. Seats	☐	☐	
b. Fire Extinguishers	☐	☐	

OVERALL ASSESSMENT

☐ 1. This Vehicle/equipt. Is unsafe to drive.
☐ 2. This vehicle is safe.
☐ 3. This vehicle/equipt. Should be repired on findings indicated before use.
☐ 4. Junked or condemned.

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VEHICLE TRIP PERMIT

CPI Form-HSE-014 Doc. Control No. _____

PURPOSE	FROM DATE/TIME	TO DATE/ TIME
1 2 3 4 5		

NAME OF PASSENGER/ POSITION

ROUTE

VEHICLE ASSIGNED

OWNED		OWNER		MODEL	
RENTED		MAKE		PLATE	

PRE-TRIP INSPECTION: ARE THE FOLLOWING OPERATIONAL/ INTACT?

	YES	NO		YES	NO
1 Brake			12 Jack		
2 Lights			13 Tire wrench		
3 Oil and Oil level			14 Spare tire		
4 Water			15 Fire Extinguisher		
5 Air			16 First aid kit		
6 Gas			17 EWD		
7 Battery			18 Indicate defective body parts, if any		
8 Seat Belt			1 _____		
9 Wiper & Water			2 _____		
10 Electronic Devices			3 _____		
11 Radiator coolant			4 _____		

REQUESTED BY	APPROVED BY	ASSIGNED BY	AUTHORIZED DRIVER
EMPLOYEE	MANAGER CONCERNED	FACILITIES OFFICER	PRINT NAME

ODOMETER READING
Kms upon check-out _____
Kms upon check-in _____
Kms. Run _____

By Security Guard

_____

GAS LEVEL

Gas level upon check-out	1/4	1/2	3/4	Full
Gas level upon check-in	1/4	1/2	3/5	Full

Addition Gas in ltr. _____
OR Number. _____

By Security Guard

_____

ONLY DULY AUTHORIZED DRIVER MAY DRIVE THE VEHICLE

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KEY DIRECTIVE:
The Guards should maintain a Logbook to record the check in/check out of a vehicle.

VEHICLE CONDITION & SAFETY CHECKLIST

CPI Form-HSE-015 Doc. Control No. _____

MAKE	MODEL	PLATE	ENGINE NO.	CHASSIS NO.

Total Kms Run	No. of PMS	Last PMS	DATE OF THIS AUDIT

VEHICLE CONDITION: VG-Very Good; G-Good; F-Fix it

	VG	G	F	REMARKS
1 Front tire				
2 Rear tire				
3 Spare tire				
4 Seat belts				
5 Fire extinguisher				
6 Vehicle logbook				
7 Handbrake				
8 Brake				
9 Signal light				
10 Brake light				
11 Head light				
12 Horn				
13 Wiper				
14 EWD				
15 Tools				
16 Aircon				
17 Radio				
18 Side mirror				
19 Rear view mirror				
20 Doors				
21 Dashboard				
22 Battery				
23 Radiator Coolant				
24 Wiper Water				
25 Oil Level				
26 Electronic Devices				
27 First Aid Kit				
28 Warning Device				
29 Road testing				
30 General body condition				
31 Road worthiness				

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CITICORE RENEWABLE ENERGY

HIGH TORQUE WRENCHES SAFETY CHECKLIST

CPI Form-HSE-016 Doc. Control No. _____

PROJECT NAME	PERMIT TO WORK NO.	
CONTRACTOR	FROM DATE / TIME	TO DATE/ TIME
LOCATION	OTHER REMARKS	
DESCRIPTION OF TORQUE WHENCH/ES FOR INSPECTION		

	ELEMENTS TO BE CHECKED	CONDITION		
		GOOD	NO GOOD	REMARKS
Material and Documentation				
1	All materials and documentation meet specifications?			
2	All material parts correct size and shape per shop drawings?			
3	Field welders certification and qualifications comply with			
4	Welding procedures submitted for review prior to welding?			
5	**- HOLD POINT**			
Structural Steel Erection				
10	Erection sequence per approved erection plan and drawings?			
11	Fit-up pins properly supported to maintain camber?			
12	Specified ratio of pins to bolts checked?			
13	Bearings correct type, dimensions, and configuration per plan?			
14	Ground splices completed and tightened, per Erection Plan, prior to erection?			
15	If required, field welding performed in accordance with specifications?			
16	Shear studs installed per plan?			
Anchor Bolt Installation				
30	Anchor Bolts correct type, dimensions and configuration per plan?			
31	Anchor Bolt wells set per plan?			
32	Anchor Bolts set in wells or drilled holes and grouted per specification?			
Bolt Pre-Installation				
40	Material properly stored and protected from weather?			
41	Material checked for damage during entire process?			
42	Nuts for coated high-strength bolts lubricated with a visible water-soluble lubricant?			
43	Nuts for un-coated high-strength bolts lubricated with a visible water-soluble lubricant that is oily to touch?			
44	Rotational-Capacity testing device and torque wrenches have up to date calibrations?			
45	Bolt Tension Calibration device calibrated and certified by private testing lab within time requirements?			
46	Rotational-Capacity testing performed on each assembly lot (bolt, nut, washer) prior to bolt installation?			
47	Field Rotational-Capacity values compared to manufacturer's values?			

