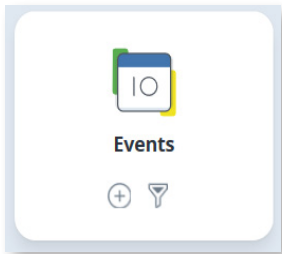
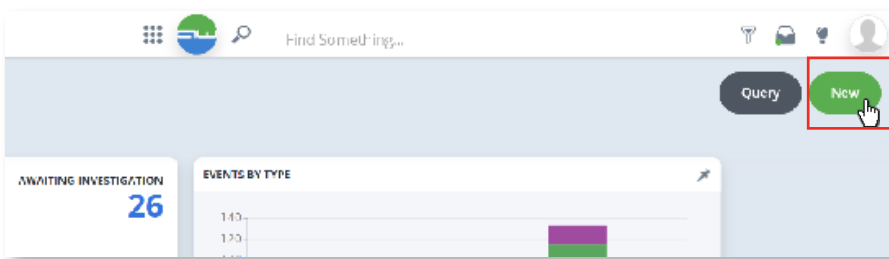


This quick reference guide will walk you through how to create a new Event Entry in Safety1Source. This guide can be used to enter all types of Contractor Events.



1. To create an Event Entry as a Contractor, navigate to Safety1Source and click on the Events icon.

IMPORTANT: For a full list of Ameren Contractor Event Definitions refer to pages 5-9.



2. On the next screen, click “New.”

3. Fill out the “Initial Details” sections to the best of your ability (continued on page 2).

Note: All fields with a red asterisk are required and must be filled in for the form to be complete.

Report Event

Initial Details

Assigned RMC : *

Test Contractor (Contractors) x

Primary Event Type : *

Contractor Event x

Date and Time of Event : *

05/10/2021

Date and Time Reported :

05/10/2021

Is this a sub-contractor? :

Yes No

Report Status : *

Click or type to select...

Contractor Supervisor Name : *

Contractor Supervisor Name...

Ameren Point of Contact : *

Ameren Point of Contact...

Contractor Function : *

Click or type to select...

3a. If the event involved a sub-contractor select “Yes,” and select the sub-contractor’s name.

Note: All fields have an information icon attached to them. If you have any questions about a field simply click on the icon for more information.



Event Entry Contractor

The screenshot shows a web form for reporting an event. Key sections include:

- Details of Event:** Fields for Manual Reference Number, Address, State, Location Type, Project Name, and a description of what happened.
- Storm Duty/EC Outage/Refuel?** A checkbox.
- Specific Activity At Time Of Incident:** A grid of checkboxes for various activities like Backing, Carrying, Chipping, etc.
- Was all appropriate PPE being worn? ***: A question with Yes/No radio buttons. A red box highlights this question, and a red arrow points to a pop-up dialog box.
- Environmental Conditions:** Checkboxes for Precipitation, Snow, and Surface Conditions.
- Detailed Medical Attention Description:** A large text area.
- Safe Start Principles STATE:** Checkboxes for Running, Frustration, Fatigue, and Complacency.
- Safe Start Principles CRITICAL ERRORS:** Checkboxes for Line of Fire, Eyes Not on Task, Mind Not on Task, and Balance/Traction/Grip.
- Pre-Incident Conditions:** A large text area.
- Contributing Causes:** A large text area.
- Recurrence Prevention and Recommendations:** A large text area.
- Other Information:** A large text area.
- Witnesses:** A section with an "Add" button and a table for listing witnesses, including fields for Name and Contact Details.
- Witness and Vehicle Details:** A section with a "Were there any witnesses?*" question and a "Yes/No" radio button. A red arrow points to this section.
- Person Reporting:** Fields for Type of Person (Contractor selected), Reporter Name (Sterling Contractor), and Email (12342@gamen.com).

At the bottom left, there are two buttons: "Exit Record" and "Save*".

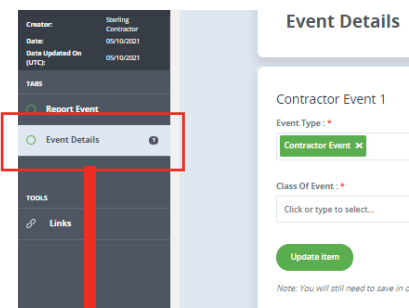
3b. If proper PPE was not worn, select "No" and enter what PPE was not being worn.

3c. If you select "Yes" on "Were there any witnesses?" you will have an additional tab to fill out with the fields shown here.

