

Personnel

- Management and Salaried Staff 250
- Domestic Crews 600
- International Crews 450

"We Hit a Wall"

- 2004 – 2005
- TRIR leveled off at 8.0
- BLR – TRIR for Heavy Construction 5.6
- **Something was Missing**
- Frustration was setting in
- Great systems, procedures and training in place

GLD&D's Safety Management System

Comprises the following three externally audited safety programs:

- International Maritime Organization (2001)
International Safety Management Code
- American Waterways Operators (1999)
Responsible Carrier Program
- U.S. Army Corps of Engineers (2001)
Dredging Safety Management Program

Building the Incident & Injury-Free Foundation

- Not “another Safety Department initiative”
- Eight-month engagement with consultant
- Interviews with corporate leadership, field supervisors and field employees
- Summary Report/Personal Feedback Meetings
- IIF Commitment & Supervisory Skills Workshops

WHAT IS INCIDENT AND INJURY-FREE?

- **CARING FOR ONE ANOTHER**
- **GOING HOME SAFELY**
- **A MINDSET**
- **PERSONAL RESPONSIBILITY**
- **PLANNING AHEAD**
- **AN ATTITUDE**
- **SPEAK UP**

PROJECT LAUNCH MEETINGS

- Makes safety **personal, relevant** and **important**
- Project layout and requirements
- An opportunity to interact
- Commit to working safely
- Introduce IIF to new employees

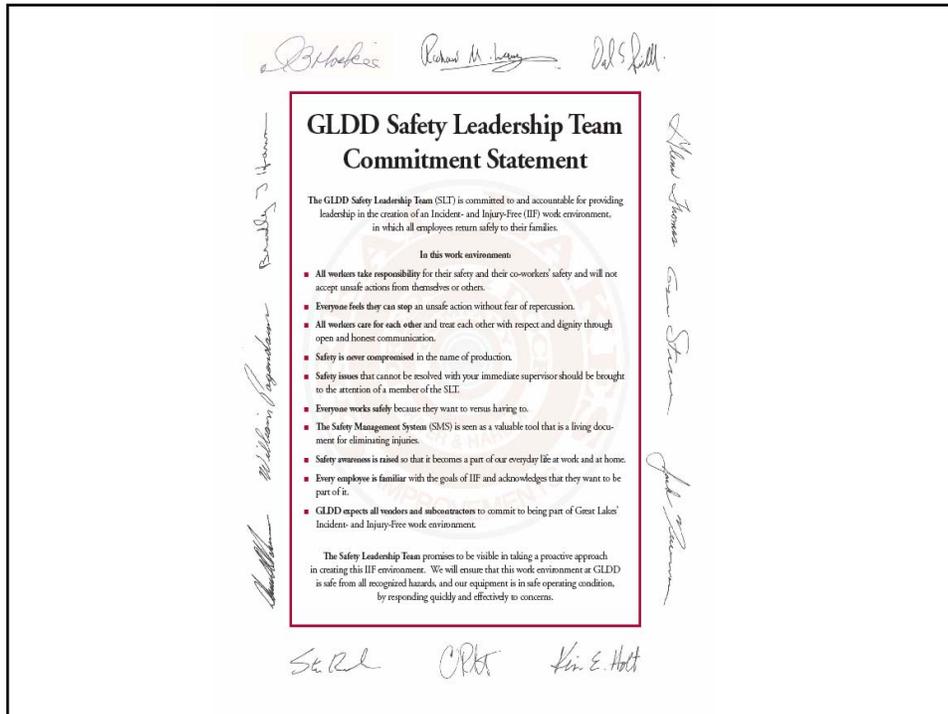
An IIF PARTNER

-- Creating with us --



Corporate Safety Leadership Team

- Provide leadership and accountability
- Coordinate and champion the process
- Create a clear Safety, Health & Environmental vision
- Remove barriers to achieving IIF
- Provide recognition and positive reinforcement for IIF behaviors/successes
- Take action to ensure full participation in IIF journey



GLDD Safety Leadership Team Commitment Statement

- Responsibility for safety
- Stopping an unsafe action or task
- Respect and dignity
- Safety never compromised
- Wanting to versus having to work safely

GLDD Safety Leadership Team Commitment Statement

- Resolving safety issues
- Safety Management System
- Safety awareness
- Familiar with goals of IIF
- Vendor and subcontractor involvement

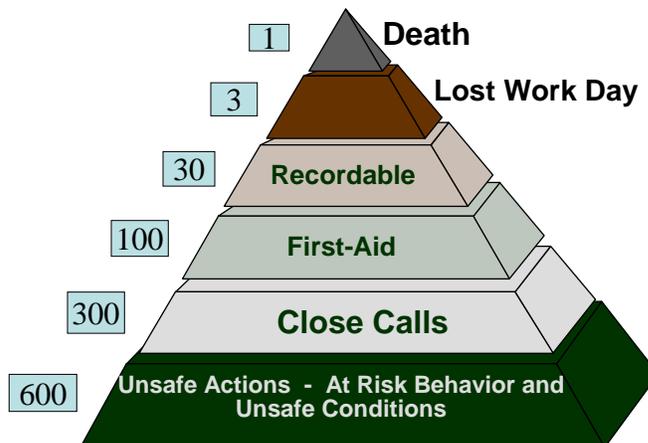
What our employees can count on from leadership

- Stop a task for a safety reason and we will back them up.
- Bring up a safety concern, we will address it promptly.
- We will conduct an incident investigation on all injuries in such a way that the employee is NOT blamed. We need to learn so that we can eliminate the next injury.

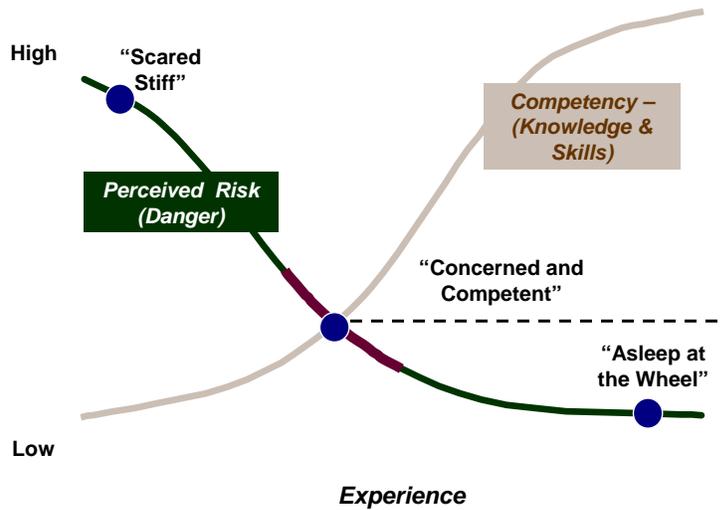
What leadership expects from our employees

- If it is not safe, **don't do it**
- See something that is unsafe, **speak up**
- Not sure of something?
Don't understand how to do something?
Speak up and ask.

