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Brunel Energy, Inc.

Injury and Illness Prevention Program

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1. Purpose

- 1.1. Brunel Energy, Inc., hereinafter referred to as, “the Company,” has established a program compliant with OSHA to set the minimum requirements to implement and maintain a written Injury and Illness Prevention (IIP) Program and a copy must be maintained at each worksite or at a central worksite if the employer has non-fixed worksites.

2. Applicability

- 2.1. This policy applies to employees, subcontractors and/or visitor(s) of the Company. For the purposes of this policy, an employee shall be considered on the job whenever he/she is:
 - 2.1.1. On or in, any Company or client property, including parking areas; or
 - 2.1.2. On Company time even if off Company premises (including paid lunch, rest periods and periods of being on call).
- 2.2. As a condition of employment, Company employees are required to abide by additional governmental or customer policies and requirements that may be imposed at a worksite in addition to the requirements of these policies and procedures. Nothing set forth in this policy constitutes, construes, or interprets in any way as a contract of employment.

3. Definitions

- 3.1. **First Aid** is defined as:
 - 3.1.1. Using a non-prescription medication at non-prescription strength (for medications available in both prescription and non-prescription form, a recommendation by a physician or other licensed health care professional to use a non-prescription medication at prescription strength is considered medical treatment for recordkeeping purposes).
 - 3.1.2. Administering tetanus immunizations (other immunizations, such as Hepatitis B vaccine or rabies vaccine, are considered medical treatment).
 - 3.1.3. Cleaning, flushing or soaking wounds on the surface of the skin.
 - 3.1.4. Using wound coverings such as bandages, Band-Aids™, gauze pads, etc.; or using butterfly bandages or Steri-Strips™ (other wound closing devices such as sutures, staples, etc., are considered medical treatment).
 - 3.1.5. Using hot or cold therapy.
 - 3.1.6. Using any non-rigid means of support, such as elastic bandages, wraps, non-rigid back belts, etc. (devices with rigid stays or other systems designed to immobilize parts of the body are considered medical treatment for recordkeeping purposes).
 - 3.1.7. Using temporary immobilization devices while transporting an accident victim (e.g., splints, slings, neck collars, back boards, etc.).
 - 3.1.8. Drilling a fingernail or toenail to relieve pressure or draining fluid from a blister.

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- 3.1.9. Using eye patches.
- 3.1.10. Removing foreign bodies from the eye using only irrigation or a cotton swab.
- 3.1.11. Removing splinters or foreign material from areas other than the eye by irrigation, tweezers, cotton swabs or other simple means.
- 3.1.12. Using finger guards.
- 3.1.13. Using massages (physical therapy or chiropractic treatment are considered medical treatment for recordkeeping purposes).
- 3.1.14. Drinking fluids for relief of heat stress.

3.2. ***Injury or Illness*** is an injury or illness is an abnormal condition or disorder. Injuries include cases such as, but not limited to, a cut, fracture, sprain, or amputation. Illnesses include both acute and chronic illnesses, such as, but not limited to, skin disease, respiratory disorder, or poisoning.

3.3. ***Medical Treatment*** means the management and care of a patient to combat disease or disorder. Medical treatment does not include:

- 3.3.1. Visits to a physician or other licensed health care professional solely for observation or counselling.
- 3.3.2. The conduct of diagnostic procedures, such as x-rays and blood tests, including the administration of prescription medications used solely for diagnostic purposes (e.g., eye drops to dilate pupils).
- 3.3.3. First aid.

3.4. ***Other Potentially Infectious Materials*** is defined in the OSHA Bloodborne Pathogens standard at § 1910.1030(b). These materials include:

- 3.4.1. Human bodily fluids, tissues, and organs.
- 3.4.2. Other materials infected with the HIV or hepatitis B (HBV) virus such as laboratory cultures or tissues from experimental animals.

