Appendix B

Administrative Procedures

1.0 PURPOSE

This procedure provides the format and standard practices to be used in preparing, revising, distributing, and controlling procedures.

2.0 APPLICABILITY

This procedure applies to all environmental radiological and emergency procedures at the Piñon Ridge Mill.

3.0 OTHER DOCUMENTS

3.1 *REFERENCES*

3.1.1 *Colorado Radiation Control Regulation*s (6 CCR 1007-1)

3.2 *APPENDICES*

Appendix A – Procedure Template

Appendix B – Procedure Change Form AD-020A

4.0 RESPONSIBILITY

4.1 The Plant Manager or designee is responsible for:

4.1.1 Assuring that all routine Mill operations involving radioactive materials are supported by the written procedures specific to the operations.

4.1.2 Assuring that all non-routine Mill activities involving radioactive materials are described in Radiation Work Permits, which offer radiation protection requirements suited to the activity being conducted.

4.1.3 Assuring that all emergency procedures are well documented.

4.2 The Radiation Safety Officer (RSO), Assistant RSO, or designee is responsible for:

4.2.1 Assuring that the procedures comply with the Colorado Department of Public Health and Environment (CDPHE) regulations.

4.2.2 Applying the guidance of the Nuclear Regulatory Commission Regulatory Guides where applicable and reasonably achievable.

4.2.3 Assuring that the procedures provide for maintaining radiation doses to employees and members of the public that are As Low As Reasonably Achievable (ALARA).

4.2.4 Processing all procedure change forms and incorporating approved changes into the procedures.

4.2.5 Distributing and controlling all procedures.

4.2.6 Issuing new numbers for procedures.

4.2.7 Maintaining a current master file of all procedures and an index of the current revisions.

4.2.8 Filing and retaining procedures for at least 3 years.

APPROVALS	*Signature*	*Date*
RSO		
Plant Manager		

4.3 Authors, Reviewers, and Editors of procedures are responsible for:

4.3.1 Accurately describing the process or activity subject to procedures requirements.

5.0 PREREQUISITE INFORMATION

5.1 *FREQUENCY*

5.1.1 Health and Safety Plan procedures are modified on an as-needed basis in response to regulatory changes, Mill operating conditions, and observed trends. As such, existing procedures are updated (or deemed obsolete) and new procedures created to maintain current program needs.

6.0 PROCEDURE

6.1 All procedures require, at a minimum, signed approval by the RSO and the Plant Manager.

6.2 The procedures are divided into following four sections:

6.2.1 **Administrative Procedures –** Includes corporate policy, administration of the procedures manual itself, Mill organization, conduct of audits, recordkeeping, project evaluation, and material acceptance processes.

6.2.2 **General Health and Safety Procedures** – Include health and safety processes that do not necessarily include radiological materials such as safety meetings, occupational safety, trade safety, respiratory protection, confined space entry, and non-radiological air quality.

6.2.3 **Radiological Health and Safety Procedures –** Includes radiological training, bioassays, instrument calibration, occupational monitoring, radiological surveys of equipment and personnel, and calculation of occupational doses.

6.2.4 **Environmental Procedures –** Include sampling of environmental media including air, water, vegetation, and soil. The process for calculating environmental dose is also described in this section. These procedures are provided in the Operational Monitoring Plan.

6.2.5 **Security Procedures –** Include procedures that security personnel use for site access control, employee relations, yellowcake shipment, emergencies, and bomb threats. These procedures are provided in the Security Plan.

6.3 Procedures are numbered in the following manner, where XXX signifies numbering from 001 to 999:

6.3.1	Administrative:	AD-XXX.
6.3.2	General Health and Safety:	HS-XXX.
6.3.2	Radiological Health and Safety:	RH-XXX.
6.3.3	Environmental:	EV-XXX.
6.3.4	Security:	SP-XXX.

6.4 All personnel with a demonstrated need are issued copies of the procedures or have access to computer files containing the manual. The Assistant RSO is to keep a listing of the location of each manual.

6.5 The RSO or Assistant RSO will update all manual copies with new and/or revised procedures and with a revised table of contents showing current procedure revisions and dates of revision.

6.6 Procedures are generally organized in sections outlined in the procedure template presented in Appendix A, and as described below. If a section does not apply to a specific procedure, the section is omitted from the procedure.

6.6.1 PURPOSE: defines the objective of each procedure.

6.6.2 APPLICABILITY: defines the specific boundaries of each procedure and lists any exceptions.

6.6.3 OTHER DOCUMENTS: is a section heading for references, appendices and exhibits.

6.6.3.1 REFERENCES: lists documents that are referred to in the procedure, such as regulatory guides or user manuals.

6.6.3.2 APPENDICES: presents forms and support information for the procedure.

6.6.3.3 EXHIBITS: presents photographs and miscellaneous drawings pertinent to the procedure.

6.6.4 EQUIPMENT AND MATERIALS: lists in subsequent sections items used in the implementation of the procedure.

6.6.4.1 EQUIPMENT: lists equipment, such as instruments or logbooks.

6.6.4.2 MATERIALS: lists consumable materials, such as sample bottles or reporting forms.

6.6.5 RESPONSIBILITY: lists those responsible for supervising and implementing the procedure.

6.6.6 PREREQUISITE INFORMATION: is a section heading for definitions, safety and frequency.

6.6.6.1 DEFINITIONS: presents any words or acronyms that need to be defined to add to the clarity of the procedure.

6.6.6.2 SAFETY: presents any safety considerations unique to the procedure. Otherwise the Health and Safety Plan is listed.

6.6.6.3 FREQUENCY: presents recurring time periods when specific items in the procedure need to be performed (e.g. an instrument calibration).

6.6.7 PROCEDURE: details specific items to be implemented in the procedure.

6.7 Section and subsection headings are numbered, capitalized, and bold-faced according to the following scheme. If needed, 4 digits can be used for subsection headings.

1.0 SECTION HEADING

1.1 *SUBSECTION HEADING*

1.1.1 Subsection Heading

- Item presented

6.8 Appendices are numbered alphabetically as they are referenced in the procedure beginning with A.

6.9 Exhibits are numbered sequentially as they are referenced in the procedure beginning with 1.

6.10 The procedure number, page number, revision number, and revision date are entered in the heading on the first page of every procedure. Approval signatures are in the footer of page one of the procedure. Subsequent pages include a header only, with title, procedure number, and page number.

6.11 A new procedure is prepared as a draft using this procedure as a guideline. The author ensures that all applicable requirements, standards, and guidelines have been incorporated. The procedure is submitted to the RSO or Assistant RSO who distributes copies to all appropriate personnel for review.

6.12 A sequentially increasing revision number beginning with 0 is assigned to each revised procedure. The date on the procedure is the date of the revision or the date the revised procedure is issued, whichever is later.

6.13 When a procedure is changed, the person responsible for supervising the activities covered by the procedure fills out a Procedure Change Form AD-020A stating the reason for the change and submits it to the RSO or Assistant RSO for approval (See Appendix B). The completed form is given to the Assistant RSO, who inserts the form into the master copy of the procedure manual in front of the affected procedure. This form remains there until the final draft of the revised procedure replaces the earlier version.

6.14 The Assistant RSO is to file and retain prior revisions and obsolete procedures for at least 3 years subsequent to their revision, replacement, and/or inactivation (6 CCR 1007-1 4.42.1).

