# SECTION 7.0

# OCCUPATIONAL ROAD RISK

(Occupational road risk is that safety risk associated with driving vehicles for work)

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# **Document Change History**

| Edition<br>Number | Reason and Description of Change | Affected<br>Pages | Effective Date             |
|-------------------|----------------------------------|-------------------|----------------------------|
| 1.0               | New Release                      | All               | 28 <sup>th</sup> May, 2015 |

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1 Purpose

The purpose of this document is to establish the Alcatel-Lucent occupational road risk procedure for business purpose and in order to

reduce the risk of road accidents including fatalities associated with the business.

2 Scope

This procedure applies to all ALU organizations and employees that utilize company supplied motor vehicles for business related purposes.

These EHS Requirements also apply to directly supervised contractors. Where any country or local legal requirements are more stringent

than those cited in this document, the legal requirements shall be followed. Subcontractors who drive as part of the service they provide

to Alcatel-Lucent shall refer to the Driving Section of the Subcontractor EHS Manual and refer to this document for more detailed

guidance.

Note: It is recognized that in some cases, Alcatel-Lucent personnel occasionally drive their own vehicles on business. Provisions of this

Program shall apply under those circumstances.

3 Roles and Responsibilities

The following is a table describing the Roles and Responsibilities of individuals and groups dealing with occupational driving. Refer to

Introduction section for Organizational Roles and Responsibilities.

Roles/Responsibilities

Individual/Group

Some of the roles and responsibilities can be met by the same person

• Implement this Procedure within their perimeter of responsibilities.

| D'and  |   |  |  |  |  |
|--|---|--|--|--|--|
| Director   | Ensure resources are assigned to implement this Procedure.  |  |  |  |  |
| (Applicable to driving scope)                        | <ul> <li>Ensure all supervisor and driver requirements are being followed/implemented.</li> <li>Facilitate or support any action aimed to correct or prevent any identified causes of vehicle incidents/accidents.</li> </ul> |  |  |  |  |
|  | All supervisors of employees who drive motor vehicles on company business shall:  |  |  |  |  |
| Supervisor   | Ensure supervised employees are familiar with this Occupational   |  |  |  |  |
| (Supervisor of employees who own ALU vehicles)       | Road Risk Procedure.  |  |  |  |  |
| (Applicable to Subcontractor Supervisor as relevant) | Take the ALU recommended Driver Training and any other driving related course.  |  |  |  |  |
|  | Ensure that all of their affected employees complete ALU recommended Driver Training or local equivalent before driving on company business which includes a review of the Zero Tolerance Principles.                         |  |  |  |  |
|  | Ensure drivers designated to operate commercial vehicles requiring special training; license and/or medical surveillance are up-to-date. Review and have the driver complete the Driver                                       |  |  |  |  |

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Eligibility Checklist (Appendix A) and maintain the record.

- Establish and maintain a driver history record that includes:
   verification of valid driver license. Driver safety related training,
   work related motor vehicles accidents and traffic law violations.
- Identify, in collaboration with the local EHS Coordinator, or the end customer, a local driver safety training source for those individuals who require practical and intensive training.
- Ensure, that all vehicles are maintained according to the manufacturer's specifications.
- Ensure, in collaboration with Fleet Management, that maintenance and repair records are kept for each vehicle.
- Ensure that the drivers are conducting a daily inspection of the vehicle before taking charge of the vehicle (Appendix B).
- Ensure that all deficiencies are corrected as soon as practically possible.
- Ensure that vehicles deemed "unsafe" to operate are taken out of service until necessary repairs are completed.
- Ensure a Journey Management Checklist (Appendix C) is

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completed for all journeys over 4 hours. Detailed guidance is provided in Appendix F.

- Ensure the annual periodic Inspection Checklist (Appendix D) is completed for all Alcatel-Lucent owned vehicles.
- Complete the vehicle accident form (Appendix E or equivalent) for the motor vehicle damage involved in an accident and if the employee is injured, complete and forward an Occupational Accident Report per Serious Incident and Routine Occupational Accident Company Requirement (local practices and forms used to report other occupational accidents apply) to the EHS Coordinator no later than three (3) business days after the event.
  NOTE: Regional EHS leaders must be notified of motor vehicle accidents resulting in serious injury or death as soon as possible.
- Ensure a police report is obtained for motor vehicle accidents,
   when one was generated and is made available.
  - Initiate and support implementation of Corrective Actions to eliminate identified causes of incidents/accidents.
  - Verify that the driver is following the role and responsibilities as set out below.
  - Violation of the Zero Tolerance Principles shall result in consequences for employees that fail to observe safety requirements. Such consequences will be disciplinary in

|        | nature up to and including dismissal / termination.   |  |  |  |  |
|--------|---|--|--|--|--|
|        | Before Employees, directly supervised contractors drive motor vehicles (leased or owned) on company business, they <i>shall</i> :   |  |  |  |  |
| Driver | Be in good health and without illness or impediments to safe driving.   |  |  |  |  |
|        | Have and maintain a valid driver's license, applicable to the motor vehicle's size and use.   |  |  |  |  |
|        | Immediately report any suspension or revocation of driver's license, or traffic law violation to their supervisor.  |  |  |  |  |
|        | Complete ALU Driver Safety related Training or local equivalent before driving on company business.   |  |  |  |  |
|        | Complete the Driver Eligibility Checklist (Appendix A).   |  |  |  |  |
|        | Only use company motor vehicles for Alcatel-Lucent business purposes. Provisions of this program apply as well while an employee drives his/her personal vehicle on Company business. |  |  |  |  |
|        | • Ensure all legally required documents are in the employee's possession or on board the vehicle (e.g., driver's license, vehicle registration and proof of insurance).               |  |  |  |  |