4. Responsibilities

- 4.1. Manager(s) are responsible for implementing, supporting, and enforcing the requirements of this Standard in their locations.
- 4.2. HSE Supervisors are responsible for assisting management in the implementation of this Standard, including but not limited to;
 - 4.2.1. Informing workers of the provisions of company Injury and Illness Program.
 - 4.2.2. Evaluating the safety performance of all workers.
 - 4.2.3. Recognizing employees who perform safe and healthy work practices.
 - 4.2.4. Providing training to workers whose safety performance is deficient.

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- 4.2.5. Disciplining workers for failure to comply with safe and healthy work practices.
- 4.2.6. Overall accountability for the Injury and Illness Program.
- 4.3. Employee(s) will comply with safe and healthy work practices.
- 4.4. Subcontractor(s) will comply with safe and healthy work practices.

5. Documentation Standard Injury Illness Prevention

5.1. Communication

- 5.1.1. Managers and supervisors will communicate occupational safety and health in a form readily understandable by all workers. The company communication system encourages all workers to inform their managers and supervisors about workplace hazards without fear of reprisal.
- 5.1.2. New worker orientation includes a discussion of safety and health policies and procedures.
- 5.1.3. Review of our IIP Program.
- 5.1.4. Training programs.
- 5.1.5. Regularly scheduled safety meetings.
- 5.1.6. Posted or distributed safety information.
- 5.1.7. A system for workers to anonymously inform management about workplace hazards.

5.2. Hazard Assessment

- 5.2.1. Periodic documented workplace safety inspections will be completed to identify and evaluate workplace hazards shall be performed by a competent observer in the following areas of our workplace:
 - 5.2.1.1. Periodic inspections are performed according to the following schedule:
 - 5.2.1.2. When we initially established our IIP Program.
 - 5.2.1.3. When new substances, processes, procedures, or equipment which present potential new hazards are introduced into our workplace.
 - 5.2.1.4. When new, previously unidentified hazards are recognized.
 - 5.2.1.5. When occupational injuries and illnesses occur; and
 - 5.2.1.6. Whenever workplace conditions warrant an inspection.

5.3. Accident/Exposure Investigations

- 5.3.1. Procedures for investigating workplace accidents and hazardous substance exposures include:
 - 5.3.1.1. Interviewing injured workers and witnesses.
 - 5.3.1.2. Examining the workplace for factors associated with the accident/exposure.

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- 5.3.1.3. Determining the cause of the accident/exposure.
- 5.3.1.4. Taking corrective action to prevent the accident/exposure from reoccurring; and
- 5.3.1.5. Recording the findings and actions taken.
- 5.4. Hazard Correction
 - 5.4.1. Unsafe or unhealthy work conditions, practices or procedures shall be corrected in a timely manner based on the severity of the hazards. Hazards shall be corrected according to the following procedures:
 - 5.4.1.1. When observed or discovered; and
 - 5.4.1.2. When an imminent hazard exists which cannot be immediately abated without endangering employee(s) and/or property, we will remove all exposed workers from the area except those necessary to correct the existing condition. Workers who are required to correct the hazardous condition shall be provided with the necessary protection.
- 5.5. Training and Instruction
 - 5.5.1. All workers, including managers and supervisors, shall have training and instruction on general and job-specific safety and health practices. Training and instruction are provided:
 - 5.5.1.1. When the IIP Program is first established.
 - 5.5.1.2. To all new workers, except for construction workers who are provided training through a construction industry occupational safety and health training program approved by Cal/OSHA.
 - 5.5.1.3. To all workers given new job assignments for which training has not previously provided.
 - 5.5.1.4. Whenever new substances, processes, procedures, or equipment are introduced to the workplace and represent a new hazard.
 - 5.5.1.5. Whenever the employer is made aware of a new or previously unrecognized hazard.
 - 5.5.1.6. To supervisors to familiarize them with the safety and health hazards to which workers under their immediate direction and control may be exposed; and
 - 5.5.1.7. To all workers with respect to hazards specific to each employee's job assignment. Training will be conducted by a qualified person and documentation of training will include, date of training, trainer, employee trained, and a record stored at the company's home office.
 - 5.5.1.8. General workplace safety and health practices include, but are not limited to, the following:
 - 5.5.1.9. Implementation and maintenance of the IIP Program.

