



# New Employee Information Package

**INDUSTRA**

CLIENT FOCUSED. PERFORMANCE DRIVEN.

### About Industra

Industra is recognized for superior quality and customer service. With over 35 years of construction expertise behind us, the founders, managers and professional staff at Industra bring an unparalleled level of expertise and know-how to every project. We provide design-build and construction solutions to a broad spectrum of industrial, First Nations, municipal, and institutional markets. We are a multi-discipline, self-perform builder who has successfully completed complex, remote and challenging projects throughout Western and Northern Canada. We specialize in the following market sectors.

Industrial	Water and Wastewater Treatment	Institutional	Design-Build
<ul style="list-style-type: none"> <li>• Ports and Terminals</li> <li>• Process Facilities</li> <li>• Petrochemical</li> <li>• Chemical Processing</li> <li>• Manufacturing</li> <li>• Power Generation</li> </ul>	<ul style="list-style-type: none"> <li>• Water Treatment</li> <li>• Wastewater Treatment</li> <li>• Sewage Lift Stations</li> <li>• Pump Stations</li> <li>• Pressure Reducing Stations</li> <li>• Wet Well Installations &amp; Retrofits</li> <li>• Concrete and Steel Reservoirs</li> <li>• Process and Utility Piping</li> </ul>	<ul style="list-style-type: none"> <li>• Correctional, Detention and Law Enforcement</li> <li>• Defence and Military</li> <li>• Healthcare</li> <li>• Border Services</li> <li>• Educational</li> <li>• Fisheries &amp; Oceans</li> </ul>	<ul style="list-style-type: none"> <li>• Single Source of Accountability</li> <li>• Budget Management</li> <li>• Better Design and Less Risk to Owner</li> <li>• Faster Project Completion</li> <li>• Quality Control</li> </ul>

### Package Contents

The contents of this package includes the following items:

- [New Employee Information Form](#)
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- [Employment Agreement](#)
- [Company Policies and Statement of Understanding](#)

Please complete the forms and sign accordingly. Take your time to become familiar with our policies, included in this package, and the OHS&E Program, available on the Onboarding Portal. If you have any questions, don't hesitate to ask your supervisor.

Thank you and welcome to Industra!



Scot Brydon  
President & CEO

**Instructions:** To get ready to complete these forms, you will need the following:

1. Access to a computer or cell phone with Adobe Reader.
2. A void cheque or preauthorized credit form showing your bank account information.
3. An image file of your banking information, SIN card and driver's licence. To get an image: 1) Take a photo of the item; 2) Email or copy file to computer or cell phone.
4. If using a cell phone, open the form in Adobe Reader. To fill in the form please select the "Fill & Sign" option. When uploading an image, highlight the section and then click on the pen icon. Next, click on the plus sign (+) in the "Add initials" section to show the image upload option.

## New Employee Information Form

A copy of this page will be made available to your supervisor and available at your work location.

Personal Information				
First Name	Last Name	Middle Name	Social Ins. No	Birthdate (ddmmyyyy)
Street Address		City	Postal Code	Prov
Email Address		Phone		Alternate Phone
Position Information				
Position		Rate (redact on site copy)		Start Date
Emergency Contacts (in order of preferred contact)				
Name	Relationship to you	Home Phone	Cell Phone	Work Phone
Name	Relationship to you	Home Phone	Cell Phone	Work Phone
Name	Relationship to you	Home Phone	Cell Phone	Work Phone
Medical Information				
BC Services Card Number		Doctor's Name		Doctor's Phone Number
Medications				
Allergies				
Medical Conditions				
Recent Injuries				
Any relevant medical information not covered above				
How Did You Hear About the Position/Industra? (click all that apply)				
Industra employee Friend/colleague Indeed		LinkedIn ZipRecruiter Industra website		Facebook Other

## Education and Training Form

Please document all training which has not expired.

### Education Information

List of Diplomas and Degrees (include name of educational institution)

### Training Information

First Aid Level:	None	Level 1	Level 2	Level 3
Fall Protection		National Construction Safety Officer		Confined Space Awareness
WHMIS 2015		Construction Safety Training System		Traffic Control

Other Training and Certifications (not listed above)

List of Heavy Equipment You Can Operate (e.g., 40-ton excavator)

Are you willing to complete a government security screening for federal government projects?

Yes      No

## Employee Acknowledgement

By signing below, I agree that from the Onboarding Portal at [industria.ca](http://industria.ca) I have completed the Onboarding Orientation and WHMIS 2015 Worker Training and reviewed the OHS&E Program.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Employee Skills Matrix

Rating: 0: no experience; 1: general knowledge; 2: moderate skill; 3: skilled and knowledgeable

Employee Name: \_\_\_\_\_

Position: \_\_\_\_\_

<b>Div. 02 - CIVIL</b>		<b>Div. 04 - MASONRY</b>		Window Installation	
Curb, Gutter and Sidewalks		Brick Façade		<b>Div. 09 - FINISHES</b>	
Dewatering Systems		Masonry Block		Epoxy Coatings - Tanks and Reservoirs	
Groundwater Treatment Systems		Repointing		Flooring - Epoxy	
Landscaping		Retaining Walls		Flooring - Tile	
Mainline Piping		<b>Div. 06 - WOOD</b>		Millwork	
Manhole and Vault - Installation		Finish Carpentry		Painting - Exterior Finish	
Paving		Framing		Painting - Interior Finish	
Piling - Pipe		Structural Timbers		<b>Div. 15 - MECHANICAL</b>	
Piling - Sheets		<b>Div. 07 - THERMAL</b>		Commissioning	
Roadbuilding		Cladding		Equipment Testing & Balancing	
Shoring Systems - Deep Excavations		Drywall - Mud and Tape		Mining - Equipment Installation	
Site Service Piping		Drywall Installation		Pipe Fitting - Carbon	
Surveying		Firestop and Caulking		Pipe Fitting - PVC	
<b>Div. 03 - CONCRETE</b>		Hardie Board		Pipe Fitting - Stainless	
Architectural Concrete		Insulated Panels		Pipe Welding	
Bridges		Roofing - Membrane		Ports & Terminals - Equipment Installation	
Place and Finish		Stucco		Power Generation - Equipment Installation	
Reinforcing Steel		Suspended Ceilings		Pressure Certified - AMSE	
Sandblasting		Waterproofing		Pulp & Paper - Equipment Installation	
Slipform		<b>Div. 08 - DOORS &amp; WINDOWS</b>		Pump Installations	
Structural Forming		Door Hardware Installation		Quality Control Procedures	
Suspended Slabs		Door Installation		Water/Wastewater - Equipment Installation	
Wharfs & Piers		Glazing Walls			

INDUSTRIES EXPERIENCE				
Bridges		Petrochemical		Pulp & Paper
Manufacturing Facilities		Ports & Terminals		Water & Wastewater Treatment
Mining		Power Generating Stations		

HEAVY EQUIPMENT EXPERIENCE				
Backhoe		Dump Truck - Certified		Scissor Lift
Crane - Hydraulic RT - Certified		Excavator - Mini		Skid steer
Crane - Hydraulic AT - Certified		Excavator - to 50 Ton		Telehandler
Crane - Lattice Boom Conventional - Certified		Grader		Tractor / Trailer - Certified
		Loader		
Crane - Truck Mount to 20 Ton - Certified		Manlift - Knuckle boom		

**Banking Information for Payroll Direct Deposit Form**

The following information is used to process payroll direct deposit.

**Void Cheque or Pre-Authorized Payment Form**

Please insert a void cheque or a pre-authorized payment form (i.e., take a photo and upload the photo here).

**Social Insurance Number (SIN) Card and Drivers Licence**

SIN Card

Driver's Licence - Front

Driver's Licence - Back



## Benefits Enrolment Forms



# Group Benefits Enrolment or Re-enrolment Application

Section 1 is to be completed by the plan administrator. The remaining sections and Beneficiary Designation form are to be completed by the plan member. Please print clearly in dark ink using CAPITAL LETTERS.

## 1 Plan sponsor statement

Plan sponsor name \_\_\_\_\_ Plan contract number \_\_\_\_\_

Account/Location number \_\_\_\_\_ Billing division \_\_\_\_\_ Plan member's certificate number \_\_\_\_\_

Permanent hire date (dd/mmm/yyyy) \_\_\_\_\_ Do you want to waive the waiting period? ☐ Yes ☐ No

Re-hire date (dd/mmm/yyyy) \_\_\_\_\_ If a re-hire, date previous employment ended (dd/mmm/yyyy) \_\_\_\_\_

Class/Plan \_\_\_\_\_ Occupation \_\_\_\_\_ Hours worked/week \_\_\_\_\_ Salary \$ \_\_\_\_\_ Frequency \_\_\_\_\_

**I certify** that the **plan member** listed below is **actively at work** at their usual place of employment in Canada. **Actively at work** means the **plan member** works a normal work schedule of at least the set minimum hours per week as stated in the plan contract over a 52 week period including paid vacation.

Plan administrator signature \_\_\_\_\_ Date (dd/mmm/yyyy) \_\_\_\_\_

Registered under the Canadian *Indian Act* for provincial tax exemption purposes? ☐ Yes ☐ No

Is evidence of insurability required? ☐ Yes ☐ No (in order to determine if evidence of insurability is required, please refer to your contract.)

If yes, please complete form GL0004E and send to Manulife for processing.

## 2 Plan member information

To be completed  
by employee

Plan member's last name \_\_\_\_\_ First name \_\_\_\_\_

Date of birth (dd/mmm/yyyy) \_\_\_\_\_ Sex ☐ Male ☐ Female Province of residence \_\_\_\_\_

Language ☐ English ☐ French Do you have a spouse? (married, common law or civil union?) ☐ Yes ☐ No

## 3 Plan member address

Address (number, street, apt.) \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal code \_\_\_\_\_

## 4 For Quebec residents (age 65 or over) Are you participating in the RAMQ drug plan? ☐ Yes ☐ No

## 5 Application for coverage

Some plans allow refusal of certain benefits if the plan member has coverage under their spouse's plan. If you wish to add coverage at a later date, you may reapply for these benefits at which time satisfactory medical evidence may be required.

<p>I am applying for Extended Health Care for</p> <p><input type="radio"/> Myself only</p> <p><input type="radio"/> Myself and 1 dependant (child or spouse)</p> <p><input type="radio"/> Myself and 2 or more dependants (spouse and children)</p> <p><input type="radio"/> None, because my spouse has coverage</p> <p>Are you applying for Dependant Life? <input type="radio"/> Yes <input type="radio"/> No</p>	<p>I am applying for Dental Care for</p> <p><input type="radio"/> Myself only</p> <p><input type="radio"/> Myself and 1 dependant (child or spouse)</p> <p><input type="radio"/> Myself and 2 or more dependants (spouse and children)</p> <p><input type="radio"/> None, because my spouse has coverage</p> <p>Dependant Life may be mandatory. Refer to the policy details.</p>
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## 6 Coordination of benefits

This section is required if you are applying for coverage on your dependants.

Do you or your dependants (spouse and/or children) have benefit coverage under another benefits plan? ☐ Yes ☐ No

If yes, please provide the following details: Name of other insurer \_\_\_\_\_

Insured's last name \_\_\_\_\_ First name \_\_\_\_\_ Date of birth (dd/mmm/yyyy) \_\_\_\_\_

Effective date of coverage (dd/mmm/yyyy) \_\_\_\_\_ Identification/certificate number \_\_\_\_\_ Policy number \_\_\_\_\_

Please indicate type of coverage under other plan:

In cases where the information is not complete,  
a default value of Secondary will be applied.

Extended Health Benefits

- ☐ Single
- ☐ Couple
- ☐ Family
- ☐ None

Dental Care

- ☐ Single
- ☐ Couple
- ☐ Family
- ☐ None

Continued on the next page.



If there is not enough room to list your dependants, attach details on a separate sheet.

