



DEVELOPMENT PERMIT

NO. DP-2020-11

(Amendment #2 to DP-2019-17)

TO: **NEXT Environmental**

ADDRESS: **215, 2550 Boundary Rd
Burnaby, BC V5M 3Z3
(Permittee)**

- 1) This Development Permit amends permits DP-2019-17 and DP-2019-AM1, and is issued subject to compliance with all of the Bylaws of the Town of Gibsons applicable thereto, except those specifically varied or supplemented by this Permit.
- 2) The Development Permit applies to those "lands" within the Town of Gibsons described below:
Parcel Identifier: 003-394-123
**Legal Description: LOT B, EXCEPT: PART ON PLAN BCP24580 BLOCK 1
DISTRICT LOT 683 PLAN 9351**
Civic Address: 1057 Gibsons Way
- 3) These lands are within Development Permit Areas 2, 3 and 9 of the Town of Gibsons Official Community Plan (Bylaw 985, 2005). This permit applies to Development Permit Area No. 9 (Gibsons Aquifer) for the purpose of the protection of the Gibsons Aquifer with respect to drilling site investigation as described in the plans and specifications attached to and forming part of this permit.
- 4) The "land" described herein shall be developed strictly in accordance with the terms and conditions and provisions of this Permit, and any plans and specifications attached to this Permit which shall form a part thereof; specifically:
 - Geotechnical Report letter and attachments titled: *Permit Amendment #2 for Additional Drilling Activities – DP2019-17-AM1 1057 Gibsons Way, Gibsons, BC*, dated May 7, 2020 and signed by Phil Zylka, B.Sc. B.I.T and Nick Matthews, P. Chem.
- 5) All requirements of the permit and plan(s) are to be followed.
- 6) On site monitoring by the qualified geotechnical professional is required.
- 7) Minor changes to the aforesaid drawings that do not affect the intent of this Development Permit are permitted only with the approval of the Town of Gibsons and Geotechnical Professional.
- 8) If the Permittee does not commence the work permitted by this Permit within twenty four months of the date of this Permit, this Permit shall lapse.
- 9) Upon completion of the works, a letter from a qualified professional is required to provide


all drill well logs and to ensure all conditions of this permit were met.

10) This Permit is NOT a Building Permit.

ISSUED THIS 28th DAY OF MAY, 2020.



Lesley-Anne Staats, MCIP, RPP
Director of Planning



Dave Newman
Director of Infrastructure Services



Project No: PCR010102.01

May 07, 2020

**Town of Gibsons
474 S Fletcher Rd.
Gibsons, BC. V0N 1V0**

Attn: Ms. Lesley-Anne Staats

Dear Lesley,

**RE: Permit Amendment #2 for Additional Drilling Activities – DP-2019-17-AM1
1057 Gibsons Way, Gibsons, BC (“Site”)**

Next Environmental Inc. (“NEXT”) is seeking to amend the existing permit “DP-2019-17-AM1” in order to complete additional environmental drilling on behalf of PCRE Gibsons Limited Partnership (the “client”). The purpose of this drilling is to further assess potential environmental risks associated with former automobile repair and salvaging activities at 1057 Gibsons Way (the “Site”). We have included a summary of our proposed scope of work and attached Figure 01 below with the proposed additional investigation locations. We have also included an updated Health and Safety Package, and Land Title.

A total of 21 boreholes are proposed to be advanced across the extent of the Site. 17 these locations will be relatively shallow, ~1.5 metres below grade (“mbg”), and 4 will be ~3.0mbg and completed with monitoring wells and/or vapour probes. Based on our previous experience drilling on this Site, perched groundwater has been encountered at some locations at ~3.0mbg, with a deeper aquifer present at ~14-17mbg. Notably, no artesian aquifer conditions have been encountered on the Site.

Drilling will be completed over the course of two days using a combination of solid stem auger and ODEX drilling. Notably, our maximum estimated proposed drilling depth (~3.0mbg) is well above the deeper regional Gibsons aquifer anticipated to be present at ~70.0mbg, based on the 2013 Waterline Resources aquifer mapping study referenced in the original permit application package.

Overall, based on our previous drilling experience at the Site, artesian groundwater conditions are unlikely to be encountered, and thus no impacts to the Gibsons aquifer are anticipated based on our proposed scope of work.

Given the ongoing COVID-19 public health crisis, we are taking additional precautions to ensure that the work is completed safely with no contact between workers, consultants, and subcontractors present on the Site. Please see our attached health and safety package which includes additional

precautions being taken to minimize the health risks associated with this investigation. We are confident that the full scope of work will be completed with no risk of exposure to citizens of the township, or workers present on the Site.

Report does not constitute warranty.

