COIMS
Cenovus Operations
Integrity Management System

COIMS Process

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Document Owner:	
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Version	Description
1.11	Appendix B: Incident Notification Matrix updated to reflect the requirements for the Board of Directors

For interim version details see revision history table.

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1 Purpose

The Incident Management process document defines the systematic approach to investigating all incidents as defined in COIMS Framework, Element 8: Incident management. The process provides direction for conducting effective incident investigations that identify the precise root cause(s). The root causes can determine corrective actions and reveal learning opportunities that prevent reoccurrence or lessen the impact of further harm.

Following the incident management process ensures that investigations address the company's legislative responsibilities and meet the requirements of COIMS standards.

This document is intended for Lead Investigators, Investigation Team members, Deployed Health & Safety (H&S), Health & Safety Frontline Leaders (Manager), Health & Safety Senior Leaders (Director/VP), Functional Support Team members, COIMS Entity Frontline Leaders (Manager, Superintendent, Coordinator, Frontline Supervisor) and COIMS Entity Senior Leaders (Director/ VP).

2 Application

The incident management process is applied across company-owned worksites and facilities, including scenarios where the company is acting as Prime Contractor. The process applies to all company staff, both field-based and office-based, contractors, and service providers.

The process supports incidents (including Health & Safety, Environment & Regulatory, Process Safety, Security, and Operations Integrity incidents) that occur because of, or in relation to, the work conducted on company worksites.

Where jurisdictional requirements supersede this document, the more stringent requirements shall apply.

3 Process

Figure 1 illustrates the incident management process. Its seven stages are based upon the principle of continuous improvement.

Each stage of the process may blend with another and given additional data, may require an investigator to revisit an earlier stage.

While the stages of the process remain the same for all incidents, the requirements for managing an incident differ depending on the incident's significance classification

Figure 1: Incident Management process flow and stages

(see Appendix D). Incidents are classified according to Table 1. Refer to Appendix C for assessment guidance.

Table 1: Significance classification

Severity classification	Actual impact	Potential risk
non-significant incident	• 1 – Minor or • 2 - Moderate	• Low or • Medium
significant incident	• 3 – Major • 4 – Critical, or • 5 – Catastrophic	• High or • Extreme * H&S Impact Only: 3D Medium

Appendix A: Incident management process overview illustrates a summary of the incident management process, significance classification-specific requirements, and corresponding timeline.

The upcoming sections provide a detailed description of the requirements and follow the seven stages mentioned in Figure 1.

3.1 Respond

When an incident occurs, the initial response shall ensure the safety of people, the protection of the environment, assets, and the company's reputation by ensuring the situation is brought under control.

All incidents and near miss events (including Contractor incidents) shall be reported immediately to the Frontline Leader, who is responsible to respond to the incident as follows.

1. Stop work.
    - Protect people, seek medical attention, and preserve evidence.
    - Report incident to immediate Supervisor (Frontline Leader) and activate Emergency Response (when required).
2. Secure the scene.
    - Establish safeguards.
    - Address immediate risks.
    - Prevent incident escalation, if possible.
    - Avoid altering potential evidence.
3. Gather initial evidence.
    - Secure equipment involved in the incident.
    - Identify workers involved or witness to the incident.
    - Follow the requirements outlined in the Alcohol and Drug Testing Procedure.
4. Interpret initial incident type and assess actual impact and/or Potential Risk.

- Select the impact category that best aligns with the incident type using the Cenovus Risk Matrix.

5. Start initial internal notifications.
   - Depending on assessed severity, the responsible Frontline Leader shall commence the internal notification process by referring to Appendix B: Incident Notification Matrix.
6. Enter preliminary incident report data into Intelex (refer to Intelex Incident Data Management Guidance).

3.2 Notify

Notifications are required both internally (within the company) and externally (to the Regulators).

3.2.1 Internal notifications

Use the *Incident Notification Matrix* to determine notification requirements (see Appendix B).

1. Verbal notifications shall be made within two hours of the incident.
   - If the Supervisor cannot be reached, a phone call shall be escalated to the next level (person) in the organization.
   - It is the responsibility of the notifying level of leadership to escalate upwards to the next level of leadership, as required by the Incident Notification Matrix.
   - Depending on incident type, notify and engage Functional Support Teams and Stakeholders (Appendix E).
2. For significant incidents, an early incident notification (EIN) shall be distributed within 24 hours of the incident.
   - EINs are generated automatically in Intelex upon completion of Intelex's Verification Workflow stage.
3. Incidents with regulatory, reputational, or legal concerns potentially damaging to the company's reputation shall be reported to the company's legal counsel.
   - Legal concerns include an incident which may have a reasonable expectation of regulatory investigation, enforcement, or litigation.
   - Legal counsel may assert legal privilege over an incident. If legal privilege is assigned, associated incident documentation and communication shall be titled, Privileged and Confidential.

3.2.2 External notifications and reportability

1. Notify regulatory bodies or external stakeholders.
   - COIMS entities are accountable to consult with Functional Support Teams (see Appendix E) to determine external reportability and notification requirements. See

- Table 6 for references to common reporting requirements.
- The company shall be responsible for regulatory reporting unless prime contractor status has been delegated to others.
- Regulatory notifications shall be made in accordance with the timeframes outlined by the regulatory governing body or licensor.

3.3 Investigate

Incident investigation is the process of collecting and evaluating evidence to systematically determine root cause(s) and developing actions to prevent reoccurrence. The investigation process is initiated upon the initial response to an incident; however, the bulk of investigation activities occur when the initial incident response and notifications are complete.

3.3.1 Plan the investigation

All incidents and near miss events are recorded in Intelex. Investigation requirements are determined by the following criteria:

- Significance classification and Actual Impact and/or Potential Risk
- Incident Type
- Reporting Type

Refer to Appendix D: Investigation Requirements Matrix to determine the investigation requirements.

