

Appendix I
Eight Point Wind Safety Plan

Eight Point Wind **Steuben County, New York**

February 15, 2016
Revised September 6, 2016

EARLY SITE DEVELOPMENT

HEALTH AND SAFETY PLAN

Keep Plan Onsite During All Site Activities

HEALTH AND SAFETY PLAN

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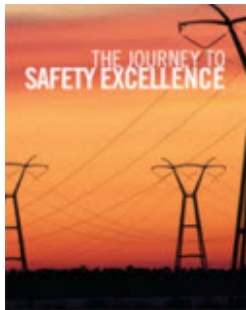
1. HEALTH AND SAFETY PLAN OBJECTIVE

Proper safety instruction, training and careful supervision of personnel are essential to the success of this Health and Safety Plan. The objective of this Plan is to eliminate the incidence of personal injury to all employees and Project visitors on site during early stage project development. The Project is committed to avoiding damage to property caused by accidents and to identify and eliminate the hazards that can result in accidents. All accidents can be prevented by the engaged support of this safety program. Project management is dedicated to proper safety training and enforcement of these safety recommendations.

Key Objectives:

1. Protect Personnel
2. Protect the Company
3. Awareness Program
4. Preparation for Safe Field Work
5. Avoid recordable injuries. ZERO Today

2. CORPORATE & PROJECT SAFETY POLICY



Our vision for NextEra Energy, Inc. safety is to establish and promote a safety culture based on the principle that ZERO injuries is the only acceptable target. We will provide support for business unit activities that clearly identify expectations for all levels of NextEra Energy, Inc. employees, and establish agreed upon consequences for exceeding, meeting or failing to meet those expectations. We expect each employee to work safely in order to return home at the end of the day, injury free. (Source: <http://eweb.fpl.com/bunit/hr/safety/index.shtml>)

The safety policy for this Project shall be to uphold the highest safety and health standards to ensure the personal protection of all personnel assigned to or visiting this project. All individuals onsite shall comply with all provisions of this Health and Safety Plan. In doing so, each contractor shall develop and implement necessary programs and procedures specific to the site to maintain these standards and all project personnel shall be governed by it. Accident prevention can only be obtained by motivating every site employee to achieve the highest degree of interest and involvement in this Health and Safety Plan.

This Health and Safety Plan assumes every accident is preventable and thus the safety goal for this project is to have ZERO Today.

3. ENVIRONMENTAL PROTECTION AND HAZARDOUS MATERIALS

This Health and Safety Plan will be utilized during onsite activities to ensure environmental protection and identification of hazardous materials exposure onsite or in project equipment brought onsite (field test kits, etc.).

4. PROJECT INFORMATION AND DESCRIPTION

OWNER: Eight Point Wind, LLC

ADDRESS: NextEra Energy Resources, 700 Universe Blvd, Juno Beach, FL 33408

PROJECT / SITE NAME: Eight Point Wind, Steuben County, NY

SITE ADDRESS: see attached map, no physical address or postal drop. A project office located in the Steuben County area is under consideration.

Eight Point Wind energy facility is located in the Towns of Hornellsville, Hartsville, Greenwood, Troupsburg, and West Union within Steuben County, New York.

Land owners name and address if known. (Not to be contacted): NextEra Land Agents: Lead- Gary Hicks, Michael Moore. CanAcre land agents Josh Hess.

DATES OF SITE WORK: Beginning in May 2016

SITE ACCESS POINT(S): See attached maps. The site is located in Steuben County. Access to the site is mainly from local roads, agricultural fields and private driveways. The existing NEER met tower is located in an agricultural area on relatively flat farm terrain, but access to the site is through agricultural lands. The majority of area roads are unpaved but most are well maintained and wide. Several local roads are have seasonal restrictions (winter closure) so important to check prior to winter site visits. Four-wheel drive vehicles are strongly recommended for access under wet and snowy conditions. Cell phone coverage is inconsistent for service (ATT), alternative communication methods should be considered if cell coverage is lost, e.g., location of closest land line, cell coverage area, etc.

The NextEra Energy Resources met tower corporate contact is Landon Ousley in Juno Beach, office (561) 304-5518.

SITE DESCRIPTION(S): The Project site is still in early development and no final wind turbine layout has been completed. The Project anticipates 32 turbines totaling 101.2 megawatts. The site area is in located primarily in forested and agricultural areas. One met tower has been installed in the Town of Greenwood (Met 4549, Latitude 42.0701833; Longitude -77.6990833). Field crews must be aware of weather and lightning and should check weather reports and conditions regularly. Winter storms must be carefully monitored. Scheduled call in checks should be arranged by any project work staff onsite. Remote site access and work at night by individuals is not recommended.

The many of the sites are in agricultural fields so land owner and NextEra Energy Resources land agent access approval is required. Access should minimize, whether driving or walking, field and crop damage. The areas may be wet and muddy. No significant environmental hazards are present but insect repellent and regular checking for ticks is strongly encouraged. There may be cattle or other farm animals grazing at Project area sites.

Steuben County has a very high deer population. Careful driving at night or dusk is required due to numerous deer on and along area roads.

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The majority of area roads are unpaved requiring focused driving. During dry conditions, dust clouds from traveling vehicles and farm equipment often occurs. Absolutely NO cell phone use or texting should be done while driving these roads. Icy/ snowy winter road conditions also require careful driving and recommended use of 4-wheel drive vehicles. There are also no gas stations and very limited grocery stores in the Project area and proper remote site provisioning should be made.

There is significant recreational hunting in the Project region and appropriate high visibility clothing is strongly recommended. Landowners should be contacted for any field work during these periods and field workers must be very alert and aware of tree stands used by hunters.

2016 Steuben County Hunting Season

Deer

Bowhunting: October 1 - November 18 | December 12 - 20

Crossbow: November 5 - 18 | December 12 - 20

Regular: November 19 - December 11

Muzzleloading: December 12 - 20

Black Bear

Bowhunting: October 1 - November 18 | December 12 - 20

Crossbow: November 5 - December 20

Regular: November 19 - December 11

Muzzleloading: December 12 - 20

5. TABLE OF TYPICAL WORK TASKS, POTENTIAL SAFETY HAZARDS/ RISKS, & CONTROL PLANS

TASK	POTENTIAL HAZARD/ RISK	CONTROL PLANS
1. Driving	Distractions	No cell phone or email use.
	Deer/ wildlife collisions	Alert driving, especially at dusk/ night. Call 911 if collision occurs. Take photos.
	Dusty roads/ obscured vision	Let dust settle when encountered. Do not follow closely behind vehicles causing dust conditions.
	Winter ice/ snow	Use appropriate vehicles (4-wheel drive). Drive slow. Obey winter closure road signage.
	Roadside stops	Park only where there is enough room to pull completely off the roadway. Check for soft/ unstable surfaces. Do not leave the vehicle running. Wear high-visibility clothing
2. Field Surveys	Ticks and Biting/ Stinging Insects (Bees)	Apply good bug spray and seal bottom pants to reduce exposure. Conduct regular checks for ticks. Follow tick removal instructions if bitten. Check area for bee nests and wear light-colored clothing. Avoid wearing cologne/ perfumes and flowering areas. If stung, leave the area immediately. If allergic, carry an epinephrine auto injector/ prepare to seek medical attention.
	Heat/ Cold Stress	Be aware of weather conditions. Wear appropriate clothing and have necessary hydration. Recognize heat and cold related warning signs. Avoid severe weather. No work during lightning storms.

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	Hunting Season	Check hunting season schedule, area restrictions, land owner hunting plans, wear appropriate safety vests and hats.
	Interaction with Public/ Strangers	Be courteous. If threatened, leave the area immediately and contact the Project Field Manager.
	Snakes	Wear boots, leather gloves, long pants and long-sleeved shirts (snake gators if high risk area). Tread heavily so vibrations alert snakes and allow time for them to move away. Avoid putting hands and feet in logs, wood piles, boulders and pipes.
	Water Quality/ Water Safety	Do not drink from streams/ waters. Extreme caution when working near water bodies, use waders.
	Poisonous Plants	Be able to identify plants and likely habitat. Avoid contact. If contacted, wash and soap the area immediately and have available lotions (Technu, Calamine, etc.)
	Remote Site Work	Create a “float plan” or “check out” process with appropriate contacts on a daily basis.
	Slips/Trip/ Fall Hazards	Watch for hazards and ground objects. In agricultural areas watch for tilled soils, fences, barbed wire, livestock, etc. Wear appropriate footwear, gloves, etc.
	Gas and Oil pipelines	Check for pipelines in the area and report and leaks or fumes immediately to pipeline companies and landowners.

6. **STEUBEN COUNTY EMERGENCY CONTACTS**

MEDICAL

NEER Internal Medical Consultation Contact - 954-579-8612

Medical Emergency – Call **911**

Local Hospital Name & Phone: **St. James Mercy Hospital**, 411 Canisteo St, Hornell, New York 14843 Tel: 607-324-8000 www.stjamesmercy.org

FIRE

Fire/ Spill Emergency – Call **911**

POLICE

Police Emergency – Call **911**

Police Department Name & Phone: **Steuben County Sheriff’s Department**, 7007 Rumsey Street Ext. Bath, NY 14810 Tel: (607)-622-3901.

NYS Troopers Troop E Zone 3, 7237 Rt. 415, Bath, NY 14810 Tel: (607) – 776-2183

GAS STATION/ AUTO REPAIR STATION

Mobil Gas Station, 51 Seneca St, Hornell, NY 14843, **607-324-3757**

Sunoco Gas Station, 290 Main St. Hornell, NY 14843, **607-324-0403**

Acorn Market, 12 W. Main St. Canisteo, NY 14823, **607-698-4217**

Hubertus Service Station, 28 W. Main St. Canisteo, NY 14823, **607-698-4253**

Upload Gas Buddy app for additional gas station information.

