



Sonic Systems International, Inc.

Energy Services Group

1880 Dairy Ashford, Suite 207 – Houston, Texas 77077 – (281) 531-7611

Employee Handbook

EMPLOYEE COPY

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Introduction

This handbook will assist you in understanding your duties and responsibilities as a Sonic Systems International (SSI) employee. As it is impossible to foresee all conditions that may arise in the course of your employment, this handbook may be amended or supplemented in the future as needed.

SSI – Corporate 1880 Dairy Ashford, Suite 207, Houston, Texas 77077

Phone: 281-531-7611 **Toll Free:** 800-417-3140 **Fax:** 281-531-6621

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Accounting Office Manager	Adriana Block Office Extension 14	Cell: 713-252-8230 ablock@ssi-group.net
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Payroll Manager	Dinora Vazquez Office Extension 15	Cell: 832-360-4120 dvazquez@ssi-group.net
Operations Support	Joshua Hubbard Office Extension 18	Cell: 832-766-8041 jhubbard@ssi-group.net
Certification Coordinator	Philip Davis Office Extension 19	Cell: 713-516-1387 pdavis@ssi-group.net
Accounting/Operations Support	Mary Heinlen Office Main Line	Cell: 979-341-4572 mheinlen@ssi-group.net
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SSI – Nuclear Headquarters 3901 Castle Hayne Road, Mail Code F-12, Wilmington, NC 28401

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Operations Coordinator – ISI	Katy Hollifield	Cell: 910-508-6469 khollifield@ssi-group.net
Operations Manager – ISI	Paul Nappi	Cell: 803-412-5750 pnappi@ssi-group.net
Operations Manager - RF	Kevin Reynolds	Cell: 910-547-9988 kreynolds@ssi-group.net
Operations Manager - RF	Mike Gunther	Cell: 910-685-5707 mgunther@ssi-group.net
Operations Coordinator	Tina East	Cell: 346-297-4139 teast@ssi-group.net
Resource Manager - RF	Andrea Riselli	Cell: 910-599-4806 ariselli@ssi-group.net
Resource Manager - RF	Clayton Harding	Cell: 678-429-8703 charding@ssi-group.net
Staffing Operations & Safety Mgr	Scott Gowdy	Cell: 910-398-1862 sgowdy@ssi-group.net

Employment Procedures

General Statement

SSI wants your employment to be as productive as possible for you, SSI, and the customer to which you are assigned. All SSI employees shall adhere to the guidelines provided by and on behalf of SSI. Final determinations of employment will be based solely upon the prospective employee's qualifications.

Employment Relationship

As an SSI employee, you will be assigned to various project locations during your employment. You shall report directly to the SSI Site Supervisor, who will make day-to-day management decisions on behalf of SSI and provide the primary interface between you and our customer.

Employment Classification

SSI employees are hired for specified periods of time to meet our customer needs, or are hired for specific projects and durations.

Appraisal Period

The first six months of employment under any type of employment is an appraisal period for all employees. During this time, both the employee and employer have an opportunity to evaluate one another. During the appraisal period, each employee will be evaluated for:

Ability Attitude Compatibility with position Conduct Other areas

Equal Employment Opportunity Policy

We believe in equitable treatment of all our employees with due consideration being given to individual rights and desires whenever and wherever possible. Title VII of the Civil Rights Act prohibits discrimination because of race, color, religion, sex or national origin in all employment practices including conditions of employment. SSI will not condone, allow or knowingly participate in any act of discriminatory treatment, either by supervisors or employees. Conduct deemed discriminatory will result in disciplinary action up to and including termination of employment.

Work and Pay Policies

General Statement:

Employees should conduct themselves in a professional manner to reflect favorably on themselves, SSI, and our customers.

Harassment Policy

SSI will not tolerate any form of harassing treatment of our employees. If you feel you have been subjected to unsolicited sexual advances, innuendoes or other forms of harassment, immediately notify your SSI Manager/Supervisor or the SSI HR Manager.

Compensation and Scheduled Work Hours

Employee's compensation for hours worked will be documented in advance of your project on the Employee Project Information Sheet (PIS). Any questions regarding your compensation must be resolved prior to the scheduled travel date.

The employee's work schedule for the project will also be documented on the PIS (Project Information Sheet). SSI will attempt to pass on all pertinent information to our employees in advance of the project.

Some projects may require our employees to work various schedules, e.g. 4/10, 6/10 or 7/12. We will identify the Straight Time and Overtime conditions for each project in the PIS.

Failure to gain site access or removal from site will result in the following:

- No travel expenses or other expenses incurred to or from the job site will be reimbursed.
- No expenses incurred while at the job site or while waiting to gain site access or incurred before or after removal from the job site will be reimbursed.
- No time or per diem pay, other than that approved by the customer, will be paid. Time approved by the customer will be paid at the current federal minimum wage.
- If an SSI employee leaves an assignment before being released by SSI or the customer, any and all costs associated with the employee leaving, including steps taken to fill the voided position, will be subtracted from the employee's last paycheck.
- All expenses incurred by SSI, including but not limited to training expenses, travel expenses, per diem pay or time paid to employee, is to be reimbursed by the employee to SSI, should employee not gain site access or be removed from the site.

Project Scheduling

Scheduling shall be handled by your SSI Manager/Supervisor through the applicable SSI office. Employees will be directed by phone, email, and/or Project Information Sheet (PIS). Your instructions should include, as a minimum:

- Project Site / Location / Directions
- Project Scheduled Start & End Dates
- Travel Compensation
- Employee Provided Clothing & Safety Equipment
- Compensation Rules, Completion of Site Access, Security Requirements, & Training
- Point of Contact / Phone Numbers
- Compensation & Scheduled Work Hours
- SSI Provided Safety Equipment
- Customer Approved Holidays

Project Changes or Cancellations

SSI will inform employees of any changes that occur in travel dates or other information related to scheduled projects. In the event of a project cancellation, SSI will make every effort to find an alternate job assignment for the affected employee(s). Nevertheless, SSI is not required to find an alternative job assignment for the affected employee. It is incumbent on the employee to inform SSI as soon as they become aware of any changes in their availability for a scheduled or planned job assignment.

Failure to arrive for a scheduled job assignment (no-show), failure to arrive on time, or leaving prior to completion, can result in disciplinary action up to and including termination of employment.

Travel Requirements

If there are customer-offered travel and/or accommodations options available, you must notify the applicable SSI office of your arrangements *at least 14 days prior to your scheduled arrival on site*. If you are provided direct bill (paid by SSI) accommodations or rental vehicles, you must obtain copies of the receipt when departing or turning in the rental vehicle and fax to SSI with your timesheet.

