



OPERATIONAL POLICY

OCCUPATIONAL SAFETY

(Occupational Safety and Health)

TABLE OF CONTENTS

| | |
|--|----------|
| 1 OBJECTIVE | 3 |
| 2 SCOPE OF APPLICATION | 3 |
| 3 DEFINITIONS..... | 3 |
| 4 REFERENCES | 3 |
| 5 GUIDELINES | 3 |
| 6 RESPONSIBILITIES | 5 |
| 7 CONTROL AND MONITORING | 6 |
| 8 CONSEQUENCES OF NO COMPLIANCE | 7 |

1 OBJECTIVE

To establish mandatory minimum requirements, binding standards of conduct, and structured governance, control, and accountability mechanisms to create and maintain a safe and healthy work environment, preventing occupational injuries, fatalities, and illnesses for employees and third parties. To determine the continuous improvement of performance in Occupational Safety and Health (OSH) through goals, indicators, and periodic analyses.

2 SCOPE OF APPLICATION

- 2.1** Compliance with this Policy is mandatory in all of the Company's units, worksites, operations, and projects.
- 2.2 Internal.** It applies to all employees, managers, and executives of the Company, as well as to members of the Board of Directors and of statutory and non-statutory committees.
- 2.3 External.** It also applies to visitors, third parties, partners, and service providers – who act in the name of, on behalf of, or in the interest of the Company.

3 DEFINITION

- 3.1 Hazard:** Source or situation with the potential to cause injury/illness.
- 3.2 Risk:** Combination of the probability and severity of the injury/illness.
- 3.3 RMP:** Risk Management Program (hazard map, risk assessment, action plan).
- 3.4 OHMCP:** Occupational Health Medical Control Program
- 3.5 WRAP:** Work-Related Accident Report.
- 3.6 HIRA:** *Hazard Identification and Risk Assessment* (risk assessment methodology)
- 3.7 GDPL – General Data Protection Law:** Which provides for the processing of personal data, including in digital media, by a natural person or legal entity.

4 REFERENCES AND INTEGRATIONS

- 4.1** Company's Code of Conduct;
- 4.2** Risk Management Policy;
- 4.3** Consolidated Labor Laws (CLL) and Regulatory Standards (NRs) from the MTE], especially: NR-01, NR-04, NR-05, NR-06, NR-07, NR-09, NR-10, NR-12, NR-17, NR-18, NR-23, NR-26, NR-35, among other applicable standards.
- 4.4** Technical standards (ABNT, Fire Department) and local regulations.
- 4.5** Best practices: ISO 45001 – OSH Management Systems.
- 4.6** General Data Protection Law (GDPL) - Law 13.709/2018.

5 GUIDELINES

5.1 GENERAL GUIDELINES

- 5.1.1 OSH results will be disclosed transparently in the Company's annual reports, including in the Sustainability/ESG reports.
- 5.1.2 Adopt the "zero harm" vision as a cultural guide, recognizing that the prevention of accidents and illnesses is everyone's responsibility.
- 5.1.3 Identify hazards and assess occupational risks (physical, chemical, biological, ergonomic, and accident-related), defining proportional controls for the activity.
- 5.1.4 Include psychosocial risks (mental health, harassment, workplace violence) in assessments, with prevention, support, and reporting actions.
- 5.1.5 Promote mandatory training according to role and risks; communicate incidents and near-misses; disseminate lessons learned.
- 5.1.6 Require contractors and service providers to adhere to HBR's OSH standards, with qualification, integration, safety, and oversight criteria.
- 5.1.7 Implement initiatives to promote health and quality of life (physical and emotional), preventative campaigns, and ergonomics programs.
- 5.1.8 Maintain emergency response plans, periodic drills, and integration with the environment and communities where applicable.
- 5.1.9 Make the Ethics Channel available for reports related to OSH and conduct, with a guarantee of non-retaliation.
- 5.1.10 All occupational health data will be processed in accordance with the LGPD, ensuring confidentiality, integrity, and use restricted to legal and medical purposes.

5.2 OSH MANAGEMENT SYSTEM

5.2.1 Hazard Identification and Risk Assessment (HIRA)

5.2.1.1 Systematic assessment by activity, location, and change; prioritization by the hierarchy of controls (elimination → substitution → engineering → administrative → PPE).