HIGH TORQUE WRENCHES SAFETY CHECKLIST

CPI Form-HSE-016 Doc. Control No. _____

PROJECT NAME			PERMIT TO WORK NO.	
CONTRACTOR			FROM DATE / TIME	TO DATE/ TIME
LOCATION		OTHER REMARKS		
DESCRIPTION OF TORQUE WHENCH/ES FOR INSPECTION				

	ELEMENTS TO BE CHECKED	CONDITION GOOD	NO GOOD	REMARKS
48	**- HOLD POINT**			
Bolt Installation using Calibrated Wrench Method				
50	Third Party consultant on jobsite during erection?			
51	Wrench set to induce bolt tension 5% to 10% in excess of specified value?			
52	Wrench(s) calibrated at least once each working day using three bolts of each diameter, length, and grade?			
53	Joint and all fasteners snug tightened from most rigid part to the free edges?			
54	Bolt tensioning performed only after assemblies have been snug tightened?			
55	Fasteners tightened to at least minimum bolt tension requirements per size and grade?			
56	All bolts in joint tightened from most rigid part to the free edges?			
57	Wrench returned to "touch-up" previously tightened bolts?			
58	No rotation occurs of the part not turned by the wrench?			
59	Installation and tightening of bolt assemblies observed by Engineer?			
60	Inspecting torque wrench and bolt tension calibration device used to verify tightening procedure?			
61	Torque inspection performed on 5 bolt assemblies per lot/per wrench?			
62	Torque verification performed at random on a minimum of 10% of bolts/connection, but no less than 2 bolts/connection?			
63	Fit-up bolts that were damaged or used to pull splices together, and were intended to be used for permanent have been replaced?			
Field Coating (Painting)				
70	Field coating in accordance with Standard design specifications?			
Structural Steel Summary				
80	Were the materials tested at the required frequency?			
81	Did this work meet the project specifications?			

INSPECTED BY	REVIEWED BY	CONFORMED BY
SIGNATURE/ NAME/ POSITION/DATE	SIGNATURE/ NAME/ POSITION/DATE	SIGNATURE/ NAME/ POSITION/DATE

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GRINDER & ABRASIVE WHEELS SAFETY CHEKLIST

CPI Form-HSE-017 Doc. Control No. _____

PROJECT NAME		PERMIT TO WORK NO.
CONTRACTOR		FROM DATE / TIME TO DATE/ TIME
LOCATION	OTHER REMARKS	
DESCRIPTION OF TORQUE WHENCH/ES FOR INSPECTION		

ELEMENTS FOR INSPECTION	GOOD	FAIL	REMARKS
Employee Knowledge			
Date Last Tool Training			
Hazards of faulty or improperly used tools			
Pre-Use inspection			
Electrical Hazards			
Tool Adjustments			
Sharpening Procedures			
Proper Storage			
Program Administration			
Person Assigned for tool checkout / repair			
Designated Area for tool storage			
Respirators required when cutting fluid use creates mist			
Area Inspection			
Eye Hearing Protection Used			
Bench Grinders Adjusted			
Equipment mounted to floor			
Machines guards in place			
Warning signs posted iin shops			
Storage area neat, dry			
Tools in good condition			
Blades & cutting edges sharp			
Face shield used at grinders			
Grinding wheels dressed			
Rigging equipment tested			

INSPECTED BY	REVIEWED	CONFORMED BY
SIGNATURE/ NAME/ POSITION/DATE	SIGNATURE/ NAME/ POSITION/DATE	SIGNATURE/ NAME/ POSITION/DATE

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WORKING AT HEIGHT PERMIT

CPI Form-HSE-018 Doc. Control No. _____

CONTRACTOR/ EMPLOYEE	PERMIT TO WORK	VALID FROM DATE/ TIME
PROJECT	LOCATION	VALID UP TO DATE/ TIME

A Safe Work Method Statement (SWMS), Job Safety Analysis (JSA) and/or Safe Work Procedure (SWP) has been provided and is attached to this work permit — YES | NO

The following section of this permit must be completed and signed by the authorised person(s) before work is to proceed and only work listed above may be completed.

The following equipment will be used during the works (all equipment to be used is in good working order and is fit for use):

	Elevated work platform (i.e. scissor lift)		Appropriate footwear
	Step ladder		Ropes and harness
	Mobile scaffold		Edge protection
	Roof and/or ladder anchor points		Safety net
	Extension ladder		Other, pls specify

The following services have been isolated for the duration of the works:

Smoke / thermal detectors Pipes, tanks and valves Electrical Outlets / appliances

Other (please specify):

The following control measures have been implemented for the duration of the works:

	Barricades		Signage		Spotter

Other (please specify):

The following environmental factors have been assessed and are suitable for the works:

	Weather / wind		Stored material / vegetation

Other (please specify):

REQUESTED BY	REVIEWED BY	CONFORMED BY
SIGNATURE/ NAME/ POSITION/DATE	SIGNATURE/ NAME/ POSITION/DATE	SIGNATURE/ NAME/ POSITION/DATE

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SCAFFOLDING SAFETY CHECKLIST

CPI Form-HSE-019 Doc. Control No. _____

PURPOSE	PROJECT	LOCATION OF SCAFFOLD
OWNER OF SCAFFOLD	REMARKS	

ITEMS OF INSPECTION	YES	NO	REMARKS
Scaffold components can support at least four times their maximum intended load.			
Scaffold is fully planked- No more that 1" gap between planks.			
Platform is at least 18 inches wide (12 inches on pump jacks).			
Guardrails are used or personal fall arrest system is used, if work height is >6 feet. Guardrail system: □Toprail □ Midrail □Toeboard □Posts			
Scaffold is 14" or less from face of work, if workers remove front guardrails (18" for plasterers).			
Planks do not extend past the ends of the scaffold frames more than 12 inches.			
Casters are locked before work begins.			
Work platform free of clutter, mud, oil, or any tripping hazard.			
Minimum power line clearance (10 feet)			
If the scaffold is defective, has it been removed from service and tagged out?			
General Rules for Supported Scaffolds			
Height to base width ratio is: Less than 4:1 (no guying, ties, or braces required)			
Over 4:1 scaffolds are restrained from tipping by guying, tying, or bracing.			
All scaffold frames and uprights use base plates (mud sills required if on dirt)			
Footings are level, sound, and rigid. No settling has occurred.			
Unstable objects such as blocks, bricks, buckets, etc. are not used			
Are riggers secured and installed correctly?			
General Rules for Access			
No more than 2' step up or down or a 14" step across to get on or off a platform.			
Ladder first rung is not more than 24" above the ground.			
Hook-on and attachable ladders are designed for the scaffold.			
Add-on ladders must have a rung length of at least 11 ½"			
Built in ladders (part of the scaffold frames) must have a rung length of at least 8".			
Rungs line-up vertically for the entire height of the scaffold.			
Cross braces are not used for climbing up or down from the scaffold.			

