	ENVIRONMENTAL MANAGEMENT SYSTEM PLAN				PROC. No.: O-EP 004
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1. Purpose

This procedure provides a formal written document to assure adequate and effective communication and response during emergency situations, including compliance with the reporting requirements of all Federal, State and Local Regulatory Agencies.

2. Scope

This procedure covers all leaks or spills of products into the environment; property damage and/or loss; explosions or fires; vehicle incidents; injuries, including permanent disability, lost time injuries, hospitalization or time loss for medical treatment; and fatalities.

Environmental emergency situations require immediate attention. The Brazilian legal system, makes it mandatory to notify the representative agency(ies) in the event of any accidental release of hazardous substances into the environment.

Failure to comply properly with these requirements may result not only in civil penalties for the Macaé Merchant Power Plant and its owners, but also criminal charges against the employee(s) and those in government who have failed to perform their duties.

3. Forms Used

- Incident Data Sheet, O-EF 004.A

Note: This form must be numbered before being completed and filed.

4. Responsible Parties

- Brazilian Environmental Manager – Notifies lenders about the event.
- Plant Manager – Notifies government agencies and the community, with the support of Social Communications Personnel.

The Plant Manager is the only person in the plant allowed to provide outside information.

- Environmental Coordinator – Notifies the Brazilian Environmental Manager, helps prepare report forms and maintains records of any incident with environmental consequences occurring at the plant.
- HSE Supervisor – Notifies the Corporate level, prepares report forms and maintains records of any incident occurring at the plant.
- Operations Manager – Decides if an incident requires the emergency response team, and mobilize same, informs Environmental Coordinator, HSE Supervisor and Plant Manager.
- Operations and Maintenance Crews – Incident initial reporting and control measures covered by the Emergency Response Plan (ERP).

5. Definitions

Incident: an undesired event that has the potential to result in injury, environmental damage, property loss or death. Adapted from BS8800 (British Standard).


Release: is defined as the “spilling, leaking, pumping, emitting, emptying, discharging, injecting, escaping, leaching, dumping, or disposing of hazardous substances into the environment”.

Accident: any non-intentional release, fire, explosion, property damage or loss and injury to any person on-site.

6. Procedure

All employees are required to communicate any incident that may occur during the workday to the Operations Manager. A recognized emergency situation, covered by the ERP, requires strict

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compliance with the established Emergency Notification Procedure (Flow Diagram ahead).

On a day-to-day basis, all employees should be constantly alert for potentially hazardous activities. Rapid recognition of dangerous situations covered by the Risk Management Program (RMP) can avert an emergency.

Undesirable situations observed during work assignments should be discussed during the Environmental/HSE meetings.

In an emergency covered by the ERP, crucial messages must be conveyed quickly and accurately. Site staff must be able to communicate information, such as the location of injured personal, orders to evacuate the site and notice of blocked evacuation routes, regardless of noise and confusion, following the ERP. External sources for support must be reached, help obtained, and public notification ensured, if necessary. To do this, separate sets of internal emergency forms and signs have been developed and should be rehearsed, as stipulated in the ERP. Emergency communication systems and procedures should be well known by all workers.

An incident observer must immediately report to the Operations Manager, who will then activate, if necessary, the emergency response team on duty to take the proper actions (see Flow Diagram ahead). The Operations Manager must immediately notify the Environmental Coordinator, the HSE Supervisor and the Plant Manager about any emergency situation.

The Plant Manager is responsible for reaching outside resource support, such as:

- Fire Brigade – 193
- Police Department – 190
- Civil Defense – 193
- Hospitals – 192

The Plant Manager is also responsible for promptly notifying the following regulatory agencies: IBAMA, FEEMA, ANEEL and the Ministry of Labor. This will include immediate verbal communication and subsequent written, follow-up reports.

The HSE Supervisor is responsible for registering all incidents in the Incident Data Sheet, O – EF 004.A and keeping all documentation for the possible emergency notification.

As soon as possible, the Environmental Coordinator and the HSE Supervisor, based upon the approval of the Plant Manager, must contact the El Paso Rio office and provide it with verbal accident reports, as well as e-mailing the Incident Data Sheet to the Brazilian Environmental Manager and the Corporate Health and safety Department.

