Brown & Root, Inc.

and

Subsidiary Companies



Financial Report

PLAINTIFF'S EXHIBIT
B&R-47
tabbies®

BROWN & ROOT, INC. AND ASSOCIATED COMPANIES
P. O. BOX 3
HOUSTON 1, TEXAS
U. S. A.

ADMINISTRATIVE PROCEDURE

SECTION IV - SAFETY

JUNE 1, 1963

FOREWORD

This manual was prepared for the purpose of assisting job management in the formulation of an effective, practicable, accident-prevention program. The practices outlined herein are fundamental to the prevention of accidents and the successful completion of our jobs. The forms and reports presented are basic to the overall Safety Program. The proper and timely execution and submission of these reports is essential. Each job supervisor is responsible for implementing his job Safety Program in accordance with the practices set forth in this manual.

Various safety publications and promotional aids to assist in the administration of individual job accident-prevention programs are available through the Safety Department in Houston. A monthly safety magazine "The Scoreboard" is distributed to each job on an arbitrary basis of one for each ten employees. Safety bulletins, and pamphlets published by the National Safety Council and expressing a variety of safety themes are also available to each job on an "as required" basis. Pocket-sized employee safety manuals obtained from the Associated General Contractors are also obtainable through our Safety Department. Excellent reference manuals on industrial safety such as the Accident Prevention Manual for Industrial Operations published by the National Safety Council, and the Manual of Accident Prevention in Construction distributed by The Associated General Contractors of America, Inc., may be purchased through the Safety Department. Safety manuals distributed by the U. S. Army Corps of Engineers and the Bureau of Reclamation are available for reference in the Safety Department. Only a small number of the publications and items of promotional material have been mentioned here. Many others, typified by the foregoing examples, are available.

An extensive selection of safety and protective equipment is available on request from our main warehouse in Houston. In order to secure quality equipment at the lowest possible cost, the Safety Department requests quotes from the various Safety equipment suppliers and annual contracts are awarded on the basis of quality, service and price. For the convenience of all jobs, a catalog of recommended safety and protective equipment including illustrations and prices of the equipment on current contract and stocked in the warehouse is prepared by the Safety Department periodically and distributed to all jobs. By designating the identifying catalog number, any item of safety or protective equipment can be ordered directly from our main warehouse. Each job is urged to take advantage of this convenient and practical means of procuring adequate employee protective equipment.

In accordance with company policy directing that all employees will wear safety spectacles, provision has been made for prescription safety spectacles to be furnished, at job cost, to those employees requiring vision correction. Authorization forms and prescription blanks together with instructions regarding ordering procedure are available in the Safety Department.

For those desiring protective footwear, arrangements have been made with a Houston supplier, to provide quality safety shoes and boots at discounted price to Brown & Root, Inc. employees. Upon request, a mobile shoe unit will visit an individual job by appointment and remain as long as required. Arrangements for this service may also be made through the Safety Department. This footwear may also be purchased directly from the Houston Area Division warehouse.

A variety of additional services not mentioned here, are available to each and every job on request. These available services will become evident as the supervisor works with the Safety Engineer and endeavors to work out his individual accident-prevention problems. As mentioned previously, the objective of this manual is to make clear, by illustration and simplified text, a reasonable and practical job safety program. The individual supervisor will, most likely, wish to incorporate into his program a few of his own thoughts. This is encouraged, with the hope that by so doing, the supervisor will stimulate interest and participation in his own safety program.

Accident prevention in construction is largely a matter of education, vigilance and cooperation. It is a matter of human relations rather than an engineering problem. Hard and fast rules alone will not insure safety on the job. This can be secured only by the constant and careful attention on the part of the superintendent and foreman, with the cooperation of the workmen.

ADMINISTRATIVE PROCEDURE

The Job Safety Engineer is under the supervision of the Job Superintendent and the general direction of the Home Office Safety Department. Duties of the Safety Engineer consist of, but are not limited to, the following:

1. Preparing and administering a sound, workable accident prevention program for personnel and equipment.
2. Advising management, foremen, and supervisors on all matters pertaining to safety hazards that may occur from day to day.
3. Scheduling and assisting with weekly safety meetings with job management and periodic "Tool Box" type employee safety meetings.
4. Acquainting and familiarizing all employees with basic safety rules and regulations including such basic fundamentals of construction safety as job housekeeping, use of personal protective equipment, fire prevention and protection, accident investigation and reporting, and emergency treatment and transporation of the injured.
5. Interviewing all new employees informing them of the basic safety rules and regulations as set forth by company policy; familiarizing them with how and where to acquire safety equipment and the use thereof; pointing out the availability and location of first aid facilities; and emphasizing that all injuries, no matter how minor, must be reported at once to the injured's immediate supervisor.
6. Maintaining accident records by making reports, personal investigations of accidents, and checking corrective actions to prevent further occurrences.
7. Observing employees and their work habits together with materials and equipment in order to correct unsafe procedures and conditions.
8. Investigating local medical facilities and designating those to be used to assure adequate treatment and care of injured employees.
9. Requisitioning necessary personal protective equipment in order that each employee may have adequate equipment for the specific task assigned.
10. Endeavoring (by individual personal contact, advertising, contests, merit awards, etc.) to develop interest in the safety program and to instill in supervisors and men faith in accident prevention as an indispensable part of the job.
11. Maintaining required records and preparing reports in accordance with instructions hereinafter set forth in this procedure manual.

In the absence of a Safety Engineer an employee designated by Management will assume the duties and responsibility of a Safety Engineer.

FORM NO.	TITLE	PAGE NO.
	General Instructions	1
	Table of Contents	2
	Basic Safety Rules	4
	Register of Job Safety Meetings	5
	Register of First Aid Rendered	6
C-4	Order for Medical Treatment	8
C-5	Foremen's Report of Injury	10
	Employer's First Report of Injury	12
	Employer's Supplemental Report of Injury	14
C-3	Injury Control Sheet	17
	Automobile Accident Report	18
	Bodily Injury and Property Damage	20
	Monthly Accident Summary	22
	Monthly Workmen's Compensation Summary	24
	Monthly Accident and Workmen's Compensation Summary - All Departments	26
	Monthly Accident and Workmen's Compensation Summary - Each Department	27
	Monthly Accident and Workmen's Compensation Summary - Each Job	28
	Safety Reports - General	29
	Safety Reports - Accident Cost Per Man Hour	30
	Safety Reports - Loss Ratio	32
	Safety Reports - Accident Frequency	34
	Safety Reports - Accident Per 100,000 Man Hours	36
	Safety Reports - Accident Severity	37

FORM NO.	TITLE	PAGE NO.
	Safety Reports - Dollar Cost Per Accident	39
	Safety Reports - Distribution of Injuries by Cause	40
	Safety Reports - Distribution of Injuries by Type	41
	Safety Magazine - The Scoreboard	42
	Safety Proposals	44
	Handling of Death Cases Overseas	48

ADMINISTRATIVE PROCEDURE

SECTION: Safety	Section IV, Page 4
SUBJECT: Basic Safety Rules	June 1, 1963

The Basic Safety Rules to be followed by all employees of Brown & Root, Inc. and Associated Companies are as follows:

1. Hard hats will be worn by all employees while on construction sites.
2. Safety spectacles or other prescribed eye protection will be worn by all employees while on construction sites or while working in a shop or plant area.
3. Employees will not ride the load, hook or headache ball.
4. Booms and blades will be lowered to the ground at the completion of each days work.
5. All electrical tools and equipment will be properly grounded.
6. Compressed air will not be used to dust off hands, face or clothes.
7. It will be the responsibility of each foreman to hold regular crew safety meetings at intervals not to exceed once every week.
8. Good housekeeping will be recognized as an integral part of every job.
9. Employees will work fully clothed.
10. Compliance with the company's safety regulations, as well as the safety regulations established by the owner as they apply to our work by contractual agreement, is a condition of employment.
11. From a practical standpoint certain exceptions to the above basic rules are recognized; therefore, it shall be the responsibility of the job superintendent or project manager to work with the Safety Department in promulgating the basic safety rules for his particular job as conditions require. The individual job's basic safety rules shall be tenable with the company's policy and have the approval of the Department Manager.

