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## TRAINING AND CERTIFICATION POLICY

The purpose of this policy is to ensure that all employees receive adequate safety, PPE, orientation and equipment training.

The Company maintains a thorough training program to bring attention to the importance of Safe Work Practices and hazard controls to the employees. A Company objective is to convey the importance of safety education, with interest and value to employees at all levels.

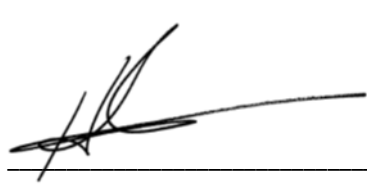
The training must be systematically planned and promoted on a continual basis. The training program is available to all employees to ensure that they possess sufficient competency and capability to maintain their responsibilities safely.

The Company maintains a documented training matrix or other documentation that addresses the training needs for all occupations within the organization. In addition to company requirements, CDN. Power Pac must ensure that appropriate employees have been trained to meet Legislative Training Standards.

The Company must maintain a system to track employee training records including renewals and requirements. Managers are responsible for ensuring that the standard set is the standard met no exceptions.

CDN. Power Pac will provide and ensure that all employees participate in the following training;

- Site safety orientations for all new hires (conducted by the prime contractor on site).
- Company orientations for all new hires (conducted either by CPP Safety or CPP Superintendent).
- Job specific training (AWP, Fall Pro, WHMIS etc.....)
- Leadership for Safety Excellence training for all CPP site superintendents/foremen.



Harold Kinsey

January 4, 2021

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## RESPONSIBILITIES

### *ALL PERSONNEL:*

- Each employee is responsible for ensuring that they maintain valid certification of courses attended; and,
- Active participation in undertaking all training courses.
- Advising their supervisor, foreman, superintendents, etc. if they are not trained for a task for which they are being assigned.

### *HEALTH AND SAFETY ADMINISTRATION:*

- Maintenance of the training program.
- Delivering and/or coordinating instruction including third party courses.
- Develop and implement training courses as required.
- Development of S.E.T. (*Specialized Emergency Training*) online training course codes.
- Sign and issue S.E.T. certificates to employees who complete and pass online courses.
- Conduct company orientations if NOT conducted on site.
- Ensure H&S Certifications are current and valid with all CPP H&S Administration.

### *SUPERINTENDENTS / SUPERVISORS / FOREMEN:*

- Provide thorough and concise job instruction.
- Inform the employee of safety requirements, proper selection and use of personal protective equipment, and other relevant details.
- Place the employee, for a reasonable amount of time, under the charge of a competent employee for instruction and guidance. Allow them the opportunity to adjust to work procedures.
- Re-instruct and/or correct, as necessary; and,
- Inform the divisional manager of each new employee's progress.
- Ensure that no employee is assigned to duties for which they are not trained.
- Ensure Leadership for Safety Excellence training is current .

***Responsibilities (cont.)******MANAGERS:***

- Ensuring that basic training is provided to employees under their jurisdiction and evaluating the employee's performance.
- Ensuring that an employee's training profile accurately reflects the training required for that employee.
- Ensuring that all documentation is collected and forwarded to the appropriate destinations.
- Ensuring personnel under their jurisdiction comply with customer requirements and attend Site Safety Orientations offered by the customer; and,
- Ensure that no employee is assigned to duties for which they are not trained.
- Ensuring that adequate job instruction is provided for all employees and those under CDN Power Pac's supervision as it applies to their job.

**TRAINING RECORDS AND TRACKING**

Each supervisor/superintendent with CPP must ensure that a system is in place to track employee training records including expiries and requirements. The training records will then be transferred and maintained in the employee's file.

Online training with S.E.T is also maintained in the company's profile, and can be accessed by CPP's Health & Safety department for transfer to employees personnel file.

**EMPLOYEE CERTIFICATION TRAINING FILES**

CPP must maintain a physical training file for each employee. Training files must contain originals or legible photocopies of all training certificates, registers, etc. Each training file must match the electronic register of training records. These files must be easily accessible for audits.