Last name \_\_\_\_\_ First name \_\_\_\_\_ Date of birth (dd/mmm/yyyy) \_\_\_\_\_

Sex      ☐ Male    ☐ Female    If common law, please provide the effective date of cohabitation (dd/mmm/yyyy) \_\_\_\_\_

Last name	First name	Date of birth (dd/mmm/yyyy)	Sex		Over-age student	Over-age disabled dependant*
			Male	Female		
			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Complete **only** when providing new or updated information.

[illegible]

Email address (Please print clearly)

I hereby apply for coverage ("Coverage") under the Group Benefits plan issued to my plan sponsor by Manulife. I understand that certain aspects of such Coverage may extend to my spouse and eligible dependants (collectively, "Dependants"). I certify that the information in this form is true and complete to the best of my knowledge. I understand that as the applicant, it is my responsibility to ensure that any further verbal or written statement provided by me, and/or my Dependents, in the future is true and complete to the best of our knowledge. I acknowledge and agree that this Coverage or any portion of this Coverage, and future claims thereunder may be denied or terminated as a result of the provision of false, incomplete, or misleading information. I authorize Manulife to collect, use, maintain and disclose personal information relevant to this application ("Information") for the purposes of Group Benefits plan administration, audit, assessment, investigation, claim management, underwriting and for determining plan eligibility ("Purposes"). I authorize any person or organization with Information, including any medical and health professionals, facilities or providers, professional regulatory bodies, any employer, group plan administrator, insurer, investigative agency, and any administrators of other benefits programs to collect, use, maintain and exchange this information with each other and with Manulife, its reinsurers and/or its service providers, for the Purposes. I am authorized by my Dependents to consent to this Authorization, on their behalf as if they were signing it themselves, and to disclose and receive their Information, for the Purposes. I authorize my plan sponsor to make deductions from my pay for my Group Benefits plan, if applicable. I authorize the use of my Social Insurance Number ("SIN") for the purposes of identification and administration, if my SIN is used as my plan member certificate number. I agree a photocopy or electronic version of this authorization is valid.

If applicable, **I authorize** Manulife to deposit all payments ("Payments") due to me from the above referenced Group Benefits policy ("Policy"), into the bank account ("Account") that I have identified on this form. **I confirm** that this direct bank deposit authorization applies to the financial institution herein named by me and any other financial institution I choose to name in the future; and shall remain valid until revoked in writing by me, or my duly authorized representative.

I understand and agree that upon the deposit of any Payment(s) into the Account, Manulife is fully discharged from any further liability with respect to such Payment(s). I also understand and agree that Manulife may, at any time and without prior notice, discontinue the direct deposit of Payment(s), as requested herein, and require my personal written endorsement relating to future Payment(s). I also hereby acknowledge and agree that any Payment(s) made by Manulife into the Account, to which I am not entitled, either by contract or by law, shall not form part of my property, and shall be immediately refunded to Manulife, either by me or by representatives of my estate.

If applicable, **I authorize** Manulife to correspond with me through the email address identified on this form regarding my Coverage, for the Purposes. **I understand** such correspondence may contain Information; and that the Information is being sent in a manner that is not guaranteed as a secured means of communication.

**I agree** that Manulife is not liable for damages which I may incur as a result of interception by a third party of an email transmission sent by Manulife or by me pursuant to this authorization. **I agree** should the email address identified on this form change that I am responsible for updating the email address maintained by Manulife. **I understand** that if I do not wish to receive emails from Manulife, I can remove my email address online or by contacting the Customer Service Centre.

**I understand** that any Information provided to or collected by Manulife in accordance with this authorization, will be kept in a Group Benefits life, health or disability file. Access to my Information will be limited to:

- Manulife employees, representatives, reinsurers, and service providers in the performance of their jobs;
- persons to whom I have granted access; and
- persons authorized by law.

I have the right to request access to the personal information in my file, and, where appropriate, to have any inaccurate information corrected.

**Acknowledge** that more specific details regarding how and why Manulife collects, uses, maintains, and discloses my personal information can be found in Manulife's Privacy Policy and Privacy Information Package, available at [www.manulife.ca/planmember](http://www.manulife.ca/planmember), or from my Plan Sponsor.

Signature of plan member \_\_\_\_\_ Date signed (dd/mmm/yyyy) \_\_\_\_\_

<b>10 Mailing instructions</b>	<b>Plan Member Administration Manulife PO BOX 11006, STN CENTRE-VILLE MONTREAL QC H3C 4T8</b>
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## Group Benefits Beneficiary Designation

All sections of this page should be completed as it will replace any prior designations.

<b>1 Plan member information</b>	Plan sponsor name		Plan contract number	Plan member certificate number
	Plan member name (last, first and middle initial)		Province of residence	Date of birth (dd/mmm/yyyy)
<b>2 Primary beneficiary</b>	Name of beneficiary (last, first and middle initial)		Date of birth (dd/mmm/yyyy)	Relationship to plan member
List all primary beneficiaries for Basic Life and/or Basic Accidental Death.	Name of beneficiary (last, first and middle initial)		Date of birth (dd/mmm/yyyy)	Relationship to plan member
Percentages must total 100% to be valid.	Name of beneficiary (last, first and middle initial)		Date of birth (dd/mmm/yyyy)	Relationship to plan member
<b>Irrevocability</b>	Note: If beneficiary is shown as irrevocable, his/her consent is required to change it. Include a signed and dated consent with this form. <b>You are responsible for ensuring the validity of your designation.</b>		<b>For Quebec residents only</b> In Quebec, the designation of your spouse as beneficiary is irrevocable unless otherwise specified. If spouse is beneficiary, the designation is: <input type="radio"/> Revocable <input type="radio"/> Irrevocable	
<b>3 Optional coverage (if applicable)</b>	Name of beneficiary (last, first and middle initial)		Date of birth (dd/mmm/yyyy)	Relationship to plan member
Plan contract number	Name of beneficiary (last, first and middle initial)		Date of birth (dd/mmm/yyyy)	Relationship to plan member
List all beneficiaries for Optional Life and/or Optional Accidental Death.	Name of beneficiary (last, first and middle initial)		Date of birth (dd/mmm/yyyy)	Relationship to plan member
<b>Irrevocability</b>	Note: If beneficiary is shown as irrevocable, his/her consent is required to change it. Include a signed and dated consent with this form. <b>You are responsible for ensuring the validity of your designation.</b>		<b>For Quebec residents only</b> In Quebec, the designation of your spouse as beneficiary is irrevocable unless otherwise specified. If spouse is beneficiary, the designation is: <input type="radio"/> Revocable <input type="radio"/> Irrevocable	
<b>4 Contingent beneficiary</b>	You may wish to designate a contingent beneficiary(ies) to receive any proceeds under this group policy if all of the primary beneficiary(ies), named above for either coverage, should die before you. In that event, a contingent beneficiary will automatically be entitled to the benefit that would have been payable to the primary beneficiary(ies). If you name more than one contingent beneficiary, then the proceeds will be split, evenly, amongst the contingent beneficiaries you choose to name. Should there not be any surviving beneficiaries at the time of your death, the proceeds will be paid to your estate.			
	Name of contingent beneficiary (last, first and middle initial)		Date of birth (dd/mmm/yyyy)	Relationship to plan member
	Name of contingent beneficiary (last, first and middle initial)		Date of birth (dd/mmm/yyyy)	Relationship to plan member
<b>5 Trustee appointment</b>	Complete if any beneficiary named is under the age of majority. I appoint _____ as Trustee to receive any amount due to any beneficiary under the age of majority (not applicable in Quebec).			
<b>6 Declaration and authorization</b>	<p><b>I hereby</b> revoke any previous beneficiary designations in relation to my foregoing coverage(s) and designate the person(s) named above.</p> <p>At Manulife, we know that confidentiality of personal information is important. Any information you provide to us will be kept in a Group Life and Health Benefits file. Access to your information will be limited to:</p> <ul style="list-style-type: none"> <li>• our employees and service representatives in the performance of their jobs;</li> <li>• persons to whom you have granted access; and</li> <li>• persons authorized by law.</li> </ul> <p>You have the right to request access to the personal information in your file and, if necessary, correct any inaccurate information.</p> <p><b>I acknowledge</b> that more detailed information concerning how and why Manulife collects, uses and discloses my personal information is available at <a href="http://www.manulife.ca/planmember">www.manulife.ca/planmember</a>, or by requesting a copy from my plan sponsor.</p> <p>Plan member signature _____ Date signed (dd/mmm/yyyy) _____</p>			

Manulife assumes no responsibility for the validity or sufficiency of the content provided by you. The items 'you' and 'yours' refer to the plan member; the term "Plan Sponsor" refers to the entity that offers the group benefits plan, such as an employer.

### What is the purpose of a beneficiary?

If you intend for some or all of your death benefit to go to specific individuals, it is important to make sure that you plan ahead and select those beneficiaries. Having an up-to-date beneficiary designation will make this possible by listing your primary and contingent beneficiaries and intended allocations.

*Beneficiary: the person, people or entity who will receive any death benefit from the basic or optional coverage you have selected through your group benefits plan that becomes payable upon your death. Basic and optional beneficiaries may differ.*

### Types of beneficiary – Primary vs. Contingent

*Primary: the person, people or entity you choose to receive the death benefits. If you choose more than one beneficiary, you will need to indicate what percentage of the benefit you would like each person to receive. When multiple primary beneficiaries are named, the total of the percentages allocated to each primary beneficiary must add up to 100%.*

*Contingent: the person, people or entity you designate to receive the death benefits if all of the primary beneficiaries die before you. If you select more than one contingent beneficiary, the benefit will be split evenly between the contingent beneficiaries.*

### What happens to the death benefit when. . .

<i>The primary beneficiary dies before you and no contingent beneficiary is named.</i>	The death benefit will be paid to your estate.
<i>The primary beneficiary dies before you, but there is a contingent beneficiary(ies) designated.</i>	The benefit will be paid to the contingent beneficiary(ies).
<i>You assign two primary beneficiaries, and one beneficiary dies before you, and you have not updated your beneficiary form information.</i>	The entire death benefit that would have been paid to the deceased beneficiary will be paid to the surviving primary beneficiary.

### Irrevocable vs. Revocable

*Irrevocable: the beneficiary you choose cannot be changed without the written permission of that individual.*

*For example, if you choose your spouse or partner to be the designated beneficiary and you end up separating, you will not be able to change the beneficiary designation without a completed release form from them.*

**In Quebec, naming your spouse (must be a civil union) as a beneficiary automatically means that he/she is an irrevocable beneficiary, unless you specify otherwise or divorce.**

*Revocable: a revocable beneficiary means that the beneficiary you choose can be changed at any time without the permission of that individual.*

*For example, if you choose your spouse or partner to be the designated beneficiary and you end up separating, you can then change that beneficiary designation without asking for that person's permission.*

### Naming a minor as a beneficiary

If a benefit becomes payable to a minor who is named as a primary or contingent beneficiary, the benefit can only be paid on behalf of the minor to a trustee or guardian for property, otherwise it will be paid into court to be held until the beneficiary has reached the age of majority for your specific province. It is important therefore, if you are choosing a beneficiary who is a minor at the time of the designation to also name a trustee.


If you are a Quebec resident, the parents are considered tutors of their child.

If a minor has been designated as an irrevocable beneficiary, the policy is automatically frozen until the beneficiary has reached the age of majority for your specific province. A parent, guardian or trustee cannot consent to a beneficiary change on behalf of a minor.

*Minor: a person named as a beneficiary who is under the age of majority for your specific province.*

*Trustee: a person appointed by you to hold the minor's proceeds in trust until the minor reaches the age of majority for your specific province.*

*Tutor: a tutor acts like a trustee.*

 This form allows your plan sponsor to ensure that contributions made to the Group RRSP through payroll deduction are eligible to be deducted for the year in question.