4. After you have completed the Report Event section to the best of your ability, click "Save." If you do not click "Save," and you Exit, you will lose all of your data. The system lets you know you need to Save by placing an asterisk on the Save button.

Event Entry Contractor

5. After you hit “Save,” you will see a new tab appear on the left-hand column called Event Details. Click on the “Event Details” tab and begin answering the questions.



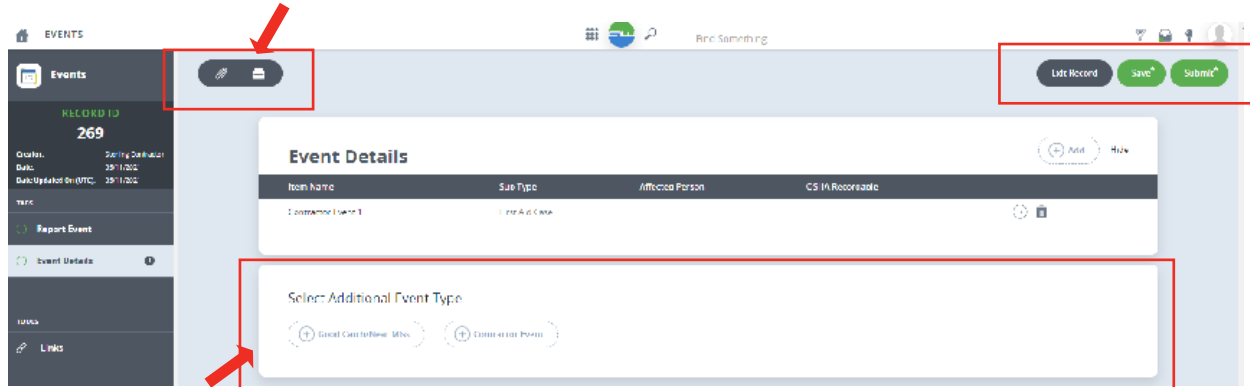
6. Make sure to select the proper “Class of Event.” If you need a reference for the different types of Contractor events, view pages 5-9. When you select the “Class of Event,” the form dynamically changes to accommodate the event.

For this example, we selected “First Aid Case” as the Class of Event.

7. After you have completed the form with all of the required information, click “Update item.”

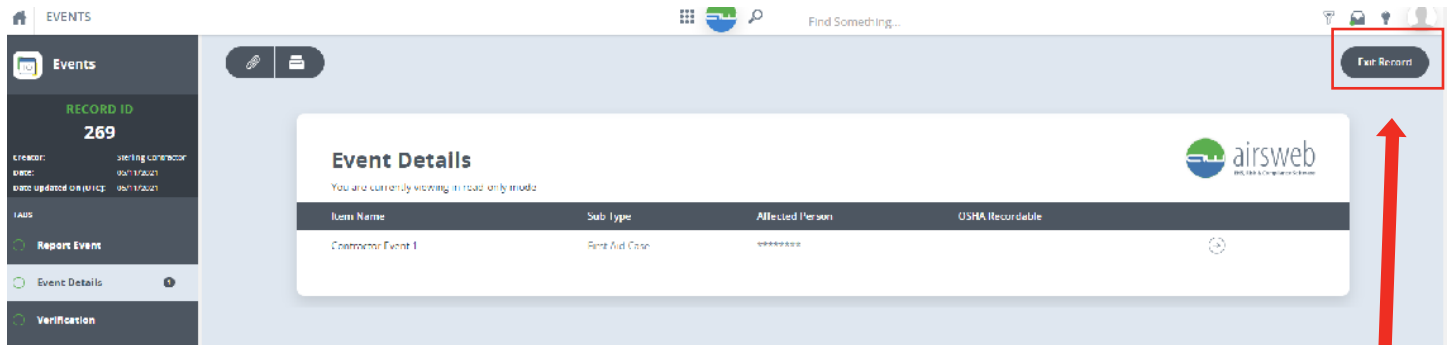
Event Entry Contractor

8. After you click “Update item,” you will see this screen. Here you can Exit Record, Save, or Submit. You also have the ability to Attach files (up to 200 MB each), or look at the Print Preview.