Training files must not contain:

- Medical Information such as drug and alcohol tests, audiometric exams, etc.
- Personnel Records, such as wage information, hire-on packages, etc.

## PROOF OF EMPLOYEE TRAINING

Employees may be given proof of training for each course that is successfully completed depending on client and/or divisional requirements. Training record printouts are available as are photocopies of the training record from the employee training file.

Proof of training might include:

- Competency Hard Hat sticker.
- Certification Card.
- Certificate.

## TRAINING RESOURCES

Training resources are the input needed for the training plan to be implemented and are usually classified as internal or external. Both internal and external training are normally required to bring employees to the desired competency. Internal and external courses should make up each company/divisions training.

<i>Internal training resources may include:</i>	<i>External training resources may include:</i>
<ul style="list-style-type: none"> <li>• New employee orientation (company).</li> <li>• In-house training facilities and aids.</li> <li>• New Worker Experience Program.</li> <li>• On-line training (done at office).</li> </ul>	<ul style="list-style-type: none"> <li>• Alberta Construction Association (ACSA) courses.</li> <li>• Group training courses, or joint training.</li> <li>• Local 424 Union provided training.</li> <li>• Tradesman certification.</li> <li>• Private sector courses and consultants.</li> <li>• On-line training (done on site / home).</li> </ul>

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***SPECIALIZED EMERGENCY TRAINING (S.E.T) REFERENCE LETTER;*****Specialized Emergency Training**

[www.emergtraining.com](http://www.emergtraining.com)

April 10, 2014

**RE: CDN Powerpac - Safety Training**

This letter acts as official confirmation that CDN. Powerpac utilizes our Online Safety Training system to successfully provide Safety certifications for their workforce.

Through a very effective blended-learning approach, CDN Powerpac ensures that the practical, competency-based aspects compliment the industry-leading online training programs we provide. This model has proved to exceed typical classroom-only teaching methods for material retention.

The training system allows CDN. Powerpac employees to access their safety records at any time on-site; these are also readily available through Mr. Jeff Panchuk for verification. Outside classroom training records are not hosted here at this time.

Should you wish to confirm the account in good standing, please do not hesitate to contact me directly via [morgan@emergtraining.com](mailto:morgan@emergtraining.com) or (780) 756-7233.

Regards,

Morgan Douziech  
Owner/ Director  
Specialized Emergency Training

## **NEW EMPLOYEE SAFETY ORIENTATION**

CPP Site supervision must ensure that every new employee at their work site location must have CPP Orientation and Site Specific Orientation. The orientation outlines people, equipment, material and environment, which the employees must recognize before they enter the work place.

No employee is to work without first successfully completing the Orientation. Once the employee has successfully completed the Company orientation they are ready to work, however, only in areas and/or tasks for which they have been trained and with proper supervision.

Where the new worker is new to the electrical industry, or has minimal experience in the electrical field, they may be required to undertake the “*Worker Experience Program*”. If they have not completed a similar program such as The Union Local 424 PACT Program. CPP’s Worker Experience Program has been developed to provide supervision and further training in the electrical industry by the site superintendent/supervisor.

All Provincial, Federal and client requirements are always met and in most cases exceeded.

## **WORKER EXPERIENCE MANAGEMENT PROGRAM**

The CDN Power Pac Worker Experience Program will ensure that new workers with little or no experience in the electrical industry will have the adequate training and competency to perform the assigned tasks that are required of them. This program does not replace the requirement for trade tickets, industry training programs or certification for equipment operators. This program will ensure that the training that he/she has acquired for their apprenticeship demonstrates that they can perform their required tasks effectively, knowledgeably, and safely.

When a new worker is hired on with CDN Power Pac, they are required to complete a Safety Orientation Information session which is conducted by the Project Superintendent or Project Foreman and/or the Health and Safety Advisor. Along with the Safety Orientation more formal training will be provided as necessary. This training will be documented in the employee’s training record which is included in their Personnel Employee File with CDN Power Pac. Other training may be documented on attendance of weekly safety meetings, toolbox talks and tailgate meetings.

