WORKPLACE VIOLENCE AND

HARASSMENT POLICY

The International Soccer Club of Mississauga is committed to the prevention of workplace violence and harassment and promotes a violence and harassment free workplace in which all parties work together to achieve mutual health and safety goals. Management recognizes that all workers have the right to work in a violence or harassment free workplace. Any violence and/or harassment committed by or against any member of our workplace or the public will not be tolerated.

The purpose of the policy is to ensure that all individuals are aware of and understand that acts of workplace violence and harassment are considered a serious offence for which appropriate action will be taken. Those who are subjected to acts of workplace violence and harassment are encouraged to report incidents to the appropriate person so that complaints can be thoroughly investigated. The International Soccer Club of Mississauga has developed a workplace violence and harassment program to support this policy, outlining specific procedures and provisions for dealing with incidents and complaints of workplace violence and harassment. This policy will be reviewed by senior management on an annual basis and all records of the review will be retained.

The International Soccer Club of Mississauga is committed to investigating reported incidents and complaints of workplace violence and harassment in a fair and timely manner, taking the necessary action to respond to those events and providing support for complainants. Information about a complaint or incident will not be disclosed except to the extent necessary to protect workers, to investigate the complaint or incident, to take corrective action or as otherwise required by law. A worker will not be penalized for reporting an incident or participating in a workplace violence or harassment investigation.

“Workplace violence” means:

- The exercise of physical force by a person against a worker in a workplace that causes or could cause physical injury to the worker
- An attempt to exercise physical force against a worker in a workplace that could cause physical injury to the worker
- A statement or behavior that is reasonable for a worker to interpret as a threat to exercise physical force against the worker, in a workplace, that could cause physical injury to the worker “Workplace harassment” means:
- Engaging in a course of vexatious comment or conduct against a worker in a workplace that is known or ought to be known to be unwelcome, or
- Workplace sexual harassment

“Workplace sexual harassment” means:

- Engaging in a course of vexatious comment or conduct against a worker in a workplace because of sex, sexual orientation, gender identity or gender expression, where the course of comment or conduct is known or ought reasonably to be known to be unwelcome, or

- Making a sexual solicitation or advance where the person making the solicitation or advance is in a position to confer, grant or deny a benefit or advancement to the worker and the person knows or ought reasonably to know that the solicitation or advance is unwelcome

A reasonable action taken by an employer or supervisor relating to the management and direction of workers or the workplace is not workplace harassment.

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HARASSMENT POLICY

No worker shall subject any person or persons to workplace violence and harassment or allow conditions that support workplace violence. This policy applies to all workers within this organization and will address workplace violence and harassment from all sources. As such, any worker who subjects a worker, supervisor, employee, customer, client, contractor, or member of the public to workplace violence and harassment may be subjected to disciplinary action, up to and including dismissal.

Managers and supervisors have a responsibility to act respectfully towards others and promote an environment that minimizes the risk of workplace violence and harassment and explain this policy to all workers that you supervise or manage. Management must ensure that workers understand who to contact regarding concerns about the policy or reporting an incident. Workers have a responsibility to act respectfully towards others and to ensure your own personal safety in the event of workplace violence and harassment. If a worker needs further assistance, he or she may contact the appropriate resources as described in the company workplace violence and harassment program.

It is in the best interest of all parties to treat people fairly. Commitment to a violence free workplace is an integral part of the organization, from senior management to the workers.

Tarek Sabry

Tarek Sabry, President
The International Soccer Club of
Mississauga October 23, 2019

WORKPLACE VIOLENCE AND

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WORKPLACE VIOLENCE AND HARASSMENT PROCEDURE

1.0 Purpose: This procedure has been established in order to provide direction in the reporting and investigating of workplace violence and harassment. There is zero tolerance for workplace violence or harassment of any kind. All reported incidents of violence and harassment will be investigated in an objective and timely manner, taking necessary action, and providing appropriate support for victims.

2.0 Definitions:

2.1 Workplace Violence:

2.1.1 The exercise of physical force by a person against a worker in a workplace that causes or could cause physical injury to the worker;

2.1.2 An attempt to exercise physical force against a worker in a workplace that could cause physical injury to the worker;

2.1.3 A statement or behavior that is reasonable for a worker to interpret as a threat to exercise physical force against the worker, in a workplace, that could cause physical injury to the worker.