Employee Physical Examination

When required by SSI customers, you may be requested to obtain a physical examination. Physical exams will require your Staffing Managers approval.

SSI will attempt to schedule and set up direct payment with the physician. Should an employee pay for the physical examination, completed copies of physician notes, lab results, and the completed Physical Forms must be submitted with the receipt.

Time Reporting

It is the responsibility of each individual employee to check the accuracy of all time/information included on the SSI timesheet, obtain the required Customer approval/signature, and send to Houston/Corporate office by Monday 12:00pm each week. Fax (281-531-6621) or Email (payroll@ssi-group.net)

Timesheets

Each employee is responsible for completing his or her timesheet completely and accurately. The following fields on the timesheet must be completed:

First and Last Name	Week Ending Date
Job Title, Project Name, and/or location	Project Number and Task Number
SAP Number (if applicable)	Daily ST and OT hours, and totals
Per diem	Other authorized expenses
Employee signature	Customer signature and printed name
Where to send checks or direct deposit	

Discrepancies between the hours or expenses paid and the hours or expenses submitted will be detailed on a Change Notice form by the SSI payroll department. The Change Notice will be provided to the employee with the affected check(s).

You must provide receipts for all expenses other than per diem and mileage. If receipts are not submitted with the timesheet, the expense will not be reimbursed. Expenses that are not identified by your SSI Manager or on your PIS must have approval by the applicable SSI office prior to submittal. Customer Project Managers or Site Managers cannot authorize or approve expenses other than those included on your Project Information Sheet.

Due to the project nature of our work, if your timesheet is not received in a timely manner (within two weeks from your travel out date), you will not be reimbursed. If there are special circumstances, please contact the Payroll Manager for exceptions.

Payroll / Pay day

SSI employees will be paid each Monday. Checks will be sent to the address indicated on the employee's timesheet or direct deposited. If an employee is electing direct deposit for the first time or making account changes, please allow 2-3 pay periods for pre-note to be completed. Until pre-note is completed, a check will be mailed to the home address on file, unless otherwise noted.

Employee Evaluation Policy

The purpose of employee evaluations is to ensure fair and equitable compensation according to job responsibilities. Employee evaluations also ensure that each person understands clearly what is expected in a particular job. SSI strongly believes in pay for performance. The quality of an employee's work, ability to lead, attendance, promptness of records, appearance and personal initiative are considered when wages are reviewed or a promotion is considered. All determinations of promotion and/or wage changes shall be made through SSI.

SSI employees are evaluated on their performance with input from our customers and SSI Managers, after each assignment. Performance will be measured in terms of accomplishments in relation to the stated goals of the position and the goals of SSI, in conjunction with our customers.

Training Compensation

Both SSI and our customers provide training to our field services staff in the areas of refueling, inspection, quality and specific project training. Your SSI Manager will discuss the basis of compensation, if any, for training programs prior to each training class.

Pay Deductions and Other Withholdings

As a W-2 employee, SSI does withhold Federal and, where required, State income taxes (per employee home address) from every employee's pay. The amount of these withholdings shall be based on the withholding forms that are completed when SSI hires the employee.

Payroll Checks and Errors

An employee's payroll check will not be released to another person without signed permission. If a payroll check is lost or stolen, prompt notification must be sent, in writing, to SSI's Corporate office.

Paychecks may not be issued in advance of regularly scheduled pay dates. If an error has been made, the SSI employee should inform the SSI Corporate office immediately.

The Federal Social Security Act requires a certain percentage of your pay be withheld and paid to the U.S. Treasury. These payments entitle the employee to a pension and other benefits as defined in the Social Security Act. Unemployment Tax is paid to the state in which you reside.

Site Access Process and Documentation

Site Access

Failure to successfully pass all site access requirements, including security background investigation, drug screening, site in-processing training, incomplete radiation history, medical exam, or certification tests, will result in the termination of employment. SSI's new hire package questionnaire contains most of the information relevant to obtaining site access, so it is the employee's responsibility to be completely candid and honest when completing. This questionnaire also allows SSI and our customers determine site access issues before the expenditure of time and expenses by SSI, the customer and the employee.

If site access is denied or employee is removed from site based on any of the above, or for other employee-related cause, no expenses incurred while at the job site or while waiting to gain site access or incurred before or after removal from the job site will be reimbursed. No time or per diem pay, other than that approved by the customer, will be paid. Time approved by the customer will be paid at the current federal minimum wage.

All expenses incurred by SSI, including but not limited to training expenses, travel expenses, per diem pay or time paid to employee, is to be reimbursed by the employee to SSI.

For any incidents involving Fitness for Duty (FFD), contact your SSI Manager IMMEDIATELY.

Security Access Documents

The security access package / personal history questionnaire (PHQ) represents the most important process in gaining unescorted access to a nuclear site. The amount of information required is based on your last held access status as follows:

- **Full / Update:** You have never held unescorted access at a nuclear site or you have not held unescorted access within the preceding 365 days.
- **Reinstatement:** You have held unescorted access within the preceding 365 days.
- **Transfer / Rollover:** You have held unescorted access within the preceding 30 days.
- **Complete and Full Dates:** Example (mm/dd/yyyy) - 09/01/2002

The importance of reading each question carefully and providing complete, true, and current information cannot be overstressed. Erroneous or incomplete information results in delayed processing or denial of access. Your information must be complete, true, and current. There can be no blank sections on the documents. If the section is not applicable, then you must enter not applicable (N/A) for that section. Be sure to sign the documents and return by the due date indicated or within five (5) days of receipt. If you have any doubts or questions regarding the information required, contact your SSI Manager before completing.

Radiation History

It is the employee's responsibility to maintain and provide all radiation exposure history records. These records are required by the Customer upon arrival to a site. If badging or access is delayed pending collection of these records, the employee may not be paid for hours or per diem during the delayed period of time. If access is denied due to incomplete or incorrect radiation history documents the provisions under **Site Access** will be applicable.

Attendance and Absenteeism

Attendance Policy

To be successful, it is important that every employee adhere to the schedule established by our SSI Manager/Supervisor. Any employee who is absent from work for any reason is responsible for notifying their SSI Manager or SSI Site Supervisor at the beginning of their workday. Each employee will report at the scheduled starting time and work until the scheduled quitting time. Excessive, unwarranted, misrepresented, or unreported absences may be subject to disciplinary action, up to and including termination of employment.