Preparation, Control, and Distribution of Procedures Procedure AD-020

Appendix A

Procedure Template

1.0 PURPOSE

2.0 APPLICABILITY

3.0 OTHER DOCUMENTS

3.1 *REFERENCES*

3.2 *APPENDICES*

3.3 *EXHIBITS*

4.0 EQUIPMENT AND MATERIALS

4.1 *EQUIPMENT*

4.2 *MATERIALS*

5.0 RESPONSIBILITY

6.0 PREREQUISITE INFORMATION

6.1 *DEFINITIONS*

6.1.1 EFR – Energy Fuels Resources

6.2 *SAFETY*

6.3 *FREQUENCY*

7.0 PROCEDURES

APPROVALS	*Signature*	*Date*
RSO		
Plant Manager		

Preparation, Control, and Distribution of Procedures Procedure AD-020

Appendix B

Procedure Change Form AD-020A

Procedure Change Form

DATE_____

PROCEDURE #_____

REV._____

PROCEDURE SUBJECT_____

REVISION:
(list by section and paragraph number; attach extra pages as needed)

REASON FOR CHANGE:

EFFECTIVE DATE: _____

APPROVAL:_____ DATE:_____
RSO

Return to Assistant RSO

1.0 PURPOSE

This procedure describes the organization of the Piñon Ridge Mill staff and the responsibilities of the Health and Safety personnel.

2.0 APPLICABILITY

This procedure applies to the Mill staff.

3.0 OTHER DOCUMENTS

3.1 *REFERENCES*

3.1.1 USNRC Regulatory Guide 8.31, Information Relevant to Ensuring that Occupational Radiation Exposures at Uranium Recovery Facilities Will Be As Low As Is Reasonably Achievable.

3.2 *APPENDICES*

Appendix A – Health and Safety Organization Chart

4.0 RESPONSIBILITY

Responsibilities of the Health and Safety personnel are as follows:

4.1 Vice President of Regulatory Affairs: This person will be responsible for all health and safety and environmental permitting/compliance for the company and will report directly to the COO.

4.2 Radiation Safety Officer (RSO): This person will be responsible for health and safety and environmental compliance at the Mill and will report directly to the VP of Regulatory Affairs. The RSO will have extensive training and experience in radiation health physics. The RSO will be the primary contact between CDPHE/MSHA and the Mill and will consult directly with the VP of Regulatory Affairs as needed. The RSO's responsibilities and authorities will include:

4.2.1 The development and administration of the radiation protection and ALARA program;

4.2.2 Sufficient authority to enforce regulations and administrative policies that affect many aspects of the radiological protection program;

4.2.3 Review and approve plans for new equipment, process changes, or changes in operating procedures to ensure that the plans do not adversely affect the protection program against uranium and its daughters;

4.2.4 Adequate equipment and laboratory facilities to monitor relative attainment of the ALARA objective;

4.3 Assistant RSO: This person will be responsible for directing the Radiation/Security Technicians (RSTs) in monitoring of radiation levels and other health and safety/environmental parameters throughout the Mill site. The Assistant RSO will have similar training to the RSO and will fill in temporarily for the RSO when required.

APPROVALS	*Signature*	*Date*
RSO		
Plant Manager		

4.4 **GIS/AutoCAD Technician:** This person will be responsible for entering all Mill-related health and safety/environmental monitoring data and generating health and safety and environmental compliance reports to CDPHE and MSHA.

4.5 **Radiation/Security Technicians (RST)**: These personnel will conduct monitoring throughout the Mill site for both health and safety and environmental purposes. They will also be responsible for security at the Mill, especially at the start and end of shifts when personnel are entering and leaving the facility. Mill security will include electronic pass cards and a turnstile at the entrance to the facility so that only authorized personnel may enter.

4.6 **Plant Manager:** The Plant Manager is responsible for authorizing the resources necessary to operate the plant in a safe and environmentally sound manner.

4.7 **Foreman:** These personnel are responsible for the health and safety of their workers and will work closely with the health and safety department to insure that health and safety procedures are implemented properly.

4.8 **Users:** Radiation workers who are authorized to use licensed material without supervision, with responsibilities that include:

1. Adhering to all rules, notices, and operating procedures for radiation safety established by management and the RSO;
2. Reporting equipment malfunctions, violations of standard practices, or procedures that could result in increased radiological hazard to any individual to the RSO and management in a timely manner;
3. Suggesting improvements for the radiation protection ALARA program.

5.0 PREREQUISITE INFORMATION

Qualifications – Education and/or Experience are as follows:

5.1 Users – Previous user experience or a B. S. in Health Physics or equivalent discipline or experience and training in the use of radioactive materials.

5.2 RSO – B.S. in Health Physics or equivalent discipline; Applied experience relevant to uranium mill operation - two years minimum; Initial classroom training specific to uranium mill radiation protection - four (4) weeks; Periodic retraining

5.3 Assistant Radiation Safety Officer – A. A. in Health Physics or related discipline or applied experience in health physics or a related discipline - two years minimum; Periodic retraining (See Section 6.2).

5.4 Radiation Safety Technician – A. A. in Health Physics or related discipline or applied experience in health physics or a related discipline – two years minimum; Periodic retraining.

6.0 TRAINING REQUIREMENTS

6.1 Users – Annual ALARA review meeting to include review of the internal audit, the independent audit, the annual report, and the Radiation Protection Plan Procedures Manual.

6.2 Radiation Safety Officer – Attend 40 hours of classroom training in radiological, environmental or related discipline every two (2) years.

6.3 Assistant Radiation Safety Officer – Attend 40 hours of classroom training in radiological, environmental or related discipline every two years.

6.4 Radiation Security Technician - Attend classroom training in radiological, environmental or related discipline and in particular at least 8 hours in job specific sample procurement training per year.

6.5 Designated Assistants to the Radiation Safety Officer – The RSO or the Assistant RSO shall conduct an in-house seminar within one month of attendance at the aforementioned training for the personnel designated by the RSO.

7.0 PROCEDURES

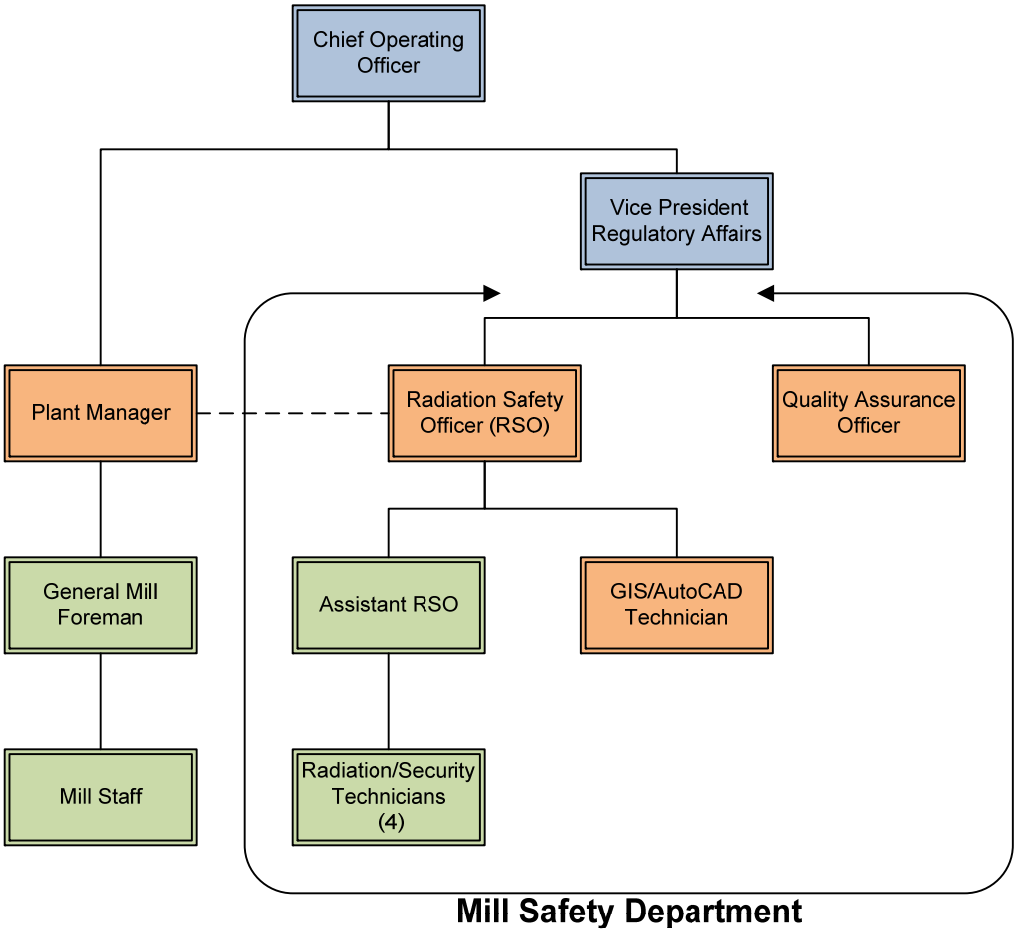
The Piñon Ridge Mill Health and Safety Organization Chart is presented in Appendix A.