The COIMS entity is accountable for the investigation process. Frontline leaders shall be responsible for the incident and expected to consult with Functional Support Teams (see Appendix E) and Deployed Health & Safety to plan the investigation as part of the incident planning process and for guidance on external reporting requirements.

The incident investigation requirements detailed in Appendix D are the minimum expectations for an incident. An entity can complete more in-depth investigations, with assistance from Functional Support Teams, particularly when the entity identifies there are valuable learnings to share.

3.3.2 The Lead Investigator and the investigation team

The Frontline Leader assumes responsibilities of the Lead Investigator to gather initial evidence until a Lead Investigator is assigned.

A Lead Investigator shall be impartial, meet the requirements as outlined in the *Competency Matrix* and shall either be one level removed from the execution of the work or be in another functional group.

The Lead Investigator shall:

- maintain privilege and confidentiality, if required
- direct the investigation
- determine the investigation team

- communicate and liaise with stakeholders and external parties as required
- assign duties to the team
- obtain support from subject matter experts (SME), if required
- schedule and co-ordinate investigation activities and resources
- provide management updates on the investigation team's findings

The Lead Investigator, with support from the Frontline Leader and Deployed Health & Safety, shall form the Investigation Team. The Investigation Team duties, as directed by the Lead Investigator include:

- collecting data, facts, and evidence
- establishing the sequence of events leading up to the incident
- analyzing data to identify findings and propose recommendations

3.3.3 Collect and process evidence

Throughout the investigation, Investigation Team members are expected to maintain the integrity and security of the evidence that is collected.

Note: Where legal privilege is assigned, the investigation team shall follow the guidance provided by the company's Legal Counsel.

3.3.3.1 Confidentiality

To ensure the privacy of personal information gathered during an incident investigation, reasonable measures shall be taken to safeguard confidential information, appropriate to the sensitivity level of the information. Care and custody of personal information is handled in accordance with the Cenovus Privacy Policy and regulatory privacy laws.

Personal information includes, but is not limited to:

- names of injured persons and witnesses
- personal contact information, such as phone numbers and addresses
- medical information
- witness statements
- drug and alcohol test results

3.3.4 Classify the incident

Some incident types may require further classification for accurate internal tracking and external reporting purposes. Examples include:

- injury or illness incidents (Recordability and Reportability, Work Relatedness)
- potentially serious injury or fatality (PSIF) (reportability)
- process safety events (API Tier Classification)
- environmental incidents (Regulatory Reporting Thresholds)
- worker exposure events (Exposure Thresholds)

Incidents may be reclassified as the investigation progresses and findings are uncovered. The appropriate Functional Support Team (e.g., Process Safety, Industrial Hygiene & Occupational

Health, Environmental Operations, etc.) shall be engaged to determine the classification of an incident.

Note: Where there is disagreement about classification, the H&S Senior Leader (VP) has final decision-making authority.

Note: If the incident is re-classified, the Intelex entry shall be modified and shall include the rationale to justify the change.

3.3.4.1 Injury or illness incidents

Injury or illness incidents are classified in accordance with applicable regulatory guidance. For additional guidance, refer to Appendix F: Injury & Illness Reportability Guide.

There are four classifications of recordable injury or illness incidents:

- fatality
- lost time incident (LTI)
- restricted work case (RWC)
- medical aid (MA)

The Deployed Health & Safety representative shall be consulted when determining an injury or illness classification. Where there is uncertainty or a dispute regarding the classification of an injury or illness incident, decision-making authority remains with the Incident & Emergency Management team to determine the classification outcome.

Note: Incident classifications must be updated as soon as possible once the classification is known or if a change is identified.

3.3.4.2 PSIF

PSIF events are incidents or near miss events that have the potential to result in significant life-altering or life-threatening injuries or fatality.

PSIFs are a subset of significant incidents and are classified as follows:

- impact to the Health & Safety category on the Cenovus Risk Matrix, and
- potential risk of High or Extreme, or
- heat map assessment of 3D (Major x Unlikely)

PSIFs are investigated as a significant incident and shall be reportable to regulatory bodies, when required.

3.3.4.3 Process Safety Events

Process safety events are classified in accordance with *API 754* as documented in the Identifying and Reporting Process Safety Events Guidance.

Process safety events investigation requirements are specific to the Tier of the event (see Table 2).

Table 2: PSE investigation requirements

Tier	Investigation requirements
Tier 1 or Tier 2	Follow the minimum investigation requirements outlined for a significant incident in Appendix D. **Note:** For Tier 1 or Tier 2, PSE Actual Impact and/or Potential Risk does not impact investigation requirements
Tier 3 Lagging Tier 3 Leading Tier 4 Leading	Investigation requirements reflects the Actual Impact and/or Potential Risk of the incident. See Appendix D.

3.3.4.4 Environmental incidents

Spills or releases that impact the environment are reported in accordance with regulatory reporting requirements.

Note: See the Environmental Impact Ranking Quick Reference Sheet for guidance and examples on how to determine environmental impact.

3.3.4.5 Worker exposure events

Worker exposure details are recorded as a part of the Injury/Illness incident type and are intended to capture exposure events which may individually or as a result of multiple exposures lead to subsequent injury or illness or increase the likelihood of a chronic illness or disease.

An exposure to a hazardous agent requires reporting to external regulatory bodies, such as Occupational Health and Safety and/or Workers Compensation Board, when:

- the concentration is above the hazardous agent's immediately dangerous to life and health (IDLH) value, or
- results from clinical symptoms are verified by a healthcare professional and are consistent with a significant exposure

3.3.4.6 Reclassifying incidents

If further investigation uncovers new findings, the severity of an incident may need to be reassessed. If the incident severity is reclassified, the Intelex entry must be modified, and rationale provided to justify the change.

