DAISHOWA-MARUBENI INTERNATIONAL LTD.

Peace River Pulp Division

ENVIRONMENTAL MANAGEMENT SYSTEM

CONTRACTOR/EMPLOYEE AUDIT FORM

Functional Area: **ALL OPERATIONAL AREAS**

Form: **CHK-012**

SECTION 1 GENERAL INFORMATION		
CONTRACTOR:	**INDIVIDUAL(s) INTERVIEWED:**	**DATE OF INSPECTION:**
DMI SUPERVISOR:	**LOCATION:**	

SECTION 2 AWARENESS LEVEL

STATUS:	
	S - Satisfactory
	US - Unsatisfactory
	N/I - Not Inspected

	REQUIREMENTS	STATUS		REQUIREMENTS	STATUS
	HEALTH & SAFETY			**EMS- continued**	
1	PPE (hard hat, hearing protection, glasses, boots & hi-vis vest)		14	Employee has FRBU Response Guide & Emergency Contact list	
2	Means of communication in equipment (radio, phone)		15	Equipment has required spill kit	
3	Employee has WHMIS training		16	Employee know what to do if there was a spill	
4	Employee has TDG training		17	Employee can list precautions taken while fuelling	
5	Employee can locate OH & S blue book		18	Employee knows location of EPRP	
6	Machine has fully charged & labeled fire extinguisher		19	Employee has a good understanding of the 6 steps	
7	Machine Fire Extinguisher regularly inspected		20	Employee has a copy of the block map	
8	Employee knows location of 1st Aid Kit		21	Employee knows where he is working on the map	
9	Employee aware of the need to report all incidents & near		22	Employee is aware of the special operating conditions of the block employee	
	ENVIRONMENTAL MANAGEMENT SYSTEM		23	Supervisor has reviewed map & standards with employee	
10	Employee has had DMI ISO/EMS training		24	Employee knows what to do if something wasn't right in the block.	
11	Employee knows what EMS means		25	Employee knows where the Fire Equipment is located	
12	Employee has access to the DMI Contractor Manual		26	Employee is knowledgeable of riparian areas	
13	Employee understands the working instructions		27		

If question does not apply put N/A, or if special circumstances exist (such as for planting where the employee does not have a map, but the

SECTION 3 COMMENTS- CORRECTIVE ACTION MEASURES/PLAN

Comments/Action (Include # identifier)	Due Date	By Whom	Date Done

DMI Supervisor (print):	**Received By (print):**
Signature:	**Signature:**

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