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- Conduct a quick visual inspection of the vehicle before each use (Appendix B) (e.g., check the tires, make sure the windows are clean and not cracked, look for oil or fluid leaks on the ground, check for any nearby obstructions or damage to the vehicle, and check the fuel gauge and other important alarms, gauges and indicators). Maintain the log of inspections in the car at all times.
- Where formal arrangements are in place before handover of vehicle from one driver to the next those arrangements must be followed and can include the completion of documented inspections and reporting of any findings.
- Complete a Journey Management Plan Appendix C (applicable for site/field activities only and for journeys exceeding 4 hours).
   Employees driving a company vehicle to an office building are exempt from this requirement.
- Ensure the vehicle has all of the appropriate safety equipment as per local/customer regulations and practices.
- Become familiar with the motor vehicle before driving it for the first time (e.g., know the location and proper operation of the accelerator, brake pedal, gearshift, clutch, headlights, signal lights, windshield wipers, seats, mirrors, etc).

| <ul> <li>Immediately report any deficiencies to their supervisor and/or<br/>fleet management.</li> </ul>   |
|--|
| • Immediately report any vehicle accidents or vehicle damage to their supervisor, insurance company and/or fleet management.   |
| Plan the route to be taken before leaving and allow adequate time for the trip.  |
| Follow local transit regulations and safety rules established in this program.   |
| <ul> <li>Confirm that the vehicle is suitable for the task envisioned (i.e<br/>four wheel drive for steep or rocky ascents, sufficient seats with<br/>seatbelts for occupants).</li> </ul>                   |
| • Ensure that loads are properly fastened and a protective barrier is fitted between the load area and the driver's compartment.   |
| <ul> <li>Drivers are empowered to refuse to drive vehicles without fear of<br/>retaliation, if the vehicle is unsafe. Such unsafe condition must<br/>be reported immediately to their supervisor.</li> </ul> |
| All Fleet Management supervisors shall:  |

|   | <ul> <li>Ensure all required vehicle documents are updated (e.g., vehicle<br/>registration and insurance).</li> </ul>                                    |
|---|--|
| Fleet Management Supervisor (Supervision on vehicles) | Ensure that all vehicles are maintained according to the manufacturer's specifications and follow maintenance through records.                           |
|   | Ensure that all deficiencies are corrected.  |
|   | Maintain records of preventive, corrective maintenance and repair services for each vehicle.   |
|   | The fleet manager should ensure that a road test and written statement of completion of maintenance work should be undertaken by the vehicle maintainer. |
|   | Record vehicle assignments to employees.   |
|   | Act as Alcatel-Lucent representative when interacting with insurance company.  |
|   | Safety belts (front and back).   |
| Company Motor Vehicles                                | Replacement tire, unless car is equipped with run flat tires.  |

| shall have            | Jumper cables.   |
|-----------------------|--|
|                       | Safety Signs (2 reflective triangles) as required by local or country regulations.   |
|                       | Air bags as required by local or country regulations.  |
|                       | <ul> <li>Properly installed cargo barrier between passenger and<br/>equipment compartments (if vehicle used to transport tools<br/>and/or equipment).</li> </ul> |
|                       | Fire extinguisher (if locally required by transit or insurance requirements).  |
|                       | First Aid kit and specific local requirements (i.e., France requires breathalysers).   |
|                       | Supports the implementation of this program.   |
| Local EHS Coordinator | Coordinates all relevant recommended driver safety related training.   |
|                       | Supports employee supervisors and/or fleet management supervisors in the completion of incident/accident reports.  |

Edition: 1.0 Effective Date: May 28<sup>th</sup>, 2015

|                 | Maintains the historical records of incidents/accidents, identifies patterns, causes and proposes corrective/preventive actions.  |  |  |  |
|-----------------|---|--|--|--|
|                 | Develop and maintain the local Company Car Policy.  |  |  |  |
| Human Resources | <ul> <li>In collaboration with the EHS Coordinator maintain concurrence<br/>between Company Car Policy and this Occupational Road Risk<br/>Procedure.</li> </ul>  |  |  |  |
|                 | <ul> <li>Support implementation of Corrective Actions to eliminate<br/>identified causes of incidents/accidents, including disciplinary<br/>actions to involved Employees, in compliance with local labor<br/>regulations.</li> </ul> |  |  |  |

## 4 Definitions and Acronyms

Please refer to Alcatel-Lucent Definitions Database for a detailed list of definitions and acronyms. http://aww.alcatel.com/group/cto/tm/alterm/homepage/homeALterm.htm

## 5 Referenced and Supplementary Documents

Alcatel-Lucent Company EHS Requirements can be found at:

https://sp2.na.alcatel-lucent.com/sites/corp\_other.company\_requirements/default.aspx

Edition: 1.0 Effective Date: May 28<sup>th</sup>, 2015

**Zero Tolerance Principles** 

EHSMS-L3-443-01 Alcatel-Lucent Zero Tolerance Principles

## 6 Process Flow Diagram

Not Applicable but this item is kept in order to maintain numbering concurrence with other documents within the ALU Services Business Group EHS Management System (ALU EHSMS).

