1.0 Purpose

The purpose of the Occupational Health Risk Assessment Practice is to set the standards for assessing health risks to Cenovus workers. Occupational health risk assessment is central to protecting the health and well-being of our staff. An occupational health risk assessment is a systematic procedure used to:

- Identify potential health hazards,
- Evaluate exposure qualitatively and/or quantitatively, and
- Establish the effectiveness of existing hazard control measures.

It can also facilitate development of additional controls, occupational medical surveillance, and occupational health education programs.

2.0 Scope/Application

This Practice applies to all Cenovus worksites and encompasses contracted work activities which involve potential exposure to health hazards including controlled products and other harmful agents such as noise, radiation, fibres, dusts, and thermal stress.

3.0 Occupational Health Risk Assessment Requirements

3.1 OH&S Codes, Regulations and Standards

Codes, regulations and standards for hazard identification and risk assessment vary slightly in Alberta and Saskatchewan, but all jurisdictions require risk assessment and hazard controls to protect the health and safety of all workers.

This practice has been developed to meet general interprovincial requirements; however, management and supervisory personnel must remain knowledgeable and current with regulatory requirements applicable to their jurisdictions.

3.2 Confidentiality

All specific health-related information is protected by Alberta and Saskatchewan Acts and Regulations. Any information provided by the worker about possible health effects will be treated as confidential and not divulged without the worker’s prior consent.

3.3 Assessment Requirements

Health risks arising from or associated with Cenovus activities must be anticipated, identified, assessed, and controlled as appropriate.

a) Health risk assessment parallels a safety risk assessment and can be conducted at the same time. It can range from simply considering the consequences of tasks conducted during the workday to hiring a technical expert to analyze potential health consequences and quantify exposure scenarios. Regardless of the complexity, competent risk assessment provides the starting point for defining the scope of action required to control health hazards. Risk assessments should be conducted or reviewed every two years; or more frequently if significant changes are implemented at a site.
b) At the ground level, health risk assessment begins with an exposure risk assessment. This is different from a safety risk assessment as it must consider the ‘potential for overexposure’ rather than a ‘probability of occurrence of illnesses’. We have a legal obligation to ensure that no workers are overexposed to health hazards; hence, the health risk assessment uses overexposure as an endpoint, rather than occurrence of illness.

c) To assess potential exposure to health hazards, it is necessary to consider all the routine and non-routine tasks conducted by a worker. Each task has potential health risks and must be assessed for risk using a systematic protocol such as the Cenovus Occupational Health Risk Assessment Procedure.

3.4 Exposure Monitoring

In some instances, quantitative exposure monitoring may be required to properly assess health risk. It is important that exposure monitoring results are:

- Representative of exposures to workers, and
- Sufficiently consistent.

Where a qualitative exposure risk assessment has identified that there is high or extreme risk of exposure, then an exposure monitoring schedule should be implemented to more accurately determine exposures. The interval between monitoring investigations can be increased as more consistent data is collected and those data indicate lower potential for exposure exceeding the applicable OEL. Additional guidance regarding exposure monitoring is located in the Cenovus Occupational Health Risk Assessment Procedure.

3.5 Exposure Control

Unacceptable levels of health risk can be identified as:

a) Potential exposures of personnel not directly involved with a task generating a hazard,

b) Exposures of members of the public above legislated environmental limits, or

c) Situations that are known to cause adverse health effects.

Where health risk is determined to be unacceptable, exposure controls will be implemented and verified to confirm that health risk after control implementation is acceptable.

3.6 Documentation

Health risk assessments should be documented to provide evidence that health hazards have been identified and evaluated. Refer to the Health Risk Assessment Form included in the Cenovus Occupational Health Risk Assessment Procedure for an example of how to record health risk assessments.

Cenovus occupational hygiene (OH) investigation reports will be posted on the appropriate divisional IH webpage. All third party IH investigation reports should be forwarded to the division IH representative for review and posting.

