

**U.S. CONCRETE, INC.
SAFETY POLICY and PROCEDURE MANUAL**

FUNCTION	Safety
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TOPIC	Workplace Accident/Injury Reporting and Record Keeping
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- OBJECTIVE(S):** To ensure regulatory compliance and enhance accident prevention techniques by developing current accident trend data through the accurate documentation of all near-miss incidents, accidents, and occupational injuries and illnesses.
- GENERAL POLICY:** (Same as Objective)
- APPLICATION:** U.S. Concrete, Inc.
- RESPONSIBILITY:** President/General Manager

(1) STATEMENT OF POLICY

The purpose of this program is to ensure the accurate documentation of all near- miss incidents, accidents, occupational illnesses and injuries. Proper documentation of all injuries and illnesses will allow the company to ensure regulatory compliance and enhance accident prevention.

This program shall be implemented whenever the following circumstances are encountered:

1. Near-Miss Incidents as defined by this program,
2. Accidents as defined under OSHA 29 CFR Part 1904,
3. Occupationally Induced Injuries as defined under OSHA 29 CFR Part 1904,or
4. Occupationally Induced Illnesses as defined under OSHA 29 CFR Part 1904.

To ensure regulatory compliance, each facility shall maintain an OSHA Form No. 101, or equivalent, for all recordable accidents and a summary, OSHA 300 Log, of all injuries and illnesses.

Completed copies of these forms shall be readily accessible with an assigned individual as custodian of the files. The facility shall maintain with the corporate office the identity of the file custodian and the location of said file at the facility.

This information will be used to assist in compiling statistics for future trending related to accident prevention.

The implementation of an effective accident reporting system will require cooperation and communication between, U.S. Concrete, Inc., operating facilities management, and the employees.

The role of the facility management and its employees is to ensure that all accidents and incidents no matter how minor, are reported and documented. The employee has the responsibility of reporting any accident/incident to his supervisor or management immediately.

(2) DETERMINING IF AN INCIDENT IS WORK RELATED

A work relationship is presumed.

- * If the injuries or illnesses result from an event or exposure in the work environment, and
- * If the injury or illness occurs on the facility premises,

However, if the employee is off the facilities premises, the work relationship must be established, it is not presumed. Injuries and illness exposures off premises may be considered work related if the employee is engaged in work activity or the exposures occur in the work environment.

(3) INJURIES/ILLNESSES: FACILITY'S PREMISES

Generally, injuries and illnesses that result from an event or exposure on the facility's premises are considered work related. The facility premises consist of the total establishment, including the primary work facility, administration buildings, hallways, restrooms, etc.

One exception to this rule would be if an employee exhibits signs or symptoms of a non work-related event or exposure, even while on the work-site.

A. Work-Related Incident Clarification and Guidelines

1. If an employee is injured on company premises during non-duty hours (before or after normal working hours or on weekends when work is not scheduled) the following considerations must be utilized to determine if a work related incident has occurred.
 - (a) The employee is injured on the premises while going to or from a work-shift;
 - (b) The employee is injured on the premises while picking up a paycheck while on off-duty hours;
 - (c) An employee is injured on the premises during lunch or coffee breaks.

If the circumstances as described above result in an injury, then it would be considered recordable.

2. If an employee is injured on the facility premises while engaged in horseplay, the injury is recordable.

3. If an employee is injured on the facility premises while under the influence of alcohol or drugs, the injury is recordable.
4. If an employee were injured while at a company recreational facility or area (i.e. picnic grounds or fishing pond) the injury would be recordable only if the employee was there as a result of work.
5. If an employee suffers a heart attack or aneurysm on the facility premises and subsequently dies, the illness must be recorded if they resulted from an exposure in the work environment.

(4) INJURIES/ILLNESSES: OFF-FACILITY PREMISES

When an employee is off the facility premises and suffers an injury or illness exposure, a work relationship must be established; it is not presumed. These types of injuries and illnesses are considered work related if the employee is engaged in a work activity or if they occur in the work environment. These off-site work environments are places where employees are present due to the nature of their job.