The assessment and conclusions in this letter are based on the interpretation of information collected from other sources, in this case, the 2013 Aquifer Mapping Study prepared by "Waterline Resources Inc." The accuracy of the information available to or presented to NEXT cannot be warranted and/or is the responsibility of the issuers. NEXT does not therefore, warrant the information contained in this letter. The responsibility of NEXT is to express an opinion on the information as obtained/presented regarding the environmental status of the Site and the degree to which it constitutes a potential environmental liability, as at the date of the letter.

Services considered confidential and cannot be relied on by third parties.

The contents of this letter are confidential and are intended for the exclusive use of the Client and the Town of Gibsons unless otherwise expressly permitted by NEXT. NEXT accepts no responsibility for any damages suffered by any third party as a result of decisions made or actions taken based on this letter. Any use of the letter or reliance on or decision made based on its contents by any third party is at the risk of said party.

NEXT is not responsible for any representations made by the Client to a third party based on the contents of this letter. The Client assumes full responsibility for damages sustained by any third party arising from representations made by the Client to a third party based on the contents of this letter.

We trust the foregoing is found satisfactory. If you have any questions, please do not hesitate to contact the undersigned.

Yours very truly,

NEXT ENVIRONMENTAL INC.

Originator:

Reviewer:



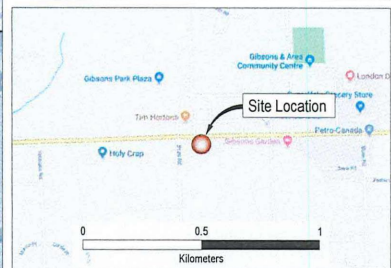
Phil Zylka, B.Sc. B.I.T.
Field Lead, Remediation



Nick Matthews, P.Chem.
Manager, Preliminary Site Investigations

ATTACHMENTS:

- DP9 – Amendment Application Form with Signed Owner Authorization
- Figure 01 – Site Plan with Investigation Locations
- Health and Safety Package
- Land Title



- LEGEND**
- Site Boundary
 - ⊕ Borehole, Monitoring Well, Vapour Well by NEXT
 - ◆ Stockpile Sample
 - ⊕ Proposed Borehole, Monitoring Well, Vapour Well by NEXT
 - 1.5m Estimated depth



IMAGE SOURCES:

- Inset Map: Google Maps
- Aerial Image: Sunshine Coast Regional District Municipal GIS (2018)

DISCLAIMER: This drawing is part of a NEXT Environmental Inc. report and its use is subject to the limitations expressed in the Compliance Statement of that report.

NOTE: All locations are approximate unless otherwise noted.

Client:			
PCRE Gibsons Limited Partnership			
Project:			
Detailed Site Investigation			
1057 Gibsons Way, Gibsons, BC			
Consultant:	Drawn by:	Checked by:	Project No:
PZ	JK	NM	PCR010102
	Drawn date:	Checked date:	
	May 7, 2020	May 7, 2020	
Site Plan with Proposed Investigation Locations			Drawn: PCR010102-001.dwg Figure: 01

NEXT ENVIRONMENTAL INC.

HEALTH & SAFETY TAILGATE MEETING

NEXT Environmental Inc. ("NEXT") recognizes that it is the responsibility of an employer to maintain a safe working environment for all employees by providing an effective Occupational Health and Safety ("OHS") Program that is documented in this OHS Manual. NEXT is committed to a program that protects its employees, contractors, customers, clients, the public, and property from accidents and/or incidents occurring during work.

We endeavor to provide proper and relevant employee training, job-specific safe work practices, personal protective equipment, operation and maintenance procedures, and safety guidelines that focus management, employee, and contractor awareness on reducing the risk of accidents and/or incidents in all activities.

We believe that all accidents are preventable. Our goal is ZERO accidents. Active participation at all levels will be required to ensure that our goal can be achieved.

NEXT and its contractors are all responsible for fully complying with all health and safety standards and regulations, including the *Workers Compensation Act* ("ACT") and the *Occupational Health and Safety Regulation* ("OHS Regulation"), and for co-operating with management in the implementation and continuous improvement of the OHS Program.

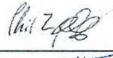


NEXT is committed to safe and sustainable practices in all aspects of our operations and therefore will review and update our safety program on a yearly basis to adapt to industry changes, trends, and regulatory requirements.