### Identification

Employee's name

Employee Number

I hereby confirm that the contribution(s) made to my RRSP by payroll deduction, may be deducted on my income tax return for the current tax year.

**X**

Employee's signature

Date (YYYY-MM-DD)

**If we do not receive this duly complete form, your tax deductions at source will not be reduced to take into account your RRSP contributions.**

**N.B.** If you wish to know whether your contributions are deductible for the current year, please refer to the section entitled "Your RRSP Deduction Limit for (year)" on the Federal Notice of Assessment you received after filing your tax return last year.



Provincial Tax Form

**Read page 2 before filling out this form. Your employer or payer will use this form to determine the amount of provincial tax deductions.**

Fill out this form based on the best estimate of your circumstances.

Last name	First name and initial(s)	Date of birth (YYYY/MM/DD)	Employee number
Address	Postal code 	<b>For non-residents only</b> Country of permanent residence	Social insurance number 

**1. Basic personal amount** – Every person employed in British Columbia and every pensioner residing in British Columbia can claim this amount. If you will have more than one employer or payer at the same time in 2023, see "More than one employer or payer at the same time" on page 2.

**2. Age amount** – If you will be 65 or older on December 31, 2023 and your net income will be \$39,994 or less, enter \$5,373. You may enter a partial amount if your net income for the year will be between \$39,994 and \$75,814. To calculate a partial amount, fill out the line 2 section of Form TD1BC-WS, Worksheet for the 2023 British Columbia Personal Tax Credits Return.

**3. Pension income amount** – If you will receive regular pension payments from a pension plan or fund (not including Canada Pension Plan, Quebec Pension Plan, old age security, or guaranteed income supplement payments), enter **whichever is less**: \$1,000 or your estimated annual pension.

**4. Tuition (full-time and part-time)** – Fill out this section if you are a student at a university, college, or educational institution certified by Employment and Social Development Canada, and you will pay more than \$100 per institution in tuition fees. Enter your total tuition fees that you will pay less your Canada Training Credit if you are a full-time or part-time student.

**5. Disability amount** – If you will claim the disability amount on your income tax and benefit return by using Form T2201, Disability Tax Credit Certificate, enter \$8,986.

**6. Spouse or common-law partner amount** – Enter \$10,259 if you are supporting your spouse or common-law partner and **both** of the following conditions apply:

- Your spouse or common-law partner lives with you
- Your spouse or common-law partner has a net income of \$1,026 or less for the year

You may enter a partial amount if your spouse's or common-law partner's net income for the year will be between \$1,026 and \$11,285. To calculate a partial amount, fill out the line 6 section of Form TD1BC-WS.

**7. Amount for an eligible dependant** – Enter \$10,259 if you are supporting an eligible dependant and **all** of the following conditions apply:

- You do **not** have a spouse or common-law partner, or you **have** a spouse or common-law partner who does not live with you and who you are not supporting or being supported by
- The dependant is related to you and lives with you
- The dependant has a net income of \$1,026 or less for the year

You may enter a partial amount if the eligible dependant's net income for the year will be between \$1,026 and \$11,285. To calculate a partial amount, fill out the line 7 section of Form TD1BC-WS.

**8. British Columbia caregiver amount** – You may claim this amount if you are supporting your **infirm** spouse or common-law partner, or an **infirm** eligible dependant (age 18 or older) who is your or your spouse's or common-law partner's:

- child or grandchild
- parent, grandparent, brother, sister, uncle, aunt, niece or nephew who resides in Canada at any time in the year

The infirm person's net income for the year must be less than \$22,985. To calculate this amount, fill out the line 8 section of Form TD1BC-WS.

**9. Amounts transferred from your spouse or common-law partner** – If your spouse or common-law partner will not use all of their age amount, pension income amount, tuition amount, or disability amount on their income tax and benefit return, enter the unused amount.

**10. Amounts transferred from a dependant** – If your dependant will not use all of their disability amount on their income tax and benefit return, enter the unused amount. If your or your spouse's or common-law partner's dependent child or grandchild will not use all of their tuition amount on their income tax and benefit return, enter the unused amount.

**11. TOTAL CLAIM AMOUNT** – Add lines 1 to 10.

Your employer or payer will use this amount to determine the amount of your provincial tax deductions.



**Filling out Form TD1BC**

Fill out this form if you have income in British Columbia and **any** of the following apply:

- you have a new employer or payer, and you will receive salary, wages, commissions, pensions, employment insurance benefits, or any other remuneration
- you want to change the amounts you previously claimed (for example, the number of your eligible dependants has changed)
- you want to increase the amount of tax deducted at source

Sign and date it, and give it to your employer or payer.

If you do not fill out Form TD1BC, your employer or payer will deduct taxes after allowing the basic personal amount **only**.

**More than one employer or payer at the same time**

- ☐ If you have **more** than one employer or payer at the same time and you have already claimed personal tax credit amounts on another Form TD1BC for 2023, you **cannot** claim them again. If your total income from all sources will be more than the personal tax credits you claimed on another Form TD1BC, check this box, enter "0" on line 11 and do not fill in lines 2 to 10

**Total income is less than the total claim amount**

- ☐ Tick this box if your total income for the year from **all** employers and payers will be **less** than your total claim amount on line 11. Your employer or payer will not deduct tax from your earnings.

**Additional tax to be deducted**

If you want to have more tax deducted at source, fill out section "Additional tax to be deducted" on the federal Form TD1.

**Reduction in tax deductions**

You may ask to have less tax deducted at source if you are eligible for deductions or non-refundable tax credits that are not listed on this form (for example, periodic contributions to a registered retirement savings plan (RRSP), child care or employment expenses, charitable donations, and tuition and education amounts carried forward from the previous year). To make this request, fill out Form T1213, Request to Reduce Tax Deductions at Source, to get a letter of authority from your tax services office. Give the letter of authority to your employer or payer. You do not need a letter of authority if your employer deducts RRSP contributions from your salary.

**Forms and publications**

To get our forms and publications, go to [canada.ca/cra-forms-publications](https://canada.ca/cra-forms-publications) or call 1-800-959-5525.

Personal information (including the SIN) is collected for the purposes of the administration or enforcement of the Income Tax Act and related programs and activities including administering tax, benefits, audit, compliance, and collection. The information collected may be used or disclosed for purposes of other federal acts that provide for the imposition and collection of a tax or duty. It may also be disclosed to other federal, provincial, territorial, or foreign government institutions to the extent authorized by law. Failure to provide this information may result in interest payable, penalties, or other actions. Under the Privacy Act, individuals have a right of protection, access to and correction of their personal information, or to file a complaint with the Privacy Commissioner of Canada regarding the handling of their personal information. Refer to Personal Information Bank CRA PPU 120 on Info Source at [canada.ca/cra-info-source](https://canada.ca/cra-info-source).

**Certification**

I certify that the information given on this form is correct and complete.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**It is a serious offence to make a false return.**



Federal Tax Form





## 2023 Personal Tax Credits Return

TD1

Read page 2 before filling out this form. Your employer or payer will use this form to determine the amount of your tax deductions.

Fill out this form based on the best estimate of your circumstances.

If you do not fill out this form, your tax deductions will only include the basic personal amount, estimated by your employer or payer based on the income they pay you.

Last name		First name and initial(s)		Date of birth (YYYY/MM/DD)		Employee number	
Address		Postal code		For non-residents only Country of permanent residence		Social insurance number	

**1. Basic personal amount** – Every resident of Canada can enter a basic personal amount of \$15,000. However, if your net income from all sources will be greater than \$165,430 and you enter \$15,000, you may have an amount owing on your income tax and benefit return at the end of the tax year. If your income from all sources will be greater than \$165,430, you have the option to calculate a partial claim. To do so, fill in the appropriate section of Form TD1-WS, Worksheet for the 2023 Personal Tax Credits Return, and enter the calculated amount here.

**2. Canada caregiver amount for infirm children under age 18** – Only one parent may claim \$2,499 for each infirm child born in 2006 or later who lives with both parents throughout the year. If the child does not live with both parents throughout the year, the parent who has the right to claim the "Amount for an eligible dependant" on line 8 may also claim the Canada caregiver amount for the child.

**3. Age amount** – If you will be 65 or older on December 31, 2023, and your net income for the year from **all** sources will be \$42,335 or less, enter \$8,396. You may enter a partial amount if your net income for the year will be between \$42,335 and \$98,309. To calculate a partial amount, fill out the line 3 section of Form TD1-WS.

**4. Pension income amount** – If you will receive regular pension payments from a pension plan or fund (not including Canada Pension Plan, Quebec Pension Plan, old age security, or guaranteed income supplement payments), enter **whichever is less**: \$2,000 or your estimated annual pension income.

**5. Tuition (full-time and part-time)** – Fill in this section if you are a student at a university or college, or an educational institution certified by Employment and Social Development Canada, and you will pay more than \$100 per institution in tuition fees. Enter the total tuition fees that you will pay if you are a full-time or part-time student.

**6. Disability amount** – If you will claim the disability amount on your income tax and benefit return by using Form T2201, Disability Tax Credit Certificate, enter \$9,428.

**7. Spouse or common-law partner amount** – Enter the difference between the amount on line 1 (line 1 plus \$2,499 if your spouse or common-law partner is **infirm**) and your spouse's or common-law partner's estimated net income for the year if **both** of the following conditions apply:

- You are supporting your spouse or common-law partner who lives with you
- Your spouse or common-law partner's net income for the year will be less than the amount on line 1 (line 1 plus \$2,499 if your spouse or common-law partner is **infirm**)

In all cases, go to line 9 if your spouse or common-law partner is **infirm** and has a net income for the year of \$26,782 or less.

**8. Amount for an eligible dependant** – Enter the difference between the amount on line 1 (line 1 plus \$2,499 if your eligible dependant is **infirm**) and your eligible dependant's estimated net income for the year if **all** of the following conditions apply:

- You do **not** have a spouse or common-law partner, or you **have** a spouse or common-law partner who does not live with you and who you are not supporting or being supported by
- You are supporting the dependant who is related to you and lives with you
- The dependant's net income for the year will be less than the amount on line 1 (line 1 plus \$2,499 if your dependant is **infirm** and you **cannot** claim the **Canada caregiver amount for infirm children under 18 years of age** for this dependant)

In all cases, go to line 9 if your dependant is **18 years or older, infirm**, and has a net income for the year of \$26,782 or less.

**9. Canada caregiver amount for eligible dependant or spouse or common-law partner** – Fill out this section if, at any time in the year, you support an **infirm** eligible dependant (aged 18 or older) **or** an **infirm** spouse or common-law partner whose net income for the year will be \$26,782 or less. To calculate the amount you may enter here, fill out the line 9 section of Form TD1-WS.

**10. Canada caregiver amount for dependant(s) age 18 or older** – If, at any time in the year, you support an **infirm** dependant age 18 or older (**other than** the spouse or common-law partner or eligible dependant you claimed an amount for on line 9 or could have claimed an amount for if their net income were under \$17,499) whose net income for the year will be \$18,783 or less, enter \$7,999. You may enter a partial amount if their net income for the year will be between \$18,783 and \$26,782. To calculate a partial amount, fill out the line 10 section of Form TD1-WS. This worksheet may also be used to calculate your part of the amount if you are sharing it with another caregiver who supports the same dependant. You may claim this amount for more than one infirm dependant age 18 or older.

**11. Amounts transferred from your spouse or common-law partner** – If your spouse or common-law partner will not use all of their age amount, pension income amount, tuition amount, or disability amount on their income tax and benefit return, enter the unused amount.

**12. Amounts transferred from a dependant** – If your dependant will not use all of their disability amount on their income tax and benefit return, enter the unused amount. If your or your spouse's or common-law partner's dependent child or grandchild will not use all of their tuition amount on their income tax and benefit return, enter the unused amount.