A. Off-Facility Premises Incident Clarification and Recording

1. If an employee has reported to work, physically or verbally, and is injured while off the facility premises performing a work-related errand, the injury is work-related.
2. If employees who work at a facility are injured off-site while at lunch, and the luncheon is not work related, the injury is not work-related.
3. Any time an employee is off the company premises performing a company related function - purchasing a company-paid lunch, obtaining supplies, general company errands and an injury occurs, it is work-related.

(5) DETERMINING IF AN INCIDENT IS RECORDABLE

The purpose of this section is to provide guidelines for determining whether a case must be recorded under the recordkeeping requirements of OSHA Standard 29 CFR 1904.

The company is required to record information about every occupational death; every nonfatal occupational illness; and those nonfatal occupational injuries which involve one or more of the following: medical treatment (other than first aid), loss of consciousness, restriction of work or motion, transfer to another job, or termination.

The decision making process shall consist of the following five steps:

1. Determine whether a case occurred; that is, whether there was a death, illness, or injury that would require OSHA notification or recording only (see below);

2. Establish that the case was work related; that it resulted from an event or exposure in the work environment;
3. Decide whether the case is classified as an injury or an illness; and
4. If the case is an illness, record it and check the appropriate illness category on the log; or
5. If the case is an injury, decide if it is recordable based on a finding of
 - (a) Medical treatment,
 - (b) Loss of consciousness,
 - (c) Restriction of work or motion,
 - (d) Transfer to another job, or
 - (e) Termination.

(See Section III, Subsection B, for additional guidelines on determining injury recordability).

NOTE: When determining the recordability of an incident, facility management must not attempt to develop a correlation between OSHA reporting guidelines and those of the state workers compensation authorities. Each of these organizations may have separate requirements related to incident severity, information requirements, and time frames in which reporting is required.

(6) EIGHT (8) HOUR NOTIFICATION

All work-related incidents resulting in the death of an employee or the in-patient hospitalization of three or more employees must be reported within eight (8) hours. This report may be either by telephone or in person to the Area OSHA Office that is nearest the site of the incident.

NOTE: State OSHA requirements for reporting of accidents may vary. Check your local OSHA office to ensure compliance with reporting procedures.

In the event the facility management cannot contact the appropriate OSHA Area Office, they shall contact, within the 8-hour time frame, the OSHA Headquarters Office in Washington, D.C. by telephone, toll free at (800) 321-6742.

This requirement applies to each such fatality or hospitalization of three or more employees, which occurs within thirty days of an incident.

Unless granted permission by the OSHA Area Office, no accident site or accident related area will be altered until completion of all investigations pertaining to the accident except to the extent necessary to rescue or recover an individual, prevent or eliminate an imminent danger, or prevent destruction of equipment. Please note that resumption of production is not a valid reason for disturbing an accident site.

(7) **EVALUATING RECORDABLE CASES**

Once the facility decides that a recordable injury or illness has occurred, one of the following four categories must be utilized: (1) fatalities, (2) lost workdays, (3) restricted work activity, and (4) cases without lost workdays.

A. Fatalities

All work related fatalities must be recorded, regardless of the time between the injury and death, or the length of the illness. Death does not need to occur in the work environment, however, it must be the result of an event or exposure that occurs in the work environment.

B. Lost Work Days

Lost workday cases occur when the injured or ill employee experiences either days away from work, days of restricted work activity, or both. In these situations, the injured or ill employee is affected to such an extent that; (1) days must be taken off from the job for medical treatment or recuperation; or (2) the employee is unable to perform any part or all of their normal job duties over a normal work shift, even though the employee may be able to continue working.

The focus of lost workday cases is on the employee's inability, because of injury or illness, to be present in the work environment during his or her normal work shift. If an employee's normal work shift is changed due to injury or illness, this constitutes a transfer to another job. This would make the case recordable.

