



***MSHA Spring Thaw
May 4, 2010***



- **Introductions**
- **Denison Mines (USA) Corp**
- **The Denison 5 Point Safety Card**
- **Presentation – Alex Morgan**
- **Questions / Comments**





“Layered” Risk Assessment

- **MAJOR HAZARD /FULL SITE RISK ASSESSMENT**



- **PROJECT / CHANGE RISK ASSESSMENT**



- **SOP / JOB PLANNING RISK ASSESSMENT**



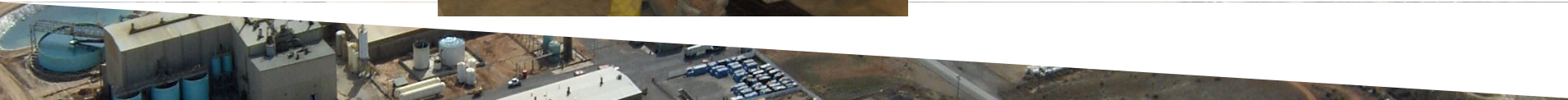
- **INFORMAL, “FACE” RISK ASSESSMENT**

Decreasing Risk



A detailed safety checklist and daily work plan form. The form is divided into several sections: '5 PSS CHECKLIST' (covering Travelways and Entrance, Work Place, Equipment/Materials, and Employees Working Safely and Properly), 'TODAY'S LINE-UP' (with sections for Work to be Performed, Alternate Tasks, and Work Completed), and 'DENISON MINES 5 POINT SAFETY SYSTEM' (covering Safety Starts with 5S, Safety Starts with 5S, Safety Starts with 5S, and Safety Starts with 5S). The form includes checkboxes for various safety items and a section for 'Safety Starts' with checkboxes for 'Yes' and 'No'.

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 chocks.**
- **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.**



Denison Mines (USA) Corp Accident / Incident Investigation Report

BASIC INFORMATION

1. Accident / Incident Number	2. Job to Incident	3. Supervisor(s)	4. Message / Request Number
5. Location of Accident / Incident	6. Shift Day _____ Night _____ Regular _____ Overtime _____	7. Date & Time of Accident / Incident	8. Date & Time Reported

PERSON(S) INVOLVED

INCIDENT TYPE

9. Name:		Injury / Illness Property Damage Other		30. INJURY / ILLNESS 31. Actual Severity of Injury / Illness Major _____ Serious _____ Minor _____	32. PROPERTY DAMAGE 33. Actual Severity of Damages Major _____ Serious _____ Minor _____	35. OTHER 36. _____ 37. _____ 38. _____ 39. _____
10. Admin / Drug Screen LA <input type="checkbox"/> Y / <input type="checkbox"/> N RA <input type="checkbox"/> Y / <input type="checkbox"/> N	11. SS #	12. Employee #	13. Potential Severity of Injury / Illness Major _____ Serious _____ Minor _____	34. Potential Severity of Damages Major _____ Serious _____ Minor _____	37. Actual Severity of Loss Major _____ Serious _____ Minor _____	38. Potential Severity of Loss Major _____ Serious _____ Minor _____
14. Occurrence	14. Time with Denison	15. Threat this Job	24. Type of Injury / Illness	32. Equip Number / Type of Damage	35. Probability of Occurrence Potential _____ Actual _____	38. Potential Severity of Loss Major _____ Serious _____ Minor _____
16. Number of Previous Accidents / Incidents in the Past Three Years	17. Activity at Time of Incident	18. Threat this Job	25. Part of Body Injured	33. Equip Number / Type of Damage	35. Probability of Occurrence Potential _____ Actual _____	38. Potential Severity of Loss Major _____ Serious _____ Minor _____
18. Names of Others Involved		27. Person With Most Control of Item 23		34. Person With Most Control of Item 33	11. Person With Most Control of Item 40	

INJURY INFORMATION

42. First Aid <input type="checkbox"/> Y / <input type="checkbox"/> N	43. Name(s) of Treating Resource(s): _____	44. Diagnosis & Treatment _____	45. Date / Time / Place of Treatment
46. Taken to Hospital <input type="checkbox"/> Y / <input type="checkbox"/> N	47. Name(s) of Treating Physician(s): _____	48. Diagnosis & Treatment _____	49. Date / Time / Place of Treatment

EVALUATION OF COST

50. Cost Evaluation Major _____ Over \$100,000 (Cost Report Hereafter)	Serious _____ \$50,001 to \$100,000 _____ \$25,001 to \$50,000	Minor _____ \$10,000 to \$25,000 _____ \$5,000 to \$10,000 _____ \$500 to \$5,000
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DESCRIPTION OF INCIDENT

51. Were Photographs taken? <input type="checkbox"/> Y / <input type="checkbox"/> N	Were Sketches Or Diagrams Made? <input type="checkbox"/> Y / <input type="checkbox"/> N	Attach any supporting documentation to report.
52. Describe What Led to the Event, The Event Itself, What Was Done After The Event Occurred (Attach Additional Sheets if Necessary):		



Accident / Incident Investigation Report

Page 2

CAUSE ANALYSIS

Refer To SCAT Chart - Systematic Cause Analysis Technique (ALack Sheet, If Necessary)