The incident significance classification determines who has the authority to reclassify an incident, as shown in Table 3.

Table 3: Reclassification authorities

Significance classification	Leader involvement
non-significant Incident	Frontline Leader, in conjunction with the Deployed Health & Safety Manager
significant incident	Senior Leader, in conjunction with the Health & Safety Senior Leader

3.3.5 Significant incident update meeting

For significant incidents, the COIMS Entity Senior Leader, with support from the Lead Investigator and Functional Support Teams, shall coordinate and facilitate the significant incident update meeting within 14 days of the incident and with a target of seven days.

The meeting shall include the following attendees:

- COIMS Entity Senior Leader
- COIMS Entity Frontline Leader
- Health & Safety Senior Leader
- Lead Investigator

The intention of this meeting is to:

- provide leaders with preliminary incident information
- provide leaders with an opportunity to provide input into the investigation focus and agree to proposed timelines
- highlight early learning that requires action(s)

3.3.6 Contractor incidents

Contractors are expected to:

- report and investigate all incidents that occur on company worksites
- adhere to the incident management requirements outlined in this process

The company may accept a contractor's investigation when their investigation process aligns with company requirements, however, the company reserves the right to investigate any contractor incident that occurs on company worksites.

For investigations conducted by contractors, the appropriate company Frontline Leader is accountable for ensuring the investigation is supported, reviewed, and the appropriate corrective actions are implemented. The assigned Lead Investigator is responsible for recording the contractor's investigation and findings in Intelex.

3.3.6.1 Contractor Investigations of significant incidents

For contractor incidents, where the company is operating as Prime Contractor, the company shall investigate significant incidents. Contractors are still expected to conduct their own investigation that aligns with company requirements to complement the company's significant incident investigation. The appropriate company Frontline Leader is accountable for ensuring the investigations are supported, reviewed, and the appropriate corrective actions are implemented.

3.4 Determine root cause

The purpose of root cause analysis (RCA) is to systematically review the facts that contribute to an incident to move focus from the symptoms or immediate cause(s) to the underlying or root cause(s). Root cause analysis methodology and supporting tools provide a common problem-solving structure for understanding the interdependent relationships of the investigation findings contributing to an incident.

All investigations require root cause(s) to be determined using an RCA methodology. The appropriate RCA methodology is selected based on the Actual Impact or Potential Risk of the incident. See Appendix D for more details.

3.4.1 Root cause analysis: Non-significant incidents

Non-significant incidents do not require the same level of analysis as a significant incident. 5-Why is the preferred RCA methodology to be used for non-significant Incidents.

3.4.2 Root cause analysis for significant incidents

Significant incidents require a formal RCA. Formal RCAs shall be conducted by a Significant Incident Lead Investigator who is trained in RCA facilitation.

For significant incidents, Sologic Causal Analysis is the preferred formal RCA method. Alternate formal RCA methods may be used with approval of the COIMS Entity Senior Leader.

3.4.2.1 Root Cause Analysis exemptions and exceptions

An RCA exemption may be granted by the COIMS Entity Frontline Leader or Senior Leader in consultation with H&S Senior Leader (Manager, Director, and/or VP).

The rationale for an RCA exemption shall be recorded in Intelex with the appropriate approvals.

3.4.3 Contractor incidents

Contractors shall identify root cause(s) for all contractor incidents that occur while working on a company worksite. The company may accept the root cause(s) identified as part of a contractor's investigation and root cause analysis if the methodology used meets company requirements.

3.4.3.1 Contractor root cause analysis for significant incidents

For contractor incidents, where the company is Prime Contractor, the company shall investigate significant incidents and determine root cause(s) with a formal methodology (see the section, Root cause analysis for significant incidents).

Contractors shall conduct their own investigation that aligns with company requirements to complement the company's significant incident investigation. The company's formal significant incident investigation and RCA shall consider:

- the contractor's investigation and root cause analysis findings
- the company's internal systems and process failures related to the incident

3.5 Develop corrective actions

Corrective actions are the actions taken to address the root cause(s) of an incident, to prevent its reoccurrence or to minimize the risk associated with the root cause(s). Both immediate actions and long-term corrective actions shall be developed and implemented to correct the root cause(s) of an incident, specific to the level of risk mitigation required.

3.5.1 Immediate actions

Immediate actions can be taken to prevent further harm or to address the immediate cause of an incident.

3.5.2 Corrective actions

Upon completion of the investigation and RCA, the investigation team shall provide high-level recommendations that summarize the action(s) that must be taken to address the findings of the investigation. These recommendations guide the development of the specific corrective action plans that are needed to address the identified root cause(s).

Note: All identified root cause(s) shall have SMART (Specific, Measurable, Actionable, Realistic, and Timely) corrective action plan(s) that supports implementation.

In developing corrective action plans, entities are to consider the hierarchy of controls shown in Figure 2 and whenever practical, develop safeguards that are more effective, according to the hierarchy.

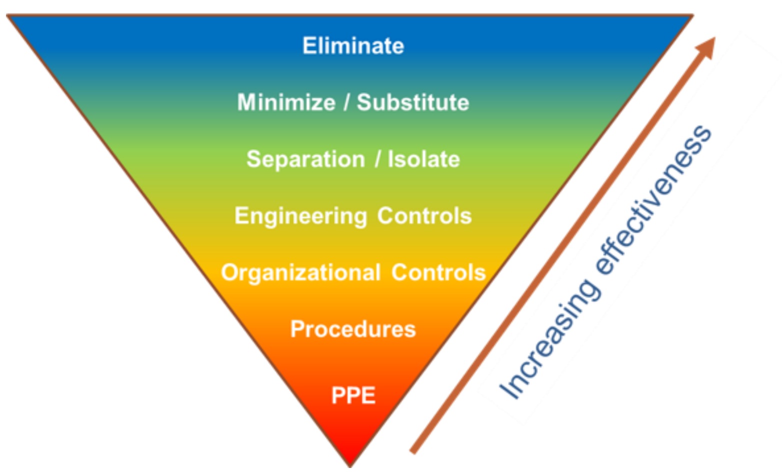


Figure 2: Hierarchy of controls

3.5.2.1 Corrective action plans

A corrective action plan includes the following:

- specific and detailed description of the action(s) necessary to achieve the required level of risk mitigation or to prevent recurrence
- target completion date
- appointed person(s) who is:
    - responsible for developing, implementing, and completing the necessary actions
    - accountable for closing the corrective action, having verified that the action(s) taken are:
        - complete, with supporting documentation
        - effective in addressing the root cause(s)
        - communicated to relevant stakeholders

3.5.3 Complete investigation

The incident investigation process, including the investigation, root cause analysis, and proposal of corrective actions, is to be completed within 30 days of the incident. Where required, extensions to investigation timelines may be granted.

Note: Extensions may be granted for, but not limited to, the following reasons:

- third-party analysis
- Regulatory hold points
- complex investigations

For significant incidents, requests for extensions shall be submitted in writing and require approval by the COIMS entity's Senior Leader and H&S Senior Leaders.

Before submitting the investigation for review and approval, the Intelex entry shall be completed with all supporting documentation (i.e., evidence, completed RCA, pictures, etc.) attached to the entry. Refer to the Intelex Incident Data Management Guidance for more information.

3.6 Review and approve

The completed investigation, findings, and corrective action plans are reviewed and approved within 30 days of the incident to ensure that the incident investigation process is effective in determining what happened and how to prevent it from happening again.

Prior to approval, the responsible individual shall review and verify:

- Intelex entry is complete
- appropriate root causes are assigned
- identified corrective action(s) will prevent or significantly reduce the chance of reoccurring incidents
- learning opportunities are identified, and where applicable, Incident Learning Summaries (SILS or ILS) are developed and communicated
- all issues related to the incident are resolved and documented

3.6.1 Review and approve: Non-significant incidents

COIMS Entity Frontline Leaders (e.g., Frontline Supervisor) shall review and approve non-significant Incident investigations.

3.6.2 Review and approve: Significant incidents

COIMS Entity Frontline Leaders (e.g., Manager, Coordinator, Superintendent) and the appropriate Functional Support Teams shall review all significant incident investigations. COIMS Entity Senior Leaders are responsible for the approval of significant incident investigations.

For incidents that have been deemed privileged and confidential, or are being shared externally with regulators, the company's legal department shall approve the incident investigation and sharing or distribution of any related information.

Note: For significant incidents, the COIMS Entity Frontline Leader is responsible for ensuring the Significant Incident Learning Summary (SILS) is completed and communicated.

3.7 Learn and share

Key incident learnings shall be gathered, summarized, and communicated to all impacted stakeholders. Incident learnings gathered from investigations and self-serve analytics tools can further support investigations.

Sharing investigation findings is a proactive approach to reduce the reoccurrence of similar incidents across the company.

Note: For incidents that have been deemed privileged and confidential or in scenarios where incident learnings are to be externally communicated, the company's legal department shall approve the sharing or distribution of any related information.

3.7.1 Communicate incident learnings

The H&S Communication Guideline provides methods to deliver incident information. The Frontline Leaders are expected to share learnings from all incidents through an appropriate communication channel, such as:

- Incident Learning Summary (ILS)
- Joint Health and Safety Committee (JHSC)
- morning toolbox meetings
- project kick-off meetings
- contractor review meetings
- H&S weekly communication email, etc.

3.7.1.1 Communicate significant incident learnings

The company requires that all significant incident learnings are communicated to identified company stakeholders within 30 days of the incident occurring via the Significant Incident

Learning Summary (SILS). Additional information and guidance relating to the company's expectations on SILS can be found in the H&S Communication Guidance.

3.7.1.1.1 Post-incident review meeting for significant incidents

The COIMS Entity Senior Leader, with support from the Functional Support Teams, shall coordinate and facilitate a Post-Incident Review Meeting within 30 days of the incident occurring.

Participants shall include:

- COIMS Entity Senior Leader
- Lead Investigator, including the Investigation Team, as applicable
- Responsible Frontline Leaders, such as Coordinators, Managers, Supervisors, etc. for the area and work activities
- personnel or contractors involved, as applicable or required
- a member from the H&S Leadership Team (VP and/or Director)

This meeting is intended to:

- provide a summary of findings and learnings
- review corrective action plans (implementation status)
- determine what learnings are to be shared and to which stakeholders
- review the effectiveness of the initial incident response, reporting and notifications, investigation, and RCA

3.8 Training and competency requirements

All personnel shall receive training related to incident management relevant to their role. The requirements for training shall be defined in the training and competency matrix. See Table 5 for a link to the Incident Management Competency Matrix.

4 References

Table 4: Internal governing references

Document title or link	Relevance
COIMS entities	list of COIMS entities and accountable leads located on COIMS SharePoint
COIMS Glossary	COIMS Glossary located on the COIMS SharePoint
COIMS Framework	Element 8: Incident management requirements
Privacy Policy	Cenovus Privacy Policy
Records & Information Management Standard	Cenovus Record and Information Management requirements
Workplace Violence and Harassment Prevention Standard	Cenovus Workplace Violence and Harassment Prevention Standard