Organization Procedure AD-030

Appendix A

Health and Safety Organization Chart

Health and Safety Organization Chart



1.0 PURPOSE

The purpose of Energy Fuels' Radiation Protection Program Performance Review is to assess key employee and public radiation protection performance indicators against the Facility's As Low As Reasonably Achievable (ALARA)-driven Performance Objectives, as well as appropriate regulatory standards. Accordingly, this performance based license review is presented as an addition to the license – procedure based reviews conducted by external auditors and CDPHE's compliance inspectors. Either a performance review or a license - procedure based annual review is intended to meet the requirement of CDPHE's regulation 6 CCR 1007-1 part 4 "Standards for Protection Against Radiation" which states in section 4.5.3:

> "The licensee or registrant shall, at intervals not to exceed 12 months, review the radiation protection program content and implementation."

The information derived from either type of review provides the Energy Fuels' senior management with critical information necessary to assure protection of the Company's workers and the public, and to provide additional controls where indicated.

2.0 APPLICABILITY

This procedure applies to all internal radiation protection program reviews conducted at the Piñon Ridge Mill.

3.0 OTHER DOCUMENTS

3.1 *REFERENCES*

3.1.1 Colorado Rules and Regulations Pertaining to Radiation Control (6 CCR 1007-1).

3.1.2 Nuclear Regulatory Commission Regulatory Guide 8.31, "Information Relevant to Ensuring that Occupational Radiation Exposures at Uranium Recovery Facilities will be As Low As is Reasonably Achievable, "Section 2.3.3, Radiation and ALARA Program Audit.

4.0 ADMINISTRATION

4.1 The Quality Assurance (QA) Officer is responsible for:

4.1.1 Scheduling and conducting the Radiation Protection Program Review.

4.1.2 Interacting, as necessary, with the Plant Manager, site Radiation Protection Program staff, and the Vice President of Regulatory Affairs to determine appropriate Program modifications should program performance indicate corrective action needs.

4.1.3 Preparing the written report documenting the review findings.

4.1.4 Forwarding the findings to the Vice President of Regulatory Affairs.

4.2 The Vice President of Regulatory Affairs is responsible for:

4.2.1 Where indicated, assuring that appropriate actions are taken to correct identified circumstances which have led to or could lead to inadequate Program performance.

4.2.2 When necessary, resolving issues arising from a difference in interpretation of performance indications.

APPROVALS	*Signature*	*Date*
RSO		
Plant Manager		

5.0 PROCEDURE

5.1 *STRUCTURE OF THE RADIATION PROTECTION PROGRAM REVIEW*

5.1.1 The Radiation Protection Program Review may be conducted by an individual reviewer or a team, solely at the discretion of the QA Officer. The number of individuals assigned to conduct the review will be dependent upon the expected technical complexity and depth of the current review. The Company's policy pertaining to the selection of program review personnel balances the need for independence from the day-to-day operation of the Mill, and the need to employ review personnel who are familiar with the day-to-day operations and technical aspects of the Radiation Protection Program.

Prior to the commencement of the program review, the QA Officer will identify by memorandum the schedule for and personnel assigned to the current review.

5.2 *PROGRAM REVIEW SCOPE AND CONDUCT*

5.2.1 The scope of the program review includes determining whether critical program components are in place (and being implemented), whether measured and/or calculated performance indices conform with appropriate regulatory standards, and whether the facility's ALARA-driven Performance Objectives are being met. The Program review is explicitly defined to include an evaluation of Radiation Protection Plan components and the information derived from that program; however, other permitting and/or, licensing programs can be included in the review as well. Program review can include a review of the entire program or can be specifically focused toward a more detailed review of one or more program components and/or performance indicators, or as a means of follow-up on previously identified program needs and recommendations.

The scope of each review will be determined by the Vice President of Regulatory Affairs in consultation with the QA Officer and on the basis of current Program review needs (e.g. previous program review findings, CDPHE inspection findings, emerging regulatory and/or plant operation changes, staff recommendations, etc.) Each Program Review's scope will be defined in the pre-audit memorandum issued by the QA Officer.

Examples of program elements to be reviewed include:

5.2.1.1 Employee exposure records (external and time-weighted calculations)

5.2.1.2 Bioassay results

5.2.1.3 Inspection log entries and summary reports of daily, weekly and monthly inspections

5.2.1.4 Documented training program activities

5.2.1.5 Radiation safety meeting reports

5.2.1.6 Radiological survey and sampling data

5.2.1.7 Reports on overexposure of workers submitted to the CDPHE

5.3 *SELECTING ELEMENTS OF THE PROGRAM REVIEW*

5.3.1 The Radiation Protection Program indicators of performance have been embodied in site-specific Performance Objectives, which relate

specifically to program implementation assessments, measurements of radiological conditions in the work place (and surrounding environs) and calculated indicators of worker and public dose. At a minimum, the program review will assess performance relative to these objectives. In addition, select Radiation Protection Program procedures, license requirements, and/or regulatory standards are elements of the Program Review. These Program elements are often subjected to Program Review in order to determine whether required Program activities, measurements and/or calculations are being conducted at specified frequencies, assuring that the basis of Performance Objective reporting is supported by sufficient program data. Detailed technical reviews of sample procurement, documentation, and quality assurance/quality control are not within the scope of Radiation Protection Program Reviews. These detailed technical assessments are the more appropriately addressed by Independent Audits, CDPHE inspections and internal quality assurance/quality control programs and are not duplicated by this review program. Finally, the Program Review assesses the need to add, eliminate and/or modify site Performance Objectives on the basis of previous program review findings, CDPHE inspection findings, emerging regulatory and/or plant operation changes, staff recommendations or other identified Program needs. The overall scope of each Program Review can be limited to accommodate needed follow-up on specific areas of concern and/or other program needs.

5.4 ***RADIATION PROTECTION PROGRAM REVIEW AGENDA***

5.4.1 Prior to conducting a Radiation Protection Program Review, the QA Officer (and/or assigned Program Review personnel) will issue a Program Review Agenda to the Plant Manager and Radiation Safety Officer (RSO) outlining the scope of the forthcoming Program Review. The Agenda's purpose is to assure that appropriate program information and personnel are available during the Review, thus aiding in its proper completion.

5.5 ***CONDUCT OF THE RADIATION PROTECTION PLAN REVIEW***

5.5.1 The sequence of steps followed during the Program Review process is as follows:

5.5.1.1 The QA Officer and/or designated Program Review personnel will prepare the Program Review Agenda as an attachment to the QA Officer's memo announcing the forthcoming Program Review.

5.5.1.2 The Program Review memo and attached Agenda are transmitted to the assigned Program Review personnel, the Plant Manager, and the RSO. The RSO will be responsible for further circulation to the impacted staff members.

5.5.1.3 Program Review personnel will proceed to the Mill on the pre-announced Program Review date. When multiple review personnel are assigned, the review team will convene at the Mill where the individual work assignments necessary to complete the Program Review agenda are determined.

