MSHA Spring Thaw
May 4, 2010
Overview

• Introductions
• Denison Mines (USA) Corp
• The Denison 5 Point Safety Card
• Presentation – Alex Morgan
• Questions / Comments
U.S. Operations
“Layered” Risk Assessment

- MAJOR HAZARD / FULL SITE RISK ASSESSMENT
- PROJECT / CHANGE RISK ASSESSMENT
- SOP / JOB PLANNING RISK ASSESSMENT
- INFORMAL, “FACE” RISK ASSESSMENT

Decreasing Risk
Your Daily Link To A Safer Work Environment
Culture

- The set of shared attitudes, values, goals, and practices that characterizes an institution or organization.
- The act of developing the intellectual and moral faculties especially by education.
- Expert care and training.
- The integrated pattern of human knowledge, belief, and behavior.
- The customary beliefs, social forms, and material traits of a group.
How Do You Start To Fill Out Your Card?

- Start your inspection as soon as you walk out of your door at home.

- **Never** fill out your card at the pre shift meeting or **before** you get to your work area.

- Watch for anything that is not the same.

- Check out the access to your heading or work area.

- Do not wait for your supervisors to ask for your card; be proud of it; present it to your supervisor or manager.

- Ask for your supervisor’s card or the card of any other Denison employee that enters your work area; hold them accountable. The 5 Point card is something that all employees should complete each and every day
What Should Be Filled Out Before Your Supervisor Gets To Your Work Area?

- The first three points should be filled out before your supervisor gets to your work area.
- The fourth point can be filled out when you have completed your daily act of safety.
- By the end of the shift everyone will have performed an act of safety; it is important that these are legitimate acts of safety, not just hurriedly written to fill in all of the blanks.
- The fifth point may or may not be filled out before your supervisor gets to your work area, but before they leave it needs to be completed.
1. Checked Travel Ways & Entrance To Place Of Work?

- What do you check for?
- If it is all good, what do you do?
- Check the Box.
- If there are deficiencies, what do you do?
- Put an X in the box
2. Are Work Place And Equipment In Good Order?

- What do you check for?

- If it is all good, what do you do?

- Check the Box.

- If there are deficiencies, what do you do?

- Put an X in the box
3. Am I / Are We Working Safely?

- What do you check for?
- If it is all good, what do you do?
- If there are deficiencies, what do you do?
4. Do An Act Of Safety (Stop and Correct).

• What do you think an act of safety is?

• This is the tricky one. An act of safety is something that is not part of your normal routine in your work area or on your piece of equipment.
4. Do An Act Of Safety (Stop and Correct).

• Barring down.

• If it is in the your heading, it is not an act of safety, it is part of your job.

• Wheel chalks.

• If it is on the your vehicle, it is not an act of safety, it is part of your job.
4. Do An Act Of Safety (Stop and Correct).

- Whip checks.
- If you are just hooking them up, it is not an act of safety, it is part of your job. If you have to replace one, it is an act of safety.
- Wearing PPE is part of your terms of employment, it is not an act of safety.
- Removed a tripping hazard? What was it? Where was it? Why did it have to be removed?
5. Can We And Will We Continue To Work Safely And Properly?

- What do you do?

- Discuss any potential hazards with your partner if you have one, and your supervisor.

- Discuss work to be done, and any procedures that may need to be followed with your partner, and your supervisor.
5. Can We And Will We Continue To Work Safely And Properly?

• Make sure you, your partner if you have one, and your supervisor make a commitment to each other that you will continue to work safe.
What Do You Do If All Is Good When You Get To The Heading.

• Check the Box √
What Do You Do If There Are Deficiencies When You Get To The Heading.

• Make sure you stop and correct the deficiency.

• Put an X in the box
We All Have A Choice To Make!!!!
Can I Make A Suggestion?

• Fill out the 5 Point safety card!!!!!
• I see the 5 Point card as a pre-incident inspection.

• If you fill out the 5 Point card truthfully, and use it as a tool that will allow you to get home safely to your family every day, you may never be involved in what follows.
### Accident / Incident Investigation Report

**Denison Mines (USA) Corp**

#### BASIC INFORMATION

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Date</td>
<td></td>
</tr>
<tr>
<td>2. Location</td>
<td></td>
</tr>
<tr>
<td>3. Accident No.</td>
<td></td>
</tr>
<tr>
<td>4. Witness</td>
<td></td>
</tr>
<tr>
<td>5. Report No.</td>
<td></td>
</tr>
<tr>
<td>6. Location / Accident Info.</td>
<td></td>
</tr>
<tr>
<td>7. OSHA No.</td>
<td></td>
</tr>
<tr>
<td>8. JIP / JSA Work Center</td>
<td></td>
</tr>
</tbody>
</table>