HEALTH AND SAFETY PLAN

General Project Information

Project No.:	PCR010102.01	Project Name:	Detailed Site Investigation – Step 1
Address:	1057 Gibsons Way, Gibsons, BC.	Contractor(s):	VanMars, Geoscan
Field Staff:	Phil Zylka	Phone:	778-233-3030
Project Lead:	Nick Matthews	Phone:	604-789-5042
Client:	Matthew Davis	Phone:	604-714-5339
Site Contact:	"	Phone:	"

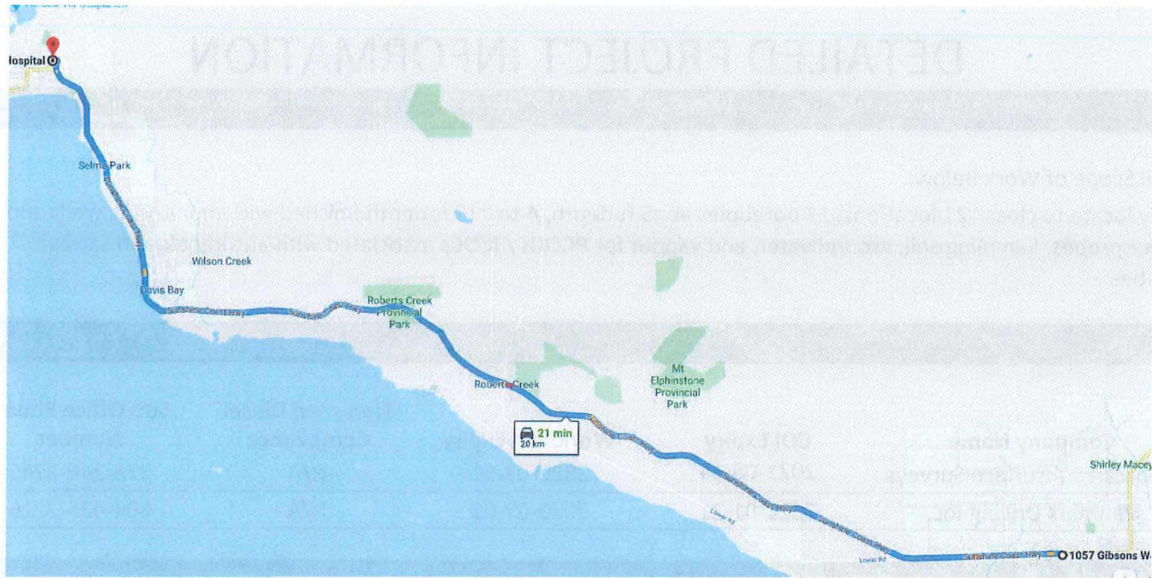
Health and Safety Plan Approval

Field Lead:	Phil Zylka	Date:	May 7, 2020	Signature:	
Project Lead:	Nick Matthews	Date:	May 7, 2020	Signature:	
H&S Committee:	Brent Cruickshank	Date:	May 7, 2020	Signature:	
Date(s) of Validity:	May 7, 2020	to	August 7, 2020	(maximum 3 months)	

Emergency & Non-Emergency Contacts

Nearest Hospital (HOSPITAL ROUTE INCLUDED BELOW)	Name: Sechelt Hospital Address: 544 Sunshine Coast Hwy, Sechelt, BC. Phone: 604-885-2224
Ambulance, Police and Fire Department	911 (Emergencies only) <i>Please confirm that 911 is active at remote projects</i>
Poison Control Centre	604-682-5050 or 1-800-567-8911
Local Non-Emergency Police Department	604-885-2266
Local Non-Emergency Fire Department	604-886-7777
Public Works (water/sewer)	604-886-2274
BC Hydro	1-888-769-3766 or 49376 (cell)
Fortis BC	1-800-663-9111 or 1-888-224-2710
Ministry of the Environment Environmental Emergencies (hazardous or toxic spills, discharges, emissions)	1-800-663-3456
WorkSafe BC – Emergencies	1-888-621-7233
WorkSafe BC - Claims Assistance	1-888-967-5377
Workplace Safety and Health (Prevention Information)	604-276-3100 (Lower Mainland) 1-888-621-7233 (BC and Alberta)
Needle/Sharps Disposal	604-657-6561
Drug and Alcohol Testing (Driver Check Inc.)	1-800-463-4310

Directions and Route Map to Nearest Hospital on NEXT PAGE:



1057 Gibsons Way

Gibsons, BC V0N 1V4

- ↑ Head west on Gibsons Way/Sunshine Coast Hwy/BC-101 N toward Payne Rd
 ⓘ Continue to follow Sunshine Coast Hwy/BC-101 N
 19.8 km
- ➡ Turn right onto Ti'Ta Way
 160 m
- ↶ Turn left
 28 m
- ↶ Turn left
 26 m
- ➡ Turn right
 ⓘ Destination will be on the left
 30 m

Sechelt Hospital

5544 Sunshine Coast Hwy, Sechelt, BC V0N 3A0

DETAILED PROJECT INFORMATION

Scope of Work

Detail Scope of Work Below:

Utility locate to clear ~21 locations. 17 boreholes at ~5 ft depth, 4 to ~10 ft depth finished with monitoring wells and vapour probes. Sampling soil, groundwater, and vapour for PCOCs / ICOCs associated with autorepair and salvage activities.

