

USGP Site-Specific Safety Plan (SSSP) Cross Reference Checklist



| | | | |
|--|-----------------------|---------------------------|--|
| Project Name: | | Prime/General Contractor: | |
| Project Manager: | | Project No. | |
| Reviewer Name: | Reviewed on | Cost Code: | |
| TCE Accepted: Yes <input type="checkbox"/> No <input type="checkbox"/> | SSSP Revision Number: | | |

Contractor shall develop a SSSP that includes the sections listed below. The SSSP must be reviewed and accepted by Company prior to mobilization.

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|------------|--|--------------------------|--------------------------|--------------------------|--|---------------------------|
| | | Yes | No | N/A | | |
| 1.0 | Safety Culture Alignment | | | | | |
| 1.1 | Contractor Safety Policy/Commitment to Safety <i>*Is Policy incorporated into SSSP</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Section 2.1 of the OHS Standard | |
| 1.2 | TCE's Life Saving Rules <i>*Incorporated into SSSP</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Section 2.4 of the OHS Standard | |
| 1.3 | Contractor Accountability for Safety | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Section 1.2 of the OHS Standard | |
| 2.0 | Project Overview | | | | | |
| 2.1 | Contractor Scope of Work (SOW) Summary <i>*Ensure there is a level of detail (excavation, crane operations, SOW, etc.) and not just high level</i> <i>* Inclusion of overview/site map for Prime Contractor showing area(s) under their control</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sections 1.1 & 4.1 of the OHS Standard | |
| 2.2 | Organization of Work <i>*Prime Contractor Status, Other Contractors in the area, Any interfaces with TCE Facilities or Operations</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 2.3 | Contractor Project Organization <i>*Key contact list for onsite supervision</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 2.4 | Project Location Details <i>*Physical address/GPS Coordinates</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 2.5 | Contractor Schedule <i>*Mobilization Date, Construction Duration, Demobilization</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 2.6 | Hours of Work <i>*Workdays, i.e., Monday thru Friday/Saturday</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Section 6 of the OHS Standard | |
| 2.7 | Extended Hours Policy <i>*Fatigue Management, PM Approval</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Section 6 of the OHS Standard | |
| 3.0 | Roles & Responsibilities for Health and Safety | | | | | |
| 3.1 | Contractor's HSE Structure <i>*Link corporate and field</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 3.2 | Acknowledgement of Prime/General Contractor Responsibility | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Section 3 of the OHS Standard | |
| 3.3 | Health & Safety Roles and Responsibilities <i>*Including specific responsibilities for key project personnel: Project Manager, Construction Manager, Supervisors, Safety Rep., Sub-contractors, and visitors</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Section 3 of the OHS Standard | |

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| | | Yes | No | N/A | | |
| 3.4 | Communication/Notification Process <i>*How is this link to TC Energy</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Section 4.9 of the OHS Standard | |
| 4.0 | Safety Policies, Guiding Documents & Referenced Standards | | | | | |
| 4.1 | Contractor Health and Safety Management System / Program <i>*Is a robust management system in place</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Section 2.2 of the OHS Standard | |
| 4.2 | TCE Project Safety Management Plan (SMP) <i>*Has this been provided to the Prime/General Contractor</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Section 3 of the OHS Standard | |
| 4.3 | OHS Standard for Prime/General Contractors (Rev. 15) <i>*Prime Contractor has latest version and been reviewed</i> <i>*Referenced within SSSP</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 4.4 | Excavation Specification (TES-CT-EXC-GLE) <i>*Referenced within SSSP (if applicable)</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Section 5.3 of the OHS Standard | |
| 4.5 | Pipeline Construction and Maintenance in Proximity to Overhead Powerlines Specification (TES-CT-OHP-GL) <i>*Referenced within SSSP (if applicable)</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Section 5.2 of the OHS Standard | |
| 4.6 | Steep Slope Work Specification (TES-CT-SLOPE-GL) <i>*Referenced within SSSP (if applicable)</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Section 5.4 of the OHS Standard | |
| 4.7 | Temporary Access Roads Specification (TES-CT-TAS-GL) <i>*Referenced within SSSP (if applicable)</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Section 5.5 of the OHS Standard | |
| 4.8 | Utility Terrain Vehicle (USGP UTV Standard _v1) <i>*Referenced within SSSP (if applicable)</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | US Gas Projects UTV Safety Standard (Rev01) | |
| 4.9 | Pipeline Construction Specification (TES-CT-GEN-G) <i>*Referenced within SSSP (if applicable)</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Section 5.27 of the OHS Standard | |
| 4.10 | Applicable provincial, state, federal, safety regulations or acts, etc. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Section 1.1 of the OHS Standard | |
| 4.11 | Alcohol and Drug Policy <i>*Sufficient details regarding Prime Contractor policy</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Section 5.7 of the OHS Standard | |
| 4.12 | Smoking Policy <i>*Details incorporated into the SSSP</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |

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| 4.13 | Harassment-Free Workplace Policy <i>*Details incorporated into the SSSP</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 4.14 | Firearms/Weapons Policy <i>*Details incorporated into the SSSP</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Section 5.21 of the OHS Standard | |
| 4.15 | Fitness to Work <i>*Details incorporated into the SSSP</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Section 5.7 of the OHS Standard | |
| 5.0 | Sub-Contractor Management (If applicable) | | | | | |
| 5.1 | Subcontractor Prequalification/Management Processes <i>*Specific SOW of subcontractor(s) If more than one subcontractor, specific to each</i> <i>*Selection Process</i> <i>*Pre-job preparation</i> <i>*On-site monitoring</i> <i>*Post contract performance feedback, etc.</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Section 4.8 of the OHS Standard | |
| 6.0 | Hazard Identification & Risk Management | | | | | |
| 6.1 | Contractor Hazard Assessment Processes <i>*Job Safety Analysis (JSA), LMRA, Project Hazard Assessment (PHA), task analyses, etc.</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Section 4.2 of the OHS Standard | |
| 6.2 | Work Permits/General Work Permit Processes – Life Saving Rule #4 <i>*Prime Contractor process(s) specific for project SOW (e.g., hot work, energy isolation, etc.)</i> <i>*Links to TCE's Process, if applicable</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Section 4.2 of the OHS Standard | |
| 7.0 | Operational Controls | | | | | |
| 7.1 | Job Attire & Personal Protective Equipment (PPE) – Life Saving Rule #2 <i>*List required and task specific clothing and PPE requirements</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Section 5.1 of the OHS Standard | |
| 7.1.1 | Head Protection <i>*Side Impact Hardhats</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Section 5.1.3 of the OHS Standard | |
| 7.1.2 | Hearing Protection <i>*Meets TCE Expectations; >85dB single hearing protection; 105dB double hearing protection</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Section 5.1.2 of the OHS Standard | |

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| | | Yes | No | N/A | | |
| 7.1.3 | Eye Protection | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Section 5.1.1 of the OHS Standard | |
| 7.1.4 | General Work Gear / Clothing <i>*Hoodies allowed? If so, appropriate measures in place to ensure hazards are not present while wearing hood.</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Section 5.1.5 of the OHS Standard | |
| 7.1.5 | FRC's <i>*FR Outerwear meeting NFPA 2112 Standard</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Section 5.1.8 of the OHS Standard | |
| 7.1.6 | Safety Visibility Vest | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Section 5.1.10 of the OHS Standard | |
| 7.1.7 | Hand Protection | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Section 5.1.9 of the OHS Standard | |
| 7.1.8 | Footwear <i>*Safety footwear min 6" tall as measured from top of sole.</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Section 5.1.4 of the OHS Standard | |
| 7.1.9 | Respiratory Protection | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Section 5.1.7 of the OHS Standard | |
| 7.1.10 | Fall Protection | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Section 5.1.6 of the OHS Standard | |
| 7.2 | Excavation / Ground Disturbance Procedure – Life Saving Rule #9 <i>*Reference to TCE Excavation Specification TES-CT-EXC-GLE</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Section 5.3 of the OHS Standard | |
| 7.2.1 | TCE's Online Training Completed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Section 4.6 of the OHS Standard | |
| 7.2.2 | Identify Competent Person | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 7.2.3 | One-Call | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 7.2.4 | Stake Out Report / Ground Disturbance Approval | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 7.2.5 | Line Locating, Marking, and Staking | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 7.2.6 | Excavation Checklist (Planning) and Excavation Inspection form | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 7.3 | Atmospheric/Portable Gas Detection <i>*What equipment will be utilized, calibrated, etc.</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Section 5.24 of the OHS Standard | |
| 7.4 | Crane/Rigging/Hoisting/Lifting <i>*Critical Lift Definition & Procedure, Critical lift plans, Rigging/Hoisting/Lifting Safe Practices</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sections 4.7 & 5.15 of the OHS Standard | |

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| | | Yes | No | N/A | | |
| 7.5 | Hydrogen Sulfide (H₂S) Procedure | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 7.6 | Hazardous Materials <i>*What specific chemicals will be part of project SOW</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Section 5.24 of the OHS Standard | |
| 7.6.1 | Product Chemical Approval and Handling Procedure | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sections 5.24 and 5.26 of the OHS Standard | |
| 7.6.2 | SDS Management (Right to Know), HazCom / WHMIS | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 7.7 | Lock Out/Tag Out (LOTO) Procedures – Life Saving Rule #6 <i>*What specific equipment will require LOTO</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sections 4.7 & 5.8 of the OHS Standard | |
| 7.7.1 | Prime Contractor process, Links to TCE's Process (if applicable) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 7.8 | Confined Space Procedures – Life Saving Rule #5 <i>*Rescue Team/Plan</i> <i>*Identification of space: Non-permit/Permit required</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sections 4.7 & 5.9 of the OHS Standard | |
| 7.9 | Working at Heights/Fall Protection – Life Saving Rule #7 <i>*Rescue Plan</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Section 5.1.6 of the OHS Standard | |
| 7.10 | Work Platforms / Scaffolds <i>*Identify Competent Person, Type of platform to be utilized</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Section 5.16 of the OHS Standard | |
| 7.11 | Hand / Power Tools <i>*Care & Management Plan</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Section 4.4 of the OHS Standard | |
| 7.12 | Jobsite Illumination <i>*Will additional lighting be needed</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 7.13 | Radiography | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Section 5.10 of the OHS Standard | |
| 7.14 | Machine Guarding | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 7.15 | Electrical Work Procedures | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 7.16 | Overhead Power Line Protection | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | TES-CT-OHP-GL Pipeline Construction and Maintenance in Proximity to Overhead Powerline Specification (CAN-US-MEX) Rev02 | |

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| | | Yes | No | N/A | | |
| 7.17 | Steep Slope Work | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 7.18 | Manual Material Handling | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 7.19 | Heat and/or Cold Stress Management | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 7.20 | Heavy Equipment Interface <i>*List equipment specific for project SOW</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sections 5.11 & 5.12 of the OHS Standard | |
| 7.20.1 | Roll Over Protection System <i>*All equipment including pipe layers, etc.</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 7.20.2 | Spill Kits / Fire extinguisher | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 7.20.3 | Danger/Safety Zone <i>*Safe work plan around heavy equipment – zones/cones</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 7.20.4 | Spotters / Swamper / Signalman Requirements, and Signals (start/stop) / Communication | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 7.20.5 | Daily/Pre-use inspection <i>*Documented</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 7.20.6 | Documented Operator competency/validation process | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 7.20.7 | Safe Transportation <i>*Securement / permits / planning</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 7.20.8 | Safety Latch Requirements | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 7.20.9 | Non-Use / Prohibit use of Rope Grabs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 7.21 | Powered Industrial Truck / Forklifts | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 7.22 | Welding / Cutting / Grinding <i>*Hot Work Permit, Eye/Face Protection (Prohibit Pancake Style Welding Hoods), Grinder Handles/Guards</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Section 5.1.11 of the OHS Standard | |
| 7.23 | Fire and Safety Equipment Inspections <i>*Fire Extinguishers</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Section 4.12 of the OHS Standard | |
| 7.24 | Compressed Gas Cylinders <i>*Handling and Storage</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Appendix D of the OHS Standard | |
| 7.25 | Temporary Bridge Construction <i>*Material selection, Installation, Inspection and Maintenance</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |

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| 7.26 | Mats <i>*Material selection, installation, inspection, and maintenance</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 7.27 | Pipe Support (cribbing) <i>*Material Selection Installation and Maintenance, Placement of materials, Distance between stacks / configuration, Reference construction specifications</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 7.28 | Towing / Winching / Vehicle Recovery <i>*Procedures / Plans</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Appendix D of the OHS Standard | |
| 7.29 | UTV <i>*Policy (use, transport, training, inspection, PPE, etc. ATV use is prohibited)</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 7.30 | Wildlife Management | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 7.31 | Working on Ice | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 7.32 | Blood-borne Pathogens | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 7.33 | Camps | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 7.34 | Ergonomics | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 7.35 | Explosives and Blasting | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 7.36 | Hazardous Materials Exposure (Asbestos, Pb, Hg, PCB) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 7.37 | Naturally Occurring Radioactive Materials (NORMS) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 7.38 | Sanitation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 7.39 | Working Near or Above Water | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 8.0 | Safety Training and Orientation Requirements | | | | | |
| 8.1 | Training Matrix or List <i>*Details mandatory and optional Prime/General Contractor's safety training for specific personnel/roles</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Section 4.6 of the OHS Standard | |
| 8.2 | Identification of "Trained" Personnel <i>*e.g., hard hat stickers, Green Hands, etc.</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Section 4.6 of the OHS Standard | |
| 8.3 | Training Records Management <i>*Include retention</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Section 4.6 of the OHS Standard | |

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| 8.4 | Operator Qualification Process <i>*OQ covered Task List (Veriforce), criteria for documentation, tracking, etc.</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Section 4.6 of the OHS Standard | |
| 8.5 | Site-Specific Orientation <i>*Site-Specific Orientation details that include, but are not limited to: (Contractor employees, Subcontractors, inspection staff/third party representatives, owner representatives, visitors, etc.) Known/potential hazards Appropriate precautionary control measures for such hazards Highlights/links to Prime/General Contractor P/SSSP Mandatory Personal Protection Equipment (PPE) Site-specific safety requirements Emergency/Injury Response Site Security and Control</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Section 4.6 of the OHS Standard | |
| 9.0 | Safety Inspections and Audits | | | | | |
| 9.1 | Define Safety Governance and monitoring program / activities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Section 3 of the OHS Standard | |
| 9.2 | Outline Safety Inspection Frequencies and Processes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Section 4.10 of the OHS Standard | |
| 10.0 | Safety Communication and Consultation | | | | | |
| 10.1 | On-site Kick-Off / Pre-Job | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Section 4.9 of the OHS Standard | |
| 10.2 | Tailgate Meetings | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Section 4.9 of the OHS Standard | |
| 10.3 | Daily JSA / Hazard Assessment Meetings – Life Saving Rule #3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 10.4 | Planned Safety Meetings <i>*Defined schedule (examples: Safety Committee; All Hands meeting)</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Section 4.9 of the OHS Standard | |
| 11.0 | Incident Management and Investigation | | | | | |
| 11.1 | Prime Contractor's Incident reporting protocol <i>*Definition of incidents, Link to TC Energy Incident Management Program (IMP), Forms, timelines, etc.</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Section 4.11 & Appendix E of the OHS Standard | |

USGP Site-Specific Safety Plan (SSSP) Cross Reference Checklist



| | | | |
|--|-----------------------|---------------------------|--|
| Project Name: | | Prime/General Contractor: | |
| Project Manager: | | Project No. | |
| Reviewer Name: | Reviewed on | Cost Code: | |
| TCE Accepted: Yes <input type="checkbox"/> No <input type="checkbox"/> | SSSP Revision Number: | | |

Contractor shall develop a SSSP that includes the sections listed below. The SSSP must be reviewed and accepted by Company prior to mobilization.

| Sect. | SSSP Key Requirements | Requirement Fulfilled | | | Reference(s) | TCE / Contractor Comments |
|-------------|---|--------------------------|--------------------------|--------------------------|----------------------------------|---------------------------|
| | | Yes | No | N/A | | |
| 11.2 | Prime Contractor's Incident Notification Protocol <i>*Internal Reporting Procedures, Project Reporting Notification / Escalation Process, Regulatory Notification / Records, Forms, timelines, etc.</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 11.3 | Incident Investigation Process | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 11.4 | Corrective Action / Action Item Tracking | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 12.0 | Motor Vehicle Operation & Traffic Management Plan | | | | | |
| 12.1 | Prime Contractor Motor vehicle program shall align with TC Energy's Motor Vehicle Operation Standard | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Section 4.13 of the OHS Standard | |
| 12.2 | Project Mandatory Driving Rules – Life Saving Rule #1 <i>*Seatbelt, Cruise Control, Communication Device / Cell Phone, Railway Crossings</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 12.2.1 | Parking Policy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 12.2.2 | Spotter requirements and training | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 12.2.3 | Managing Oversize Loads | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 12.2.4 | Site Access <i>*Busy roads, poor visibility, signage, controlling mud and debris, Pickup trucks, delivery trucks, heavy haul trailers, etc.</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 12.2.5 | Vehicle / Wildlife Incident Prevention | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 12.2.6 | Circle Check <i>*360 Driver Situational Awareness Program (Traffic Cones)</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 12.2.7 | Vehicle checks, inspection, and maintenance program | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 13.0 | Emergency Response Plan | | | | | |
| 13.1 | Project Emergency notification / reporting process | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Section 4.12 of the OHS Standard | |
| 13.2 | List of Potential Emergencies <i>*Procedures to deal with those situations (For example: Viruses, Severe Weather, Blockade, Serious Injury, etc.)</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 13.3 | Emergency Evacuation process | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |

USGP Site-Specific Safety Plan (SSSP) Cross Reference Checklist



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|-------|--|--------------------------|--------------------------|--------------------------|----------------------------------|---------------------------|
| | | Yes | No | N/A | | |
| 13.4 | Medical Emergency Plan <i>*First Aid Trained Personnel & Equipment (On-Site First Aid Supplies/Equipment)</i> <i>*Local Hospital Location(s) & Information (Includes map, phone numbers, driving directions, etc.)</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 13.5 | Fire Response Plan | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 13.6 | Confined Space Rescue Plan | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 13.7 | Site Evacuation Plan <i>*Muster Point, Alarms, Mock drills (Designed to check effectiveness of ERP), etc.</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 14.0 | Site Security Plan | | | | | |
| 14.1 | Work Site Signage <i>*Prime Contractor must place sign at entrance / prominent location to work site which includes: Contractor Name, Contact name, and Contact Phone number</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Section 4.13 of the OHS Standard | |
| 14.2 | Roles and Responsibilities <i>*Define who is accountable for communication procedures, security reporting, records management, training etc.;</i> <i>*Who identifies and implements security management during the different phases of construction; and</i> <i>*Who assesses and reviews the adequacy and effectiveness of construction security and the security plan.</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 14.3 | Security Resources <i>*Identify security resources: Corporate, Project Designate (site representative), Security Contractor (On-site watchperson/Third Party Contractor, etc.), and other</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |

USGP Site-Specific Safety Plan (SSSP) Cross Reference Checklist



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| Sect. | SSSP Key Requirements | Requirement Fulfilled | | | Reference(s) | TCE / Contractor Comments |
|-------|--|--------------------------|--------------------------|--------------------------|--------------|---------------------------|
| | | Yes | No | N/A | | |
| 14.4 | Security Assessment Process <i>*Need to include asset characterization, vulnerability, threat and risk assessment;</i> <i>*Inventory of security risk equipment, material, buildings, etc.; and</i> <i>*Identify project locations/situations that can pose a safety threat to the public or environment, (e.g. deep excavations, hydrostatic tests, high traffic/public areas, etc.) and develop and implement mitigative control measures.</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 14.5 | Physical Security Measures <i>*Access Control (e.g. sign-in, stickers, card key), Barriers, Fence, Gates, Lighting, Lock and Keys, Vehicles/Heavy Equipment, Photographic restrictions, Alarms, Tool/Equipment management, Restricted area signage, Explosives Management, and Firearms.</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 14.6 | Security Response Plans <i>*Unusual activity at/near the construction site, Unknown site workers/Trespassing, Evacuation, Theft/Vandalism, Work Stoppages/Disruptions (Strikes, protests, Workplace Violence/ Harassment)</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 14.7 | Security Communication Requirements <i>*Equipment, Communication protocol – who/when individuals are contacted.</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 15.0 | Key Safety Performance Indicators (KPIs) & Safety Reporting | | | | | |
| 15.1 | Lagging Indicators <i>*Total Recordable Case Rate (TRCR), Away from Work Case Rate (AWCR), Vehicle Incident Frequency (VIF), and High Potential (HIPO).</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 15.2 | Leading Safety Indicators <i>*Other safety reports (including weekly incident statistics), analyses, etc.</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 15.3 | Leading/Lagging Targets <i>*Targets Documented (= or < than)</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |

USGP Site-Specific Safety Plan (SSSP) Cross Reference Checklist



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| Project Manager: | | Project No. | |
| Reviewer Name: | Reviewed on | Cost Code: | |
| TCE Accepted: Yes <input type="checkbox"/> No <input type="checkbox"/> | | SSSP Revision Number: | |

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|-------------|--|--------------------------|--------------------------|--------------------------|--------------|---------------------------|
| | | Yes | No | N/A | | |
| 15.4 | Monthly Safety Performance Report <i>*Prime Contractor requirement to submit report by 5th day of month.</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 15.5 | SHARE Cards <i>*Or Similar reporting program</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 16.0 | Safety Documents and Record Management | | | | | |
| 16.1 | Documentation/Files Process/List | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 16.2 | Outline filing structure and retention requirements | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |



Prime/General Contractor:

Project No.

Reviewed on

Cost Code:

SSSP Revision Number:

[illegible]