

GULFMARK ENERGY, INC

SAFETY INCENTIVE PROGRAM

2008

PURPOSE

The purpose of this program is to promote an accident and injury free working environment for GulfMark employees and to recognize employees who work in a safe and professional manner.

ELIGIBILITY

This incentive program covers all full time district employees classified as;

1. Drivers
2. Gaugers
3. Mechanics
4. Clerks

QUARTERLY AWARDS

A quarterly award of \$500.00 (less taxes) will be presented to employees classified as Drivers, Gaugers and Mechanics who complete the quarter without experiencing a;

1. Preventable Accident
2. Preventable Injury
3. Preventable Spill
4. Traffic Citation (Company Vehicles)
5. And who have completed the required safety training during the quarter.

A quarterly award of \$150.00 (less taxes) will be presented to employees classified as clerks who complete the quarter without experiencing a;

1. Preventable Accident
2. Preventable Injury
3. Traffic Citation (Company vehicles)
4. And who have completed the required safety training during the quarter.

RULES

- ❖ ***All eligible employees must have worked the entire quarter to qualify for the award, and;***
- ❖ ***Attended all scheduled district safety meetings,***
- ❖ ***Completed Computer Based Training modules. (Refer to attached CBT schedule)***
- ❖ ***Any eligible employee who has not met the safety training requirements or who has experienced a preventable accident, a spill, preventable injury, received disciplinary reprimands for poor or unsafe work practices, or received a traffic citation will be disqualified for that particular quarter.***

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- ❖ ***If the employee voluntary resigns, is laid off, is terminated for any reason, or is placed on an inactive status prior to the quarterly award presentation, the safety incentive award will be forfeited.***

- ❖ ***Personal Leave – An employee who is on personal leave and exceeds seven consecutive days will forfeit the safety incentive award.***

A Safety Committee has been established to determine the preventability of accidents, injuries, and spills.

Members of the Safety Committee will include;

1. Person investigating the incident,
2. District Supervisor where incident occurred,
3. Director of Safety,
4. Vice President of Operations.

The decision of Safety Committee will be final.

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JANUARY – MARCH

- | | |
|------------------------------|-------------------------------|
| 1. Bloodborne Pathogens | 4. HAZCOM |
| 2. Confined Space | 5. Hydrogen Sulfide Awareness |
| 3. Drug & Alcohol – Employee | 6. Slips, Trips & Falls |
| | 7. Tanker Driving Techniques |

APRIL – JUNE

1. HAZWOPER CBT Training (All ten modules)
*Drivers hired during this quarter are only required to take the HazWoper CBT Training (all ten modules) once.

JULY – SEPTEMBER

- | | |
|--------------------------|------------------------|
| 1. Carcinogens | 4. Heat Stress |
| 2. Gauging & Testing | 5. Lockout Tagout |
| 3. HazMat Transportation | 6. Land Transportation |

OCTOBER – DECEMBER

- | | |
|----------------|------------------------|
| 1. Back Safety | 4. Fire Safety |
| 2. Ergonomics | 5. SSEPP |
| 3. Eye Safety | 6. Safety Housekeeping |

NEW HIRE CBT TRAINING

- | | |
|-------------------------------|--|
| 1. Bloodborne Pathogens | 10. Highway Watch |
| 2. Confined Space | 11. Hydrogen Sulfide Awareness |
| 3. DOT General Wellness | 12. Land Transportation |
| 4. Drug & Alcohol – Employee | 13. Lockout Tagout Training |
| 5. First Aid | 14. Personal Protective Equipment |
| 6. Gauging and Testing | 15. SSEPP |
| 7. General Safety Orientation | 16. Tanker Driving Techniques |
| 8. HAZCOM | 17. *HAZWOPER CBT Training (All ten modules) |
| 9. HazMat Transportation | |

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I acknowledge that the safety director, and or area supervisor has explained the safety incentive program to me and that I fully understand the guidelines of this program. I have received a copy of the GulfMark Energy safety incentive award program, and understand that it is my responsibility to read the program in it's entirety to include the quarterly CBT schedule and comply with all the requirements of the program to be eligible to receive the safety incentive bonus. Any violation of the rules, eligibility requirements, failure to complete required CBT programs by last day of quarter will disqualify me from the program for that quarter.

PRINT NAME_____

SIGNATURE_____

DATE_____