



Dixon Run Solar Site Safety Plan

~Luther Jones Road
Jackson, OH 44646

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SITE CONTACT INFORMATION

CONTACT	TELEPHONE NUMBERS	
	OFFICE	CELL
Project Superintendent- Dirk Corn	704-662-0375	
Site Safety-	N/A	
Safety Program Manager- Keith Lloyd	(252) 825-1731	(704) 677-4148

GENERAL INFORMATION

SunEnergy1 is constructing a commercial solar farm located on approximately 2,082 acres in Jackson, Ohio. Construction is expected to be completed by the end of 2023.

The construction site is surrounded with chain link fence and there are 4 gates to access the site. Gate 1 is the primary gate for visitors and the Office trailers. Gate 1 is the primary gate for employees, contractors and deliveries. All gates are either locked or manned by Security personnel.

SAFETY ORIENTATION

All SunEnergy1 employees and Contractor employees working at the construction site will be given a Site-Specific Safety Orientation by the Site Safety Officer. Only Visitors requiring access to portions of the site beyond the immediate vicinity of the Office trailers will be required to attend a Site-Specific Safety Orientation (please see Visitor Site Safety Requirements).

Delivery Drivers will be required to adhere to our safety requirements. Specifically, each Delivery Driver will be given a copy of our Site-Specific Safety Orientation pamphlet and will be required to wear the proper PPE anytime he/she is outside the cab.

VISITOR SITE SAFETY REQUIREMENTS

Please be guided by the following SunEnergy1 Visitor Site Safety Requirements:

- SunEnergy1 Solar Sites are active Construction Sites which require specific OSHA mandated Personnel Protection Equipment (PPE) be worn by ALL who enter. The only exception to this mandatory PPE is the area adjacent the office trailer.
- All Visitors are required to sign-in at the GATE or OFFICE upon arrival to the site. Any Visitor requiring access to portions of the site beyond the immediate vicinity of the Office trailers will be required to attend a Site-Specific Safety Orientation before access will be granted. All Visitors who are provided a Site-Specific Safety Orientation are required to acknowledge and adhere to SunEnergy1 Safety guidelines. Any personnel who fail to follow SunEnergy1 safety guidelines will be escorted from the property immediately and not allowed further access until all deficiencies have been corrected.
- The required PPE includes **HARD HATS, SAFETY VEST, SAFETY SHOES, LONG PANTS AND PROTECTIVE EYE WEAR** at all times.
- SunEnergy1 understands that some Visitors may not possess the proper PPE. SunEnergy1 will loan available PPE to Visitors for use while on-site and expect this PPE to be returned at the end of the visit.

- DELIVERY DRIVERS: Please note that Delivery Drivers must check in with our Security Guard upon their arrival and obtain further instructions. In general, Delivery Drivers will be required to adhere to our safety requirements. Specifically, the Delivery Driver will be required to wear the proper PPE anytime he/she is outside the cab.

EMERGENCY RESPONSE PROCEDURES

- The Site Safety Coordinator (SSC), or designated alternate, should be immediately notified via radio or cell phone communication. The SSC assumes control of the emergency response.
- If applicable, the SSC must immediately contact off-site emergency responders (i.e. Fire Department, Hospital, Police Department etc.) and must inform the response team of the nature and location of the emergency on site.
- If applicable, the SSC calls for evacuation of the site. Site workers should move to their respective Emergency Assembly Locations using the evacuation routes provided on the Site Map (Appendix A)
- For small fires, flames should be extinguished using the closest fire extinguisher provided in each Field Truck.
- If a worker is injured, the procedures provided below “Instructions for Injury Response” must be implemented immediately.
- After an incident has been stabilized, the procedures provided below “Instructions for Incident Reporting” must be followed.

EMERGENCY RESPONSE CONTACT LIST

CONTACT	TELEPHONE NUMBERS	
	OFFICE	CELL
Fire Department	740-286-2707	
County Sheriff	740-286-1338	
Hospital Holzer Medical Center	740-395-8500	
Project Superintendent-	704-662-0375	
Site Safety-	N/A	
Safety Program Manager- Keith Lloyd	(252) 825-1731	(704) 677-4148
Utility Emergencies	811	

INSTRUCTIONS FOR INCIDENT REPORTING

Report all Health & Safety incidents to your Supervisor immediately; regardless of whether an injury occurred from the incident. Health and Safety incidents include the following:

- Near miss
- Occupational injury / illness
- Vehicle or mobile equipment accident
- Fire or explosion
- Any damage to property because of the previously identified events

The Supervisor should contact the Site Safety Coordinator. The incident must be investigated by the Project Manager/ Safety Program Manager and the following documents completed within 24 hours:

- Incident Investigation Report and Root Causation Analysis (see Appendix C)
- Witness reports shall be taken and signed by the witness.
- Pictures of the area and result of the incident shall be taken.