4.0 Training

This practice and the related procedures are posted on the Cenovus, Health and Safety, Environment and Regulatory Website and the Learning Management System (LMS). All workers will be required to read the practice and indicate understanding of health risk assessment as presented.
5.0 Roles and Responsibilities

Roles and responsibilities for safety documents are described in the link below:

Cenovus CEN_EHS234, Roles and Responsibilities Standard

Roles and responsibilities specific to the Occupational Health Risk Assessment Practice are described below:

5.1 Cenovus Employees

All Cenovus employees are responsible for:

a) Co-operating with Cenovus occupational hygiene staff or a contract service conducting exposure assessments and monitoring.
b) If necessary, wearing monitoring equipment to facilitate monitoring.

5.2 Contractors

Contractors are responsible for:

a) Developing their own policy and practices to identify and control health hazards.
b) Being aware of all potential worksite hazards, including health hazards.
c) Taking appropriate measures to minimize exposure to health hazards, as applicable to their situation.

6.0 Governing and Reference Documents

6.1 Internal Governance

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Governance Documents</th>
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<tbody>
<tr>
<td>Policy</td>
<td>Corporate Responsibility Policy</td>
</tr>
<tr>
<td>Framework</td>
<td>Cenovus Operations Management System (COMS)</td>
</tr>
<tr>
<td>Policy</td>
<td>Enterprise Risk Management Policy</td>
</tr>
<tr>
<td>Regulatory</td>
<td>Saskatchewan OHS Regulation – Part III</td>
</tr>
<tr>
<td>Regulatory</td>
<td>Alberta Radiation Protection Act (Current as of 11/01/10)</td>
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<tr>
<td>Regulatory</td>
<td>Alberta Radiation Protection Regulation (74/2004)</td>
</tr>
<tr>
<td>Regulatory</td>
<td>Saskatchewan Radiation Health and Safety Regulation (2005)</td>
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<tr>
<td>Regulatory</td>
<td>Saskatchewan Radiation Health and Safety Act</td>
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6.2 Internal References

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<thead>
<tr>
<th>Document Ref. #</th>
<th>Internal Reference Documents</th>
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<tbody>
<tr>
<td>CEN-EHS019</td>
<td>Hazard Assessment and Control Practice</td>
</tr>
<tr>
<td>CEN-EHS022</td>
<td>Risk, Risk Assessment and Risk Management Description</td>
</tr>
<tr>
<td>CEN-EHS146</td>
<td>Occupational Health Risk Assessment Procedure</td>
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<td>CEN-EHS142</td>
<td>Asbestos Code of Practice</td>
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<td>CEN-EHS028</td>
<td>Benzene Code of Practice</td>
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<td>CEN-EHS049</td>
<td>Crystalline Silica Code of Practice</td>
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<tr>
<td>CEN-EHS042</td>
<td>Hearing Conservation Practice</td>
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<tr>
<td>CEN-EHS143</td>
<td>Hydrogen Sulfide Code of Practice</td>
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6.3 External References

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<tr>
<th>Document Origin</th>
<th>External Reference Documents</th>
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7.0 Change Management

Proposed changes to this standard can be directed to EH&S Document Management.

8.0 Definitions and Acronyms

Definitions and acronyms for safety documents are described in the link below:
Cenovus CEN-EHS243, Definitions and Acronyms

The following definitions and acronyms are specific to this practice.

**Exposed worker** means a worker who may reasonably be expected to work in an area where levels exceed or may exceed the OEL at least 30 workdays in a 12-month period.

**Health Hazard** means any situation, condition, process, or agent that may cause harm or an adverse health effect on human health, reproduction or well-being. Agents that are hazardous can be biological, chemical, or physical in nature.

**Occupational Health Risk Assessment** means process of evaluating a potential hazard with consideration of the likelihood and magnitude of adverse effect(s) on health, reproduction, or well-being.

**Occupational Hygiene (OH)** means the science of anticipating, recognizing, evaluating, and controlling workplace health hazards. An occupational hygienist is a person qualified to practice OH.

**Occupational Exposure Limit (OEL)** is a legislated allowable limit on the acceptable concentration of a hazardous substance in workplace air for a particular material or class of materials. It is generally given as a time weighted average (TWA) for an 8-hour shift, a short-term average concentration over 15-minutes (STEL), or a ceiling (C) limit which may not be exceeded at any time. Note that different jurisdictions may use slightly different terminology for exposure limits.