## 7 Driver Eligibility and Suitability

### 7.1 All drivers must undergo a screening process to verify

- Possess a valid driver's license and maintain a current license at all times.
- Medical fitness to drive (in-country local criteria must be set in accordance with local legal requirements)
- Eyesight and medical checks have been conducted at locally determined intervals after hire.

### 7.2 Driver history records shall include

- verification of valid driver's license (at least annually).
- driver safety training provided by Alcatel-Lucent.
- Review of driver safety training (if required).
- motor vehicle accidents/incidents;
- minor traffic law violations.
- major traffic law violations.

Edition: 1.0 Effective Date: May 28<sup>th</sup>, 2015

8 Driving Safety Rules

The fundamental requirements for safe and efficient driving are:

Adhere to the Zero Tolerance Principles.

• Attitude (positive, relaxed and focused).

• Safety belts shall always be used.

Never work under the influence of alcohol or drugs.

• Respect/Obey the law.

• Have the necessary skills and technique for driving and maintaining the vehicle at any moment.

• Be alert to other drivers and the circumstances on the way, at all times.

8.1 Employee rules for driving company vehicles (SHALLs):

• Obtain adequate recommended driver training.

• Perform a Daily inspection of the vehicle (Appendix B) before taking ownership from another driver or at the start of shift.

Maintain a log of completed inspections in the car as verification.

• Have a completed, dated and signed daily inspection checklist log (required for all company owned vehicles) and journey planning checklist for journeys over 4 hours (travel to and between the site/field and testing related activities). Highly recommended for shorter journeys based on scope of work and supervisor's discretion.

• Plan the journey based on task (Appendix C) and scope of work being performed.

• Report vehicle issues to the supervisor and if issues not resolved, take the car out of service until the issue is fixed.

• Keep the vehicle clean and neat at all times.

• Wear safety belts while driving or riding in a motor vehicle and ensure that all passengers wear seatbelts (seats in a vehicle are without seatbelts will not be used to transport passengers).

Edition: 1.0 Effective Date: May 28<sup>th</sup>, 2015

- Comply with all applicable local traffic laws and regulations.
- Not drive a vehicle after being awake for 17 hrs, in order to prevent drowsy driving.
- Operate the motor vehicle smoothly, without sudden starts, stops, or swerves.
- Maintain adequate "cushion" distance from the motor vehicle ahead in order to prepare for a sudden stop (on the highway, stay at least 3 seconds behind. in the city, stay far enough behind to be able to execute an emergency stop without colliding with the vehicle ahead.).
- Be alert to situations that may require an immediate evasive response (e.g., children playing near the road, a slow vehicle entering the road ahead of you, animals or animal-powered vehicles on or near the road).
- Communicate to other drivers by skillful use of headlights, horn, signal lights, and if necessary, hand signals.
- Turn headlights on at all times.
  - Note: Headlights must be turned off each time vehicle is parked to maintain adequate battery charge.
- Reduce speed to compensate for poor weather and road conditions. Use hazard lights in accordance with in-country highway rules when necessary. Stop in safe place during very poor visibility conditions).
- Check for clearance and the location of obstacles before backing-up or parking.
- Try to park the motor vehicle so that the first movement when leaving will be in a forward direction.

### 8.2 Employee rules for driving company vehicles (SHALL NOTs)

- Drive a motor vehicle:
  - that is found to be potentially unsafe
    - That they are not licensed to drive, insured to drive, or competent to drive.
  - that does not have all of the required documents on board.
  - while under the influence of drugs or alcohol.
  - with a medical condition or while taking medications that may impair driving.
  - after having been awake for 17 hours or more without at least 6 previous hours of sleep.
- Exceed the posted speed limit or drive in a reckless manner.

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Allow non-Alcatel-Lucent personnel to drive or ride in the motor vehicle unless there is a business reason to do so.

Perform any activity that could result in a potential distraction from safe driving techniques (e.g., reading, writing,

texting, eating, etc.).

Use a mobile phone unless legally parked or the phone is in a "hands-free" mode and mounted within driver's area of

vision.

• Drive in severe weather (heavy rain, snow, ice or wind) that could affect the ability of the driver to drive safely (poor

visibility, slippery road, falling objects, obstacles) or could affect the safe conditions of the vehicle (ability to break, avoid

sudden obstacles).

Carry firearms, explosives, alcoholic beverages, illegal drugs, radioactive material and regulated hazardous materials.

Drive a vehicle beyond the locally defined threshold age of the vehicle based on usage (km/mileage driven).

8.3 Journey Planning and Management

Journey planning and management is an essential element of prudent occupational road risk reduction. It involves the careful

consideration many of the factors that could impact a journey and expose the driver or passengers to foreseeable risk. Typical

factors that the driver needs to consider are the route, driver fatigue, duration of the journey, time of day planned breaks, vehicle

roadworthiness, fuel, suitability of vehicle and emergency planning.

A detailed approach to journey planning and useful aids to that planning are attached in Appendix C. This is required for all

Journeys greater than 4 hours and is recommended for shorter journeys based on the journey and at the discretion of the supervisor

and driver. Further detailed guidance on Journey Planning and Management is provided in Appendix F.