The CDN Power Pac Worker Experience Program will be implemented by the Project Superintendent. The Project Superintendent has no limitations on the amount of employees they see fit that would benefit the Worker Experience Program. Employees that would require and/or would benefit from the Worker Experience Program would have the following criteria;

- \* New employee to the project site regardless of apprenticeship status.
- \* New or current employee with CDN Power Pac with a 1st year Apprenticeship.

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## MENTORING

The Project Superintendent will mentor and coach the new employee by evaluating the training and experience they already have and help the employee understand safety on the work site including hazard assessment, practices and procedures. The worker will then be observed performing the required tasks and evaluated. Continued mentoring and coaching will assist the worker to conform to the required behavior on site and ensure that with correct demonstration of work tasks they will be completed in a safe and competent manor. Duration of the mentoring program will be determined by the complexity of the work task, equipment and/or process.

Competence will be determined by the Project Superintendent when the worker can safely demonstrate their learned safety behavior, and competent, correct use of tools and/or equipment.

It is the due diligence of the Project Superintendent to ensure that progress forms on the mentored employee are filled out accurately and correctly.

The forms used to monitor the employee's progress are;

- *CDN Power Pac New Worker Evaluation.*  
(Used to determine the employee's understanding of the company's H&S Policy and previous training)
- *CDN Power Pac Competency Observation.*  
( A two part form used to observe the employee's use of tools and/or equipment)

The Project Superintendent will instruct and mentor the new employee from a developed lesson plan, specific to the tasks at hand. The Superintendent may require help from another proven qualified and competent worker from the same worksite project.

The Project Superintendent or mentor of the employee may obtain information on work safe procedures and safe work practices and other related material from the Company's Health and Safety Manual. Other resources utilized for training will be the owner's manual for equipment and tools, and previously completed Job Hazard Assessments and Pre-Job Inspection Forms.

The CDN Power Pac Worker Experience Program is designed to improve the knowledge and skill set of all of their employees out in the work site, therefore reducing the probability of an incident.

Improving the competency of the workers is extremely beneficial to both the workers and the company. Trained and competent workers will improve quality of workmanship, job efficiency and help provide a safer worksite.





***New Worker Evaluation Form (cont.)***
***Equipment:***

<b>Equipment</b>	<b>Certificate # (if applicable)</b>	<b>Years' / Months Experience</b>
Company Truck		
Scissor Lift(Aerial Work Platform)		
Forklift (electric/gas)		
Skid Steer		
Zoom Boom (Variable Reach Lift)		
Aerial Boom		
Trencher (walk behind)		
Trencher (sit down)		

***Tools:***

<b>Tool</b>	<b>Brand</b>	<b>Years' / Months Experience</b>
Circular Saw		
Drill (battery/cord)		
Angle Grinder		
Table Saw		
Radial Arm Saw		
Chop Saw (Cut-Off Saw)		
Jig Saw		
Oxy/Fuel Cutting Torch		
Cable Cutter (Ratchet/Hydraulic)		
Wire Stripper/ Crimper		
Mechanical Bender		
Hand Bender		
Knockout Punch (Hand/Hydraulic)		
Band Saw		
Sawzall		
Heat Gun		
Drill Press		
Multimeter		
Clamp Meter		

**COMPETENCY OBSERVATION TOOLS**

Worker's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Tool Being Used: \_\_\_\_\_

Has Reviewed Safe Work Procedure: YES      NO      N/A

Process	Practice	Comments	Acceptable
Tool Selection	Selects the correct tool and/or attachment if required		
PPE	Is wearing the correct PPE required to complete the task		
Inspection	Inspects the tool and/or attachments for any defects or hazards		
Worksite Inspection	Fills out or Checks job JHA for worksite hazards. Ensures work area is safe.		
Performing Task	Ensures operation of tool as per SWP and in a controlled manner. Worker demonstrates working out of the line of fire. Worker demonstrates proper holding of tool.		
Housekeeping	Ensures work area is cleaned of any debris that may have been created by tool. Tool is properly disconnected and put away after use.		

Worker has successfully demonstrated the ability to operate this tool without direct supervision:

YES      NO

Worker Signature: \_\_\_\_\_

Mentor Signature: \_\_\_\_\_

### COMPETENCY OBSERVATION EQUIPMENT

Worker's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Equipment Being Used: \_\_\_\_\_

Equipment Make and Model: \_\_\_\_\_

 Worker's Certification # to operate equipment *(if equipment is vehicle, Appropriate Driver's License required)*:

Cert #: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Process	YES	NO	N/A
Knows regulatory requirements and equipment's manufacture's operation, inspection and maintenance requirements			
Is wearing the correct PPE for the equipment being used and task at hand			
Correct usage of a fall protection system is being used (if required)			
Worker has correct certification for fall protection harness (if required)			
If fall protection is being utilized, fall hazards have been identified and mitigated			
Fall protection rescue plan has been reviewed and signed off (if required)			
Inspects equipment for visible defects and potential hazards			
Understands and follows the SWP associated with the equipment			
Knows and understands the emergency procedures associated with the equipment			
Is aware of worksite surroundings and has visible and/or verbal communication with spotter (if required)			
Fills out or checks worksite JHA form and signs off			
Identifies and knows how to use controls			
Pre-start and post operation checks			
Start up and shut down of equipment as per manufacturer's and site specific requirements			
Equipment controls and functions, including implements or other attachments, brakes and maneuverability are checked and adjusted; any faults are reported and rectified. Defective equipment is taken out of service.			
Equipment is put back in original condition and location (if possible)			

Worker has successfully demonstrated the ability to control and operate this equipment safe and competently.

YES NO

Worker Signature: \_\_\_\_\_ Mentor Signature: \_\_\_\_\_

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***SAFETY ACKNOWLEDGEMENT FORM.***

I, \_\_\_\_\_ (*print name here*), employee of CDN Power Pac, hereby state that I have read through the provided safety documentation and any questions that I have been asked. I also state that I understand the documents and intend to comply with the company safety rules and regulations.

I also understand that should I fail to comply with the rules and regulations set forth, the company and its supervisors may not be held responsible for any incident that may occur.

\_\_\_\_\_ (*employee signature*) \_\_\_\_\_ (*date*)

\_\_\_\_\_ (*supervisor signature*) \_\_\_\_\_ (*date*)

Employee Name: \_\_\_\_\_

Address : \_\_\_\_\_ City: \_\_\_\_\_

\_\_\_\_\_ Province: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Date of Birth (DOB): \_\_\_\_\_

**Emergency Contact #1 :****Emergency Contact #2 :**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Phone No. : \_\_\_\_\_ Phone No. : \_\_\_\_\_

Relationship : \_\_\_\_\_ Relationship : \_\_\_\_\_

## Health Questionnaire

If you have a known physical condition or disability such as epilepsy, diabetes, impaired eyesight, impaired hearing, back trouble, heart trouble, **allergies**, aversion to heights, or are subject to dizzy spells, please advise your supervisor. This information remains PRIVATE and CONFIDENTIAL and is only referenced in the unfortunate circumstance that an accident/incident has left you unable to communicate with site safety.

This information is necessary to ensure your health and safety and that of your co-workers. Previous injuries or exposure to certain elements could put your health at risk. Information provided on this form will assist with appropriate placement for work in accordance with your limitations. This information does not impede your employment with CDN. Power Pac in any way.

- Do you have any of the above physical conditions or disabilities? Yes No
- Do you have any additional “not mentioned” handicaps? Yes No
- Do you or are you taking any medications? Yes No
- Do you have any previous injuries or exposures? Yes No
- Do you have any allergies that could cause a potential for injury? Yes No

If answered Yes to any of the above please explain:

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I \_\_\_\_\_ hereby certify that all statements made on this health and safety form are correct and to the best of my knowledge. If required, I authorize CDN. Power Pac to investigate fully, all information contained in this form. I understand that any misrepresentation by me in this application will be sufficient cause for denial or termination of employment.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_