**13. TOTAL CLAIM AMOUNT** – Add lines 1 to 12.  
Your employer or payer will use this amount to determine the amount of your tax deductions.

**Filling out Form TD1**

Fill out this form **only** if any of the following apply:

- you have a new employer or payer, and you will receive salary, wages, commissions, pensions, employment insurance benefits, or any other remuneration
- you want to change the amounts you previously claimed (for example, the number of your eligible dependants has changed)
- you want to claim the deduction for living in a prescribed zone
- you want to increase the amount of tax deducted at source

Sign and date it, and give it to your employer or payer.

**More than one employer or payer at the same time**

☐ If you have more than one employer or payer at the same time and you have already claimed personal tax credit amounts on another Form TD1 for 2023, you **cannot** claim them again. If your total income from all sources will be more than the personal tax credits you claimed on another Form TD1, check this box, enter "0" on Line 13 and do not fill in Lines 2 to 12.

**Total income is less than the total claim amount**

☐ Tick this box if your total income for the year from **all** employers and payers will be **less** than your total claim amount on line 13. Your employer or payer will not deduct tax from your earnings.

**For non-resident only (Tick the box that applies to you.)**

As a non-resident, will 90% or more of your world income be included in determining your taxable income earned in Canada in 2023?

☐ Yes (Fill out the previous page.)

☐ No (Enter "0" on line 13, and do not fill in lines 2 to 12 as you are not entitled to the personal tax credits.)

Call the international tax and non-resident enquiries line at **1-800-959-8281** if you are unsure of your residency status.

**Provincial or territorial personal tax credits return**

You also have to fill out a provincial or territorial TD1 form if your claim amount on line 13 is more than \$15,000. Use the Form TD1 for your province or territory of **employment** if you are an employee. Use the Form TD1 for your province or territory of **residence** if you are a pensioner. Your employer or payer will use both this federal form and your most recent provincial or territorial Form TD1 to determine the amount of your tax deductions.

Your employer or payer will deduct provincial or territorial taxes after allowing the provincial or territorial basic personal amount if you are claiming the basic personal amount **only**.

**Note:** You may be able to claim the child amount on Form TD1SK, 2023 Saskatchewan Personal Tax Credits Return if you are a Saskatchewan resident supporting children under 18 at any time during 2023. Therefore, you may want to fill out Form TD1SK even if you are **only** claiming the basic personal amount on this form.

**Deduction for living in a prescribed zone**

You may claim **any** of the following amounts if you live in the Northwest Territories, Nunavut, Yukon, or another prescribed **northern** zone for more than six months in a row beginning or ending in 2023:

- \$11.00 for each day that you live in the prescribed northern zone
- \$22.00 for each day that you live in the prescribed northern zone if, during that time, you live in a dwelling that you maintain, and you are the only person living in that dwelling who is claiming this deduction

Employees living in a prescribed **intermediate** zone may claim 50% of the total of the above amounts.

For more information, go to [canada.ca/taxes-northern-residents](https://canada.ca/taxes-northern-residents).

\$

**Additional tax to be deducted**

You may want to have more tax deducted from each payment if you receive other income such as non-employment income from CPP or QPP benefits, or old age security pension. You may have less tax to pay when you file your income tax and benefit return by doing this. Enter the additional tax amount you want deducted from each payment to choose this option. You may fill out a new Form TD1 to change this deduction later.

\$

**Reduction in tax deductions**

You may ask to have less tax deducted at source if you are eligible for deductions or non-refundable tax credits that are not listed on this form (for example, periodic contributions to a registered retirement savings plan (RRSP), child care or employment expenses, charitable donations, and tuition and education amounts carried forward from the previous year). To make this request, fill out Form T1213, Request to Reduce Tax Deductions at Source, to get a letter of authority from your tax services office. Give the letter of authority to your employer or payer. You do not need a letter of authority if your employer deducts RRSP contributions from your salary.

**Forms and publications**

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**Certification**

I certify that the information given on this form is correct and complete.

Signature \_\_\_\_\_

**It is a serious offence to make a false return.**

Date \_\_\_\_\_





## **Employment Agreement**

### **Health Insurance**

You will be entitled to full company extended health benefits & RRSP program after the 3 months probationary period, unless otherwise agreed upon.

### **Probationary Period**

Probationary period is a three-month period of time starting your first day of employment.

### **Vacation Time (salary employees only)**

Vacation time unused through the course of a calendar year will not roll over into the next calendar year. Unused vacation time will not be paid out.

### **Cellular Phones**

The use of personal cellular phones during regular business hours is prohibited.

### **Hours of work (hourly employees only)**

Additional hours of work and overtime hours must be approved by your immediate Supervisor.

### **Company Property**

All company property must be returned prior to receipt of your final pay upon termination or resignation.

### **Termination**

Industra may terminate this Agreement and your employment at any time without cause in accordance with the Employment Standards Act of British Columbia's notice period based on the length of your employment, or at Industra's option, pay in lieu of notice thereof. You agree that this amounts to fair and adequate severance compensation, and no other or additional payment(s) will be due or owing to you. In no case will you receive less than your entitlement under the BC Employment Standards Act.

If you wish to terminate this Agreement and your employment at any time, you agree to provide two weeks' notice in writing to Industra. Industra, in our sole discretion, may choose to waive such notice and terminate your employment immediately at any time during the notice period. In that event, Industra will pay all salary owing to the end of the notice period.

Notwithstanding any termination of your employment for any reason whatsoever (whether your employment is terminated by you or by Industra and whether such termination is with or without cause) the provisions of this Agreement respecting confidentiality, intellectual property, non-solicitation, and any other provisions of this Agreement necessary to give efficacy thereto will continue in full force and effect following such termination.

### **Benefits upon Cessation of Employment**

If the cessation of employment is voluntary (resignation as outlined above) or involuntary with just cause, you will cease to participate in the group benefits plan and will not be entitled to any further benefits. Unless otherwise agreed, if the cessation of employment is without cause, if applicable and pending carrier approval, you will continue to receive your benefits for the statutory notice period as required under the Employment Standards Act of BC. Industra has no obligation to continue your benefits beyond the statutory notice period upon cessation of benefits.



## **Confidentiality**

You acknowledge that during your employment with Industra, Confidential Information (as defined hereafter) of Industra will be disclosed to you and that any unauthorized disclosure of such information to third parties or use other than for Industra's purposes could cause irreparable harm to Industra. "Confidential Information" of Industra includes, but is not limited to, information (printed, electronic or otherwise) pertaining to Industra's past, present, future and contemplated customers/clients, personnel, assets, agreements, operations, products, services, research, marketing methods or strategies, sales, pricing, finances, forecasts, pricing, ideas, techniques, know-how, policies and business plans or procedures.

Confidential Information does not include information that is in the public domain, or information that falls into the public domain, unless such information falls into the public domain by disclosure or other acts by you, or through your fault.

You undertake with Industra that you will, during your employment with Industra or at any time following the end of your employment, unless prior written consent is given by Industra:

- a) keep all Confidential Information in the strictest confidence.
- b) hold all Confidential Information in trust for Industra.
- c) not use the Confidential Information for any business other than the business of Industra.
- d) not to directly, indirectly, or in any other manner publish or in any way participate or assist in the publishing of any Confidential Information; and/or disclose or assist in the disclosure of any Confidential Information to any person, firm or corporation.

You further agree that you will not reproduce, copy, duplicate, or sell any Confidential Information of Industra including any materials belonging to Industra nor remove same from Industra's premises without the express written permission of Industra. You recognize and acknowledge that a breach of this provision may result in the termination of your employment and/or the institution of legal proceedings against you.

You further undertake and agree that you will return to Industra all Confidential Information of Industra in your possession or control immediately upon demand by Industra or should your employment with Industra terminate for any reason.

## **Intellectual Property**

You acknowledge that if you develop and/or produce any business or work product (the "IP") during the course of your employment with Industra, regardless of where that work is developed, Industra remains the sole owner of the rights. If you receive compensation from any other party for producing that IP, it is payable to Industra without request, and you will have no right, title or interest in it. Further, you will not be paid any additional compensation for it other than what has been outlined under Compensation.

You hereby assign to Industra all rights, title and interest which you may now or in the future have in and to the IP, and you waive your moral rights to any and all copyrights subsisting in the IP. If required by the company, you agree to sign any applications or other documents Industra may reasonably request: (i) to obtain or maintain patent, copyright, design, trademark or other similar protection for the IP, (ii) to transfer ownership of the IP to Industra and (iii) to assist Industra in any proceeding necessary to protect and preserve the IP. Industra will pay for all expenses associated with preparing and filing such documents.

### Non-Solicitation

**Non-Solicitation of Clients** - You agree that you will not, without the prior written consent of Industra, at any time during your employment with Industra or for a period of six months from the termination of your employment, however caused (whether your employment is terminated by you or Industra and whether with or without cause or in breach of this Agreement), either individually or on behalf of any person competing or endeavoring to compete with Industra, directly or indirectly solicit, endeavor to solicit or gain the custom of, canvass or interfere with any client that you dealt with or became aware of through your employment with Industra within the last year of your employment, or use your personal knowledge of or influence over any such client, to or for your own benefit or that of any other person competing with Industra. This seems like a non-compete clause which I understand is unenforceable.

**Non-Solicitation of Employees** - You agree that you will not, without the prior written consent of Industra, at any time during your employment with Industra or for a period of six months from the date of termination of your employment however caused (whether your employment is terminated by you or Industra and whether with or without cause or in breach of this Agreement), either individually or on behalf of any other person competing or endeavoring to compete with Industra, directly or indirectly solicit for employment, or endeavor to employ or to retain as an independent contractor or agent, any person who is an employee of Industra as of the date of termination of your employment.

You further agree that, should you be approached by a person who is an employee of Industra during the period described above, you will not offer to nor employ or retain as an independent contractor or agent any such person for a period of six months following the termination of your employment.

### Safety Responsibilities

Project Manager

Project Superintendent

Other Employee

The project superintendent's safety responsibilities are to:

- Adhere to all OHS&F regulations, standards, codes of practice, procedures, and rules and regulations.
- Comply with all federal, provincial, workplace safety and health acts and regulations.
- Provide information, instruction, advice and assistance to all supervisory staff in order to protect the health and safety of all employees.
- Wear the same level of safety as the person doing the work.
- Conduct daily site safety inspections for all workers and take corrective action for unsafe working conditions.
- Advise the monitoring of all workers and take corrective action for unsafe working conditions.
- Notify the foreman, supervisor, or superintendent of any unsafe acts and/or conditions.
- Perform the work safely and hold supervisory personnel accountable for their individual safety.
- Report all incidents and injuries to his supervisor immediately.
- Coordinate all the crews, materials and equipment used in the project.
- Carry out his work in a manner that will not create a hazard to his own safety or the safety of other employees.
- Conduct daily/weekly field level hazard assessments (FLHA), weekly safety Toolbox Talks with crew and regular site and equipment inspections.
- Take action to correct any unsafe conditions.
- Complete as-needed safety reports.
- Set a good example for fellow crew members.
- Investigate incidents, determine the cause, and take corrective action, if necessary.
- Ensure that project superintendents take prompt corrective action to rectify all unsafe work practices and conditions.
- Make safety suggestions to improve the overall safety of the site.
- Enforce all safety rules and take disciplinary action, if necessary.
- Maintain no smoking prohibited areas.
- Participate in the investigation of all serious incidents.
- Ask the supervisor about anything they do not understand. Know your job and not guess.
- Maintain compliance with WHMIS and requirements for the safe use, handling, and storage of hazardous materials.
- Ensure compliance with the Fire Protection Plan.
- Provide a good example for employees by always directing and performing work in a safe manner.
- Cooperate with our health and safety committee or representative or any person exercising a duty imposed by a government act or regulation.
- Cooperate with Industra's safety committee/representative or any person exercising a duty imposed by a government act or regulation.
- Provide safe working conditions for all workers under his/her supervision.
- Ensure that project superintendents are completing and submitting all required safety reports on a regular and consistent basis.
- Cooperate with Industra's safety committee/representative or any person exercising a duty imposed by an act or regulation.