In case of emergencies that result in death or serious environmental impact, the Plant Manager will be responsible for all external communication, including the media, using the support of Social Communications Personnel.

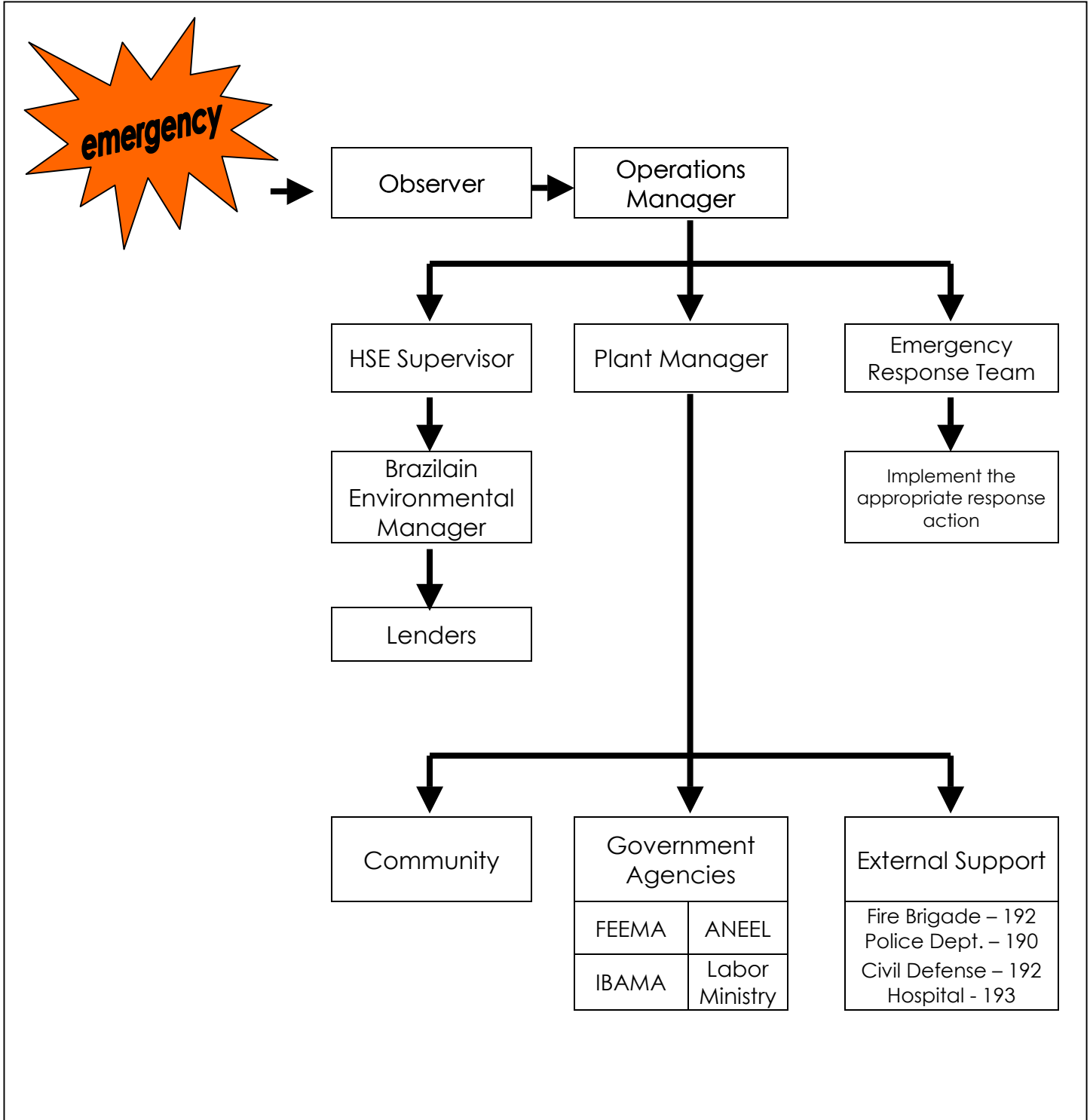
7. Records

The HSE Supervisor, aided by the Environmental Coordinator, will maintain records of all incidents at the facility, as well as the records of internal and external communications with regulatory agencies, stakeholders and the media.