The Incident Report, statements, and pictures must be filed in the job office and a copy sent to the main office. Corrective action and/or training must then be implemented to assure the incident does not happen again. Incident pictures are confidential and not for dissemination.

INSTRUCTIONS FOR INJURY RESPONSE

IF LIFE THREATENING: CALL 911. The Supervisor should contact the Site Safety Officer.

IF NOT LIFE THREATENING BUT REQUIRES MEDICAL CARE:

The Supervisor should contact the Site Safety Officer. If required, seek medical attention at the Hospital/Urgent Care Facility that provides medical care (see Appendix B).

IF NOT REQUIRING MEDICAL CARE:

The Supervisor should contact the Site Safety Officer.

REPORT ALL INJURIES, regardless of the severity, to your Supervisor immediately. The injury must be investigated by the Project Manager to determine the cause of the injury. Corrective action and/or training must be implemented immediately to prevent similar injuries. The following documents must be completed within 24 hours:

- Incident Investigation Report and Root Causation Analysis (see Appendix C)
- Witness reports shall be taken and signed by the witness.
- Pictures shall be taken of the injury and also the area in which the injury happened.

A copy of the Incident Investigation Report, witness statements, and photos shall be filed in the job office and a copy sent to the main office. If the injured person is not a direct employee of SunEnergy1, a copy of all of the aforementioned documents shall also be sent to the direct employer of the injured person. All incident pictures are confidential, not for dissemination.

Medical care and treatment must be offered or made available to any person with an injury. If the injured person leaves the jobsite for medical treatment:

- The main office and also their direct employer shall be notified immediately.
- The injured person shall not drive themselves to the care facility.
- The injured person shall be accompanied by either their direct employer or the Project Manager.
- The injured person must take a urinary drug test at the time of the accident.

If the injured person refuses medical care or treatment:

- That person must sign a Waiver of Medical Care form (see Appendix D).
- That person may be required to take a urinary drug test at the time of the accident.

AMENDMENTS TO THE HEALTH & SAFETY PLAN

This Health & Safety Plan is based on the information available during preparation. Any changes in activities or conditions which arise that effect the status of hazardous conditions will require amendments to the original plan.