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- 5.5.1.10. Emergency action and fire prevention plan.
 - 5.5.1.11. Provisions for medical services and first aid including emergency procedures.
 - 5.5.1.12. Prevention of musculoskeletal disorders, including proper lifting techniques.
 - 5.5.1.13. Proper housekeeping, such as keeping stairways and aisles clear, work areas neat and orderly, and promptly cleaning up spills.
 - 5.5.1.14. Prohibiting horseplay, scuffling, or other acts that tend to adversely influence safety.
 - 5.5.1.15. Proper storage to prevent stacking goods in an unstable manner and storing goods against doors, exits, fire extinguishing equipment and electrical panels.
 - 5.5.1.16. Proper reporting of hazards and accidents to supervisors.
 - 5.5.1.17. Hazard communication, including worker awareness of potential chemical hazards, and proper labeling of containers.
 - 5.5.1.18. Proper storage and handling of toxic and hazardous substances including prohibiting eating or storing food and beverages in areas where they can become contaminated.
- 5.6. General Recordkeeping
- 5.6.1. Recording or reporting a work-related injury, illness, or fatality does not mean that The Company or employee was at fault, that an OSHA rule has been violated, or that the employee is eligible for workers' compensation or other benefits.
 - 5.6.2. Each employer required by this Part to keep records of fatalities, injuries, and illnesses must record each fatality, injury, and illness that:
 - 5.6.2.1. Is work-related.
 - 5.6.2.2. Is a new case.
 - 5.6.2.3. Meets one or more of the general recording criteria.
- 5.7. Determination of Work-Relatedness
- 5.7.1. An injury or illness shall be considered work-related if an event or exposure in the work environment either caused or contributed to the resulting condition or significantly aggravated a pre-existing injury or illness. Work-relatedness is presumed to be the cause of injuries and illnesses resulting from events or exposures occurring in the work environment.
 - 5.7.2. A preexisting injury or illness has been significantly aggravated, for purposes of OSHA injury and illness recordkeeping, when an event or exposure in the work environment results in any of the following:
 - 5.7.2.1. Death, provided that the preexisting injury or illness would likely not have resulted in death but for the occupational event or exposure.

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- 5.7.2.2. Loss of consciousness, provided that the preexisting injury or illness would likely not have resulted in loss of consciousness but for the occupational event or exposure.
 - 5.7.2.3. One or more days away from work, or days of restricted work, or days of job transfer that otherwise would not have occurred but for the occupational event or exposure.
 - 5.7.2.4. Medical treatment in a case where no medical treatment was needed for the injury or illness before the workplace event or exposure, or a change in medical treatment was necessitated by the workplace event or exposure.
 - 5.7.2.5. An injury or illness is a preexisting condition if it resulted solely from a non-work-related event or exposure that occurred outside the work environment.
 - 5.7.2.6. Injuries and illnesses that occur while an employee is on travel status are work-related if, at the time of the injury or illness, the employee was engaged in work activities "in the interest of the employer."
- 5.8. Determination of New Cases
- 5.8.1. An injury or illness shall be determined a "new case" if:
 - 5.8.1.1. The employee has not previously experienced a recorded injury or illness of the same type that affects the same part of the body.
 - 5.8.1.2. The employee previously experienced a recorded injury or illness of the same type that affected the same part of the body but had recovered completely (all signs and symptoms had disappeared) from the previous injury or illness and an event or exposure in the work environment caused the signs or symptoms to reappear.
 - 5.8.1.3. For occupational illnesses where the signs or symptoms may recur or continue in the absence of exposure in the workplace, the case must only be recorded once.
 - 5.8.1.4. When an employee experiences the signs or symptoms of an injury or illness because of an event or exposure in the workplace, such as an episode of occupational asthma, the incident shall be treated as a new case.
- 5.9. General Recording Criteria
- 5.9.1. A work-related injury or illness must be recorded if it results in one or more of the following:
 - 5.9.1.1. Death.
 - 5.9.1.2. Days away from work.
 - 5.9.1.3. Restricted work or transfer to another job.
 - 5.9.1.4. Medical treatment beyond first aid.
 - 5.9.1.5. Loss of consciousness.