8. Records of Revision

Revision Date	Description	Sections Affected

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INCIDENT DATA SHEET

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Observed by:

Function:

Location of Incident:

Date:

Time:

Description of Incident:

Responsible Emergency Coordinator(s):

Severity:

H

M

L

H = High Severity, M = Medium Severity, L = Low Severity

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Emergency Outside Response

Applies Does not apply

Entity:
 Time of Call:
 Party Contacted:
 Time of Arrival:
 Team Leader:
 Notes:

Injury / Illness

Applies Does not apply

Case N°

Regular Employee Contract Employee Temporary Employee Non-Employee

Employee Name (First, Middle, Last)		Employee I.D. N°	Company Name	Reporting Location
Job Experience		Investigation Completed?		Work Telephone # ()
Injury Classification	<input type="checkbox"/>	First Aid	<input type="checkbox"/>	First Aid – Doctor
	<input type="checkbox"/>	Days Away	<input type="checkbox"/>	Medical
	<input type="checkbox"/>	Off the Job	<input type="checkbox"/>	Fatality
Location of Injury			Specific Area of the Facility	
Date of Injury	Date of Report	Time of Injury	Time Shift Began	
Report Entered By:				

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INCIDENT DATA SHEET

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Body Part Injured:

Type of Injury/Illness:

- | | |
|--|--|
| <input type="checkbox"/> Abrasion | <input type="checkbox"/> Hernia |
| <input type="checkbox"/> Asphyxiation | <input type="checkbox"/> Irritation (other than skin) |
| <input type="checkbox"/> Bite/Sting | <input type="checkbox"/> Loss of Consciousness |
| <input type="checkbox"/> Blister | <input type="checkbox"/> Needle Stick/ Contaminated Sharp |
| <input type="checkbox"/> Burn-chemical | <input type="checkbox"/> Occupational Skin Disease |
| <input type="checkbox"/> Burn-thermal | <input type="checkbox"/> Poisoning |
| <input type="checkbox"/> Contusion-bruise | <input type="checkbox"/> Puncture |
| <input type="checkbox"/> Cut | <input type="checkbox"/> Respiratory Condition due to toxic agents |
| <input type="checkbox"/> Dislocation | <input type="checkbox"/> Sprain or strain |
| <input type="checkbox"/> Disorders (trauma) | <input type="checkbox"/> Other Occupational Injury |
| <input type="checkbox"/> Disorders (physical agents) | <input type="checkbox"/> Other Occupational Illness |
| <input type="checkbox"/> Dust Disease of Lung | |
| <input type="checkbox"/> Electrical Shock | |
| <input type="checkbox"/> Fracture | |
| <input type="checkbox"/> Heat Stress/ Stroke | |

Type of Incident:

- | | |
|--|--|
| <input type="checkbox"/> Animal Bite | <input type="checkbox"/> Over exertion in lifting, pushing, etc. |
| <input type="checkbox"/> Bodily reaction | <input type="checkbox"/> Repetitive Motion |
| <input type="checkbox"/> Burn-flash/ Radiation/ Chemical | <input type="checkbox"/> Struck Against Object |
| <input type="checkbox"/> Caught in or between objects | <input type="checkbox"/> Struck by Flying Debris |
| <input type="checkbox"/> Exposure to Extreme Temperature | <input type="checkbox"/> Struck by object |
| <input type="checkbox"/> Fall | <input type="checkbox"/> Trip or Slip |
| <input type="checkbox"/> Inhalation/ Absorption/ Ingestion | <input type="checkbox"/> Other |
| <input type="checkbox"/> Insect Bite/Sting | |

Personal Protective Equipment (used at time of Incident):	Safety Glasses	Safety Shoes	Hard Hat
	Flame Resistant Clothing	Gloves	Other

CORRECTIVE MEASURES

Cause(s) of Incident:	Actions to be taken to prevent similar accidents in the future
<u>Supervisor's Name</u>	<u>Telephone N°</u> () -

