

Great Plains Surveying, Inc.

EMPLOYEE SAFETY PROGRAM

The personal safety and health of each employee of this company is of primary importance. The prevention of occupationally induced injuries and illness is of such consequence that it will be given precedence over operating productivity. To the greatest degree possible, management will ensure that all mechanical and physical facilities are in compliance with the Occupational Safety and Health (OSHA) standards and in compliance with consensus standards relating to the utility construction trades.

It is our goal to maintain a safety and health program conforming with the best practices within the surveying industry. To be successful, such a program must embody the proper attitudes toward accident prevention of both supervisors and employees. It also requires cooperation in all safety/health matters, not only between supervisors and employees, but also between employee's and their fellow workers.

Our objective is a safety and health program that will reduce the number of disabling injuries and illness to a minimum, not only in keeping with, but surpassing the experience of other operations similar to ours. Thereby reducing the cost of insurance and making our company more competitive in the job market.

JOB SITE & WORK AREA SUPERVISION

The **crew supervisor** is authorized by the President of Great Plains Surveying, Inc. to direct and enforce this Safety Program to all employees under his supervision. The **crew supervisor** will inspect every job site and work area for safety assessment prior to any employee performing work. This inspection shall be diligent and on-going as long as employees are present at any given site.

All employees shall be trained with this Safety Program prior to assignment. Employee Safety Training is mandatory prior to assignment and as an ongoing dialogue. Safety meetings are held weekly and are mandatory. All employees are cross trained in this program, regardless of assigned duties. Safety training is comprehensive, not duty specific.

The **crew supervisor** maintains the authority given to him by Great Plains Surveying, Inc. to enforce this safety program. He is also authorized to discipline any employee under his supervision that is in violation of any directive contained herein or any action that may endanger the life, limb or safety of that employee, other employees or the general public.

Any employee in deemed in violation of safe procedures by the **crew supervisor** will cease that work immediately until the situation is rectified. And, at a minimum, be issued a **SAFETY VIOLATION NOTICE**. This **SAFETY VIOLATION NOTICE** includes procedures to be followed after being issued for the remediation and elimination of unsafe work habits on the job site and is a part of this Safety Program.

HAZARDOUS IDENTIFICATION, RISK ASSESSMENT AND EXPOSED ENERGY

Great Plains Surveying, Inc. is a Professional Corporation that contracts with OG&E Energy and its subsidiaries Land Management Division for the preparation of right-of-way documents and the

procurement of mapping data necessary for the planning of proposed electrical plant facilities. At no time shall an employee be in the vicinity or proximity (within 50') of exposed energized parts, or any work involving maintenance of said facilities. Great Plains Surveying, Inc. neither owns or operates any equipment used in any form to approach and/ or perform any work directly upon hazardous energy facilities. Any data or measurements required to locate any exposed energy equipment is done utilizing remote-sensing instruments. At no time in the execution of our contractual obligations are we, or our employees exposed to any hazardous substances or materials not specifically mentioned herein. Our work areas consist of easements and right-of-ways that are accessed and travelled upon by the general public. If any work site has any hazardous or unknown material in use or stored thereon; the **crew supervisor** shall deem the work site not occupiable.

FIRST AID AND EMERGENCY MEDICAL RESPONSE

The **crew supervisor** will determine the need for emergency first aid responders. If the employees are not within four minutes of receiving emergency first aid by paramedics, fire department, etc. the company has trained employees for initial first aid response until designated first aid responders can be notified. A first responder shall have a current first aid and CPR card. In addition, designated first aid responders should be trained in bloodborne pathogens (HIV, AIDS, hepatitis, malaria, etc.), and should be offered the hepatitis B vaccination series. Individuals responding as good Samaritan (employees not designated as first aid responders) to render emergency first aid should receive follow up medical care by a licensed physician immediately after exposure to human blood. Employees declining the hepatitis B vaccination should be recorded in writing and signed by the employee and placed in the employees personnel file.