C. Restricted Work Days

Days of restricted work activities are those cases where, because of injury or illness, (1) the employee was assigned to another job on a temporary basis, (2) the employee worked at a permanent job less than full time; or could not perform all aspects of the job whether required to or not, or (3) the employee worked at their permanently assigned job but could not perform all of the duties normally connected with it.

The focus is on the employee's **inability** to perform normal job duties over a normal work shift.

D. Recordables With No Lost Time

These are accidents, which require medical treatment beyond first aid. These cases may include loss of consciousness, which is always a recordable incident and lacerations which require suture(s) but result in no loss of motion and no lost time other than that incurred the day of the event.

E. DETERMINING DAYS AWAY FROM WORK OR RESTRICTED WORK ACTIVITY

When counting the number of days away from work or days of restricted work activity, **do not** include; (1) the initial day of injury or onset of illness, or (2) any days on which the employee would not have worked even if the employee was able to work (holidays, vacations, scheduled off days, etc).

Vacation days granted to employees when they are unable to return to work must be counted and recorded as lost-time workdays. The only vacation days, which would not be counted, would be those, which had already been arranged and granted **prior** to the injury or illness.

NOTE: If management grants vacation days in order to allow the employee to continue receiving full compensation, these days must also be counted and recorded as lost time days if the employee is unable to return to work.

If the employee is terminated, **and the termination is not related to the injury/illness**, the number of lost workdays will cease on the last day of employment.

When an injured employee does not report back to work even though the facility physician and/or the employee's physician has released the employee to return, the facility need not record lost work days beyond the date the employee was released to return to work.

If a physician advises an employee not to return to work, the company can request a second opinion. If the second physician states that the employee can return to work, the facility is not obligated to count the day as a lost workday.

If an employee loses a day from work solely because of the unavailability of professional medical personnel for initial treatment or observation and not as a direct consequence of the injury or illness, the day should not be counted as a day away from work.

Follow-up visits to the physician, including those during the employee's scheduled workday, should not be considered lost work days or restricted work activity, if the employee is at work and able to perform all and any part of their normal assignment. The emphasis is on the employee's ability to perform all and any part of the assignment.

If an injured or ill employee receives scheduled follow-up medical treatment or observation which results in the loss of part or all of a work day solely because of the unavailability of professional medical personnel, it will not be counted as a day of restricted work activity.

If an employee is unable to perform his or her normal assignment for any part of a normal work day; then, for record keeping purposes, each of the partial work days must be counted and recorded as a full day of restricted work activity, except for the first day.

If contract workers are injured at a U.S. Concrete facility, it is the contractor's responsibility, unless specifically stipulated otherwise, to record the injury, not the U.S. Concrete facility at which the injury occurred. However, this does not relieve the facility of the responsibility of conducting an

accident investigation and reporting the incident to the U.S. Concrete Safety and Risk Management personnel and/or the insurance carriers.

F. DETERMINING RECORDABILITY CLARIFICATIONS AND GUIDELINES

The following are clarifications and guidelines for determining the recordability of injuries and illnesses.

1. Fault by either the employee or employer has no bearing when determining recordability. The individual need only be an employee at the time of the injury or illness for it to be recordable.
2. The preventability of job-related injuries or illnesses also has no bearing on determining recordability.
3. If injured or ill employees have been terminated or retired, their cases must be recorded throughout 5-year record retention period. These cases must be recorded on the log of the year of the injury or the year of the initial diagnosis. If the date of diagnosis is unknown, then the date utilized is that of the last day of employment.
4. Employees need not be involved in specific tasks for an injury or illness to be recordable. The individual need only be an employee of the facility at the time of injury.
5. If the employee is still employed by the company and reports a previously unreported injury, this injury and the actual date of occurrence must be recorded under the recordkeeping requirements.
6. If employees are exposed to harmful substances, the exposures are not recorded unless the exposures result in a recordable workplace injury or illness.
7. Permanent or temporary transfers of employees to other jobs to remove them from further exposure hazards are considered preventive in nature and are recordable only if a work related injury or illness has occurred.
8. If an employee is involved in an accident and sent for a physical examination without any specific injury, the case would not be recordable unless such examination reveals a recordable injury. This would be considered preventive medicine.
9. Preexisting conditions should not be taken into account in determination of recordability.
10. If an employee is hired with a known physical defect, and a work-related accident is partially attributed to this defect, the case would be recordable. (i.e. diabetic employees work-related injury becomes infected).
11. If an employee's back is injured while performing routine activity at the facility, and the event (slip, trip, fall, etc) occurred in the work environment that caused or contributed to the

injury, the case would be recordable.