A. Changes in Field Activities or Hazards:-

B. Proposed Amendment Number _____:

Proposed by: _____

Date: _____

Approved by: _____

Date: _____

Client Review & Acceptance: _____

Date: _____

PLAN ACKNOWLEDGEMENT

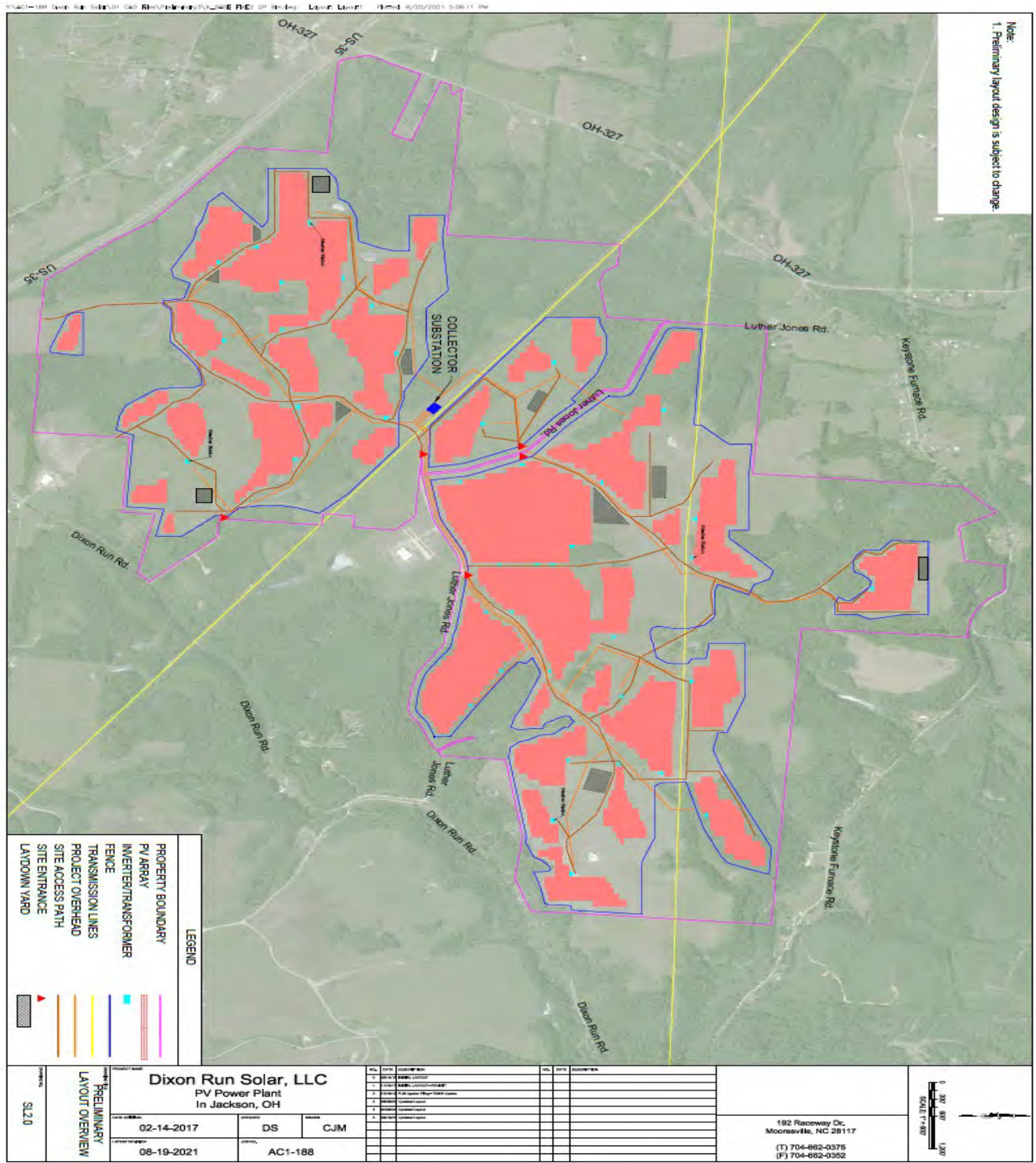
I have read, understand and agree to abide by this Health & Safety Plan:

DATE	COMPANY MANAGEMENT	NAME (PRINT)	NAME (SIGN)	EMERGENCY CONTACT & PHONE

APPENDIX

- A. SITE MAP
- B. MAP & DIRECTIONS TO NEAREST HOSPITAL
- C. INCIDENT REPORTING FORMS
- D. WAIVER OF MEDICAL CARE

Appendix A - Site Map



Appendix B – Map & Direction to Nearest Hospital

9/17/21, 9:12 AM

Luther Jones Road to 500 Burlington Rd, Jackson, OH 45640 - Google Maps

Google Maps

Luther Jones Road to 500 Burlington Rd, Jackson,
OH 45640

Drive 11.1 miles, 17 min



Map data ©2021 2 mi

Luther Jones Rd

Bloomfield Township, OH 45640

Follow Luther Jones Rd and OH-327 S to US-35 W

- ↑ 1. Head west on Luther Jones Rd
7 min (3.5 mi)
- ↘ 2. Turn right to stay on Luther Jones Rd
0.3 mi
- ↙ 3. Turn left onto Keystone Furnace Rd
1.4 mi
- ↙ 4. Turn left onto OH-327 S
0.1 mi
- ↙ 5. Turn left to stay on OH-327 S
1.5 mi
- ↙ 6. Turn left to stay on OH-327 S
0.1 mi

Continue on US-35 W to Lick Township

- ↙ 6. Turn left at the 1st cross street onto US-35 W
8 min (7.3 mi)
- ↘ 7. Use the right lane to take the OH-32/OH-124 ramp to Cincinnati
5.2 mi
- ↘ 8. Turn right to stay on OH-32/OH-124
0.3 mi

<https://www.google.com/maps/dir/Luther+Jones+Rd,+Bloomfield+Township,+OH+45640,+500+Burlington+Rd,+Jackson,+OH+45640/@39.0245013,-82.6443509,12z>

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- 8. Turn left onto OH-124 W/OH-32 W 1.9 mi

Drive to Markham Dr in Jackson

- 9. Turn right onto Burlington Rd 1 min (0.3 mi)
- 10. Turn left onto Markham Dr 400 ft
- 11. Turn right to stay on Markham Dr 0.1 mi
 - Destination will be on the right. 364 ft

500 Burlington Rd

Jackson, OH 45640

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.