Employees shall be trained for Body Substance Isolation (BSI) formerly known as Universal Precautions, per OSHA 29 CFR 1910.1030. A copy of the OSHA Model for Exposure Control Plan (Publication 3186) is an attachment to this Safety Program. Any contaminated surface, area or tool is to be cleaned with a provided and approved antiseptic. All contaminated material is to be disposed of in a manner set forth in the OSHA Approved Exposure Control Plan. In the event of an employee exposure; the employer will make available to the employee a Engerix-B or Recombivax HB (Hepatitis B Vaccine) vaccination injection at no cost to the employee. Training is mandatory prior to assignment.

Medical records shall be maintained for the duration of employment plus 30 years. Safety training records are maintained for no less than three years.

Employees shall be trained for Control of Hazardous Energy, per OSHA 29 CFR 1910.147. Employees are also trained and/ or familiarized with OSHA 29 CFR 1910.333 (Lockout/Tagout) procedures as part of First-Aid Instructions. Training is mandatory prior to assignment.

FIRST AID KITS

First aid kits have been made available to each field crew. These kits shall be on hand to ensure immediate use. First aid supplies, will include but not limited to disposable gloves, disposable mouth pieces for CPR, and eye protection, bandages and antiseptic washes. Antiseptic, antibacterial washes and towelettes are included for hygiene in areas where bathroom facilities are not available.

DRINKING WATER AND HEAT RELATED ILLNESSES

Water shall be made available to each field crew. Water will be obtained from a potable source and dispensed to the job site in a sanitary metal or plastic containers. These containers will be clearly marked as to contents. A common drinking cup is prohibited. Disposable drinking cups will be provided and a container for their disposal will be available. Periodic breaks out of direct sunlight shall be made available regularly to the employee per current Department of Labor requirements. All employees shall be trained to identify and treat heat related illnesses as part of the employee's First Aid training. Training is mandatory prior to assignment.

TOILET FACILITIES

Due to the nature of the surveying industry toilet facilities are not always available on certain jobs. The **crew supervisor** is responsible for providing transportation and convenient breaks to allow employees the use of sanitary facilities.

PERSONAL PROTECTIVE EQUIPMENT

The use of personal protective equipment will be strictly enforced. Hard hats and safety vests will be provided and worn at all times by all workers on OG&E projects. Proper hearing, eye, and face protection, as well as adequate respiratory protection will be provided and worn if required. Eye protection will be provided and worn when any hand or power tools are used. This equipment shall be maintained in clean and proper working condition and replaced by the employer as required. The **crew supervisor** is responsible for these provisions. Boots and gloves are mandatory in certain field conditions. All employees shall be trained in the use of all safety equipment. Training is mandatory prior to assignment.

NOISE EXPOSURE

The Land Surveying industry is predominantly an outdoor activity. Although hearing protection is provided for employees; its use shall be monitored by the crew supervisor. No employee shall use noise-limiting safety equipment when working near vehicular traffic or other areas where sound suppression could impair an employee's reaction or safety.

At no time will the crew supervisor allow any employee to work in an area where noise levels are continually (constant for more than 1 minute) above 80db. Noise levels shall be verified with standard equipment approved by the NHCA (National Hearing Conservation Association). Work shall be suspended until the condition is abated. No employee shall ever be placed in an environment that noise level exposure approaches or exceeds the 8 hour time-weighted average of 85db.

PEST AND VERMIN SAFETY

All employees are trained to identify and avoid harmful animals, insects and reptiles. Any employee with knowledge of any personal allergic conditions are required to make their **crew supervisor** aware of these conditions. Any prescription medication required to offset any exposure to such allergens is the responsibility of the **employee**.

UNDER TRAFFIC SAFETY

The nature of the surveying industry sometimes requires employees to work near public roads and highways. All crews are provided standard traffic safety equipment. All work performed in traffic is in accordance with the Federal Highway Administration's current Manual on Uniform Traffic Control Devices (MUTCD). All signs, signals, and barricades shall meet the standards set forth in Subpart G, 29 CFR 1926.200 (OSHA Regulations).

OVER OR NEAR WATER

Employees working over or near water where the danger of drowning exist, shall be provided with life jackets or buoyant work vests, ring buoys with at least 90 feet of line and at least one life saving skiff.

FIRE EXTINGUISHER

Each crew is supplied with a sufficient number of hand operated fire extinguisher located in the field vehicle. This equipment is rated for the extinguishment of Class A, B & C combustion. All extinguishers are inspected weekly and replaced when required. All employees shall be trained in the identification of the type of extinguisher appropriate for each situation per current NFPA Codes. Training is mandatory prior to assignment and shall be updated annually.