Site Holiday Schedule

SSI will identify approved holidays for working employees assigned to a project site. When applicable, customer-approved holidays are paid only if you work on the holiday.

Personal/Sick and Other Unpaid Time Off

Unpaid time off is allowed only when it does not interfere with the normal working schedule of the customer. When at all possible, unpaid time off from site (if not scheduled) should be pre-approved by your SSI Manager or SSI Site Supervisor.

Family and Medical Leave Act

SSI employees are eligible for 12 weeks of unpaid leave under the Family and Medical Leave Act (FMLA). Employees requesting leave must have at least one (1) year of service to SSI and be employed full-time. Before FMLA is activated, all accumulated, paid leave must be exhausted. Qualifying events for use of FMLA include: birth of a child &/or the requirement to care for the newborn child, the placement with the employee of a child for adoption or foster care, the need to care for the employee's spouse, child, or parent with a serious health condition, or a serious health condition that makes the employee unable to perform their job. FMLA request forms can be obtained from SSI Human Resources. A letter of medical certification by a health care provider is required and must be submitted with the request. The following conditions apply when FMLA is approved:

1. FMLA is unpaid for a period of 12 weeks.
2. An employee may maintain any existing health coverage by paying the employee's portion of the premium with a post-dated check(s).
3. An employee may maintain existing life insurance coverage by paying the premium with a post-dated check(s).
4. Under FMLA, the employee must return to work on the first work day following the last day of unpaid leave.
5. Employee life insurance and health insurance, if applicable, will be automatically terminated unless a post-dated check(s) is delivered to SSI Human Resources prior to the first day of approved leave under FMLA.

Military Leave

Employees called to military service will have the opportunity to return to work when that service is completed. There will be no payment by SSI for the time period that the employee is on military leave. The opportunity to return to work is based solely on the availability of work for such employee after the return from military leave.

Bereavement

Upon the death of an immediate family member, SSI employees may receive up to three (3) days of unpaid leave for bereavement. Bereavement shall be reduced by one day for each day a paid holiday or non-workday (weekend) occurs during the three (3) day bereavement leave period. "Immediate Family Member" refers to: employee's spouse, child, parent, sibling, grandparent, and grandchild, and any of the corresponding step, half, or in-law relationships, or any person living within the employee's home for whom the employee may claim a deduction under section 151 of the Internal Revenue Code. An employee who wishes to take time off due to the death of an immediate family member should notify his/her SSI Manager immediately.

Employee Benefits

For Medical, Dental, Vision, Life, and/or 401K eligibility inquiries, contact the SSI HR Manager.

General Rules and Employee Responsibilities

Employee Concerns

SSI recognizes that there can be conditions that result in misunderstanding or dissatisfaction. The importance of resolving or clarifying employee concerns in a timely and efficient manner is our priority. The following steps have been established to provide the employee with a structured approach to bringing their concerns or questions forward.

1. Discuss the concern with your SSI Manager or SSI Site Supervisor.
2. If you are unable to speak to your SSI Manager/Supervisor, contact the SSI HR Manager.
3. If you are not satisfied with the response from your SSI Manager/Supervisor or HR, this should be made known and the Manager/Supervisor will schedule a meeting with the SSI President.

All employee concerns must be addressed through appropriate channels. At no time shall an employee address employment, pay, company policy, or other concerns, with a Customer, Company Representative, or with any other SSI employee, other than the SSI Manager/Supervisor or SSI HR.

Employee Grievance(s) or Complaint(s)

SSI cares and wants to be made aware of any grievances, complaints, or unresolved issues that employees may have with customer management, co-worker, or SSI in-office staff. Only by being informed, can SSI correct or resolve situations that affect your work environment. Please contact the SSI HR Manager with any complaints.

Accident/Injury/Illness Policy

All assigned SSI employees are covered under Workers' Compensation Insurance to provide medical services and disability payments to all employees sustaining an injury or suffering an illness arising out of and in the course of employment. **Employees must report all accidents or illnesses IMMEDIATELY to their SSI Manager, SSI Site Supervisor, or SSI Safety Manager.**

- SSI Safety Manager – Scott Gowdy 910-398-1862
- SSI Ops Mgrs RF – Mike Gunther 910-685-5707 or Kevin Reynolds 910-547-9988
- SSI Resource Mgrs RF – Andrea Riselli 910-599-4806 or Clayton Harding 678-429-8703
- SSI Ops Mgr (GEH / Duke) – Kerry Hinshaw (910-520-2927)
- SSI Ops Mgr (Westinghouse) – Paul Nappi (803-412-5750)
- President – Bruce Schlueter (847-997-2670)

Employees are required to complete the Accident / Incident Investigation & Assessment Report (Attachment E). The completed form must be sent to the SSI Safety Manager within two (2) hours of the incident/injury. The SSI Safety Manager will notify the SSI President immediately.

Dress Code

All assigned SSI employees are expected to dress in an appropriate, professional manner, consistent with their project requirements. Your SSI Manager or the PIS will detail any site-specific requirements.

Smoking Policy

Smoking will only be permitted in designated areas and during scheduled breaks.

Company Property

Any property, equipment, inventory, tools, vehicles or similar items owned by the customer and loaned to the employee are the responsibility of the employee. Such items must be used only for their intended business purpose and accounted for properly. Manuals, bulletins, Material Safety Data Sheets (MSDS) etc. must be read and used by the employees. If/when required, meetings shall be attended. The employee may not disclose items that are confidential or trade secrets of SSI or SSI customers.

Rental Vehicles

Employees who operate SSI rental vehicles will be required to have a valid driver's license. Employees must notify SSI of any changes in driving privileges. SSI will not reimburse employees for cost associated with impounded vehicles, citations, and other infractions due to negligence. Charges for additional services (GPS units, satellite) will be at the employee's expense. The rental car keys must be in possession of an SSI employee at all times during the rental period. Rental cars must be returned with a full tank of gasoline. ***IMPORTANT* DECLINE ANY INSURANCE OPTIONS OFFERED BY THE CAR RENTAL AGENCY.** *Employees that accept additional insurance coverage offered by the rental agency do so at their own expense.* All necessary insurance coverage is provided by the SSI corporate insurance policy. At no time may an employee drive, or allow anyone else to drive, any SSI rental vehicles after the consumption of alcohol or drugs (legal or illegal).

There may be two or three employees assigned to share in the use of each mid-size vehicle provided by the customer or SSI.

Employees that have a DUI / DWI in the past five years are prohibited from operating rental vehicles. Failure to comply with this policy will result in disciplinary action, including termination of employment, and full personal liability for injuries and damages incurred while operating a rental vehicle.

Rental Car Vehicle Damage or Accidents

SSI employees must IMMEDIATELY report all accidents and/or damage to rental vehicle, regardless of severity, to their SSI Manager or SSI Site Supervisor.

- SSI Safety Manager – Scott Gowdy 910-398-1862
- SSI Ops Mgrs RF – Mike Gunther 910-685-5707 or Kevin Reynolds 910-547-9988
- SSI Resource Mgrs RF – Andrea Riselli 910-599-4806 or Clayton Harding 678-429-8703
- SSI Ops Mgr (GEH / Duke) – Kerry Hinshaw (910-520-2927)
- SSI Ops Mgr (Westinghouse) – Paul Nappi (803-412-5750)
- President – Bruce Schlueter (847-997-2670)

In addition, employees must immediately contact the rental car company and complete an accident report. Inform the rental car company to contact the SSI HR Manager (281-531-7611) to send a copy of the report. The following information is required:

Full Name of SSI employee driving the rental vehicle	Date and time of accident
Detailed description of accident	Damage to the vehicle
Accident report taken by law enforcement	Accident report from rental company
Rental location phone # AND rental contract #	
Full name, address, drivers license #, and phone # of other driver(s) (if applicable)	
Contact info for site supervisor	

Work Ethic

In order for our customer to be successful, it is important that every employee contribute to the best of their ability. The quality of your work will have a direct impact on your experience with the customer and SSI. We expect a strong work ethic and this will be reflected in the allocation of promotions, pay increases and benefits.

Resume/Experience Update Requirements

A current resume is required for all employees. It is the employee's responsibility to provide updates to their resume after each assignment or after the outage season. An electronic copy of your initial resume is preferred. Resume updates should be sent to your SSI Manager.

Experience updates are required by our Quality Assurance Director to maintain and update certificates/qualifications. You should complete an Experience Record after each assignment (Attachment C). It is also required that you send a copy of any past certification training or qualifications.

Quality Assurance Program

SSI maintains a Quality Assurance Program which is in compliance with the Federal Code of Regulations, Title 10 "Energy", Part 50, Appendix B. Our program addresses our processes for personnel certification, purchased materials, administrative and site specific procedures, and record retention. Project training is conducted to identify areas of the Quality Assurance Program, which are required responsibilities. Please contact our Quality Assurance Director with questions regarding compliance or your activities with regards to quality-related matters.

Safety

You are relied upon for safety!

SSI strives to ensure that work places are safe, clean, and that risks are kept at a minimum. In order to accomplish this goal, SSI has established the following safety rules:

Ask questions if you are unsure of a situation or how to proceed.

Use pre-job briefs (3 minute rule, peers reviews, etc.)

Learn and know your job thoroughly.

Don't take chances or short cuts. Thinking beforehand might prevent accident or injury.

Know the location of, and be able to use, first aid, fire protection, and safety equipment.

Work areas and aisles must be kept clean and clear.

Equipment must be shut down and locked out when making repairs or adjustments. Only persons authorized to do so may make repairs or adjustments.

Supplies and equipment must be stored in a neat, careful and safe manner.

Defective equipment and unsafe conditions must be reported immediately to the Site Supervisor.

Equipment must be kept in good condition.

Proper tools, instruments, and/or equipment must be used for each job.

Do not use equipment unless you know how to use it properly and safely.

Do not lift items that are too heavy for you. Use proper lifting procedures and equipment or have someone help you. SSI employees are not allowed to lift any material or equipment greater than 35 lbs. without assistance.

If equipment has safety guards or shields, they must be in place before operating the equipment.

All spills must be cleaned up immediately.

Where required, safety glasses, protective clothing, safety shoes, and/or similar items must be worn.

SSI employees are responsible for bringing their own safety shoes to each assignment.

ALL injuries, no matter how minor, must be reported to your SSI Manager/Supervisor immediately.

Littering is not permitted. Keep your place of business appropriately clean.

These rules are designed to protect you and your co-workers. Their importance cannot be overstated. Therefore, disciplinary action, up to and including termination of employment, may result from a serious or repeated violation of these safety rules. It is the employee's responsibility to know and follow all site-specific customer safety policies and practices.

Separation

Disciplinary Action

The circumstances outlined below may subject the employee to progressive discipline and/or termination for-cause:

Theft of company property, another employee's, or customer property.

Engaging in physical violence or fighting on company premises.
Use, under the influence, or in possession of intoxicating liquors and/or drugs on company premises.
Use or possession of firearms and/or other instruments regarded as weapons on company property.
Falsification or tampering with time sheets.
Negligence, which endangers the health or safety of fellow employees.
Loss of site access, health physics approval or security clearance.
Unexcused absences during regularly scheduled workdays.
Misrepresentation or falsification of facts on site access or security paperwork, radiological documents or quality records.
Falsely stating, or making claims, of injury or illness.
Falsifying a physical exam or its results, or failure to pass a required drug/alcohol test.
Advocating or participating in an unlawful seizure or trespass of the customer's or SSI property.
Damage to or Actions resulting in damage to Customer or SSI equipment or property.
Insubordination or willful disobedience of assignments and/or orders.
Intimidating or interfering with the rights of any employee.
Deliberately concealing defective work.
Failure to follow safety rules.

Resignations and Involuntary Separations

Resignations

While we hope that your work experience as an assigned SSI employee will be successful, we also realize that circumstances arise where you feel that it is necessary to terminate your employment with SSI. If an employee intends to leave SSI, the employee must notify the responsible SSI Manager or Supervisor. The appropriate person will then take action to initiate paperwork to terminate employment. Because of the necessity involved in finding a replacement, SSI requests that employees give a two (2) week notice of intent to resign. SSI reserves the right to accept a resignation and pay in lieu of working the two (2) weeks notice period.

Involuntary Separation

If the termination is involuntary, the SSI Manager/Supervisor is responsible for informing the employee of the reason for the termination. Individuals that are terminated for-cause may not be eligible for travel pay or expenses. Travel pay or expenses that the employee has already received compensation for may be withheld from the employee's final paycheck. At the discretion of SSI, any unpaid time that has been approved by the customer is subject to being paid at the current Federal Minimum Wage. Any further expense incurred by the employee after the date of separation is not payable by SSI.

Substance Abuse Policy

SSI is committed to providing a safe and healthy working environment for all its employees with the expectation that all employees will perform their duties at an acceptable performance level and be unimpaired by drugs &/or alcohol. Whenever possible, SSI will assist employees who voluntarily seek assistance from the company before the company discovers infractions of the company rules concerning substance abuse.