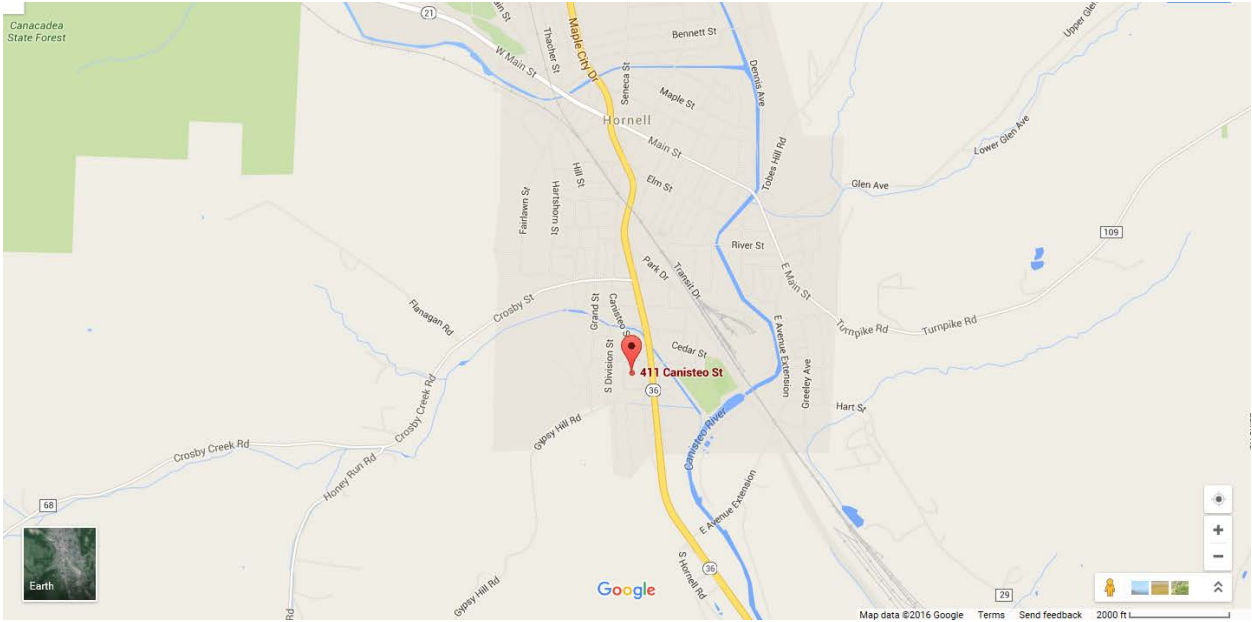
OTHER EMERGENCY AGENCIES INFORMATION

Names & Phone: _____

Refer to Site Access Point Directions for Emergency Vehicle Call Information.

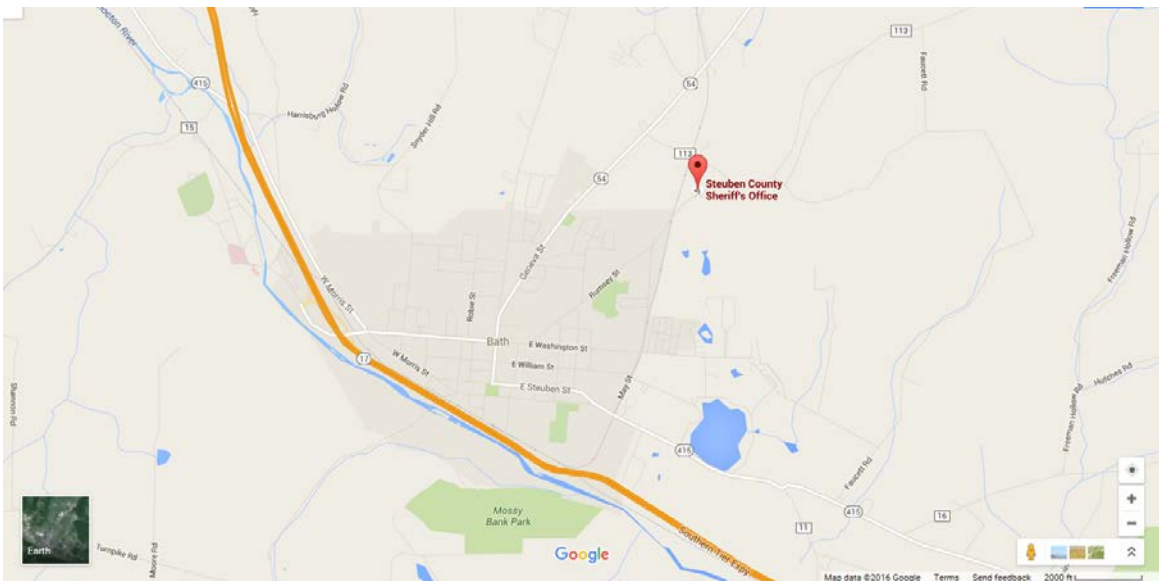
7. MAPS TO NEAREST HOSPITALS, POLICE, SERVICE STATIONS, GROCERIES

Map Location of Nearest Hospital



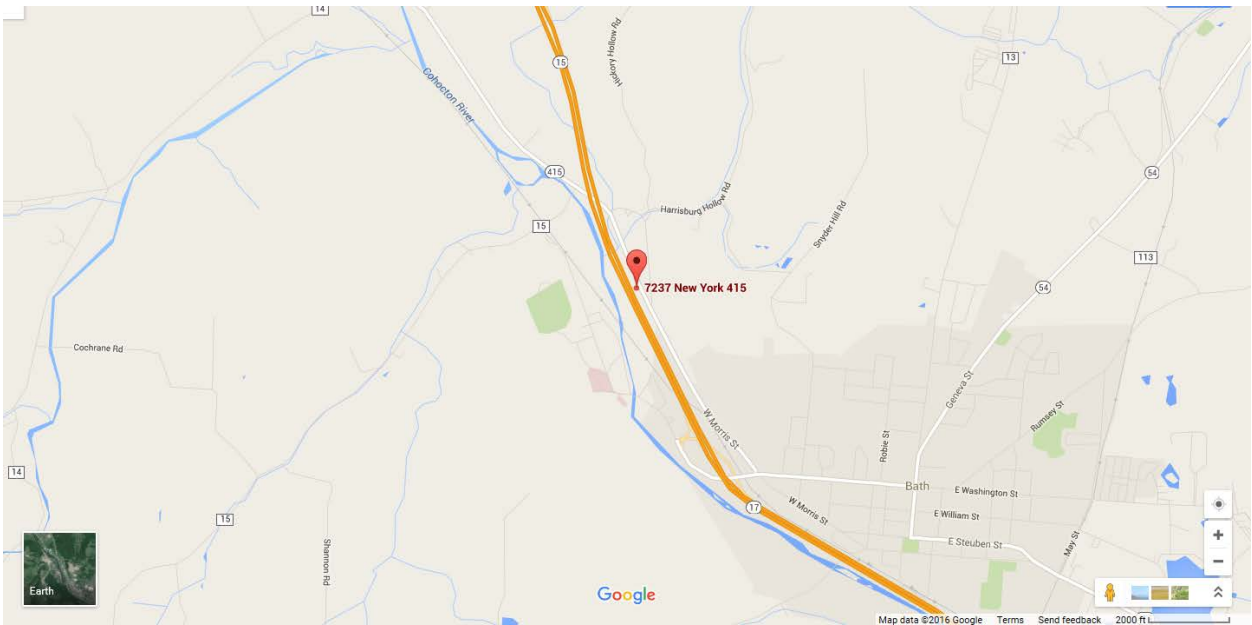
ST. JAMES MERCY HOSPITAL, HORNELL, NY

POLICE STATIONS



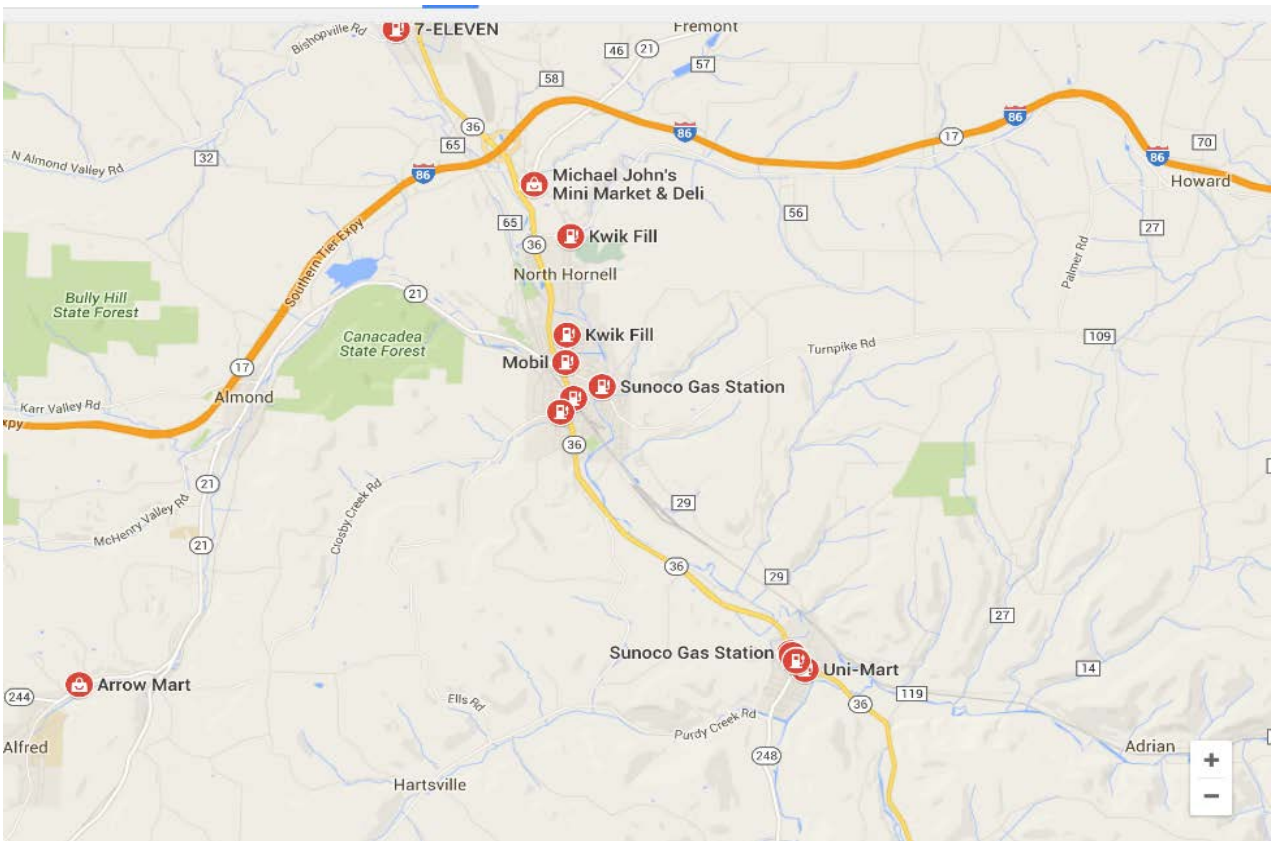
Steuben County Sheriff's Office, Bath NY