8.4 Emergency Breakdown Procedures

In the event of an emergency or breakdown, all employees who drive motor vehicles on company business shall:

Move the vehicle to a safe distance from traffic, if possible. and according to local traffic law.

Turn on the emergency flashing lights, if operable.

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• Evaluate the situation to determine whether it is safer to stay in the vehicle, near the vehicle, or move to a safe place.

- Place safety signs (if equipped), flares or reflectors behind the vehicle to warn oncoming traffic.
- Call a reliable source for help, insurance company included.
- Call their supervisor to inform him/her of the situation.

## 9 Accident Procedures and Reporting

In the event of a motor vehicle incident or accident, all employees who drive motor vehicles on company business shall:

- stop the vehicle in a safe place and determine whether anyone involved is injured.
- Immediately call for medical assistance if someone is injured.
- report the accident to the local police in accordance with local, country requirements, but avoid making statements regarding fault or negligence.
  - Note: When uncertain, or unfamiliar with in country or local requirements, one should notify the police even if not required. Such notification will protect the employee from charges that the accident was a "hit and run".
- obtain the following information about any other parties involved in the accident: name, address, phone number, driver's license
  number, owner and insurer of involved vehicles, vehicle registration number, extent of injuries, and observation of amount of
  damage, names and phone numbers of witnesses (if possible).
- report the accident to their immediate supervisor as soon as possible
- Cooperate with internal and external parties that may conduct an investigation of the accident.

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10 Accident Investigation

As per Alcatel-Lucent Serious Incident and Occupational Reporting Company Requirements, all serious incidents and lost workday and

no lost work day accidents require a follow-up accident investigation including a root cause analysis with appropriate corrective

actions. The goal is to prevent future accidents by addressing the identified causes.

The EHS Coordinator is available to assist the supervisor in conducting an incident/accident investigation, especially those accidents of

a complex nature or those that resulted in a serious outcome.

In the event of a motor vehicle accident, the EHS Coordinator shall:

Immediately report any serious injuries or fatalities to the Corporate EHS Office Senior Director, Regional EHS Leader and the in-

country Law Department.

Assist the Employee Supervisor and/or Fleet Management (if applicable) in filling out accident investigation report form.

• Review the accident report forms for completeness and accuracy.

Forward the accident report forms to the Regional EHS Leader.

• Conduct, or ensure that a trained individual conducts, an accident investigation and completes an Accident Investigation Report

Form or equivalent, an Injury or Lost Work Case report and/or special "privileged and confidential" report in case of fatalities.

• Ensure that all corrective actions identified in the incident/accident investigation are tracked until completion.

11 Corrective Actions

If as a result of a vehicle incident/accident investigation or repetitive transit violations/reports is determined then corrective actions

shall be implemented.

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Violations can be if

• the driver is at fault because safe driving rules and/or local traffic laws were violated

• unsafe driving habits have been demonstrated,

These corrective actions will include additional driver safety training and documented, progressive disciplinary action to be established according to Human Resources guidelines and local labor regulations.

Supervisors in coordination with Human Resources (as applicable) and the EHS Coordinator shall ensure that all corrective actions identified are documented per local requirements.

Alcatel-lucent personnel and subcontractors discovering an unsafe act/condition related to motor vehicle driving shall inform their direct supervisor, who shall in turn:

• Take appropriate steps to protect or warn the employees of the danger by discussing the unsafe act with them.

• Conduct an appropriate investigation and ensure the unsafe act/condition or behavior is corrected.

Edition: 1.0 Effective Date: May 28<sup>th</sup>, 2015

12 Additional Guidelines

12.1 Emergency Procedures

Alcatel-Lucent personnel should be aware of the established emergency response procedures for all reasonably expected

emergencies, such as vehicle accident, medical, fire, adverse weather and natural disasters. If no established emergency

procedures exist (e.g., for remote locations or smaller facilities), personnel may need to work with their supervisor to develop their

own procedures. Emergency procedures most always be established and communicated prior to starting work.

A communication device (e.g. by-directional radios, mobile phones, wire-line phones) should always be available in order to report

an incident or accident and to request help or support.

12.2 Off-Road Hazards

Driving off-road presents many different EHS challenges. While road driving work occurs in a more controlled environment, the off-

road environment can vary a great deal, even over the course of a single shift. Some examples of off-road environments and the

preventative measures drivers must be ready to adopt are provided below:

• Temperatures ranging from freezing in the mountains to desert heat. Good vehicle maintenance and proper clothing are

fundamental to drive safely in extreme temperatures.

• The off-road in some countries can be very hot in summer. So, if you are traveling at this time of the year make sure you are

carrying plenty of drinking water.

Check road conditions before departure. Rain can make some tracks and roads impassable. When traveling on unsealed roads

exercise caution and 'read' the road well ahead of the vehicle.

Edition: 1.0 Effective Date: May 28<sup>th</sup>, 2015

Violent weather may include tornados, blizzards, wildfires and floods. Know the weather forecast, especially before traveling

to remote sites.

Dust can obscure vision when traveling or passing on dirt roads.

Roads and tracks on private property should not be used without the landholder's permission. Leave gates as you found them.

Use proper precautions at all railway crossings. Train movements can be irregular and not all crossings have flashing lights.

Large slow-moving agricultural machinery may be encountered on highways and local roads. So, take care when overtaking.

• Long hours of night time driving, often on rural roads, where good tires and special driving skills are vital.

Keep alert for wildlife, especially at dusk and dawn when visibility may be poor and animals become more active.

• Make sure your vehicle is in properly maintained and checked per manufacturer's requirements.

Always tell your supervisor or your colleagues where you are going, your return dates and your itinerary.

In an event of a breakdown in a remote location, remain with your vehicle.

Carry extra food, fuel, water and vehicle spare tires if you are traveling on remote roads/areas.

Good portable lighting and footwear with good traction will help prevent accidents.

12.3 Environmental Considerations

12.3.1 Transporting Hazardous Materials in Vehicles

• Materials of Trade Exception

Very often local legislation/regulation requires motor vehicle drivers transporting hazardous chemicals (e.g., paintings, solvents,

lead-acid batteries, pesticides) to meet more stringent regulations.

In some cases regulations also provide an exception, generally known as the Materials of Trade Exception to many of these

requirements if only small quantities, as specified by in country or local legal requirements, of approved hazardous materials

essential to doing one's primary job or trade are involved.

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Alcatel-Lucent vehicles will transport hazardous materials only if they comply with the Materials of Trade Exception. Unless

differently established by country or local requirements, to qualify for this exception the following three (3) conditions must be met

by drivers operating company owned or leased vehicles. When these are met, no placards, shipping papers or special lists are

needed.

The hazardous material is:

1. used to protect health of workers (e.g., insect repellant),

2. used to assist vehicle operation (e.g., starter fluid, motor oil),

3. approved for use to perform the job/trade of installing or servicing telecommunications equipment (e.g., touch-up paint,

adhesives and lubricants).

Specific packaging requirements must be met including:

• Containers must be closed, protected and secured against movement or damage. Cans or bottles are not required to be packed in

outer containers if they are secured against movement or breakage in a cart, bin, or box. Both unopened and partially full

containers can be transported.

• The manufacturer's original container or one of equivalent strength must be used.

• The containers (boxes, cans, bottles) must be marked with a common name such as "gasoline" or "paint" or with a shipping

description. In most cases, the manufacturer's marking on the cans will satisfy the requirements for marking under the Materials of

Trade Exception. If you remove the materials from the original container and place them into other containers, you must mark the

new container with a shipping description and Hazard-Communication label.

• Gasoline must be in an approved safety can and labeled GASOLINE (or in local language term).

Other in country and local legal requirements apply to the transportation of non-spillable lead-acid batteries. In some countries the subject

batteries may be transported by ALU Installers if the following conditions are met.

Battery Safety Data Sheets must be in the vehicle.

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- The batteries are loaded or braced to prevent damage and short circuits during transit (terminal posts must be covered with non-metal material).
- Any other material loaded in the same vehicle is blocked, braced and secured to prevent contact with or damage to the batteries.
- The vehicle does not contain material shipped by any person other than the shipper (usually the driver) of the batteries.
- No other hazardous materials are transported in the same vehicle.
- Batteries must not contain any unabsorbed free-flowing liquid that will flow from a ruptured or cracked case.
- Cracked batteries must be stored and shipped in a container that is sturdy, acid resistant, such that leakage of battery fluid is not likely to occur and kept closed.
- Batteries and/or outer packaging, must be plainly marked "NON-SPILLABLE BATTERY".
- Batteries shall not be stacked.

NOTE: Transportation of other types of batteries may have to be done by other vendors approved by ALU. ALU EHS, in country and local legal requirements must be reviewed to ensure compliance with all applicable work practices and regulations

Contact your EHS Coordinator if you have questions about transporting hazardous materials or batteries in motor vehicles.

### 13 Records

Records are maintained In accordance with the requirements of the <u>Alcatel-Lucent Information and Records Management Guide</u>. Specific records referred to in this guide are maintained as follows:

| Record Type | Maintained By         |
|-------------|-----------------------|
| EHS Policy  | Corporate EHS Office. |

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| Company Car Policy                         | Human Resources.   |  |  |  |  |  |
|--|--|--|--|--|--|--|
| Training Records                           | Alcatel-Lucent University, SABA Database, Driver Supervisor.                               |  |  |  |  |  |
| Inspection Records                         | Drivers, Supervisors, and/or Fleet Management Supervisors according to local requirements. |  |  |  |  |  |
| Reports of Hazardous Conditions in Vehicle | Fleet Management Supervisor, Driver, Supervisor.   |  |  |  |  |  |
| Accident Reports                           | EHS Coordinator, Human Resources and Alcatel-Lucent Record keeper.                         |  |  |  |  |  |

# Name of Operator / Driver: Date: Evaluated by: Evaluator Company (ALU or Subcontractor Company): NOTE1: A doctor's note can be used in lieu of answering the Medical Eligibility section below.

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| NOTE2: A "Yes" response in the Medical Eligibility Section may require a further medical clearance. |     |    |     |         |
|---|-----|----|-----|---------|
| Documentation   | Yes | No | N/A | Remarks |
|   |     |    |     |         |
| Does the driver have a valid drivers license?   |     |    |     |         |
|   |     |    |     |         |
| Provide details on the class of vehicles this license is permitted to drive ( Car, Van, Truck etc)  |     |    |     |         |
|   |     |    |     |         |
| Has this license ever been disqualified or revoked? If yes, please provide details.                 |     |    |     |         |

Has the driver taken Defensive Driver Training? If yes, please have a record available.

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| Medical Eligibility   | Yes | No | N/A | Remarks |
|---|-----|----|-----|---------|
|   |     |    |     |         |
| Does this license holder suffer from any of the following medical conditions                          |     |    |     |         |
|   |     |    |     |         |
| Neurological disorders  |     |    |     |         |
|   |     |    |     |         |
| Cardiovascular disorders  |     |    |     |         |
|   |     |    |     |         |
| Diabetes  |     |    |     |         |
|   |     |    |     |         |
| Drug and Alcohol Misuse and dependence  |     |    |     |         |
| Vision impairment (beyond those corrected by prescription lenses) that might impact driving abilities |     |    |     |         |
|   |     |    |     |         |
| Physical disabilities that might require a vehicle adaptation in order to drive                       |     |    |     |         |

**Driver / Operator Name:** 

**Driver Signature:** 

**Evaluator's Signature:** 

A properly maintained & fully functioning vehicle meeting all safety requirements is less likely to be involved in a road accident

| APPENDIX  | B - C | DAILY INSPECTION CHECKLIST |
|---|-------|----------------------------|
| Name of Operator / Driver:                            |       |                            |
| ALU Subcontractor Company (if Applicable):            |       |                            |
| Transfer of vehicle from - Name of Operator / Driver: |       |                            |
| Location of Inspection:                               |       |                            |
| Date: Time:   |       |                            |
| Vehicle plate number:                                 |       |                            |
| Odometer (mileage recorder):                          |       |                            |
| Vehicle size / bearable weight:                       |       |                            |
| Vehicle brand:  |       |                            |
| Nominated Name in case of Emergency:                  |       |                            |
| Reason of Inspection:                                 | Yes   | No                         |
|   |       |                            |
| Journey from ( Point A ) to ( Point B )               | 1     |                            |

| Vehicle verification and visual walkthrough   | Yes | No | N/A | Remarks |
|---|-----|----|-----|---------|
|   |     |    |     |         |
| <ol> <li>Seat belts available for all passengers in the vehicle</li> <li>Check availability of suitable / calibrated fire extinguisher, jumper cables, safety sign (if local</li> </ol> |     |    |     |         |
| requirement), first aid box   |     |    |     |         |
| 3. Check availability of any additional specific local requirements (For example: breathalysers in France)  |     |    |     |         |
| 4. Check for variations in paintwork, indicating the car has been in an accident  |     |    |     |         |
| <ol> <li>Check Rear markings and Reflectors are clean and well functioning (mandatory if traveling at<br/>night)</li> </ol>   |     |    |     |         |
| 6. Check wipers are functioning well, and water is provided   |     |    |     |         |
| 7. Check the horn of the vehicle  |     |    |     |         |
| 8. Check mirrors are in good condition and easily adjustable  |     |    |     |         |
| 9. Check that the speedometer is functioning correctly  |     |    |     |         |
| 10. Check vehicle to Trailer coupling   |     |    |     |         |
| 11. Check bumper bars are in good condition   |     |    |     |         |
| 12. Fuel indicator shows sufficient fuel for the journey  |     |    |     |         |

| 13. Audible reversing device available and functioning (for pick up, van and heavy vehicles) |     |    |     |         |
|--|-----|----|-----|---------|
| 14. Check the service history / maintenance records  |     |    |     |         |
| Vehicle verification and visual walkthrough  | Yes | No | N/A | Remarks |
| 15. Check the validity of the vehicle license  |     |    |     |         |
| 16. Check the spare tyre and reflective triangle, is available and in good condition         |     |    |     |         |

**Driver / Operator Name:** 

**Driver Signature:** 

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## APPENDIX B - DAILY INSPECTION CHECKLIST LOG

| DATE | INITIALS<br>(SIGNATURE) | DATE | INITIALS<br>(SIGNATURE) | DATE | INITIALS<br>(SIGNATURE) |
|------|-------------------------|------|-------------------------|------|-------------------------|
|      |                         |      |                         |      |                         |
|      |                         |      |                         |      |                         |
|      |                         |      |                         |      |                         |
|      |                         |      |                         |      |                         |
|      |                         |      |                         |      |                         |
|      |                         |      |                         |      |                         |
|      |                         |      |                         |      |                         |
|      |                         |      |                         |      |                         |
|      |                         |      |                         |      |                         |
|      |                         |      |                         |      |                         |

Edition: 1.0 Effective Date: May 28<sup>th</sup>, 2015

## APPENDIX C - JOURNEY MANAGEMENT PLANNING CHECKLIST

| Name of Operator / Driver:                            |
|---|
| Transfer of vehicle from - Name of Operator / Driver: |
| Location of Inspection:                               |
| Date:   |
| Time:   |
| Vehicle plate number:                                 |
| Odometer (mileage recorder):                          |
| Vehicle size / bearable weight:                       |
| Vehicle brand:  |
| Name of Inspector:                                    |
| ALU - Contractor:                                     |
| Nominated Name in case of Emergency:                  |