INSPECTED BY	REVIEWED BY	CONFORMED BY
SIGNATURE/ NAME/ POSITION/DATE	SIGNATURE/ NAME/ POSITION/DATE	SIGNATURE/ NAME/ POSITION/DATE

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LADDER/S SAFETY CHECKLIST

CPI Form-HSE-020 Doc. Control No. _____

PURPOSE	PROJECT	LOCATION OF SCAFFOLD
OWNER OF SCAFFOLD	REMARKS	

	ITEMS FOR INSPECTION	YES	NO	REMARKS
A.	**Structure**			
1.	Joints between steps and side rails tight?			
2.	All hardware and fittings securely attached?			
3.	Movable parts operating freely without binding or undue play?			
4.	Are ladder rungs and steps free of grease and oil?			
5.	Ladder rung have non-skid footing for stability to reduce slippage?			
6.	Ladder has no broken, missing steps, rungs or cleats, broken side rails, or other faulty part?			
7.	Ladder base stable? If provided with wheels, equipped with lock mechanism?			
8.	Safe load limit marked/ indicated?			
9.	Stored securely? Chained to the wall in closed position?			
10.	Are portable metal ladders legibly marked with signs reading "CAUTION - Do Not Use Around Electrical Equipment" or equivalent			
B.	**Usage: Working with Ladder**			
1.	Employee faces the ladder when ascending and descending?			
2.	Employee does not use the top step of ordinary stepladders as a step?			
3.	Ladder with wheels, always securely locked when stationary?			
4.	Employee does not place the ladder on boxes, barrels, or other unstable bases to obtain additional height			
5.	No defective ladder being used?			
6.	Ladder not left unattended? Folded or securely stacked when not in use?			
7.	Ladder more than 8=feet long being carried by two people?			

INSPECTED BY	REVIEWED BY	CONFORMED BY
SIGNATURE/ NAME/ POSITION/DATE	SIGNATURE/ NAME/ POSITION/DATE	SIGNATURE/ NAME/ POSITION/DATE

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BODY HARNESS SAFETY CHECKLIST

CPI Form-HSE-021 Doc. Control No. _____

PURPOSE	PROJECT	LOCATION OF SCAFFOLD
OWNER OF SCAFFOLD	REMARKS	

	ITEMS FOR CHEKING	YES	NO	REMARKS
1	Shoulder strap has no damage?			
2	Secondary Strap no scratch / no cut			
3	Sit strap available			
4	Thigh Strap functioning			
5	Back Support available			
6	Adjustment Element suitable			
7	Fall arrest attachment element on proper position			
8	Lanyard has shock absorbing lanyard			
9	Type of Lanyard			
10	Type of Carabiner			
11	General condition / General Appearance			

INSPECTED BY	REVIEWED BY	CONFORMED BY
SIGNATURE/ NAME/ POSITION/DATE	SIGNATURE/ NAME/ POSITION/DATE	SIGNATURE/ NAME/ POSITION/DATE

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FLAMMABLE/COMBUSTIBLE MATERIALS SAFETY CHECKLIST

CPI Form-HSE-022 Doc. Control No. _____

PURPOSE	PROJECT	LOCATION OF SCAFFOLD
OWNER OF SCAFFOLD	REMARKS	

	AMMABLE/COMBUSTIBLE MATERIA	PRESENT		CURRENT LOCATION			REMARKS
		YES	NO				
1	PAINT						
2	AEROSOL CAN						
3	PAINT THINNER						
4	DIESEL						
5	GASOLINE						
6	EPOXY						
7	PIPE INSULATION						
8	INSULATION PIPES						
9	SEALANTS WATER PROOFING MEME						
10	LIQUIFIED PETROLEUM GAS (LPG)						
11	BUTANE CASSETE GAS						
12	OXYACETELENE TANKS						
13	PLY WOODS						
14	WOOD SCRAPS						
15	PAPER MADE MATERIALS						
16	BUSTED PV MODULE						
17							
18							
19							
20							
21							
22							
23							
24							
25							

**YOU MAY ENCODE ADDITIONAL COMBUSTIBLE/FLAMMABLE MATERIALS*

INSPECTED BY	REVIEWED BY	CONFORMED BY
SIGNATURE/ NAME/ POSITION/DATE	SIGNATURE/ NAME/ POSITION/DATE	SIGNATURE/ NAME/ POSITION/DATE

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HAZARDOUS MATERIALS, CHEMICALS AND GASES SAFETY CHECKLIST

CPI Form-HSE-023 **Doc. Control No. _____**

PURPOSE	PROJECT	LOCATION OF SCAFFOLD
OWNER OF SCAFFOLD	**REMARKS**	

ELEMENTS	YES	NO	REMARKS
Employee Knowledge			
Location of MSDS			
Container Labeling			
Use of MSDS			
Selection & Use of PPE			
Program Administration			
Labeling System described			
List of Chemicals & Locations			
Responsibilities Assigned			
Date of Last Audit			
Container Labeling			
Legible			
Visible			
Identifies chemical			
Identifies Manufacturer			
List physical & health hazards			
Material Safety Data Sheets (MSDS)			
Available to employees			
Legible			
No missing MSDS			
Chemical Storage			
Storage areas clean, neat, well ventilated			
Incompatible chemicals stored separately			
No open containers			
Grounding straps on flammable liquid drums			
No leaking Containers			
No OUT OF DATE chemicals			
Flammable Chemicals Stored in approved locker			
Personal Protective Equipment Program (PPE)			
Proper PPE identified			
PPE available			
PPE in good repair			
PPE being used properly			
General Area			
NO spills			
Clean-up & spill material available			
sprinkler heads			
Minimum Amount in Storage			
Small Volumes used for task			
structural beams			
Compressed Gases			
All cylinders identified			
Empty cylinders are labeled			
wiring			
Secured and upright by chain or cable			
20 feet from oxygen cylinders			
Valves closed & capped			

INSPECTED BY	REVIEWED BY	CONFORMED BY
SIGNATURE/ NAME/ POSITION/DATE	SIGNATURE/ NAME/ POSITION/DATE	SIGNATURE/ NAME/ POSITION/DATE