2.2 Workplace Harassment:

2.2.1 Engaging in a course of vexatious comment or conduct against a worker in a workplace that is known or ought to be known to be unwelcome, or;

2.2.2 Workplace sexual harassment.

2.3 Workplace Sexual Harassment:

2.3.1 Engaging in a course of vexatious comment or conduct against a worker in a workplace because of sex, sexual orientation, gender identity or gender expression, where the course of comment or conduct is known or ought reasonably to be known to be unwelcome, or;

2.3.2 Making a sexual solicitation or advance where the person making the solicitation or advance is in a position to confer, grant or deny a benefit or advancement to the worker and the person knows or ought reasonably to know that the solicitation or advance is unwelcome.

2.4 Note: A reasonable action taken by an employer or supervisor relating to the management and direction of workers or the workplace is not workplace harassment.

3.0 Responsibilities:

3.1 Employer:

3.1.1 Take all reasonable preventative measures to protect employees from workplace violence and harassment.

3.1.2 The workplace violence and harassment policy and program will be reviewed in consultation with a Joint Health and Safety Committee, where established, on an annual basis. The policy is posted in a conspicuous place in the workplace where it would be likely to come to workers' attention.

3.1.3 Ensure that an investigation is conducted into incidents and complaints of workplace violence and harassment, in writing and followed up with results and corrective action to all parties involved

3.1.4 Provide information and instruction to all workplace parties on the workplace violence and harassment policy and program, including how to report workplace violence and harassment and how the company will investigate and deal with incidents or complaints of workplace harassment.

3.1.5 Assess the risk of workplace violence that may arise from the nature of the workplace, type of work or conditions of work. The risk assessment must be conducted as often as necessary.

3.2 Supervisors/Management:

3.2.1 Ensure all reports/complaints/incidents of workplace violence and/or harassment will be addressed and investigated in an appropriate and timely manner.

3.2.2 Ensure the Workplace Violence and Harassment policy and program is properly enforced and communicated.

3.2.3 Encourage employees to report complaints or incidents of workplace violence and harassment.

3.2.4 Provide employees with a safe work environment that is free of workplace violence and harassment.

3.2.5 In the event of workplace violence: ensure that the assaulted worker receives medical treatment when necessary, notify the police when required, notify the Ministry of Labour immediately by telephone and in writing within 48 hours if a worker is killed or critically injured, and the Joint Health and Safety Committee, where established

3.3 Employees/Workers:

3.3.1 Report all incidents of violence and/or harassment or threatened violence in the workplace to a supervisor/manager immediately, whether verbally or in writing

3.3.2 Treat everyone in the workplace with dignity and in a manner that is respectful and free of violence, threats, intimidation and harassment.

3.3.3 Refuse to accept violent or harassing behavior from others, regardless of whether that behavior is perpetrated by one's manager or co-workers, or by a supplier or member of the public.

3.3.4 Intervene and/or report instances of inappropriate behavior on the part of others which could amount to workplace violence or harassment immediately to a supervisor/manager.

3.3.5 Cooperate fully with any and all workplace violence and harassment investigations.

3.3.6 Participate in education and training programs in order to be able to appropriately respond to any incident of workplace violence and/or harassment.

4.0 Procedures: We are committed to providing a work environment in which all workers are treated with respect and dignity. Every reasonable effort will be taken to identify all potential sources of such risk and to eliminate or minimize them through our workplace violence and harassment prevention program. All reports of workplace violence and harassment will be dealt with fairly, promptly and confidentially.

4.1 Workplace Violence and Harassment Risk Assessment:

4.1.1 Workplace Violence and Harassment risk assessments shall be documented and must identify the potential risks in the workplace. Risk assessments shall be conducted as often as necessary to protect workers, or when a significant change occurs.

4.1.2 All identified risks must be controlled to mitigate any risks.

4.2 Summoning Immediate Assistance:

4.2.1 In the event of an emergency situation requiring immediate assistance CALL 911, and then inform and supervisor/manager and others in the immediate area. Provide location and details of the incident.

4.3 Notices:

4.3.1 In the event of workplace violence:

4.3.1.1 Notify the police and/or emergency services, when required **4.3.1.2** If a worker is killed or critically injured notify the Ministry of Labour immediately by telephone and in writing within 48 hours as per s. 51 of the OHSA

4.3.1.3 Notify the Joint Health and Safety Committee, where established

4.4 Reporting and Investigating:

4.4.1 Prior to filing a formal report of the incident, a person subjected to workplace violence or harassment should let their objections be known to the alleged offender directly, or with the assistance of a third party.