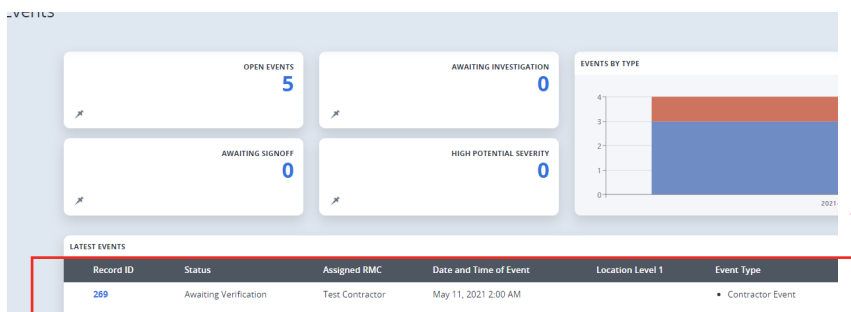


8.a If this Record has multiple Event Types, you can add them by selecting the appropriate type in “Select Additional Event Type.”

9. At this stage, “Submit” the report. The screen will refresh, saving and submitting the record for verification.



10. When you hit “Exit Record,” you will see your report in the queue, labeled “Awaiting Verification.” An email will be automatically sent to a Verifier.



1) Work-Related Injuries:

You must consider an injury or illness to be work-related if an event or exposure in the work environment either caused or contributed to the resulting condition or significantly aggravated a pre-existing injury or illness. Work-relatedness is presumed for injuries and illnesses resulting from events or exposures occurring in the work environment, unless an exception in §1904.5(b) (2) specifically applies.

1904.5(b) (2): You are not required to record injuries and illnesses if:

(i) At the time of the injury or illness, the employee was present in the work environment as a member of the general public rather than as an employee;

(ii) The injury or illness involves signs or symptoms that surface at work but result solely from a non-work-related event or exposure that occurs outside the work environment;

(iii) The injury or illness results solely from voluntary participation in a wellness program or in a medical, fitness, or recreational activity such as blood donation, physical examination, flu shot, exercise class, racquetball, or baseball;

(iv) The injury or illness is solely the result of an employee eating, drinking, or preparing food or drink for personal consumption (whether bought on the employer's premises or brought in). For example, if the employee is injured by choking on a sandwich while in the employer's establishment, the case would not be considered work-related.

Note: If the employee is made ill by ingesting food contaminated by workplace contaminants (such as lead), or gets food poisoning from food supplied by the employer, the case would be considered work-related.

(v) The injury or illness is solely the result of an employee doing personal tasks (unrelated to their employment) at the establishment outside of the employee's assigned working hours;

(vi) The injury or illness is solely the result of personal grooming, self-medication for a non-work related condition, or is intentionally self-inflicted;

(vii) The injury or illness is caused by a motor vehicle accident and occurs on a company parking lot or company access road while the employee is commuting to or from work;

(viii) The illness is the common cold or flu (Note: contagious diseases such as tuberculosis, brucellosis, hepatitis A, or plague are considered work-related if the employee is infected at work);

(ix) The illness is a mental illness. Mental illness will not be considered work-related unless the employee voluntarily provides the employer with an opinion from a physician or other licensed health care professional with appropriate training and experience (psychiatrist, psychologist, psychiatric nurse practitioner, etc.) stating that the employee has a mental illness that is work-related.

2) First Aid Case: Any work-related event that results in first aid treatment being provided to the employee.

The following is a complete list of all cases classed by OSHA as First Aid:

- i) Using a non-prescription medication at nonprescription strength (for medications available in both prescription and non-prescription form, a recommendation by a physician or other licensed health care professional to use a non-prescription medication at prescription strength is considered medical treatment for recordkeeping purposes);
- ii) Administering tetanus immunizations (other immunizations, such as Hepatitis B vaccine or rabies vaccine, are considered medical treatment);
- iii) Cleaning, flushing or soaking wounds on the surface of the skin;
- iv) Using wound coverings such as bandages, Band-Aids™, gauze pads, etc.; or using butterfly bandages or Steri-Strips™ (other wound closing devices such as sutures, staples, surgical glues, etc., are considered medical treatment);
- v) Using hot or cold therapy;
- vi) Using any non-rigid means of support, such as elastic bandages, wraps, non-rigid back belts, etc. (devices with rigid stays or other systems designed to immobilize parts of the body are considered medical treatment for recordkeeping purposes);
- vii) Using temporary immobilization devices while transporting an accident victim (for example -splints, slings, neck collars, back boards, etc.);
- viii) Drilling of a fingernail or toenail to relieve pressure, or draining fluid from a blister;
- ix) Using eye patches;
- x) Removing foreign bodies from the eye using only irrigation or a cotton swab;
- xi) Removing splinters or foreign material from areas other than the eye by irrigation, tweezers, cotton swabs or other simple means;
- xii) Using finger guards;
- xiii) Using massages (physical therapy or chiropractic treatment are considered medical treatment for recordkeeping purposes);
- xiv) Drinking fluids for relief of heat stress;
- xv) Visits to a physician or other licensed healthcare provider solely for observation or counseling;
- xvi) Diagnostic testing such as X-rays, blood tests and prescription medications used solely for diagnostic purposes.

3) Recordable: If due to a work related event the injured employee receives treatment administered by a physician or licensed healthcare provider beyond the list fully outlined under first aid.

Medical treatment does not include cases in which only diagnostic procedures were performed, first aid treatment was rendered or the employee was only observed or counseled about an injury or illness.

All fatalities, injuries and illnesses must be recorded if they are work-related, are new cases and meet one or more of the following criteria:

- i) Death;
- ii) Days away from work;
- iii) Restricted work or transfer to another job;
- iv) Medical treatment beyond first aid;
- v) Loss of consciousness;
- vi) One of the following significant work-related injuries or illnesses:
 - (1) Cancer
 - (2) Chronic, irreversible disease such as asbestosis
 - (3) A fractured or cracked bone
 - (4) Chipped tooth
 - (5) Punctured ear drum
 - (6) Needle-stick or sharps injuries 11/29/2018 Rev. 2.2 4
 - (7) Hearing loss that meets the criteria in 29 CFR 1904.10.

4) Restricted Duty Case – as per OSHA definitions

A work related OSHA recordable case in which the injured employee is restricted from performing one or more routine functions of their job on any day after the injury. Routine is defined as being performed at least once per week.

5) Lost Workday Away Case– as per OSHA definitions

A work related OSHA recordable case in which the injured employee misses at least one day of work any day after the injury, because of the injury. Days include weekends and holidays.

Note: There are many letters of interpretation (LOI) about what either is or is not a lost workday away case. If the case is questionable please include the LOI with the CER submitted.

6) Property Damage:

Unintentional damage to physical property, excluding natural terrain (i.e. dirt, grass, plants, flowers, etc.) as a result of negligence, oversight or human error, unless otherwise defined herein.

7) Motor Vehicle Incident (MVI):

Any event involving a Company Vehicle (any motor vehicle, rental vehicle or personal vehicle utilized for the benefit of the company or for company business. Aircraft, watercraft and railway equipment are not included), whether the vehicle is moving or stationary, or otherwise engaged in company business.

8) Equipment Incident (EI):

Any event involving a non-licensed motor vehicle or piece of operating equipment whether it is moving or stationary, or otherwise engaged in official company business. Also included is any event involving a licensed vehicle that is not being driven but rather being utilized as equipment.

9) Electric Outage (Primary and Greater):

Any unplanned outage to distribution or transmission systems 4kV and up. This includes immediate loss of power or the power needing to be de-energized to “repair” or “fix” issue caused during the event.

10) Electric Outage (Secondary and Less):

Any unplanned outage to distribution systems less than 4kV. This includes immediate loss of power or the power needing to be de-energized to “repair” or “fix” issue caused during the event.

11) Utility Damage:

Any damage to either a public or private utility listed below requiring repair:

i) Cable;

ii) Electric;

iii) Fiber Optic;

iv) Gas;

v) Sewer;

vi) Steam;

vii) Telephone;

viii) Water.

12) Electrical Contact (Personnel):

Unprotected direct or indirect contact with an energized conductor.

13) Electrical Contact (Equipment):

Unprotected direct contact with an energized conductor or electric current.

14) Inadvertent Trip:

An Inadvertent Operation/Outage is a human caused mis-operation of a relay, device, sensing circuit or control circuit which causes a Power Circuit Breaker (PCB) to operate unintentionally. The PCB may operate at the substation where a technician/electrician is working or at an adjacent substation. This mis-operation may cause power re-routing, a generation unit going offline or commercial and/or residential customer outages.

15) Environmental Event:*

An unexpected occurrence involving a hazardous substance (including fire, explosion, or spill/ release), at a level that prompts agency required reporting, which results in pollution (air, water, or land) and/or an adverse impact to human health or environment.

16) Good-Catch:

The recognition of an act or hazardous condition which, if unaddressed, could result in an unwanted event.

17) Near-Miss:

An unintended outcome that did not result in injury, illness or damage, but had the potential to do so.

*Event Type not yet available in Safety1Source - in the interim, please utilize "Property Damage."