No open burning will be allowed on the job site, therefore, reducing fire hazards. Additionally, other fire hazards will be reduced through protection measures such as good housekeeping and instructed on the proper storage, handling, and use of flammable and combustible materials.

ACCIDENT PREVENTION

Appropriate cones, signals, and barricades will be posted and/or erected to provide adequate warding of hazards to others workmen and the public.

MATERIAL STORAGE

Storage of all material in the field vehicle will be stacked, racked, blocked, interlocked, or otherwise secured to prevent sliding, falling, or collapse. The use of ropes, slings, and chains for material handling shall conform to the safe usage recommendations of the manufacturer. All such equipment will be safety checked periodically by either the **crew supervisor** or employee.

HOUSEKEEPING

All scrap lumber, waste material and rubbish must be removed from the field vehicle daily.

HAND AND POWER TOOLS & ELECTRICAL SAFETY AWARENESS

All hand and power tools and similar equipment, whether furnished by the employer or the employee, must be maintained in a safe condition. Only authorized personnel are allowed use powder actuated tools. This equipment will be inspected on a daily basis and any equipment found defective will be tagged and removed from service until it has been repaired or replaced. All employees shall be trained for the use of power tools and electrical sources. No power tools are to

be used without the use of an approved and operable GFCI. Training is mandatory prior to assignment.

Any use of ladders or elevated platforms are outside of the nature of our work and is prohibited.

SUBTERRANIAN SEWER OPENING AND HOLES

No employee at any time will enter any enclosed manhole or junction box. If any measurements are required of the inside of any structure it will be done with a minimum of two employees present. Special instances may require an entry into the structure. This shall be done with ladders, safety ropes and harnesses supplied for the entry employee. Any entry employee will be monitored from above or outside the structure with at least two other employees continually controlling his harness. Air purging equipment is required when necessary. *At no time will any employee enter any enclosure or vestibule that contains or is connected to any hazardous energy source.*

MOTOR VEHICLES AND MECHANICAL EQUIPMENT

Only authorized and qualified personnel may operate or service motor vehicles and mechanical equipment. All employees operating company vehicles will provide the employer with proof of a current State Motor Vehicle Operator's License. All motor vehicles will be roadworthy and equipped with all legally required lighting in good working order. Broken window glass must be replaced. Motor vehicles are provided for transportation to and from job sites and the transportation of surveying equipment and incidental hand tools. Off road use of company vehicles is prohibited. Great Plains Surveying, Inc. neither owns nor operates any vehicles other than standard automobiles that would be considered equipment or any line maintenance vehicle. All company vehicles are restricted to use on public access right-of-ways and driveways.

FLAMMABLE AND COMBUSTIBLE LIQUIDS

Protection will be provided for all flammable and combustible liquids, and storage of flammable liquids having a flash point below 140 degrees F and having a vapor pressure not exceeding 40 PSI (absolute) at 100 degrees F. Only approved containers and portable tanks may be used for flammable liquids. Approved safety cans shall only be used for flammable liquids. Further reference shall be made to 29 CFR 1910.106 and 1926.152 (OSHA Regulations). At no time will these items be stored inside the passenger area of the work vehicle.

FUELING OPERATIONS

Prior to fuel transfer, the vehicle or other such equipment being refueled must be turned off, and the engine allowed to cool if it is adjacent to or below the tank. If the drive engine of fueling vehicle is not used to operate the pump, it must be turned off. Fuel transfer to a vehicle, generator, chain saw, or other such equipment must be accomplished at a minimum distance of 50 feet from buildings and an appropriate fire extinguisher will be available not less than 25 feet from the tank.

EMPLOYEE DRESS

Note: This will be addressed after a Personal Protective Assessment.

Employees cannot wear cut offs, baggy pants, tank tops, sleeveless shirts, tennis or canvas type

shoes, or other type low-cut shoes on jobs where hazards to feet or other body parts exists. At times special foot wear or clothing may be required.