DISTRIBUTION: HSE Documentation file, person/s concerned

WASTE HOLDING & STORAGE INSPECTION CHECKLIST

CPI Form-HSE-024 Doc. Control No. _____

	PURPOSE	PROJECT	LOCATION OF SCAFFOLD
	OWNER OF SCAFFOLD	REMARKS	

	ELEMENTS	Yes	No	REMARKS
1	Does waste segregation occur at the point where the waste is generated?			
2	Is the collected waste properly segregated?			
3	Are color-coded waste containers used in all facility areas?			
4	Are waste containers properly marked and labeled as per the waste they contain?			
5	Do all yellow buckets for collecting infectious waste have lids?			
6	Are all waste containers free of leaking?			
7	Are sharps containers puncture-resistant, and leak-proof?			
8	Is appropriate aisle space maintained near the waste containers?			
9	Are the waste containers emptied at the end of each day?			
10	Are the waste containers filled no more than about three-quarters full?			
11	Are containers cleaned daily after waste is emptied?			
12	Is segregated sharps waste sealed and labeled before transportation?			
13	Is medical waste other than sharps placed in clearly labeled heavy-duty biohazard plastic bag or yellow plastic bag?			
14	Does everyone who will be handling waste have the appropriate PPE? (Gloves, tongs)			
15	Is chemical waste temporarily stored in the generator's laboratory?			
16	Is the chemical waste stored in a central waste-holding facility of the building?			
17	Are incompatible chemical wastes stored in separate containers?			
18	Are liquid waste containers only filled to 70-80% capacity?			

INSPECTED BY	REVIEWED BY	CONFORMED BY
SIGNATURE/ NAME/ POSITION/DATE	SIGNATURE/ NAME/ POSITION/DATE	SIGNATURE/ NAME/ POSITION/DATE

DISTRIBUTION: HSE Documentation file, person/s concerned

WASTE DISPOSAL CHECKLIST

CPI Form-HSE-025 Doc. Control No. _____

PROJECT:	**INSPECTION DATE:**
AREA:	

No.	Item Description & Reference	YES	NO	ACTION PLAN/DEADLINE (in NO)
1	Waste removal on site adequate			
2	Waste management plan is in place			
3	Waste minimization seperation and recyling programme is in place			
4	Companies contracted in writing and invoices retained as records for hazardous and non-hazardous wast			
5	Suitable waste indicator developed to track changes			
6	Location of bin marked appropriately			
7	Sufficient bins provided for refuse removal			
8	Containers adequate for removal purpose			
9	Lids provided and use where necessary			
10	Schedule for removal established and fallowed			

INSPECTED BY	REVIEWED BY	CONFORMED BY
SIGNATURE/ NAME/ POSITION/DATE	SIGNATURE/ NAME/ POSITION/DATE	SIGNATURE/ NAME/ POSITION/DATE

DISTRIBUTION: HSE Documentation file, person/s concerned

DOMESTIC WASTE GATE PASS

CPI Form-HSE-026 Doc. Control No. _____

Prepared by:
Company:
Address:

NO.	QTY.	DESCRIPTION	REF.

INSPECTED BY	REVIEWED BY	CONFORMED BY
SIGNATURE/ NAME/ POSITION/DATE	SIGNATURE/ NAME/ POSITION/DATE	SIGNATURE/ NAME/ POSITION/DATE

DISTRIBUTION: HSE Documentation file, person/s concerned

METAL SCRAP GATE PASS

CPI Form-HSE-027 Doc. Control No. _____

Prepared by:
Company:
Address:

NO.	QTY.	DESCRIPTION	REF.

INSPECTED BY	REVIEWED BY	CONFORMED BY
SIGNATURE/ NAME/ POSITION/DATE	SIGNATURE/ NAME/ POSITION/DATE	SIGNATURE/ NAME/ POSITION/DATE

DISTRIBUTION: HSE Documentation file, person/s concerned

TOOLBOX TALK RECORD FORM

CPI Form-HSE-028

Doc. Control No. _____

TALK LEADER:	**Date:**
I. TOOL BOX TOPIC:	
II. SUMMARY OF DISCUSSION:	
III. SAFETY CONCERNS RAISED BY EMPLOYEES:	
7	

V. ATTENDEES

No.	NAME	POSITION	SUBCON/COMPANY	SIGNATURE
1				
2				
3				
4				
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15				

INSPECTED BY	**REVIEWED**	**CONFORM**
SIGNATURE/ NAME/ POSITION/DATE	SIGNATURE/ NAME/ POSITION/DATE	SIGNATURE/ NAME/ POSITION/DATE

DISTRIBUTION: HSE Documentation file, person/s concerned

FIRE DRILL CHECKLIST

CPI Form-HSE-029 Doc. Control No. _____

RELEVANT QUESTIONNAIRES		YES	NO	N/A
Have you carried out a Fire Safety Risk Assessment for your premises? (See guidance notes including				
ESCAPE ROUTE	Are all of your escape route are clear of obstruction?			
	Are all fire exit signs and notices clearly vissible?			
DOORS	Do your emergency exits open without use of a key?			
	Do push bars/pads operate easily (were fitted)			
	Are self closing doors kept closed and self closers working?			
FIRE FIGHTING EQUIPMENT (EXTINGUISHER)	Is firefighting equipment adequate for the risk in your premises(number,type,location)?			
	Is firefighting equipmentmaintain annually and recorded on the test labelsand in your log book?			
FIRE WARNING SYSTEM(FIRE ALARM)	Is the system tested weekly using a different call point each week and recorded in your log book?			
	Can the system be heard throughout your premisses particularly by sleeping residents?			
	Are break glass call point visible and free from obstruction?			
AUTOMATIC FIRE DETECTION	Is the AFD systemsuitable for the risk in your premises?			
	Is the system maintained six-monthly and recorded in your log book?			
EMERGENCY LIGHTING	Is the system tested and the results of test recorded in your log book?			
	Are light fittings in place and undamaged?			
EMERGENCY FIRE ACTION PLAN	Is the emergency fire action plan adequate for your premises?			
	Are fire routine notices clearly vissible and accurate?			
STAFF TRAINING	Does your staff know what to do if a fire occurs? Have you considered how to evacuate disable persons Without relying on the Fire & Rescue Service?			
	Is staff fire training recorded in your log book ?			
GENERAL	Have you reviewed your Fire Safety Risk Assessment in the last year?			
	Is your Log Book up to date and any test certificates available?			