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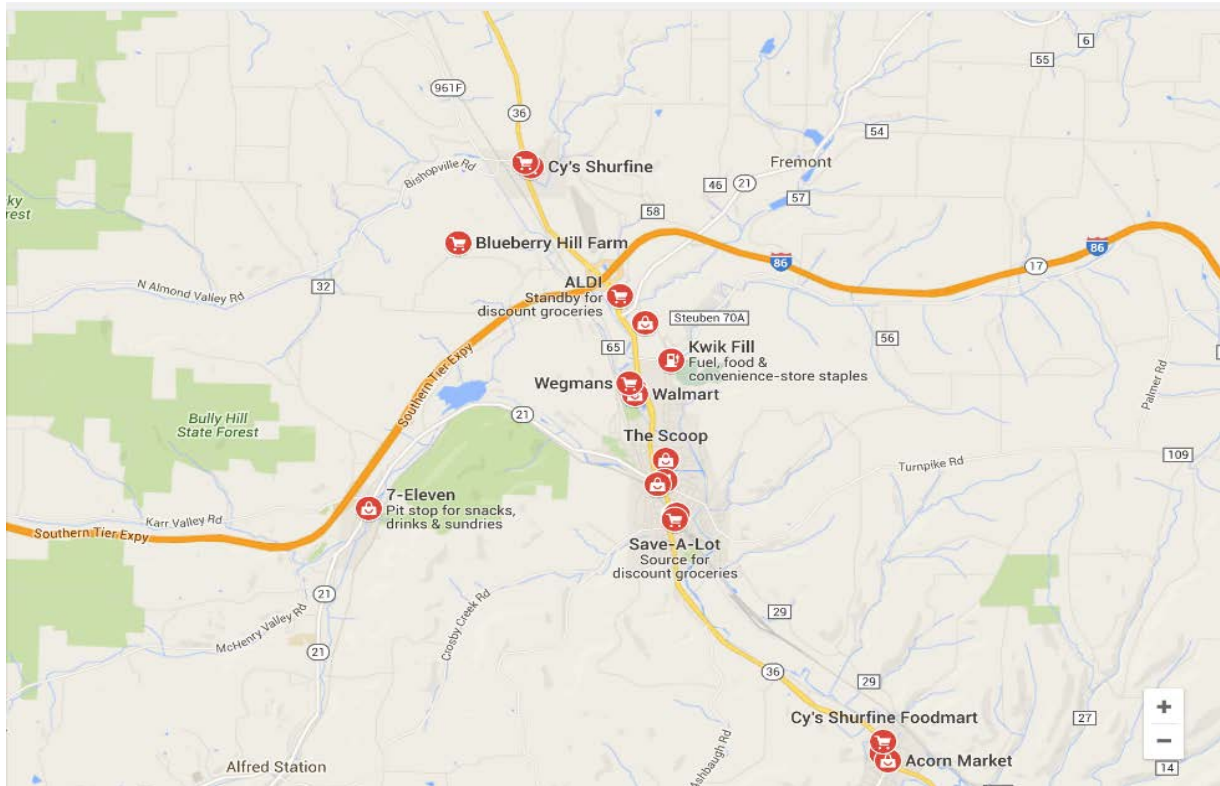


NYS Trooper's Troop E Zone 3, Bath, NY

GAS AND SERVICE STATIONS



GROCERY STORES



8. DOCUMENTATION: SAFTY TAILBOARD, CONTACTS AND CORPORATE SAFETY FORMS

The NextEra Energy Resources Project Field Team Lead shall be responsible with full implementation of this Health and Safety Plan. This Plan must be completed (and updated as needed) prior to any work being initiated. All information including sign-in sheets and checklists must be completed fully. A safety “tailboard” briefing with all staff onsite must be conducted prior to any work being initiated. Any safety questions or concerns by onsite personnel must be resolved prior to any work being initiated. Personal safety needs and medical conditions should be discussed such as allergies (insect bites), physical limitations, etc. A safety debriefing should occur at the end of the work effort. Any safety issues must be recorded on the Sign-In and Checklist Sheet. An electronic PDF copy of the Sign-In and Checklist Sheet shall be placed on the NextEra Energy Resources Project SharePoint file server for a safety record. The NextEra Energy Field Team Lead shall file the original Sign-In and Checklist Sheet in the Project Safety SharePoint file.

Required Personal Protection Equipment during construction on-site includes hard hats, steel toed shoes, safety glasses, and gloves. There are no exceptions to this rule. Sun protection and winter/ rain gear should be provided as needed. Awareness and periodic checks for ticks, snakes, spiders, etc. should be conducted and discussed. The Field Team Lead shall ensure adequate liquids and food must be provided to site personnel. Regularly scheduled work breaks and safety update discussions should be planned.

The following Safety Tailboard must be used for all work. Also attached are key corporate safety forms and corporate safety contacts including:

- **Near Miss Event Report**
- **Safety Information Management System - Incident Reporting Policy**
- **Employee Injury/Illness Report**
- **Contractor Injury/Illness Report**
- **Serious Injury/OSHA Notification Process**

The Corporate Safety - Injury / Incident Reporting website link:

<http://eweb.fpl.com/bunit/hr/safety/InjuryRpt.shtml>

Corporate Safety Contacts

Mark L. Morgan

Sr. Manager, Corporate Safety & Workers' Compensation

Office: 561-694-6472 Cell: 561-373-6466 Mailstop: JSF/JB

Martin St. John

Principal Health & Safety Consultant

Office: 561-691-7576 Cell: 561-339-0008 Mailstop: JSF/JB



TAILBOARD SAFETY PLAN

REFER TO ENVIRONMENTAL SERVICES PROCEDURES FOR ADDITIONAL INFORMATION ON RISK ASSESSMENT

A. GENERAL INFORMATION FOR WORK/TASK DATE: _____

WORK/TASK SCOPE: (BE SPECIFIC) _____

PARTICIPANTS	ROLE	CONTACT NUMBER

EMERGENCY COMMUNICATION AND EQUIPMENT

PHONE NUMBER/RADIO CHANNEL: _____

PRIMARY MUSTER POINT: _____ AED LOCATION: _____

SPOT SATELLITE TRANSMITTER: YES NO ARRIVAL TIME: _____ DEPARTURE TIME: _____

SPOT CHECK IN/OUT MESSAGE SENT TO: _____

B. SAFETY HAZARDS ASSOCIATED WITH WORK/TASK

(CHECK THE BOXES FOR ALL SAFETY HAZARDS THAT COULD EXIST; DESCRIBE PROCEDURES, EQUIPMENT, ETC. USED TO MITIGATE THESE HAZARDS)

SAFETY HAZARDS	MITIGATION USED TO MINIMIZE THESE HAZARDS
<input type="checkbox"/> ABRASION/CUT/LACERATION	
<input type="checkbox"/> AIR QUALITY	
<input type="checkbox"/> CHEMICAL EXPOSURE	
<input type="checkbox"/> CONFINED SPACE	
<input type="checkbox"/> ELECTRIC ARC FLASH/SHOCK	
<input type="checkbox"/> ERGONOMICS CONCERNS <small>(EXPLAIN)</small>	
<input type="checkbox"/> LIFTING OBJECTS	
<input type="checkbox"/> HOT SURFACES	
<input type="checkbox"/> LINE OF FIRE	
<input type="checkbox"/> NON-WEATHER HIGH AMBIENT TEMP	
<input type="checkbox"/> NOISE	
<input type="checkbox"/> OPEN HOLE	
<input type="checkbox"/> PINCH POINTS	
<input type="checkbox"/> POOR HOUSEKEEPING	
<input type="checkbox"/> POOR LIGHTING	
<input type="checkbox"/> WORKERS ABOVE/BELOW WORKING	
<input type="checkbox"/> FROM HEIGHTS/FALLS	
<input type="checkbox"/> TRIP/SLIP/UNEVEN SURFACES	
<input type="checkbox"/> VEHICLE OPERATION	
<input type="checkbox"/> WEATHER CONDITIONS	
<input type="checkbox"/> INSECTS/WILDLIFE	
<input type="checkbox"/> REMOTE FIELD LOCATION	
<input type="checkbox"/> _____	

C. IDENTIFY ERROR PRECURSORS THAT CAN IMPACT THIS WORK/TASK

BELOW ARE COMMON ERROR PRECURSORS AND THE CORRESPONDING HUMAN PERFORMANCE TOOLS THAT CAN BE USED TO MITIGATE THESE ERROR PRECURSORS. APPLY THESE TO THE WORK/TASK.