53. Type of Contact With		54. Immediate Causes		55. Basic Causes			
Energy or Substances 1. <input type="checkbox"/> Direct Application of Striking Item 2. <input type="checkbox"/> Object(s) in Motion Struck 3. <input type="checkbox"/> Fall or Overboard 4. <input type="checkbox"/> Fall or Struck by Object or Part of the Body 5. <input type="checkbox"/> Caught in/Under/On/Against 6. <input type="checkbox"/> Caught by/Struck by/Through 7. <input type="checkbox"/> Caught Between (2 or More of Above) 8. <input type="checkbox"/> Unintentional Contact or Interfere Contact With 9. <input type="checkbox"/> Electrical 10. <input type="checkbox"/> Heat 11. <input type="checkbox"/> Cold 12. <input type="checkbox"/> Radiation 13. <input type="checkbox"/> Toxic 14. <input type="checkbox"/> Noise 15. <input type="checkbox"/> Other		Substandard Actions 16. <input type="checkbox"/> Operating, Maintaining, Using, or Misusing 17. <input type="checkbox"/> Failure to Warn 18. <input type="checkbox"/> Failure to Guard 19. <input type="checkbox"/> Operating at Excessive Speed 20. <input type="checkbox"/> Violating Safety Rules or Regulations 21. <input type="checkbox"/> Reversing, Backing, or Jamming 22. <input type="checkbox"/> Using Defective Equipment 23. <input type="checkbox"/> Job is Done in Unsafe Manner 24. <input type="checkbox"/> Failure to Use Proper Technique 25. <input type="checkbox"/> Failure to Use Proper Personal Protective Equipment 26. <input type="checkbox"/> Improper Loading 27. <input type="checkbox"/> Improper Restraint or Restraint 28. <input type="checkbox"/> Improper Lifting 29. <input type="checkbox"/> Improper Body Positioning 30. <input type="checkbox"/> Backing, Twisting, or Climbing 31. <input type="checkbox"/> Horseplay 32. <input type="checkbox"/> Distraction, Lack of Attention, or Fatigue 33. <input type="checkbox"/> Other		Substandard Conditions 34. <input type="checkbox"/> Inadequate Guarding Barriers 35. <input type="checkbox"/> Inadequate Protection or Guarding Equipment 36. <input type="checkbox"/> Failure to Use Equipment or Materials 37. <input type="checkbox"/> Inadequate Area or Restricted Access 38. <input type="checkbox"/> Inadequate Warning System 39. <input type="checkbox"/> Poor Work Organization 40. <input type="checkbox"/> Poor Maintenance of Safety Equipment 41. <input type="checkbox"/> Poor Maintenance of Equipment 42. <input type="checkbox"/> Failure to Inspect or Maintain 43. <input type="checkbox"/> Failure to Inspect or Maintain 44. <input type="checkbox"/> Inadequate Protection or Guarding 45. <input type="checkbox"/> Inadequate Protection or Guarding Hazardous Environmental Conditions 46. <input type="checkbox"/> Weather-Related Issues 47. <input type="checkbox"/> Light 48. <input type="checkbox"/> Noise/Vibration 49. <input type="checkbox"/> Poor Visibility 50. <input type="checkbox"/> Other		Personal Factors 51. <input type="checkbox"/> Inadequate Knowledge 52. <input type="checkbox"/> Mental Impairment 53. <input type="checkbox"/> Physical Impairment 54. <input type="checkbox"/> Mental Stress 55. <input type="checkbox"/> Lack of Knowledge 56. <input type="checkbox"/> Lack of Skill 57. <input type="checkbox"/> Fatigue or Distraction Job Factors 58. <input type="checkbox"/> Inadequate Training and Supervision 59. <input type="checkbox"/> Inadequate Training 60. <input type="checkbox"/> Inadequate Training 61. <input type="checkbox"/> Inadequate Training 62. <input type="checkbox"/> Lack of Equipment 63. <input type="checkbox"/> Lack of Equipment 64. <input type="checkbox"/> Lack of Equipment 65. <input type="checkbox"/> Lack of Equipment 66. <input type="checkbox"/> Lack of Equipment	

REMEDIAL ACTIONS			
56. Remedial Actions/What Has And/Or Should Be Done To Control The Causes Listed?	57. Person Responsible For Action	58. Target Date for Completion	59. Completion Date

SIGNATURE BLOCK			
60. Signature of Employee:	Date:	61. Signature of Supervisor:	Date:
62. Other:	Date:	63. Health & Safety Manager:	Date:

64. Comments regarding Thoroughness of Investigation, Accuracy of Analysis and Effectiveness of Remedial Actions.			
65. Is there a Program?	Is there a Standard?	Is there a Policy?	Is there Compliance?
<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Analyze Incident/Event Follow Investigation?			
<input type="checkbox"/> Y <input type="checkbox"/> N			
66. Senior Management Investigation Indicated?	<input type="checkbox"/> Y <input type="checkbox"/> N	67. Signature of Senior Management:	Date:





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.

OPERATION:					
DATE:		Incident	Injury	Property Damage	Process Loss
TIME:					
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

COLORADO

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: 1590871

EMPLOYEE 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 service. 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: Health Direct Inc. (HDI) 1-877-351-2688

Send bills to: AIG Domestic Claims
P O Box 25972
Shawnee Mission, KS 66225

Send non-bill, claim-related communications to: AIG Domestic Claims
PO Box 25971
Shawnee Mission, KS 66225

Bill payment inquiries: 1-877-802-5246

For claims inquiries: call the adjuster at the AIGDC service center.

AIG Domestic Claims 1-800-456-1547 fax 1-866-739-6983

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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.

WORKERS' COMPENSATION Denison Mines Policy # 1590871

EMPLOYER'S INFORMATION

Caller's Phone 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)
Nature of the injury
What part of the body was injured?
Cause of the injury
Were safeguards or safety equipment provided and in use?
Describe the accident – how did it occur?
Describe the object that caused the injury
Describe the employees 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

