



BLACKROCK
ASPHALT CO.

CORPORATE

SAFETY

PROGRAM

BLACKROCK ASPHALT COMPANY, LLC

SAFETY PROGRAM

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BLACKROCK ASPHALT COMPANY

SAFETY POLICY

IN THE INTEREST OF THE SAFETY AND HEALTH OF ALL OUR EMPLOYEES, THE MANAGEMENT OF BLACKROCK ASPHALT COMPANY HEREBY MAKES THE FOLLOWING SAFETY STATEMENT AND POLICY:

BLACKROCK ASPHALT COMPANY REALIZES THAT SAFETY IS AN INTEGRAL PART OF DAY-TO-DAY OPERATIONS. WORKING SAFELY NEED NOT RESULT IN LOST PRODUCTION. INSTEAD, PRODUCTION IS MADE POSSIBLE BECAUSE OF GOOD SAFETY PRACTICES AND STANDARDS. WE FEEL THAT A CLEAN, HAZARD-FREE PLACE TO WORK IS ESSENTIAL TO THE SAFETY OF ALL OF OUR EMPLOYEES, AND WE WILL STRIVE TO PROVIDE THIS AT ALL TIMES.

ALL WORKERS NEED TO BE AWARE OF BLACKROCK ASPHALT COMPANY'S RULES

AND REGULATIONS AND ABIDE BY THEM. ALL CREW CHIEFS NEED TO HOLD PERIODIC SAFETY MEETINGS & TRAINING SESSIONS, AND THE MANAGEMENT NEEDS TO MAINTAIN A PROGRAM THAT INFORMS ALL EMPLOYEES OF THEIR RIGHTS AND RESPONSIBILITIES.

FINALLY, EVERYONE, FROM MANAGEMENT TO THE CREW CHIEFS- TO THE WORKERS NEED TO PERFORM REGULAR SAFETY INSPECTIONS TO INSURE THAT ALL WORK AREAS ARE CLEAN AND FREE OF SAFETY HAZARDS.

IN OTHER WORDS --- SAFETY IS EVERYONE'S RESPONSIBILITY !!!

1. RECORDKEEPING

The object of all recordkeeping is to learn from past experiences and make corrections in future operations to prevent a recurrence of similar experiences. BLACKROCK ASPHALT COMPANY will keep records of all accidents, work-related injuries, illnesses and property losses, as required by OSHA.

Log and Summary of Occupational Injuries and Illnesses- Form OSHA No. 300 -

BLACKROCK ASPHALT COMPANY recognizes that under OSHA recordkeeping requirements, information on accidents is gathered on an OSHA 300 Log. This log is used for recording and classifying recordable occupational injuries and illnesses, and for noting the extent and outcome of each case. The log shows the following:

- ✓ When the injury occurred
- ✓ To whom it occurred
- ✓ What the injured person's regular job was at time of injury
- ✓ The department they worked in
- ✓ The kind of injury
- ✓ How much time was lost
- ✓ How many days of restricted duty resulted from the injury
- ✓ Whether the case resulted in a fatality

In keeping with OSHA regulations, BLACKROCK ASPHALT COMPANY will make entries on the log as soon as practical, but not later than 6 working days, after receiving information that an injury or illness has occurred.

The Summary Of Occupational Injuries and Illnesses- Form OSHA No. 300A.

BLACKROCK ASPHALT COMPANY will prepare an annual summary of occupational injuries and illnesses for this establishment. This summary will be completed and posted on the safety bulletin by February 1 of each year and will remain in place until April 30.

The summary will be prepared by the individual who has been maintaining the log during the previous year. This individual will sign and date the summary to certify that it is true and complete to the best of that person's knowledge.

Supplementary Record of Occupational Injuries and Illnesses, Form OSHA No. 101-

For every injury or illness entered on Form OSHA 300, it is necessary to record additional information on the supplementary record, OSHA No.101 or it's equivalent. In the case of BLACKROCK ASPHALT COMPANY , this information will be recorded on an Employer's First Report of Injury/Illness, which is a form required by the Florida Division of Worker's Compensation and contains the same information required by Form OSHA 101.

Additional Records to be kept at this establishment-

BLACKROCK ASPHALT COMPANY will keep records of other matters relating to workplace safety. These include, but are not limited to, the following:

- Facility Inspections
- Employee Safety Training
- Accident Investigations
- Minutes of Safety Committee Meetings
- Annual Hazard Communication Training

2. EMPLOYEE SAFETY TRAINING

BLACKROCK ASPHALT COMPANY Crew Chiefs will hold regular Safety Training Talks for all vehicle maintenance and field personnel.

Frequency-

These Training Talks will be held each shift. The training will take place at all jobsites, so all employees begin their shift with safety on their minds.

Topics-

The subject matter of the Training Talks will be varied and responsive to the particular situations and circumstances that develop throughout the year at BLACKROCK ASPHALT COMPANY .

For example:

If an individual has an accident involving a machine, the next Training Talk will deal specifically with the circumstances which caused the accident.

Or, if an employee is injured- then a Training Talk will be held identifying the special precautions which need to be taken by all employees to minimize the likelihood of a recurrence of the circumstances that lead to the injury.

Samples of Training Talks can be found in this section of the **Corporate Safety Program**.

Annual Training-

The Training Talks will also be used to perform annual training of personnel in such areas as the Corporate Hazard-Communication Plan, Emergency Evacuation Procedures, Employee Injury Procedures, and First Aid.

Attendance-

The back of the Safety Training Talks sheet will have a place for identifying the name of the Supervisor who gave the talk as well as all attendees at the Training session.

Attendance will be taken at all Safety Training Talks and at the Annual Training Sessions for the Corporate Hazard-Communication Plan, etc.

Recordkeeping- All Toolbox Safety Talks are kept electronically on company portal.

3. ACCIDENT INVESTIGATION

All accidents, regardless of how minor or whether someone is physically injured, should be investigated. The primary purpose for performing an accident investigation is to identify the cause of the accident and take measures to eliminate the chances of it recurring.

Question #1- Who should perform the investigation?

Answer- The immediate supervisor of the employee involved in the incident.

Reason- The supervisor will be held accountable for accidents that occur in his area. Therefore,

- ☞ He should take the position that the incident has affected his workers, equipment, product, and area of operations.
- ☞ The immediate supervisor is usually in the best position to take action to prevent reoccurrence.
- ☞ The supervisor has the most control over, and can communicate with, individuals who work in his area.

Question #2- When should the investigation be performed?

Answer- The accident should be investigated immediately.

Reason- The facts surrounding the incident are still fresh in the minds of the individuals involved.

- ✓ The physical conditions of the vehicles, or environment are unchanged.
- ✓ Workers have not had an opportunity to discuss the accident and influence one another.
- ✓ Immediate investigating shows the employees that accidents are taken very seriously, and that management is concerned and will take prompt corrective action.

Question #3- How do we conduct an investigation?

Answer- The investigation should consist of a series of interviews. First interview the employee who was involved in the accident, then interview witnesses.

- make sure the individuals are at ease and understand that you are interested in prevention not finding fault.
- conduct the interviews at the location of the accident.
- let the individual or witness tell the whole story..without interruptions.
- listen closely, repeat what you are told to insure you understand.
- ask the employee and or witness why they think the accident occurred.

Reason- Remember the object of the investigation is fact finding. The information gathered will be used to complete the Accident Investigation Report. This report will be reviewed by the Safety Committee who will take corrective action if the supervisor has not or is not in a position to do so.

ACCIDENT INVESTIGATION FORM

Investigation performed by: _____		Date: _____	
Date of Accident: _____	Time of Day: _____	Date reported: _____	
Employee Name: _____		Position or job title: _____	
Experience (Yrs.,Mos.) _____	Did injury result in lost time: <input type="checkbox"/> YES <input type="checkbox"/> NO		
Location of accident: _____		<input type="checkbox"/> On Premise <input type="checkbox"/> Off Premise	
Names of witnesses: _____			

NATURE OF INJURY OR ACCIDENT:

What is the nature of the injury?: _____	
Part of body affected _____	Degree of injury: <input type="checkbox"/> Serious <input type="checkbox"/> Minor
Did injury require outside treatment: <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, Where _____	
Were any company vehicles involved? <input type="checkbox"/> YES <input type="checkbox"/> NO What type?: _____	
Was equipment damaged as a result of accident? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Was anyone outside the company involved?: <input type="checkbox"/> YES <input type="checkbox"/> NO Were they injured?: <input type="checkbox"/> YES <input type="checkbox"/> NO	