TASK DEMANDS	WORK ENVIRONMENT
<input type="checkbox"/> TIME PRESSURE	<input type="checkbox"/> DISTRACTIONS/INTERRUPTIONS
<input type="checkbox"/> SIMULTANEOUS TASKS	<input type="checkbox"/> CHANGES/DEPARTURE FROM ROUTINE
<input type="checkbox"/> HIGH WORKLOAD	<input type="checkbox"/> CONFUSING CONTROLS/DISPLAYS
<input type="checkbox"/> REPETITIVE ACTIONS; MONOTONY	<input type="checkbox"/> WORKAROUND
<input type="checkbox"/> UNCLEAR PROCEDURES	<input type="checkbox"/> HIDDEN SYSTEM RESPONSE
INDIVIDUAL CAPABILITIES	HUMAN NATURE
<input type="checkbox"/> UNFAMILIAR WITH TASK/FIRST TIME LACK OF	<input type="checkbox"/> STRESS
<input type="checkbox"/> PROFICIENCY/INEXPERIENCE	<input type="checkbox"/> HABIT PATTERNS
<input type="checkbox"/> TECHNIQUE NOT USED BEFORE	<input type="checkbox"/> ASSUMPTIONS
<input type="checkbox"/> IMPRECISE COMMUNICATION HABITS	<input type="checkbox"/> COMPLACENCY/OVERCONFIDENCE MIND
<input type="checkbox"/> ILLNESS/FATIGUE	<input type="checkbox"/> SET



TAILBOARD SAFETY PLAN

D. PPE REQUIRED TO PERFORM WORK/TASK

- | | | | | | |
|---------------------|---------------------------------------|---|---|---|---|
| HEAD AND EYE | <input type="checkbox"/> HARD HAT | <input type="checkbox"/> SAFETY GLASSES | <input type="checkbox"/> SAFETY GOGGLES | <input type="checkbox"/> FACE SHIELD | <input type="checkbox"/> WELDING HOOD |
| HAND | <input type="checkbox"/> WORK GLOVES | <input type="checkbox"/> CUT RESISTANT GLOVES | <input type="checkbox"/> CHEM. RESISTANT GLOVES | <input type="checkbox"/> HIGH/LOW VOLTAGE GLOVES | |
| FOOT | <input type="checkbox"/> ANSI SHOES | <input type="checkbox"/> OIL RESISTANT BOOTS | <input type="checkbox"/> CHEM. RESISTANT BOOTS | <input type="checkbox"/> OTHER: _____ | <input type="checkbox"/> SNAKE BOOTS |
| BODY | <input type="checkbox"/> LONG SLEEVES | <input type="checkbox"/> COVERALLS | <input type="checkbox"/> CHEM. SLICKER/APRON | <input type="checkbox"/> ARC FLASH SUIT | <input type="checkbox"/> INSECT REPELLENT |
| HEARING | <input type="checkbox"/> EAR PLUGS | <input type="checkbox"/> EAR MUFFS | <input type="checkbox"/> DOUBLE PROTECTION | | |
| RESPIRATORY | <input type="checkbox"/> DUST MASK | <input type="checkbox"/> CARTRIDGE RESPIRATOR | <input type="checkbox"/> ESCAPE RESPIRATOR | <input type="checkbox"/> POWERED AIR PURIFYING RESPIRATOR | |
| FALL | <input type="checkbox"/> GUARD RAIL | <input type="checkbox"/> HARNESS | <input type="checkbox"/> LIFE LINE | <input type="checkbox"/> SUSPENSION TRAUMA RELIEF | |

OTHER PPE NOT LISTED: _____

E. RISK EVALUATION

WITH ABOVE MITIGATIONS IN PLACE (SECTIONS B THROUGH D), IS THE WORK/TASK STILL A HIGH RISK? YES NO
 EXPLAIN 'YES' ANSWER AND DISCUSS WITH SUPERVISOR. _____

F. INCIDENT REPORTING/IDENTIFICATION OF NEAR MISSES:

NOTE: REFER TO SITE SAFETY PLAN PRIOR TO STARTING WORK. IF THE PERSONNEL OR WORK SCOPE CHANGE, CONDUCT A NEW SAFETY TAILBOARD MEETING. SUBMIT ALL COMPLETED FORMS TO PROJECT MANAGER.

FIELD TEAM MEMBERS HAVE REVIEWED AND DISCUSSED THIS TAILBOARD SAFETY PLAN

PARTICIPANTS: _____	DATE: _____
_____	_____
_____	_____
_____	_____
_____	_____



Safety Information Management System Incident Reporting Policy

With the implementation of the Safety Information Management System (SIMS), it is important to establish clear expectations for incident reporting throughout the corporation. Although *ZERO Today!* is primarily focused on eliminating injuries and illnesses, the ultimate goal of any health and safety management system is to eliminate events that more likely than not would result in injuries or illnesses. Based on that vision, the following guidelines outline what should be reported in SIMS.

EXPECTATION: Any event meeting the following criteria is to be entered into SIMS.

Injuries

Any Injury occurring (1) on NextEra Energy property, or (2) as the result of the operation of a NextEra Energy-owned motor vehicle, contract car, or any other vehicle being operated on company business, or (3) to an employee of any NextEra Energy company, or (4) to an independent contractor's employee working through a Purchase Order with NextEra Energy should be immediately reported to direct supervision and entered into SIMS within 24 hours of occurrence.

A "confirmed injury" is one that requires first aid or medical treatment or is supported by a licensed physician's report. When an injury does not require any first aid treatment, such as a slight sprain/strain, contusion, etc., it should be entered as a Report Only injury.

Illnesses

Any event involving employee exposure that could result in an occupational illness should be immediately reported to direct supervision and entered into SIMS within 24 hours of awareness that the exposure occurred. These events should be entered as Report Only unless a determination is made that the exposure resulted in an occupational illness.

This includes an OSHA-recordable Standard Threshold Shift (STS) detected in an annual audiogram. The SIMS event is a record of the test and sets the time limit for conducting a re-test no sooner than 10 days or later than 30 days from the date of the annual audiogram.

Unsafe Condition

An unsafe condition is a physical condition that left unabated creates a safety hazard that will more likely than not result in an injury, illness or property damage. Unsafe Condition reports should be accompanied by an action created in SIMS to resolve the unsafe condition within an acceptable period of time.

Unsafe Act

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Although unsafe behaviors are captured in many businesses as part of a Behavior Based Safety (“BBS”) process, there may be unsafe acts that cause, or occur as part of an event that should be documented in SIMS.

This is not intended to replace any reporting of at risk behaviors observed as part of a BBS observations process but to supplement the business unit’s BBS Observation reporting system.

Property Damage

Any event that results in property damage to Company owned property, a private vehicle being used for Company business, a contract car or damage to third party property should be entered into SIMS within 24 hours of occurrence.

This includes the following vehicle incidents:

An FPL employee operating an FPL owned, rented or leased motor vehicle with permission of FPL;

An FPL employee operating any motor vehicle on authorized FPL business; or

Any motor vehicle covered by the FPL Contract Car Program -- regardless of the driver or whether or not on authorized FPL business.

Near Miss

A near miss is an event that more likely than not would have resulted in injury, illness or property damage, but did not result in either. An unsafe condition, in and of itself, does not constitute a near miss until and unless circumstances arise that expose an employee or equipment to the unsafe condition whereby an injury, illness or property damage would more likely than not have occurred.

Anonymous Reporting

The Safety and Health Management System and ZERO Today! promote a culture of open identification and reporting of hazards, incidents and injuries. Management encourages that problems be brought forward so that they can be resolved in an open and constructive atmosphere of teamwork. Although this culture exists at FPL, a robust reporting system should also provide employees with an anonymous method for hazard reporting. Anonymous reporting of events/conditions should be made available by business unit processes.

Revision November 2010

**NextEra Energy, Inc.
Near Miss Event Report**

Date: _____

Reporter's Last Name	
Reporter's First Name	
Reporter's Relationship to NextEra Energy	NEE Employee <input type="checkbox"/> Seconded Contractor (Reports to NEE supervisor) <input type="checkbox"/> Non-Seconded Contractor (Independent contractor) <input type="checkbox"/>
Date of Event	
Date Event Reported	
Did this event occur at a NEE owned site?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes – name of location	
If no – specific address of incident	
Specific location of event (in the rear of, NE corner lot, behind tool shed, etc. If applicable.	
Your detailed account of this near miss event: <i>Who, what, when, where & how?</i>	
Immediate actions taken to correct or modify the situation (if applicable).	
Activity or task being performed:	

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<p>Near Miss Potential</p> <p>Equipment Involved</p> <p>Person Involved</p>	<p><input type="checkbox"/> Potential for injury <input type="checkbox"/> Potential for damage <input type="checkbox"/> Potential for both</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes, please specify</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Relationship to NEE</p> <p>Person's Name _____</p> <p>Contact # _____</p>
<p>Suggestion(s) or recommendation(s) to correct this hazardous situation permanently.</p>	
<p>Any additional comments or observations:</p>	
<p>SIMS Event Number</p>	
<p>Date Entered</p>	
<p>By</p>	





**NextEra Energy, Inc.
Employee Injury/Illness Report**

Date: _____

Injured Person Last Name	
Injured Person First Name	
Injured Person Employee Number	
Date of Event	
Time of Event	
Date Event Reported to Supervisor	
Time reported to Supervisor	
Did the event occur at a NEE owned site?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, name of site	
If no – <ul style="list-style-type: none"> • Street address of incident • City • State • Zip Code 	
Specific location of incident (in the rear of, NE corner of lot, behind tool shed, etc.)	
Employee’s detailed account of this event. Include what employee was doing, what happened and the outcome that resulted.	

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Immediate actions taken	
What was employee doing just before the event?	
What did employee do just after the event?	
Type of injury/illness	
Body part most injured	
Other injuries sustained	
Is this a new injury? If not, please provide explanation.	
Supervisor's name	
Name of person in charge if applicable	
Crew size	
Crew type	
Activity or Task Being Performed	
Storm Related	Yes <input type="checkbox"/> No <input type="checkbox"/>
Storm Name	
Staging Site	

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Was this your normal work schedule?	
What time did you begin your shift?	
Who else was present (name, classification)?	
What PPE was worn?	
Employee Signature	





**NextEra Energy, Inc.
Contractor Injury/ Illness Report**

Date: _____

Affected Person Last Name	
Affected Person First Name	
Affected Person Contact Number	
Relationship to NextEra Energy, Inc.	Seconded Contractor <input type="checkbox"/> Non-Seconded Contractor <input type="checkbox"/>
Full Name of Contracting Company	
Date of Event	
Time of Event	
Date Event Reported to Supervisor	
Time Event Reported to Supervisor	
Did the event occur at a NextEra owned site?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes – name of NextEra site	
If no – specific address of incident including street, city, state and zip code	
Specific location of incident (in the rear of, NE corner of lot, behind tool shed, etc.)	
Affected person’s detailed account of this event. Include what you were doing, what happened and the outcome that resulted.	
Immediate actions taken to correct hazard (if applicable)	
Type of injury/illness	
Body part most injured	
Other injuries sustained	
Is this a new injury? If not, please provide explanation.	