REMARKS

INSPECTED BY	**REVIEWED**	**CONFORM**
SIGNATURE/ NAME/ POSITION/DATE	SIGNATURE/ NAME/ POSITION/DATE	SIGNATURE/ NAME/ POSITION/DATE

DISTRIBUTION: HSE Documentation file, person/s concerned

CITICORE RENEWABLE ENERGY

EARTHQUAKE DRILL CHECKLIST

CPI Form-HSE-030 Doc. Control No. _____

BEFORE EARTHQUAKE PREPAREDNESS			
ITEM DISCRIPTION	YES	NO	REMARKS
1 ***EMERGENCY KIT READY***			
Extra battery for genset FULL CHARGE			
Extra diesel 1000 litres for Genset			
Extra gasoline 200 litres			
Radio Communication Full Charge			
Mobile Phone Full Charge			
Power Bank Full charge			
Copy of Emergency Plan			
Copy of Negros Occidental Map			
Extra / All Keys of Plant			
Water for Drink			
Full water cistern tank			
Full water Water Tank			
Extra Water from drums			
Flash Light Battery Operated (Extra Battery)			
Food & Can Opener			
FIRS AID KIT			
Petty Cash and Have Extra Cash			
Secure all Fire Extinguisher for readily access			
Secure all fire fighting Equipments			
Secure all fire hydrant and ready the charge fire hose			
Prepare Ropes			
Get Prepare for Shutdown Plant			
2 ***DISADSFSTER PLAN***			
Designate a meeting place			
Prepare all contact of employee			
Prepare Site Vehicle (Fulltank Desiel)			
3 ***SECURE ADSFJLL OBJECT FROM FALLTO PV MODULE***			
Secure Pedestal Lightings (Strap)			
Secure PV Module 3 meter away to Fence (Strap)			
Secure the Guard Tower (Strap)			
4 ***PREPADSFJTIONAL OF EMPLOYEE***			
Review Emergency Plan			
Conduct Plant watching Exercise			
Conduct Earthquake Dril (if possible)			
1 *INSIDE BUILDING*			
Watchout for the faling object			
Duct, cover & hold on under Hard Tables			
Once Shaking Finish Proceed to Evacuation / Assembly Area			
2 *OUTSIDE BUILDING*			
Get away from power lines			
Get away from Pedestal light			
Get away from other structures			
Watchout for Fires			
Proceed to Evacuation / Assembly Area			
Prepare fire Team			
AFTER EARTHQUAKE PREPAREDNESS			
1 Head Count			
Prepare Emergency Kit			
Prepare Emergency Team			
Prepare Fire Extinguisher			
Check sourroundings			
Check Fires			
Check Chemical Spills			
Check Water & electrical Lines defectives			
Prepare radio gather some information and disaster prevention			

INSPECTED BY	REVIEWED BY	CONFORMED BY
SIGNATURE/ NAME/ POSITION/DATE	SIGNATURE/ NAME/ POSITION/DATE	SIGNATURE/ NAME/ POSITION/DATE

DISTRIBUTION: HSE Documentation file, person/s concerned

EVACUATION DRILL CHECKLIST

CPI Form-HSE-031 **Doc. Control No.** _____

SECTION 1

A EMERGENCY DETAILS

Date/Time _____ Building Name _____

Building Code _____ Floor or Area/s: _____

Level of Occupancy: ☐ Full Staff/Student Load ☐ Staff Only ☐ After-Hours

Type of Evacuation: ☐ Planned Exercise ☐ *False Alarm ☐ *Real Emergency

SECTION 2

B EVACUATION SEQUENCE

Sequence of events	Time			
Alarm raised	Alert:	_____	Evac:	_____
Warden/s respond		_____		_____
Evacuation commenced		_____		_____
Wardens report to the Chief Warden	First:	_____	Last:	_____
Wardens arrive at assembly area / guard entry points		_____		_____
Evacuation completed		_____		_____
Emergency declared over				

SECTION 3

C DEBRIEFING / EVALUATION	YES	NO	N/A
1 Did all Wardens report to Chief Warden? If no, which Wardens/areas did not report? _____			
2 Were perimeter entrances guarded to prevent re-entry? If no, specify area/s that were not guarded _____			
3 Did the Wardens use a communication radio (RDO) If no, specify details _____			
4 Could the alarm be heard throughout the building? If no, please specify the area/s. _____			
5 Were the public address announcements clear and audible? If no, provide details _____			
6 Where emergency exits clear and operational? If no, specify area/s and problems _____			
7 Where exit paths well lit? If no, specify area/s _____			
8 Were all occupants evacuated? If no, who did not evacuate? _____			
9 Were any mobility, vision or hearing impaired occupants present? If yes, have specific procedures been established and discussed with those occupants?			

Evaluated by:	Verified by:	Noted by:
Facilities Assistant	Facilities Officer	O&M Manager

DISTRIBUTION: HSE Documentation file, person/s concerned

EMERGENCY LIGHTS INSPECTION REPORT

CPI Form-HSE-032 Doc. Control No. _____

NO.	LOCATION	INSPECTION DATE	CONDITION		ACTION PLAN
			GOOD	FIX	
1					
2					
3					
4					
5					
6					
7					
8					
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10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
INSPECTED BY SIGNATURE/ NAME/ POSITION/DATE		REVIEWED BY SIGNATURE/ NAME/ POSITION/DATE			CONFORMED BY SIGNATURE/ NAME/ POSITION/DATE