5.5.1.4 Information needed to prepare for and to conduct a Radiation Protection Program Review is assured by:

5.5.1.4.1 The preparation of a Program Review Profile which includes specific information relative to each element under consideration for the current Program Review. The profile is prepared in tabular form including the following:

- A recitation of each review element
- The performance objective, standard, and or any other requirement to be met
- A space to document the review finding for each review element
- A space to document recommendations, needed corrective actions, and/or any other relevant comment pertinent to that elements review

Note: The Program Review Profile must include sufficient detail to establish clear criteria against which actual program practices are compared.

5.5.1.4.2 The ready availability of Program Review information. At a minimum the following information is assembled to conduct a Program Review:

- Current site Performance Objectives.
- Files and/or reports containing the information necessary to determine the status of performance for each objective.
- Current Radiation Protection Procedures
- Files and/or reports containing information relative to the status of each procedures implementation.
- Annual and semi-annual reports relevant to the time frame subject to the Program Review.
- Current Radioactive Materials License.
- Current Colorado Rules and Regulations Pertaining to Radiation Control.

5.5.1.4.3 In addition to reviewing company files and reports, other generic areas of inquiry will enable the auditor to more thoroughly complete the Program Review, determine root causes for identified areas of concern and identify measures necessary to improve the Program. These include but are not limited to:

- The reconciliation of ambiguous or conflicting information discovered as the result of file examination or personnel interviews

- Interviews with pertinent facility personnel
- Reviewing planned activities and programs that will be undertaken to meet program concerns (either required or for ALARA purposes)
- Evaluating information flow to ensure that all pertinent information is communicated in a timely manner and in a useful form to all persons who would authorize and/or complete the indicated change.

Note: In the event that a conflict in the interpretation of program requirements or objectives should arise; all information pertinent to the issue should be transmitted to the Vice President of Regulatory Affairs to affect a resolution to the conflict.

5.5.1.5 Following the Radiation Protection Program Review, the QA Officer will compile review notes and prepare the Review Report. The report will include a narrative discussion of the overall findings and any recommendations and needed follow-up. The report will be accompanied by a completed Program Review Profile indicating whether each Program element under review is meeting its objective or procedural requirement. The format of the report findings will be summarized into four categories:

- Compliant: The objective or other element need is being met or exceeded.
- Non-Compliant: The objective or other identified element need is not being met.
- Item of Concern: The objective or other identified element is being met, but some improvement or change is recommended
- Relevant information: The information that bears on the review element, the finding, or future review needs.

5.5.1.6 Copies of the Program Review Report will be distributed to the Vice President of Regulatory Affairs, the RSO, and the Plant Manager, involved program review personnel, and the Colorado Department of Public Health and Environment in accordance with license conditions.

1.0 PURPOSE

The purpose of this procedure is to describe the documentation and tracking of the Radiation Safety training of the Mill personnel and contractors.

2.0 APPLICABILITY

This procedure applies to all personnel, contractors, and visitors to the Piñon Ridge Mill.

3.0 OTHER DOCUMENTS

3.1 *REFERENCES*

3.1.1 Current Colorado Radioactive Materials License

3.1.2 RH-010, Radiological Health and Safety Training Procedure

4.0 RESPONSIBILITY

4.1 The Radiation Safety Officer (RSO) or Assistant RSO is responsible for:

4.1.1 Determining the need for safety training or specialized training.

4.1.2 Training of all Energy Fuels personnel, contractors, and visitors.

4.1.3 Documenting and tracking the required training in the areas of Radiation Safety, Radiation Work Permit (RWP), task-specific, and any other special training or certification.

4.1.4 Scheduling the training with the appropriate personnel.

4.1.5 Placing copies of certification or other special training qualification documents in individual employees' personnel files as they are received.

4.2 Designated Training Personnel are responsible for:

4.2.1 Providing appropriate training to key individuals.

4.2.2 Documenting appropriate training or qualification of trained individuals.

5.0 PREREQUISITE INFORMATION

5.1 *DEFINITIONS*

5.1.1 Designated Training Personnel – An individual or group designated as being qualified to provide appropriate training to key individuals or to assess qualifications of key individuals**.**

5.1.2 Key Individual– A trained individual who performs monitoring, sample collection, or otherwise performs tasks requiring training. Also referred to as a trained "radiation worker."

5.2 *FREQUENCY*

5.2.1 Radiation Safety Training will be provided to all Mill personnel prior to work in restricted areas and specific on the job radiation training will be provided as specified by the RSO.

5.2.2 The RSO will schedule the Radiation Safety Training as necessary.

APPROVALS	*Signature*	*Date*
RSO		
Plant Manager		

5.2.3 The RSO or Assistant RSO will circulate a schedule to all supervisors of the appropriate times of the training.

6.0 PROCEDURES

6.1 *ROUTINE SCHEDULED RADIATION SAFETY TRAINING*

6.1.1 Each training session will be documented with the date, length of training, subjects discussed, signature of each employee attending, test score (if applicable), and the signature of the RSO or Assistant RSO.

6.1.2 New employees and contractors will be required to pass (70%) of a test. Those employees not passing the test will be retrained and re-tested.

6.2 *NON-ROUTINE TRAINING*

6.2.1 Basic Radiation Safety Training will be provided for: visitors, new employees, new contractors, and as specified in Radiation Work Permits (RWP). Those individuals will be required to pass (70%) of a test. Documentation will include the date, length of training, subjects discussed, signature of each employee attending, test score (if applicable), and the signature of the RSO or Assistant RSO.

1.0 PURPOSE

To establish a process to identify and evaluate opportunities for dose reduction for occupational personnel and members of the public. Review current protocols and implement improvements to plans, procedures, facilities, and equipment which conform to the tenets of the Colorado Department of Public Health and Environment 6 CCR 1007-1 Part 4 "Standards for Protection Against Radiation Section 4.5, and NRC Regulatory Guides 8.10, 8.31, and 8.37, as revised. This process is implemented through the Safety Committee.

2.0 APPLICABILITY

The As Low As Reasonably Achievable (ALARA) Program applies to all operations (processing, maintenance, construction, dismantling, and remedial activities), facilities (buildings, storage areas, tailings cells and evaporation ponds), equipment (stationary and mobile), and personnel (Energy Fuels Resources employees, contractors and visitors). Achievement of ALARA goals requires an integrated approach to the conduct of site activities, which have an impact on dose to workers or the public. Each activity must be justified, optimized, and doses limited. This means that consideration should be given to the lifecycle (short and long term) impacts from process and equipment modifications, manpower utilization, and changes to operating procedures and maintenance programs. This also requires a tracking and feedback system, including inspections, reviews, audits, communications, documentation, and training.

3.0 OTHER DOCUMENTS

3.1 *REFERENCES*

3.1.1 Current Colorado Radioactive Materials License

3.1.2 NRC Regulatory Guide 8.10 Operating Philosophy For Maintaining Occupational Radiation Exposure As Low As Is Reasonably Achievable

3.1.3 NRC Regulatory Guide 8.31 Information Relevant To Ensuring That Occupational Radiation Exposures At Uranium Mills Will Be As Low As Reasonably Achievable

3.1.4 NRC Regulatory Guide 8.37 ALARA Levels For Effluents From Materials

3.1.5 Facility Operating Plan

3.1.6 Colorado Rules and Regulations (6 CCR 1007-1)

4.0 RESPONSIBILITY

4.1 Safety Committee Membership consists of the Plant Manager, the Radiation Safety Officer (RSO), the Assistant RSO, a foreman, and an hourly employee from Operations or Maintenance. The committee will meet quarterly at a minimum and more frequently as needed and as requested by the Plant Manager and RSO.

APPROVALS	*Signature*	*Date*
RSO		
Plant Manager		

4.2 The Safety Committee member is responsible for:

4.2.1 Assessing conditions in the Mill to evaluate if actions can be taken to reduce personnel and environmental doses to levels that are reasonably achievable.