Project Sub-Contractors

Company Name	COI Expiry	WorkSafe Expiry	Non-road Diesel Compliance	Sub Office Phone Number
Geoscan Subsurface Surveys	2021-05-14	2020-07-01	N/A	778-246-3745
Vanmars Drilling Inc.	2021-01-21	2020-07-01	N/A	604-436-7226

Permits

Were any permits required OR did any authorities need to be advised of the work?

Yes (describe below) No

DP9 Permit amendment with Town of Gibsons for Environmental Drilling

Hazard Assessment

Chemical Hazards:

- Hydrocarbons
- Solvents (VOCs)
- Metals
- Others (describe below):

Media:

- Soil
- Sediment
- Groundwater
- Porewater
- Surface Water
- Vapour

Operating Equipment:

- Drill Rig
- Hydrovac
- Excavator
- Others (describe below):

Work Identification Hazards:

- Activities in Traffic Area(s)
- Mobile Heavy Equipment Activity
- Coring/Drilling
- Media Sampling
- UST Removal/Disposal
- Monitoring Well Installation
- Excavation (Including Test Pits)
- Remediation System Installation
- Remediation System Maintenance
- Others (describe below):
COVID-19 Exposure (see below)

Critical Procedures

None

The following hazards required completion of a checklist and must be included in the JSA

- | | |
|---|--|
| <input type="checkbox"/> (1) Working at heights above 1.8m (incl. excavations) | <input type="checkbox"/> (7) Critical Controls System Shut-Down |
| <input type="checkbox"/> (2) Hot Work | <input type="checkbox"/> (8) Confined Space Entry |
| <input type="checkbox"/> (3) Tank field Sump Entry | <input type="checkbox"/> (9) Lifting Heavy Equipment (i.e. with a cranes) |
| <input type="checkbox"/> (4) Electrical/Mechanical Isolation (Lockout/Tagout) | <input type="checkbox"/> (10) Deep Excavation (>1.2m) |
| <input type="checkbox"/> (5) Remote Work | <input type="checkbox"/> (11) Working in close proximity to buried elec. lines |
| <input type="checkbox"/> (6) Ground Disturbance (with a "careful digging zone") | |

COVID-19 Precautions

In order to reduce the risk of exposure to visitors, workers, subcontractors and consultants during field work, NEXT is taking appropriate steps to reduce the risk of COVID exposure on a project-by-project basis. These precautions include but are not limited to:

- Travel directly to and from the Site with no intermittent stops in between home and the Site. With respect to the work being completed in the Town of Gibsons, consultants will be travelling from the Lower Mainland on the ferry daily and will remain in their vehicle for the duration of the ferry trip. No overnight stays will be permitted for NEXT staff;
- Maintaining a minimum distance of 2 metres between field staff and subcontractors during field work, particularly during the utility locate and drilling activities;
- Wearing personal protective equipment ("PPE") including disposable gloves and where applicable, face masks to limit the potential risk of exposure to and/or the spread of infection;
- Regular hand washing and sanitizing between use of gloves when coming into incidental contact to surfaces during field work;
- Ensuring that subcontractors working with NEXT have up-to-date COVID-19 procedures in place that include appropriate social distancing and use of PPE to reduce the risk of spread; and
- Minimizing the use of local services and businesses to essential requirements only.

Further information related to NEXT's response to COVID-19 is available below:

<https://www.nextenvironmental.com/next-environmental-inc-s-response-covid-19/>



Utility Locate Information

Professional Locate Required? <i>If yes, fill out below:</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Locate Company	Geoscan Subsurface Surveys
Schedule Date	TBD
BC One Call Confirmation Number	20201919344

Personal Protective Equipment ("PPE")

The following PPE is required at all times work is being completed at the Site.

- Hard Hat
- Safety Vest
- Gloves
- Steel Toe Boots
- Eye Protection
- Hearing Protection
- Others (describe below):
 Face masks

First Aid Information

On-Site First Aid Attendant(s) and Level(s):	Phil Zylka, OFA 2
First Aid Kit Location(s):	Back of Phil's car
Cell Phone Location:	Front right vest pocket
Marshaling Area:	North entrance to Site

**All on-Site first aid attendants should have proof of first aid certification with them at all times. NEXT employees must also bring copies of all other H&S certifications, which should be appended at the end of this H&S plan.*

General Site Rules

- The bringing of, or the consumption of, alcohol or other non-prescription drugs on the job site is prohibited. Working while under the influence of these substances is not permitted. Workers will be removed from the site and banned on all future NEXT projects.
- Good Housekeeping is expected at all times during the project.
- Loose clothing and long hair must be confined prior to the work beginning
- Cell phone use is not recommended on Site. If you must use your cell phone, ensure that you are away from the working area, with your back to an immobile surface (i.e. a building).
- All work to be conducted in accordance with provincial OH&S regulations and Contractor's Safety Guidelines.
- Eating and Drinking are prohibited while conducting Site work. Eating and drinking shall only occur during designated breaks, outside of the contamination zone.
- NEXT staff and subcontractors are encouraged to thoroughly wash their hands prior to eating to avoid possible contamination exposure.
- Smoking on-Site is prohibited at all times, except in designated areas away from the work area.
- Prior to completing any task, complete a Last Minute Risk Assessment. **Stop, Think, then Act!**



PLANNED JOB OBSERVATIONS & LAST MINUTE RISK ASSESSMENT

A minimum of 1 must be completed per round of field work

Project # / Location: _____
 PJO Completed By: _____
 Completion Date: _____ Time: _____
 Name of Observee: _____

General Observations

Task Description

- | | | |
|--|---|---|
| <input type="checkbox"/> Utility Locate | <input type="checkbox"/> Drilling | <input type="checkbox"/> Excavation |
| <input type="checkbox"/> Soil Sampling | <input type="checkbox"/> Groundwater Developing | <input type="checkbox"/> Groundwater Sampling |
| <input type="checkbox"/> Vapour Sampling | <input type="checkbox"/> Surveying | <input type="checkbox"/> Other: |

Critical Procedures

- None
- | | |
|--|---|
| <input type="checkbox"/> (1) Working at heights above 1.8m (incl. excavations) | <input type="checkbox"/> (6) Ground Disturbance (with a "careful digging zone") |
| <input type="checkbox"/> (2) Hot Work | <input type="checkbox"/> (7) Critical Controls System Shut-Down |
| <input type="checkbox"/> (3) Tank field Sump Entry | <input type="checkbox"/> (8) Confined Space Entry |
| <input type="checkbox"/> (4) Electrical/Mechanical Isolation (Lockout/Tagout) | <input type="checkbox"/> (9) Lifting Heavy Equipment (i.e. with a crane) |
| <input type="checkbox"/> (5) Remote Work | <input type="checkbox"/> (10) Deep Excavation (>1.2m) |

Planned Job Observation Checklist

Description	Pass	Fail	N/A	Notes
1) Personal Protective Equipment (PPE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2) Correct lifting, pushing, pulling technique	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3) Work/walking surface clear of obstruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4) Housekeeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5) Barricades, cones, signage, security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6) Work is far enough from overhead electrical lines?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7) Waste materials properly stored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8) Site specific hazards communicated to all personnel.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9) Compliance to specified permits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10) JSA compliance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11) Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Root Causes Analysis

Not Applicable

Personal Factors	<input type="checkbox"/> 1) Lack of skill or knowledge
	<input type="checkbox"/> 2) Doing the job according to procedures or acceptable practices takes more time or effort
	<input type="checkbox"/> 3) Shortcutting procedures or acceptable practice is positively reinforced or tolerated
	<input type="checkbox"/> 4) In the past, no incident occurred
Job Factors	<input type="checkbox"/> 5) Lack of or inadequate procedures
	<input type="checkbox"/> 6) Inadequate communication of expectations regarding procedures or acceptable practices
	<input type="checkbox"/> 7) Inadequate tools or equipment
External Factors	<input type="checkbox"/> 8) External factors (specify):

PJO Questionable Observations Summary and Solutions

None Questionable Observations Identified

"PJO Checklist" Number	"Root Causes" Number	Solution	Person Responsible	Signature	Date

Were Solutions Implemented?

Yes No Not Applicable

Were Solutions Effective?

Yes No Not Applicable

Last Minute Risk Assessment Testing Results

Name	Title	Test Results (pass or fail vs 4 test areas: scope of work, hazards, mitigation, attitude)	Completed By (print and sign)

INCIDENTS

What do in the event of an incident on-Site

In the case of any incident involving injury, illness or property damage:

1. Stop work as soon as safely possible
 - Meet at the safe area (designated at kick-off meeting), and account for all site personnel.
 - Perform a scene survey
 - Take control of the scene, restrict access to the area affected by the incident, and determine what happened.
 - Assess hazards, and make the scene safe.
 - Determine if the incident has caused an illness, injury, or property damage.
2. Perform a primary survey (Airway-Breathing-Circulation), if any casualties have been identified
 - Assess casualties for life-threatening injuries or illnesses, and begin first-aid procedures.
 - Direct non-injured bystanders to send for medical/emergency help; assist with first aid and securing the scene.
 - Provide ongoing casualty care until medical help arrives.
3. In the case where non-life threatening injury or property damage has occurred, contact the NEXT project lead (PL) or appropriate management personnel as soon as possible
 - Direction will be given as to the appropriate steps to take to manage the incident, to prevent further property damage or injury, and for the eventual resumption of work.
 - NEXT PL will contact the client, and provide notification that an incident has occurred, and what steps are being taken post-incident.
4. If a critical incident (i.e. fatality or serious injury) occurs, call WorkSafe BC immediately at 1 888 621-SAFE (7233) (Business hours (8:30 – 4:30)) or 1 866 WCB-HELP (922-4357) (after hours).
5. Driver Check may be contacted at the discretion of the investigator if a recordable incident involving either direct employees or sub-contractors has occurred. Recordable incidents are identified as one of the following:
 - Critical injury¹;
 - Actual/potential medical assistance (provided by a legally-qualified medical practitioner or registered nurse);
 - Lost time incident (unable to perform work duties the next day after incident); and
 - Environmental and down-gradient incidents (spills/leaks, fire/explosion, potential adverse publicity, vehicle accident, damage to property).

The contact numbers for Driver Check are on the Emergency Contact Sheet. Driver Check must be contacted within 4 hours of the incident occurring, and a mobile testing unit can be dispatched to the Site.

6. If the incident is non-critical, report the accident to WorkSafe BC within three (3) days if the employee loses time from work or requires medical treatment (i.e. visits a medical professional). If work is being performed out-of-province, report to appropriate Provincial/Territorial Regulatory Agency for the region where work is being performed. If the incident requires first aid only, reporting is not required.
Form 6 should be filled out by the worker and Form 7 should be filled out by the employer (forms on website <http://www.worksafebc.com>). Report to WorkSafe BC within 10 days if there is any significant change (i.e. back to work, change to illness etc.). Appropriate provincial/territorial requirements must be adhered to for the region in which work is being performed.
7. Investigate the incident, and document investigation on the Incident Investigation Report Form, which will be sent to the NEXT PL within 24 hours of incident occurrence. Implement solutions, and forward a copy of the paperwork to the JHS Committee.
8. The incident investigation will be reviewed with site personnel once work on site is permitted to safely resume.

¹ Critical Injury includes the following:

- There is a major structural failure or collapse of a building, bridge, tower, crane, hoist, temporary construction support system, or excavation.
- There is a major release of a hazardous substance.
- There is a driving incident as defined by OHS Regulation 24.34.
- There is a dangerous incident involving a fire or explosion that had potential for causing serious injury to a worker.

There is a blasting incident that results in personal injury or injuries.

INCIDENT REPORT

All Incidents and Accidents must be reported to Next Environmental within 24 hours of occurrence.

Next Project Lead: _____	Contractor Representative: _____
Incident Location: _____	Project Number: _____
Incident Date: _____	Incident time: _____

Incident Information

Incident Type:

- | | | |
|--|--|--|
| <input type="checkbox"/> Injury to contractor/employee | <input type="checkbox"/> Property/equipment damage | <input type="checkbox"/> Government inspection report/order |
| <input type="checkbox"/> Injury to third party | <input type="checkbox"/> Contractor property/equipment damage | <input type="checkbox"/> Near miss - unsafe act or condition |
| <input type="checkbox"/> Motor vehicle accident | <input type="checkbox"/> Third party property/equipment damage | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Product spill/leak | <input type="checkbox"/> Discharge exceeding legal limits | |

Incident description (include media coverage and government involvement):

Factors contributing to incident and incident severity:

- | | | |
|--|--|--|
| <input type="checkbox"/> Procedures | <input type="checkbox"/> Management System | <input type="checkbox"/> Human Factors (i.e. distractions) |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Training | <input type="checkbox"/> Supervision |
| <input type="checkbox"/> Other (describe): | | |

Emergency assistance obtained: None; or

- | | | |
|---------------------------------|------------------------------------|-------------------------------|
| <input type="checkbox"/> Police | <input type="checkbox"/> Ambulance | <input type="checkbox"/> Fire |
|---------------------------------|------------------------------------|-------------------------------|

People involved (injured party, witnesses):

<u>Name</u>	<u>Employer (if contractor employee)</u>	<u>Involvement</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Injury Details: N/A; or

Nature of injury:
(type, body part) _____

Treatment given: _____

Current condition: _____

Spills and Leaks: N/A; or

Product(s): _____

Quantity discharged: _____

Quantity contained: _____

Quantity recovered: _____

Notifications: N/A; or

Ministry of the Environment TSSA (Ontario) Municipality

Workers' Compensation Other:

Follow-up required: N/A; or

<u>Action</u>	<u>Responsibility/Timeframe</u>	<u>Completed by</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signatures

Prepared By: _____

Date: _____ Time: _____

Review By: _____

Date: _____ Time: _____

Copy to project file and to Safety Representative for incident system entry and filing.