SPECIAL REQUIREMENTS

There may be other special requirements or procedures that may arise while the project is in progress. Standards for these requirements or procedures will be issued as necessary. In turn, all employees will be informed of these additional standards and of compliance that is expected of them. Safety Training for each employee is reviewed weekly and updated as required.

HAZARD COMMUNICATION

Great Plains Surveying, Inc. is a Professional Corporation that contracts with OG&E Energy and its subsidiaries Land Management Division for the preparation of right-of-way documents and the procurement of mapping data necessary for the planning of proposed electrical plant facilities. The nature and locales of this work does not require the handling, use, transportation or storage of any hazardous materials.

According to the United States Department of Labor **HAZCOM 30 CFR 47.1**: *“The mere presence of a hazardous chemical in the workplace does not trigger coverage under the standard. There must be actual or potential exposure to an (employee).”*

HAZCOM 30 CFR 47.2 continues: *“The standard applies to any operator or contractor producing or using a hazardous chemical to which an (employee) can be exposed under normal conditions of use or in a foreseeable emergency.”*

Great Plains Surveying, Inc. will continue to train all employees to perform their work safely. At this time, however, the only identifiable hazardous chemical that any employee will ever be expected to be in contact with is the toilet bowl cleaner. I’m sure this contact will be brief and sporadic at best. All employees are trained to utilize the provided tools (toilet brush), PPE (rubber gloves) and proper ventilation during this exposure. The HAZCOM data sheet for this product has been requested from the manufacturer and will be placarded in a prominent place upon its arrival.

HAZARDS CREATED BY OTHER EMPLOYERS ON MULTI-EMPLOYER WORKSITES

It is the policy of this company not to expose our employees to hazards created by other employers. Hazards which may affect our employees will be documented on the attached legitimate defense statement when working on job sites with other contractors. If an unsafe conditions is created by others, the **crew supervisor** will be immediately notified them to correct the condition or practice. If the hazard is not immediately corrected, the **crew supervisor** will remove his employees to a safe locale.

EMPLOYEE DISCIPLINE

Unsafe acts and unsafe conditions created by an employee will not be tolerated. Employees violating safety rules will be disciplined. Disciplinary action may vary between a written reprimand to termination. Minor infractions may be handled verbal. This determination will be made by the

crew supervisor.

Use or possession of any intoxicating or illegal substance will not be tolerated and will result in immediate termination of the employee. Any costs incurred from vehicle impoundment or liability incurred from an accident resulting from said use or possession will be the responsibility of the employee.

INCIDENTS RESULTING IN INJURY OR ILLNESS

In the event of an accidental injury or illness due to work related conditions the **crew supervisor** shall command the situation immediately maintaining his or her safety and the safety of other employees and the public.

The severity of the accident shall be immediately assessed. The crew supervisor shall provide or designate the provision of immediate care for, and stabilization of, the ill or injured employee. Any injured or ill employee requiring transportation for further medical attention shall be provided for without delay.

If the accident/ incident occurs upon a public site or involves members of the public or those under employment other than Great Plains Surveying, Inc., the proper jurisdiction shall be notified immediately.

After the injured or ill employee is stabilized or under the care of competent first responders the **crew supervisor** shall maintain the integrity of the accident site until all investigative interests have been satisfied, or official control of the site has been taken by a higher authority. The crew supervisor or designate shall notify Great Plains Surveying, Inc. of the incident as soon as possible. It is then the responsibility of the **general manager** of Great Plains Surveying, Inc. to notify in writing all required regulatory agencies and host facility /clients within 24 hours of the incident. *See Incident Report and Investigation Forms attached to this Safety Program.*

Attached hereon are **INCIDENT REPORT and INVESTIGATION FORMS** to be utilized by the employee, crew supervisor and investigator in the event of an incident. This information is to be made available to all entities involved in the incident or the location thereof.

Employee's Report of Injury Form

Instructions: Employees shall use this form to report all work related injuries, illnesses, or “near miss” events (which could have caused an injury or illness) – *no matter how minor*. This helps us to identify and correct hazards before they cause serious injuries. This form shall be completed by employees as soon as possible and given to a supervisor for further action.