4.3 The Plant Manager is responsible for:

4.3.1 Assuring that the ALARA actions are implemented.

4.3.2 Appointing members to the Safety Committee.

4.4 The Radiation Safety Officer (RSO) or designee is responsible for:

4.4.1 Evaluation of the adequacy of efforts to maintain exposures ALARA.

4.4.2 Administering the ALARA Program and performing the following duties:

4.4.2.1 Review Safety Committee inspections, action items, and work orders

4.4.2.2 Assure inspections are performed and actions followed up to closure

4.4.2.3 Evaluate proposed modifications and improvements to:

- Process changes such as reagent substitution or recycling of Mill fluids.
- Facilities and equipment.
- Procedures, such as duties of an operator.

4.4.2.4 Meet quarterly or more frequently as necessary to:

- Establish and track Annual ALARA Goals
- Review weekly and quarterly inspections
- Review Radiation Work Permits (RWPs)
- Make recommendations regarding ALARA principles on proposed modifications or improvements to process, facilities, equipment, procedures or other aspects.

4.5 The Assistant RSO is responsible for:

4.5.1 Preparing data summaries for Safety Committee meetings

4.5.2 Preparing minutes of Safety Committee meetings.

4.5.3 Documenting the Safety Committee Work Order Status.

4.5.4 Distributing and filing Safety Committee documentation.

5.0 PREREQUISITE INFORMATION

5.1 *DEFINITIONS*

5.1.1 ALARA – "As Low As Reasonably Achievable" means making every reasonable effort to maintain exposures to radiation as far below the dose limits as is practical, consistent with the purpose for which the licensed or registered activity is undertaken. The ALARA process should take into account the state of technology, the economics of improvements in relation to benefits to the public health and safety, and other societal and

socioeconomic considerations. In relation to utilization of licensed sources of radiation in the public interest.

5.1.2 Justification – The expected benefits of the activity must exceed the predicted cost in terms of risk of adverse health effects.

5.1.3 Optimization – Radiation doses must be kept ALARA, economic and social factors being taken into account.

5.1.4 Limitation – Dose limits for individuals must be set to ensure that no individual or group of individuals receives a radiation dose which results in an unacceptable risk, exceeds regulatory criteria or violates license conditions.

5.2 *FREQUENCY*

5.2.1 Safety Committee meets at least quarterly

6.0 PROCEDURES

6.1 *ALARA REVIEW PROCESS*

6.1.1 The Safety Committee will evaluate proposed or ongoing activities.

6.1.2 The overriding principles of justification of the activity, optimization of the activity in relation to potential dose and dose limitation will be used to evaluate ongoing and proposed activities, such as:

6.1.2.1 Modifications and improvements to:

- Operations
- Facilities
- Equipment
- Personnel Utilization

6.1.3 This process will consist of aspect definition, listing pros and cons, screening the pros and cons using the regulatory guides, recommending action on an aspect, and follow up on a recommended action. Various tools such as checklists may be developed to assist this process.

6.2 *DOCUMENTATION*

6.2.1 Inspection reports will be completed within five working days of the walk around by the Safety Committee members and submitted to the Plant Manager with a copy circulated to other Safety Committee members. Work orders will be written for all action items even if the foreman or supervisor has been instructed to take immediate action.

6.2.2 Recommendation reports on changes to process, procedures, equipment or any other aspect of site activities will be submitted to the Plant Manager with a copy circulated to Safety Committee members.

6.2.3 Minutes of Safety Committee meetings will be addressed to the Plant Manager.

6.2.4 Annual ALARA Goals will be established during the first quarterly meeting each year. These will be posted in the lunch room, the change house, and Mill office.

6.3 ***TRAINING***

6.3.1 The RSO will provide annual training to Safety Committee members on regulatory guides and updates, changes to the Mill license, and changes to the radiation control regulations.

6.3.2 During initial employee training and at least once each year during a training session, a member of the Safety Committee will review this procedure, the ALARA philosophy, the annual ALARA goals, and accomplishments.

1.0 PURPOSE

The purpose of this procedure is to define the requirements and responsibilities for accident investigation, analysis of causal factors, development of corrective actions, and reporting of accidents and lessons learned.

2.0 SCOPE

This procedure is applicable to all company property, facilities, operations, and employees. EFR's Accident Investigation Program shall be used to find correctable problems that lead to implementation of effective corrective actions. A root cause analysis investigation shall be conducted on all serious accidents.

3.0 OTHER DOCUMENTS

3.1 *APPENDICES*

Appendix A – Accident Investigation Report Form AD-090A

4.0 RESPONSIBILITY

4.1 Managers shall be responsible for:

4.1.1 Ensuring that employees are properly informed of this procedure and comply with its requirements.

4.1.2 Ensuring that employees who conduct accident investigations are trained in root cause investigation.

4.1.3 Reviewing, commenting as necessary, and approving reports of accidents within their area of responsibility.

4.1.4 Ensuring that accident investigation findings and corrective actions are addressed in a timely manner and information related to closure of corrective actions is forwarded to the Safety Department.

4.2 Supervisors shall be responsible for:

4.2.1 Notifying the Safety Department immediately of all serious accidents, as defined in Section 7.4.

4.2.2 Communicating, as soon as possible, with the Safety Department to coordinate root cause accident investigations.

4.2.3 Conducting an accident investigation or participate on the investigation team in accordance with this procedure. If a serious accident occurs a root cause analysis will also be conducted.

4.2.4 Ensuring that employees are informed of accident investigation findings, root causes, and lessons learned.

4.2.5 Notifying the Safety Department as soon as corrective actions are completed or that the completion date for corrective action needs to be revised.

4.3 Employees shall immediately report all accidents to their supervisor and cooperate fully with investigators during accident investigations.

APPROVALS	*Signature*	*Date*
RSO		
Plant Manager		

4.4 The Safety Department shall be responsible for:

4.4.1 Maintaining the Accident Investigation Procedure.

4.4.2 Managing the root cause investigation program including accident investigation training, coaching of supervisors in accident investigations, coordination of the development of corrective actions, accident investigation reports, engaging the Safety Committee as necessary, and occurrence announcements on a Bulletin Board to keep all employees informed.

4.5 The Operations Manager or designee and the Safety Department shall be responsible for:

4.5.1 Initiating and participating in the Safety Committee as defined in Section 6.3.

4.5.2 Leading Safety Committee review and approval of accident investigation reports and corrective actions.

4.5.3 Submitting approved accident investigation reports and corrective actions to the Safety Department and HR/Risk Management for publication and tracking.

4.6 The Safety Committee shall:

4.6.1 Consist of an equal representation of management and hourly employees, along with Safety/Risk Management Representatives.

4.6.2 Meet as necessary to review, recommend, and approve major (as defined in 6.3) accident reports and corrective actions.

5.0 OBJECTIVE

The objectives of this procedure are to ensure that root-cause accident investigations are performed in a consistent manner to determine causal factors and root causes of accidents and potential accidents, and to ensure the development of corrective actions which minimize the likelihood of recurrence.

6.0 PROCEDURE

6.1 *SERIOUS ACCIDENTS (as defined in 7.4)*

6.1.1 All serious accidents shall be immediately reported by telephone to Safety Department, or HR/Risk Management if the Safety Department is unavailable.

6.1.2 Employees and supervisors shall complete and send to the Safety Department pages 1 and 2 of the Accident Investigation Report for all injuries which require medical treatment beyond first aid within 4 hours of an accident.

6.1.3 The Accident Investigation Report shall be completed and approved by the appropriate manager within 24 hours after notification and forwarded immediately to the Safety Department. The Safety Department shall provide HR/Risk Management with a copy of Accident Reports upon receipt.

6.1.4 HR/Risk Management shall advise if outside legal counsel or an outside investigator is necessary to assist in the investigation.