Drug Free Workplace and Weapons Free Workplace Policy

The unlawful possession, use, consumption, manufacture, distribution or dispensation of alcohol or controlled substances on any SSI or customer property, in the workplace of any employee of SSI, or as any part of any functions or activities of the employee is prohibited. Any employee of SSI against whom a determination has been made for violating SSI's policy regarding alcohol or drugs, shall be subject to

sanctions imposed by SSI. Such sanctions shall be determined on a case-by case basis and shall commensurate with the severity of the violation, which may include termination. Additionally, violators will be referred to the appropriate law enforcement officials for prosecution. SSI employees are prohibited from carrying weapons on SSI property or on site. Weapons are defined to include, but not limited to firearms, knives, explosives, ammunition, or any other device designated as illegal by any ordinance of law. Any employee who violated this policy and jeopardized the safety and security of fellow employees is subject to immediate dismissal.

THIS EMPLOYEE HANDBOOK DOES NOT REPRESENT CONTRACTUAL TERMS OF EMPLOYMENT EITHER EXPRESSED OR IMPLIED. IT IS RATHER, AN EXPLANATION OF SONIC SYSTEMS INTERNATIONAL, INC. (SSI) EMPLOYMENT POLICIES. SSI RESERVES THE RIGHT, AT ANY TIME, TO CHANGE, DELETE, OR ADD TO ANY OF THE PROVISIONS AT ITS SOLE DISCRETION. FURTHERMORE, THE PROVISIONS OF THIS HANDBOOK ARE DESIGNED BY SSI TO SERVE AS GUIDELINES, RATHER THAN ABSOLUTE RULES, AND EXCEPTIONS MAY BE MADE FROM TIME TO TIME ON THE BASIS OF PARTICULAR CIRCUMSTANCES.

Attachments / Samples

- A. Project Information Sheet (PIS) – Example
- B. Timesheets
- C. Experience Record (NDE and RST)
- D. Vehicle Accident or Damage Form
- E. Accident / Incident Investigation & Assessment Report



PLEASE NOTE: THIS IS ONLY FOR [JOB NAME]. THE BALANCE OF YOUR SCHEDULE WILL BE SENT UPON CONFIRMATION OF DATES.

Site:	Activity:	Employee:	Travel In:	IP:	Travel Out:

*** Dates are subject to change. You must contact [Ops Manager] 5 business days prior to travel to confirm your schedule.

*** Site Points of Contact:

PM: [Name, Phone, Email]

SSI Admin: [Name, Phone, Email]

*** SSI Points of Contact:

Operations Manager: [Name, Phone, Email]

Operations Coordinator: [Name, Phone Email]

***Travel Compensation: [Travel compensation details] [Travel Agent contact details]

**Mileage @ [Current Mileage Rate]

***COMPENSATION: Straight Time (ST): \$ [Pay Rate] Per Diem: \$[Per Diem Rate] Overtime: Each hour over eight hours per day and over forty hours per week. Customer-approved holidays are paid only if you work on the holiday. Holiday pay is per the provisions included in the applicable customer contract.

***Failure to gain site access or removal from site will result in the following:

No travel or expenses to or from the job will be paid. No time or per diem other than that approved by the customer will be paid. Time approved by the customer will be paid at the current federal minimum wage.

*** REQUIRED DOCUMENTATION: See Welcome Package for requirements.

*** RADIATION DOSE RECORDS: It is your responsibility to get all your dose records from the sites. These records should be taken to all projects including those outside the USA. Additionally, you must notify your SSI Service Manager if/when you reach any of the following dose thresholds: **500mr, 1000mr, 1500mr**

*** TIMESHEETS & PAYROLL: Approved timesheets signed, with JOB AND TASK NUMBERS, and receipts must be submitted to [Fax-(281) 531-6621 or Email: payroll@ssi-group.net] no later than 12 noon on Monday. Failure to submit a completed, signed timesheet could delay payment until the following pay period. **All GE timesheets must have your current GE SSO number...DO NOT PUT YOUR SOCIAL SECURITY NUMBER ON TIMESHEETS.** For any payroll questions, please contact Haley Littleton at (832) 858-5210.

***EXPERIENCE RECORDS: GE: GE Experience hours must be entered ONLINE at <https://nsd.gepower.com>, before leaving each assignment. You must know your GE SSO and SSO password to access the experience database. Those who do not enter experience, within **30 days** of the outage breaker close, will not receive the incentive bonus for that outage.

NON-GE: Complete an SSI Experience Sheet when your assignment is complete and turn into the Project Manager for approval. A good practice is to keep a copy with you with the Project Manager signature, so you can keep track of your experience hours.

***TO COMPLETE FME TRAINING (for GEH assignments):

MyLearning: https://geportal.sumtotalsystems.com/sites/100054/SitePages/GE_Learning.aspx Note: Log in with your SSO and password, if you forgot your password, call Helpdesk 1-855-694-8457 or reset it online clicking on "forgot password"

REVISED GE DRIVING POLICY – EFFECTIVE AUGUST 7, 2020: For individuals who are requesting to drive, rather than fly to a Field Services assignment, the following guidelines are approved:

- In lieu of flying, the most cost effective/convenient ground transportation is the rental of a round trip, unlimited mileage rental car.
- Individuals driving a personal vehicle will be reimbursed for actual mileage, based on the most direct route, paid at the current approved mileage rate up to 700 miles one way. Mileage over 700 miles each way will not be reimbursed.
- Travel days and associated per diem, as applicable, will be based on 500 miles of travel each day. Submittal of a lodging receipt is required when expensing greater than one day of travel / per diem.
- Exceptions other than those listed above will be evaluated on a case by case basis.
 - Travel arrangements can be made either through Vicki (SSI Travel Agent) or GE Travel (GetRes):
 - Travel Agent Vicki: (435) 229-5988; email: trvlink@infowest.com GE Travel – GetRes travel.ge.com
- VWS Contractor employees are expected to travel to the site of the work assignment using the most economical means of travel. If a worker is directed to drive or elects to drive to the assignment the safety of the worker is to be considered. Driving excessive distances where fatigue could occur should be avoided. An employee electing to travel using another method (such as to fly rather than drive) will be reimbursed for the lesser amount of the total travel cost.
- One-way tickets will be utilized for all outages conducted within the United States.
- Make your flight/car bookings with at least 14 days prior to Travel In. Otherwise indicated by your Manager.
- GE will not reimburse any money lost due to cancelled or changed AirBNB, VBRO, or an other non-hotel lodging reservations.