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INCIDENT DATA SHEET

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MEDICAL INFORMATION

Number of Days Away (DA)	Date DA Started	Date DA Ended
Number of Restricted / Transfer Days (RT)	Date RT Started	Date RT Ended
<u>Has employee returned to full duty?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No		<u>Date returned to full duty</u> / /

DOCTOR INFORMATION

Name

Date of Treatment
/ /

Telephone Number
() -

Doctor's Comments:

HOSPITAL INFORMATION

Name

Telephone Number
() -

Address

City / State

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Property Damage/Loss

Applies Does not apply

Damage Type Company Equipment Damage Non-Company Equipment Damage
 Item(s) Stolen or Damaged:

VALUE OF ITEMS			
Stolen or Damaged \$:		Owned By:	
Address:	City:	State:	Telephone Number () -
If stolen, was a report filed with a law enforcement agency? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, which agency:			
Investigating Officer's Name:		Telephone Number: () -	Case Number Assigned:
Detailed Description of Damage:			
Replacement Cost \$:	Repairs to be made by: <input type="checkbox"/> Company <input type="checkbox"/> Contractor Unknown		If contracted, Name of Contractor:

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INCIDENT DATA SHEET

Vehicle Incidents

Applies Does not apply


Case N°

Regular Employee Contract Employee Temporary Employee Non-Employee

Employee Name (First, Middle, Last)	Employee I.D. N°	Company Name	Reporting Location
Work Telephone N° ()	Vehicle Collision Classification	Unclassified Non-Recordable	Preventable Non-Preventable
Location of Incident		City / State	
Date of Incident	Date of Report	Time of Incident	
Report Entered By:			

Purpose of vehicle use at the time of collision <input type="checkbox"/> Authorized <input type="checkbox"/> Unauthorized		Please indicate type of vehicle: <input type="checkbox"/> Company <input type="checkbox"/> Rental <input type="checkbox"/> Personal		
Vehicle Model	Vehicle Year	Vehicle Color	License Plate Number	License Plate State
Driver's Home Address		City	State	Zip Code
Driver's License Number		Driver's License State		Drivers License Current <input type="checkbox"/> Yes <input type="checkbox"/> No
DOT/CDL <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No		Drug/Alcohol Testing Performed? <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No		Driver Training Current <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Driver Training / /	Any Other Vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No	Estimated Speed at Time of Collision		Posted Speed
How many other Vehicles?				
Vehicle Condition:	<input type="checkbox"/> No Defects <input type="checkbox"/> Defective brakes <input type="checkbox"/> Defects not known	<input type="checkbox"/> Chains in use <input type="checkbox"/> Defective tires <input type="checkbox"/> Improper lights	<input type="checkbox"/> Defective Steering Mechanism <input type="checkbox"/> Other _____	
Driver's Condition:	<input type="checkbox"/> Normal	<input type="checkbox"/> Fatigued	<input type="checkbox"/> Sick/ill	<input type="checkbox"/> DUI <input type="checkbox"/> On Medication
Seat Belt Used By Driver? <input type="checkbox"/> Yes <input type="checkbox"/> No	Seat Belt Used By Occupant? <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	360° Walk Around Performed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Cell Phone In Use By Driver? <input type="checkbox"/> Yes <input type="checkbox"/> No
Damage To Other Vehicle? <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No		Citation Issued? <input type="checkbox"/> Yes <input type="checkbox"/> No		Citation Issued To Whom?
Citation Description:				
Were There Any Injuries? <input type="checkbox"/> Yes <input type="checkbox"/> No	How Many Injuries?	Were There Any Witnesses? <input type="checkbox"/> Yes <input type="checkbox"/> No	How Many Witnesses?	
Name of Witness			Telephone Number of Witness () -	

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1. Purpose

This procedure is designed to establish the process for internal environmental communication among the Macaé Merchant Power Plant, its employees, contractors and equity partners.