6.1.5 A root cause accident investigation process shall be used for all serious accidents. The level of investigation and report detail will depend on the specific accident. Generally, the more serious an accident or near miss, the more time necessary for the investigation process and more detail in the event and causal factor chart. Lost time injuries and forklift rollovers are examples of serious accidents that would require the full root cause investigation process and report. Minor injuries without lost time can usually be investigated quickly and corrective/preventive actions developed with no, or just a simple, event and causal factor chart.

6.1.6 The root cause investigation shall begin as soon as possible while the facts are still fresh in the minds of individuals involved with the accident. In no case should the investigation be delayed more than 48 hours after notification.

6.1.7 Supervisors are to conduct root cause investigations for serious accidents in their area of responsibility. This involves gathering all of the applicable facts and documents associated with the accident, including interviewing employees or other witnesses to determine the cause(s) and preventive measures, and creating an initial events and causal factors chart of the accident. Examples of required documents to support the investigation are:

- Accident Investigation Report
- Chart(s) of accident location
- Employee Interviews/Statements
- Photographs
- Sketches

Supervisors shall identify causal factors which could have mitigated or prevented the unwanted act from occurring. This would include actions of the injured party that may have prevented their own injury or damages.

6.1.8 The Safety Department is available as a resource for investigation support and coaching during the root cause investigation process.

6.1.9 The Safety Department shall be contacted to assist in the identification of root causes and corrective and preventive actions. The establishment of root causes and corrective/preventive actions is a joint process between Operations and the Safety Department and can be accomplished by telephone or in person, depending on the severity of the accident. Root cause(s) for each causal factor shall be determined by the Safety Department. Operations shall identify the person(s) responsible for completing the corrective action and the completion date.

6.1.10 Investigators shall obtain approval of corrective/preventive actions from the appropriate level of management for the area involved with the accident and submit an electronic draft root cause investigation report to the Safety Department.

6.1.11 Supervisors shall implement immediate corrective/preventive measures within their scope of authority.

6.1.12 The Safety Department shall file copies of Accident Investigation Reports for review by the Safety Committee (as defined in 6.3).

6.1.13 When legal counsel is assigned to lead an accident investigation, the Safety Department shall provide technical support on the root cause investigation process. Root cause investigation reports shall be prepared under the guidance of legal counsel and labeled "privileged and confidential" and "do not duplicate". Distribution of these accident reports shall be on a need-to-know basis under guidance of legal counsel.

6.1.14 The Safety Department shall publish and distribute an occurrence announcement for Accident Investigation Reports approved by the Safety Committee to share lessons learned.

6.1.15 Persons responsible to complete corrective actions shall ensure timely closure and report completion to the Safety Department.

6.2 ***ALL OTHER ACCIDENTS (AS DEFINED IN 7.3)***

6.2.1 The Accident Investigation Report form shall be completed within 24 hours of the occurrence, approved by the appropriate supervisor, and forwarded to the Safety Department. The Safety Department shall provide HR/Risk Management with a copy of Accident Investigation Reports upon receipt.

6.2.2 If an investigation is conducted, the root cause accident investigation process shall be used.

6.2.3 HR/Risk Management shall obtain legal support if necessary.

6.3 ***SAFETY COMMITTEE***

6.3.1 The Safety Committee shall be convened by the Plant Manager or designee and the Safety Department for major losses or potential losses involving employees or equipment where:

- An MSHA reportable accident resulting in a fatality or hospitalization or a vehicle being towed from the scene is involved.
- An individual loss is estimated to exceed $500.
- The loss, even though less than $500, represents an example of a repetitive loss.
- The Safety Department or Plant Manager deems a Safety Committee to be necessary.

6.3.2 The Safety Committee shall consist of a cross-section of company disciplines including, as appropriate, all trade representatives, Safety/Risk Management and other employee representatives, who have the knowledge and experience to investigate the casualty, identify root causes, and formulate corrective actions (see procedure AD-080, section 4.1).

6.3.3 The Safety Committee process shall follow the root cause investigation procedure outlined in appropriate sections of 6.1.

7.0 DEFINITIONS

7.1 Accident - An undesired event that results in injury to people, damage to property, or loss of service.

7.2 Near miss - An event which occurred (or could occur) but did not result in injury, damage to property or equipment over $500 or service loss.

7.3 All other accidents - Any damage or first aid case not classified as a serious accident or near miss.

7.4 Serious accidents - Accidents or accidents/near misses involving personnel, the public, and/or contractors on EFR's property performing activities requested by EFR or activities supervised by EFR resulting in, or having the potential to result in:

7.4.1 MSHA reportable accidents that are immediately reportable to MSHA include the following:

7.4.1.1 Any injury that results in death.

7.4.1.2 Any injury that has a reasonable potential to cause death.

7.4.1.3 An entrapment of an individual for more than thirty minutes or which has the reasonable potential to cause death.

7.4.1.4 An unplanned ignition or explosion of a gas, dust, explosive or blasting agent.

7.4.1.5 An unstable condition or failure of any impoundment or soil pile.

7.4.2 MSHA reportable accidents that are required to be reported to MSHA within 10 days of occurrence:

7.4.2.1 A non-fatal injury that results in lost workdays.

7.4.2.2 A non-fatal injury without lost workdays in which the employee cannot perform all job duties on any day after injury, or which result in transfer to another job or termination of employment, requires medical treatment (other than first aid)*, or involves loss of consciousness. This category would also include any diagnosed occupational illnesses which are reported, but are not reported as fatalities or lost workday cases.

7.4.3 Fires.

7.4.4 Equipment Damages over $500.

7.4.5 Property damages over $500.

7.4.6 Incidents requiring reporting to the CDPHE within 24 hrs per 6 CCR 1007-1, part 4, section 4.5.2.

7.5 Root cause - The most basic cause(s) that can be reasonably identified and that management has control to fix. These are the fixable causes of an occurrence that when corrected will prevent recurrence or prevent the potential event causes from occurring.

7.6 Medical treatment - Includes treatment administered by a physician or registered professional personnel under the standing orders of a physician. Medical

treatment does not include first aid treatment, even when provided by a physician or registered professional personnel.

7.7 Lost workdays - The number of days (consecutive or not) after, but not including, the day of the injury or illness during which the employee would have worked but could not do so.

Accident Investigation Procedure AD-090

Appendix A

Accident Investigation Report Form AD-090A

Accident Investigation Report

Instructions: Pages 1 and 2 of this report shall be completed by employees and supervisors and sent to the Safety Department within 4 hours of an accident. This report shall be completed by the Safety Department within 24 hours of an accident that results in serious injury or illness.

General Incident Information

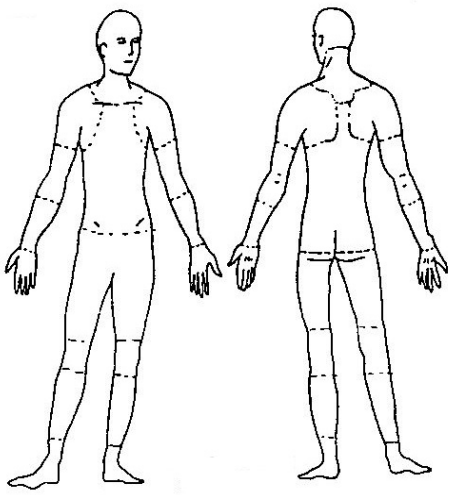
This is a report of a: ❑ Death ❑ Lost Time ❑ Dr. Visit Only ❑ First Aid Only ❑ Near Miss ❑ Other

Date of incident:	Employee(s) involved:

Type of Incident:
Check One:
- ❑ Accident- no apparent injuries
- ❑ Accident- possible injuries
- ❑ Property Damage
- ❑ Equipment failure/damage

* If no apparent of possible injury, proceed to Step 2.

