

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

FUNCTION	Safety
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TOPIC	Action Plan following a work related injury
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- OBJECTIVE:** Eliminate delays in the reporting of work related injuries that adversely affect our ability to ensure timely indemnity payments, and prompt medical care and payment for such services.
- GENERAL POLICY:** (Same as Objective)
- APPLICATION:** U.S. Concrete, Inc.
- RESPONSIBILITY:** President/General Manager

(1) STATEMENT OF POLICY

The purpose of adhering to the Action Plan following a work related injury is to address all issues that arise as a result of an occupational injury or illness. This policy should be used in conjunction with the Accident/Incident Investigation procedures (SAFE-7).

The primary goal is to ensure that the injured employee receives expeditious medical attention. Completion of the Workers' Compensation Claim Form and timely submission of this form are also of tantamount to the success of the program.

It is the responsibility of facility management to execute the Action Plan following a work related injury.

(2) ELEMENTS OF THE ACTION PLAN FOLLOWING A WORK RELATED INJURY.

The following Action Plan should be executed when a work related injury is reported.

1. Gather the necessary information from the employee regarding the details of the incident needed to complete the Workers' Compensation Claim Form. Obviously if the employee is in need of immediate medical treatment this step would be delayed until the employee is stabilized.

2. Direct the injured employee to the designated clinic or hospital used in your area. The employee should be taken by a member of management if he/she is unable to operate a vehicle safely due to the nature of the injury. If the injury is severe emergency medical services should be summoned.
3. Call the clinic or hospital where the injured employee has been sent for treatment to let them know the injured employee is coming and ensure they have the correct address to send medical bills in order to facilitate timely receipt and payment. All medical bills received at your location should be mailed directly to the RSKCo. Office that administers the claims for your area (*See Appendix A for RSKCo. contact information*). A copy of the bills and any medical notes received should also be mailed to the Claims Department at ORFC.
4. Complete the Workers' Compensation Claim Form (*See Appendix B for state specific forms*). If the injured employee will be losing time from work please indicate the last day worked and disability start date. This is very important to ensure he/she receives timely indemnity payments.
5. Email the completed Workers' Compensation Claim Form **as soon as possible but no later than 24 hours** of the injury being reported to ddouglas@us-concrete.com or fax to (713) 481-2701. If you have any questions please call the Claims Department at (866) 422-4088.
6. Complete the Injury/Illness Investigation Report (*See Appendix C*). Please refer to the Accident/Incident and Injury/Illness Investigation procedures (SAFE-7) for completing this form. If the circumstances surrounding an incident are suspicious then please include this information on the Injury/Illness Investigation Report. The Injury/Illness Investigation Report should be emailed to, ddouglas@us-concrete.com, or faxed, 713.481.2701, to the Claims Department as soon as a complete investigation is performed, however the completion of the investigation should not delay the initial report.
7. It is very important to communicate with the employee after he/she receives their initial treatment to determine how they are doing and if they have been disabled. Please also give them the address and telephone number of the RSKCo. office that will disperse their benefits. If the injured employee has any problems with receiving their benefits from RSKCo. or needs assistance please give them the toll free telephone for the Claims Department at ORFC, (866) 422-4088. We will act as a liaison between employees and RSKCo. when necessary to facilitate the proper handling of their claim.

8. Please refer to the following table when determining if immediate reporting is required:

Incident Type	Region Safety / Operations Manager	OFRC Claims Office (866) 422-4088 or (713) 870-1106	Rick Maidens Dir. Safety/Risk Management (713) 499-6232 or (281) 782-6857
Fatality U.S. Concrete Employee Immediate Notification	XX*	XX*	XX*
Medical Treatment/Hospitalization (3 or more U.S. Concrete Employees) Immediate Notification	XX*	XX*	XX*
Fatality/Hospitalization Non-U.S. Concrete Employee Immediate Notification	XX*	XX*	XX*
Serious Injury/Illness Immediate Notification	XX*	XX*	XX*
Property/Vehicular Damage Immediate Notification	XX	XX	
First-Aid	XX	XX	
Near-Miss	XX		

*IMMEDIATE NOTIFICATION IS IMPERATIVE REGARDLESS OF TIME OF DAY OR DAY OF WEEK. USE 24 HOUR EMERGENCY NOTIFICATION NUMBERS IF ACCIDENT/INCIDENT OCCURS DURING NON BUSINESS HOURS.

Note: See the following Appendices for completing the appropriate documentation paperwork.

Appendix A – RSKCo. Contact Listing

Appendix B – State Specific Workers’ Compensation Claim Forms

Appendix C – Injury/Illness Report Form

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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