ADMINISTRATIVE PROCEDURE

SECTION: Safety — Section IV, Page 5
SUBJECT: Register of Job Safety Meetings — June 1, 1963

PURPOSE

To provide a record of all safety meetings held on the job

PREPARED BY

Safety Engineer or designated representative

COPIES REQUIRED

One

INSTRUCTIONS

A Job Register will be maintained by the Safety Engineer in which the following detail information is recorded for each safety meeting held on the job.

1. Job number, name and location
2. Date meeting held
3. Employee holding safety meeting
4. Craft and number attending
5. Topic or topics discussed

DISTRIBUTION

Retained by Safety Engineer until job completion, then transmitted to Home Office Safety Department.

REGISTER OF JOB SAFETY MEETINGS

JOB No. 31-1117 POINTE POWER PLANT POINTE, TEXAS

	SUPERVISOR		CRAFT		
DATE	NAME	TITLE	CLASSIFICATION	No. MEN	TOPIC
6-3-63	John Smith	Rigger Fmn.	Riggers	3	Guying & Bracing
6-3-63	Joe White	Carp. Fmn.	Carpenters	23	Ladders & SCAFFolds
6-3-63	Tom Swift	Oppr. Fmn.	Operators	10	Tractor Operation
6-3-63	I. M. Hott	Labor Fmn.	Laborers	40	Heat Exhaustion & Sunstroke

ADMINISTRATIVE PROCEDURE

SECTION: Safety — Section IV, Page 6
SUBJECT: Register of First Aid Rendered — June 1, 1963

PURPOSE

To provide a detailed record of all first aid cases treated on the job and study of the frequency with which employees become involved in accidents requiring first aid.

PREPARED BY

Safety Engineer or Timekeeper

COPIES REQUIRED

One

INSTRUCTIONS

The Safety Engineer, or other person designated to handle first aid cases, maintains a register in which all injuries and first aid cases treated are recorded. It is not necessary to render Employer's First Report of Injury on employees whose injuries require only first aid on the job, but any treatment rendered, regardless of how minor it may seem, will be entered in the register. This register shows the following information:

1. Job number, name and location
2. Date
3. Time
4. Name
5. Badge No.
6. Foreman
7. Injury
8. Treatment
9. Returned to work - Yes or No
10. Referred to Doctor - Yes or No
11. Disabling injury - Yes or No
12. By - Initials of person rendering first aid

DISTRIBUTION

Safety Engineer - Filed chronologically

FIRST AID REGISTER

JOB NO. 31-117 NAME Pointe Power Plant LOCATION Pointe, Texas

DATE	TIME	NAME	BADGE NO.	FOREMAN	INJURY	TREATMENT	RETURNED TO WORK	REFERRED TO DOCTOR	DISABLING INJURY	BY
3/2/63	10:50 AM	Joe White	883	R.W. Smith	Cut Finger	Clean / Dress	Yes	No	No	[illegible]
3/2/63	2:15 A.M	Tom Black	701	J.H. Hale	Dust in Eye	Eye Wash	Yes	No	No	[illegible]
3/2/63	9:35 AM	Sam Brown	206	T.W. Linton	Sunstroke	Applied Cold Wet Cloths While Awaiting Ambulance	No	Yes	Yes	[illegible]

ADMINISTRATIVE PROCEDURE

PURPOSE

To authorize a physician to treat an employee injured on the job and to guarantee payment of medical fees.

To provide a record of employees sent to the doctor, written details of the accident, and the doctor's findings and disposition.

PREPARED BY

Safety Engineer or his designated representative

COPIES REQUIRED

Four

INSTRUCTIONS

Safety Engineer or his designated representative completes and signs the Order for Medical Treatment side of the form. He sends the original and two copies of the form with the injured employee to the designated doctor.

After the Safety Engineer has arranged for medical attention for the injured, he conducts an investigation of the accident and completes the Details of Accident portion of the form on the quadruplicate copy of the Order for Medical Treatment form and obtains the signature of the injured employee's immediate supervisor.

Doctors should be instructed to complete the Doctor's Findings and Dis position and return the form immediately after the injured employee has been treated, retaining only the Doctor's portion of the original copy of the Order for Medical Treatment. The form may be returned with the injured employee or the driver who took him to the doctor.

DISTRIBUTION

White - Doctor retains the right hand portion and returns the left hand portion to Job Office
Pink - Home Office Safety Department
Gold - Insurance Carrier
Yellow - Retained by Safety Engineer in a pending file until employee returns to work at which time it is filed in date order.

BROWN & ROOT, INC.

Doctors' Findings and Disposition

Patient _____ (Name of Employee)

has been treated for _____ (Nature of Illness)

And is

- ☐ able to resume his regular duties.
- ☐ unable to return to work.
- ☐ disabled for approximately _____ days.
- ☐ to return for re-examination on _____ (Time)

By _____ M.D.

Date _____

Arrival Time _____

Departure _____

☐ Occupational ☐ Non-Occupational

Remarks _____

→ Return to Office Manager ←

BROWN & ROOT, INC.

Order For Medical Treatment

TO: Dr. H. C. WELSH
Address 2182 FANNIN, HOUSTON TEX.

FROM: Job No. 31-1111
Location HOUSTON, TEXAS

PLEASE RENDER TREATMENT TO:

Employee E. Z. HURT
Address 200 HAZARD AVE.
Badge No. 1313 Phone Phone US 2-2222
Date of Injury 13 JULY 1962 Time 3:00 PM
Nature of Injury MASHED FOUR FINGERS ON LEFT HAND
How Incurred: DOGGING OFF PIPE WITH MANILA ROPE; GOT HAND CAUGHT UNDER ROPE.

Issued by Joe O'Leary
Date of Order 13 July, 1962 Time 3:10PM

Insured by: HIGHLANDS INSURANCE COMPANY
P. O. Box 2002, Houston 1, Texas

→ For Doctor ←

BROWN & ROOT, INC.

Details of Accident

Date 13 JULY, 1962 Time 3:00 PM
Location PIPE YARD
Cause EMPLOYEE WAS CARELESS WHILE DOGGING OFF PIPE WITH A MANILA ROPE. HE GOT HIS HAND CAUGHT UNDER THE ROPE. THE RESULTING INJURY WAS FOUR MASHED FINGERS LEFT HAND.

John Smith

Remarks
THIS MAN HAS HAD 9 ACCIDENTS IN THE LAST 4 MONTHS.

BROWN & ROOT, INC.

Order For Medical Treatment

TO: Dr. H. C. WELSH
Address 2182 FANNIN, HOUSTON TEX.

FROM: Job No. 31-1111
Location HOUSTON, TEXAS

PLEASE RENDER TREATMENT TO:

Employee E. Z. HURT
Address 200 HAZARD AVE.
Badge No. 1313 Phone Phone US 2-2222
Date of Injury 13 JULY 1962 Time 3:00 PM
Nature of Injury MASHED FOUR FINGERS ON LEFT HAND
How Incurred: DOGGING OFF PIPE WITH MANILA ROPE, GOT HAND CAUGHT UNDER ROPE.

Issued by Joe O'Leary
Date of Order 13 July, 1962 Time 3:10PM

Insured by: HIGHLANDS INSURANCE COMPANY

SECTION: Safety — Section IV, Page 10
SUBJECT: Form C-5, Foreman's Report of Injury — June 1, 1963

PURPOSE

To aid the Home Office Safety Department in evaluating injuries, supervision, and claims.

PREPARED BY

Foreman of injured employee

COPIES REQUIRED

Original to Home Office Safety Department; others as instructed by job superintendent.

