

## Safety at Work

**Workers' Compensation.** We are committed to providing a safe and healthy work environment. The following information is designed to promote a general understanding of Company responsibilities under the state of Ohio Workers' Compensation Law. The information provided does not necessarily have the full effect of the law and/or its regulations.

As an employee, you will want to practice good safety habits and observe appropriate precautions at all times for the protection of yourself and others. If you sustain a work-related injury, your medical expenses and a portion of your earnings are covered under Falcon's workers' compensation program.

Our workers' compensation program is built around an insurance plan provided by the State of Ohio. The plan has two components. First, it pays for all reasonable and necessary health care expenses if you, as an employee, become injured or develop an occupational disease due to work-related conditions. Second, it provides payment to you for part of the wages you might lose if any such injury or illness disables you for more than seven calendar days. Workers' compensation coverage begins the first day you are on the job.

**NOTE:** Under no circumstances can you be compelled to work with, near or in hazardous substances or conditions – this includes smoke and wet work. Nor are you to operate vehicles or equipment for which you have not been properly trained and/or hold a valid required operating license/permit. If you suspect any of these cases, you are to refuse to commence work and call Falcon immediately.

### What to Do If You Are Injured While Performing Your Job

#### If injured in Ohio

1. Notify your supervisor immediately. If you are unable to contact Falcon, it is the supervisor's obligation to do so. Be sure to leave a number where Falcon can contact you or the supervisor.
2. Seek medical attention from the nearest emergency care or other care provider based on your prudent assessment of the nature of the injury.

Give Care Provider Employer Information as: Falcon Enterprises, Inc., 1429 King Avenue, #10  
Columbus, Ohio. Phone 800-515-9896 Fax 800-559-6402

3. Keep all medical documentation.
4. Call: 800-644-6292 Press 0. or go online to:  
<http://www.ohiobwc.com/bwccommon/forms/froi/default.asp>

Near the bottom of the page choose "Complete FROI"

Enter: Name, SSN, Injury Date

Click on "Employer Lookup"

Type in at Employer: Falcon Enterprises, Inc. City: Grove City

Click on: Select employer for FROI

Continue with the instructions and print out your copy.

5. Even if you do not think you require medical care, call Falcon 800-515-9896 to discuss your injury.

#### If you are injured out-of-state

1. Notify your supervisor immediately. If you are unable to contact Falcon, it is the supervisor's obligation to do so. Be sure to leave a number where Falcon can contact you or the supervisor.  
Even if you do not think you require medical care, call Falcon  
1-800-515-9896 to discuss your injury.

2. Seek Medical attention from the nearest emergency care or other care provider based on your prudent assessment of the nature of the injury.

Give Care Provider Employer Information as:

Falcon Enterprises, Inc.  
1429 King Avenue, #10  
Columbus Ohio  
Phone: 800-515-9896 Fax 800-559-6402

3. Keep all medical documentation.
4. Call FALCON at 800-515-9896 for agent contact phone/email/web address.
5. Contact the agent phone / email / website to complete the First Report of Injury or illness form. You will be contacted by our Managed Care Provider once the claim is filed.
6. Provide your supervisor with medical documentation of your initial work status and any subsequent changes to it. Our Managed Care Provider must support all injury related time away from work.
7. Keep our Managed Care Provider informed of medical and work status.
8. Schedule and keep medical appointments approved by our Managed Care Provider and notifying them when appointments are missed for any reason.
9. Send all requests for payment to the address given by our Managed Care Provider along with your claim number.