2. Scope

The Macaé Merchant Power Plant utilizes a variety of measures to communicate environmental and health and safety issues to its employees and contractors, such as bulletin boards, daily unit meetings, weekly management meetings and reports. Two lines of communication have been identified:

- The Macaé Merchant Power Plant and its employees and contractors, and
- The Macaé Merchant Power Plant and its Owner.

3. Responsible Parties

- Plant Manager
- Environmental Coordinator and HSE Supervisor

4. Forms Used

- Internal Communication Form, O-EF 005.A;
- Meeting Record, O-EF 005.B
- Monthly Report, O-EF 005.C

Note: All forms must be numbered before filing.

5. Definitions

Contractor and Contractor Employee:

A contractor or a contractor employee is any non-Macaé Merchant Power Plant organization or

individual performing work on behalf of the Macaé Merchant Power Plant under the direct supervision of the contractor company. This does not include casual visitors, such as salespersons, truck drivers, delivery people and visitors.

6. Procedure

Macaé Merchant Power Plant and its employees and contractors


In order to promote safe and environmental friendly practices, the Plant Manager, Environmental Coordinator and the HSE Supervisor will maintain a permanently updated bulletin board with information regarding health, safety and the environment, in a location of easy access and weather-protected.

The bulletin board will be of an appropriate size to accommodate the following information:

- Posters on health and worker safety;
- Emergency telephone numbers, such as the Fire Department, Police, the Civil Defense System, Ambulance Service, Hospitals, etc.;
- Environmental and Health & Safety standards practiced at the Plant; and
- Appropriate posters regarding environmental and health & safety issues.

At least once a month, an environmental and health & safety meeting will be held to discuss work practices and conditions at the Plant. The Plant Manager, Environmental Coordinator and HSE Supervisor, Operations Manager, Maintenance Manager and at least two Operators shall participate in the meeting. Although the discussion is based on topics related to the activities planned for their teams, additional topics, such as non-compliance incidents, near misses or accidents that occurred in the foregoing month may also be discussed. The

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Environmental Coordinator and the HSE Supervisor are responsible for suggesting topics for the monthly meetings.

The Operators that participate in the meetings are responsible for communicating the topics discussed to the other Operators. Every month, two different Operators will participate in the meeting.

The agenda of the meeting will include the following topics:

- Notes of the previous meeting;
- Analysis of any environmental non-compliance, incident, near misses or accidents that have occurred since the last meeting, identifying causes, areas and professional categories involved in the accidents; and,
- Analysis of the most frequent violations of environmental and safety standards, including the corrective measures required to avoid repetition.
- Review of safety issues proposed by CIPA (Internal Committee for the Prevention of Accidents – required by Brazilian Law – see NRs, Labor Ministry, Chapter II of this EMMP)

The Environmental Coordinator and the HSE Supervisor are responsible for making and keeping meeting notes, including the names of the participants. Under normal circumstances, these meetings would not last more than 30 minutes.

The Plant Manager, Environmental Coordinator and HSE Supervisor are responsible for holding a weekly meeting. This meeting should last 30 minutes and discuss non-compliance, near misses, contractor performance, audit results, changes in procedures, among other relevant topics. The Plant manager is responsible for keeping meeting notes.

There will also be environmental and health & safety meetings with the representatives of subcontractors every month.

The Plant Manager and the HSE Supervisor will present a mandatory action list for each subcontractor. The meeting will last approximately 30 minutes and the Environmental Coordinator and the HSE Supervisor are responsible for keeping notes and distributing them to all participants.

Macaé Merchant Power Plant and Owner

The Environmental Coordinator and the HSE Supervisor will coordinate the preparation of Annual Reports, which must be sent to the Brazilian Board of Directors. The Annual Report must include all information collected during the operation of the plant during the year, highlighting the non-conformities found and measures taken to resolve them, and successes and difficulties encountered. Copies of all Audit Reports and Monitoring Forms must be attached to the Report.

All environmental concerns voiced in the Board Meeting must be registered by an Environmental Internal Notification Form, O-EF 005.A, by the Plant Manager or appointed substitute.

7. Records

The Environmental Coordinator and the HSE Supervisor are responsible for keeping documentation for all communications described in this procedure.

8. Records of Revisions

Revision Date	Description	Sections Affected

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