12. Aggravation of a previous injury due to the work environment will be considered a separate and **NEW** recordable case. It is sufficient to be a new recordable case if work exposure was a contributing factor regardless of the days since the previous injury to the same area.
13. If an employee reports an injury or illness with no identifiable event causing the problem, further in-depth investigation is warranted. If the investigation reveals no event but there is medical evidence of injury or illness, it is recordable. These cases would be considered recordable because there may have been no single work related activity or event, which caused the injury or illness, but rather a repetition of actions or activities (i.e. back strain, hernia, etc.) Conversely, if there is no medical evidence and validity of the case is lacking, the case need not be recorded.
14. Disputed occupational injuries and illnesses should be recorded within six (6) working days after notification of the injury or illness. If at a later date the injury or illness is found not to be valid, it should be lined out from the log.

(8) **INJURY AND ILLNESS REPORTING GUIDELINES**

A. **DISTINGUISHING BETWEEN INJURIES AND ILLNESSES**

Injuries are caused by **instantaneous** events in the work environment. Cases resulting from anything other than instantaneous events are considered illnesses.

An occupational injury is an injury such as a cut, fracture, sprain, amputation, etc., which results from a work accident or from an exposure involving a single incident in the work environment. Conditions resulting from insect or snakebites or from one-time exposure to chemicals are considered to be injuries.

An occupational illness is an abnormal condition or disorder, other than one resulting from an occupational injury, caused by exposure to environmental factors associated with employment. It includes acute and chronic illnesses or diseases that may be caused by inhalation, absorption, ingestion, or direct contact.

Some conditions may be classified as either an injury or an illness, but not both. The loss of hearing from an explosion is classified as an injury, but the loss of hearing from exposure to industrial noise over a period of time would be classified as an occupational illness. Irritation of the throat from exposure to a fume could be classified as either an injury or illness. If the exposure is instantaneous, the case would be an injury. If the exposure to the fume occurred over time, the case would be an illness.

1. Infections resulting from a laceration should be classified as an injury because it is based on the original event, not any subsequent developments.
2. Back injuries should be classified as an injury since they are usually triggered by an

instantaneous event.

3. Carpal Tunnel Syndrome should be classified as an illness since it is related to repetitive motion and not to a single instantaneous event.

NOTE: Severity and treatment of injury/illness determines recordable OSHA versus non-recordable First-Aid cases. (See Section IV, Subsection D for determining First-Aid Reporting).

B. RECORDING OCCUPATIONAL ILLNESSES

Occupational illnesses must be diagnosed to be recorded. However, they do not have to be diagnosed by a physician or other medical personnel. Diagnosis may be made by a physician, registered nurse, or a person who by training or experience is capable of making such a determination. Employers, employees, and others may be able to detect some illnesses, such as skin diseases or disorders, without the benefit of special medical training.

When an occupational illness is suspected, the facility should consider the following:

- (a) Medical examination of the employee's physiological systems
- (b) Observation and evaluation of behavior related to emotional status
- (c) Specific examinations by competent medical personnel
- (d) Comparison of date of onset of symptoms with occupational history
- (e) Evaluation of results of any past biological or medical monitoring and previous physical examinations.
- (f) Evaluation of laboratory tests
- (g) Literature review (MSDS's) to determine if the employee exposure levels could be a contributing factor.