Step 1: Injured employee (complete this part for each injured employee)

Name:	Sex: ❑ Male ❑ Female	DOB:
Address:	Phone Number: SSN:	
Job Title:	Nature of injury: (most serious one) ❑ Abrasion, scrapes ❑ Amputation ❑ Broken bone ❑ Bruise ❑ Burn (heat) ❑ Burn (chemical) ❑ Concussion (to the head) ❑ Crushing Injury ❑ Cut, laceration, puncture ❑ Hernia ❑ Illness ❑ Sprain, strain ❑ Damage to a body system: ❑ Other _____ (e.g.: nervous, respiratory, or circulatory systems)	This employee works: ❑ Regular full time ❑ Regular part time ❑ Seasonal ❑ Temporary Months doing this job:
Part of body affected: (shade all that apply) 		

Step 2: Describe the incident

Exact location of the incident:	Exact time:

What part of employee's workday? ❑ Entering or leaving work ❑ Doing normal work activities
❑ During meal period ❑ During break ❑ Working overtime ❑ Other

Names of witnesses (if any):

Number of attachments:	Written witness statements:	Photographs:	Maps / drawings:

What personal protective equipment was being used (if any)?

Describe, step-by-step the events that led up to the injury. Include names of any machines, parts, objects, tools, materials and other important details.

Description continued on attached sheets: ❑

Step 3: Why did the incident happen?

Unsafe workplace conditions: (Check all that apply)	Unsafe acts by people: (Check all that apply)
❑ Inadequate guard ❑ Unguarded hazard ❑ Safety device is defective ❑ Tool or equipment defective ❑ Workstation layout is hazardous ❑ Unsafe lighting ❑ Unsafe ventilation ❑ Lack of needed personal protective equipment ❑ Lack of appropriate equipment / tools ❑ Unsafe clothing ❑ No training or insufficient training ❑ Other: _____	❑ Operating without permission ❑ Operating at unsafe speed ❑ Servicing equipment that has power to it ❑ Making a safety device inoperative ❑ Using defective equipment ❑ Using equipment in an unapproved way ❑ Unsafe lifting by hand ❑ Taking an unsafe position or posture ❑ Distraction, teasing, horseplay ❑ Failure to wear personal protective equipment ❑ Failure to use the available equipment / tools ❑ Other: _____

Why did the unsafe conditions exist?

Why did the unsafe acts occur?

Is there a reward (such as “the job can be done more quickly” or “the product is less likely to be damaged”) that may have encouraged the unsafe conditions or acts? ❑ Yes ❑ No

If yes, describe:

Were the unsafe acts or conditions reported prior to the incident? ❑ Yes ❑ No

Have there been similar incidents or near misses prior to this one? ❑ Yes ❑ No

Step 4: How can future incidents be prevented?

What changes do you suggest to prevent this injury/near miss from happening again?

❑ Stop this activity ❑ Guard the hazard ❑ Train the employee(s) ❑ Train the supervisor(s)

❑ Redesign task steps ❑ Redesign work station ❑ Write a new policy/rule ❑ Enforce existing policy

❑ Routinely inspect for the hazard ❑ Personal Protective Equipment ❑ Other: _____

What should be (or has been) done to carry out the suggestion(s) checked above?

Description continued on attached sheets: ❑

Employee Signature: _____Date: _____

Supervisor Signature: _____ Date: _____

Step 5: Who completed and reviewed this form? (Please Print)

Written by: Department:	Title: Date:
Names of investigation team members:	
Reviewed by:	Title: Date:

1.0 PURPOSE

This procedure identifies job hazards and provides a method to prevent injury or equipment damage utilizing a Job Safety Analysis.

2.0 SCOPE

This procedure applies to all employees and supervisors on the Mill site.

3.0 OTHER DOCUMENTS

3.1 *APPENDICES*

Appendix A – Job Safety Analysis Form AD-100A

4.0 RESPONSIBILITY

4.1 Supervisors will complete a job safety analysis prior to work beginning on the job site which is of a non-routine nature.

4.2 The Radiation Safety Officer (RSO) will review the analysis and revise or add to the analysis as required by a specific portion of the job.

4.3 The Safety Department shall review the hazard analysis and conduct safety inspections to identify new hazards.

5.0 OBJECTIVE

The hazard analysis will serve as a guide to preventing hazards in daily operations and to be used in weekly safety meetings to highlight potential hazards to employees.

6.0 PROCEDURE

6.1 Prior to the start of the job, the job safety analysis prepared by the Supervisor will be reviewed and revised by the RSO.

6.2 A copy of the job analysis will be appended to this procedure in the Safety Procedures, and Safety Program.

6.3 A Job Safety Analysis (attached) should be completed at the start of each shift by supervisors to identify potential hazards associated with the daily work to be performed.

6.4 A Master Job Safety Analysis database is maintained to generate the hazards that may be encountered for specific activities.

APPROVALS	*Signature*	*Date*
RSO		
Plant Manager		

Job Safety Analysis Procedure AD-100

Appendix A

Job Safety Analysis Form AD-100A

Job Safety Analysis Form

Name of organization:	**Job name:**
Task:	**Job number:**
Principal contractor:	**Job location:**
Date the JSA was prepared:	Number of pages in this JSA:
This JSA has been reviewed by:	This JSA has been discussed with:
Principal Contractor or Representative (signature)	Employee/subcontractor (signature)
Position Date	Position Date

Item	**Work activity** Break the job down into steps	**Hazard** What could harm someone?	**Risk control** What can be done to make the job safe?	**Persons responsible** Who will make sure it happens?	**Completion** Date and signoff

Item	**Work Activity** Break the job down into steps	**Hazard** What could harm someone?	**Risk Control** What can be done to make the job sale?	**Persons Responsible** Who will make sure it happens?	**Completion** Date and signoff

1.0 PURPOSE

The purpose of this procedure is to identify the minimum safety and environmental requirements for EFR contractors.

2.0 SCOPE

This procedure applies to all contractors and their employees who work on EFR jobsites or at the Mill.

3.0 RESPONSIBILITY

All contractors shall comply and ensure compliance by its employees and subcontractors with all applicable federal, state and local safety and environmental regulations, laws, and standards, as well as this procedure.

4.0 PROCEDURE

4.1 *PRE-JOB MEETING*

4.1.1 Understanding of the safety and environmental requirements of the job is critical to the overall success of the project. Contractors shall be required to attend a pre-job meeting to discuss Contractor safety and environmental requirements and jobsite safety/hazard and environmental protection information.

4.1.2 The independent contractor register requirements under 30 CFR part 45 must be met by providing the following information to EFR:

4.1.2.1 The trade name, business address, and business telephone for the independent contractor.

4.1.2.2 The independent contractor's MSHA ID. Number, if any.

4.1.2.3 The independent contractor's address of record for service of citations or other documents by MSHA involving the independent contractor.

4.1.3 EFR will maintain this information and make it available to a designated representative of the Secretary of Labor upon request.

4.2 *REPORTING TO WORK*

4.2.1 Contractor supervisory personnel shall report to the appropriate EFR supervisor upon arrival at the work location. Contractor management shall ensure that Contractor personnel have received appropriate MSHA required training before performing work at the job site. EFR will provide a safety and environmental orientation for familiarization with potential jobsite hazards, emergency procedures, and environmental protection.

4.3 *ACCIDENT, INJURY AND ILLNESS, AND SPILL REPORTING*

4.3.1 All work related accidents, injuries and illnesses, and spills shall be reported immediately or as soon as safely possible to the appropriate EFR

representative. It is the responsibility of the Contractor's designated person-in-charge to ensure that all accidents on jobsites or at facilities involving personnel injury or illness, fire and/or explosions, property damage, hazardous materials spills and vehicles are reported to EFR and to all applicable federal, state and local governments having jurisdiction.

4.4 ***CONTRACTOR RESPONSIBILITIES***

4.4.1 Contractor shall ensure that all Contractor personnel are qualified and trained to perform the contracted services.

4.4.2 Contractor shall adhere to all applicable federal, state and local regulations pertaining to a particular operation for which its services are contracted, and appropriate procedures.

4.4.3 Contractor shall be responsible for ensuring that all operations are conducted in a safe and pollution free manner, and for promptly correcting and reporting to EFR and to Contractor's employees and subcontractors all known or suspected hazards or unsafe conditions.

4.4.4 Contractor personnel violating any of EFR's safety or environmental policy, practice or procedure, or applicable governmental regulation shall be subject to immediate removal from EFR property.

4.5 ***PERSONAL PROTECTION EQUIPMENT (PPE) REQUIREMENTS***

4.5.1 Head Protection

4.5.1.1 A non-conductive hard hat that meets the requirements of ANSI Z89.1 shall be worn at all times while performing work on EFR jobsites or facilities.

4.5.2 Foot Protection

4.5.2.1 Safety shoes or full shelled boots or work shoes in good condition, with slip resistant and oil resistant soles, that meet ANSI Z41.1 requirements shall be worn.

4.5.3 Eye/Face Protection

4.5.3.1 Eye protection shall be worn while performing work that may pose a hazard to your eyes on EFR jobsites or while at EFR facilities. Minimum protective eyewear shall be safety glasses with side shields. All eye/face protection shall meet ANSI Z87.1.

4.5.4 Hearing Protection

4.5.4.1 Hearing protection devices that meet the standards of MSHA part 62 shall be worn in all posted high noise areas. Hearing protection is required in all known or suspected areas with noise levels of 85 dBA.

4.5.5 Protective Clothing

4.5.5.1 Protective clothing shall be worn when handling hazardous materials or chemicals, when such is specified by the applicable Material Safety Data Sheet (MSDS).

4.5.6 Hand Protection

4.5.6.1 Appropriate protective gloves shall be worn where there is risk of exposure to high temperatures, sharp edges, chemicals or any other conditions or materials which may cause injury to the hands.

4.5.7 Fall Protection

4.5.7.1 All work performed over 6 feet above ground, or where a fall hazards of 6 feet or more exist shall use fall protection.

4.5.8 Respiratory Protection Equipment

4.5.8.1 Personal respiratory protection equipment shall be selected, inspected, maintained and used in accordance with the Mill Respiratory Protections Health and Safety procedures.

4.6 ***SAFE WORK PRACTICES***

The following items recognize basic safe work practices:

4.6.1 Smoking

4.6.1.1 Smoking is prohibited at all facilities except in designated smoking areas.

4.6.2 Signs

4.6.2.1 All contractors shall be familiar with and comply with all signs posted throughout EFR's facilities.

4.6.3 Lockout/Tagout

4.6.3.1 All contractors shall comply with MSHA 30 CFR part 56 lockout/tagout procedures while working on powered equipment, when performing confined space entry operations or when engaged in other work activities where the control of potentially hazardous energy is necessary to ensure personal safety.

4.6.4 Confined Space Entry

4.6.4.1 All Contractors performing work involving confined space entry shall be in accordance with applicable federal and state regulatory standards and the Mill Confined Space Entry Procedure.

4.6.5 Hot Work

4.6.5.1 All welding, cutting, and brazing shall be done in accordance with 30 CFR (MSHA) and local Fire Department regulations.

4.6.6 Hazard Communication (HazCom)

4.6.6.1 Contractor personnel shall be familiar with EFR's HazCom procedure.

4.6.6.2 EFR shall provide, upon request, an appropriate Material Safety Data Sheet (MSDS) for hazardous chemicals or materials maintained at each location.

4.6.6.3 Contractor shall maintain an on-site appropriate MSDS for any hazardous material or chemical which Contractor brings on-site. Such hazardous materials or chemicals shall be properly stored and labeled in accordance with MSHA and local Fire Department regulations.

4.6.7 Vehicle Operations

4.6.7.1 Contractors shall operate vehicles in full compliance with all applicable federal, state and local regulations.

4.6.8 Training

4.6.8.1 Contractor employees shall be appropriately trained in accordance with MSHA regulations to perform the assigned task.

4.7 ***ENVIRONMENTAL PROTECTION***

4.7.1 Contractor shall perform work on EFR facilities in a manner that protects the environment and fully complies with federal, state, and local pollution prevention laws, as well as EFR procedures.

4.8 ***CONTRACTOR WASTE***

4.8.1 Contractor shall notify the appropriate EFR representative of any waste generated on company property.

4.8.2 Contractor shall place waste in a waste storage area.

4.8.3 Contractor shall be responsible for appropriate waste disposal unless otherwise stated by Contract.

1.0 PURPOSE

The purpose of this procedure is to develop a policy on drug use in the workplace and to keep current with Federal and State Drug Free Workplace policies and contractual obligations.

2.0 SCOPE

This policy applies to all employees of EFR and to all subcontractors that may work on the site.

3.0 RESPONSIBILITY

3.1 Managers will be responsible for implementing the Drug Policy at the work site.

3.2 Supervisors are responsible for enforcing the policy and recognizing problems with alcohol or drug abuse in the workplace.

3.3 The Safety Department will maintain the policy and implement the procedures for carrying out the policy on the work site.

3.4 Employees must comply with the following:

3.4.1 Refrain from the manufacture, distribution, dispensing, possession, use, or being under the influence of a controlled substance at the work site.

3.4.2 Notify the Safety Manager of any criminal drug statute conviction for a violation occurring in the workplace no later than 5 days after the conviction.

4.0 OBJECTIVE

The objective of this policy is to assure that use of controlled substances in the workplace will not occur in order to keep the workplace as safe as possible from the inherent danger associated with persons working under the influence of drugs.

5.0 PROCEDURE

5.1 Drug testing of employees will be employed for the following reasons:

5.1.1 Prior to employment

5.1.2 Following a lost time injury

5.1.3 To meet Department of Transportation (DOT) requirements for a commercial driver's license

5.1.4 Following an incident/accident that occurs while operating company vehicles or equipment

5.1.5 An indication of use because of a change in behavior or workmanship is observed

5.1.6 Reasonable suspicion

5.1.7 Random sampling

5.2 Any person testing positive for drugs or registering 0.04 percent or higher on a random job site blood alcohol breath test will be subject to dismissal and rehabilitation treatment will be recommended. Future employment may be

APPROVALS	*Signature*	*Date*
RSO		
Plant Manager		

considered after the employee successfully completes an approved drug or alcohol rehabilitation program and certifies that further drug use will not occur.

5.3 Refusal to participate in testing will result in termination of employment or termination of an application for employment.

5.4 Any modification of the sample or use of an adulterant will be considered as a refusal to participate in testing.

5.5 An EFR-approved drug testing center will be utilized and all samples will be taken and analyzed according to standard laboratory procedures.

5.6 Testing for the following substances will occur at a minimum:

5.6.1 Amphetamines

5.6.2 Barbiturates

5.6.3 Cocaine

5.6.4 Marijuana

5.6.5 Opiates

5.7 If a test for drugs or alcohol is positive the results will be sent to the corporate Human Resources Department for evaluation. Human Resources will call the affected employee for an interview within 48 hours of receiving the test results. An employee will not be allowed to return to the worksite following a positive test.

5.8 If there is a reasonable doubt that the test results are true, Human Resources or the employee may request a retest of the sample. If the retest is positive the employee will be terminated and charged for the cost of the retest. If the retest is negative, the employee will be allowed to return to work and be compensated for expenses.

5.9 Upon written request, the results of the test will be sent to the employee within five days of receiving the request. The written request must be submitted within six months of the test date. If requested, and if reasonable, the employee may also be afforded a meeting to discuss the positive test results.

5.10 All drug and alcohol test results are confidential and information will only be disclosed to the following personnel and then only to the extent necessary:

5.10.1 The tested person or someone that person designates in writing.

5.10.2 The Radiation Safety Manager (RSO), for evaluation of the test results.

5.10.3 Human Resources, in the case of a positive test result, for review and interview purposes.

5.10.4 Persons necessary as ordered by a court of law or regulatory agency.