4.4.2 A person subjected to workplace violence or harassment may receive support from a third party or any person in management to communicate their objections of the incident and/or to prepare a formal complaint if they so choose.

4.4.3 If the worker's supervisor or reporting contact is the person engaging in the workplace violence or harassment, the complainant may report the incident to any other member of the management team (ie. manager or supervisor of another department). All reports of workplace violence or harassment will be investigated and documented in a timely manner. In the event the complainant is not comfortable reporting to another manager, or one is not available, the worker is encouraged to report directly to the Ministry of Labour.

4.4.4 If the person involved is the owner then a third party is to be contacted immediately.

4.4.5 The complainant should record details of the incident, the nature of the act and the names of person(s) who may have witnessed the incident.

4.4.6 All parties involved compliant must ensure that the complainant is neither penalized nor treated unfairly as a result of reporting the incident. Reprisals will not be tolerated and disciplinary action will be taken against those who engage in such activity. If the complainant is found to be the aggressor, or equally involved in the workplace violence or harassment disciplinary action may be taken, up to and including termination

4.4.7 Upon receipt of a complaint of workplace violence or harassment, the employer or third party must conduct a formal investigation and must inform the parties involved in writing of the investigation. The investigation may be carried out through an internal or external party, upon management's discretion.

4.4.8 The investigator must explore the alleged incident by interviewing the complainant, alleged violator, or those who may have knowledge of the circumstances that led to the complaint.

4.4.9 A written report by the investigator detailing the findings of the incident must be prepared and forwarded to senior management within 24 hours from the alleged violator being advised of the complaint.

4.4.10 Management must act upon the report from the investigator within 24 hours of receiving the report and advise the complainant, the alleged violator and senior management in writing of the outcome.

4.4.11 Steps for investigating a report or incident of workplace violence or harassment:

4.4.11.1 Call police or 911 immediately if the situation requires emergency services

4.4.11.2 Provide first aid to any injured workers

4.4.11.3 If there is a critical injury or fatality, notify the Ministry of Labour immediately by telephone, a written report will be submitted to the Ministry of Labour within 48 as per s.51 of the OHSA

4.4.11.4 Ensure workers involved in the violence or harassment are separated, brought to a safe areas

4.4.11.5 Ensure there is no further contact between the complainant and alleged violator during the investigation, this may mean relocation to another department, workplace, area etc.

4.4.11.6 Interview both the complainant and alleged violator (separately) and take statements

4.4.11.7 Gather witnesses and take statements

4.4.11.8 Take any photos if required

4.4.11.9 Continue investigation, determine the root cause and implement any corrective action and steps to prevent reoccurrence

4.4.11.10 Investigation results must be provided in writing to both the complainant and the alleged violator

4.4.12 When management decides to act on the report from the investigator, the following conditions will be considered when determining corrective action:

4.4.12.1 The impact of the incident on the complainant

4.4.12.2 The nature and aggressiveness of the incident

4.4.12.3 Frequency of incidents

4.4.13 The following corrective actions may be considered depending on the incident and the factors listed above:

4.4.13.1 Formal apology

4.4.13.2 Training

4.4.13.3 Relocation

4.4.13.4 Suspension

4.4.13.5 Termination

4.4.13.6 Legal action

4.4.14 An individual that submits a complaint in good faith, even where the complaint cannot be proven, will not have been deemed to be in violation of this policy. If an investigation reveals that the complainant made false accusations of workplace violence knowingly or in a malicious manner, the complainant will be subject to disciplinary action, up to and including termination.

4.5 Domestic Violence:

4.5.1 When the employer becomes aware of the existence of domestic violence, or where such violence is suspected, and the consequences of domestic violence are likely

to spill over into the workplace, there is a legal and moral obligation to intervene in the interests of the individual concerned and other employees.

4.5.2 The employer will work closely with the targeted worker to develop reasonable precautions to address the situation while attempting to respect the workers privacy and sensitivity of the issue.

4.5.3 Violent, intimidating or abusive conduct in the workplace will not be tolerated, including violence at the hands of one's current or former spouse or partner.