DISTRIBUTION: HSE Documentation file, person/s concerned

FIRE DETECTION & ALARM SYSTEM INSPECTION REPORT

CPI Form-HSE-033 Doc. Control No. _____

NO.	LOCATION	INSPECTION DATE	CONDITION		ACTION PLAN
			GOOD	FIX	
1					
2					
3					
4					
5					
6					
7					
8					
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10					
11					
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16					
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18					
19					
20					
21					
INSPECTED BY SIGNATURE/ NAME/ POSITION/DATE		**REVIEWED BY** SIGNATURE/ NAME/ POSITION/DATE			**CONFORMED BY** SIGNATURE/ NAME/ POSITION/DATE

DISTRIBUTION: HSE Documentation file, person/s concerned

FIRE EXTINGUISHER INSPECTION REPORT

CPI Form-HSE-034 Doc. Control No. _____

NO.	LOCATION	INSPECTION DATE	CONDITION		ACTION PLAN
			GOOD	FIX	
1					
2					
3					
4					
5					
6					
7					
8					
9					
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11					
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13					
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16					
17					
18					
19					
20					
21					
INSPECTED BY SIGNATURE/ NAME/ POSITION/DATE		REVIEWED BY SIGNATURE/ NAME/ POSITION/DATE			CONFORMED BY SIGNATURE/ NAME/ POSITION/DATE

DISTRIBUTION: HSE Documentation file, person/s concerned

AMBIENT NOISE MONITORING RECORD

CPI Form-HSE-035 **Doc. Control No.**

NPCC MC-002-80 Ambient Noise Standards
Class B = Commercial Establishments

	Time Frame	dB
Morning	5:00 am to 9:00 am	65
Daytime	9:00 am to 6:00 pm	70
Evening	6:00 pm to 10:00 pm	65
Nightime	10:00 pm to 5:00 am	60

Date	Time	SAMPLING POINTS							
		1	2	3	4	5	6	7	8

DISTRIBUTION: HSE Documentation file, person/s concerned

TELEPHONE BOMB THREAT CHECKLIST

CPI Form-HSE-036 **Doc. Control No. _____**

QUESTIONS TO ASK	
When is the Bomb going to explode?	
Where is it right now?	
What does it look like?	
What kind of Bomb is it?	
What will cause it to explode?	
Did you place the bomb?	
Why?	
What is your address?	
What is your name?	

CALLERS VOICE				
Sex of the caller:		Race:	Age:	
Length of the call		Number at which call is received:		
Time:		Date:		

Calm	Angry	Excited	Slow
Rapid	Loud	Soft	Laughter
Crying	Normal	Distinct	Slurred
Nasal	Stutter	Lisp	Raspy
Deep	Ragged	Cleared Throat	Deep Breathing
Disguised	Accent	Cracking Voice	Familiar
If voice was familiar, who did it sound like:			

BACKGROUND SOUNDS		
Street Noises	Crockery	Voices
PA System	Music	Houses Noises
Motor	Office	Factory Machinery
Animal Noises	Clear	Static
Local	Long Distance	Booth
Other		

THREAT LANGUAGE		
Well Spoken (educated)	Foul	Irrational
Incoherent	Taped	Message read by threat maker

REPORTING	
Report Call Immediately To:	Date and Time
Prepared by: **Signature over printed name**	**Approved by:** **Signature over printed name**

DISTRIBUTION: HSE Documentation file, person/s concerned

INCIDENT INVESTIGATION REPORT

CPI Form-HSE-037 Doc. Control No. _____

COMPANY	DEPARTMENT/SECTION	/UNIT	
LOCATION OF ACCIDENT	DATE OF INCIDENT	TIME OF INCIDENT	DATE REPORTED

INJURED PERSON	PROPERTY DAMAGE	PERSON REPORTING THE INIDENT
JOB/OCCUPATION	ESTIMATED COST	JOB/OCCUPATION
PART OF THE BODY AFFECTED	ACTUAL COST	COST IF APPLICABLE
OBJECT/EQUIPT/SUBSTANCE INFLICTING THE INJURY	OBJECT/EQUIPT/SUBSTANCE INFLICTING THE DAMAGE	OBJECT/EQUIPT/SUBSTANCE INFLICTING THE INJURY
PERSON RESPONSIBLE FOR THE OBJECT ABOVE	PERSON RESPONSIBLE FOR THE OBJECT ABOVE	PERSON RESPONSIBLE FOR THE OBJECT ABOVE

OSHA CLASSIFICATION

OSHA RECORDABLE	EMPLOYEE	OTHERS		NON-OSHA RECORDABLE	EMPLOYEE	OTHERS	
LOST TIME ACCIDENT			HRS	FIRST AID			HRS
RESTRICTED WORK DAYS			HRS	NEARMISS			HRS
MEDICAL TREATMENT			HRS	INCIDENT			HRS
TOTAL DAYS			HRS	TOTAL DAYS			HRS

VEHICLE DAMAGE>>> ☐ MINOR < P10 K ☐ MODERATE P10K - P50K ☐ MAJOR > P50K

DESCRIPTION DESCRIBE CLEARLY HOW THE INCIDENT OCCURRED (use additional sheet of paper if necessary)

ANALYSIS WHAT ACTS, FAILURES AND OR CONDITIONS MOST DIRECTLY CONTRIBUTED TO THIS ACCIDENT?

PREVENTION WHAT ACTIONS HAS BEEN TAKEN OR WILL BE TAKEN TO PREVENT RECURRENCE?

