

# WORKPLACE SAFETY GUIDELINES

**Summit Digital Solutions, Inc.**

*Effective Date: January 15, 2024*

*Document Version: 2.0*

*Last Updated: January 9, 2024*

## 1. PURPOSE AND SCOPE

1. These Workplace Safety Guidelines (the "Guidelines") establish mandatory safety protocols and procedures for Summit Digital Solutions, Inc. ("Company") and apply to all employees, contractors, consultants, temporary workers, and visitors at all Company facilities and client sites.
2. These Guidelines specifically address safety considerations related to the Company's digital transformation services, including IoT device installation, hardware deployment, and on-site systems integration activities.

## 2. DEFINITIONS

1. "Restricted Areas" means server rooms, data centers, electrical rooms, and areas containing mission-critical client infrastructure.
2. "PPE" means Personal Protective Equipment required for specific work activities.
3. "Safety Incident" means any event that results in or could have resulted in injury, property damage, or service disruption.

## 3. GENERAL SAFETY REQUIREMENTS

1. All personnel must complete the Company's Safety Certification Program before accessing client sites or restricted areas.
2. Personnel must maintain current certifications in:
  - a) Basic electrical safety
  - b) Data center safety protocols
  - c) Emergency response procedures
  - d) IoT device handling and installation

3. Proper identification and security credentials must be displayed at all times while on Company or client premises.

#### **4. SPECIFIC SAFETY PROTOCOLS**

##### **1. IoT Device Installation**

- a) Conduct pre-installation site safety assessment
- b) Verify power specifications and circuit capacity
- c) Use approved mounting hardware and safety equipment
- d) Document all installation points and access requirements

##### **2. Data Center Operations**

- a) Maintain proper clearance around equipment racks
- b) Follow hot/cold aisle protocols
- c) Use appropriate cable management systems
- d) Observe weight limitations for raised floors

##### **3. Remote Site Work**

- a) Minimum two-person team requirement
- b) Local emergency contact information must be documented
- c) Vehicle safety kit requirement for field personnel
- d) Check-in protocol every four hours during extended deployments

#### **5. INCIDENT REPORTING AND RESPONSE**

1. All safety incidents must be reported within 24 hours through the Company's Peak Performance Platform incident management module.

2. Required incident documentation includes:

- a) Date, time, and location
- b) Personnel involved
- c) Description of incident
- d) Immediate actions taken
- e) Witness statements
- f) Photos or diagrams where applicable

3. Post-incident review meetings must be conducted within 72 hours for any incident resulting in injury or property damage exceeding \$1,000.

## **6. COMPLIANCE AND ENFORCEMENT**

1. The Company's Safety Compliance Officer shall conduct quarterly audits of safety protocols and documentation.

2. Violations of these Guidelines may result in:

- a) Immediate removal from project sites
- b) Mandatory retraining
- c) Disciplinary action up to and including termination
- d) Legal action where applicable

## **7. EMERGENCY PROCEDURES**

1. In case of emergency:

- a) Ensure personnel safety
- b) Contact emergency services if required
- c) Notify immediate supervisor
- d) Secure affected equipment and areas
- e) Document incident details

2. Emergency contact numbers must be posted in all work areas and programmed into company-issued devices.

## **8. REVIEW AND UPDATES**

1. These Guidelines shall be reviewed annually by the Safety Committee and updated as necessary to reflect changes in operations, technology, or regulatory requirements.

2. All updates must be approved by the Chief Operating Officer and distributed to all affected personnel.

## **9. ACKNOWLEDGMENT**

I acknowledge that I have received, read, and understand these Workplace Safety Guidelines and

agree to comply with all requirements contained herein.

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**Employee Name:** \_

**Employee ID:**

**Date:**

**Signature:**

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## **10. DOCUMENT CONTROL**

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