Table 5: Other references

Document title or link	Relevance
Alcohol & Drug Testing Procedure	guidance on alcohol and drug testing Health and Safety Procedure - 0003-000023
Cenovus Risk Matrix	• primary tool used by staff to assess risk • identifies risk tolerance and defines requirements for communicating risk information to the right level of authority to support decision making
Cenovus Risk Matrix Guidelines	this document provides guidance to staff on how to effectively and consistently use the Cenovus Risk Matrix and provides definitions and clarification of some common impact descriptors.
Environmental Impact Ranking: quick reference sheet	further specifies the environment and regulatory impact categories in the Cenovus Risk Matrix Health & Safety Reference - 0003-000006
Emergency Management SharePoint site	houses emergency management guidance documents and ERPs
Health & Safety Communication Guidance	provides direction and clarity to the Health & Safety teams on when and how to communicate health and safety information Health & Safety Guidance - 0003-000033
Intelex Data Management Guidance	This guidance applies to all Intelex users who enter, track, and trend data related to Health and Safety incidents, audits/inspections and leading indicators. Health & Safety Guidance - 0003-000078
Identifying and Reporting Process Safety Events Guidance	Process safety & risk helix page sets the requirements to identify and classify a Process Safety Event (PSE). Health & Safety Guidance - 0003-000044
API 754 – Process Safety Performance Indicators	recommended practice that identifies and classifies leading and lagging process safety indicators
Dropped Object (DROPS) Calculator	Health & Safety Form - 0003-000031
Fleet Vehicle Accident Reporting Process	Describes what to do in the event of a fleet vehicle accident.

Table 6: Common regulatory reporting references

Document title or link	Relevance
Code of Federal Regulations – Title 40 Part 1604	reporting of accidental releases to the Chemical Safety and Hazard Investigation Board or Chemical Safety Board (CSB)
Alberta Occupational Health and Safety (OHS) Act	Part 7, Section 33 – Serious injuries, illnesses, incidents, and worker exposure to radiation
Canada-Newfoundland and Labrador Offshore Area Occupational Health and Safety Regulations	Part 3 – Reporting and investigation
Manitoba Workplace Safety Regulation	Section 2.6 – Serious incident
Newfoundland & Labrador OHS Act	Section 54 – Reporting accidents
Occupational Safety & Health Administration	1904.39 – Reporting of fatalities, hospitalizations, amputations, and losses of an eye as a result of work-related incidents to Occupational Safety & Health Administration (OSHA)
Saskatchewan OHS Regulations	Section 2-2 and 3-18 – Serious Injury or Fatality Section 2-3 and 3-20 – Reporting of Dangerous Occurrences
SAWS Decree No. 25 Offshore Oil Safety Operation Regulation	Chapter 6
WorkSafeBC BC	Part 2 Division 10 – Employer Accident Reporting and Investigation

Table 7: Forms and templates

Document title or link	Relevance
Significant Incident Learning Summary (SILS) / Incident Learning Summary (ILS) Template	Health & Safety Template - 0003-000018
Significant Incident Update Meeting Template	Health & Safety Template - 0003-000015
Post Incident Review Template	Health & Safety Template - 0003-000017
5-Why Template	Health & Safety Template - 0003-000073
Drawing an Incident Sketch	Health & Safety Guide - 0003-000029
Incident Investigation Checklist	Health & Safety Checklist - 0003-000077
Incident Witness Statement	Health & Safety Form - 0003-000074
Initial Incident Report Form	Health & Safety Form - 0003-000076
Taking Incident Photos Guide	Health & Safety Guide - 0003-000030

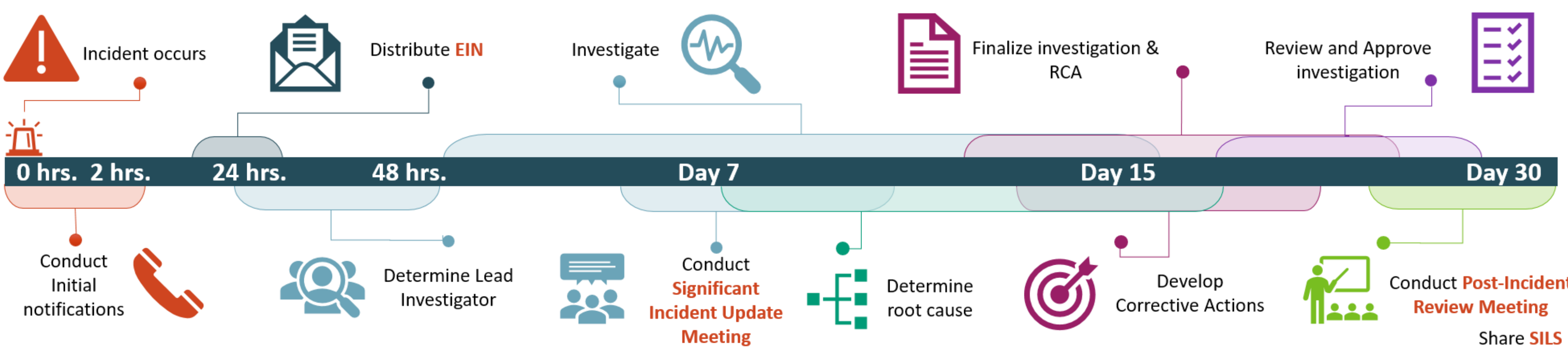
5 Revision history

Table 8: Revision history

Version	Date	Description
1.00	October 6, 2022	Issued for use
1.01	December 19, 2023	Updated hyperlinks to recently published documents
1.10	July 16, 2024	Updated investigation requirements Updated Appendix D: Minimum investigation requirements Added internal document to References
1.11	July 24, 2026	Appendix B: Incident Notification Matrix updated to reflect the requirements for the Board of Directors