1 _____ 3 _____
2 4

ACTION FOR ALL ITEMS ON PREVENTION, LIST DATES OF COMPLETION

	DATE COMPLETED		DATE COMPLETED
1		3	
2		4	

INVESTIGATED BY	REVIEWED BY	APPROVED BY
SIGNATURE/NAME/POSITION/DATE	SIGNATURE/NAME/POSITION/DATE	SIGNATURE/NAME/POSITION/DATE

DISTRIBUTION: HSE Documentation file, person/s concerned

EMPLOYEE SAFETY SUGGESTION FORM

CPI Form-HSE-038 Doc. Control No. _____

NAME OF SUGGESTER	POSITION
COMPANY	DEPARTMENT/ SECTION/ UNIT

SUBJECT OF SUGGESTION	APPLICABILITY	TANGIBLE BENEFIT (If any)
DESCRIBE CURRENT PROCEDURE OR PRACTICE		
DESCRIBE PROPOSED PROCEDURE		
BENEFITS (tangible or intangible) IF ADOPTED		

FOR THE SUGGESTER	FOR THE SAFETY TEAM
Suggester acknowledges that the suggestion submitted may or may not merit an award or and that any award or other form of recognition that may be given under HR Policies.	Thank you for your suggestion. Your suggestion will be given careful consideration and you will be kept advised as to action taken
SIGNATURE/ NAME/ POSITON/ DATE	SIGNATURE/ NAME/ POSITON/ DATE

DISTRIBUTION: HSE Documentation file, person/s concerned

SAFETY TRAINING RECORDS

CPI Form-HSE-039 Doc. Control No. _____

NATURE OF TRAINING PROGRAM

☐ INDUCTION ☐ ORIENTATION ☐ SPECIFIC _____

SN #	NAME	POSITION	COMPANY	ID NO.	SIGNATURE

COMPILED BY	REMARKS
SIGNATURE/NAME/POSITION/DATE	

DISTRIBUTION: HSE Documentation file, person/s concerned

OHS TRAINING ATTENDANCE RECORD

CPI Form-HSE-040 Doc. Control No. _____

Date:	Site :	Location:	
Nature of Training program conducted: Tick in appropriate column	Induction	Orientation	Specific Task Training
Timing From :		To:	
Topics Covered:			
I Acknowledge receiving & understanding these instructions above, I will fully aware to comply site safety rules with undersigned Induction/ Orientation /Regular Training Topics.			

S/N	Name	File No/ ID No.	Designation	Signature	Remarks
1.					
2.					
3.					
4.					
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16.					
17.					
18.					

DISTRIBUTION: HSE Documentation file, person/s concerned

CITICORE RENEWABLE ENERGY

GENERAL SAFETY INSPECTION REPORT

CPI Form-HSE-041 Doc. Control No. _____

	ELEMENTS		GOOD	FAIR	NI	ACTION PLAN	DEADLINE
1.0	**GENERAL.**						
1.1	Work Place Talk						
1.2	Close Supervision						
1.3	JHA / JSA /TRA & MS						
1.4	HSE Plan approved						
1.5	Heat Stress arrangement						
1.6	Safety coverage by Department						
1.7	Traffic Speed						
1.8	Traffic man with flag deployed when required						
1.9	Car Park						
1.10	Adequate safety signs and notice board						
1.11	Emergency Evacuation signboard						
1.12	Noise protection						
1.13	Lighting						
1.14	Hygiene						
2.0	**HOUSEKEEPING.**						
2.1	Area free from slip, fall, trip, hazards.						
2.2	Safe storage and stacking materials.						
2.3	Walkways, stairs, and exits are clear & obstructed.						
2.4	Floor Opening covered or						
2.5	Drainage system maintained.						
2.6	No accumulation of tools or						
2.7	Area in - general is clean and tidy.						
3.0	**PERSONAL PROTECTIVE EQUIPMENT**						
3.1	Hard Hat, Goggles, Shoes.						
3.2	Others (gloves-ear muff-face mask. Etc)						
3.3	Right type. Properly used.						
3.4	Maintenance - storage.						
4.0	**ELECTRICAL EQUIPMENT / TOOLS**						
4.1	Approved by MEGAWIDE Project Engineer / Electrical Engineer.						
4.2	Earthed.						
4.3	Double insulated						
4.4	Maintenance Tag						
4.5	Cable tray						
4.6	Proper storage on site						
5.0	**HAZMAT**						
5.1	MSDS - Emergency shower.						
5.2	Labelling - Marking - No smoking sign.						
5.3	Standard labels affixed to vehicle transporting Hazmat.						
5.4	Handling and disposal approved by MEGAWIDE.						
5.5	Storage ventilation						
5.6	HAZMAT containers (leaks - corrosions)						
6.0	**WASTE DISPOSAL**						
6.1	Waste segregated.						
6.2	Dispose on daily basis						
7.0	**EXCAVATIONS**						
7.1	Adequate Access.; Ladder & extend from the edge of excavation .83mm / 1m						
7.2	Excavated materials away 1 meter from excavation edges.						

CITICORE RENEWABLE ENERGY

GENERAL SAFETY INSPECTION REPORT

CPI Form-HSE-041 Doc. Control No. _____

	ELEMENTS		GOOD	FAIR	NI	ACTION PLAN	DEADLINE
7.3	Warning light at night.						
7.4	Barriers / warning signs in place						
7.5	Heavy equipment away from excavation edges. Minimum 1.5 meters						
8.0	**WELDING/CUTTING OPERATION**						
8.1	Layout of equipment						
8.2	Welder protective clothing						
8.3	1 / 2 Fire extinguisher						
8.4	Gas monitoring (confined						
8.5	Welding area screened.						
8.6	Combustible material cleared						
8.7	Drain / sewers within 25 meter						
8.8	Fire watch						
8.9	Accumulated fumes are cleared.						
9.0	**DIESEL DRIVEN EQUIPMENT**						
9.1	Switch off before refueled						
9.2	Daily check up (monitoring)						
9.3	Preventive maintenance.						
10.0	**LIFTING EQUIPMENT**						
10.1	General condition						
11.0	**HAND TOOLS**						
11.1	General condition						
11.2	Right for the job						
11.3	Used correctly						
11.4	Proper storage						
12.0	**COMPRESSED GAS CYLINDER**						
12.1	Upright position/secured against falling over						
12.2	Segregated / labelled / marked						
12.3	Color Coded						
12.4	Caps on when not in use						
12.5	Restraining clip on pressure hoses						
12.6	Stored properly, not under						
12.7	Stored away from stairs and						
13.0	**EMERGENCY EQUIPMENT**						
13.1	Fire extinguishers tagged - inspected						
13.2	Fire equipment Visibly marked						
13.3	Fire blanket						
13.4	First aid box. Stretchers.						
13.5	Emergency shower / eyewash.						
14.0	**EMERGENCY RESPONSE**						
14.1	Marshalling point						
14.2	Wind socks						
14.3	Exit is clearly marked and						
14.4	More than one exit						
14.5	Emergency telephone post						
15.0	**CONFINED SPACE**						
15.1	Ventilation (natural-mechanical)						
15.2	Gas monitoring						
15.3	Safe access and egress						
15.4	Life line - Full Body harness - BA						
15.5	Safety stand - by at manhole (communication)						
15.6	Emergency response - rescue						