Incident Investigation Report

Please Print All Information

Instructions: Use this form to document accidents resulting in an injury or illness, vehicle and equipment accidents, public and private road accidents, events involving third parties, property damage and near miss events. Use the "Root Cause Analysis" and other pre-planning documents used to identify work tasks, potential hazards and control methods.

Check Box – Indicate Type of Report						Status of Report						
<input type="checkbox"/> Occupational Injury/Illness			<input type="checkbox"/> Equipment/Vehicle			<input type="checkbox"/> Preliminary			<input type="checkbox"/> Final			
<input type="checkbox"/> Property Damage			<input type="checkbox"/> Near Miss									
Employee First – MI – Last Name (Person Injured, Involved, Driver)						Social Security No.		Employee No.		Job Classification		
Date of Incident		A.M.	P.M.	Day of Accident		Date of Hire (day, month, year)			Time on Job	Days	Months	Years
Type of Mobile Equipment or Vehicle (or N/A)			License/Equipment No.		Employee Has Co. License?			Y/N	Date Issued	Task/Risk Analysis Completed?	Y/N	
Project No. (or N/A)		Project Name (or Department)			Specific Work Area		Client Name					
Treatment Given?		Y/N	Name of Facility Where Treatment Was Given				Name of Treating Medical Professional					
Describe Type/Extent of Injury/Illness/Damage (in detail)...body parts, nature of injury, illness, equipment/material damaged, etc.												
Enter Witness Name(s), Telephone Number or How/When To Contact and Name of Company (if other than SunEnergy1)												
Describe Event (in detail)... work actions occurring (or not) that led up to the incident, equipment/materials being utilized, etc.												
List Identified Root Cause/s – (See Root Causation Form)												
Solutions – (See Root Causation Form)						Who's Responsible			To Be Completed By:			
Foreman:				General Foreman:				Project Manager:				
Superintendent:												
Report Completed By:				Title				Date				

Retain copy in Department/Project file. Send copy to the designated safety representative. Send original to the internal insurance contact.



Root Causation Analysis

(Mark "yes" or "no" for all applicable questions, completing Comments and Recommended Action portions when marking "yes")