**Entire Agreement, Severability and Governing Law**

This Agreement constitutes the entire agreement between the parties and supersedes all prior communications whether verbal or written between the parties. Any amendment to this Agreement or your employment with Industra must be made in writing and signed by both parties.

If any provision of this Agreement is determined at law to be invalid, illegal or unenforceable, such provision or part will be severable from this Agreement and the remainder of this Agreement will be construed as if such invalid, illegal or unenforceable provision or part had been deleted from it. This Agreement and all matters arising hereunder will be governed by and construed in accordance with the laws of the Province.

**Acceptance of Offer**

In accepting this offer of employment with Industra Construction Corp., I fully acknowledge and agree to all of the terms and conditions of employment as outlined in this Agreement and certify that I have read and understand this Agreement fully and have been given sufficient time to obtain independent advice.

**Signed Agreement**

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Name

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Signature

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Date



### Company Policies and Statement of Understanding





## Statement of Understanding

This Statement of Understanding will be kept on file and renewed on an annual or as-needed basis.

Policy Name	Read √	Policy Name	Read √
Bullying and Harassment Policy		Personal Protective Equipment Policy	
Business Travel and Living Out Allowance Policy		Preventative Maintenance Policy	
Computer and Internet Usage Policy		Purchases by Employee Policy	
COVID-19 Vaccination Policy (needs completion and acknowledgement on policy form)		Quality Control Policy	
Corporate Credit Card Policy		Return to Work Policy	
Discipline Policy		Safety Training Policy	
Environmental Management Policy		Smoking Policy	
Handheld Tools Policy		Substance Abuse Policy	
Health and Safety Policy		Visitors Safety Policy	
Hearing Protection Policy		Whistleblower Policy	
Motor Vehicle Policy		Working Alone Policy	
Musculoskeletal Injuries Policy		Workplace Violence Policy	

I acknowledge that I have read each of the applicable policies and I understand that:

- As a condition of my employment with Industra, it is my responsibility to understand and abide by all the policies contained, or referenced, in the guide, and any other company policies provided to me in writing by Industra as a condition of my employment with Industra.
- Industra reserves the right to revise its policies as business, economic conditions and laws dictate, provided I am notified of the changes.
- No one other than the President & CEO, or someone designated by him, can modify the policies.
- Local laws will always take precedent over Industra's policies.
- Without written approval from the president of Industra, or someone designated by the president, I cannot enter into an employment contract for a specified period or make any agreement contrary to this policy. Any statements or promises by a supervisor, manager or department head, past or present, with respect to the length or terms of my employment, will not be interpreted as a change in policy and will not constitute an agreement with an employee.
- Confidential information (e.g., product designs, customer lists, marketing strategies, and pricing policies) is proprietary and critical to the success of Industra and must not be given out or used outside of Industra's premises or with non-Industra employees. In the event of termination of

employment, whether voluntary or involuntary, I agree not to utilize or exploit this information with any other individual or organization.

- g) Any violation of Industra's policies can result in disciplinary action, up to and including termination of employment. In addition, for some violations, I could be held personally liable.

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Name

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Signature

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Date

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## 2.1. Bullying and Harassment Policy

Industra is committed to providing a safe, positive work environment where everyone is treated with respect and dignity. Industra will ensure that no worker is subjected to harassment at this place of employment. Every worker is entitled to a working environment that is free of bullying and harassment.

Under this policy:

- Bullying and harassment in the workplace is unacceptable, unlawful and will not be tolerated in any form.
- 1. "Bullying and Harassment" means any objectionable conduct, comment or display by a person that:
  - Is made on the basis of race, creed, religion, color, sex, sexual orientation, marital status, family status, disability, physical size or weight, age, nationality, ancestry, or place of origin.
  - Adversely affects the workers psychological or physical well-being and that the person knows or ought to reasonably know would cause a worker to be humiliated; or
  - Constitutes a threat to the health or safety of the worker.
- 2. A worker who believes they have been subjected to harassment is encouraged to clearly and firmly make known to the alleged harasser that the harassment is objectionable and must stop.
- 3. Where circumstances prevent a worker from taking action or the action taken is unsuccessful, the worker will report the alleged harassment to their immediate supervisor.
- 4. Supervisors are responsible to promptly notify management of the alleged harassment complaint
- 5. Management will provide the alleged harasser with information concerning the circumstances of the complaint and undertake a confidential investigation.
- 6. Following the conclusion of the investigation, management will inform the complainant and the alleged harasser of the results of the investigation.
- 7. Where the harassment has been substantiated, management will take prompt and appropriate corrective action to resolve the complaint. Where the harassment has not been substantiated, no action will be taken against a worker who made a complaint in good faith.
- 8. Industra will not disclose the identity of the worker or the circumstances of the complaint except where disclosure is necessary for the purposes of investigation or taking disciplinary action in relation to the complaint, or where such disclosure is required by law.
- 9. Nothing in this policy prevents or discourages a worker from referring a complaint to the provincial human rights commission. A worker retains the right to exercise any other legal avenues available.

### Related Documentation:

General Programs: Workplace Bullying and Harassment Program

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## 2.2. Business Travel and Living Out Allowance Policy

The purpose of this policy is to establish guidelines for expenses incurred for travel to and from a project site or customer's location for work or business development and living out expenses.

### 2.2.1. Out-of-Town Project Definition

An out-of-town project is any project outside of a 200-kilometre radius from Industra's head office or regional office.

### 2.2.2. Company Expense Form

To be used for reimbursement of any business travel expenses paid by the employee with their own money. The company expense form must be signed and approved by their supervisor. The form must be submitted along with all accompanying receipts or statements to the accounting department.

### 2.2.3. Mileage Allowance for Personal Vehicle Use

Employees using their personal vehicle for any business travel (i.e., in or out-of-town) can claim \$0.59 per kilometre.

### 2.2.4. Travel Fares Rules

Employees can claim the cost of the fare paid to get to the location, if the following rules are met.

- Air, train, or other travel must be coach or economy class or the lowest-cost available fare.
- Airport shuttle services are used where available, otherwise, the least expensive alternative (e.g., public transportation, taxi) is used.
- Personal vehicles are used only if less expensive transportation is not available.
- Tips must not exceed 10 percent of the fare.
- Rental cars must be a compact or midsize car.
- Vehicles owned, leased or rented by Industra cannot be used for personal use without prior approval.

***Travel Fare particulars to be determined on a project-by-project basis.***

### 2.2.5. Living Out Allowance (LOA)

The living out allowance applies to accommodations and meals after the employee arrives at the out-of-town project site. For costs incurred in traveling to and from the project, see Travel Fare below.

To claim the LOA costs, the following rules must be met.

***Living Out Allowance (LOA) particulars to be determined on a project-by-project basis.***

#### **Accommodation Rules**

- The accommodation must be a low- to mid-priced motel or hotel, or similar lodging.
- Charges for internet access, fax services and similar required services are for business purposes only.
- A company-issued or personal mobile phone was used, if available, rather than the accommodations or public pay phone service.



- Laundry or valet services is only permitted on trips of five or more days.
- Personal entertainment and personal care items are not reimbursed.

***Accommodation particulars to be determined on a project-by-project basis.***

#### **Meal Rules**

- The meal must be no more lavish than would be eaten at the employee's own expense.
- Tip must not exceed 15 percent of the total cost of the meal.
- Alcohol is not considered a business expense and will not be reimbursed. The purchase of alcohol on a company-issued credit card is also strictly prohibited and can result in disciplinary action, up to and including termination of employment.

***Meal allowance to be determined on a project-by-project basis.***

### **2.2.6. Travel Fare to and from Project Site**

Industra will pay for commercial travel fares which include the following:

- Flights
- Ferries
- Bus

Industra will also pay for accommodations and meal allowance once at the out-of-town project site.

A travel fare of \$250 is paid to an employee for each of the following:

- Initial travel to site.
- Return to site after a turnaround.

The purpose of this travel fare payment is to cover the cost of meals and other expenses associated with traveling to and from the out-of-town project site.

The \$250 amount applies to projects located in BC, AB or SK. For projects outside of these provinces, the amount will be arranged on a project-by-project basis.

Employees will not be compensated for the following:

- Hours for time travelled.
- Kilometers accrued on personal vehicles.
- Meals
- Hotels

### **2.2.7. Accident Reporting**

Employees who are involved in an accident while traveling on business must promptly report the incident to their immediate supervisor.

## **2.3. Computer, Cell Phone and Internet Usage Policy**

The purpose of this policy is to encourage the proper use of company-issued computers, including tablets and cell phones, and internet usage, and clearly define misuses.

Under this policy:

- To ensure compliance, computer (including tablets), cell phone and internet usage may be monitored.
- If a computer or cell phone is lost or stolen due to employee negligence, the employee is required to reimburse Industra for replacement cost.
- In the event of termination, if a company cell phone is returned in a locked state due to the employee changing any of the default settings (e.g., pass code, iCloud/iTunes password) the cost to unlock the phone will be deducted from the employee's final pay cheque.

Many of the following dos and don'ts are just good practices to follow. Others are strict rules.

### **Do's**

- If you are not sure about something or want to make better use of our computer and internet resources, call our computer support provider, Superior, at 1.888.318.5118 (604.227.3063) Monday to Friday from 7:00 am to 5:30 pm (PST) or 24/7 for emergencies.
- Make sure that the business information contained in emails, messages and other transmissions is accurate, appropriate, ethical and lawful.
- Where practical (i.e., when it is not going to significantly delay communication or inconvenience the customer), send a pdf file version of the document to customers and outside parties rather than the original file version (e.g., Word docx). This provides some protection against misuse of the material, including logos, and ensures the other party will receive a quality document that can be opened, read and printed. If you do not have a licensed copy of Adobe Acrobat on your computer, to create a pdf file, click Print, and from the list of printers select Microsoft Print to PDF.
- When sending or sharing large files (> 15 MB) with an outside party (e.g., subcontractor, customer), send a link rather than attaching the actual file.
- When sharing a file with an outside party, use SharePoint (OneDrive for Business) to set appropriate restrictions on the file (e.g., edit/view only, password protect, block download) depending on who you are sending the file too, how many people need access to the file, the purpose for sharing the file. For instance, you could restrict the file to one person, set a password on the file, allow them to only view the file on their browser and not download the file, and set an expiry date for the link so that the link doesn't work after say 5 days.
- Get in the practice of working with and saving files to the network drives rather than on your computer's hard drive.
- If you are saving files to your computer's hard drive rather than the network drive, copy the files to the network drive at least once a week, preferably every Friday.
- When you leave your computer unattended, put the computer into a mode requiring a login password to access. For example, to lock a PC computer, hit <Ctrl> + <Alt> + <Del> and click Lock.
- Turn all computer devices off at night.
- If you leave the company, return all Industra-owned computer devices, software and files to the head office.

**Don'ts**

- Within reasonable limits, don't use computers and cell phones for personal use.
- Don't use a password, access a file, or retrieve any stored communication not required for your normal duties without authorization.
- Don't share your passwords with anyone or use someone else's password.
- Don't open emails from suspect sources.
- Don't download, copy, or install free or unlicensed software or programs without permission from your supervisor and from Superion.
- Don't copy or share proprietary and confidential information with anyone outside of Industra. For a list of examples of confidential information, see Non-Disclosure examples in the Employee Guide – Field Staff.
- Don't use, install, copy or distribute confidential, copyrighted, trademarked or patented material if Industra does not own the material or the person who sent it to you doesn't own or hasn't given permission to Industra to use it.
- Don't engage in any illegal activities.
- Don't use the computers or internet in ways that are disruptive, offensive to others, or harmful to morale. For example, the display or transmission of sexually explicit images, messages, and cartoons is not allowed. Other misuse includes, but is not limited to, ethnic slurs, racial comments, off-colour jokes, or anything that may be construed as harassment or showing disrespect for others.
- Don't post messages that disparage another entity's products, services or individuals/character.
- Don't use the computers or internet to solicit others for commercial ventures, religious or political causes, outside organizations, or other non-business matters.