INSTRUCTIONS

This form is to be completed by the foreman in his own handwriting for each accident involving one of his men and requiring medical attention. Foreman's report is not required for minor first aid cases treated in the field.

A report that is made by another person and signed by the foreman will not be acceptable. This report is to be filled in completely, and forwarded to the Home Office Safety Department within two days.

DISTRIBUTION

Original - Home Office Safety Department

Duplicate - As specified by job superintendent

BROWN & ROOT, INC.
FOREMANS REPORT OF INJURY FORM

NOTE: Must be filled out in Foreman's Own Handwriting

Name of Injured: E. L. Hurt Occupation: Laborer

Supervisor: John Smith Job No. 31-1111 Soc.Sec.No.: 456-18-4183

Date of Accident: 13 July 1962 Day: Friday Hour: ____ A.M. 5:00 P.M.

Describe Injury (Don't Wait for Doctor's Report) Four Mashed Fingers - Left Hand

Lost Time: _____ No Lost Time: No.

Exact Location on Job Where Accident Occurred: Pipe Loading Rack - Pipe Yard

Describe Fully How Accident Occurred: Dogging off pipe with manila rope; Got Left Hand caught under rope and mashed all four fingers when rope was tightened.

State in Your Own Words How This Accident Could Have Been Prevented: If employee had been holding rope in the proper manner this accident would not have occurred.

Corrective Action Taken to Prevent a Recurrence: Instructed and demonstrated to crew the proper method of handling pipe in this manner

Witnesses: (Important)

1. Name: J. C. Moore Permanent Address: 130 E. First Pasadena, Tex.

2. Name: W. A. Cobb Permanent Address: 41 E. Seith, Houston, Tex.

Was a Sub-contractor Involved: No. If so, What Company: —

Prepared by: John Smith

Title: Labor Foreman

Date of this Report: 13 July, 1962

Distribution: Original - Houston Safety Office
Form C-5 Copies - As Specified by Job

PURPOSE

To provide the Insurance Manager, Insurance Carrier, the Industrial Accident Board and the Safety Department with a record of an injury to an employee on the job. This is the basic record the adjusters will use in evaluating claims.

PREPARED BY

Safety Engineer or Timekeeper

COPIES REQUIRED

Four

INSTRUCTIONS

The Employer's First Report of Injury is to be completed on all injuries requiring medical attention or resulting in lost time from work. This form should be completed as soon as possible after the "Doctor's Findings and Disposition" portion of the Order for Medical Treatment form is returned to jobsite but no later than the day following the accident.

The example shown is for an accident in Texas covered by Highlands Insurance Company. The name and address of the insurance company and accident board will vary with the state but required forms will normally be supplied by the insurance company and will be essentially the same in all states.

Regardless of the form used, extreme caution should be exercised to supply as complete and accurately as possible the requested information. Describe the injury fully with all pertinent details. Particular attention should be directed to the accuracy of dates, time, location, and earnings. In the event of a disabling injury show the first day absent from work and the number of days estimated disability. All reports should be signed by the job superintendent.

In case of injury resulting in death, the Home Office Safety Department should be notified immediately by telephone or cable.

DISTRIBUTION

Original - Home Office Claims Department

Duplicate - Home Office Claims Department

Triplicate - Home Office Claims Department

Quadruplicate - Job files in date order

STANDARD FORM FOR

EMPLOYER'S FIRST REPORT OF INJURY

Approved by I. A. I. A. B. C.

A. Send ORIGINAL to INDUSTRIAL ACCIDENT BOARD, Austin, Texas if employee is absent from work more than one day.
B. Upon termination of incapacity to employee or if incapacity extends beyond sixty day period, make supplemental report.
C. Penalty of $1,000 may be assessed for failure to comply with these instructions (Sec. 7, Article 8307, Employers Liability Law).

HIGHLANDS INSURANCE COMPANY
Copy to P. O. BOX 2002, HOUSTON 1, TEXAS

State's Number	File:
	Carrier:
For:	Employer: DO NOT WRITE IN THIS SPACE

Carrier's File No.

(The spaces above not to be filled in by Employer)

Employer

1. Name of Employer Brown & Root, Inc.
2. Office address: No. and St. 4100 Clinton Dr. City or Town Houston State Texas
3. Insured by HIGHLANDS INSURANCE COMPANY, P. O. BOX 2002, HOUSTON 1, TEXAS
4. Give nature of business (or article manufactured) Engineers and Constructors

Time and Place

5. (a) Location of plant or place where accident occurred, City Houston County Harris State of Texas Department Pipeline Did accident occur on employer's premises? Yes
   (b) If injured in a mine, did accident occur on surface, underground, shaft, drift or mill? No
6. Date of injury July 13 19 62 Day of Week Friday Hour of Day A.M. 3:00 P.M.
7. First day absent from work None 19 A.M. P.M. 8. Was injured paid in full for this day? Yes
9. When did you or foreman first know of injury? Immediately
10. Name of foreman John Smith

Injured Person

(Full First Name / Middle Initial / Last Name)

11. Name of Injured Ezra 2 Hurt Social Security No. 456-18-4183
12. Address: No. and St. 200 Hazard Avenue City or Town Houston State Texas
13. Check (√) Married X Single ___ Widowed ___ Widower ___ Divorced ___; Male X, Female ___; White X, Colored ___
14. Nationality American Speak English Yes
15. Age 26
16. (a) Occupation when injured Laborer (b) Was this his or her regular occupation? Yes
    (If not, state in what department or branch of work regularly employed) ___
17. (a) How long employed by you 6Mos. (b) Piece or time worker Time (c) Wages per hour $ 1.50
18. (a) No. hours per day 8 hours (b) Wages per day $ 12.00
    (c) No. days worked per week Five (d) Average weekly earnings $ 60.00
    (e) If board, lodging, fuel or other advantages were furnished in addition to wages, give estimated value per day, week or month None
19. Was injured employee officer or director or a partner? No

Cause of Injury

20. Machine, tool or thing causing injury Rope 21. Kind of power (hand, foot, electrical, steam, etc.) -- 22. Part of machine on which accident occurred --
23. (a) Was safety appliance or regulation provided? None (b) Was it in use at time? ___
24. Was accident caused by injured's failure to use or observe safety appliance or regulation? No
25. Describe fully how accident occurred, and state what employee was doing when injured Employee was dogging off pipe with a manilla rope. He got his left hand caught under the rope and it mashed four fingers when rope tightened on pipe
26. Names and addresses of witnesses I.C. Moore 130 E. First St. Pasadena, Texas
    R. A. Cobb 41 E. Sixth St. Houston, Texas

Nature of Injury

27. Nature of injury (describe in your own words — do not wait for doctor's report) Bruised but believed not broken
28. Probable length of disability None 29. Has injured returned to work? ___
    If so, date and hour ___ At what wage $ ___
30. At what occupation? Same
31. (a) Name and address of physician (if known) H. C. Welsh 2182 Fannin Houston, Texas
    (b) Name and address of hospital (if known) ___

Fatal Cases

32. Has injured died? No If so, give date of death ___

Date of this report July 13, 1962 Firm Name Brown & Root, Inc.
Job No. 31-111 Signed by A. H. Jones Official Title Superintendent

ADMINISTRATIVE PROCEDURE

PURPOSE

To report changes in the status of an injured employee as reported on Employer's First Report of Injury such as: return to work after a disabling injury; employee's losing time when originally reported as a nondisabling injury; death. This is also a notification to an adjuster of any change in circumstances in connection with a previously reported injury.

PREPARED BY

Safety Engineer or Timekeeper

COPIES REQUIRED

Four

INSTRUCTIONS

Reports should be filed as soon as possible after any change in status of the injured employee from that reported on Employer's First Report of Injury or sixty days after Employer's First Report of Injury if the employee has not returned to work.

