

## **Great Western Painting**

### **Safe Method Work Policy Statement**

The objective of the following Safe Method Work Statement (two [2] pages) is for our project managers and Saint-Gobain project managers to improve awareness of the specific risks associated with the intended work and to define imitative steps to reduce the potential for injuries and property loss.

The Safe Method Work Statement should be completed and approved for any work we perform. For specific projects the review should be project based, and for repetitive, longer term assignments (i.e., routine maintenance) the document should be updated annually. **The Safe Method Work Statement does not replace the permit to work that is required for specific tasks.**

Our project leader will meet with the Saint-Gobain project leader to review the project scope, complete the Safe Method Work Statement, identify key safety risks, and define any corrective measures.

A list of all employees (and subcontractor employees) that will work on the project and all work areas will be prepared.

The Saint-Gobain project leader (or safety designee) and our project leader must sign the Safe Method Work Statement indicating agreement with the scope and preventative measures.

We will review the Safe Method Work Statement with our project team prior to implementation. If new staff are added, the Safe Method Work Statement will be reviewed before the employees work on the project.

The Safe Method Work Statement supplements our Job Hazard Analysis.

The Saint-Gobain project leader and/or safety designee should use Safe Method Work Statement as a guide when performing routine contractor audits.

If the project scope changes, the Safe Method Work Statement will be updated and all employees will be retrained on its contents.

Copies of this Safe Method Work Statement will be made available by both ourselves and the through the Saint-Gobain project manager.

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Patrick Evje  
Safety Director

Work Site Location:

**Safe Method Work Statement (page 1/2)**

Work assignment:	
TEMPORARY - Project	
YEARLY- Ongoing	

SAINT-GOBAIN USER ( WHO ORDERED THE WORK)	CONTRACTOR
NAME:	NAME
POSITION:	TITLE
OFFICE #:	COMPANY
Cell #:	ADRESS
<b>EHS COORDINATOR</b>	TEL - Cell
NAME:	TEL - Office
OFFICE #:	Date of Contractor Safety Orientation
Cell #:	Training (Video and handbook):

ACTIVITIES OF THE SUBCONTRACTORS ( detailed description)	
START DATE:	EXPECTED COMPLETION DATE:
WORKING HOURS:	

SUBCONTRACTORS STAFF (list names )	
<b>1. On-site Supervisor:</b>	
2	7
3	8
4	9
5	10
6	11

Area where the work is to take place		
Preparation <input type="checkbox"/>	Offices <input type="checkbox"/>	Others:
Weaving <input type="checkbox"/>	Boiler room <input type="checkbox"/>	
Finishing <input type="checkbox"/>	Roof <input type="checkbox"/>	
Maintenance <input type="checkbox"/>	Warehouse <input type="checkbox"/>	

EMERGENCY PHONE NUMBERS	
Local Police	Poison Information
State/Provincial Police	Ambulance
Fire Department	Hospital
Haz Mat responder	

**Safe Method Work Statement (page 2/2)**

RISK (e.g. hazardous materials)	PREVENTIVE ACTION (e.g. PPE)

SAFETY CHECK LIST	Description	Date	Verified by
Permits to work (list) review:			
Certifications/specialized train'g			
Material Safety Data Sheets Reviewed			

I (contractor) completed the Saint-Gobain Orientation training and understand it contents. As the contractor representative is my responsibility to ensure that I, employees of the contractor, and sub-contractors to the contractors that are reporting to me adhere at all times to the items requirements listed above as well as the SG Contractor Safety Guidelines, government regulations, and company policies, rules and procedures.	
<u>Contractor Approval</u>  Signed Name Title Date	<u>Saint-Gobain sign-off</u>  Signed Name Title Date