



Canadian Mineral Exploration Health & Safety Survey 2009

In completing this form please note the following:

- The form should be completed by junior companies, major companies, government geological surveys, diamond drilling contractors, geophysical contractors, and any other companies or contractors carrying out exploration related activities in Canada.
- We ask companies to submit in the spaces below a close estimate of the number of person days worked in 2009 by company employees and contractors for the following:

- a) **Surface exploration and geological field work** which includes line-cutting, geophysical, geochemical, trenching, etc.
- b) **Surface drilling**
- c) **Underground exploration** including underground drilling, mining, and geological work

Please include the names of contractors so that we do not duplicate information. These names will not be published.

- Complete all the required fields; (*) indicates required fields.
- If you have any questions about the form please contact Jonathan Buchanan at 604-630-3923 or jbuchanan@amebc.ca.
- All information will be kept confidential, and Personal Information Protection and Electronic Documents Act mandates will be maintained.

Name of Person & Company Responsible for Safety (*Required Fields)

*Name:		
*Title:		
*Company Name:		
E-mail:		
<u>Address Information</u>		
Phone:		
*Street Address:		
Street Address 2:		
*City:		
*Province/Territory:		Postal Code:
*Does your organization have a Health and Safety Program: Yes___ No___ *Does your organization discuss safety at staff meetings or hold safety meetings? Yes___ No___ *Do you discuss recent near misses at staff meetings? Yes___ No___		
*Reporting Period:	2009	

Company:													
Names of Contractors:													
Provide total Person – Days worked (e.g. number of employees multiplied by number of days worked) in each province or territory for both employees and contractors													
Worksite Location 1:	Prov./Terr. _____	Days worked: a) Surface exploration and geological work: b) Surface drilling: c) Underground exploration:	<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center; border-bottom: 1px solid black;">PERSON DAYS WORKED</th> </tr> <tr> <th style="text-align: center; border-bottom: 1px solid black;">EMPLOYEES</th> <th style="text-align: center; border-bottom: 1px solid black;">CONTRACTORS</th> </tr> </thead> <tbody> <tr> <td style="border-bottom: 1px solid black; width: 50%;"></td> <td style="border-bottom: 1px solid black; width: 50%;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> </tbody> </table>	PERSON DAYS WORKED		EMPLOYEES	CONTRACTORS						
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If additional space is required attach additional copies

Did you experience any incidents (either lost-time or without lost-time)?

*Yes__ No__

*If YES, please complete the following form.

Corporate and personal information will not be published

If additional space is required attach additional copies.

Date (month-day-year)	Location	Prov/Terr	Occupation	Employee or Contractor (please specify)	Type	Lost Time (in days)	Nature of Injury	Cause of Injury	Description of Incident (include factors such as experience, training, time of day that may have contributed)	Action Taken

Occupation:

- 1-Driller
- 2-Driller Helper
- 3-Miner
- 4-Geologist
- 5-Field Assistant
- 6-Geophysicist
- 7-Line Cutter
- 8-Surveyor
- 9-Cook
- 10-Other

Type:

- 1-NM (near miss)
- 2-FA (first aid)
- 3-MA (medical aid)

Nature of Injury:

- 1-Sprain
- 2-Cut
- 3-Skeletal
- 4-Bruise/Muscular
- 5-Allergies
- 6-Substance Abuse
- 7-Frostbite
- 8-Eye
- 9-Chemical or Burn/Scald

10-Pre-existing

- Illness/Seizure
- 11-Back
- 12-Fatality
- 13-Hyperthermia
- 14-Skin
- 15-Internal
- 16-Fatality
- 17-Other
- 18-None

Cause of Injury:

- 1-Slip/Fall
- 2-Airplane
- 3-Helicopter
- 4-Snowmobile
- 5-Automobile
- 6-ATV
- 7-Vehicle (Other)
- 8-Boat
- 9-Improper Lifting
- 10-Falling Object
- 11-Other Object Related
- 12-Drilling Machinery Related

13-Camp Equipment

- Related
- 14-Tool Use
- 15-Weather
- 16-Field Work
- 17-Animal
- 18-Chemicals
- 19-Improper operation (e.g. did not follow procedures)
- 20-Drowning
- 21-Medical Condition
- 22-Other
- 23-None

Date: _____

Company: _____

Please complete and return by fax **by May 21, 2010**, to Jonathan Buchanan, AME BC at 604-681-2363 or by mail to AME BC, Suite 800, 889 West Pender Street, Vancouver BC V6C 3B2