#### PERSON(S) INVOLVED

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>9. Name</td>
<td></td>
</tr>
<tr>
<td>10. Injury / Illness</td>
<td></td>
</tr>
<tr>
<td>11. Date of Injury / Illness</td>
<td></td>
</tr>
<tr>
<td>12. Employer</td>
<td></td>
</tr>
<tr>
<td>13. Incident Date</td>
<td></td>
</tr>
<tr>
<td>14. Property Damage</td>
<td></td>
</tr>
<tr>
<td>15. Other</td>
<td></td>
</tr>
</tbody>
</table>

#### INCIDENT TYPE

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>16. Name</td>
<td></td>
</tr>
<tr>
<td>17. Property Damage</td>
<td></td>
</tr>
<tr>
<td>18. Other</td>
<td></td>
</tr>
</tbody>
</table>

#### INJURY INFORMATION

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>19. Fatality</td>
<td></td>
</tr>
<tr>
<td>20. Total No. of Lost Days</td>
<td></td>
</tr>
<tr>
<td>21. Total No. of Restricted Days</td>
<td></td>
</tr>
<tr>
<td>22. Total No. of Days Away from Work</td>
<td></td>
</tr>
</tbody>
</table>

#### EVALUATION OF COST

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>23. Cost Claims</td>
<td></td>
</tr>
<tr>
<td>24. Cost Claim Form No.</td>
<td></td>
</tr>
<tr>
<td>25. Description of Incident</td>
<td></td>
</tr>
<tr>
<td>26. Description of Cause</td>
<td></td>
</tr>
</tbody>
</table>

#### DESCRIPTION OF INCIDENT

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>27. Name</td>
<td></td>
</tr>
<tr>
<td>28. Location</td>
<td></td>
</tr>
<tr>
<td>29. Accident Date</td>
<td></td>
</tr>
<tr>
<td>30. Accident Time</td>
<td></td>
</tr>
<tr>
<td>31. Accident Type</td>
<td></td>
</tr>
<tr>
<td>32. Accident Cause</td>
<td></td>
</tr>
<tr>
<td>33. Accident Result</td>
<td></td>
</tr>
<tr>
<td>34. Accident Duration</td>
<td></td>
</tr>
<tr>
<td>35. Accident Location</td>
<td></td>
</tr>
<tr>
<td>36. Accident Weather</td>
<td></td>
</tr>
<tr>
<td>37. Accident Equipment</td>
<td></td>
</tr>
<tr>
<td>38. Accident Equipment</td>
<td></td>
</tr>
</tbody>
</table>

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**Note:** The table structure and fields are placeholders and do not reflect the actual content of the document. The document contains specific forms and sections for reporting accidents and incidents, with fields for detailed information about the incident, the person(s) involved, injury details, and cost evaluation.
# Accident / Incident Investigation Report

## Cause Analysis

<table>
<thead>
<tr>
<th>No.</th>
<th>Type of Event - Item</th>
<th>Event - Description</th>
<th>Contributing Factors</th>
<th>Resulted in Actions</th>
<th>Resulted in Consequences</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Energy and Efficiencies</td>
<td>Power Outage</td>
<td>Low voltage</td>
<td>Shut down process</td>
<td>Reduced production</td>
</tr>
<tr>
<td>2</td>
<td>Equipment</td>
<td>Malfunction</td>
<td>Overheating</td>
<td>Maintenance</td>
<td>Increase in maintenance costs</td>
</tr>
<tr>
<td>3</td>
<td>Human Error</td>
<td>Operator Error</td>
<td>Communication Failure</td>
<td>Training</td>
<td>Increased communication training</td>
</tr>
<tr>
<td>4</td>
<td>Environmental</td>
<td>Weather Condition</td>
<td>Storm</td>
<td>Safety Measures</td>
<td>Improved safety measures</td>
</tr>
</tbody>
</table>

Fights (Order of Occurrence)

## Remedial Actions

<table>
<thead>
<tr>
<th>No.</th>
<th>Remedial Actions</th>
<th>Expected Impact</th>
<th>Expected Result</th>
<th>Expected Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Improve training</td>
<td>Reduced errors</td>
<td>Increased compliance</td>
<td>6 months</td>
</tr>
<tr>
<td>2</td>
<td>Upgrade equipment</td>
<td>Reduced downtime</td>
<td>Increased efficiency</td>
<td>12 months</td>
</tr>
<tr>
<td>3</td>
<td>Implement new policies</td>
<td>Reduced hazards</td>
<td>Increased safety</td>
<td>3 months</td>
</tr>
</tbody>
</table>

## Signature Block

<table>
<thead>
<tr>
<th>No.</th>
<th>Signature of Employee</th>
<th>Date</th>
<th>Signature of Superintendent</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>[Signature]</td>
<td>[Date]</td>
<td>[Signature]</td>
<td>[Date]</td>
</tr>
<tr>
<td>2</td>
<td>[Signature]</td>
<td>[Date]</td>
<td>[Signature]</td>
<td>[Date]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>No.</th>
<th>Comments on Implementation, Education, and Other Measures of Prevention</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>[Comments]</td>
</tr>
</tbody>
</table>
Safety Alert

This is NOT an investigation report. It is a WARNING of a significant incident. The information below is a preliminary assessment and not a formal investigation.