4.6 Confidentiality:

4.6.1 Reported incidents will be held in the strictest confidence in order to properly investigate the incident and to offer adequate support to those involved. Information obtained about an incident or complaint of workplace harassment, including identifying information about any individuals involved, will not be disclosed unless disclosure is necessary to protect workers, to investigate the complaint or incident, to take corrective action or otherwise as required by law.

4.7 Reprisals:

4.7.1 If any employee engages in workplace violence or harassment, an investigation will take place immediately. The employee responsible for the violence or harassment may face discipline, which may include immediate termination. The complainants and witnesses to the acts of violence or harassment will be protected from reprisals as long as they have acted in good faith and they have complied with the OHSA.

4.8 Disciplinary Action:

4.8.1 There is a zero tolerance policy with regard to workplace violence and harassment**.** This means that acts of workplace violence and harassment will not be tolerated from any person and will be responded to with appropriate disciplinary action, up to and including termination based on a thorough investigation of the incident and the surrounding circumstances. Such disciplinary action may include immediate termination, removal from property, and/or police involvement. For further information on disciplinary action refer to the NonCompliance Policy – Document ID: 203

4.9 Support:

4.9.1 The employer will provide any required support to victims of violence or harassment and/or direct the victim to any supportive resources available to them. Employees who are victims of violence or harassment are encouraged to seek assistance and can be assured that any counselling and/or treatment administered will be kept in complete confidence.

4.10 Record Keeping:

4.10.1 For the purposed of the OHSA all reports and investigations must be kept on record for a minimum of 1 year.

4.11 WSIB Claim Entitlement:

4.11.1 The Workplace Safety and Insurance Board does not provide coverage for workers who are injured while participating in a fight that results solely over a personal matter. However, if the fight results solely over work, the claim may be accepted if the injured worker:

4.11.1.1 Was not the aggressor and did not provoke the fight, or

4.11.1.2 Was an innocent bystander

4.11.2 Aggressors and participants in a fight take themselves out of the course of their employment (WSIB Policy 15-03-11)

4.12 Annual Review:

4.12.1 This program and the policy statement shall be reviewed on an annual basis by management. Records of the review and any changes shall be retained and made readily available.

5.0 Training and Communication:

5.1 The workplace violence and harassment policy and procedures are posted in the workplace in a conspicuous location, readily available to all employees.

5.2 All employees, as well as supervisors and managers at all levels will be trained on the contents of this violence and harassment policy and program.

6.0 Supporting Document(s):

6.1 Workplace Violence and Harassment Reporting Requirements (105)

6.2 Incident Investigation Report (702)

6.3 Witness Statement (703)

WORKPLACE VIOLENCE AND HARASSMENT REPORTING REQUIREMENTS

COMPLETE AND POST THIS IN THE WORKPLACE

For reporting any incident of workplace violence or harassment contact the following person immediately:

CONTACT NAME	TITLE	EMAIL	PHONE NUMBER
Adam Serluca	Safety Officer	adam.serluca@gmail.com	416-884-5627

Alternate reporting contact:

CONTACT NAME	TITLE	EMAIL	PHONE NUMBER
Aneta Schuman	Director of Operations	aneta@internationalsoccerclub.ca	905-824-7242 ext. 301

Alternate reporting contact:

CONTACT NAME	TITLE	EMAIL	PHONE NUMBER
Tarek Sabry	Executive Director	tarek@internationalsoccerclub.ca	416-277-2303

If none of the above are available, or not suitable to report your specific incident, contact the Ministry of Labour (1-800-202-0008) who may order a third party to investigate.

* * *

In the event of immediate threat of workplace violence where emergency services are required, or a workplace violence incident occurs requiring emergency services **CALL 911** then inform a supervisor/manager immediately (contact names above)

INCIDENT / ACCIDENT REPORT

DATE: October 23, 2019

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SECTION A: COMPANY INFORMATION		
Employer Name:	**Employer Address:**	**Employer Phone #:**
Department/Location of Incident :	**Address:**	

SECTION B: INVESTIGATION TEAM (attach additional page(s) if required)		
Name:	**Position:**	**Phone #:**
Name:	**Position:**	**Phone #:**
Name:	**Position:**	**Phone #:**
Name:	**Position:**	**Phone #:**

SECTION C: REPORT DETAILS	
Report Completed by (Print Name):	**Report Initiation Date & Time:** / ☐ AM ☐ PM