Appendix A: Incident management process overview

Respond	Notify	Investigate	Determine Root Cause	Develop Corrective Actions	Review and Approve	Learn and Share
❑ Stop work and secure the scene ❑ Analyze the scene and implement mitigations ❑ Gather initial evidence required ❑ Interpret initial incident type and assess impact 🕓 **Within 2 hours** Make Initial incident notifications	❑ Conduct internal notifications in accordance with the **Incident Notification Matrix** ❑ Notify and engage internal Functional Support Teams, as required 🕓 **Within 48 hours** Enter initial investigation into Intelex 🕓 **Within 24 hours** For **Significant Incident**, generate **Early Incident Notification** (EIN) within Intelex	❑ Establish the scope of the investigation ❑ Classify Incident 🕓 **Within 48 hours** Determine the Lead Investigator 🕓 **Within 48 hours** Form the Investigation Team ❑ Gather and analyse evidence ❑ **Within 7 days** For **Significant Incidents**, facilitate **Significant Incident Update Meeting**	❑ Select appropriate **Root Cause Analysis** (RCA) methodology based on incident impact ❑ Facilitate RCA	❑ Provide recommendations to address investigation finding(s) ❑ Develop and record ❑ Develop corrective action(s) and action plan(s) ❑ Set target completion date ❑ Review and approve corrective action(s) prior to implementation	🕓 **Within 30 days** Finalize the investigation, RCA, and propose corrective actions for review and approval 🕓 **Within 30 days** Review and approve investigation	🕓 **Within 30 days** For **Significant Incident**, plan and conduct a **Post-Incident Review Meeting** ❑ Communicate incident learnings to impacted teams 🕓 **Within 30 days** For **Significant Incident**, share **Significant Incident Learning Summary** (SILS)



Appendix B: Incident Notification Matrix

The **Incident Notification Matrix** helps determine what prompts a notification, who to notify and when to make the notification.

<table>
<tr><th></th><th>IMPACT
(REFERENCE Cenovus Risk Matrix FOR IMPACT DESCRIPTORS)</th><th rowspan="2">POTENTIAL RISK</th><th rowspan="2">**Frontline Leaders** & **Deployed H&S**
(Supervisor Well Site Leader, etc.)</th><th rowspan="2">**Frontline Leaders** Entity & H&S
(Manager, Coordinator, etc.)</th><th rowspan="2">**Senior Leaders** Entity & H&S
(VP/ Director)</th><th rowspan="2">**Executive Leaders***
(EVP/SVP)</th></tr>
<tr><th></th><th>ACTUAL</th></tr>
<tr><td rowspan="3">Significant Incident</td><td>Catastrophic
5</td><td>EXTREME</td><td rowspan="2">Initial Notification</td><td rowspan="2">Initial Notification
+ EIN</td><td rowspan="2">Initial Notification
+ EIN</td><td rowspan="2">Initial Notification
+ EIN</td></tr>
<tr><td>Critical
4</td><td rowspan="2">HIGH</td></tr>
<tr><td>Major
3</td><td>Initial Notification</td><td>Initial Notification
+ EIN</td><td>Initial Notification
+ EIN</td><td>EIN</td></tr>
<tr><td></td><td>Moderate
2</td><td>MEDIUM</td><td>Initial Notification</td><td>Initial Notification</td><td>Initial Notification</td><td>Not Required</td></tr>
<tr><td></td><td>Minor
1</td><td>LOW</td><td>Initial Notification</td><td>Not Required</td><td>Not Required</td><td>Not Required</td></tr>
</table>

Initial notifications- ≤ 2 hours	Conduct initial notifications immediately after an event (as reasonably practical within **2 hours** of the incident). If unable to reach the person, leave a voicemail and send a text message. If you are unable to reach your direct Supervisor, phone the person in the next level of the organizational chart. Keep a call log as part of the incident records of the call, message and actions if requested.
EIN - ≤ 24 hours	**Significant incident** - Distribute an early incident notification (EIN) within **24 hours** of the occurrence.

Note: Process Safety Events (PSE) –Tier 1 & Tier 2 PSE events will generate an EIN, regardless of Actual Impact or Potential Risk

* *For significant incidents with actual impact of 4 or more, the Executive Leader in consultation with Legal General Counsel shall assess based on incident materiality, including potential for external reputation impacts, whether notification to Board and / or Committee Chair is warranted.*
Where Board notification is determined to be appropriate, a written summary shall be provided to the Board through BoardVantage as soon as practical.

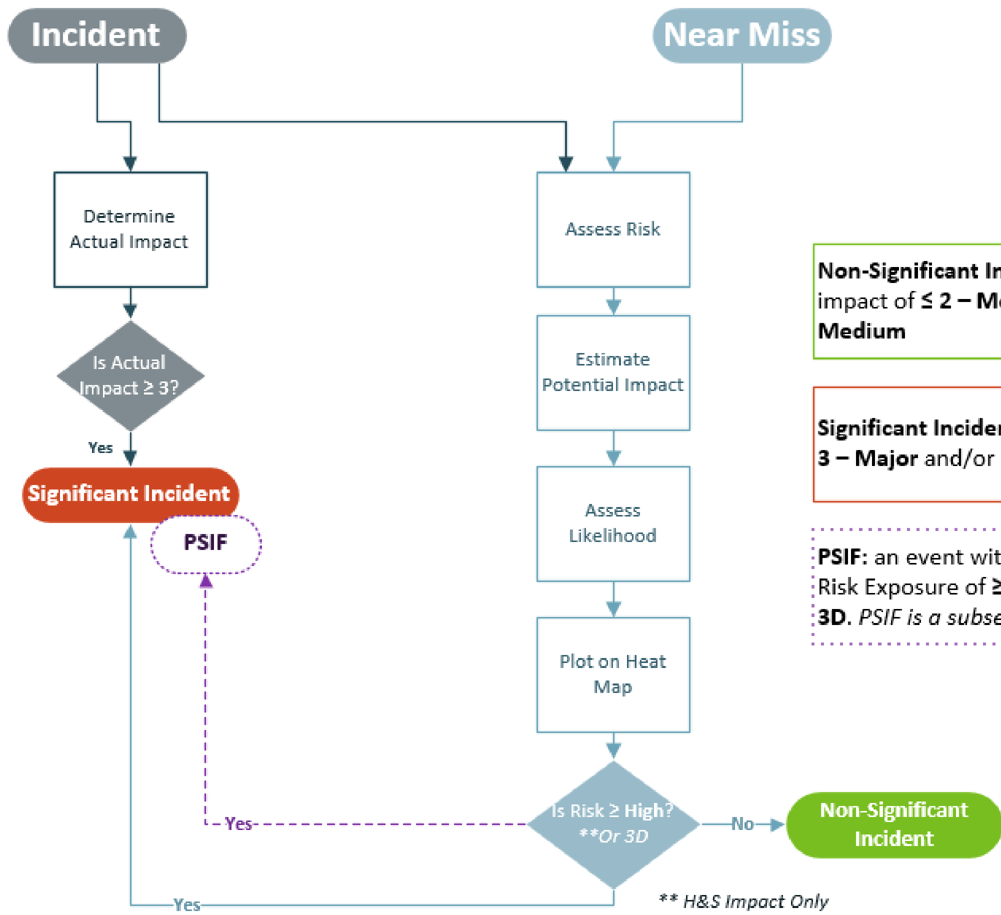
Appendix C: Determining incident significance