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- 5.9.1.6. A significant injury or illness diagnosed by a physician or other licensed health care professional.
- 5.9.1.7. An injury or illness that results in death shall be recorded by entering a check mark on the OSHA 300 Log in the space for cases resulting in death. The work-related fatality shall be reported to OSHA within eight (8) hours, as required by § 1904.39.
- 5.9.1.8. When an injury or illness involves one or more days away from work, injury or illness shall be recorded on the OSHA 300 Log with a check mark in the space for cases involving days away and an entry of the number of calendar days away from work in the number of days column. If the employee is out for an extended period, an estimate of the days that the employee will be away shall be estimated and update the day count when the actual number of days is known.
- 5.9.1.9. The count for days away shall begin on the day after the injury occurred or the illness began.
- 5.9.1.10. In the event a physician or other licensed health care professional recommends that the worker stay at home, but the employee comes to work anyway, the injuries or illnesses shall be recorded on the OSHA 300 Log using the check box for cases with days away from work and enter the number of calendar days away recommended by the physician or other licensed health care professional.
- 5.9.1.11. In the event a physician or other licensed health care professional recommends that the worker return to work but the employee stays at home anyway, the recorded count of days away from work apply to the date the physician or other licensed health care professional recommends that the employee return to work.
- 5.9.1.12. The number of calendar days the employee was unable to work because of the injury or illness shall be counted, regardless of whether or not the employee was scheduled to work on those day(s). Weekend days, holidays, vacation days or other days off are included in the total number of days recorded if the employee would not have been able to work on those days because of a work-related injury or illness.
- 5.9.1.13. Where an employee is absent from work due to illness or injury for more than 180 calendar days, entering 180 in the total days away column shall be considered adequate.
- 5.9.1.14. Where an employee leaves The Company, for some reason, unrelated to the injury or illness, such as retirement, a plant closing, or to take another job, do not continue to count days away from work or days of restriction/job transfer. If the employee leaves The Company because of the injury or illness, estimate

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the total number of days away or days of restriction/job transfer and enter the day count on the 300 Log.

- 5.9.1.15. Enter the number of calendar days an employee is away for the injury or illness on the OSHA 300 Log for the year in which the injury or illness occurred. If the employee is still away from work because of the injury or illness when the annual summary is being prepared, estimate the total number of calendar days the employee is expected to be away from work, use this number to calculate the total for the annual summary, and then update the initial log entry later when the day count is known or reaches the 180-day cap.
- 5.9.1.16. When an injury or illness involves restricted work or job transfer but does not involve death or days away from work, record the injury or illness on the OSHA 300 Log by placing a check mark in the space for job transfer or restriction and an entry of the number of restricted or transferred days in the restricted workdays column within 7 days of receiving the injury or illness information.
- 5.9.1.17. Restricted work occurs when, as the result of a work-related injury or illness:
- 5.9.1.18. The employee is kept from performing one or more of the routine functions of his or her job, or from working the full workday that he or she would otherwise have been scheduled to work.
- 5.9.1.19. A physician or other licensed health care professional recommends that the employee not perform one or more of the routine functions of his or her job, or not work the full workday that he or she would otherwise have been scheduled to work.
- 5.9.1.20. For recordkeeping purposes, an employee's routine functions are those work activities the employee regularly performs at least once per week.
- 5.9.1.21. Restricted work or job transfers shall not be recorded if The Company, or the physician or other licensed health care professional, imposes the restriction or transfer only for the day on which the injury occurred, or the illness began.
- 5.9.1.22. A recommended work restriction is recordable only if it affects one or more of the employee's routine job functions.
- 5.9.1.23. A partial day of work is recorded as a day of job transfer or restriction for recordkeeping purposes, except for the day on which the injury occurred or the illness began.
- 5.9.1.24. Where a work-related injury or illness results in medical treatment beyond first aid, it shall be recorded on the OSHA 300 Log. If the injury or illness did not involve death, one or more days away from work, one or more days of restricted work, or one or more days of job transfer, enter a check mark in the box for cases where the employee received medical treatment but remained at work and was not transferred or restricted.