SECTION D: DETAILS OF INJURED / INVOLVED WORKER (attach additional page(s) if required)		
Last Name:	**First Name:**	**Position/Job:**
Employed since:	**Employer (if different from employer listed above):**	**Date of Birth:**
Address and Phone #:		

SECTION E: WITNESS INFORMATION (attach additional page(s) if required)				
1. Name:	**Involvement:**	**Job Title:**	**Address and Phone #:**	**Witness Statement Attached** ☐ YES ☐ NO
2. Name:	**Involvement:**	**Job Title:**	**Address and Phone #:**	**Witness Statement Attached** ☐ YES ☐ NO
3. Name:	**Involvement:**	**Job Title:**	**Address and Phone #:**	**Witness Statement Attached** ☐ YES ☐ NO

SECTION F: ACCIDENT/INCIDENT INFORMATION		
Date Incident Occurred:	**Time Incident Occurred:** ☐ AM ☐ PM	**Exact Location of Occurrence:**
Date Incident Reported:	**Time Incident Reported:** ☐ AM ☐ PM	**Incident Reported To (Name and Position):**

Incident Type (check one only): ☐ First Aid ☐ Medical Aid ☐ Near Miss ☐ Motor Vehicle Accident ☐ Other: _____

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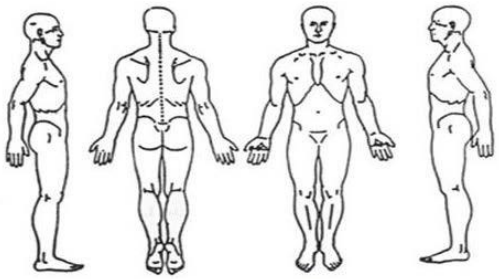
☐ **Check box if not applicable/no injuries occurred**

Critical Injury: (Was the injury of a serious nature and; place life in jeopardy; produce unconsciousness; result in substantial loss of blood; involve the fracture of leg or arm (including wrist or ankle) but not a finger or a toe; involve the amputation of leg, arm, hand, or foot but not a finger or a toe; consist of burns to major portion of the body; or cause loss of sight in eye).

☐Yes ☐No ☐Unsure

If YES:
H&S Consultant/Personnel Contacted: ☐Yes ☐No **MOL Contacted:** ☐Yes ☐No ☐In Progress

Area of Injury (Body Part): _____



(Circle Area of Injury)

Authorities Reported To (If Any):
- ☐ **Police Department**
- ☐ **Emergency Medical Services**
- ☐ **Ministry of Labour**
- ☐

Other:_____

Date Reported to Authorities:

Time Reported to Authorities: ☐**AM** ☐**PM**

SECTION G: DESCRIPTION OF THE EVENT

Description of the Incident: (To be filled out by investigator, and employee together if possible. What happened to cause the accident/incident, and what was the employee doing at the time? Include any details of people, equipment, materials, environment, and process factors)

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Description of the actual task being performed at time of incident:

Was there any other work being performed around the area when the incident occurred?
What equipment, tools and materials, were being used and how were they involved?

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Identify the immediate and root cause(s) that ca incident?

☐ Cause unknown – to be determined after further investigation

Substandard Actions:

- ☐ Operating equipment without authority
- ☐ Not following manufacturer instructions
- ☐ Failure to warn
- ☐ Failure to secure
- ☐ Operating at improper speed
- ☐ Making safety devices inoperable
- ☐ Removing safety device
- ☐ Using defective equipment
- ☐ Using equipment improperly
- ☐ Failure to use PPE properly
- ☐ Overloading equipment
- ☐ Improper loading
- ☐ Improper placement
- ☐ Improper lifting
- ☐ Improper position for task
- ☐ Horseplay

Under influence of alcohol and/or drugs

Substandard Conditions:

- ☐ Defective tools, equipment, or materials
- ☐ Inadequate guard/protection
- ☐ Congestion or restricted area
- ☐ Poor housekeeping
- ☐ Inadequate material storage
- ☐ Protruding Object
- ☐ Inadequate warning system
- ☐ Hazardous environmental conditions
- ☐ Noise exposure
- ☐ High or low temperature exposure
- ☐ Inadequate ventilation
- ☐ Inadequate or excessive illumination
- ☐ Fire and explosive hazards

Other:

- ☐ _____
- ☐ _____

Personal Factors:

- ☐ Inadequate capability
- ☐ Inadequate training
- ☐ Lack of knowledge
- ☐ Lack of skill
- ☐ Stress
- ☐ Improper motivation

Job Factors:

- ☐ Inadequate supervision
- ☐ Inadequate engineering
- ☐ Inadequate maintenance
- ☐ Inadequate tools
- ☐ Inadequate standards
- ☐ Wear and tear

Abuse and misuse

Notes:

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SECTION H: DETAILS OF INVESTIGATION

Document any details of the investigation: (Include any additional information about the investigation process, e.g. personnel spoken with, details of MOL orders, site conditions at time of investigation, etc.)