Use the **Cenovus Risk Matrix** to assess the severity of an event:

- For Incidents, determine the Actual Impact and assess the Potential Risk of the event.
- For Near Miss events, assess the Potential Risk of the event

Refer to the Cenovus Risk Matrix Guidelines for guidance on the use of the risk matrix and definitions and clarification on the words or phrases used to describe impacts.

The **Significance Classification** guides the investigation and notification requirements of the event. Refer to Appendix D: Investigation Requirements Matrix for investigation requirements.



Non-Significant Incident: an event with an actual impact of ≤ **2 – Moderate** and/or a Risk Exposure of ≤ **Medium**

Significant Incident: an event with an actual impact of ≥ **3 – Major** and/or Risk Exposure of ≥ **High**

PSIF: an event with an impact to **Health & Safety** with a Risk Exposure of ≥ **High** *or* a heat map assessment of **3D**. *PSIF is a subset of Significant Incidents.*

Appendix D: Minimum investigation requirements

Evaluate the event against the following criteria to determine the minimum investigation requirements:

Criteria		Record Only	Simplified Investigation Workflow	Standard Investigation Workflow
Non-Significant Incidents	• Actual Impact: 1 – Minor, and • Risk: Low		✓	
	• Actual Impact: ≥ 2, or • Risk: ≥ Medium			✓
Significant Incidents	• Actual Impact: ≥ 3 – Major, and/or • Risk: ≥ High • Tier 1 & Tier 2 PSE • PSIF			✓
Intelex Reporting Type	• Non-Cenovus Events	✓		
Intelex Incident Type	• Security Incidents	✓		

For **Simplified Investigation Workflow** and **Standard Investigation Workflow** requirements, see Table 9: Minimum investigation requirements on the following page.

No investigation is required for **Record Only**. Information regarding these events is captured in Intelex for record keeping purposes. For Record Only requirements, refer to section 3.2.4.1 Record Only Workflow in the Intelex Data Management Guidance.

Table 9: Minimum investigation requirements

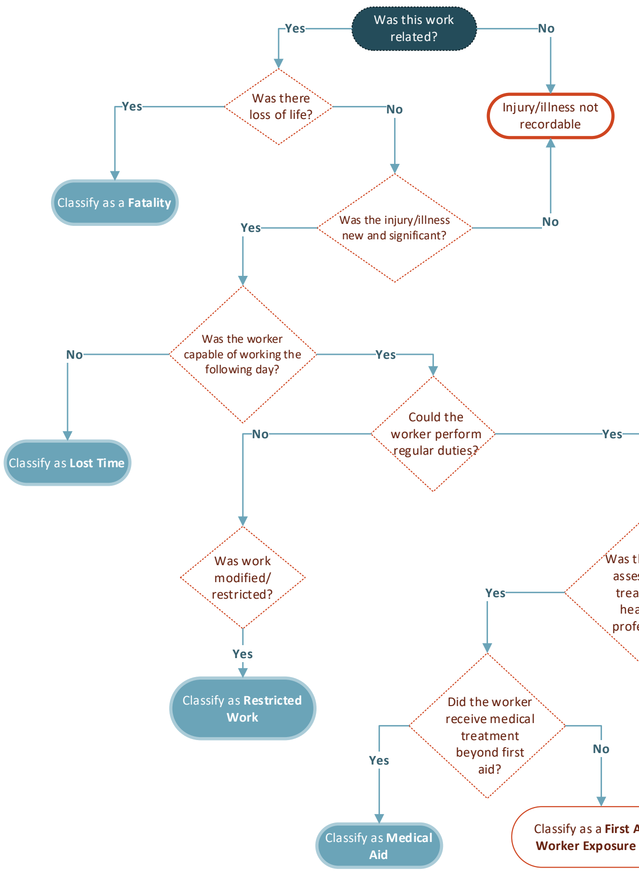
<table>
<tr><th></th><th>Actual Impact</th><th>Potential Risk</th><th>Minimum Investigation Requirements</th></tr>
<tr><td rowspan="5">Non-Significant Incident</td><td colspan="3">Simplified Investigation Workflow</td></tr>
<tr><td>Minor
1</td><td>Low</td><td>• Respond to incident and notify as required.
  ○ Conduct initial investigation and enter initial incident report into Intelex.
    ▪ Applicable incident data
    ▪ Identified causes.
    ▪ Complete immediate and/or corrective actions and enter into Intelex.
  ○ Verify initial Intelex report.
    ▪ Determine if a standard investigation is required?
      • Yes – Progress record to Investigation Planning
      • No – Close Intelex record</td></tr>
<tr><td colspan="3">Standard Investigation Workflow</td></tr>
<tr><td>Minor
1</td><td>Low</td><td rowspan="2">• Respond to incident and notify as required.
  ○ Conduct initial investigation and enter initial incident report into Intelex.
  ○ Verify initial Intelex report.
• Investigation required.
  ○ Assign Lead Investigator and determine investigation team.
  ○ Investigate incident.
• Determine Root Cause using approved methodology.
• Attach Completed RCAs to the Intelex Entry
• Develop, plan, and implement corrective action(s)
• Review and approve completed investigation.
• Share incident learning(s)</td></tr>
<tr><td>Moderate
2</td><td>Medium</td></tr>
<tr><td rowspan="3">Significant Incident</td><td>Major
3</td><td rowspan="2">High</td><td rowspan="3">• Respond to incident and notify as required.
  ○ Enter initial incident report into Intelex.
  ○ Verify initial Intelex report.
  ○ Distribute EIN
  ○ Report to regulating bodies, as required.
• Investigation required.
  ○ Assign Lead Investigator and determine investigation team.
  ○ Investigate incident.
  ○ Conduct a Significant Incident Update Meeting
• Determine Root Cause
  ○ Conduct a Formal RCA
  ○ Attach completed RCAs to the Intelex Entry
• Develop, plan, and implement corrective action(s)
• Review and approve completed investigation
• Share incident learning(s)
  ○ Develop and communicate Significant Incident Learning Summary (SILS)
  ○ Facilitate Post-Incident Review Meeting</td></tr>
<tr><td>Critical
4</td></tr>
<tr><td>Catastrophic
5</td><td>Extreme</td></tr>
</table>