CAUSES OF THE ACCIDENT: (Identify unsafe acts or conditions)

Why did the accident happen? _____	

Severity potential: <input type="checkbox"/> Major <input type="checkbox"/> Serious <input type="checkbox"/> Minor	
Reoccurrence potential: <input type="checkbox"/> Very likely <input type="checkbox"/> Possible <input type="checkbox"/> Unlikely	
Has a similar accident occurred before?: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Please give a reason why the accident reoccurred: _____	

How could the accident have been avoided? _____	

CORRECTIVE MEASURES:

What steps have been taken, or need to be taken, to prevent any similar accidents from occurring in the future?: _____	

Date corrective measures taken: _____	Date reviewed by committee _____
Signed: _____	Signed: _____
Supervisor's Signature	Date
Employee Signature	Date

VEHICLE/EQUIPMENT ACCIDENT INVESTIGATION FORM

Investigation performed by: _____ Date: _____
 Date of Accident: _____ Time of Day: _____ Date reported: _____
 Drivers Name: _____ Type of vehicle _____
 How long has driver been operating our vehicle/equipment?: Years _____ Mos. _____
 Has this driver been involved in any other accidents?: YES NO
 List any accidents reported by this driver in past two years: _____

 Location of accident: _____ On Premise Off Premise
 Names of witnesses: _____

DESCRIPTION OF ACCIDENT:

Describe what happened: _____

 Were there injuries?: YES NO Part of body affected: _____
 Degree of injury: Serious Minor
 Did injury require outside treatment: YES NO If yes, Where _____
 Did injury result in lost Time: YES NO
 Was company vehicle damaged as a result of accident? YES NO
 Is vehicle still operable? YES NO Did our driver receive a citation: YES NO
 Was anyone outside the company involved?: YES NO Were they injured?: YES NO

CAUSES OF THE ACCIDENT: (Identify unsafe acts or conditions)

What did our driver/operator do or fail to do that contributed to the accident? _____

 Severity potential: Major Serious Minor
 Reoccurrence potential: Very likely Possible Unlikely
 Did vehicle's condition, or maintenance contribute in any way to the accident?: YES NO
 If Yes, explain: _____

 Did driver's physical condition cause or contribute to the accident?: YES NO
 If Yes, How? _____

CORRECTIVE MEASURES:

Was accident preventable by driver: YES NO
 What steps have been taken, or need to be taken, to prevent similar accidents from recurring:

 Date corrective measures taken: _____ Date reviewed by committee _____
 Signed: _____ Signed: _____
 Supervisor's Signature Date Driver Signature Date

4. FIRST AID

Each jobsite has a first aid kit. It is located in the project foreman's vehicle. The home office has also been furnished with a First Aid Kit.

These kits are intended as an immediate source of medical treatment for minor injuries.

The following items are included in the First Aid Kit:

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Eye Wash | <input checked="" type="checkbox"/> Knuckle bandages | <input checked="" type="checkbox"/> Ibuprofen |
| <input checked="" type="checkbox"/> Peroxide | <input checked="" type="checkbox"/> Fingertip bandages | <input checked="" type="checkbox"/> Tweezers |
| <input checked="" type="checkbox"/> Triple Antibiotic | <input checked="" type="checkbox"/> Square bandages | <input checked="" type="checkbox"/> Sterile Pads |
| <input checked="" type="checkbox"/> Adhesive Tape | <input checked="" type="checkbox"/> Assorted bandages | <input checked="" type="checkbox"/> Gauze |

NOTE: As part of your jobsite inspections, you should check to be sure your first aid kits are properly stocked. If you notice these supplies are running low you can replenish them the next time you are at the home office.

These First Aid Kits are intended for the treatment of minor injuries. For more serious injuries, the injured worker should be taken to a medical care facility.

If outside care is needed for any injury, follow the procedure as outlined on the next page, entitled **Employee Injury Procedure**.

5. EMPLOYEE INJURY PROCEDURES

Notice to all BLACKROCK ASPHALT COMPANY Crew Chiefs:

In the event that one of your workers is injured on the job it is vitally important that you adhere to the following procedure:

1. Administer First Aid to stop bleeding and make the individual comfortable.
2. Send the individual to the nearest Dr.'s Walk-In Clinic (see the enclosed list of available offices): or contact Human Resources to find out where to send the individual for medical care.
3. Sign an Authorization for Examination and Treatment where indicated, and send this and a Drug Testing Chain of Custody form (enclosed) with the individual to the Doctor.
4. If necessary, have someone drive the individual to the care facility, and wait for them and return them to the workplace.
5. While the individual is at the care facility you should fill out the indicated questions on the On the Job Injury Report; then when the individual returns from the doctor you and the employee sign where highlighted on the second page.
6. Get a copy of any paperwork given to the employee by the treating physician.
7. Fill out an Accident Investigation Report. Make any changes necessary to prevent a recurrence of the accident.
8. Begin to think of light duty work that can be performed by the injured person as soon as the treating physician releases him to return to work.
9. Get all the paperwork to Human Resources by **close of business the day after the accident**.
 - 1) the Injury Report,
 - 2) the Accident Investigation form, and
 - 3) the treating physician paperwork.

All of the above procedures are very important-especially the completion of the On the Job Injury Report. We only have a few days to turn these forms into the government, otherwise we are subject to steep fines for not reporting the accident in a timely manner.

I know all of this seems like a pain....but it can be avoided.....by doing the best you can to prevent the accidents in the first place.

6. SAFETY INSPECTIONS

The objective of BLACKROCK ASPHALT COMPANY 's safety inspections is to identify and eliminate unsafe work conditions which could cause personal injury or property damage **before** a loss occurs.

To accomplish this, BLACKROCK ASPHALT COMPANY management will perform three different types of inspections:

- ⇒ Daily visual inspections of equipment and machines
- ⇒ Regular and periodic inspections of the work environment, employee work practices, and fire prevention.
- ⇒ Preventative maintenance inspections of all tools, equipment, building structures/storage areas, and company vehicles.

In compliance with OSHA recommendations BLACKROCK ASPHALT COMPANY management will use a dedicated form, or checklist, to document the inspections, as well as corrective actions taken as a result of the safety inspections.

The daily visual inspections will not be documented; however, the regular and periodic inspections will be conducted and documented on a monthly basis, and the preventative maintenance inspections at least semi-annually.

The forms for use during inspections can be found in this section of the Corporate Safety Program.

It will be BLACKROCK ASPHALT COMPANY management's responsibility to document inspections and take corrective actions when necessary; however, it is every employee's responsibility to perform daily inspections of their work environment and report all unsafe, harmful, and/or disruptive work practices or conditions.

Management will then respond, in a timely manner, to eliminate such practices and conditions.

INSPECTION REPORT

Date of Inspection: _____ Name of Inspector _____ Area Inspected: _____

Please inspect the following items and note any deficiencies or hazards, as well as the corrective action taken to eliminate the deficiency or hazard.

Item	Hazard
Material Handling Equipment: (backhoes, hand trucks, back-up alarms)	
Tools: (Hand or power tools, ladders)	
Fire Protection equipment: (extinguishers)	
First Aid Kits: (sufficiently stocked)	
Emergency Procedures: (Exit lighting, Emer. Ph. Numbers, employee injury procedures)	
Electrical: (Outlets, extension cords, lighting)	
Housekeeping: (material storage, floors, waste disposal)	
Walking Surfaces: (aisles, ramps, steps, ladders)	
Personal Protective Equipment: (safety glasses, shoes, back supports, hardhats)	
Employee work habits: (operating machinery, protective equipment, use of tools)	
Corrective action taken: _____	
Signature	Date

7. HAZARD COMMUNICATION PLAN

BLACKROCK ASPHALT COMPANY follows sensible and important guidelines to keep its employees safe and healthy. The Occupational Safety and Health Administration (OSHA) has issued a ruling called The Hazard Communication Standard. It states that employees have a "Right To Know" about the hazards they face on the job and how to protect themselves from these hazards.

Under this standard, chemical manufacturers must determine the health hazards associated with each of their products, then inform users about the hazards through labels and Safety Data Sheets.

BLACKROCK ASPHALT COMPANY's Hazard Communication Plan is designed to do the following:

- ❶ Inform employees about OSHA's Hazard Communication Standard;
- ❷ Explain how BLACKROCK ASPHALT COMPANY will use this Standard in this workplace;
- ❸ Provide information about hazardous chemicals and substances in the workplace
- ❹ Teach employees how to recognize and use product labels and Data Sheets; and
- ❺ Define safe procedures for working with hazardous substances.

In order to prevent it's employees from injury, or illness, as a result of exposure to chemicals found in products in the workplace, BLACKROCK ASPHALT COMPANY has prepared a written Hazard Communication Plan.

The purpose of this plan is to inform our employees of the presence of these products and chemicals, along with methods and procedures they should use to protect themselves.

Written Haz-Com Plan

BLACKROCK ASPHALT COMPANY 's Hazard Communication Plan can be found in a 3-ring binder located in the Crew Chiefs's vehicles and in the office. This plan contains the following:

- Employee training procedures for using and handling hazardous chemicals;
- Procedures for maintaining product labels and warnings;
- Guidelines for informing employees of potential hazard present in non-routine tasks;
- Guidelines for informing outside contractors and their employees of possible exposure to hazardous chemicals and substances present at this facility;
- A listing of hazardous chemicals and substances commonly used by BLACKROCK ASPHALT COMPANY employees;
- Copies of Safety Data Sheets (SDS) for the chemicals and substances listed below;
- A copy of Standard 1910.1200.

Safety Data Sheets-

The Safety Data Sheets for products containing chemicals can be found in the 3-ring binder containing BLACKROCK ASPHALT COMPANY's Hazard Communication Plan.

These SDS's are grouped alphabetically by classification and are listed on a cover page before the SDS section (Section 6).

Training-

BLACKROCK ASPHALT COMPANY will hold an annual training session for all employees to inform them of the existence of the corporate Hazard Communication Plan. The training session will cover the following:

- ☞ Information about the characteristics of the toxic substances in the workplace;
- ☞ Access to Safety Data Sheets for any toxic substance that employees may be exposed to in the workplace;
- ☞ Instruction on how to locate and read Safety Data Sheets;
- ☞ Instruction in how to properly transfer, label, and store products which contain toxic chemicals;
- ☞ Instruction on the adverse health effects of each toxic substance in the workplace, proper use of these substances, and related emergency procedures.

New Employees-

All new employees will receive training in BLACKROCK ASPHALT COMPANY's Hazard Communication Plan within thirty (30) days of their employment.

This training will include the items identified above and will be covered in BLACKROCK ASPHALT COMPANY's New Employee Orientation and Safety Manual.

Outside Vendors-

At the home office and in the field, the CREW CHIEFS will inform all outside contractors/vendors -- PRIOR to starting work -- of hazardous chemicals present in or near their work areas.

The Crew Chiefs will inform all outside contractors/vendors that he/she has a copy of BLACKROCK ASPHALT COMPANY's Hazard Communication Plan and that they may review the plan during normal working hours. Contractors/vendors should read this plan and inform their employees of hazardous chemicals present in or near their work areas.

**HAZARD COMMUNICATION PLAN
ACKNOWLEDGMENT FORM**

As a contractor or vendor of BLACKROCK ASPHALT COMPANY, I hereby acknowledge that I have been informed of the presence of products at this jobsite which contain hazardous chemicals.

I have been notified of the location of Dallas 1's Hazard Communication Plan, which includes the Safety Data Sheets for all the hazardous products and chemicals found at this location.

I understand that a complete list of these products and chemicals is available for my review, and I have reviewed said list or hereby waive the right to review same.

Notification of Bringing Chemicals onto this Jobsite:

In the course of my visits to this jobsite I will be using the following products, or chemicals, which may be considered hazardous:

By completing this form I have notified the management of BLACKROCK ASPHALT COMPANY of my intention to bring said products or chemicals onto this jobsite.

The management of BLACKROCK ASPHALT COMPANY reserves the right to require me to produce a Safety Data Sheet for each of the listed products and/or chemicals; and, in the absence of such, may refuse to permit me to bring said product or chemical onto the jobsite.

Name of Contractor/Vendor

Signed this Date _____

Signature of Contractor/Vendor Representative