SECTION I: PREVENTIVE AND CORRECTIVE ACTION RESULTING FROM ACCIDENT/INCIDENT INVESTIGATION

What action has or will be taken to prevent reoccurrence?

#	Action	Person Responsible	Completion Date	Verified by/ Date
1		Has this item been communicated to the person responsible? ☐ YES ☐ NO		
2		Has this item been communicated to the person responsible? ☐ YES ☐ NO		
3		Has this item been communicated to the person responsible? ☐ YES ☐ NO		
4		Has this item been communicated to the person responsible? ☐ YES ☐ NO		

SECTION J: MEDICAL INFORMATION

Check box if not applicable/ no medical attention required ☐

Did the worker receive health care for this injury? ☐ Yes ☐ No	**Did anyone accompany the worker to the health care facility/centre?** ☐ Yes ☐ No If YES who:	
Name of Doctor or Treatment Centre:	**Date of Medical:**	**Time:** ☐ AM ☐ PM
Address & Phone # (If Known):	**Medical Attention Acquired:** ☐ On-Site Health Care ☐ Health Professional Office ☐ Ambulance ☐ Clinic ☐ Emergency Department ☐ Admitted to Hospital ☐ Other: _____	

Check box if not applicable/no claim information required

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Has the worker been absent beyond the date of this accident?
Yes No

Has the worker returned to Regular Duties?
Yes No

Has modified work been offered to this worker?
Yes No

Was the worker placed on Modified Duties?
Yes No

If yes please explain. ☐

☐ ☐	☐ ☐
☐ ☐	☐ ☐

☐ ☐

Injured Worker (Please Print Name): **Signature:** **Date:**

Investigator (Please Print Name): **Signature:** **Date:**

Date Report Submitted:	**Submitted to:** Health and Safety Consultant/Personnel Joint Health and Safety Committee/Worker Health and Safety Rep Senior Management ☐ External Agencies (e.g. MOL) ☐ Other:_____	
Supervisor/Manager (Please Print Name):	**Signature:**	**Date:**

Health & Safety Consultant/Personnel (Please Print Name):	**Signature:**	**Date:**
	Position:	**Phone #/Ext:**
Joint Health & Safety Committee (Please Print Name):	**Signature:**	**Date:**
	Position:	**Phone #/Ext:**
Health & Safety Representative (Please Print Name):	**Signature:**	**Date:**
	Position:	**Phone #/Ext:**
Other (Please Print Name):	**Signature:**	**Date:**
	Position:	**Phone #/Ext:**

completed and attached with this investigation report) checklists, safe work procedures, safety talks, photos, etc)

☐ Witness Statement(s) _____ ☐ _____

☐ Other: _____

☐ _____

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WITNESS STATEMENT

Each witness to the scene is to complete a separate Witness Statement Form.

SECTION A: WITNESS INFORMATION		
Last Name:	**First Name:**	**Position/Job:**
Address and Phone #:		**Involvement:**
SECTION B: INCIDENT INFORMATION		
Date Incident Occurred:	**Time Incident Occurred:** AM☐ PM☐	**Exact Location of Occurrence:**
SECTION C: DESCRIPTION OF THE INCIDENT (attach additional page(s) if required)		
Description of the Incident: (Some information to think about: where did the incident occur, where were you located when the incident occurred, did you see or hear the incident occur, describe what happened before and during the incident, was any equipment or machinery involved, was anyone else in the area, did the worker appear hurt after the incident, was there any specific body part that appeared injured, what happened immediately after the incident, is there anything else that you think is important about the incident or injured worker?)		

SECTION D: ACKNOWLEDGEMENT		
Witness (Please Print Name):	**Signature:**	**Date:**
Report Translated or Transcribed By If Any (Please Print Name):	**Signature:**	**Date:**
	Title:	**Phone #:**

DOCUMENT ID: **703** **1 1**