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- 5.9.1.25. A work-related injury or illness shall be recorded if the worker becomes unconscious, regardless of the length of time the employee remains unconscious.
- 5.9.1.26. Work-related cases involving cancer, chronic irreversible disease, a fractured or cracked bone, or a punctured eardrum shall always be recorded under the general criteria at the time of diagnosis by a physician or other licensed health care professional.
- 5.10. Recording Criteria for Needlestick and Sharps Injuries
 - 5.10.1. Work-related needlestick injuries and cuts from sharp objects that are contaminated with another person's blood or other potentially infectious material shall be recorded and entered on the OSHA 300 Log as an injury.
- 5.11. Recording Criteria for Cases Involving Medical Removal
 - 5.11.1. If an employee is medically removed under the medical surveillance requirements of an OSHA standard, it shall be recorded on the OSHA 300 Log.
- 5.12. Recording Criteria for Cases Involving Occupational Hearing Loss
 - 5.12.1. Where an employee's hearing test (audiogram) reveals that the employee has experienced a work-related Standard Threshold Shift (STS) in hearing in one or both ears, and the employee's total hearing level is 25 decibels (dB) or more above audiometric zero (averaged at 2000, 3000, and 4000 Hz) in the same ear(s) as the STS, it shall be recorded on the OSHA 300 Log.
- 5.13. Recording Criteria for Work-Related Tuberculosis Cases
 - 5.13.1. Where the employee has been occupationally exposed to anyone with a known case of active tuberculosis (TB), and that employee subsequently develops a tuberculosis infection, as evidenced by a positive skin test or diagnosis by a physician or other licensed health care professional, it shall be recorded on the OSHA 300 Log by checking the "respiratory condition" column.
- 5.14. Annual Summary
 - 5.14.1. At the end of each calendar year, The Company shall:
 - 5.14.1.1. Review the OSHA 300 Log to verify that the entries are complete and accurate, and correct any deficiencies identified.
 - 5.14.1.2. Create an annual summary of injuries and illnesses recorded on the OSHA 300 Log.
 - 5.14.1.3. Certify the summary.
 - 5.14.1.4. Post the annual summary in a conspicuous place available to employees no later than February 1st and shall be kept in place until April 30th.
 - 5.14.1.5. A The Company executive shall certify that he or she has examined the OSHA 300 log and that they reasonably believed, based on their knowledge of the

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process by which the information was recorded, that the annual summary is correct and complete.

5.15. Records

- 5.15.1. The Company shall save the OSHA 300 Log, the privacy case list (if one exists), the annual summary, and the OSHA 301 Incident Report forms for five (5) years following the end of the calendar year that these records cover.
- 5.15.2. The Company shall provide limited access to the injury and illness records for employees and their designated representatives. (HSE.USA.STN.001 – Access to Medical Records).
- 5.15.3. Where an authorized government representative asks for the records kept under Part 1904, The Company shall provide copies of the records within four (4) business hours.

5.16. Reporting Fatalities and Multiple Hospitalization Incidents to OSHA

- 5.16.1. Within eight (8) hours after the death of any employee from a work-related incident or the in-patient hospitalization of three or more employees because of a work-related incident, The Company shall orally report the fatality/multiple hospitalization to OSHA.

6. Reference

- 6.1. 1904 - Recording and Reporting Occupational Injuries and Illness