WITNESS REPORT

(Please Print)

Project: _____ Date: _____

Witness Information

Name of Witness: _____

Address: _____

Phone: _____

Date of Accident: _____ Time of Accident: _____

WHAT HAPPENED? (Explain in detail using a diagram, or photos to describe the incident)

I believe the preceding statement to be true to the best of my knowledge.

Witness Signature: _____

First Aid Record

This record must be kept by the employer for three (3) years. This form must be kept at the employer's workplace. Do **NOT** submit to WorkSafeBC.

Sequence number

Name	Occupation
Date of injury or illness (yyyy-mm-dd)	Time of injury or illness (hh:mm) <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Initial reporting date and time (yyyy-mm-dd) (hh:mm) <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Follow-up report date and time (yyyy-mm-dd) (hh:mm) <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Initial report sequence number	Subsequent report sequence number(s)

Description of how the injury, exposure, or illness occurred (What happened?)

--

Description of the nature of the injury, exposure, or illness (What you see — signs and symptoms)

--

Description of the treatment given (What did you do?)

--

Name of witnesses

1.	2.
----	----

Arrangement made relating to the worker (return to work/medical aid/ambulance/follow-up)

--

Provided worker handout <input type="checkbox"/> Yes <input type="checkbox"/> No	A form to assist in return to work and follow-up was sent with the worker to medical aid <input type="checkbox"/> Yes <input type="checkbox"/> No
Alternate duty options were discussed <input type="checkbox"/> Yes <input type="checkbox"/> No	
First aid attendant's name (please print)	First aid attendant's signature
Patient's signature	



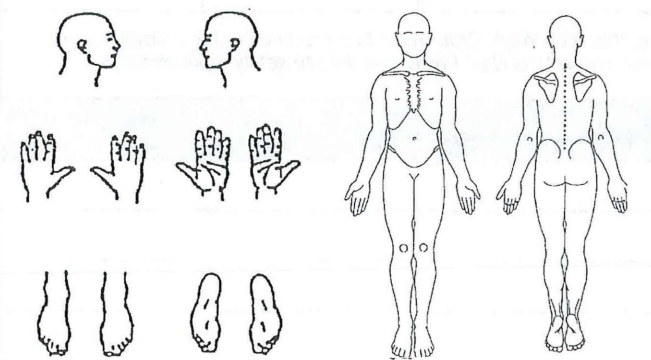
OCCUPATIONAL FIRST AID PATIENT ASSESSMENT

DATE AND TIME OF ILLNESS / INJURY	AM / PM	DATE AND TIME REPORTED TO FIRST AID	AM / PM
TIME OF ARRIVAL AT FIRST AID (WALK IN)	AM / PM	TIME ON SCENE (IF APPLICABLE)	AM / PM

EMPLOYEE NAME	DATE OF BIRTH	D	M	Y	EMPLOYER NAME	EMPLOYER PHONE NUMBER
EMPLOYEE'S DOCTOR					CONTACT PERSON	

GLASGOW COMA SCALE	EYE OPENING RESPONSE 4 SPONTANEOUSLY 3 SPEECH 2 TO PAIN 1 NO RESPONSE	BEST VERBAL RESPONSE 5 ORIENTED 4 CONFUSED 3 INAPPROPRIATE WORDS 2 INCOMPREHENSIBLE SOUNDS 1 NO RESPONSE	BEST MOTOR RESPONSE 6 OBEYS COMMANDS 5 LOCALIZES PAIN 4 WITHDRAWS FROM PAIN 3 FLEX TO PAIN (DECORTICATE) 2 EXTENDS TO PAIN (DECEREBRATE) 1 NO RESPONSE
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PATIENTS CHIEF COMPLAINT	VITAL SIGNS	TIME	TIME	TIME	TIME
	RESPIRATIONS				
MECHANISM OF INJURY / HISTORY OF ILLNESS	PULSE				
	LOC / GCS	E TOTAL V	E TOTAL V	E TOTAL V	E TOTAL V
PHYSICAL FINDINGS	PUPIL SIZE & REACTION +/-	M L R	M L R	M L R	M L R
	SKIN				
ALLERGIES					

PLEASE MARK INJURED OR EXPOSED AREA 	MEDICATIONS INTERVENTIONS (PLEASE CHECK) <input type="checkbox"/> AIRWAY CLEARED <input type="checkbox"/> MAINTAINED <input type="checkbox"/> OROPHARYNGEAL AIRWAY <input type="checkbox"/> VENTILATED <input type="checkbox"/> PKT. MASK <input type="checkbox"/> BVM <input type="checkbox"/> CONTROLLED BLEEDING <input type="checkbox"/> OXYGEN ADMINISTERED LPM _____
DEFINITIVE TREATMENTS (PLEASE CHECK) <input type="checkbox"/> TRACTION <input type="checkbox"/> SPLINTED <input type="checkbox"/> IMMOBILIZED <input type="checkbox"/> SPINAL IMMOBILIZATION <input type="checkbox"/> ADDITIONAL TREATMENTS (PLEASE EXPLAIN)	