Two examples are shown to illustrate when a supplemental report is necessary:

1. An employee has started losing time that was not expected at the time the Employer's First Report of Injury was prepared.

2. An employee has returned to work after a disabling injury.

DISTRIBUTION

Original - Home Office Claims Department

Duplicate - Home Office Claims Department

Triplicate - Home Office Claims Department

Quadruplicate - Job files with First Report of Injury

Part 2, Form 1, Rev. 10-61

STANDARD FORM FOR EMPLOYER'S SUPPLEMENTAL REPORT OF INJURY

Approved by I. A. I. A. B. C.

Send to— INDUSTRIAL ACCIDENT BOARD, AUSTIN, TEXAS
Penalty of $1000 for failure to file.
See Section 7, Article 8307, Employer's Liability Law.

Copy to HIGHLANDS INSURANCE COMPANY
(Insurance Company)
P. O. BOX 2001, HOUSTON 1, TEXAS
(Address)

State's Number	File:
	Carrier:
Per:	Employer:
	Carrier's File No.

DO NOT WRITE IN THIS SPACE

(The spaces above not to be filled in by Employer)

If Employer's First Report of Injury did not show that the injured had returned to work, an Employer's Supplemental Report of Injury should be completed and filed immediately after return to work of the employee, or at the end of sixty days. In the event of the death of the employee, this report should be filed immediately.

1. Name of Employer: Brown & Root, Inc.
(Company Identification Number to be inserted by Home Office Claim Department)
SOCIAL SECURITY NO. _____

2. Office Address: No. and St. 4100 Clinton City or Town Houston State Texas

3. Insured by: Name of Company Highlands Insurance Company

4. Name of Injured (In full) Erza (First Name) Z (Middle Initial) Hurt (Last Name) Social Security No. 456-18-4183

5. Present Address: No. and St. 200 Hazard Avenue City or Town Houston State Texas

6. Date of Injury July 13 19 62 Day of week Friday Hour of day _____ A.M. 3:00 P.M.

7. Date Disability began July 18 19 62 A.M. 9:00 P.M.

8. Was injured returned to work? No If so, date and hour _____ A.M. _____ P.M.

9. Is injured person earning same wages as before injury? _____ If not, explain _____

10. If disability has not terminated, state probable date of termination of disability 2 or 3 days

11. Was injured killed? No If so, date of death _____ A.M. _____ P.M.

Employee returned to work but fingers too sore to carry out regular duties.

(This is an example of an employee expected to lose no time on Employer's First Report of Injury - Now has lost time. See example following showing return to work.)

Date of this report July 18, 1962 Firm name: Brown & Root, Inc.

Job Number 31-111 Signed by L. P. Jones Official Title: Superintendent

Part 2. Form 1. Rev. 10-41

STANDARD FORM FOR EMPLOYER'S SUPPLEMENTAL REPORT OF INJURY

Approved by I. A. I. A. B. C.

Send to— INDUSTRIAL ACCIDENT BOARD, AUSTIN, TEXAS
Penalty of $1000 for failure to file.
See Section 7, Article 8307, Employer's Liability Law

Copy to HIGHLANDS INSURANCE COMPANY
(Insurance Company)
P. O. BOX 3001, HOUSTON 3, TEXAS
(Address)

State's Number
File:
Carrier:
For:
Employer:
Do Not Write In This Space

Carrier's File No.

(The spaces above not to be filled in by Employer)

If Employer's First Report of Injury did not show that the injured had returned to work, an Employer's Supplemental Report of Injury should be completed and filed immediately after return to work of the employee, or at the end of sixty days. In the event of the death of the employee, this report should be filed immediately.

1. Name of Employer: Brown & Root, Inc.
(Company identification number to be
SOCIAL SECURITY NO. inserted by Home Office Claim Department)

2. Office Address: No. and St. 4100 Clinton City or Town Houston State Texas

3. Insured by: Name of Company Highlands Insurance Company

4. Name of Injured (in full) Ferd (First Name) J (Middle Initial) Burt (Last Name) Social Security No. 456-18-4183

5. Present Address: No. and St. 200 Hazard Avenue City or Town Houston State Texas

6. Date of Injury July 13 19 62 Day of week Friday Hour of day A.M. 3:00 P.M.

7. Date Disability began July 18 19 62 A.M. 9:00 P.M.

8. Was injured returned to work? Yes If so, date and hour July 23, 1962 A.M. 8:00

9. Is injured person earning same wages as before injury? Yes If not, explain

10. If disability has not terminated, state probable date of termination of disability

11. Was injured died? No If so, date of death A.M. P.M.

(Example of a lost time accident employee - returns to work.)

Date of this report July 23, 1962 Firm name: Brown & Root, Inc.

Job Number 31-111 Signed by L. P. Jones Official Title: Superintendent

ADMINISTRATIVE PROCEDURE

SECTION: Safety — Section IV, Page 17
SUBJECT: Form C-3, Injury Control Sheet — June 1, 1963

PURPOSE

To provide the Home Office Safety Department with a concise, convenient record of all job injuries.

PREPARED BY

Home Office Safety Department - Claims Section

COPIES REQUIRED

Three

INSTRUCTIONS

This form (see sample) is prepared from the Employer's First Report of Injury and includes the injured's name, job assignment, social security number, supervisor's name, a brief description of the injury, and whether the injury is disabling or non-disabling. The sheet is further coded with regard to cause of injury and the part of body injured.

DISTRIBUTION

Home Office Safety Department - The original copy is filed by job number and alphabetically by injured employee.

All duplicate copies for the month are stapled together in date order and filed chronologically by month. These files provide a means of analyzing, currently, the safety experience for each job during a specific period of time and provides much of the source information for all safety reports including the statistics section of the monthly safety publication, "The Scoreboard".

The triplicate copy is filed alphabetically by employee. Injuries to the same employee are filed together so that accident "repeaters" can be determined and studied.

Job No. 31-111 — John Smith
Supervisor's Name

Ezra Z. Hurt — 456-18-4183
Injured Employee's Name & Social Security No.

Date July 13 1962 — Lost Time Yes ☒ No ☐

Nature of Injury: Mashed Four Fingers Left Hand

Loading Pipe

Laborer: 5-31-62 — age 26

FORM C-3 REV 5-63
May — 3-C

ADMINISTRATIVE PROCEDURE

SECTION: Safety — Section IV, Page 18
SUBJECT: Form Auto-1, Motor Vehicle Accident Report — (Rev.) August 15, 1963

PURPOSE

To provide Home Office Claims Department complete details of each motor vehicle accident.

PREPARED BY

Employee driving a company owned or rented vehicle involved in an accident.

COPIES REQUIRED

Three

INSTRUCTIONS

Any accident involving bodily injury or property damage arising out of the operation, maintenance or use of a motor vehicle owned or leased by Brown & Root or being operated by a Brown & Root employee on company business should be reported immediately by telephone to the Home Office Claims Department. If the job is in an outlying area and serviced by a predesignated local claims adjuster the accident should be reported to that adjuster.

The telephone report must be followed as soon as possible by the written Form Auto-1, Motor Vehicle Accident Report. The information for the report must be furnished by the driver or operator of the vehicle involved.

The driver of a company vehicle involved in an accident should request and wait for a police investigation. Although it might appear evident that the accident is due to the negligence of the injured or the damaged property owner and that Brown & Root, Inc. is not liable, it is imperative that the accident be reported.