5.2.1.2 Review whenever there is a process change or relevant incidents.

5.2.2 RMP - Risk Management Program

5.2.2.1 Risk inventory by unit/worksites and action plan with responsibilities and deadlines.

5.2.2.2 Critical risk indicators and competency matrix for critical activities.

5.2.3 OHMCP – Occupational Health

5.2.3.1 Risks vs. examinations; ASO upon admission, periodically, change of function, and dismissal;

5.2.3.2 Health campaigns (vaccination, ergonomics, mental health)

5.2.4 Training and Capacitation

5.2.4.1 Matrix of mandatory training (NRs and internal) by function; periodic retraining; evaluation of efficacy.

5.2.4.2 Attendance records kept for 5 years.

5.2.5 Contractor Management

5.2.5.1 Pre-qualification and approval; safety integration; in-field oversight; performance measurement.

5.2.6 Management of Change

5.2.6.1 Prior risk assessment, definition of controls, communication, and training before the change.

5.2.7 Emergency Preparedness and Response

5.2.7.1 Emergency plans and brigades; annual drills; interface with the Fire Department and Civil Defense.

5.2.8 Incidents, Near-misses, and Non-Conformities

5.2.8.1 Immediate notification; issuance of WRAR when applicable; investigation with root cause analysis; CAPA and verification of efficacy.

5.2.9 Monitoring, Indicators, and Audits

5.2.9.1 The Company will disclose annual commitments and goals for the reduction of accidents and occupational illnesses, based on reference indicators.

5.2.9.2 frequency and severity rate; no. of near-misses reported; % mandatory training completed; % PGR actions on schedule; audits performed; contractor compliance.

5.2.9.3 Annual internal audit and external assessment every 36 months.

5.2.10 Documentation and Records

5.2.10.1 Maintain PGR, PCMSO, ASOs, certificates, PTs, inspection reports, CIPA minutes, training, and investigations in accordance with legal deadlines.

5.2.11 Communication and Awareness

5.2.11.1 Safety signage; DDS (Daily Safety Dialogues); thematic campaigns; publication of results and goals.

5.2.11.2 Recognition of teams for safe performance and reporting of near-misses.

6 RESPONSIBILITIES

6.1 Board of Directors:

6.1.1 Approve this Policy and review, semi-annually, the consolidated OSH report.

6.1.2 Deliberate on resources and risk appetite for OSH.

6.2 CEO / Presidency:

6.2.1 Sponsor the policy and ensure resources for its implementation.

6.2.2 Receive a quarterly OSH report and determine corrective measures for critical events.

6.3 C-Level / Executive Board:

6.3.1 Approve annual OSH, RMP, and OHMCP goals.

6.3.2 Integrate OSH into business planning, CAPEX/OPEX, and management of change.

6.3.3 Ensure the investigation of serious incidents and the approval of CAPA plans.

6.4 Management:

- 6.4.1 Implement the RMP and OHMCP in their areas.
- 6.4.2 Ensure risk analysis for critical activities.
- 6.4.3 Guarantee mandatory training, service orders, and adequate PPEs/CPCs.
- 6.4.4 Register and investigate incidents, near-misses, and unsafe conditions.
- 6.4.5 Monitor risk suppliers.
- 6.4.6 Report monthly OSH indicators.

7 CONTROL AND MONITORING

- 7.1 Board of Directors:** Semi-annually review the consolidated OSH report.
- 7.2 CEO / Presidency:** Receive a quarterly OSH report.
- 7.3 Management:** Report monthly OSH indicators. Register and investigate incidents, near-misses, and unsafe conditions.
- 7.4 Supervision / Coordination:** Verify the use of PPEs, lockout/tagout (LOTO), machine guarding, work at height, excavations, electricity, confined spaces, lifting operations, etc. Block (stop) activities in case of serious imminent risk.
- 7.5 OSH / EHS Professionals:** Consolidate KPIs and prepare reports for the Committee/Board. Conduct audits, inspections, and training. Develop service orders and procedures. Execute periodic exams and health actions.
- 7.6 Workers:** Report unsafe conditions and incidents.
- 7.7 Third Parties / Service Providers:** Provide qualification documents (PGR, PCMSO, training, ASOs, certificates). Evidence compliance with legal and contractual requirements.
- 7.8 Audits of regular verifications,** through direct interaction with the responsible areas, as per the current schedule and the official document in effect.
- 7.9 This Policy will be reviewed biennially (every two years) or whenever there are relevant legal, strategic, or organizational changes.**
- 7.10 Every revision will be registered and approved by corporate governance and communicated to the impacted areas, with the update of related documents.**
- 7.11 This Policy enters into effect on the date of its approval and remains valid until a new version replaces it.**

8 CONSEQUENCES OF NON-COMPLIANCE

Failure to comply with this Policy constitutes an ethical violation and may result in disciplinary, contractual, and legal sanctions, as provided for in the Company's Code of Conduct and applicable legislation.