## **2.4. Corporate Credit Card Policy**

### **2.4.1. Purpose**

The purpose of this policy is to ensure corporate credit cards are used for appropriate purposes and adequate controls are established for company use.

### **2.4.2. Policy**

#### **Appropriate Use**

Industra Construction Corp. may issue you a corporate credit card to increase efficiencies by simplifying ordering and payment of low dollar value purchases. As the cardholder, you are responsible for the safekeeping of the corporate credit card. All charges incurred on this card are your responsibility. The corporate credit card is only used for expenses incurred in relation to your duties as an employee of Industra Construction Corp.

Corporate credit cards are for the explicit authorized use by select company employees for the purposes of conducting business matters only. A corporate credit card is not to be used for personal matters of any kind.

#### **1.0 Approved Expenses**

##### **1.1 FOOD & BEVERAGE CONSUMPTION**

Industra will not pay for food and beverage consumption unless they specifically relate to Items 1.3, 1.4, 1.5, 1.6 and 1.8.

##### **1.2 TRAVEL TO AN EXISTING PROJECT - OUT OF TOWN**

The following are acceptable travel related expenses associated with travel costs for Industra employees only when visiting an existing out-of-town project:

- 1.2.1 Airfare & baggage costs.
- 1.2.2 Taxi / Uber & tip.
- 1.2.3 Ferry.
- 1.2.4 Car rental & fuel (rental insurance is not required).
- 1.2.5 Hotel, Airbnb, VRBO.
- 1.2.6 Meals – excluding alcohol.

##### **1.3 TRAVEL TO AN EXISTING PROJECT - IN TOWN (Local to Metro Vancouver Area or Victoria)**

The following are the only acceptable travel related expenses associated with travel costs for Industra employees when visiting an existing in town project:

- 1.3.1 Meals should a site visit lapse over mealtimes.

##### **1.4 TRAVEL TO SITES FOR ESTIMATING PURPOSES - OUT OF TOWN**

Refer to Item 1.2 inclusive.

##### **1.5 TRAVEL TO SITES FOR ESTIMATING PURPOSES - IN TOWN**

Refer to Item 1.3 inclusive.



## 1.6 PROJECT SPECIFIC EXPENDITURES

The following project specific expenses are acceptable:

- 1.6.1 Materials or consumable items relating to the direct cost of a project.
- 1.6.2 Rental equipment relating to the direct cost of a project.

## 1.7 GENERAL EXPENDITURES

The following General Expenses are acceptable for the sole purpose of generating new Company business, maintaining existing client relations to gain further Company business or for, with approval, inter-Company team building events.

- 1.7.1 Conference costs or registration fees
- 1.7.2 Client: Breakfast, lunch, or dinner
- 1.7.3 Client: Coffee and or doughnuts
- 1.7.4 Client: Sporting events or golf with prior approval from the President or Vice- President
- 1.7.5 Client: Holiday gifts with prior approval from the President or Vice-President
- 1.7.6 Payment for job related expenses. Dollar value must be no greater than \$1,000. Purchases over \$1,000 and up to \$10,000 must be approved by the Project Manager. Purchases over \$10,000 must be approved by the Director of Operations.
- 1.7.7 Payment for gas for company vehicles. Equipment number must be included on receipt.
- 1.7.8 Payment for company vehicle and/or equipment repairs and maintenance. Equipment number must be included on receipt.

## 2.0 Unauthorized Expenses

- 2.1 Splitting purchases to circumvent approval limits is not permitted.
- 2.2 Purchase of meals for personal or hospitality reasons.
- 2.3 Purchase of alcohol or cannabis products.
- 2.4 Purchase of hotel movies, mini bar snacks and room service.
- 2.5 Personal charges such as personal travel, gifts, groceries, gas and/or repair, maintenance for personal vehicles and equipment and any other purchases not directly job related.

## 3.0 Receipts

To ensure the timely processing of expenses, receipts must be:

- 3.1 Submitted through the Concur application bi-weekly.
- 3.2 Detailed, showing all items purchased and applicable taxes.
- 3.3 Coded to the applicable job number and job cost code. Coding a receipt to "general expense" is not acceptable.

**Corporate credit card charges are audited monthly. Unauthorized charges and charges without detailed receipts may result in forfeiture of the corporate card and charges may be deducted from the employee's pay.**

## 4.0 Lost or Stolen Card

If your corporate credit card is lost or stolen it must be reported as follows:

- 1. Call RBC at 1-888-769-2534 to report the card as lost/stolen.

2. Advise Rob Brydon, COO, VP that the card has been lost or stolen and the date you reported it.

### **5.0 If Employee is Terminated**

On termination of employment, the cardholder must return the corporate credit card along with all outstanding receipts or invoices to their supervisor or the Director of Operations.

### **6.0 Employee Acknowledgement**

Signature below indicates you agree to Industra Construction Corp. corporate credit card policy.

Card Image – Front   Card Image - Back

Card Image – Front   Card Image - Back

\_\_\_\_\_  
Employee's Name (please print)

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

## 2.5. COVID-19 Vaccination Policy

### Purpose

The purpose of this policy is to outline company expectations and requirements of employees with respect to COVID-19 and vaccination.

This policy was enacted due to the federal government and BC provincial government mandating COVID-19 vaccine requirements for all contractors and suppliers who access their facilities. This policy will be updated accordingly if municipal governments enforce similar requirements.

### Scope

This Policy applies to all employees, including contract employees, subcontractors, and any other individuals employed or contracted to provide services in any capacity to Industra.

### Policy

1. We strongly recommend all staff be vaccinated against COVID-19, as recommended by the BC Ministry of Health and Provincial Health Officer.
2. All employees must acknowledge their vaccination status below.
3. Where applicable, subcontractors will be required to sign a separate document confirming their workers are fully vaccinated against COVID-19.
4. Where permitted, accommodations for unvaccinated employees will be made. However, unvaccinated employees may be given restricted access to the workplaces, placed on unpaid leave, have their employment modified or terminated.
5. The information collected below will be kept confidential. This information will only be used by head office employees for use in assigning employees to applicable projects and to senior managers when determining appropriate accommodations for unvaccinated employees.

### Related Documentation:

Section 5: General OHS&E Programs | Industra COVID-19 Prevention Procedures & Orientation

Section 5: General OHS&E Programs | Contractor Safety Management Program

### Employee Acknowledgement

I have been fully vaccinated for COVID-19 and willing to provide proof on request. ☐ Yes ☐ No

I have received a COVID-19 vaccine booster shot. ☐ Yes ☐ No

I will be fully vaccinated by the following date: \_\_\_\_\_

I refuse to be or cannot be vaccinated for COVID-19 for the following reasons:

☐ Personal choice/Religious reasons

☐ Medical reasons

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## **2.6. Discipline Policy**

### **Statement of Discipline**

Employee discipline is intended to reinforce Industra's safety expectations required of its employees. Demonstrated performance and behavior are the factors by which safety expectations will be measured.

The primary concern is the safety of Industra employees, customers, and the public.

### **Verbal**

It is intended that all employees will be provided with education and training to ensure every employee understands the safety rules issued and found in Industra's OHS&E Program. Employees will be subject to verbal reminders to guide their compliance with all safety requirements. A verbal action will be considered as the first stage of discipline. It is expected that employees will provide assurances of future compliance. All warnings must be documented, and a copy placed in the personnel file of the employee.

### **Written**

Where verbal guidance and direction has not resulted in a behavioral or performance improvement, an employee will receive a written statement of expectations of their safety conduct. A written statement of discipline is a serious action which formalizes the standard of safety expected and is intended to ensure the employee is provided an opportunity for explanation of circumstances and to receive education to ensure safety performance expectations are understood. The Workplace Safety and Health committee will be kept informed. This step requires employee cooperation and improvement to avoid termination.

### **Punitive Action and Dismissal**

Where an employee has been found to knowingly endanger the health and safety of their co-workers, regardless of prior Verbal or Written warnings, the employee may be terminated depending on the severity of the situation. Depending on the situation, and the employee's position, WorkSafeBC may enforce strict penalties. Where reasonable efforts have failed to see a demonstrated improvement of an employee's performance and safety behavior, the employee will be terminated.

### **Related Documentation:**

Section 4: OHS&E Framework | Company Rules | Disciplinary Action

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## 2.7. Environmental Management Policy

Industra is committed to a safe, healthy and sustainable environment.

To this end, Industra will:

- Be vigilant in protecting the environment and incorporating all legislated environmental regulations.
- Ensure employees are trained to recognize environmental concerns and to be proactive with positive solutions.
- Ensure employees identify, assess and control risks that may present short-term or long-term exposures to people, property and/or the environment.
- Ensure employees are trained and reminded to report unresolved environmental issues and concerns to the Director of OHS&E without delay.
- Ensure subcontractors are advised of our concern for the environment and are required to operate in a manner consistent with this policy.

### **Related Documentation:**

Section 4: OHS&E Framework | Environmental and Exposure

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## 2.8. Handheld Tools Policy

The purpose of this policy is to protect employees from hazards associated with the use of handheld tools and handheld power tools, and to ensure tools are maintained properly and available.

Under this policy

- Electric power operated tools must be double insulated, grounded or used with ground fault circuit interrupters.
- Employees are responsible for the safe condition of all hand tools and equipment, including those furnished by employees.
- It is the responsibility of the employee to inspect hand tools prior to use to look for:
  - Cracked handles
  - Loose heads
  - Mushroomed heads on wedges, chisels, or similar tools
  - Broken screwdriver tips
  - Any other damage to hand tool that would make it unsafe for use
- Employees may only use hand tools that are in safe working order.
- Damaged hand tool must be removed from service until it can be fixed.
- Damaged tool that cannot be repaired must be disposed of.
- Tool operators must wear appropriate safety glasses and face shields while using hand tools or equipment that might produce flying materials or be subject to breakage.
- Tools and equipment owned by Industra can not be borrowed or removed from job sites.

### **Related Documentation:**

Preventative Maintenance Policy

Section 5: General OHS&E Programs | Hand and Power Tools

## **2.9. Health and Safety Policy**

Industra is committed to providing a strong health and safety program that protects its employees, contractors, customers, clients, the public and property from incidents occurring on our projects. Industra recognizes the rights of workers to work in a safe and healthy work environment. To ensure everyone within our company is protected, our health and safety policies and the entire OHS&E program govern all personnel employed by Industra.

We believe all incidents are preventable. Our goal is to have as few incidents as possible. Active participation at all levels will ensure this goal is achieved. We endeavour to provide proper and relevant employee training, job specific safe work practices, project and personal protection equipment, operation and maintenance procedures, and safety guidelines that focus management, employee and contractor awareness on reducing the risk of incidents in all activities.

Under this policy:

1. Management personnel are responsible for the health and safety of the employees and for the provisions of safe working conditions.
2. Management will promote and support the company health and safety program and ensure all employees are informed of what is expected of them regarding health and safety.
3. All management personnel are accountable for their decisions, actions and results.
4. Supervisors and foreman will set a good example and are responsible and accountable for insuring safety instruction is provided to all new and reassigned employees prior to assignment of their duties and that the safe work procedures and regulations are enforced.
5. Superintendents will ensure that there is a regular inspection of practices and conditions in their area of control and prompt corrective action is taken to eliminate hazards.
6. Workers, subcontractors, and visitors are accountable and responsible for following all safety rules and regulations and conducting themselves in a manner that does not endanger the well-being of themselves or others, or cause property damage.
7. Workers and subcontractors will report all incidents and injuries immediately and are encouraged to submit recommendations for improved safety measures.
8. Industra management, contractor management and all employees are collectively accountable and responsible to ensure compliance with local government, occupational health, safety and environmental regulations.
9. Industra will not require its employees to perform tasks related to the operations of vehicles if they are considered unsafe and/or likely to create an unsafe environment, physical distress, fatigue, etc.
10. Industra will review this policy with all its employees and will always expect compliance.