<table>
<thead>
<tr>
<th>OPERATION</th>
<th>INCIDENT</th>
<th>INJURY</th>
<th>PROPERTY DAMAGE</th>
<th>PROCESS LOSS</th>
</tr>
</thead>
<tbody>
<tr>
<td>DATE:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TIME:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

LOCATION/DEPARTMENT:

INCIDENT DESCRIPTION:

DETAILS OF INJURY TYPE:

POTENTIAL FOR INJURY:

- Fatality
- Multiple Lost Time
- Permanent Disability
- Other Potential

PROBABLE DIRECT CAUSES:

PROBABLE ROOT CAUSES:

IMMEDIATE CORRECTIVE ACTION TAKEN:

REQUIRED ACTIONS FROM ALL DENISON LOCATIONS:
AIG Report

AIG Domestic Claims

COLOMBO
Injured Worker’s Notification Form

To Employer:
Please complete the following and fax it to the physician prior to the first medical treatment visit for an employee’s work-related injury/illness.

EMPLOYER NAME: Denison Mines (USA) Corp.

POLICY NUMBER: [Redacted]

EMPLOYER NAME:

SOCIAL SECURITY NUMBER:

DATE OF INJURY:

PLACE OF INJURY: Tony M Mine

TYPE OF INJURY:

PHYSICIAN NAME:

APPOINTMENT DATE (if available):

To Medical Provider:

AIG Domestic Claims, the administrator of Workers’ Compensation claims for the employer indicated above, has contracted with a managed care company to provide medical management services. Please call the managed care company prior to any treatment, hospital admission, surgery, second opinion or referral to a specialist.

**In an emergency situation, do not delay medical care. Call the managed care company within 24 hours of treatment.

Managed Care Company: HealthDirect Inc. (SDH) 1-877-351-6688

Send bills to: AIG Domestic Claims

PO Box 25973

Shawnee Mission, KS 66225

Send non-bill, claim-related communications to:

AIG Domestic Claims

PO Box 25973

Shawnee Mission, KS 66225

Bill payment inquiries: 1-877-302-5246

For claim inquiries: call the adjuster at the AIGGC service center.

AIG Domestic Claims 1-888-416-3547 fax 1-866-739-6989

A Member Company of
American International Group, Inc.
# AIG Report

**FIRST NOTICE**

1-877-399-6442

When reporting a claim to AIG First Notice, you will be asked a series of questions by the operator regarding the accident or injury. By having the answer to these questions in front of you before you call the 800 number, you can significantly decrease the amount of time spent on the call.

<table>
<thead>
<tr>
<th>WORKERS’ COMPENSATION</th>
<th>Denison Mines Policy # 1500671</th>
</tr>
</thead>
</table>

## EMPLOYER’S INFORMATION
- Caller’s Name/Number
- First / Last Name / Title
- Date of Incident / Injury
- Location/Store Code
- Is this the address where the employee works?

## EMPLOYEE INFORMATION
- Social Security #: 
- Name:
- Home phone:
- Address:
- County of Residence:
- Date of Birth:
- Marital Status:
- # of Dependents / # of Dependent children:
- Department / Occupation:
- Employment Status (full time, part time, temp):
- Date of Hire:
- Wages (hourly or yearly?):
- Hours worked per day / Days worked per week:
- Was full pay received for the day of the injury? Did salary continue?

## ACCIDENT / INJURY INFORMATION
- Time of Accident:
- Date Employer notified:
- Last Date employee worked:
- Date employee returned to work:
- Date Disability began (if applicable):
- Name of the injury:
- What part of the body was injured?:
- Cause of the injury:
- Were safety equipment or safeguards provided and in use?:
- Describe the accident — how did it occur?:
- Describe the object that caused the injury:
- Describe the employee’s activity at the time of the incident:
- Physician Name and Phone:

Specific questions will follow depending on individual state workers’ compensation requirements.
Your Choice:

- One you control.

- The other you participate. It is also one in which your family must participate.
Review Your Card.

- Is everything filled out properly?
- Is the act of safety legitimate?
- Is the production information there?
- Is there pertinent information to pass on to the cross shift, Walking Boss, and Safety Department?
- Is there a good topic for tomorrow’s tool box meeting?
Who Determines The Success Of Our Five Point Card Program

• Each of you control the success of this safety system.

• Use it properly, and it is a tool that will protect you and your co-workers. It is also a tool that can prevent unnecessary grief for your family, for the company, and for the families of your co-workers.
You are the most important resource we have. We need you at work every shift.

We depend on you to be here, and that is why we are here!
A very smart man, Bob Stephenson once said:

“You know the 5 point safety card is working properly, when you use the 5 points at home.”

Please take a card home and help your family learn how to identify hazards, stop and correct.
CREATE THE CULTURE

At work and at home