	Burnt Mountain Services Safety Management System	Initial Issue Date	12/12/2023
		Revision Date:	Initial Version
RETURN TO WORK AFTER INJURY		Revision No.	0

Purpose

It is the goal of Burnt Mountain Services (the Company) to return employees to meaningful, productive temporary employment following injury or illness until their health care provider releases them to full duty.

The return-to-work program provides opportunities for any employee who sustains a compensable injury during the course and scope of employment to safely return to work. If the employee is not capable of returning to full duty, the return-to-work program provides opportunities for the employee to perform a temporary assignment, either modified or alternative duty as defined below.

Scope

This procedure applies to all Company projects and operations.

Key Responsibilities

Supervisors

- Shall ensure that all injuries are promptly reported and carefully supervise employees who are in a return-to-work classification.


Employees

- Shall report all injuries immediately.
- Shall follow all aspects of this program.

Procedure

Definitions

- **Lost Time** - Time spent away from work beyond the day of injury at the direction of the treating health care provider as a result of a compensable injury sustained in the course and scope of employment. The term does not include time worked on a temporary assignment.
- **Full Duty** - Performance of all duties and tasks of the position for which the employee is employed. Full duty entails performing all essential and non-essential functions of the employee's regular job.
- **Temporary Assignment** - Performance of a temporary job assignment intended to return an injured employee to work at less than his or her full duties when a serious injury or serious medical condition prevents the employee from working full duty. Temporary assignments are limited to six months at the same pay, beyond six months; the program will be reviewed with the assistance of Company management to determine the next best course of action. Temporary assignments shall be referred to as modified duty and alternative duty.
- **Modified Duty** - Modified duty allows the employee to return to employment in his/her regular job and perform all of the essential functions of the position and those nonessential duties and tasks that are within the capabilities of the employee, given the restrictions imposed by the treating health care provider. Modified duty is a temporary arrangement until the injured employee can resume full duty. If

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during the course of the modified duty assignment or after six (6) months, whichever is sooner, it is determined that the employee has permanent restrictions, the program will be reviewed with the assistance of Company management to determine the next best course of action.

- **Alternative Duty** - Alternative duty allows the employee to temporarily perform the essential functions of a job and other nonessential duties and tasks, within the restrictions prescribed by the treating health care provider, other than the position for which the individual is employed (regular full-time position). Such alternative duty may be physically located in the same employing department or in a hosting department. Alternative duty is a temporary arrangement until the injured employee can resume full activities of his/her regular job or until an alternate duty position is no longer needed.
- **Hosting Department** – This is the department that has a temporary assignment position available but not necessarily the employee's department.

General Requirements

The Company provides modified work opportunities to injured employees, whenever practicable. Modified work should be offered, wherever possible, to employees who are unable to return to their regular duties following a workplace injury or illness. The benefits of offering modified duty include, but are not limited to, reduced workers compensation costs, improved employee retention, enhanced employee morale, reduction in lost time days, and a strengthening of the company's relationship with its employees. Modified work should be meaningful to the employee and the Company, and consistent with work restrictions outlined by the treatment provider.

If the health care provider states that the employee cannot perform any temporary assignments/modified duties, the Company may challenge the decision depending on the injury and request independent medical information from a more authoritative occupational care provider.


Employee Reporting Responsibilities

An employee who is a candidate or participant in a modified or alternative duty temporary job assignment under the Safe Return to Work program is responsible for reporting to the workers compensation carrier any employment or income earned while performing modified or alternative duty if required by the workers compensation carrier.

An employee participating in the safe Return to Work program must provide his/her supervisor with medical documentation accounting for all absences due to the injury/illness within one day of any absence from work or face disciplinary action.

Non-Retaliation

Retaliation against an individual for in good faith filing a request or making a claim under this or related policies, for instituting or causing to be instituted any proceeding under local regulatory guidelines or federal anti-discrimination or anti-retaliation laws, for testifying in an investigation or proceeding, or for otherwise opposing discriminatory or retaliatory actions or practices will not be tolerated. Retaliation by any Company employee is a violation of this policy. Nothing in this procedure should be interpreted as not requiring an individual to report suspected acts of discrimination or retaliation to the individual he or she believes is engaging in discriminatory or retaliatory conduct.

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Prohibited Actions

This return-to-work program shall not be applied to any situation or circumstance in a manner that retaliates or discriminates on the basis of race, color, sex, age, national origin, religion, or disability.

Return to Work Coordination

The Company Safety Manager or designated person will assist Site Managers/ supervisors with return-to-work activities/ plans for individuals who have sustained a compensable injury or illness during the course and scope of employment.

Medical Records for Injured Employees Must be Kept Confidential


Medical records should be kept by the employer strictly on a need-to-know basis. The records should be kept in a locked file.

All Documentation Related to an Incident is Maintained by the Company

The Company should maintain written records of incident details. This will help the Company recall information about the circumstances of the incident at a later time, and will demonstrate due diligence. Incident investigation records should be maintained. Records should be kept of communications with the injured employee regarding modified work. Workers compensation and medical records, where applicable, should also be maintained.

How Local Health Care Providers Are Made Aware That the Company Provides Modified Work to Employees Who Are Unable to Perform Their Regular Duties

- Local health care providers should be advised that the Company provides modified work to injured employees, whenever practicable. This may be accomplished proactively by making arrangements with clinics that specialize in occupational health, and recommending injured employees seek treatment there. If/when this is not practicable, a standard letter should be drafted that outlines the company's modified work opportunities. Injured employees should take this letter with them when they visit their health care provider.
- The Company will provide a copy of the employee's regular job description to accompany a Physicians Report (provided by physician) to be completed by the health care provider following any initial report of injury. When the medical status form is returned, it will be determined whether the employee can perform the essential functions of his/her job.
- Modified work provided to injured employees must be consistent with restrictions provided by the health care provider. The Company must ensure that the modified work being offered is consistent with the medical restrictions listed by the health care provider. Workers must ensure that changes in the scope of the modified work must adhere to the medical restrictions. Modified work is temporary and should be managed with the goal of returning the individual to full-time work as soon as deemed medically fit.
- The employee's health care provider must review and certify that the employee can perform the essential functions defined in a modified (temporary assignment) job description. If the health care provider changes the temporary assignment position description, the employing/hosting department must determine if the change is acceptable. The health care provider must approve any changes proposed by the hosting department.

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- The physician's restrictions are provided to those required to ensure that the restrictions are followed. Supervisors must be made aware of the restrictions to ensure the modified work meets the physician's orders.
- If the medical provider states that the employee can return to work with work restrictions, the Company will notify the employee via a temporary assignment offer of employment (see form). If the employee fails to report to work on the indicted start date the workers compensation company is to be immediately notified and the employee may be subject to discipline for failure to return to work.
- The employee must obtain a Physicians Report that outlines any work restrictions within one working day following each visit to his/her health care provider.
- If the health care provider states that the employee cannot perform any temporary assignments/modified duties, the Company may challenge the decision depending on the injury and request independent medical information.

Temporary Assignment / Modified Work Procedures


Physical demands are assessed for modified duty jobs to ensure they can be performed safely by injured employees.

A list of jobs available to be performed for employees on modified duty should be maintained. All jobs should be assessed to determine which jobs can be performed by persons working under specific restrictions. It is recommended that a Physical Demands Analysis (PDA) be prepared for each of these jobs to ensure workers are placed accordingly.

Training

Employees are informed of the Company Safe Return to Work program.

Employees may be informed by communicating the Company Safe Return to Work policy via a safety meeting or toolbox talk, reviewing the policy as part of the new employee orientation, and/or posting the policy in a conspicuous location, etc.

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TEMPORARY ASSIGNMENT OFFER OF EMPLOYMENT

CERTIFIED MAIL, RECEIPT REQUIRED

Date:

(Employee name and mailing address)

Dear _____:

We have been informed that Dr. _____ has released you to return to modified duty with restrictions as outlined in the attached Physicians Report dated _____. We are pleased to offer you the following temporary modified work assignment that we believe is within those restrictions.

To do this assignment, you will be required to (*describe physical and time requirements*):

You will be working at _____ and have the following work schedule: _____ through _____ from _____ to _____.

You will be paid \$ _____ per _____. Please be assured that we are sympathetic to your injury, and we will only assign tasks consistent with your physical abilities, knowledge, and skills. Your supervisor will work with you to ensure that you receive the proper training necessary to do this work.

The duration of this assignment will be _____ weeks. At the end of this period, we will review additional needs to determine if an extension can be made, or if other suitable work is available.

This offer will remain open for five days from your receipt of this letter. If we do not hear from you within five workdays, we will assume you have refused this offer. If your injury is covered by workers' compensation Insurance, refusal of this job offer may impact your Temporary Income Benefit payments.

We are looking forward to your return. If you have any questions regarding this offer, please contact me at _____. In addition, please return this letter with the appropriate area below completed.

Sincerely,
(Signature and Title)

I accept / refuse (circle one) the above offer of employment.

Signed: _____

Date: _____