GENERAL SAFETY INSPECTION REPORT

CPI Form-HSE-041 Doc. Control No. _____

ELEMENTS			GOOD	FAIR	NI	ACTION PLAN	DEADLINE
16.0	**LOADING AND UNLOADING OPERATION**						
16.1	Certified banks man and riggers.						
16.2	Pallets / steel plates when required						
16.3	Number of riggers is adequate						
16.4	Pinch Point						
16.5	Area barricaded						
16.6	Wind speed						
17.0	**WORKING AT HEIGHT**						
17.1	Area barricaded						
17.2	No conflict job should be allowed underneath elevated job						
17.3	Scaffolding certified by						
17.4	Scaff tag validity						
17.5	Toe board / guard rail						
17.6	Safety Harness / anchor point						
17.7	One person on ladder at a time						
17.8	Ladder position						
17.9	Ladder tied on top						
18.0	Ladder rungs free of grease-						
18.1	Wind Speed						

INSPECTED BY	REVIEWED BY	CONFORMED BY
SIGNATURE/ NAME/ POSITION/DATE	SIGNATURE/ NAME/ POSITION/DATE	SIGNATURE/ NAME/ POSITION/DATE

DISTRIBUTION: HSE Documentation file, person/s concerned

WEEKLY HSE REPORT

CPI Form-HSE-042 Doc. Control No. _____

PART 1: INCIDENTS						
	NO. OF INSTANCES			PESO VALUE		
	WTD	MTD	YTD	WTD	MTD	YTD
Business Interruption						
Incidents/ Accidents						
Property damage						
Injury						
Lost time accident						
Near Misses						
Brief description of the incident occurred this week, if any.						

PART 2: PREVENTIVE MEASURES OF INCIDENT					
Indicate Zero in none was done	MEASURE	WTD	MTD	YTD	REMARKS
HSE Orientation/ Training Conducted					
Employee/s	*No. of person*				
Contractor/s employee	*No. of person*				
Visitor/s	*No. of person*				
Safe WorK Permit issued	*No. of permits*				
General Safety Inspection conducted	*No. of instances*				
Hot Work Safety Inspection	*No. of instances*				
Excavation Safety Inspection	*No. of instances*				
Crane Safety Inspection	*No. of instances*				
Tralier Safety Inspection	*No. of instances*				
Forklift Safety Inspection	*No. of instances*				
Vehicle Condition & Safety inspection	*No. of instances*				
High Torque Wrenches Safety Inspection	*No. of instances*				
Grinder and Abrasive Wheels Safety Inspection	*No. of instances*				
Scaffolding Safety Inspection	*No. of instances*				
Ladders Safety Inspection	*No. of instances*				
Fire Drill conducted	*No. of instances*				
Fire Detection and Alarm System Inspection	*No. of instances*				
Fire Extinguisher Inspection	*No. of instances*				
Flammable/ Combustible Items Inspection	*No. of instances*				
Hazardous items inspection	*No. of instances*				
Waste Holding & Storage Inspection	*No. of instances*				
Earthquake Drill conducted	*No. of instances*				
Emergency Lights Inspection	*No. of instances*				

PART 3: STATUS OF PROJECTS			
PROJECT TITLE	COST	DEADLINE	REMARKS/ACTION TAKEN
1.			
2.			
3.			
4.			
5.			
6			

PART 4: OTHER INITIATIVES, ISSUES AND/OR CONCERNS FOR ACTION	

PREPARED BY	CONFORME	DISTRIBUTION	
		1 Facilities Manager	4 VP-Construction &
		2 National Security Officer	5 EVP-FAM
FACILITIES OFFICER	O&M / PROJECT MANAGER	3 Admin Assistant for EVP-FAM	

This Facilities Weekly Report shall duly signed it shall be submitted every Saturday

DISTRIBUTION: HSE Documentation file, person/s concerned

CITICORE RENEWABLE ENERGY

CPI Form-HSE-043 Doc. Control No. _____

PROJECT:	ADDRESS:	DATE STARTED:	TARGET DATE OF COMPLETION:	OTTHER INFORMATION

YEAR 2016	SAFETY														HEALTH			ENVIRONMENT					
MONTH	TOTAL MANPOWER (for the month)				TOTAL MANHOURS (for the month)	ACCUMULATED MANHOURS	NUMBER OF ACCIDENTS					MEETINGS CONDUCTED			WORK RELATED ILLNESS			WATER CONSUMPTION	ELECTRICITY CONSUMED	FUEL CONSUMPTION	TOTAL WASTE GENERATED	TOTAL WASTE RECYCLED	TOTAL HAZARDOUS WASTE
	CPI/MCC		SubCon				NLTI				LTI												
	Male	Female	Male	Female	for the month	total since start	FAC	MTC	RWIC	NM		Monthly	Weekly	ToolBox	NI	OTCM	MT	in m^3	in kwH	in Li	in m^3	in m^3	in m^3
JANUARY																							
FEBRUARY																							
MARCH																							
APRIL																							
MAY																							
JUNE																							
JULY																							
AUGUST																							
SEPTEMBER																							
OCTOBER																							
NOVEMBER																							
DECEMBER																							
TOTAL:																							

Legend: FAC-First Aid Case,MTC-MedicalTreatment Case, RWIC-Restricted Work Case, NMI-Nearmiss Incident

NI- Nursing Intervention, OTCM- Over the counter medicine, MT- Medical Treatment

PREPARED BY	CONFORMED BY	DISTRIBUTED BY	REMARKS
SIGNATURE/ NAME/ POSITION/DATE	SIGNATURE/ NAME/ POSITION/DATE	SIGNATURE/ NAME/ POSITION/DATE	