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Supervisor's name	
Name of NextEra person in charge if applicable	
Crew size	
Crew type	
Activity or Task Being Performed	
Storm Related	Yes <input type="checkbox"/> No <input type="checkbox"/>
Storm Name	
Staging Site Name and Location	
Did this occur on your normal work schedule	Yes <input type="checkbox"/> No <input type="checkbox"/>
What time did you begin your shift?	
Who else was present (full names)?	
What PPE was worn or utilized?	
Reporter First Name	
Reporter Last Name	
Reporter Employee I.D.	
Affected Personal Signature	
Reporter Signature	

Serious Injury/OSHA Notification Process Corporate Safety



Serious Injury Notification:

➤ **Notification from Corp Security:**

In the event of a serious incident involving an employee/contractor or notification of medical transport, Corp Security will call:

Business hours: Roxanne Melvin-Ho, if they cannot reach her, they will call down the list of Corp Safety & WC representatives until they reach someone live.

Non-Business hours: Mark Morgan, if they cannot reach him, they will call down the list of Corp Safety & WC representatives until they reach someone live.

The initial notification of the event may come from the Business Unit Safety leader or other sources.

➤ **Corp Safety serious incident notification to other Business Units and Executives:**

In the event of a serious incident or potential public media event related to an occupational injury, the Corporate Safety & WC representative will gather additional information as available and develop a brief summary:

- Employee name, Business Unit and location
- Basic facts, such as: There was an arc flash involving a secondary line, or employee made primary contact.
- Extent of injuries if known, such as: The employee received severe burns and was transported to the hospital while conscious.
- Comments regarding suspected causation are avoided.

The Corporate Safety & WC representative will provide the summary to the contacts on the Serious Incident Notification list (see below) using the reporting criteria listed below. If a fatality: immediate report (24/7). If non-fatality: report within 30 minutes of receipt of information during business hours or if reported overnight, before 7:30 am the following morning.

➤ **Reporting Criteria:**

• **Employees:**

For internal reporting purposes, a serious injury is defined as:

- All fatalities
- All primary contacts
- All electrical flashes (with injury)
- All serious injuries requiring emergency transport to a hospital
- All events resulting in three or more injured persons requiring hospitalization
- All serious events involving significant damage to property that could have resulted in serious injury or damage

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- Any other serious event/injury that could require or would lead to changes to procedures, etc., or other significant modifications
- Other events, etc., where notification is deemed appropriate
- **Contractors:**
 - For internal reporting purposes, a serious injury is defined as:
 - All fatalities
 - All primary contacts
 - Other events, etc., where notification is deemed appropriate

Note for employee/contractor reporting: do not contact the representatives listed in the Business Unit from which the incident took place as they will have already received notification.

- **Members of the Public:**
 - No action is required by Corporate Safety & WC. Robert Sandler has the lead in reporting MOP injuries to our Executives.

➤ **Status reports on injured employee:**

Follow-up emails are sent (as appropriate) providing updates on medical status, OSHA interface, Serious Incident Analysis Team (SIAT) assignments, etc.

A shorter distribution list is used for these follow-up communications:

- Deb Caplan
- Mike Bryce
- Brendan Callaghan
- Julie Holmes
- Kevin Suncine
- Business Unit leader and Business Unit safety leader
- Ellen Malasky
- Corp Safety & WC

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OSHA Action Notification:

If either of the following events occur, provide a brief summary using the distribution list below:

- **Initial contact from OSHA** (call, onsite unannounced, written communication such as the conveyance of an employee complaint letter, etc.)

The notification should be brief and cover:

- Work location and business unit
- What was the event, such as: “There was an unannounced onsite inspection”.
- Why OSHA is involved, such as: “OSHA was onsite due to an employee complaint”.
- Identify that a team from Corp Safety, the Business Unit and Legal will work closely with the site.
- Identify any required response deadline due to OSHA.

- **Citation received**

The notification should be brief and cover:

- Work location and Business Unit
- Summarize the Citation Items, category (serious, etc.) and fines
- Refrain from speculating on the merits of the Citation
- Identify that a team from Corp Safety, the Business Unit and Legal will be called upon to investigate and respond timely.
- Identify any required response deadline due to OSHA.

All OSHA related internal communications should show: “Attorney Client Privileged” in the subject line.

The summary should be emailed to:

Deb Caplan
Mike Bryce
Brendan Callaghan
Julie Holmes (if FPL non-NUC)
Kevin Suncine (if non-FPL and non-NUC)
Business Unit leader and Business Unit safety leader
Ellen Malasky
David Austin
Corp Safety & WC

Refer the local team to the OSHA interface policy as needed:
<http://eweb/bunit/hr/safety/policies.shtml>

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Serious Incident Notification Contact List (Updated 01/26/2016)		
CUST. SERVICE	E&C/ISC	Dist. GENERATION
Santos, Marlene	Yeager, Bill	Handel, Matt
Ho, Willie	Alfera, Bill	POWER DELIVERY
Macon, Matt	Broad, Tom	Miranda, Manny
Doyle, John	Garcia, Gino	Sanchez, Ray
EXECUTIVES	Manz, Kristin	Burson, Cheryl S
Pimentel, Armando	Reagan, Ron	Critelli, Ron
Silagy, Eric	LEGAL	Depass, Mark
HR/CORP SAFETY	Austin, David	Duran, Sixto
Caplan, Deb	Broderick, Sheila	Gwaltney, T W
Callaghan, Brendan	Malasky, Ellen	Hernandez, Helena
Campbell, Gretchen	Mutz, Robert Chip	Lessin, John
Cranney, Nicole	Sendler, Robert	Martinez, Bruce D
Curtis, Rick	M&C	Melians, Susan
D'Innocenzo, Tony	Flynn, Liz	Moore, S O
Melvin-Ho, Roxanne	Francis, Nancy	Olnick, Bryan
Gervais, Heather	Monserat, Robin	Rabade, Poshan
Hill, Kachandra	Nissan, Neil	Russ, Karri
Hires, Don	NUCLEAR	Sanchez, Hector
Holmes, Julie	Nazar, Mano	Spoor, Mike
Kirby-Lue, Sharon	Barnette, Ken	Tejada-Cook, Lina
Michaels, Kelly	Costanzo, Chris	Warr, Mike
Miller, Melissa	LaFavor, Jordan	Williams, Greg
Morgan, Mark	Curtland, Dean	PGD
Perino, Lisa	Goldstein, Mitch	Arcari, Craig
Rayne, Diane	Grissette, Don	Arechabala, Mike
St. John, Martin	Jensen, Joe	Sanchez, Manny
Suncine, Kevin	Kiley, Mike	Kennedy, Roxane
Thomas, Lem	McCartney, Eric	Lemasney, Mark
Tveter, Kelly	Morrissey, Stephen	Phillips, John
Winchell, Leslie	Archibald, Robert	Priore, Carmine
IBEW (only if BU employee)	Summers, Tom	Bain, Johnathon
Aleknovich, Gary	Sodaro, Doug	Wylie, Lawrence
Brennan, Joe	Wright, Richard	Vander velde, Grayling
MacNichol, Mark	Pearce, Michael	O'Donnel, Kevin
Mattox, Dwight	Duston, Seth	
	Vehec, Tom	
	Wells, Peter	



NextEra Energy, Inc. Unsafe Condition/Unsafe Act Report

Date: _____

Reporter's Last Name (optional)	
Reporter's First Name (optional)	
Reporter's Relationship to NextEra Energy (check one)	NEE Employee <input type="checkbox"/> Seconded Contractor (Reports to NEE supervisor) <input type="checkbox"/> Non-Seconded Contractor <input type="checkbox"/>
Date Event Observed	
Date Event Reported	
Was this event observed at a NEE owned site?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes – name of location	
If no – specific address of incident	
Specific location of incident (in the rear of, NE corner lot, behind tool shed, etc. If applicable.	
Your detailed account of this unsafe condition or act: <i>If unsafe condition – fully describe the current or potential hazard.</i> <i>If unsafe act – fully describe the observed unsafe act.</i>	

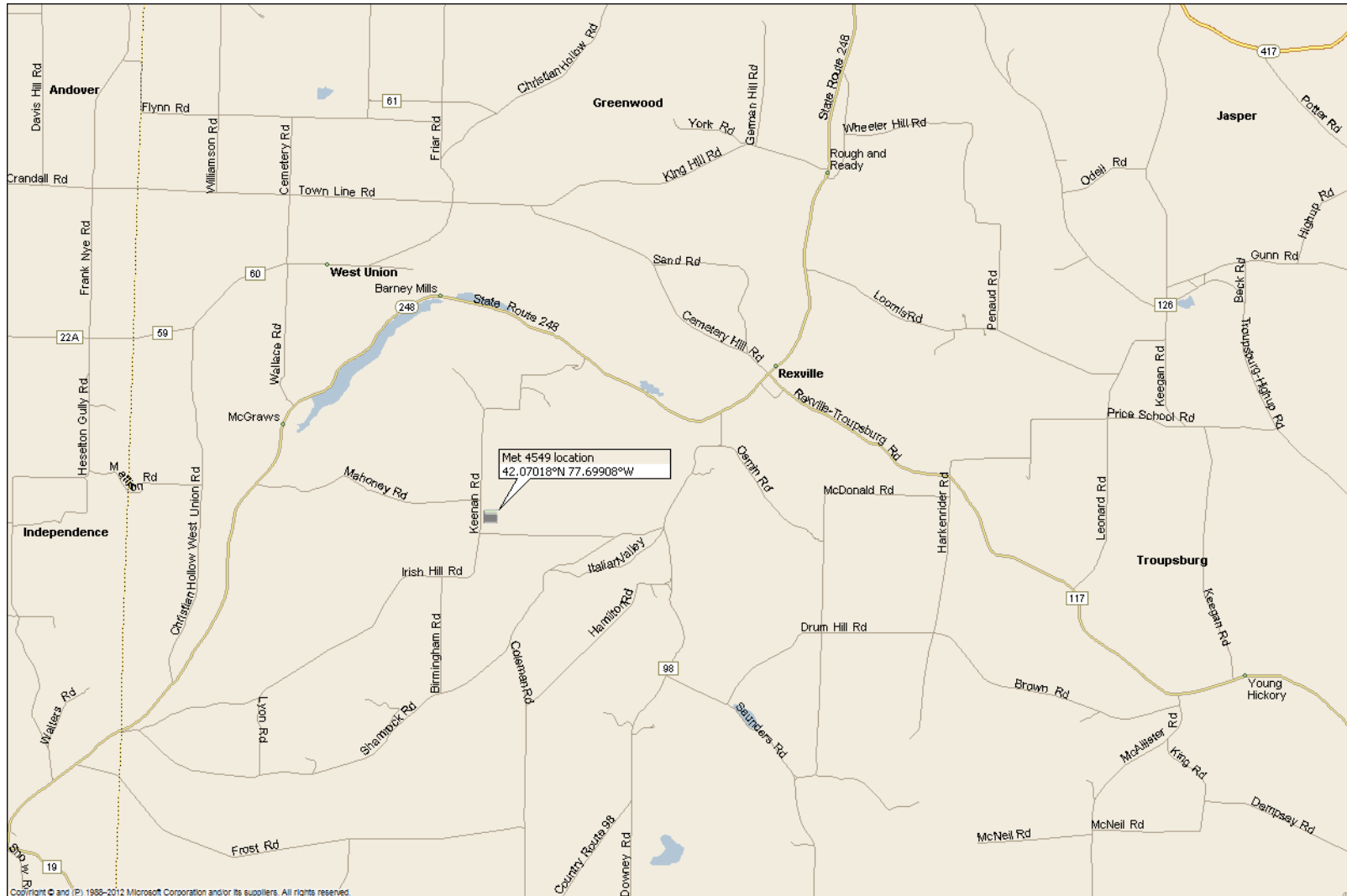
Eight Point Wind, New York –Health & Safety Plan