I am reporting a work related: <input type="checkbox"/> Injury <input type="checkbox"/> Illness <input type="checkbox"/> Near miss	
Your Name:	
Job title:	
Supervisor:	
Have you told your supervisor about this injury/near miss? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of injury/near miss:	Time of injury/near miss:
Names of witnesses (if any):	
Where, exactly, did it happen?	
What were you doing at the time?	
Describe step by step what led up to the injury/near miss. (continue on the back if necessary):	
What could have been done to prevent this injury/near miss?	
What parts of your body were injured? If a near miss, how could you have been hurt?	
Did you see a doctor about this injury/illness? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, whom did you see?	Doctor's phone number:
Date:	Time:
Has this part of your body been injured before? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, when?	Supervisor:
Your signature:	Date:

Supervisor's Accident Investigation Form

Name of Injured Person _____

Date of Birth _____ Telephone Number _____

Address _____

City _____ State _____ Zip _____

(Circle one) Male Female

What part of the body was injured? Describe in detail. _____

What was the nature of the injury? Describe in detail. _____

Describe fully how the accident happened? What was employee doing prior to the event? What equipment, tools being using? _____

Names of all witnesses:

Date of Event _____ Time of Event _____

Exact location of event: _____

What caused the event? _____

Were safety regulations in place and used? If not, what was wrong? _____

Employee went to doctor/hospital? Doctor's Name _____

Hospital Name _____

Recommended preventive action to take in the future to prevent reoccurrence.

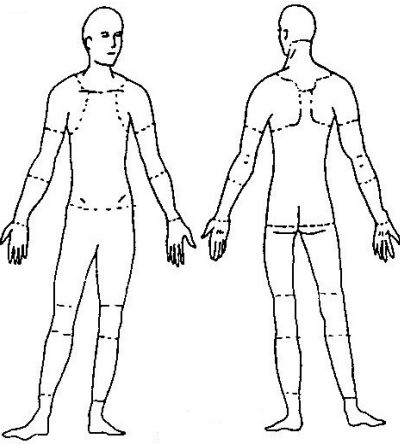
Supervisor Signature

Date

Incident Investigation Report

Instructions: Complete this form as soon as possible after an incident that results in serious injury or illness. (Optional: Use to investigate a minor injury or near miss that *could have resulted in a serious injury or illness.*)

This is a report of a: <input type="checkbox"/> Death <input type="checkbox"/> Lost Time <input type="checkbox"/> Dr. Visit Only <input type="checkbox"/> First Aid Only <input type="checkbox"/> Near Miss	
Date of incident:	This report is made by: <input type="checkbox"/> Employee <input type="checkbox"/> Supervisor <input type="checkbox"/> Team <input type="checkbox"/> Other _____

Step 1: Injured employee (complete this part for each injured employee)		
Name:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Age:
Department:	Job title at time of incident:	
Part of body affected: (shade all that apply) 	Nature of injury: (most serious one) <input type="checkbox"/> Abrasion, scrapes <input type="checkbox"/> Amputation <input type="checkbox"/> Broken bone <input type="checkbox"/> Bruise <input type="checkbox"/> Burn (heat) <input type="checkbox"/> Burn (chemical) <input type="checkbox"/> Concussion (to the head) <input type="checkbox"/> Crushing Injury <input type="checkbox"/> Cut, laceration, puncture <input type="checkbox"/> Hernia <input type="checkbox"/> Illness <input type="checkbox"/> Sprain, strain <input type="checkbox"/> Damage to a body system: <input type="checkbox"/> Other _____	This employee works: <input type="checkbox"/> Regular full time <input type="checkbox"/> Regular part time <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary
		Months with this employer
		Months doing this job:

Step 2: Describe the incident	
Exact location of the incident:	Exact time:
What part of employee's workday? <input type="checkbox"/> Entering or leaving work <input type="checkbox"/> Doing normal work activities <input type="checkbox"/> During meal period <input type="checkbox"/> During break <input type="checkbox"/> Working overtime <input type="checkbox"/> Other _____	
Names of witnesses (if any):	

Number of attachments:	Written witness statements:	Photographs:	Maps / drawings:
What personal protective equipment was being used (if any)?			
Describe, step-by-step the events that led up to the injury. Include names of any machines, parts, objects, tools, materials and other important details.			
Description continued on attached sheets: <input type="checkbox"/>			

Step 3: Why did the incident happen?	
Unsafe workplace conditions: (Check all that apply) <input type="checkbox"/> Inadequate guard <input type="checkbox"/> Unguarded hazard <input type="checkbox"/> Safety device is defective <input type="checkbox"/> Tool or equipment defective <input type="checkbox"/> Workstation layout is hazardous <input type="checkbox"/> Unsafe lighting <input type="checkbox"/> Unsafe ventilation <input type="checkbox"/> Lack of needed personal protective equipment <input type="checkbox"/> Lack of appropriate equipment / tools <input type="checkbox"/> Unsafe clothing <input type="checkbox"/> No training or insufficient training <input type="checkbox"/> Other: _____	Unsafe acts by people: (Check all that apply) <input type="checkbox"/> Operating without permission <input type="checkbox"/> Operating at unsafe speed <input type="checkbox"/> Servicing equipment that has power to it <input type="checkbox"/> Making a safety device inoperative <input type="checkbox"/> Using defective equipment <input type="checkbox"/> Using equipment in an unapproved way <input type="checkbox"/> Unsafe lifting <input type="checkbox"/> Taking an unsafe position or posture <input type="checkbox"/> Distraction, teasing, horseplay <input type="checkbox"/> Failure to wear personal protective equipment <input type="checkbox"/> Failure to use the available equipment / tools <input type="checkbox"/> Other: _____
Why did the unsafe conditions exist?	
Why did the unsafe acts occur?	
Is there a reward (such as “the job can be done more quickly”, or “the product is less likely to be damaged”) that may have encouraged the unsafe conditions or acts? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:	
Were the unsafe acts or conditions reported prior to the incident? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have there been similar incidents or near misses prior to this one? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Step 4: How can future incidents be prevented?

What changes do you suggest to prevent this incident/near miss from happening again?

- Stop this activity Guard the hazard Train the employee(s) Train the supervisor(s)
- Redesign task steps Redesign work station Write a new policy/rule Enforce existing policy
- Routinely inspect for the hazard Personal Protective Equipment Other: _____

What should be (or has been) done to carry out the suggestion(s) checked above?

Description continued on attached sheets:

Step 5: Who completed and reviewed this form? (Please Print)

Written by:

Title:

Department:

Date:

Names of investigation team members:

Reviewed by:

Title:

Date:

SAFETY AND HEALTH STATEMENT

I (supervisor/foreman) _____, hereby state to the fact that I have trained (employee) _____, or verified safe operations/use of:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

(Supervisor/Foreman signature) _____ (Date)

I (employee) _____, hereby state to the fact that I have been trained or my experience to safely use the above equipment has been verified. If I am asked to use a tool or skill that is not familiar, I will immediately request a training and safety session from my foreman or supervisor before I use the tool or skill.

(Employee signature) _____ (Date)

NOTE: The intent of this program is to meet the requirements of 29 CFR 1926.21(b)(2) – by instructing each employee in the recognition and avoidance of unsafe conditions and the regulations applicable to his/her work environment to control or eliminate any hazards or other exposure to illness or injury.

LEGITIMATE DEFENSE STATEMENT

FROM: _____

DATE:

TO:

NOTE: HAND DELIVER NOTICE TO EITHER THE EXPOSING CONTRACTOR OR THE GENERAL CONTRACTOR WHO IS RESPONSIBLE FOR THE CONDITIONS OR SITE:

WHO DELIVERED TO: _____

DATE/TIME:

The following hazard(s) were not created by this company. It is our goal not to subject our employees to job hazards which may injure the employee. The responsibility for correcting this (these) item(s) appears to be within the scope of your work. Furthermore, because of the scope limitations of each contract it is our opinion that we do not have the ability to correct or remove the noted hazard(s):

We have instructed our employees on (date) _____ warning them of the above hazards, and specifically instructing them how to avoid the dangers associated with the above hazards.

NOTE: WHEN EXTREME CIRCUMSTANCES JUSTIFY IT, EMPLOYEES SHALL BE REMOVED FROM THE JOB TO AVOID INJURY.

Sincerely,

NOTE: A COPY OF THIS STATEMENT WILL REMAIN ON FILE UNTIL HAZARD(S) NOTED ABOVE ARE CORRECTED.