Appendix E: Functional Support Team Guide

Incident Type	Sub-Type	Support Team(s)
Compliance Incident	Environmental Regulation	H&S Deployed
		Environmental Operations
	Field Accommodation	Field Accommodations
	Process Equipment	Integrity Management
	Public Complaint	As determined
	Work Refusal	Deployed H&S
		JHSC (Joint Health and Safety Committee)
Equipment/ Asset Incident	Electrical	Integrity Management
		H&S Deployed
	Equipment Failure	Integrity Management
		H&S Deployed
		Process Safety
	Fire and Explosion	Integrity Management
		H&S Deployed
		Process Safety
	Power Motorized Equipment	H&S Deployed
	Rail Operation	H&S Deployed
		Regulatory Compliance
Injury/ Illness Incident		H&S Deployed
		Disability Management - (Cenovus employees)
Production Interruption Reporting		Operations
Release/ Spill Incident		H&S Deployed
		Environmental Operations
		Process Safety
Security Incident	A&D Violation	Site Security or Calgary SOC
	Theft	
	Workplace Violence & Harassment	See Workplace Violence & Harassment Prevention Standard
	Other	As determined
Vehicle Incident		H&S Deployed
		Fleet
		Cold Lake Air Weapons Range (CLAWR) – Foster Creek

Appendix F: Injury & Illness Reportability Guide

Injury & Illness Recordability Guide



Work related
Work-related injuries and illnesses are those in which an event or exposure in the work environment (the employer's place of business or a location that a worker is working or present in as a condition of their employment) either caused or contributed to the condition or significantly aggravated a pre-existing injury or illness.

Recordable Injury or Illness
A work-related injury or illness that is new and significant that results in any of the following:
a. Death.
b. days away from work.
c. restricted work or transfer to another job.
d. medical treatment beyond first aid.

Injury or illness that meet these criteria are recorded to calculate the metrics that are reportable to external regulators.

Worker exposure
A worker exposure event is an incident in which a worker is exposed to a hazardous agent without adequate protection.

Consult Only
Assessment provided by a healthcare professional that does not result in treatment.

First aid (FA)
The following are considered first aid treatment of work related injuries or illnesses:
a. Using a non-prescription medication at non-prescription strength
b. Administering tetanus immunizations.
c. Cleaning, flushing or soaking wounds on the surface of the skin.
d. Using wound coverings such as bandages, Band-Aids™, gauze pads, liquid adhesives etc.; or using wound closing devices* such as butterfly bandages or Steri-Strips™.
e. Using hot or cold therapy.
f. Using any non-rigid means of support, such as elastic bandages, wraps, non-rigid back belts;
g. Using temporary immobilization devices while transporting an accident victim (e.g., splints, slings, neck collars, and back boards).
h. Drilling of a fingernail or toenail to relieve pressure, or draining fluid from a blister.
i. Using eye patches.
j. Removing foreign bodies from the eye using only irrigation or a cotton swab.
k. Removing splinters or foreign material from areas other than the eye by irrigation, tweezers, cotton swabs or other simple means.
l. Using finger guards.
m. Using massages or
n. Drinking fluids for relief of heat stress.
* *NOTE: Wound closing devices other than butterfly bandages or Steri-Strips™ are considered a medical treatment.*

Restricted work (RW)
a. You keep the employee from performing one or more of the routine functions of his or her job, or from working the full workday that he or she would otherwise have been scheduled to work; or
b. A physician or other licensed health care professional recommends that the employee not perform one or more of the routine functions of his or her job, or not work the full workday that he or she would otherwise have been scheduled to work.

Medical aid (MA)
Medical treatment provided for a work-related injury or illness from a licensed medical professional (physician or licensed health care practitioner (LHCP) that extends beyond first aid treatment.
NOTE: Medical treatment occurs when a prescription medication is issued by a physician. Even if the prescription is not used.
NOTE: A visit to a physician or licensed health care practitioner solely for observation, counselling, or diagnostic testing without treatment is not considered a medical aid.

Lost time injury (LTI)
A work-related injury that resulted in one or more scheduled work days away from work after the initial date of injury.
NOTE: Travel to or from medical evaluations does not count toward lost time.