Immediate actions taken to correct hazard (if applicable):	
Suggestion(s) or recommendation(s) to correct situation permanently:	
Any additional comments or observations:	
SIMS Event Number	
Date Entered	
By	

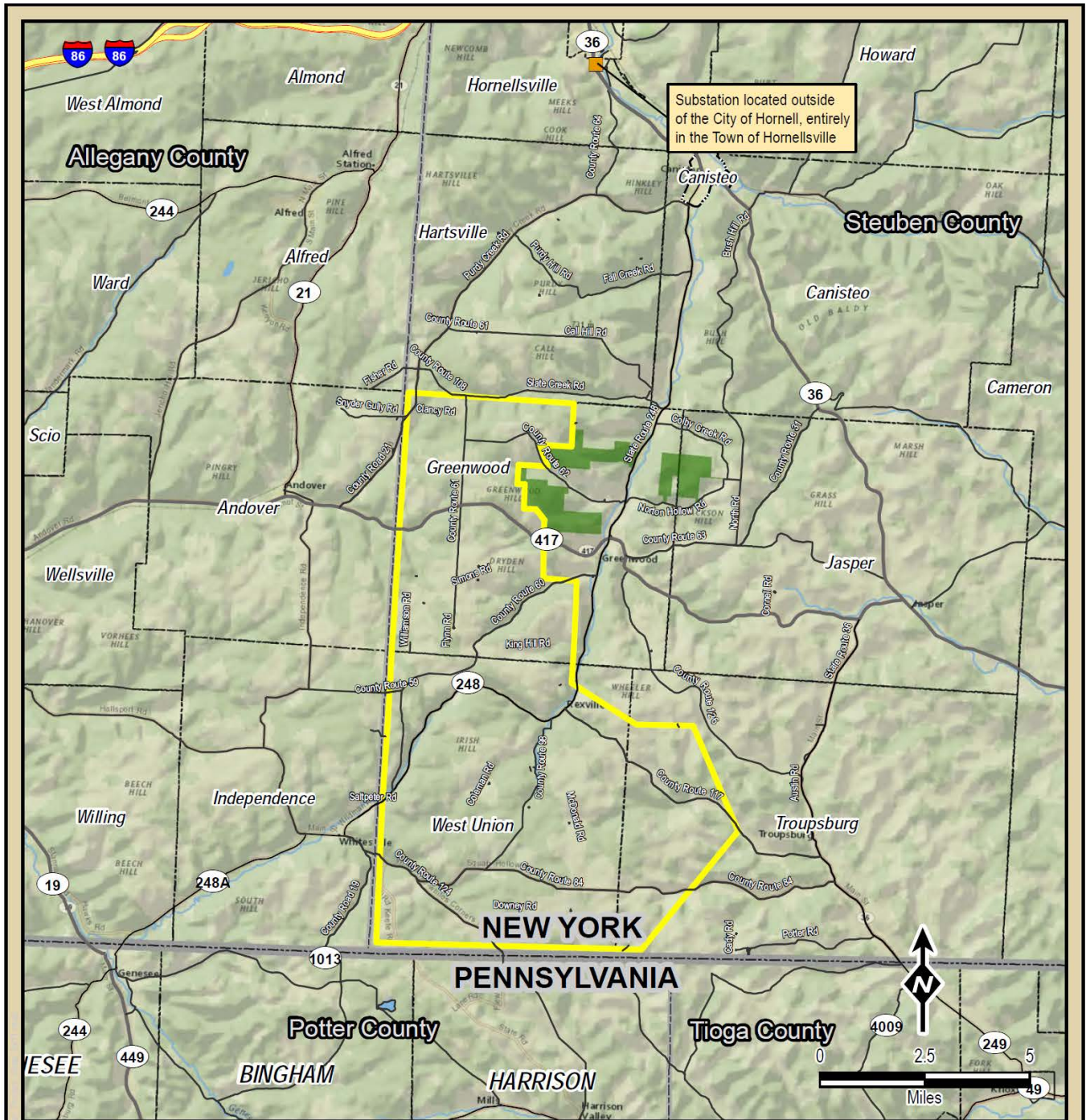


9. AREA MAPS AND AERIAL PHOTOS

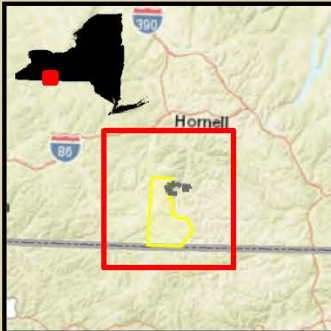
Existing Met Tower 4549 Location -



REGIONAL PROJECT AREA MAP



Substation located outside of the City of Hornell, entirely in the Town of Hornellsville



Legend

Bennett Substation Location	Village Boundary
Project Boundary	Town Boundary
State Forest Lands	County Boundary
Excluded from Project Area	State Boundary