DISTRIBUTION

Original - Highlands Insurance Company, P. O. Box 2002, Houston 1, Texas
Duplicate - Home Office Claims Department, P. O. Box 3, Houston 1, Texas
Triplicate - Job files

FORM AUTO-1

MOTOR VEHICLE ACCIDENT REPORT

HIGHLANDS INSURANCE COMPANY

P. O. Box 2002 Houston 1, Texas

POLICY-HOLDER

Name Brown & Root, Inc. Job Number 31-128
Main office address 4100 Clinton Drive, Houston, Texas
Job office address 328 East Sixth St., Alvin, Texas Job Phone Number WA 3-3311

TIME AND PLACE OF ACCIDENT

Time _____ A.M. or P.M. 5:15 Date of Accident October 10, 1962
Place of Accident Gulf Freeway Exit 9 at Highway 35
City Houston County Harris State Texas

COMPANY DRIVER

Full name Joseph Edward Jones Home Phone WA 3-3429
Residence address 202 Maple, Alvin, Texas Age 25
How long employed by company 8 months Position Truck Driver
Name of immediate supervisor Walter R. Smith Company driver injured? Yes
Driver's License No. CKF 3-409 State Texas Date expires December 31, 1962
Nature of injury Bruised left knee
Injured taken to Walt Clinic Attended by Dr. H. K. Walt

COMPANY VEHICLE

Company No. S-324 Make Ford Type Pickup
Assigned to what dept. City License No. XE-5274 State Texas
If trailer involved, Co. No. None Load Micellaneous job supplies
How many persons (including driver) in company vehicle? One

DAMAGE TO COMPANY VEHICLE OR PROPERTY

Describe damage Caved in right side and door, right door glass broken
Where is vehicle? 328 East Sixth St., Alvin, Texas Estimated cost $ 150.00

Report all injuries and damage. If more than two persons sustained injury or if more than one other vehicle was involved, attach sheet showing information required below.

PERSONS INJURED

Report all injuries, Even If They Seem Only Minor

Did any person (other than company driver) sustain or claim injury? Yes

1. Name Peggy Jones Sex F Color W Age 23
Address: Street 1324 Garland City Houston State Texas
Employed by Blair Oil Co. Employer's Address Blair Building, Houston
Nature of injury Bruises on left arm and side of body
Injured taken to Freeway Clinic Attended by Dr. W. M. Johnson

2. Name Dorothy Smith Sex F Color W Age 24
Address: Street 1324 Garland City Houston State Texas
Employed by Blair Oil Co. Employer's Address Blair Building, Houston
Nature of injury Bruises to chest and right knee
Injured taken to Freeway Clinic Attended by Dr. W. M. Johnson

DAMAGE TO OTHER VEHICLE OR OTHER PROPERTY

Describe damage Left side caved in pressing radiator into motor, windshield and left door glass broken
Estimated cost of repairs or replacement $ 500.00
Name of owner Peggy Jones Phone No. MI 5-9082
Address: Street 1324 Garland City Houston State Texas
If motor vehicle: License No. XY-6374 State Texas
Make Ford Body Type Sedan Year Model 1960
How many persons in this vehicle? 2 Where vehicle taken? Wellington Motors, Inc.
Name of Insurance Co. or Agent Denton Insurance Agcy. 1215 Fannin

OTHER DRIVER

Driver's name Peggy Jones Employer Blair Oil Co.
Address: Street Blair Building City Houston, State Texas
Driver's License No. 084876 State Texas Date Expires July 18, 1963

WITNESSES

Names and addresses of all persons other than those named above, who witnessed or can furnish information regarding accident. Attach separate sheet if needed.

Name Charles E. Moore Full Address 3824 Forest, Houston, Texas
Witness was occupant of ____ Company car ____ other car X neither
Name Thomas L. Drew Full Address 3714 Howard, Houston, Texas
Witness was occupant of ____ Company car ____ other car X neither

IMPORTANT – Fill In Other Side of This Form

ADMINISTRATIVE PROCEDURE

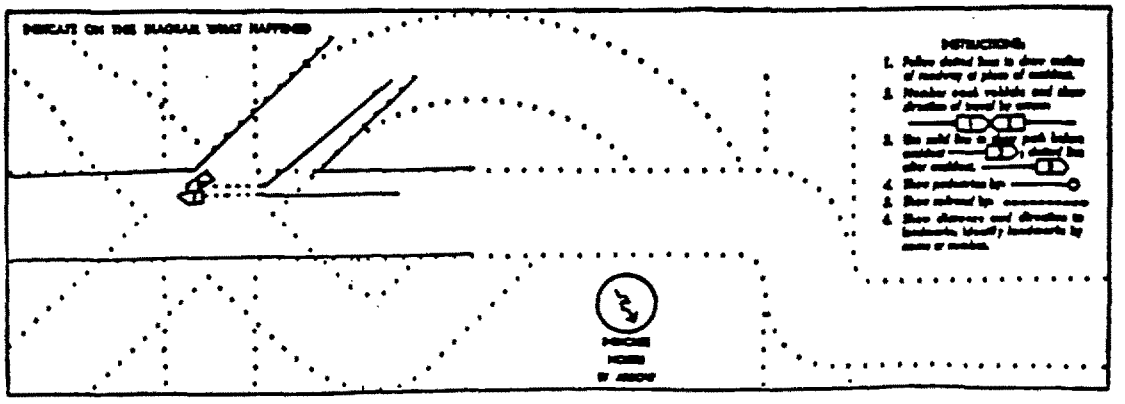
SECTION: Safety — Section IV, Page 19A
SUBJECT: Form Auto-1, Motor Vehicle Accident Report — (Rev.) August 15, 1963

Statement of Company Driver - How Did Accident Occur?

Company vehicle traveling southeast on Gulf Freeway, had moved to right hand lane and was preparing to leave Freeway at Exit 9. The other vehicle approaching Freeway on access road attempted to slow down but due to speed and slick surface skidded into side of company vehicle. The two witnesses listed on this form were traveling behind company vehicle.

Describe weather conditions: Light rain — Describe road condition: Slick
Direction your car was going: South — On which side of center line: Right
Direction other car was going: South — On which side of center line: Right
Did you give warning signal: Yes — What Kind: Right Turn
Did other party give warning signal: No — What Kind:
What lights did you have burning: None
What lights did other party have burning: None
At time you first saw danger - (Estimate speed you were then traveling: 40 M.P.H.
(Estimate speed other car was then traveling: 55 M.P.H.
At time of collision - (Estimate your speed: 40 M.P.H.
(Estimate other car's speed: 55 M.P.H.
If intersection accident, which car reached intersection curb line first? Company
For what purpose was company car being used? Purchasing job supplies
Were the police notified of this accident? Yes — List names of investigating officers: Earl H. Moody, John P. Murphy

Make copy of investigating officers' report at time of accident, if possible.



On diagram which vehicle is No. 1? Company — Which is No. 2? Other
If charges filed by police, give violations: Failure to observe warning signs, speeding on access road.

Has this accident been reported in any manner, prior to the making of this report, to a claims representative of this insurance company? No — If so, give name and address

J. E. Jones
SIGNATURE
Title: TRUCK DRIVER — Location: ALVIN, TEXAS
Date Signed: 10/10/62

ADMINISTRATIVE PROCEDURE

SECTION: Safety — Section IV, Page 20
SUBJECT: Bodily Injury and Property Damage — June 1, 1963

PURPOSE

To provide assistance to the Insurance Carrier by accumulating and reporting information relative to bodily injury and/or property damage involving injury to persons other than employees and to property other than owned by the Company.

PREPARED BY

Safety Engineer or Timekeeper

COPIES REQUIRED

Two

INSTRUCTIONS

Accidents involving bodily injury or property damage of any nature should be immediately reported by telephone both to the Home Office Claims Department and the Insurance Carrier. This is essential in order that immediate steps be taken to obtain photographs, on-the-spot witnesses, and such other action as may be of future assistance in settling claims. A letter containing full details in connection with boidly injury or property damage accidents is to be furnished to supplement the telephone report in cases of all accidents except those involving company owned or leased automotive equipment (See Automobile Accident Report). The letter should report in full any detail that is pertinent to the accident both as to its manner of occurrence and the injury caused or damage done.

Every assistance should be given representatives of the Insurance Carrier who visit the job to investigate accidents reported.

DISTRIBUTION

Original - Home Office Claims Department
Copy - Retained in job files

ILLUSTRATION

OFFICE MEMO
BROWN & ROOT, INC.