Important: This information provided is subject to change



ALL TIMESHEETS MUST BE FAXED BY **MONDAY 12:00 NOON (EASTERN TIME) TO PAYROLL@SSI-GROUP.NET**
 YOU MUST ENTER ALL PROJECT & TASK NUMBERS ON TIMESHEET

* ATTACH COPIES OF ALL RECEIPTS

GE SSO NUMBER		EMPLOYEE NAME		WEEK ENDING (Sun)		SITE(S) WORKED IN THIS WK						
JOB LOCATION / DESCRIPTION	PROJECT & TASK #	M	T	W	T	F	S	S	TOTAL HOURS	FISCAL WEEK #:		PER DIEM
										ST	OT	
										A	B	D
											C	
YOUR SIGNATURE CERTIFIES THAT ALL HOURS / EXPENSES ARE CORRECT. _____ EMPLOYEE SIGNATURE _____ DATE _____ _____ MGR/CUSTOMER AUTHORIZED SIGNATURE _____ DATE _____ _____ MGR/CUSTOMER AUTHORIZED PRINT _____ Manager's Notes: _____												
EXPENSES												
DATE	PERSONAL CAR FROM AND TO	MILES	AMOUNT \$	TOLLS & PARKING	* AIR TRAVEL	* CAR RENTAL	* OTHER DESCRIPTION	AMOUNT	TOTAL EXPENSES	PER DIEM		
MO/DAY												
M												
T												
W												
T												
F												
S												
S											C	D
TOTALS:												
TOTALS:												

IMPORTANT TIMESHEET INSTRUCTIONS - READ CAREFULLY
 This timesheet serves multiple purposes. It is used to process payroll and to bill our customer.
 Complete it accurately and legibly.
***DO NOT ADD DIRECT BILLED ITEMS TO TOTAL, BUT PLEASE PROVIDE RECEIPTS**
EMAIL Timesheet: payroll@ssi-group.net
FALSIFYING INFORMATION ON TIME AND/OR EXPENSE SHEETS IS ILLEGAL.

Please Send Checks To:
 Direct Deposit
 Stub to Site:
 Physical Check:
PAY CODES
 ST = STRAIGHT TIME
 OT = OVERTIME
 OT/HOL = TOTAL OVERTIME / HOLIDAY
 F = FATIGUE MANAGEMENT

*CUSTOMER AUTHORIZED APPROVAL REQUIRED
 Contacts: Kerry Hinshaw (ISI Ops Mgr) 910-520-2927 Kevin Reynolds (RF Ops Mgr) 910-547-9988
 Mike Gunther (RF Ops Mgr) 910-685-5707 Andrea Riselli (Resource Mgr) 910-599-4806
 Clay Harding (Resource Mgr) 678-429-8703



ALL TIMESHEETS MUST BE FAXED BY **MONDAY 12:00 NOON (EASTERN TIME) TO PAYROLL@SSI-GROUP.NET**
 YOU MUST ENTER ALL PROJECT & TASK NUMBERS ON TIMESHEET

* ATTACH COPIES OF ALL RECEIPTS

SS# (last 4 digits ONLY)		EMPLOYEE NAME							WEEK ENDING (Sun)		SITE(S) WORKED IN THIS WK			
JOB LOCATION / DESCRIPTION	PROJECT & TASK #	M	T	W	T	F	S	S	TOTAL HOURS	FISCAL WEEK #:	ST TOTAL	OT/HOL TOTAL	EXPENSES TOTAL	PER DIEM
		ST	OT	ST	OT	ST	OT	ST	OT	ST	OT	A	B	C
YOUR SIGNATURE CERTIFIES THAT ALL HOURS / EXPENSES ARE CORRECT.														
EMPLOYEE SIGNATURE _____ DATE _____														
MGR/CUSTOMER AUTHORIZED SIGNATURE _____ DATE _____														
MGR/CUSTOMER AUTHORIZED PRINT _____														
Manager's Notes:														
EXPENSES														
DATE	PERSONAL CAR FROM AND TO	MILES	AMOUNT \$	TOLLS & PARKING	* AIR TRAVEL	* CAR RENTAL	* OTHER	DESCRIPTION	AMOUNT	TOTAL EXPENSES	TOTAL PER DIEM			
MO/DAY														
M														
T														
W														
T														
F														
S														
S														
TOTALS:														
TOTALS:														
<p style="text-align: center;">IMPORTANT TIMESHEET INSTRUCTIONS - READ CAREFULLY</p> <p>This timesheet serves multiple purposes. It is used to process payroll and to bill our customer. Complete it accurately and legibly.</p> <p>*DO NOT ADD DIRECT BILLED ITEMS TO TOTAL, BUT PLEASE PROVIDE RECEIPTS EMAIL Timesheet: payroll@ssi-group.net</p> <p>FALSIFYING INFORMATION ON TIME AND/OR EXPENSE SHEETS IS ILLEGAL.</p>														
<p style="text-align: center;">Please Send Checks To:</p> <p><input type="checkbox"/> Direct Deposit <input type="checkbox"/> Stub to Site: <input type="checkbox"/> Physical Check:</p>														
<p style="text-align: center;">PAY CODES</p> <p>ST = STRAIGHT TIME OT = OVER TIME OT/HOL = TOTAL OVERTIME / HOLIDAY</p>														

*CUSTOMER AUTHORIZED APPROVAL REQUIRED

Contacts: **Bruce Schlueter (President) 847-997-2670**
Mike Gunther (RF Ops Mgr) 910-685-5707





Sonic Systems International, Inc.

Return to:
 Sonic Systems Int'l, Inc.
 1880 Dairy Ashford, Suite 207
 Houston, TX 77077
 281-531-6621 Fax

NDE/QC Experience Record

Date: MM DD YY		ID No. = Last 4 digits of SSN	Signature Required Can be signed by the SSI Operations Manager or Level III
Name:		ID No.:	Signature:
Supervisor/Project Manager:		Signature:	
Start Date: MM DD YY	End Date: MM DD YY	Site Name & Unit No. or Location:	

SKILLS DATABASE CHECKLIST FOR THIS SITE/PROJECT ONLY
 Check the box below if you performed that activity/function on this site/project.