Sources: ESRI, TRC, NextEra, NYSDEC

NEXTERA ENERGY

Eight Point Wind Energy Center

Figure: 2
Revised Project Area

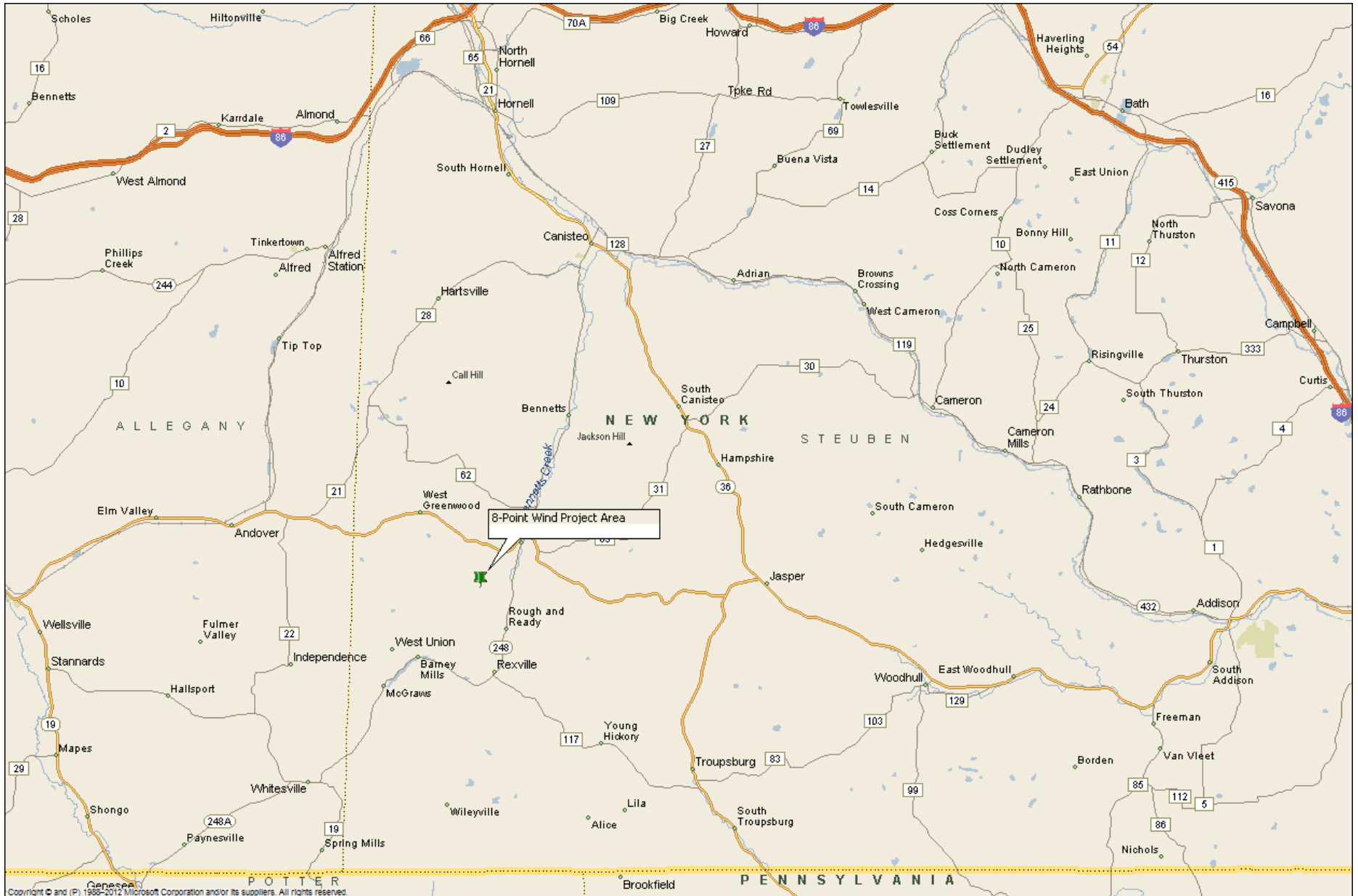
Created: 8/23/2016

TRC 10 Maxwell Dr # 200
Clifton Park, NY 12065

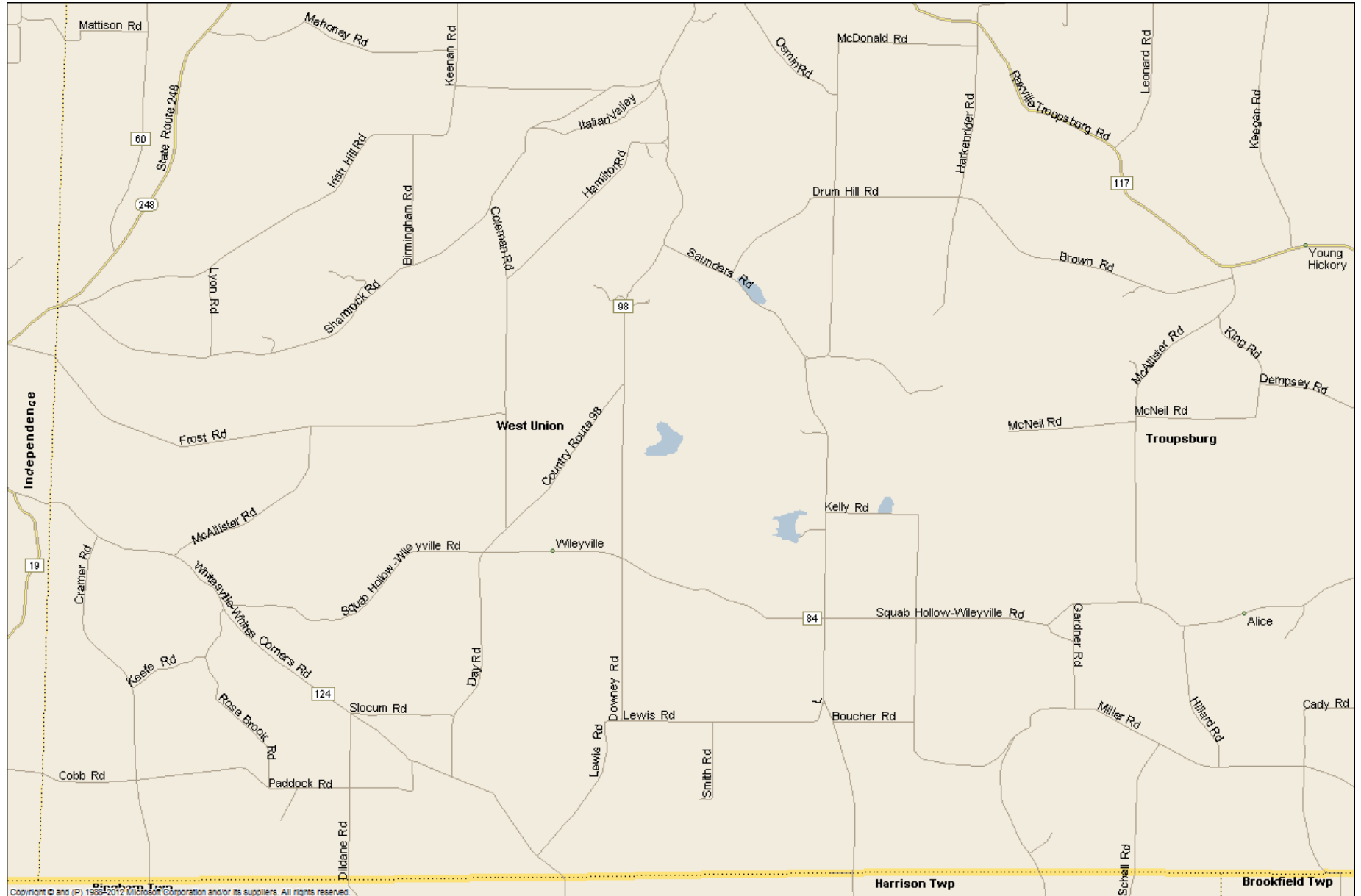
Eight Point Preliminary Wind Turbine Sites Aerial Map

TBD

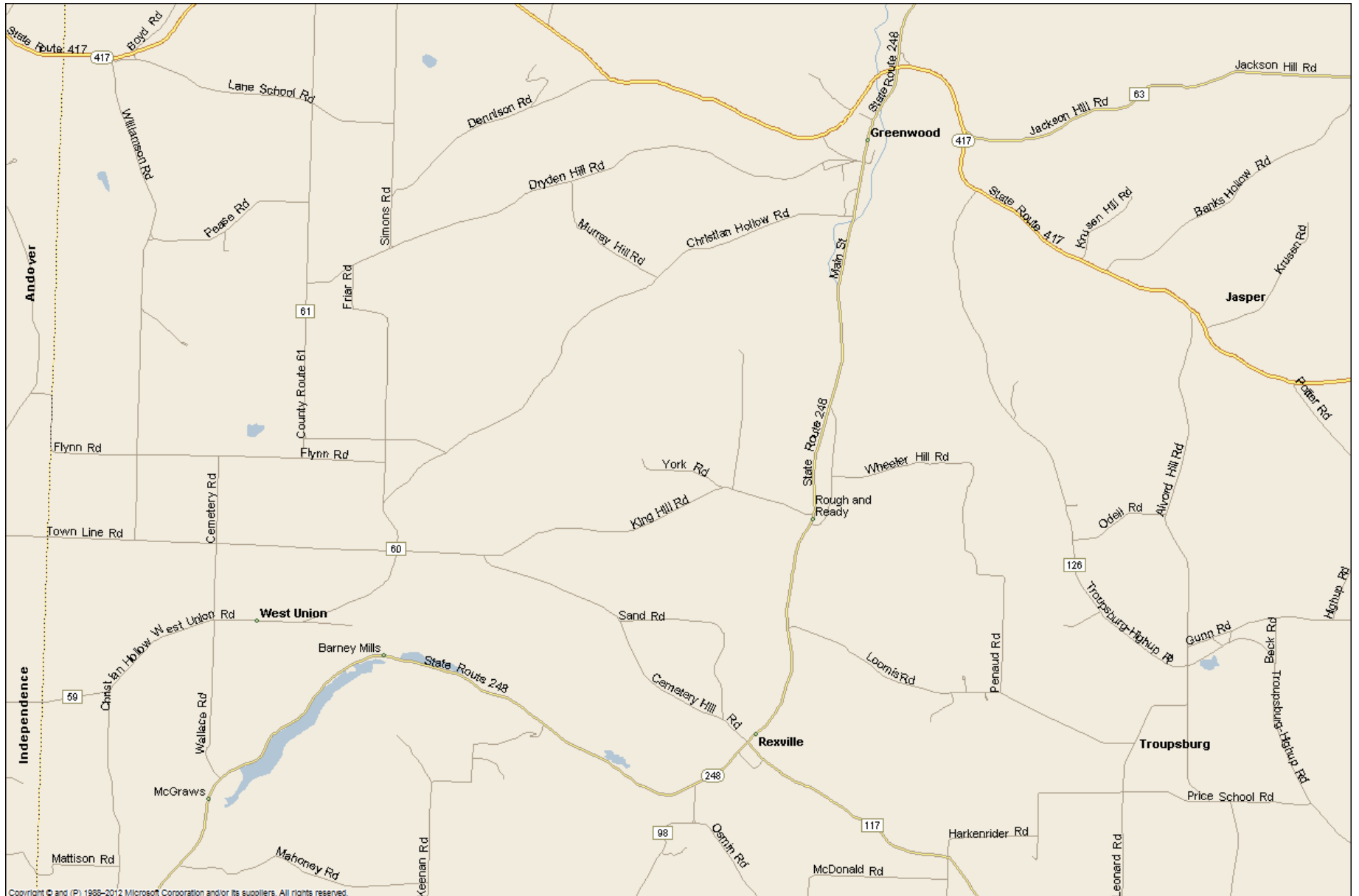
PROJECT REGIONAL AREA ROAD MAP – Steuben County, NY