| Reason of Inspection:  | Yes | No |     |         |
|--|-----|----|-----|---------|
|  |     |    |     |         |
| Journey from ( Point A ) to ( Point B )  |     |    |     |         |
| Journey Planning and Material Transportation Checklist   | Yes | No | N/A | Remarks |
| Is the vehicle fit for this trip?  |     |    |     |         |
| Weather conditions checked ( Hot weather, icy roads, rain etc)                                 |     |    |     |         |
| Journey distances and route planned (check for adequate fuel or plan for fuel stops)?          |     |    |     |         |
| Appropriate breaks planned and communicated to supervisor - provide details in Remarks section |     |    |     |         |
| Is night driving required? If yes, please explain.   |     |    |     |         |
| If a break in journey at night is required, is the driver authorized for an overnight stay?    |     |    |     |         |
| Can it be combined with another trip?  |     |    |     |         |
| Do you have an alternate driver? If yes, provide name in Remarks column                        |     |    |     |         |
| Does the vehicle have load carrying capability?  |     |    |     |         |

| Journey Planning and Material Transportation Checklist  | Yes | No | N/A | Remarks |
|---|-----|----|-----|---------|
| The vehicle's load carrying section is separate from passenger carrying compartments                              |     |    |     |         |
| The vehicle has appropriate tying capabilities available to secure the load                                       |     |    |     |         |
| Emergency contacts available and understood   |     |    |     |         |
| Driver not fatigued from a previous driving assignment and is well rested and ready to embark on this assignment. |     |    |     |         |
| The supervisor of the driver is notified of the expected time of return.  |     |    |     |         |
| Known hazards to destination / rest areas and mitigation measures, specific instructions.                         |     |    |     |         |
| Driver has adequate fluid replenishments available in the car for his/her journey.                                |     |    |     |         |
| General Comments  |     |    |     |         |
|   |     |    |     |         |
|   |     |    |     |         |
|   |     |    |     |         |
|   |     |    |     |         |

| Additional Security Measures: (e.g. rerouting due to political unrest, natural disasters etc) |
|---|
|   |
|   |
|   |
|   |
|   |
| Emergency Response: (e.g. contact details, remote areas without PHONE coverage etc)           |
|   |
|   |
|   |
|   |
|   |
| Location and Timing: (e.g. driving times, impact of driving at night with poorly lit roads)   |
|   |
|   |
|   |
|   |
|   |

| Mention the list of materials that are to be transported by the above mentioned vehicle         |  |  |  |
|---|--|--|--|
|   |  |  |  |
|   |  |  |  |
|   |  |  |  |
|   |  |  |  |
|   |  |  |  |
|   |  |  |  |
| Notes:  |  |  |  |
| Attach photos of the vehicle without being loaded and another while being loaded                |  |  |  |
| Attach a copy of the driver license and the vehicle license and any document / record available |  |  |  |
|   |  |  |  |
| Vehicle is fit for the material transportation purpose:  YES  NO                                |  |  |  |
| Please choose:  |  |  |  |
| Driver / Operator Name:   |  |  |  |
| Driver Signature:   |  |  |  |

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## APPENDIX D - PERIODIC INSPECTION CHECKLIST (ANNUAL)

This checklist is not a substitute for the manufacturer's maintenance schedule

| Name of Operator / Driver:                        |       |                   |
|---|-------|-------------------|
| Evaluator Company (ALU or Subcontractor Company): |       | Vehicle Supplier: |
| Location of Inspection:                           |       |                   |
| Date:   | Time: |                   |
| Vehicle plate number:                             |       |                   |
| Odometer (mileage recorder):                      |       |                   |
| Vehicle size / bearable weight:                   |       |                   |
| Vehicle brand:                                    |       |                   |
| Name of Inspector:                                |       |                   |

NOTE: This is a guidance checklist and any problem detected here shall be referred to a competent motor mechanic.

| Checkpoint   | Yes | No | N/A | Remarks |
|--|-----|----|-----|---------|
| Engine appearance - a build-up of excess dirt and oil could be a sign of poor maintenance and mechanical problems  |     |    |     |         |
| Engine oil - while dirty and thick oil indicates poor maintenance, milky or grey colored oil could indicate water in the oil, which is a serious problem                     |     |    |     |         |
| Engine idle - should be smooth and regular, with no unusual noises such as rattling or knocking  |     |    |     |         |
| Oil fumes - removing the oil filler cap while the car is idling will reveal whether or not the car has worn pistons or cylinders. Excess fumes can indicate serious problems |     |    |     |         |
| Radiator coolant - clean coolant is what to look for. The presence of oil in coolant could signify a cracked cylinder head or a leaking gasket                               |     |    |     |         |
| Check for corrosion or damage to the radiator cooler and core tubes.   |     |    |     |         |
| Check there is no battery acid corrosion on the battery mounting platform  |     |    |     |         |
| Check for even wear on all tires - including the spare. Uneven wearing can mean misaligned steering or suspension  |     |    |     |         |
| Check oil leaks in the engine, transmission, axles, brakes, power steering and shock absorbers. Any leaking in these areas could indicate a very dangerous vehicle           |     |    |     |         |
| Check for excessive noise or fumes from the exhaust  |     |    |     |         |
| Check the body of the car for rust, hail damage, loose panels, and firmly closing doors, boot and bonnet   |     |    |     |         |
| Checkpoint   | Yes | No | N/A | Remarks |

| Driver Signature:  |     |   |    | Inspector Signature: |
|--|-----|---|----|----------------------|
| Driver / Operator Name:  |     | 1 |    | Inspector Name:      |
| Please choose:   |     |   |    |                      |
| Vehicle is fit for the material transportation purpose:  | YES |   | NO |                      |
| When driving the vehicle the exhaust does not blow blue smoke (indicating oil is burning), the engine runs smoothly in acceleration and idling |     |   |    |                      |
| When driving the vehicle, the car does not overheat, transmission is smooth and there are no rattles or knocks when going over bumps.          |     |   |    |                      |
| When driving the vehicle, test excessive travel of steering, braking is smooth and in a straight line  |     |   |    |                      |
| Check hazard lights are working properly   |     |   |    |                      |
| Check all lights both inside and out, as well as all equipment and accessories   |     |   |    |                      |
| Check all seat belts are in good working order and the car is fitted with a working jack and tool kit  |     |   |    |                      |

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# APPENDIX E – MOTOR VEHICLE ACCIDENT FORM

### **EMPLOYEE DATA**

| Employee Name                                     | _ HRID                     | Department Code   | ·                                  |
|---|----------------------------|-------------------|------------------------------------|
| Contract Employee? Yes No If yes, Name of Company |                            |                   |                                    |
| Work Address: Street                              | _ City State/Pr            | ovince            | Country                            |
| Work Telephone Number                             |                            |                   |                                    |
| Supervisor's Name                                 | _ Supervisor's Telephone N | umber             |                                    |
|   |                            |                   |                                    |
| Accident Details                                  |                            |                   |                                    |
| Accident Location: Street City                    | State/Pr                   | ovince            | Country                            |
| Accident Date (YYYY-MM-DD) Accident Time          | e (24 hour format)         |                   |                                    |
| Date Reported to Supervisor (YYYY-MM-DD)          |                            |                   |                                    |
| Safety Belt On? Yes No Unknown Any employees      | s injured? Yes No (If yes, | complete a separa | te Injury/Illness Report for each) |
| Accident Description (What Happened?)             |                            |                   |                                    |
|   |                            |                   |                                    |
| Witness Information                               |                            |                   |                                    |
| Witness Name(s)                                   | Address                    | : Street          |                                    |

| City                    |                           | State/Province         |                          | Country                        |     | -  |
|-------------------------|---------------------------|------------------------|--------------------------|--------------------------------|-----|----|
| Telephone Number        |                           | Is witness an employe  | ee? Yes No               |                                |     |    |
| Motor Vehicle Ac        | cident Information        |                        |                          |                                |     |    |
| Reported to Police?     | Yes No                    | Name of Police Depart  | tment                    |                                |     |    |
| Police Report Number    | er                        | Number of Citations Is | s IssuedVehicle Damaged? |                                | Yes | No |
| Vehicle Ownership       | Company Owned 0           | Company Rented Co      | ompany Leased Empl       | oyee Owned                     |     |    |
| If vehicle is leased or | r rented, name of leasing | renting company        |                          |                                |     |    |
| Light Conditions (e.g   | ı., dawn, dusk)           |                        | Road Co                  | nditions (e.g., wet, dry, icy) |     |    |
| Weather Conditions      | (e.g., cloudy, rainy)     |                        | Approx. Speed of         | Vehicle                        |     |    |
| # of Employees Injur    | ed # of No                | n-Employees Injured    | # of othe                | er vehicles involved           |     | -  |
| License Plate Number    | er                        | Vehicle ID Number (VI  | IN)                      |                                |     |    |
| Manufacturer            |                           | Model                  | Year                     |                                |     |    |
| Vehicle Type            | Passenger Car             | Passenger Van          | Utility Van              | Sport Utility (4x4)            |     |    |
|                         | High Cube/Cut Away \      | an Truck               | Tractor Trailer          | Pickup Truck                   |     |    |
|                         | Other (Specify)           |                        |                          |                                |     |    |
| Damage Description      |                           |                        |                          |                                |     |    |
| Where is vehicle now    | v?                        |                        |                          |                                |     |    |
| Can vehicle be drive    | n safely? Yes No          |                        |                          |                                |     |    |
| Other Vehicle In        | formation (if any)        |                        |                          |                                |     |    |

| License Plate Number             | Manufacturer             | Model                       | Year             |
|----------------------------------|--------------------------|-----------------------------|------------------|
| Damage Description               |                          |                             | <del></del><br>  |
|                                  |                          | Address: Street             |                  |
| City                             | St                       | tate/Province               | Country          |
| Telephone Number                 |                          | Driver's License Number     | <del>-</del><br> |
| Other driver or passenger(s) inj | ured? Yes No If Injured, | Injury Description          | -                |
|                                  |                          |                             | <del>-</del>     |
|                                  |                          |                             | -                |
|                                  |                          |                             | _                |
| Pedestrian Injury Information    |                          |                             |                  |
| Any pedestrians injured? Yes     |                          |                             |                  |
| Pedestrian's Name                |                          | Address: Street             |                  |
| City                             | Si                       | tate/Province               | Country          |
| Telephone Number                 | If                       | Injured, Injury Description |                  |

| Non-Company Property Damage Other                 | <br>Than Vehicle (Example: Traffic Signs,      | s, Guardrails, etc.) |  |
|---|--|----------------------|--|
| Damage Location and Description                   |  |                      |  |
|   |  |                      |  |
|   |  |                      |  |
| Mark if more than one company vehicle involved. U | se this diagram to help describe the accident. |                      |  |
|   |  |                      |  |
| Form prepared by:                                 |  |                      |  |
| Name  | Title  |                      |  |
| Address   |  |                      |  |
| Telephone Number                                  | Date   |                      |  |
| Supervisor Name and Signature                     | End of Document Te                             | e x t                |  |