When determining if an illness is occupationally related, the following questions should be asked:

- (a) Has the illness condition clearly been established?
- (b) Does it appear that the illness resulted from, or was aggravated by, suspected agents in the work environment?
- (c) Are these agents present, or have they been present, in the work environment?
- (d) Was the ill employee exposed to these agents in the work environment?
- (e) Was the exposure to a significant degree and/or duration to result in the illness condition?
- (f) Was the illness attributed solely to a nonoccupational exposure?

Any and all occupational illness are to be recorded, not just those which require treatment beyond the initial day of illness.

C. OCCUPATIONAL ILLNESS CLARIFICATIONS AND GUIDELINES

1. If an employee suffers from an illness that is not solely work related but the illness has been

contributed to or aggravated by workplace exposures, the case should be recorded.

2. An employee's chest x-ray is found to have an abnormality due to a prolonged exposure at work. However, the abnormality does not impair lung function or result in lost workdays. Even though there is not impairment, this situation must still be recorded as an occupational illness because of the abnormality.
3. If an employee suffers a hearing loss that is the result of or aggravated by anything other than an instantaneous exposure, it is classified as a recordable occupational illness.
4. If an employee suffers a heart attack while on the facility premises, it must only be recorded if it was the result from an exposure in the work environment.
5. An emotional disorder, if alleged to be related to stress in the work environment, is to be classified as an illness and recorded.
6. If an employee suffers from what may be occupationally induced repetitive motion trauma, the episode is recordable as an illness.
7. If an employee complains of common subjective symptoms without any apparent work relationship, then the case would **not** be recordable. (An in-depth investigation must be carried out and the record of such investigation, with findings, must be kept on file. Complaints may not be summarily dismissed without investigation).

D. DISTINGUISHING BETWEEN OCCUPATIONAL INJURIES AND FIRST-AID

TABLE I
Injury Treatment: Medical vs. First-Aid

Treatment	Medical	First-Aid
Infection	Treatment of	N/A
Antiseptics	Application of during second or subsequent visits to medical personnel	Application of during first visit to medical personnel
First Degree Burns	N/A	Treatment of
Second or Third Degree Burns	Treatment of	N/A
Sutures	Application of	N/A
Bandages	N/A	Application of
Elastic Bandages	N/A	Use during first visit to medical personnel
Butterfly Adhesive Dressings	Application of in lieu of sutures	Application for cosmetic purposes only
Steri Strips	Application of in lieu of sutures	N/A
Foreign Bodies in Eye	Removal of embedded bodies	Removal if not embedded
Foreign Bodies From Wound	Removal of, if the procedure is complicated due to depth of embedment, size, shape or location	Removal of, if uncomplicated procedure
Prescription Medications	Use of	Single dose on first visit for minor injury or discomfort
Nonprescription Medications	N/A	Use of,

Treatment	Medical	First-Aid
Soaking Therapy	Use of during second or subsequent visit to medical personnel	Application on initial visit to medical personnel or to remove bandages
Compresses	Application of hot or cold during second or subsequent visit to medical personnel	Application of during first visit to medical personnel
Cutting Away Dead Skin	Surgically	N/A
X-ray Diagnosis	Positive	Negative
Heat Therapy	Application of during second or subsequent visit to medical personnel	Application of during first visit to medical personnel
Observation	N/A	Of injury during first visit to medical personnel
Ointments	N/A	Application to abrasions to prevent drying and cracking
Whirlpool Bath Therapy	Application of hot or cold during second or subsequent visit to medical personnel	Application of during first visit to medical personnel
Hospital	Admission for treatment	N/A
Amputation	Loss of body part	N/A
Fractures	Treatment of	N/A
Immobilization	Of an injured part of the body by a cast or other professional means that restricts and limits the ability to perform normal job duties	N/A

TABLE II
Medical vs. First-aid Treatment Classifications

Injury Type	Medical Classification	First-Aid Classification
Abrasions	Examination for removal of imbedded foreign material, multiple soakings, whirlpool treatment, treatment of infection, or other professional treatment. Treatment of abrasions occurring to greater than full skin depth is considered medical treatment.	Cleaning a wound, soaking, applying antiseptic and prescription / nonprescription medication on the first visit and follow-up visits limited to observation and changing dressings and bandages. Additional cleaning and application of antiseptic and prescription / nonprescription medication constitutes first aid where it is required by work duties that soil the bandage.
Foreign Objects	Removal of any foreign object by a physician due to depth of embedment, size or shape of the object, or location of the wound. Treatment for infection, treatment of a reaction to a Tetanus booster, or other professional treatment, is considered medical treatment.	Cleaning the wound, removal of any foreign object by tweezers or other simple techniques, application of antiseptics and other medications, and bandaging on the first visit. Follow-up visits are limited to observation including changing bandages. Additional cleaning and applications of antiseptics and other medication constitute first aid where it is required by work duties that soil the bandage.
Burn, Thermal and Chemical	A series of treatments including soaks, whirlpools, skin grafts and surgical debridement (cutting away dead skin).	Cleaning of flushing the surface, soaking, applying cold compresses, antiseptics or other medication and bandaging on the first visit. Follow-up visits are restricted to observation, changing bandages, or additional cleaning.
Cuts and Lacerations	Application of butterfly closures for non-cosmetic purposes, sutures, surgical debridement, treatment of infection, or other professional treatment.	Cleaning a wound, soaking, applying antiseptic and prescription, nonprescription medication on the first visit and follow-up visits limited to observation and changing dressings and bandages. Additional cleaning and application of antiseptic and prescription/nonprescription medication constitutes first aid where it is required by work duties that soil the bandage. Application of butterfly closures for cosmetic purposes only.

Injury Type	Medical Classification	First-Aid Classification
Eye Injuries	Removal of imbedded foreign objects, use of prescription medications, or other professional treatment.	Irrigation, removal of foreign material not imbedded in the eye, and the application of non-prescription medication. A precautionary visit (special examination) to a physician is considered as first aid if the treatment is limited to the above items. Follow-up visits are limited to observation only.
Foreign Objects	Removal of any foreign object by a physician due to depth of embedment, size or shape of the object, or location of the wound. Treatment for infection, treatment of a reaction to a Tetanus booster, or other professional treatment, is considered medical treatment.	Cleaning the wound, removal of any foreign object by tweezers or other simple techniques, application of antiseptics and other medications, and bandaging on the first visit. Follow-up visits are limited to observation including changing bandages. Additional cleaning and applications of antiseptics and other medication constitute first aid where it is required by work duties that soil the bandage.
Sprains and Strains	A series of soaks, use of whirlpools, diathermy treatment, or other professional treatment.	Soaking, application of compresses, and use of elastic bandages on the first visit. Follow-up visits for observation, including reapplying bandages.

E. OCCUPATIONAL INJURY VS. FIRST-AID GUIDELINES AND CLARIFICATIONS

1. The administering of Tetanus and Booster shots, in and of themselves, are not to be considered medical treatment, but preventative in nature.
2. Procedures which are diagnostic in nature are not considered, in themselves, to constitute medical treatment. Visits to a physician, physical examinations, x-ray examinations, and hospitalization for observation, where no evidence of injury or illness is found and no medical treatment given, other than first-aid, do not constitute medical treatment.
3. One time first-aid treatment, and any follow-up visit for the purpose of observation, of minor scratches, cuts, first degree burns, splinters, etc. which do not ordinarily require medical care would not be reported.
4. One time treatment and follow-up visits for the purpose of observation are considered first aid, even if provided by a physician or registered professional personnel.

5. Generally, follow-up first-aid visits are limited to changing the bandages. However, additional cleaning and application of antiseptics will also constitute first aid where this treatment is required by work duties that soil the bandages.
6. A series of treatments by a chiropractor is considered medical treatment if administered for a work-related injury.
7. Bruises are only recordable if they involve – medical treatment, loss of consciousness, restriction of work or motion, or transfer.

Approved by:	Original at US Concrete Houston
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Effective Date:	1/1/03
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Signature:	Original at US Concrete Houston
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