Part 1 Equipment		Was equipment/tools/materials a contributing factor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No, proceed to Part 2
Mark as Applicable	Causal Factors	Comments	Recommended Action	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	1.1 Did equipment <u>defects</u> contribute? If no, go to 1.2 1.1.1 Was there an equipment/tool inspection process? 1.1.2 Was the inspection process completed as required?			
<input type="checkbox"/> Yes <input type="checkbox"/> No	1.2 Was the <u>correct</u> equipment/tool/material utilized? If no, go to 1.3. If yes, go to 1.6.			
<input type="checkbox"/> Yes <input type="checkbox"/> No	1.3 Was the <u>correct</u> equipment/tool/material <u>readily available</u> ?			
<input type="checkbox"/> Yes <input type="checkbox"/> No	1.4 Did the employee know where to obtain the correct equipment/tool/material?			
<input type="checkbox"/> Yes <input type="checkbox"/> No	1.5 Were <u>substitute</u> equipment/tools/material <u>used</u> in place of correct ones?			
<input type="checkbox"/> Yes <input type="checkbox"/> No	1.6 List other equipment/tool/material causal factors.			
Part 2 Work Environment		Was the location of equipment/material/employee(s) a contributing factor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No, proceed to Part 3
<input type="checkbox"/> Yes <input type="checkbox"/> No	2.1 Did the location/position of equipment/material/employees contribute to the incident?			
<input type="checkbox"/> Yes <input type="checkbox"/> No	2.2 Was the hazardous scenario recognized by the employee?			
<input type="checkbox"/> Yes <input type="checkbox"/> No	2.3 Was the employee supposed to be in the vicinity of the equipment/material?			
<input type="checkbox"/> Yes <input type="checkbox"/> No	2.4 Was the hazardous scenario visible to the employee?			
<input type="checkbox"/> Yes <input type="checkbox"/> No	2.5 Was there sufficient space to conduct work activities?			
<input type="checkbox"/> Yes <input type="checkbox"/> No	2.6 Were there any contributing environmental conditions? (noise levels, temperature, illumination, ventilation)			
<input type="checkbox"/> Yes <input type="checkbox"/> No	2.7 List other work environment causal factors.			
Part 3 Employee		Were the work activities conducted by the employee a contributing factor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No, proceed to Part 4
<input type="checkbox"/> Yes <input type="checkbox"/> No	3.1 Was there a written task/risk assessment or known rule for this work? If no, go to 3.2.			
<input type="checkbox"/> Yes <input type="checkbox"/> No	3.1.1 If yes, did this assessment/rule <u>anticipate</u> the incident?			
<input type="checkbox"/> Yes <input type="checkbox"/> No	3.1.2 If yes, did the employee <u>know</u> the proper procedure?			
<input type="checkbox"/> Yes <input type="checkbox"/> No	3.1.3 If yes, did the employee <u>deviate</u> ?			
<input type="checkbox"/> Yes <input type="checkbox"/> No	3.2 Was the employee mentally and physically capable of performing the work?			
<input type="checkbox"/> Yes <input type="checkbox"/> No	3.3 Was there a <u>lack</u> of required PPE utilization? If no, go to 3.4.			
<input type="checkbox"/> Yes <input type="checkbox"/> No	3.3.1 If yes, was appropriate PPE <u>available</u> ?			
<input type="checkbox"/> Yes <input type="checkbox"/> No	3.3.2 If yes, did the employee <u>know</u> the PPE was required?			
<input type="checkbox"/> Yes <input type="checkbox"/> No	3.3.3 If yes, did the employee <u>know</u> how to use it?			
<input type="checkbox"/> Yes <input type="checkbox"/> No	3.4 Was available PPE used <u>properly</u> ?			
<input type="checkbox"/> Yes <input type="checkbox"/> No	3.5 Was the PPE <u>adequate</u> ?			
<input type="checkbox"/> Yes <input type="checkbox"/> No	3.5 List other employee causal factors.			
Part 4 Supervision		Was the supervisory system a contributing factor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No, then the Root Analysis is completed

<input type="checkbox"/> Yes <input type="checkbox"/> No	4.1 Was there a failure by supervision to <u>detect</u> a hazardous condition, deviation from safety policy or infrequently performed task?		
<input type="checkbox"/> Yes <input type="checkbox"/> No	4.2 Was there a failure by supervision to <u>take corrective action</u> for a <u>known</u> hazardous condition, deviation from safety policy or infrequently performed task?		
<input type="checkbox"/> Yes <input type="checkbox"/> No	4.3 Was supervisory <u>responsibility</u> for accident detection and prevention <u>adequately defined and understood</u> ?		
<input type="checkbox"/> Yes <input type="checkbox"/> No	4.4 Was <u>supervision</u> <u>adequately trained</u> to fulfill assigned responsibility for accident detection and prevention?		
<input type="checkbox"/> Yes <input type="checkbox"/> No	4.5 List other management/supervisory causal factors.		

Sample recommended action topics include, but are not limited to: re-training or new training, new/more equipment, new processes, responsibility assignments, re-do or new risk assessments, staffing sizes, work assignment loads, etc. Break the topic down into action items you feel will correct this incident from recurrence.

Appendix D

WAIVER OF MEDICAL CARE

Date: _____

THE UNDERSIGNED, _____,
HEREBY WAIVES ANY MEDICAL CARE FOR THE INJURY/INCIDENT WHICH
OCCURRED WHILE AT WORK AS DESCRIBED IN THE ATTACHED
INCIDENT REPORT.

I UNDERSTAND THAT SIGNING THIS WAIVER DOES NOT PREVENT ME
FROM SEEKING MEDICAL CARE IN THE FUTURE. I UNDERSTAND THAT,
IF NEEDED, I WILL OBTAIN MEDICAL CARE FROM THE HEALTHCARE
PROVIDER ASSIGNED BY MY EMPLOYER WITHIN 30 DAYS FROM THE
DATE ABOVE.

Signature of Employee

Date

Signature of Management

Date

Signature of SunEnergy1 Safety

Date