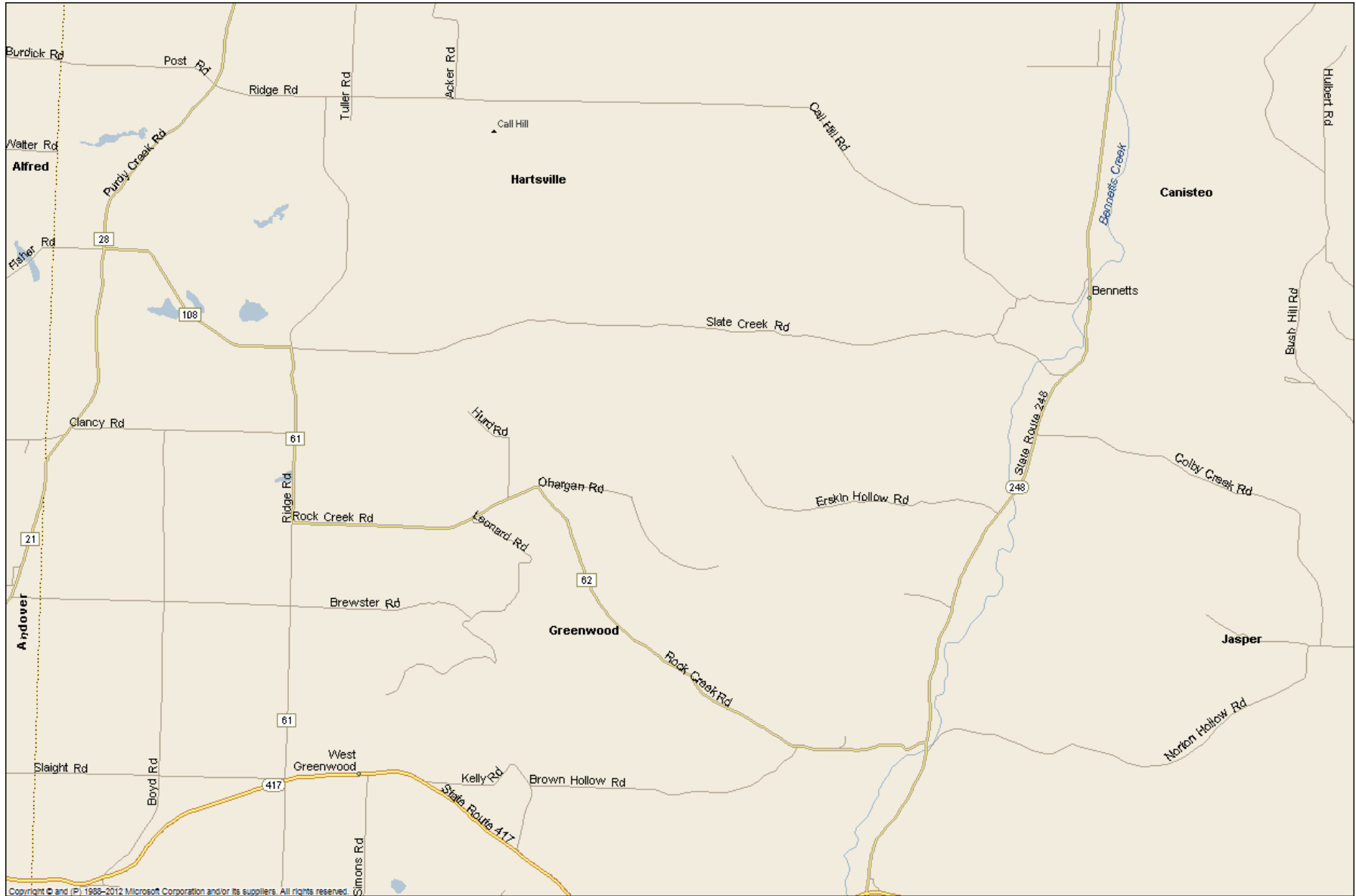
PROJECT AREA ROAD MAP – West Union, NY



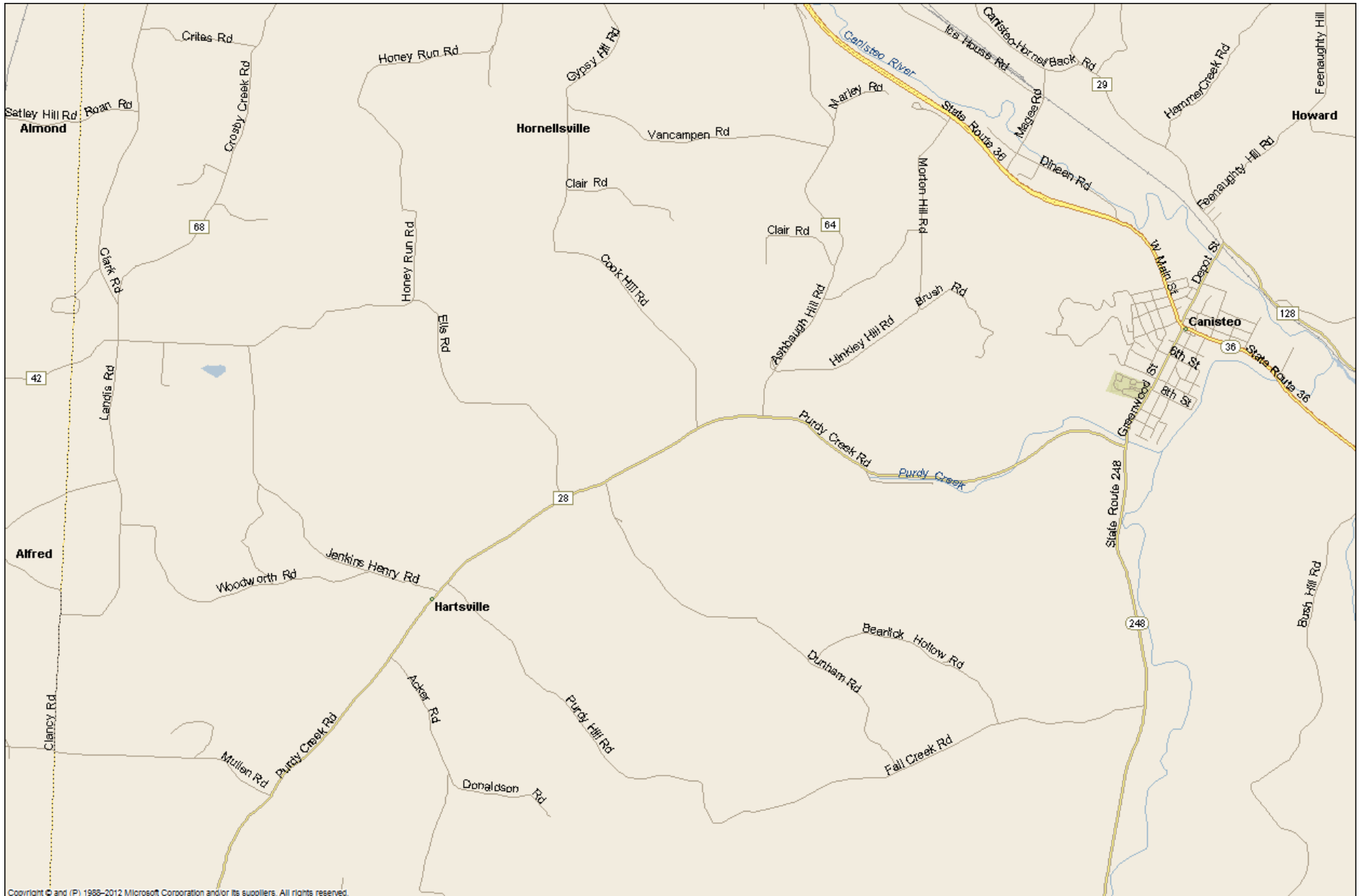
PROJECT AREA ROAD MAP – Greenwood, West Union, Rexville, NY



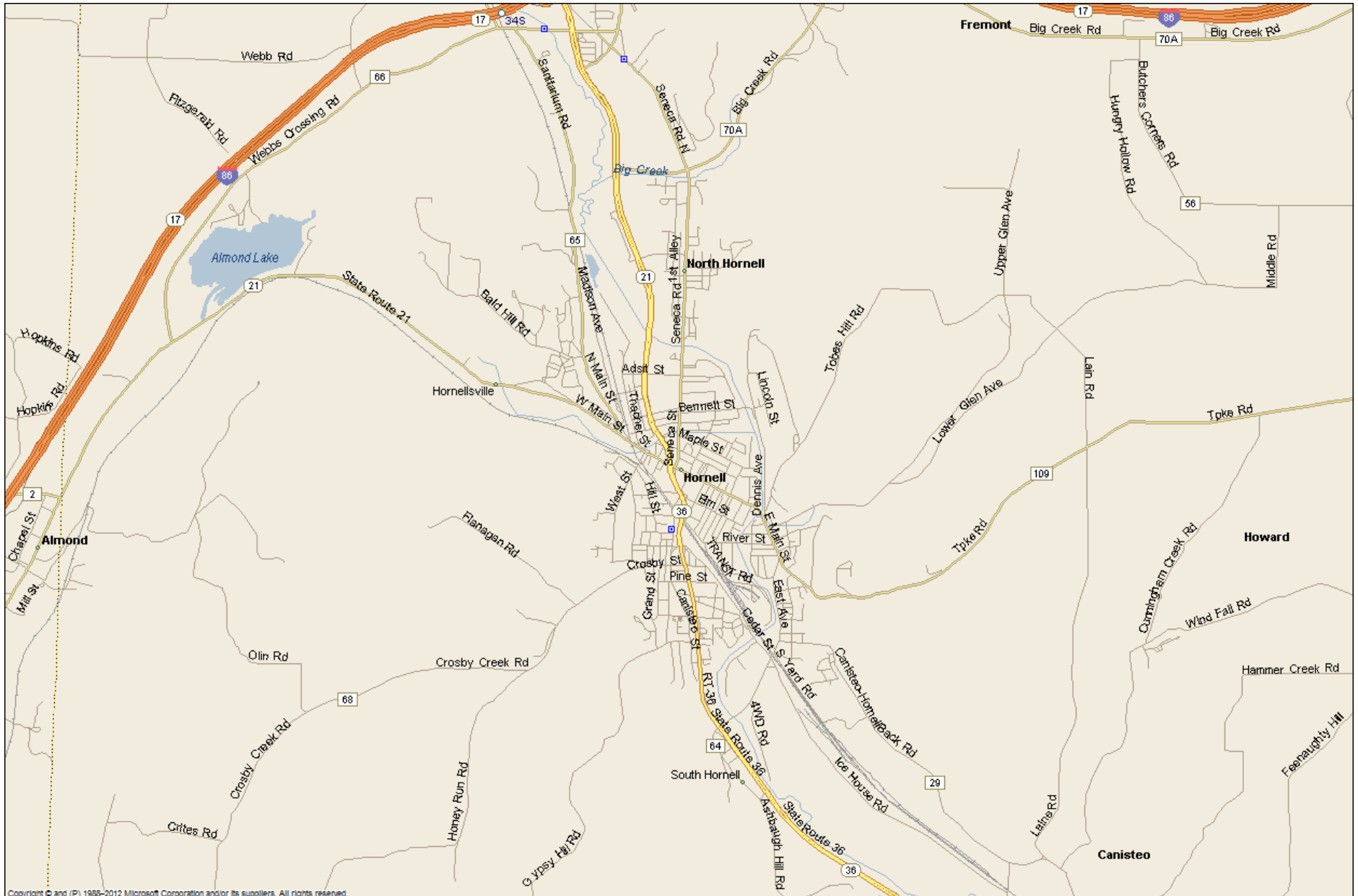
PROJECT AREA ROAD MAP – Hartsville, Greenwood, Canisteo, NY



PROJECT AREA ROAD MAP – Hartsville, Hornellsville, Canisteo, NY



PROJECT AREA ROAD MAP – Hornell, Canisteo, NY



Notes: