

SAFETY, ENVIRONMENT AND QUALITY AGREEMENT BETWEEN CONTRACTORS AND OWNERS OF ELECTRABEL DOEL NUCLEAR POWER PLANT

| Assignment | | | | |
|----------------------------------|---------------------------------|-------------------------------|------------------------------------|----------------------------------|
| Description | | | | |
| <input type="checkbox"/> Doel 12 | <input type="checkbox"/> Doel 4 | <input type="checkbox"/> Site | <input type="checkbox"/> Tractebel | <input type="checkbox"/> Scaldis |
| <input type="checkbox"/> Doel 3 | <input type="checkbox"/> WAB | | | |
| Schedule | Start | | End | |
| Contractor | | | | |
| Order number | | Contract number | | ATB no. |

| | | |
|--|----------------------------|----------------------------|
| Is there construction work (See index card 3.7.01 Temporary and mobile construction sites) If yes: | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| Name of design safety coordinator: | | |
| Name of work safety coordinator: | | |

| Identification contracting party | | | | |
|---|--------------------------------|------------------------------------|-----------------------------------|--------------------------------------|
| Company name | | | | |
| Address | | | | |
| Tel: | | Mob. | | Fax |
| Email: | | | | |
| Certificate (not compulsory, for info) | VCA <input type="checkbox"/> | ISO-14001 <input type="checkbox"/> | ISO-9000 <input type="checkbox"/> | OHSAS 18001 <input type="checkbox"/> |
| Contractor | Surname, first name | Tel./Mob. | E-mail | |
| Works Manager | | | | |
| Project Manager | | | | |
| Site Supervisor | | | | |
| Safety Officer | | | | |
| Dutch-speaking person in charge on each shift at the workplace? | | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Persons doing the work speak | <input type="checkbox"/> Dutch | <input type="checkbox"/> French | <input type="checkbox"/> English | <input type="checkbox"/> German |
| Max.number of pers.doing the work | Day | Early | Late | Night |

| | | |
|--|----------------------------|----------------------------|
| Organizational diagram for the described assignment at KCD required? <i>If YES, add copy in annex.</i> | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| Do you work with subcontractors? Which? <i>If YES, conclude a Safety Agreement with each subcontractor. You must forward all information you have received from KCD to the subcontractor (site regulations, risk analysis, etc.)</i> | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| More than one level of subcontracting? <i>If YES, permission of Head of the division is required for more than one level of subcontracting:</i> <i>Name: Signature:</i> | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| Do you work with temporary employees? (temps/young people/student employees) <i>If YES, add as an annex: last name, first name, function and task</i> | Y <input type="checkbox"/> | N <input type="checkbox"/> |

The contracting party provides a nominative list of all of its employees. It confirms that the employees possess the skills listed below.
The certificates or VCA passports that certify the possession of a skill can be obtained quickly upon request.

| Competence of persons to do the work: non-exhaustive list | | |
|--|--|---|
| | FUNCTION / ACTIVITY | COMPETENCY REQUIREMENTS: |
| <input type="checkbox"/> | Load handler/crane driver, rigger, traversing bridge operator/signaler, etc. | 10000716682: Competences requirement for operating hoisting appliances, fork-lift trucks, elevated platforms |
| <input type="checkbox"/> | Scaffolding Approver | 10000002865: Use of scaffolding at KCD |
| <input type="checkbox"/> | All positions for which BA4 or BA5 is required | 1) Training by employer/contractor 2) Local instructions through KCD owner |
| <input type="checkbox"/> | Work on electrical appliances in EX zones | Specific ATEX training for the installation or appliances concerned |
| <input type="checkbox"/> | Supervisory person for confined spaces | VMS 10000716165 Supervisory person for confined spaces |
| <input type="checkbox"/> | Carrying out welding, grinding and flame cutting work | Training certificate 1st line fire extinguishers (Recycling on annual basis) 10001458428 Using fire permit |
| <input type="checkbox"/> | Worksite supervisor | Included in the register of worksite supervisors for KCD |
| <input type="checkbox"/> | Work leader | Included in the register of work leaders for KCD |
| <input type="checkbox"/> | For all works regarding structures, systems and components important to nuclear safety | Certificate of qualification of the employee (WENRA-certificate) based on: Competence fact sheet number: Or Order/contract number:..... |
| <input type="checkbox"/> | Operator | Are the environmental requirements relative to operators and detailed in the order observed? E.g. refrigeration technicians - tank certification - storage area certification. |
| | | |
| | | |
| | | |

| Risk analyses (add in annex) | |
|------------------------------|---|
| Owner: | Risk analysis and control measures for assignment and workplace environment! Write down the 3 main risks of KCD |
| • Risk 1 | |
| • Risk 2 | |
| • Risk 3 | |
| Contractor | Risk analysis and control measures with the work! Write down the 3 main risks of the contractor's risk analysis |
| • Risk 1 | |
| • Risk 2 | |
| • Risk 3 | |

| WASTE | Owner | 1/3 | External drain |
|-------|--|--------------------------|--|
| | Contractor | <input type="checkbox"/> | Signed document (10010216273) for approval by OPS WAB discharge monitoring |
| | KCD Carry away by contractor | <input type="checkbox"/> | Completed identification form (10000716663) for admission signed by OPS WAB discharge monitoring |
| | KCD Carry away by KCD | <input type="checkbox"/> | Sort in correct recipient or container of KCD. Transport is by KCD |

| | | |
|----------------------|--------------------|------------------|
| Communication | Job start meeting: | Toolbox meeting: |
| Given on: | | |

Agreement

The **“OWNER”** who is also the **“WORK SUPERVISOR”** hereby confirms that

- he has informed the contractor of the risks that are specifically associated with the assignment and the workplace environment by way of the risk analysis in annexe
- he has been provided with a document outlining the risks that are specifically associated with the contractor's assignment, and that said risks are adequately managed by way of the measures set out in the risk analysis.

Read & approved,

| Last name, first name | Function | Date | Signature |
|-----------------------|----------|------|-----------|
| | | | |

The **“CONTRACTOR”** hereby confirms that:

- he is familiar with the “Safety, health and environmental regulations for contractors relating to the performance of assignments for Electrabel Doel Nuclear Power Plant”.
- he has been provided with a document outlining the risks that are specifically associated with the assignment and the workplace environment from the Owner.
- he has informed the Owner of the risks arising from the performance of the assignment
- the undersigned hereby confirms that he will inform all his employees and the supervisors of his subcontractors of the substance of the present document before the assignment gets underway.

The CONTRACTOR also confirms that his employees are competent to carry out the present assignment, each for the task allocated to them.

Read & approved,

| Last name, first name | Function | Date | Signature |
|-----------------------|----------|------|-----------|
| | | | |