<p align="center">PT Examinations</p> <input type="checkbox"/> PT Lv. ___ Hrs. ___ <input type="checkbox"/> PT Visible Dye <input type="checkbox"/> PT Fluorescent <input type="checkbox"/> Solvent <input type="checkbox"/> Post Emulsified <input type="checkbox"/> Water Wash <input type="checkbox"/> Level III Activities	<p align="center">UT Examinations</p> <input type="checkbox"/> UT Lv. ___ Hrs. ___ <input type="checkbox"/> FAC <input type="checkbox"/> ISI Piping Manual (PDI) <input type="checkbox"/> ISI Piping Auto (PDI) <input type="checkbox"/> ISI Piping IGSCC Manual (PDI) <input type="checkbox"/> ISI Piping IGSCC Auto (PDI) <input type="checkbox"/> ISI DM Manual Exam (PDI) <input type="checkbox"/> ISI DM Auto Exam (PDI) <input type="checkbox"/> ISI Bolting (PDI) <input type="checkbox"/> ISI Nozzle Inner Radius Manual(PDI) <input type="checkbox"/> ISI Nozzle Inner Radius Auto (PDI) <input type="checkbox"/> ISI RPV Manual(PDI) <input type="checkbox"/> ISI RPV Auto (PDI) <input type="checkbox"/> ISI Overlay Manual <input type="checkbox"/> ISI Overlay Auto <input type="checkbox"/> Phased Array <input type="checkbox"/> CRDM Auto Inspections <input type="checkbox"/> BMI Auto Inspections <input type="checkbox"/> UT Automated Inspections <input type="checkbox"/> Level III Activities	<p align="center">VT Examinations</p> <input type="checkbox"/> VT Lv. ___ Hrs. ___ <input type="checkbox"/> VT-1, 2, 3 <input type="checkbox"/> VT-1/3 IWE/IWL <input type="checkbox"/> VT-2 Boric Acid Inspection <input type="checkbox"/> Visual Weld <input type="checkbox"/> BOP Visual <input type="checkbox"/> IVVI VT1/VT3 Activities <input type="checkbox"/> IVVI Camera Handling <input type="checkbox"/> VT-3 Hanger / Snubber Inspection <input type="checkbox"/> Boroscope / Fiberscope Inspections <input type="checkbox"/> Level III Activities <input type="checkbox"/> API 570 <input type="checkbox"/> AWS Weld Inspection <input type="checkbox"/> Remote Video Inspection <input type="checkbox"/>
<p align="center">MT Examinations</p> <input type="checkbox"/> MT Lv. ___ Hrs. ___ <input type="checkbox"/> MT Yoke <input type="checkbox"/> MT Coil <input type="checkbox"/> Prods <input type="checkbox"/> <input type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Level III Activities	<p align="center">Leak Testing</p> <input type="checkbox"/> BT-LT Lv. ___ Hrs. ___ <input type="checkbox"/> HD-LT Lv. ___ Hrs. ___ <input type="checkbox"/> MS-LT Lv. ___ Hrs. ___ <input type="checkbox"/> Lv. ___ Hrs. ___	
<p align="center">ET Examinations</p> <input type="checkbox"/> ET Lv. ___ Hrs. ___ <input type="checkbox"/> CRDM <input type="checkbox"/> BMI <input type="checkbox"/> Tubing Inspection <input type="checkbox"/> Level III Activities	<p align="center">RT Examinations</p> <input type="checkbox"/> RT Lv. ___ Hrs. ___ <input type="checkbox"/> Gamma <input type="checkbox"/> X-Ray <input type="checkbox"/> Film Interpretation	

QA/QC ANSI / NQA1 EXPERIENCE

<input type="checkbox"/> Mech / Dim Lv. ___ Hrs. ___ <input type="checkbox"/> Mechanical Inspections <input type="checkbox"/> Dimensional Inspections <input type="checkbox"/> Level III Activities	<input type="checkbox"/> Elect/ I&C Lv. ___ Hrs. ___ <input type="checkbox"/> Electrical Inspections <input type="checkbox"/> I & C Inspections <input type="checkbox"/> Level III Activities	<input type="checkbox"/> Receipt Inspection Lv. ___ Hrs. ___ <input type="checkbox"/> Fuel Inspection <input type="checkbox"/> Shipping Inspection <input type="checkbox"/> Receipt Inspection <input type="checkbox"/> Level III Activities
<input type="checkbox"/> Civil Lv. ___ Hrs. ___ <input type="checkbox"/> Concrete <input type="checkbox"/> Coatings Insp. <input type="checkbox"/> Soil Test <input type="checkbox"/> Level III Activities	<input type="checkbox"/> QA/QC Lv. ___ Hrs. ___ <input type="checkbox"/> Documentation Review <input type="checkbox"/> Field Surveillance <input type="checkbox"/> Auditing	

Other:

Reviewed by:	Date: MM / DD / YY
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Sonic Systems International, Inc.

RST Experience Record

Date:		Return to: Sonic Systems Int'l, Inc., 1880 Dairy Ashford, Suite 207, Houston, TX 77077 281-531-7611 Fax *Signature Required	
Name:		Cert No.:	*Signature:
Supervisor/ Manager:		*Signature:	
Start Date: MM / DD / YY	End Date: MM / DD / YY	Site Name & Unit No. or Location:	
Check the box below if you performed that activity/function on this site/project only.			
<p style="text-align: center;">Refuel Floor Maintenance</p> <input type="checkbox"/> Bridge Operator <input type="checkbox"/> Camera Repair <input type="checkbox"/> Cask Shipping <input type="checkbox"/> Core Plate Plugs; Removal & Installation <input type="checkbox"/> CRB Cutup <input type="checkbox"/> CRB Exchange – _____ Tool <input type="checkbox"/> CRB Unlatching <input type="checkbox"/> Decontamination <input type="checkbox"/> Equip. /Tool Inventory & Decontamination <input type="checkbox"/> Fuel Handler/Spotter <input type="checkbox"/> Fuel Pool Cleanup <input type="checkbox"/> Guide Tube (CRGT) Removal <input type="checkbox"/> HFTS/IFTS Operator <input type="checkbox"/> Jet Pump Beam Replacement <input type="checkbox"/> Jet Pump Disassemble/Reassembly <input type="checkbox"/> LPRM/Dry Tube Bending <input type="checkbox"/> LPRM/Dry Tube Cutting <input type="checkbox"/> LPRM/Dry Tube Exchange <input type="checkbox"/> Plug; Bottom Head Drain <input type="checkbox"/> Plug; Jet Pump Nozzle <input type="checkbox"/> Plug; Jet Pump Transition piece <input type="checkbox"/> Plug; Recirc Plug (N1) <input type="checkbox"/> Plug; Steam Line Plugs (MSLP) <input type="checkbox"/> Nozzle Flushing <input type="checkbox"/> Reactor Disassemble -Reassemble <input type="checkbox"/> Shroud Head Bolt Unlatch – Latch <input type="checkbox"/> Shroud Head Bolt Replacement <input type="checkbox"/> Underwater Vacuuming			<p style="text-align: center;">IVVI and UT</p> <input type="checkbox"/> Automated IVVI _____ Tool <input type="checkbox"/> Camera Repair <input type="checkbox"/> Core Plate Plugs; IVVI <input type="checkbox"/> CRB Inspection <input type="checkbox"/> Dryer/Separator Inspection <input type="checkbox"/> ICM Housing Inspection <input type="checkbox"/> In Vessel Visual Inspection <input type="checkbox"/> Lost Parts Retrieval <input type="checkbox"/> O. D. Tracker <input type="checkbox"/> Pipe FW Heater Inspection <input type="checkbox"/> Remote Operating Vehicle Maintenance <input type="checkbox"/> Remote Operating Vehicle IVVI <input type="checkbox"/> Shroud UT <input type="checkbox"/> TEDE Tool <input type="checkbox"/> Jet Pump Diffuser UT <input type="checkbox"/> Top Guide Inspection Tool <p>Fuel Inspection</p> <input type="checkbox"/> Channel Inspection/Disposal <input type="checkbox"/> Channel Removal + Replace <input type="checkbox"/> Fuel Reconstitution / Inspect <input type="checkbox"/> Sipping - Vacuum
<p>List total number of actual hours worked on project directly related to VT-1, VT-3. Total Hours: ____</p> <p>List total number of actual hours worked on project directly related to other RST activities. Total Hours: ____</p>			
Other: List RST activities not listed above. Also list other NDE, or ANSI / NQA-1 activities performed.			
Reviewed by:			Date:



Sonic Systems International, Inc.

Energy Services Group

1880 Dairy Ashford, Suite 207 · Houston, Texas 77077 · 281-531-7611

Form 6

ACCIDENT / INCIDENT INVESTIGATION & ASSESSMENT REPORT (FIRST REPORT OF INJURY)

- 1) Employee Name: _____ Employee Phone Number: _____
Employee Address: _____ Employee Email Address: _____
- 2) Employee Marital Status: _____ Number of Dependents Under Age 18: _____
- 3) Date of birth: _____
- 4) Date of hire: _____ Job/Title: _____
- 5) Time employee started work: _____
- 6) Date and Time of Accident/Incident: _____
- 7) Address Where Accident Occurred: _____
- 8) Supervisor Name & Date accident reported to supervisor: _____
- 9) Was the employee instructed on the hazards of this job? Yes No
- 10) Call SSI Supervisor to report injury immediately:
 Kerry Hinshaw 910-520-2927 Paul Nappi 803-412-5750 Scott Gowdy 910-398-1862
 Mike Gunther 910-685-5707 Kevin Reynolds 910-547-9988 Bruce Schlueter 847-997-2670
 Andrea Riselli 910-599-4806 Clayton Harding 678-429-8703
- 11) **Employee MUST be evaluated by a medical professional (doctor) and given a written release to return to work. A copy of which must be provided to the SSI Supervisor before resuming work activity of any kind.**
- 12) Severity of injury or illness: First aid Reportable Lost time Fatality
- 13) Site name: _____
Site address: _____
- 14) Type of injury or illness:
 Strain Bruises/Cuts Chemical inhalation Broken bones
 Eye injury Chemical burns Back injury Radiation exposure
 Loss of Consciousness Heat Exhaustion or Heat Stroke
 Other: _____
- 15) Cause of accident/incident:
 Employee error Supervisor responsibility Management responsibility
 Mechanical Design Mechanical Failure Lack of protective clothing or equipment
 Other: _____



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Energy Services Group

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- 16) Name of Physician or other health care professional:
- 17) Was employee treated in the emergency room? (yes/no): Yes No
- 18) Was the employee hospitalized overnight as an in-patient? (yes/no): Yes No
- 19) What was the employee doing before the incident occurred be specific. *Describe the activity as well as the tools, equipment or materials that the employee was using.*
- 20) Brief description (location & cause) of accident/incident be specific. *Describe what object or substance directly harmed the employee.*
- 21) What was the direct cause of the injury:
- 22) What was the injury or illness (body part that was affected and how it was affected)? *Examples: "strained back", "burned hand".*
- 23) What has been done to prevent a reoccurrence of this type of accident/incident?
- 24) When did you first visit the site of the accident/incident: Date: _____ Time: _____
- 25) Please list any witnesses' names and contact info, and obtain signed and written statements from them:
- 26) Print supervisor's name and contact info:
- 27) Signature of Supervisor (or person completing this report):

Name/Title:

Date:

Any reoccurrence or subsequent medical attention must be reported IMMEDIATELY!

Fax or Email this completed form to your SSI Supervisor:

FAX # SSI Wilmington: 910-222-3076

FAX # SSI Houston: 281-531-6621



Sonic Systems International, Inc.

Energy Services Group

1880 Dairy Ashford, Suite 207 – Houston, Texas 77077 – (281) 531-7611

Form 7 RENTAL VEHICLE ACCIDENT / DAMAGE REPORT FORM

**COMPLETE THIS FORM & ATTACH ALL PERTINENT DOCUMENTS.
SEND IMMEDIATELY TO:**

**HALEY LITTLETON 281-531-6621
hlittleton@ssi-group.net**

DRIVER INFORMATION

Employee Name:

Driver's License #:

State:

Rental Car Company:

Rental Location Phone #:

Rental Agreement #:

Vehicle Make & Model:

Vehicle Plate #:

State:

Outage/Project Site:

ACCIDENT INFORMATION

Date of Accident:

Time of Accident:

Address Where the Accident Occurred:

(list official street names if possible, mile marker, exit #, landmarks, etc.)

City:

State:

of Vehicles Involved:

Accident Conditions/Weather:

Damage was due to:

Car in traffic

Parked car

Landmark

Pedestrian

Cyclist

Animal

Unknown

Other:

Cause/Description of Accident:

Non-vehicular Property Damage:



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INJURY INFORMATION

*List name, age, & injury description, and whether the injured persons were the operator or passenger of the vehicle.

Your vehicle operator and passenger injuries:

Other vehicle(s) operator and passenger injuries:

FAULT OF OTHER VEHICLE

Name of Driver:

Home Phone:

Cell/Work:

Driver's License #:

State:

Vehicle Make & Model:

Vehicle Plate #:

State:

Insurance Company:

Policy #:

Insurance Company Phone #:

FOR OFFICE USE ONLY

Management, Reviewed by:

Title:

Date: