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# Brunel Energy, Inc. Stop Work Authority

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#### 1. Purpose

1.1. Brunel Energy, Inc., hereinafter referred to as; the "Company," has established a program compliant with OSHA's Voluntary Protection Programs. All employees have the authority and obligation to stop any task or operation where concerns or questions regarding the control of health, safety or environmental risks exist.

# 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. *Good faith response* means an objectively reasonable, timely, and diligent effort to comply with the requirements of the Act and OSHA standards.
- 3.2. **Stop Work Authority (SWA)** is a program designed to provide employees and contract workers with the responsibility and obligation to stop work when a perceived unsafe condition or behavior may result in an unwanted event.
- 3.3. **Stop Work Intervention** is when a person identifies a perceived unsafe condition, act, error, omission, or lack of understanding that could result in an undesirable event, a stop work action shall be immediately initiated with the person(s) potentially at risk.

## 4. Responsibilities

- 4.1. Manager(s) and shall ensure a culture is created where SWA is exercised and honored freely to resolve issues before operations resume and recognize proactive participation and to support employees who utilize the SWA and prevent any form of reprimand or intimidation for the use of the SWA program.
- 4.2. HSE Supervisor(s) must establish and support clear expectations to exercise SWA and to ensure that all employees, contractors, and visitors are familiar with this policy. Provides training, support, documentation, and monitors compliance of the SWA program.
- 4.3. Employee(s) and Contractor(s) Initiate stop work in good faith and support stop work initiated by others.

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#### 5. Procedure

- 5.1. The SWA process involves a stop, notify, investigate, correct, resume, and follow-up approach for the resolution of a perceived unsafe condition, act, error, omission, or lack of understanding that could result in an undesirable event.
- 5.2. Situations that may require a SWA may include, but are not limited to the following:
  - 5.2.1. Emergency alarm sounded
  - 5.2.2. Change in conditions
  - 5.2.3. Change in scope of work
  - 5.2.4. Improper use of equipment
  - 5.2.5. Lack of knowledge or training of required tasks
  - 5.2.6. Near-miss incident
  - 5.2.7. Unsafe condition
- 5.3. If an employee or contractor perceives unsafe work practice or conditions representing an imminent danger to person(s), equipment or an environmental hazard exists, the employee stops work or notifies individuals involved and stops work.
- 5.4. The stop work intervention should be clearly identified as a stop work intervention and initiated in a non-combative manner.
- 5.5. No work will resume until all stop work issues and concerns have been adequately addressed.
- 5.6. The person(s) who initiated the stop work intervention shall inform the supervisor that work has been stopped and that a resolution of an immediate safety concern is necessary.
- 5.7. The supervisor and the person(s) who initiated the stop work intervention will discuss the concerns raised and develop an approach for a resolution.
  - 5.7.1. If a resolution is made the job may be restarted but if it is determined that the SWA is valid then the condition(s) or behavior(s) that pose threats or imminent danger to person(s), equipment or the environment must be resolved before restarting work. Work will be suspended until a proper resolution is achieved.
  - 5.7.2. If there is no resolution, then the next level of supervision will be contacted. All parties will discuss the concerns and develop a solution. Involved personnel should obtain assistance, if necessary, from higher supervision, safety, client, etc.
  - 5.7.3. If representatives from management and safety agree on a plan and the employee still does not feel comfortable completing the task, then the employee will be reassigned to other duties without fear of repercussion.

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- 5.8. It is the desired outcome of any stop work intervention that the identified safety concern be addressed to the satisfaction of all involved persons prior to the resumption of work. Most issues can be adequately resolved in a timely manner at the job site, occasionally additional investigation and corrective actions may be required to identify and address root causes.
- 5.9. Any form of retribution or intimidation directed at any individual or company for exercising their right to issue a stop work intervention will not be tolerated.

## 6. Training

- 6.1. The Company will provide Stop Work Authority Program training for all employees.
- 6.2. Initial training will be completed upon hiring and repeated annually.

# 7. Recordkeeping

- 7.1. All stop work interventions shall be documented using the Stop Work Issuance Form for lessons learned and corrective measures to be put into place.
- 7.2. All stop work interventions shall be reviewed by a supervisor or manager to determine quality of interventions and follow-up, trend common issues, identify opportunities for improvement, and facilitate sharing of learnings.

## 8. Appendix

8.1. Stop Work Issuance Form

### 9. Reference

- 9.1. OSHA Workers' Rights and Protections / Workers' Right to Refuse Dangerous Work
- 9.2. OSHA's Voluntary Protection Programs (VPP) (1).

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Section 1: Stop Work Issuance					
Job		Department			
Location of operation		Date / time			
Supervisor		Phone			
Individual initiating stop work					
Individual performing work					
Work operation or condition (inc	lude names of individual	s performing w	ork)		
Hazard (as stated by individual i	initiating stop work)				
Additional observations (if any)					
Additional observations (if any)					
Section 2: Date / Time					
Supervisor		Management			
Safety					

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Section 3: Follow-up Action					
Cooler C. Follow up / Cueri					
Section 4: Restart Authorization (Only O	ne Signature Required):				
Occuon 4. Restart Authorization (Only Of	Section 4: Restart Authorization (Only One Signature Required):				
Supervisor	Date				
Safety	Date				
Management	Date				

Section 5: Recordkeeping- (send scanned copy)			
Management	Safety	Date	