TO: Home Office Claims Department — Date April 23, 1963
FROM: Joe O'Leary
SUBJECT: Auto Accident on Job 31-1111 - Houston Texas

This is to confirm our telephone call of this date advising you of the collision between an automobile owned and operated by Mr. F. C Greene, 413 Maple Street, Houston, Texas and a caterpillar maintainer owned and operated by Brown & Root, Inc. at approximately 10:30 A.M today.

The maintainer was windrowing shell inside the barricades of a closed street. Mr. Greene entered the closed street and was following the maintainer a distance of approximately three (3) feet. The maintainer operator, Mr. J. O. Oakes, had stopped and was preparing to back up when he collided with the Green automobile. The collison resulted in damage to the radiator, fender, and front tire of the Greene automobile but Mr. Greene did not complain of personal injury. It was witnessed by Mr. J. R. Blue, 1814 Case Street, Houston, Texas, telephone No. US-4-7588.

Mr. Oakes can be reached at 942 Wilson Avenue, telephone No. US-5-4788.

Joe O'Leary

cc: Highlands Insurance Company

PURPOSE

To provide a summary report detailing all job injuries for the month and summarizing man hours worked, injuries and lost time accidents for the month and accumulated to date.

PREPARED

Safety Engineer or Timekeeper

COPIES REQUIRED

Three

INSTRUCTIONS

The Monthly Accident Summary must be submitted no later than one week following the closing of the last payroll period of the month. Cumulative figures are brought forward from the first of the year or first day of the job, whichever is later. In describing injuries, show the portion of the body injured first then detail of the accident. All information for this report should be obtained from Employer's First Report of Injury files. Hours for the month should be obtained from the job payrolls, and year to date hours balanced with the payroll recaps monthly. The report is to be approved by the job superintendent.

DISTRIBUTION

Original - Home Office Safety Department

Duplicate - Home Office Safety Department

Triplicate - Job files in date order

BROWN & ROOT, INC.

MONTHLY ACCIDENT SUMMARY

Job No. 25-110 Location Houston, Texas Month of August 19 62

TOTAL MAN HOURS		NUMBER OF INJURIES		NUMBER OF LOST TIME ACCIDENTS	
For Month	56,900	For Month	4	For Month	3
Brought Forward from Previous Report	200,000	Brought Forward from Previous Report	25	Brought Forward from Previous Report	7
Year to Date	256,900	Year to Date	29	Year to Date	10

DETAIL OF ACCIDENTS FOR MONTH

NAME OF INJURED	DATE	TYPE AND CAUSE	LOST TIME YES	LOST TIME NO
Joe F. Jackson	8/8/62	Eye, left, foreign body		X
Jim Jones	8/12/62	Leg, right , beam struck leg and broke same	X	
John Smith	8/15/62	Arm, right, mashed between 2 pieces of pipe	X	
Harry Johnson	8/16/62	Abdomens, strained self picking up piece of pipe	X	

Instructions: This report must be made out in triplicate and two copies sent to Houston Office on or before the 10th of following month. The third copy is to be kept in the job file. Bring all figures forward from the first of each year.

/James Jones/ James Jones TIMEKEEPER

W. M. Smith/ W M Smith SUPERINTENDENT

SECTION: Safety
SUBJECT: Form C-1, Monthly Accident Summary

ADMINISTRATIVE PROCEDURE

Section IV, Page 23
June 1, 1963

ADMINISTRATIVE PROCEDURE

PURPOSE

To provide management with a comprehensive monthly summary for each job and department reflecting standard accident ratios with which the job and department performance can be compared and trends analyzed.

PREPARED BY

Home Office Safety Department

COPIES REQUIRED

See Distribution

INSTRUCTIONS

From the "Workman's Compensation Premium Rum" obtained from the Accounting Department, the Safety Department prepares a monthly tabulation of the Compensation Premium paid by each job. The amount of compensation losses are obtained from the insurance carrier including compensation payments, medical bills and loss reserves accrued for each job. This information, together with the injury data provided by the Injury Control Sheets (previously described), is consolidated and makes up the Monthly Workman's Compensation Summary.

The following ratios are developed on this report:

1. Loss Ratio - Injury losses divided by Workman's Compensation premium (expressed in percent).
2. Accident Frequency - Number of disabling injuries per one million man hours worked.
3. Severity Rate - Number of days lost from work per one million man hours worked.

This report also shows the injury cost per man hour worked.

DISTRIBUTION

To management as determined by Safety Department and/or requested.

NOTE:
All computations and definitions are based on the "American Standard Method of Recording and Measuring Work Injury Experience" - Pamphlet No. F16.1-1954.

BROWN & ROOT, INC.

January 1st through April, 1963
Workmen's Compensation Summary

SUPERINTENDENT	LOSS RATIO	NO. ACCI-DENTS	LOST TIME ACCIDENTS	FREQUENCY	MAN HOURS	COST PER MAN HOUR FEB.	MAR.	APRIL	JAN. 1st TO DATE
Department A	-0-	-0-	-0-	-0-	8,067	-0-	-0-	-0-	-0-
Department B	-0-	-0-	-0-	-0-	2,885	-0-	-0-	-0-	-0-
Department C	5	9	-0-	-0-	142,666	0.7	0.1	0.2	0.3
Department D	19	47	5	15	327,902	3.7	9.3	0.4	4.2
Department E	21	34	8	34	262,664	0.8	3.3	1.7	3.0
Department F	22	105	8	11	724,293	2.7	2.7	5.2	3.1
Department G	22	25	2	17	117,788	21.1	0.7	0.6	8.0
Department H	26	101	35	50	704,763	4.7	5.1	6.4	4.5
Department I	26	146	17	19	913,825	11.0	4.3	1.7	4.8
TOTALS/AVGS.	23	467	75	23	3,204,853	5.6	4.1	3.2	4.0

SECTION: Safety
SUBJECT: Monthly Workmen's Compensation Summary

ADMINISTRATIVE PROCEDURE

Section IV, Page 25
June 1, 1963

BROWN & ROOT, INC.

Monthly Accident and Workmen's Compensation Summary

JOB NO. ALL LOCATION ALL SUPT. ALL APRIL 1963

MAN HOURS		NUMBER OF INJURIES		NO. LOST TIME ACCIDENTS	
This Month	806,298	This Month	123	This Month	16
Previous Month	937,138	Previous Month	143	Previous Month	15
Brought Forward	2,398,555	Brought Forward	344	Brought Forward	59
Jan. 1st to Date	3,204,853	Jan. 1st to Date	467	Jan. 1st to Date	75

COMPENSATION PREMIUM		COMPENSATION LOSSES	
This Month	132,877.70	This Month	25,717.00
Previous Month	176,272.00	Previous Month	38,469.00
Brought Forward	421,625.37	Brought Forward	103,670.00
Jan. 1st to Date	554,503.07	Jan. 1st to Date	129,387.00

FREQUENCY RATE		LOSS RATIO PER CENT		COST PER MAN HOUR (IN CENTS)	
This Month	20	This Month	19	This Month	3.2
Previous Month	16	Previous Month	22	Previous Month	4.1
Brought Forward	24	Brought Forward	25	Brought Forward	4.3
Jan. 1st to Date	23	Jan. 1st to Date	23	Jan. 1st to Date	4.0
All Jobs — 1963	23	All Jobs — 1963	23	All Jobs — 1963	4.0
All Jobs — 1962	35	All Jobs — 1962	54	All Jobs — 1962	7.6

REMARKS:

BROWN & ROOT, INC.