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## 2.10. Hearing Protection Policy

Industra holds the personal safety of each employee of primary importance.

We recognize each worker's right to a safe and healthy work environment. We are committed to providing and implementing a hearing protection program to protect workers from risks associated with the long- and short-term effects of noise exposure.

The purpose of this policy is to provide a Hearing Protection Program which:

- Protects employees from noise induced hearing loss.
- Meets or exceeds legislation requirements surrounding hearing conservation and noise control.
- Helps prevent noise induced hearing loss and the long-term effect of noise exposure.
- Helps to prevent the short-term effects of noise exposure including stress, temporary hearing loss, annoyance, difficulty in verbal communication and safety hazards.
- Is applicable to all Industra employees who may be exposed to noise levels over 80dBA Lex.

### **Related Documentation:**

Section 4: OHS&E Framework | Personal Protective Equipment (PPE)

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## 2.11. Motor Vehicle Policy

This policy governs the practices required by all employees while operating a motor vehicle owned or leased, by Industra. The intent of this policy is to increase the safety awareness of all employees, while driving on behalf of Industra. Under this policy:

- Prior to driving any company owned or leased vehicle all new drivers must complete the Company Vehicle Inspection and Use Checklist in Procore.
- Drivers and passengers must always wear seatbelts while driving.
- Whenever possible, all driving should be done during daytime hours. If night driving is unavoidable, drivers must ensure they have received the proper rest and are fit for operation.
- Every new employee that will be driving a company owned, or leased vehicle will provide a current driver's license and will be required to provide Industra with authorization to obtain a driver's abstract.
- Driver abstracts for all drivers of company vehicles will be updated annually no later than March 31st of each calendar year.
- All company owned, or leased vehicles are to be equipped with a compliant first aid kit and fire extinguisher.
- The vehicles provided by Industra both owned and leased, will be maintained in a safe operating condition, and will be serviced according to the manufacturer's recommendations as well as in accordance with the legislative requirements.
- All drivers are expected to operate within the appropriate legislation as it pertains to the operation of motor vehicles. This will/may include aspects related to the Highway Traffic Act, Transportation of Dangerous Goods Reg, etc.
- The use of a cell phone or other portable electronic device while under control of the vehicle is strictly prohibited.
- Alcohol and drugs are not permitted in any Industra vehicle. The consumption of alcohol and/or drugs while operating Industra vehicles is just cause for immediate dismissal.
- Smoking is not permitted in company vehicles.
- Drivers must ensure all loads are properly secured prior to departure and will inspect the load at regular intervals, such as after 80 km of loading and every 3 hours or 240 km thereafter, to ensure the integrity of the load has not changed.
- In the unfortunate circumstance where a vehicle is involved in an incident the following process must be adhered to:
  - Remain calm and call 911, treat any injuries as required.
  - Obtain the name and address of the other driver and any occupants in the other vehicle
  - Obtain the year, make, model, serial number of the other vehicle.
  - Obtain the registration and insurance information of the other driver.
  - A report must be completed by the driver of the vehicle describing what happened including the names of any occupants of Industra vehicle.
  - Appropriate police reports must be filed.
  - When safe to do so, the Director of Health and Safety must be notified immediately.

- In the event of a mechanical failure while operating a motor vehicle, the following process must be adhered to:
  - Attempt to maintain control of the vehicle and proceed off the lane of travel to a safe location.
  - Once the vehicle is in a safe area, proceed to attempt to troubleshoot the problem.
  - If assistance is required, contact the Industra office in your area, where a service truck will be assigned.
  - If you are in a remote location (i.e., with no phone service) and require assistance, attempt to obtain a ride to the nearest center and contact the Industra office in your area, where a plan to assist will be developed.
  - Remember to dress according to the weather; do not leave the vehicle unless a safe mode of transport has been secured.
- This policy will be reviewed with all its employees and will always expect compliance. Industra will not require its employees to perform tasks related to the operations of vehicles if they are considered unsafe and/or likely to create an unsafe environment, physical distress, or fatigue.
- Drivers are not to exceed 13 hours of drive time.
- This policy will be reviewed annually to ensure we maintain the highest degree of safe driving practices. Industra will also undertake efforts to ensure all employees are trained and are knowledgeable in respect to the expectations related to the Motor Vehicle Policy.

### **2.11.1. Procurement of a Company Vehicle**

The purchase or lease of a company vehicle by Industra must be approved by the president & CEO of Industra.

### **2.11.2. Vehicle Identification**

A company must be identified with a:

- Company logo on the front driver and passenger doors.
- Unit number in the top left or right front quarter panel.

The ordering and installing of the company logos and unit number must be coordinated through the office administrator.

### **2.11.3. Users of and Uses for Company Vehicle**

A company vehicle can only be used:

- By designated and authorized employees of Industra.
- For company business.
- Personal use of a company vehicle must be approved by their immediate supervisor.

### **2.11.4. Travel Log**

A daily travel log must be maintained showing the distance traveled and the location traveled to/from each day.

### **2.11.5. Fuel**

Only fuel paid for with a company-supplied credit card can be used in the vehicle. Use of company-supplied fuel for personal use is prohibited.

### **2.11.6. Operator Inspection**

The employee operating the company vehicle is required to complete the Company Vehicle Inspection Checklist in Procore before operating the vehicle. For more information, see Carrier Safety Program, Inspections & Criteria.

Any deficiencies must be immediately reported to the employee's supervisor or the Equipment Manager.

### **2.11.7. Professional and Safe Operation of the Vehicle**

The vehicle must be driven in a safe and professional manner to maintain the responsible image of Industra.

### **2.11.8. Misuse of Company Vehicle**

Misuse of a company vehicle can result in disciplinary action, including the loss of the employee's driving privileges for company vehicles. The following conditions are a misuse of a company vehicle:

- Driving without the authorization of the manager or supervisor of the department that is responsible for the vehicle.
- Driving without a valid driver's licence of the appropriate class for the type of vehicle.
- Allowing a non-employee to drive the vehicle.
- Not complying with motor vehicle laws and regulations.
- Engaging in unsafe practices, including failure to use and ensure that all passengers use all equipment in the vehicle (e.g., seat belt with shoulder harness).
- Intentionally falsely completing the vehicle travel log or other vehicle-related forms (e.g., accident report).
- Not parking or storing the vehicle properly.
- Using the vehicle for personal use or transporting passengers other than persons directly involved in company business.

### **2.11.9. Clean Vehicle**

The vehicle must be kept clean inside and out for safety reasons and to maintain the clean image of Industra.

### **2.11.10. Maintenance and Repairs**

The company vehicle must be maintained in accordance with the vehicle manufacturer's regular scheduled maintenance program.

Any additional repairs besides regular maintenance requires approval by the employee's supervisor or the Equipment Manager.



**2.11.11. Accidents or Injury**

All incidents, damage or personal injury involving a company vehicle must be reported immediately to the employee's supervisor and the Director of Health and Safety

For all serious vehicle related incidents, local emergency services must be notified by calling 911. When safe to do so, the Director of Health and Safety must be notified immediately.

**2.11.12. Lost Keys**

Lost keys must be reported to the Equipment Manager.

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## 2.12. Musculoskeletal Injuries Policy (MSI)

Industra holds the personal safety of each employee of primary importance.

We recognize each worker's right to a safe and healthy work environment. We are committed to providing and implementing a Musculoskeletal Injuries Prevention Program that meets or exceeds legislative requirements to protect workers from risks associated with the MSI.

Musculoskeletal Injuries is defined as an injury or disorder of the muscles, tendons, ligaments, joints, nerves, blood vessels or related soft tissue including sprains, strains or inflammation, that may occur to a worker that is cause or aggravated by any of the following (but not limited to):

- Repetitive motion
- Forceful exertion
- Vibration
- Mechanical compression
- A sustained or awkward posture
- A limited motion or action

Repetitive Strain Injuries (RSI) is an injury or disorder that occurs over time as a result of repetitive, forceful or awkward body movements.

The purpose of the policy and program is to prevent repetitive strain injuries and musculoskeletal injuries such as:

- Tendonitis
- Carpal tunnel syndrome
- Chronic back pain
- Hand Arm Vibration Syndrome
- Trigger finger
- Herniated Discs

### **Related Documentation:**

Section 5: General OHS&E Programs | Ergonomics

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## 2.13. Personal Protective Equipment Policy

Due to the nature of the construction workplace and the number of different hazards that are present, steps must be taken to protect you from injury. Personal protective devices fall into two categories.

The first category is the basic Personal Protective Equipment (PPE) that should always be worn by all personnel in the workplace. This normally would include hard hats, protective footwear, eye protection and appropriate clothing. The second category of PPE is specialized, which need only be worn while performing certain tasks that present special hazards. This category would include gloves, goggles, fall protection, respirators, and special clothing. Industra will provide eye protection, high visibility vests, ear protection and any specialized PPE.

The company and its employees will always comply with the following policy:

- All employees, guests and visitors will wear CSA approved safety boots, long pants, approved hard hats and any other specialty PPE required for the job site.
- All PPE used on any job will be within the requirements set by the federal and provincial governments.
- All PPE used on any job site will be maintained within the standard set by the manufacturer.
- The supervisor will conduct weekly inspections to ensure the proper maintenance and operation of all PPE equipment.
- All PPE that are of questionable reliability, damaged or in need of service will be removed from the site and replaced immediately.
- Any employee that discovers a piece of defective PPE is required to report this to their supervisor. The safety information in this policy does not take precedence over regulation requirements.

All employees should be familiar with their local legislation.

### **Related Documentation:**

Section 4: OHS&E Framework | Personal Protective Equipment (PPE)

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## 2.14. Preventative Maintenance Policy

All tools and equipment must be maintained in a condition that will maximize the safety of all personnel. To accomplish this, a Preventative Maintenance Program will be maintained and will include the following components:

- Adherence to applicable regulations, standards, and manufacturers specifications.
- Services of appropriately qualified maintenance personnel.
- Scheduling and documentation of all maintenance work.

The supervisor will be responsible for the application of the program.

### **Related Documentation:**

Section 4: OHS&E Framework | Preventative Maintenance



## 2.15. Purchases by Employee Policy

### Purpose

The purpose of this policy is to establish guidelines for business-related purchases by employees.

### Policy

#### Authorized Purchases

Use the following table to determine who is authorized to make the purchase and the appropriate card to use for the purchase.

Purchase Type	Authorized Purchaser	Card(s) Used
Stationery, office supplies and printers.	Office Manager/Director of Operations	Account or corporate credit card.
Computers, phones, etc.		
Fuel for company vehicle	Assigned company vehicle operator	Corporate credit card.
Crews: Travel expenses, including fares, accommodations and rental vehicles.  Staff: Responsible for their own.	Administrative Assistant or Office Manager	Corporate credit card.
Project materials and supplies Equipment Tools	<ul style="list-style-type: none"> <li>Project Superintendent - up to \$1,000</li> <li>Project Manager – up to \$10,000</li> <li>Director of Operations - over \$10,000</li> </ul>	Account or Corporate credit card

### Purchase Requisition

The PM Purchase Requisition Form must be completed, signed and submitted to the Accounting department for all purchases greater than \$1,000 before tax. This form is saved to the Project Management Templates folder on the server.

See Purchase Requirements Flowchart in Appendix B: Requirements Flowcharts.

See Purchase Requisition Form in Appendix C: Reports.

### Spectrum

All Purchase Orders will be completed through Spectrum by Administration. See Purchase Order – Standard Terms and Conditions in Appendix C: Reports.