RECOMMENDATIONS <input type="checkbox"/> RETURN TO WORK <input type="checkbox"/> FIRST AID FOLLOW UP <input type="checkbox"/> MEDICAL AID	CHANGES IN PATIENTS CONDITION (PLEASE EXPLAIN)
TRANSPORTED BY (PLEASE CHECK) <input type="checkbox"/> ETV <input type="checkbox"/> INDUSTRIAL AMBULANCE <input type="checkbox"/> B.C. AMBULANCE SERVICE <input type="checkbox"/> AIR EVACUATION <input type="checkbox"/> OTHER (PLEASE EXPLAIN)	

F.A.A. NAME (PLEASE PRINT)	F.A.A. SIGNATURE	OFA CERTIFICATE #	OFA LEVEL <input type="checkbox"/> 1 <input type="checkbox"/> TE <input type="checkbox"/> 2 <input type="checkbox"/> 3
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NAME OF WITNESSES (PLEASE PRINT)	EMPLOYER MAILING ADDRESS
EMPLOYEE SIGNATURE	STREET / AVENUE
	CITY / TOWN
	POSTAL CODE

STOP WORK ORDER

Notice is hereby given to immediately cease construction activities until written approval from Next Environmental or Next Environmental Project Management is obtained. The location specified on this Stop Work Order will be closed, with special attention given to leaving the area safe for employee and public use as applicable.

Project: _____

Date Issued: _____

Contractor: _____

Time Issued: _____

Location of Closure: _____

Reason for Closure: (CHECK APPROPRIATE BOX)

- Activity, event, condition, or circumstance posing an **immediate, serious, and/or ongoing** danger to workers, tenants, or the general public.
- Non-compliance with Next Environmental Inc. requirements, where such non-compliance poses adverse health and/or safety risk(s) to workers, tenants, or the general public.

Specifics of Closure: (DETAIL REASONS FOR CLOSURE AND CORRECTIVE ACTIONS REQUIRED TO RESOLVE ISSUE)

Unsafe Act or Item	Corrective Action Required	Action By	Date Completed

The Contractor will be required to demonstrate that the issue(s) surrounding this Stop Work Order have been rectified to the satisfaction of Next Environmental. For additional information regarding this Stop Work Order, contact the Next Environmental site safety representative.

Next Environmental Safety Representative Use Only	
Issued by:	
Phone No:	
cc: <input type="checkbox"/> Project Superintendent	
cc: <input type="checkbox"/> Project Manager	
cc: <input type="checkbox"/> Engineering	

DO NOT REMOVE WITHOUT WRITTEN PERMISSION

CERTIFICATIONS

(Insert a copy of all Field Lead(s) certifications to the Health and Safety Plan)

- Transportation of Dangerous Goods ("TDG")
- Workplace Hazardous Material Identification System ("WHMIS")
- Occupational First Aid ("OFA 1")
- Petroleum Oriented Safety Training ("POST")
- Hearing Test Card
- Respirator Fit Test Card
- Other



OCCUPATIONAL FIRST AID LEVEL 2

Philip Zylka

IS QUALIFIED TO RENDER LEVEL 2 FIRST AID IN ACCORDANCE WITH THE OCCUPATIONAL HEALTH AND SAFETY REGULATION



St. John Ambulance
SAVING LIVES
At work, home and play
782407
55M32 (R01/07)

Chris Rohmann
Agency authorization

Chris Rohmann
Evaluators signature

2020 MAY 25
Expiry date (yyyy-mm-dd)

521807
Evaluator number

Record of Hearing Test

Name ZYLKA, PHIL Test date OCT. 17

Hearing test provider **RELIABLE HEARING TESTING**
604-834-8444

Explanation of results provided

Hearing protection fit was checked

Requirement to wear hearing protection discussed

Industrial audiometric technician **78**

Keep this card to show at your next test in **one** year.

Qualitative Respirator Fit Test Form (QLFT)

HAZMASTERS - BURNABY Date Tested: OCT 17th, 2019

Phil Zylka Examiner Name: CHRIS ROHMANN

NEXT ENVIRONMENTAL INC. North Model No: 5500-30M Size: Med.

Irritant Smoke (Stannic Chloride) Bitter Aerosol (Bitrex)

Eyeglasses* Dentures Contact Lenses

P.P.E.*** Facial Hair Medical Conditions**

CERTIFICATE of ACHIEVEMENT

This is to certify that

Phil Zylka

has completed the course

POST 2019 LEVEL 1 - BBS - Orientation and Test

May 2, 2019
POST Final Exam Grade: 100.00 %

For the emergency contact please call the BC Safety Council at 604-681-5800

POST1903MS