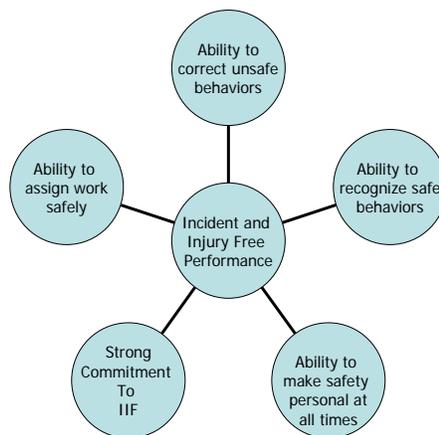
The Injury Pyramid



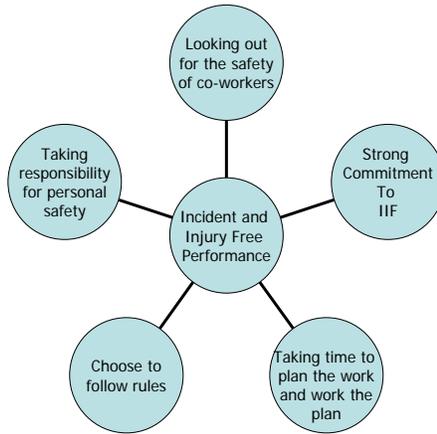
Relationship of Competency & Risk



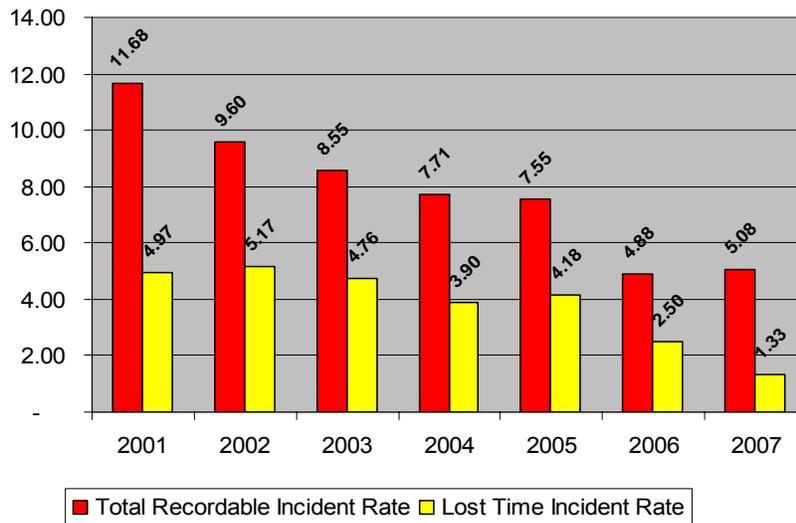
Focus on First Line Supervision



Focus on the Workforce



**Incidence Rates
2001 through 2007
(@ 3/31/07)**



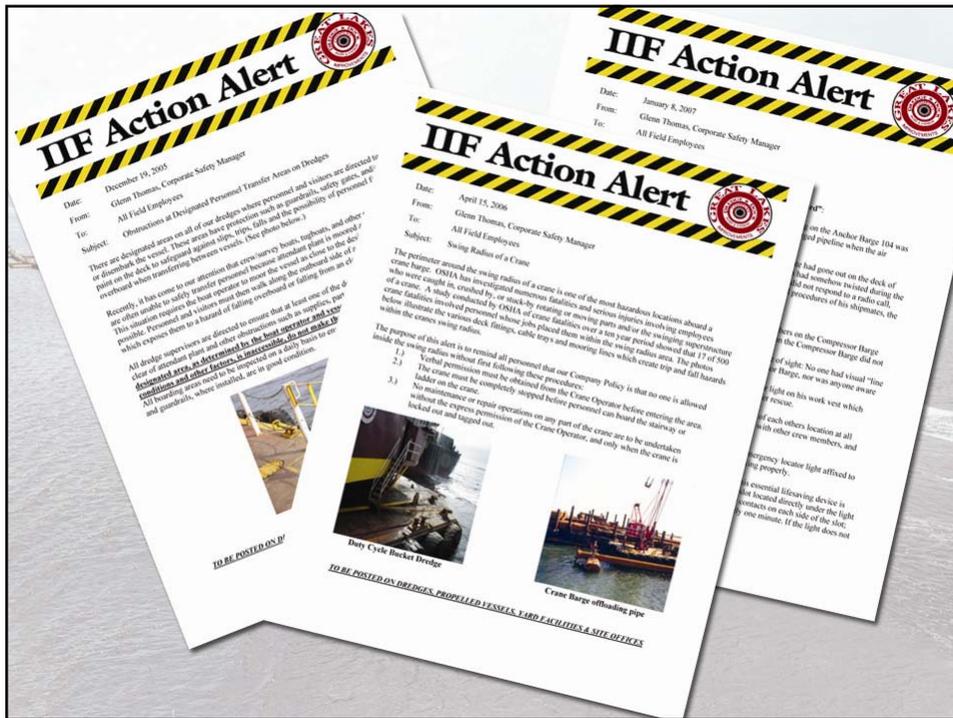


Sustaining the Incident & Injury-Free Cultural Transformation at Great Lakes



Great Lakes IIF Safety Initiatives

- Monthly SHE Walk-Around Inspections
- Safety Observation Cards
- Recognize IIF Safety Champions
- Sr. management and field managers are updated monthly on injury/illness trends
- Project site visits by senior management
- Safety Net Bulletins & IIF Action Alerts



IIF Poster Campaign

**Until you've grown wings,
don't fly!**



Always step: Never jump!



Step Back for Safety



End-of-Shift
Questionnaire



DREDGE: Dredge PROJECT: GLDD Project #####
DATE: 5/24/2007 SHIFT: 0700-1900 / 1900 - 0700 (Circle one)

END OF SHIFT -- SAFETY QUESTIONNAIRE

Safety and Incident and Injury Free: (Circle Y or N, comments as applicable)

1. As a participant in Great Lakes' IIF Work Environment, did you perform any unsafe tasks during your shift today? YES / NO IF YES, please explain: _____
2. Were you involved in any incidents or accidents, or were you a witness to any accidents during your shift today? YES / NO IF YES, please explain: _____
3. Did you witness any 'close call' incidents or unsafe acts during your shift? YES / NO IF NO, please explain: _____
4. Did you identify any unsafe conditions during your shift that need to be addressed? YES / NO IF NO, please explain: _____
5. Were the tasks you performed on this shift reasonably safe under the circumstances and were you provided a safe way to perform them? YES / NO IF NO, please explain: _____
6. Were you adequately trained to perform the tasks assigned to you on this shift? YES / NO IF NO, please explain: _____
7. Were the vessels you were assigned to on this shift reasonably fit for their intended use? YES / NO IF NO, please explain: _____
8. Did you participate in a Pre-shift meeting today? YES / NO IF NO, please explain: _____
9. Did you participate in or review a JSA for the job you were assigned? YES / NO IF NO, please explain: _____

Employee Name: Finch, Vernon Employee's Position: Equipment Operator

Employee's Signature _____

CA-A-FO-090

revised - REV. 1

Thank you