New Vendors and Subcontractors will be created by Administration staff, as necessary.

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## 2.16. Quality Control Policy

### 2.16.1. Purpose

The purpose of this policy is to ensure that all components of construction are performed in accordance with the requirements of the owner's contract specifications, the approved drawings and the implementation of the project's quality control plan (QCP).

### 2.16.2. Policy

#### Quality Management Plan

The quality management plan forms the basis of the quality control contract we have with the customer and lists all our quality control responsibilities.

It includes quality control checklists and the Non-Conformance and Corrective Action reports.

It is the responsibility of the quality control manager to maintain the quality management plan (QMP).

It is the responsibility of all employees to be familiar with the QMP.

#### Inspection and Test Plan

The inspection and test plan (ITP) is a document (i.e., spreadsheet) listing the inspection and testing requirements throughout all stages of the project.

The inspection and test requirements are based on the customer's project specifications, product specifications, industry testing standards (e.g., CAN/CSA) and Industra's testing standards.

It is the responsibility of the project manager to:

- Develop and revise the ITP accordingly, preferably in Procore.
- Include it in the QCP.
- Ensure that the frequency of testing outlined in the ITP is followed.
- Obtain written approval from the customer if the frequency of testing is relaxed.

#### Quality Control Plan

The quality control plan (QCP) is a document provided to the customer detailing the quality control requirements. The QCP contains information from the QMP, a copy of the ITP, the quality control checklists and the Non-Conformance and Corrective Action reports used for the project. It is the responsibility of the project manager to create the QCP for each project. It is the responsibility of all employees assigned to the project to follow the QCP.

#### Procore

Procore is a third-party provider of online forms and reports used by the project superintendent to complete quality control (and safety) forms and reports and by the project manager to monitor quality control work. It is the responsibility of the project manager to identify the Procore checklists used for the project in the ITP. It is the responsibility of the project superintendent to complete the quality control checklists in Procore.

It is the responsibility of the project manager to track the quality control checklists to ensure the items are checked and signed off.

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## 2.17. Return to Work Policy

Industra values the goal of prevention of injuries and illnesses by maintaining a safe and healthy workplace. Consistent with this value is the company's commitment to the successful recovery of injured and ill employees by assisting in early intervention and return to safe work.

It is the policy of this company to take all reasonable steps to return injured and ill employees to their pre-injury job as quickly as possible. Where the employee is unable to return to their pre-injury job, the goal will be to return them to alternative work, which is consistent with their functional abilities.

It has been demonstrated that permitting employees to return to work in some capacity is of benefit to both the employee and the company. It helps maintain employee morale and ensures productivity.

Industra and its employees are committed to co-operate and participate in the success of the Return-to-Work Program.

### **Related Documentation:**

Section 5: General Programs | Return to Work Program

## 2.18. Safety Training Policy

The purpose of this policy is to provide for general and specialized safety training throughout all levels of the organization.

Industra will provide, and employees will participate in, all safety and related training that is necessary to minimize losses of human and physical resources of the company.

This training will include but not be limited to:

- New hire safety orientations.
- Job-specific training.
- Safety training for supervisors and management.
- Task and trade-specific training and certification.
- Specialized safety and related training.

Employees will be required to complete and maintain the following minimum training.

Position	Required Training
Superintendent	<ul style="list-style-type: none"><li>• First Aid Level 1</li><li>• Ground Disturbance</li><li>• Confined Spaces</li><li>• Fall Protection</li><li>• WHMIS</li><li>• Respirator Fit Testing</li></ul>
Craft	<ul style="list-style-type: none"><li>• Confined Space</li><li>• WHMIS</li><li>• Fall Protection</li><li>• Respirator Fit Testing</li></ul>

### Related Documentation:

Section 4: OHS&E Framework | Training and Communication



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## 2.19. Smoking Policy

For this policy, smoking includes the use of cigarettes, cigars, cigarillos, marijuana, vaping and pipes.

Industra is committed to creating and maintaining a smoke-free environment for the benefit of all staff members.

Under this policy:

- Smoking is not permitted in the following areas:
  - Head office and branch/division office, including in the boardrooms, shops, lunchrooms, and washrooms.
  - Field offices and other field spaces designated as non-smoking.
  - Client's offices.
  - All company vehicles and mobile equipment.
- Smoking is permitted in the following areas:
  - Outdoors in areas not labelled as non-smoking.
- Where provincial, municipal or community regulation is more stringent than Industra's, the local regulation will apply.
- Non-smoking signs are to be posted in all designated areas and are not to be tampered with, covered up or removed.

In the instance where an employee has been terminated or leaves, any costs associated with cleaning company equipment (vehicles and mobile equipment) due to smoke contamination will be deducted from final pay at the employee's expense.

### **Related Documentation:**

Section 5: General Programs | Fire Safety Program | Smoking Policy

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## 2.20. Substance Abuse Policy

Industra holds personal health and safety of primary importance. Our goal is a health and safety program that creates a positive working environment for the benefit of our company and all our employees, where the number of injuries and illnesses are reduced to an absolute minimum. We strive for zero incidents and injuries. To this end, it is essential that Industra have a clear and definitive "Substance Abuse Policy".

Substance Abuse is becoming a serious societal problem that frequently impacts on the safety and well-being of employees in the workplace. It is essential therefore that Industra adhere to guidelines and standards that will ensure workplace safety and the well-being of our employees, our clients, and the general public.

This policy applies to all Industra employees and to all subcontractor employees.

Under this policy:

1. All employees are required to report to, and remain fit for duty, free of negative effects of alcohol and other drugs. It is prohibited for an employee to be on duty, or to be in control of a company vehicle or equipment while under the influence of alcohol or other drugs, including the after-effects of such use.
2. Possession and consumption of any form of beverage alcohol, and unlawful manufacture, distribution or sale of beverage alcohol is prohibited while on duty (including during breaks), on or off company premises, including vehicles and equipment, or on company business. An Industra employee, whether on or off duty, who operates an Industra vehicle, while having a blood alcohol concentration of 0.04% or higher, is in clear violation of this policy.
3. Employees are required to use over the counter or prescription medications responsibly. Any employee in a risk-sensitive position, or who is in control of a company vehicle or equipment, is responsible to investigate whether any medication consumed will affect safe performance of their duties. Employees must report any concerns about their use of medication to their immediate supervisor who, if necessary, will consult with medical authorities to determine whether any modification in the employee's duties are necessary.
4. An Industra employee who observes a coworker(s) appearing and/or behaving in such a manner that it could reasonably be presumed that the worker(s) is not fit for duty, is required to discourage that worker(s) from operating any Industra vehicle or equipment and to report such behavior immediately to any of Industra supervisor. In no circumstances is an Industra employee to travel as a passenger in any Industra vehicle when it is known, or ought to have been known, that the driver is impaired. All reasonable efforts should be made to keep an impaired driver from operating Industra vehicles.
5. In jurisdictions where pre-employment and continuing employment alcohol and drug screening is legal, Industra will conduct such tests as it deems necessary. In such circumstance's employee consent to such pre- employment and continuing employment screening will be a mandatory condition of employment.

At all Industra locations, in cases of Reasonable Cause and/or as a part of Post-Incident Investigation, Industra employees may be subject to drug and alcohol testing. Such testing must be pre-approved by two in-line Supervisors of the Employee(s) to be tested. The procedures to be followed are outlined in the Drug and Alcohol Program under General Programs.

### Related Documentation:

Section 5: General Programs | Drug and Alcohol Program

## **2.21. Visitors Safety Policy**

### **Notice To Visitors**

Industra is committed to maintaining visitors' health and safety while on our projects. All visitors to Industra offices and jobsites must abide by the following safety rules during their visit.

Under this policy, while visiting a job site, all visitors must:

- Sign the visitors log immediately upon arrival.
- Be accompanied by the site superintendent or foreman at all times while visiting our jobsites.
- Review the site Emergency Evacuation Plan and along with the superintendent or foreman conduct a job hazard assessment.
- Always use and wear the following personal protective equipment:
  - High visibility vest.
  - Safety boots approved by the CSA/ANSI.
  - Hard hat approved by the CSA/ANSI.
  - Safety glasses approved by the CSA/ANSI.
- Follow all verbal instructions and signs.
- Not touch or attempt to operate any equipment.
- Not talk to or distract workers operating equipment or engage in safety-related functions like traffic control.
- Not engage in any pranks, horseplay, contests, feats of strength, running or rough and boisterous conduct.
- Report all injuries or problems immediately, no matter how minor.
- Log out before leaving any Industra premises.

Visitors who fail to follow these policies will have their visiting privileges revoked and be asked to leave. Industra will not be responsible for injuries visitors suffer as a result of violating these rules.

**It Takes The Effort Of Everyone Working Together - Including Visitors - To Make Industra a Safe and Healthy Workplace**

## **2.22. Whistleblower Policy**

### **2.22.1. Purpose**

The purpose of this policy is to encourage employees to report policy violations and to provide safeguards against retaliation or any adverse employment consequences for reporting violations.

### **2.22.2. Policy**

#### **Reporting Policy Violations**

Employees are encouraged to report policy violations by other employees to their supervisor, the HSE & Project Lead, the Director of Operations, the Chief Operating Officer, Vice-President or the President & CEO.

#### **No Retaliation**

Any employee who retaliates against another employee who reports a policy violation will be subject to discipline up to and including termination of employment.

#### **Director of Operations**

The Director of Operations is responsible for investigating all reported policy violations.

The Director of Operations will contact the employee who reported the violation within five business days of the violation being reported by the employee.

#### **Acting in Good Faith**

Anyone who reports a suspected policy violation must be acting in good faith.

Employee who intentionally report false violations are in violation of this policy and subject to disciplinary action, up to and including termination of employment.

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## 2.23. Working Alone Policy

Industra holds the personal safety of each employee of primary importance. It is our commitment to do all that is reasonable to prevent injuries to workers, damage to equipment and property, and to protect the customer and the public from incidents.

Working Alone is the performance of any work function by a worker for that employer at the workplace at any time and is not directly supervised by his or her employer, or another person designated as a supervisor by his or her employer, at any time.

The purpose of the Working Alone Plan is to provide safety and security measures to all Industra employees who may on occasion be required to work alone. The plan will apply to any area of the company where an employee may work alone.

To ensure workers and employees are free from risks where an employee is working alone under circumstances which may result in injury, health impairment, victimization through criminal violence or other adverse conditions, Industra will provide and implement Working Alone Plans as a means of ensuring, so far as is reasonably practicable, the safety, health and welfare of employees from risks arising out of, or in connection with, activities in their workplace.

### **Related Documentation**

Section 5: General Programs | Working Alone Program



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## 2.24. Workplace Violence Policy

At Industra, we hold the personal safety and health of each employee of primary importance. We recognize each worker's right to a safe and healthy work environment.

Industra maintains a zero-tolerance approach to violence in the workplace. The purpose of this policy is to provide Industra employees assurance that we will maintain an environment within Industra properties, job sites and events that is free of violence and the threat of violence.

Violent behavior of any kind or threats of violence, either implied or direct, are prohibited at Industra, in properties and at Industra sponsored events. Such conduct by an Industra employee will not be tolerated.

An employee who exhibits violent behavior may be subject to criminal prosecution and may be subject to disciplinary action up to and including dismissal. Violent threats or actions by a non-employee may result in criminal prosecution.

Industra will investigate all complaints filed and will also investigate any possible violation of this policy. Retaliation against a person who makes a complaint regarding violent behavior or threats of violence will not be tolerated.

### **Related Documentation:**

Section 5: General Programs | Workplace Violence Prevention Program

# Thank You!

Please click on the following Submit button to email this form to the Health & Safety Manager, OHS&E.

## **Next Steps**

Please return to the Onboarding Portal and complete the following:

- Onboarding Orientation
- WHMIS 2015 Worker Training
- Review of OHS&E Program