Monthly Accident and Workmen's Compensation Summary

JOB NO. XXXXX LOCATION ALL SUPT. DEPARTMENT F APRIL 1963

MAN HOURS		NUMBER OF INJURIES		NO. LOST TIME ACCIDENTS	
This Month	196,333	This Month	41	This Month	4
Previous Month	198,255	Previous Month	36	Previous Month	1
Brought Forward	527,860	Brought Forward	64	Brought Forward	4
Jan. 1st to Date	724,293	Jan. 1st to Date	105	Jan. 1st to Date	8

COMPENSATION PREMIUM		COMPENSATION LOSSES	
This Month	25,349.94	This Month	10,270.00
Previous Month	29,899.98	Previous Month	5,275.00
Brought Forward	75,593.10	Brought Forward	11,950.00
Jan. 1st to Date	100,843.04	Jan. 1st to Date	22,220.00

FREQUENCY RATE		LOSS RATIO PER CENT		COST PER MAN HOUR (IN CENTS)	
This Month	20	This Month	40	This Month	5.2
Previous Month	5	Previous Month	18	Previous Month	2.7
Brought Forward	8	Brought Forward	16	Brought Forward	2.3
Jan. 1st to Date	11	Jan. 1st to Date	22	Jan. 1st to Date	3.1
All Jobs — 1963	23	All Jobs — 1963	23	All Jobs — 1963	4.0
All Jobs — 1962	35	All Jobs — 1962	54	All Jobs — 1962	7.6

REMARKS:

BROWN & ROOT, INC.

Monthly Accident and Workmen's Compensation Summary

JOB NO XXXXX LOCATION XXXXXXXXX SUPT XXXXXXXXXXXX APRIL 1963

MAN HOURS		NUMBER OF INJURIES		NO. LOST TIME ACCIDENTS	
This Month	33,631	This Month	10	This Month	-0-
Previous Month	28,584	Previous Month	5	Previous Month	-0-
Brought Forward	68,387	Brought Forward	6	Brought Forward	-0-
Jan 1st to Date	102,018	Jan. 1st to Date	16	Jan. 1st to Date	-0-

COMPENSATION PREMIUM		COMPENSATION LOSSES	
This Month	5,097.90	This Month	250.00
Previous Month	4,112.83	Previous Month	425.00
Brought Forward	7,847.62	Brought Forward	450.00
Jan. 1st to Date	12,945.52	Jan. 1st to Date	700.00

FREQUENCY RATE		LOSS RATIO PER CENT		COST PER MAN HOUR (IN CENTS)	
This Month	-0-	This Month	7	This Month	1.0
Previous Month	-0-	Previous Month	8	Previous Month	1.1
Brought Forward	-0-	Brought Forward	4	Brought Forward	0.5
Jan. 1st to Date	-0-	Jan. 1st to Date	5	Jan. 1st to Date	0.7
All Jobs — 1963	23	All Jobs — 1963	23	All Jobs — 1963	4.0
All Jobs — 1962	35	All Jobs — 1962	54	All Jobs — 1962	7.6

REMARKS:

PURPOSE

To provide management with periodic comprehensive reports reflecting various combinations of ratios expressed in tabular and graphic form together with information pertaining to injury types, causes, etc.

PREPARED BY

Home Office Safety Department

COPIES REQUIRED

See Distribution

INSTRUCTIONS

These reports, although similar in content, are presented in varied forms depending on the purpose of the particular report. Frequently, a report is prepared for one job superintendent showing the injury trend for one particular job. Reports of this nature may be prepared at regular or irregular intervals. Similar reports are prepared for Department Managers covering all jobs within a particular department.

Twice yearly a complete report is prepared on a company-wide basis presenting an analysis of industrial injury experience for the entire company and wholly-owned subsidiaries. Not only are company injury and cost trends compared with similar trends of previous years, but the injury records of the various construction departments are compared one with the other. A typical safety report as presented regularly to management by the Safety Department might include the following:

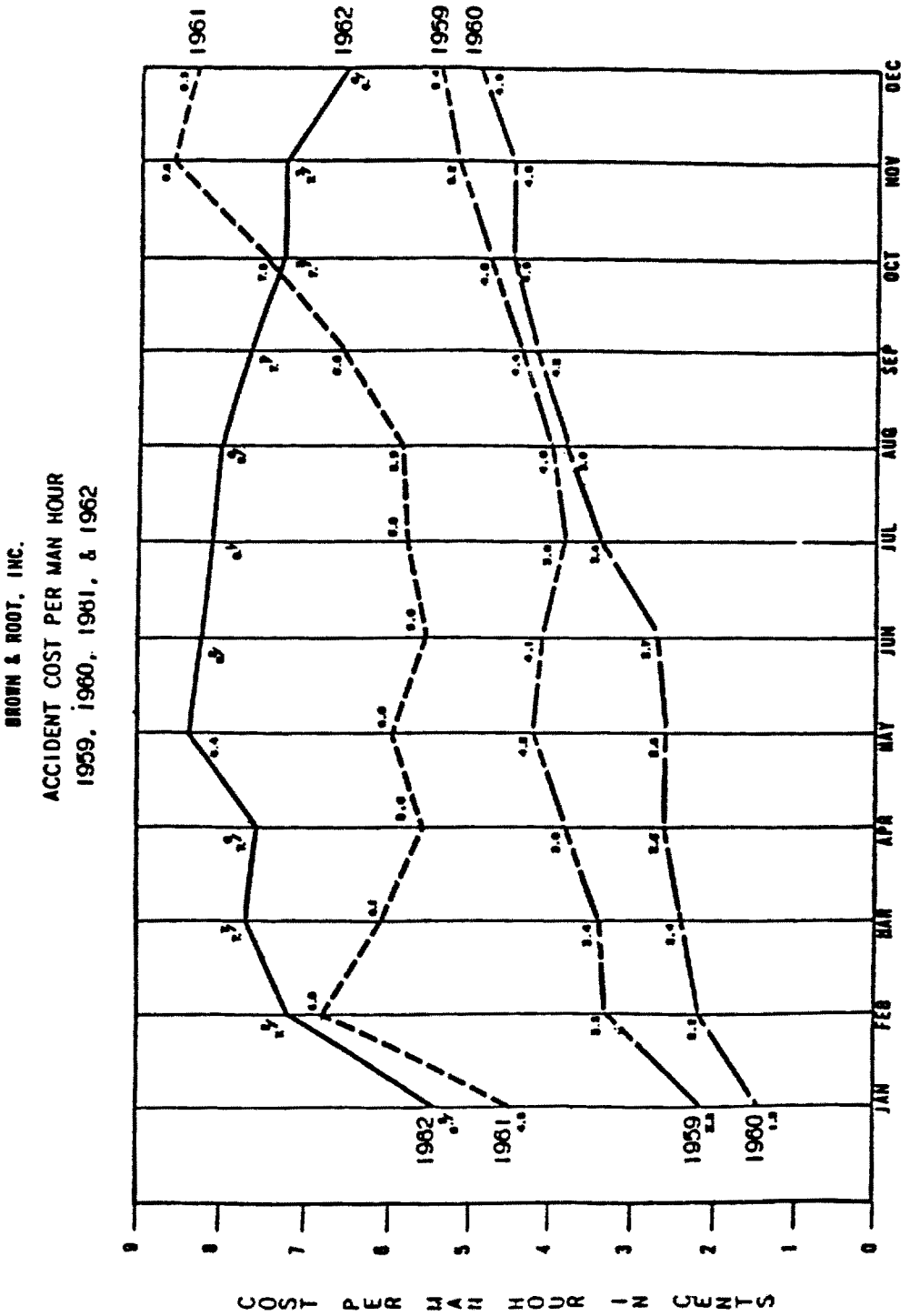
1. Comparison of Company record with records of previous years
   a. Accident cost per man hour
   b. Loss ratio
   c. Accident frequency
   d. Accident per 100,000 man hours
   e. Accident severity
2. Departmental Comparison
   a. Accident cost per man hour
   b. Loss ratio
   c. Accident frequency
   d. Accident severity
   e. Dollar cost per accident

Also included in a typical report are analyses of injuries on a departmental basis according to:

1. Part of the body injured
2. Cause of the injury

DISTRIBUTION

To Officers and Department Managers as determined by Safety Department and/or requested by Management.


BROWN & ROOT, INC.
ACCIDENT COST PER MAN HOUR
1959, 1960, 1961, & 1962
1961
1962
1959
1960
DEC
NOV
OCT
SEP
AUG
JUL
JUN
MAY
APR
MAR
FEB
JAN
1962
1961
1959
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2
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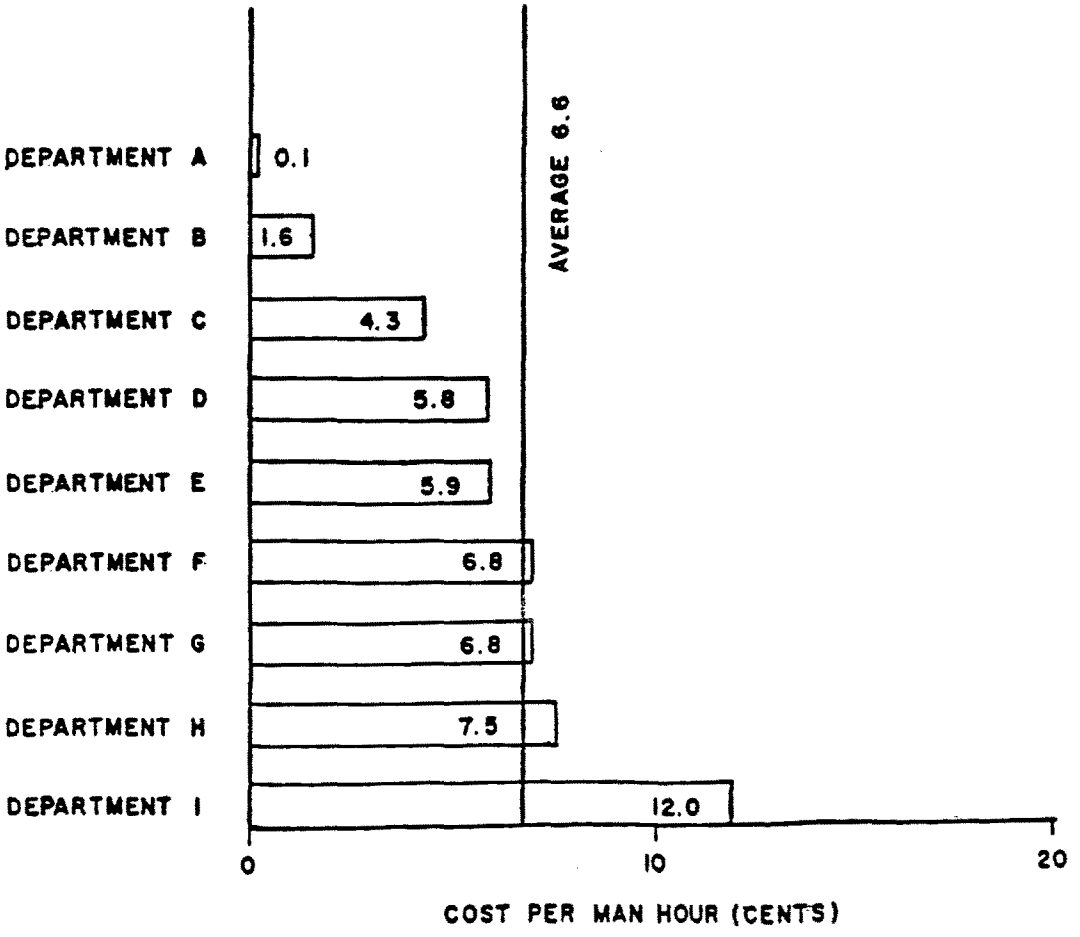
6
7
8
COST PER MAN HOUR - IN CENTS

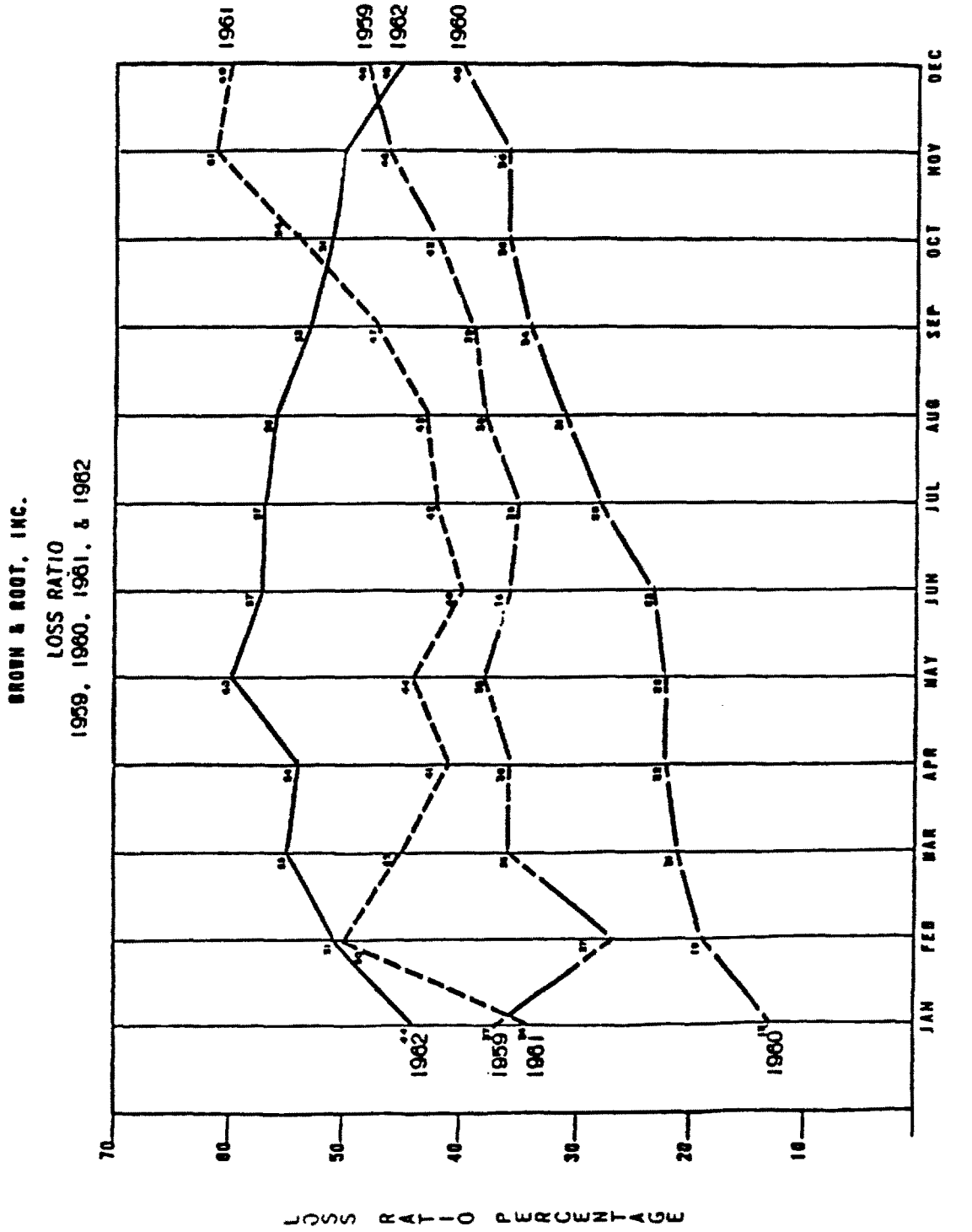
BROWN & ROOT, INC.

ACCIDENT COST PER MAN HOUR

1962

BY DEPARTMENT




BROWN & ROOT, INC.
LOSS RATIO
1959, 1960, 1961, & 1982
1961
1959
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JAN
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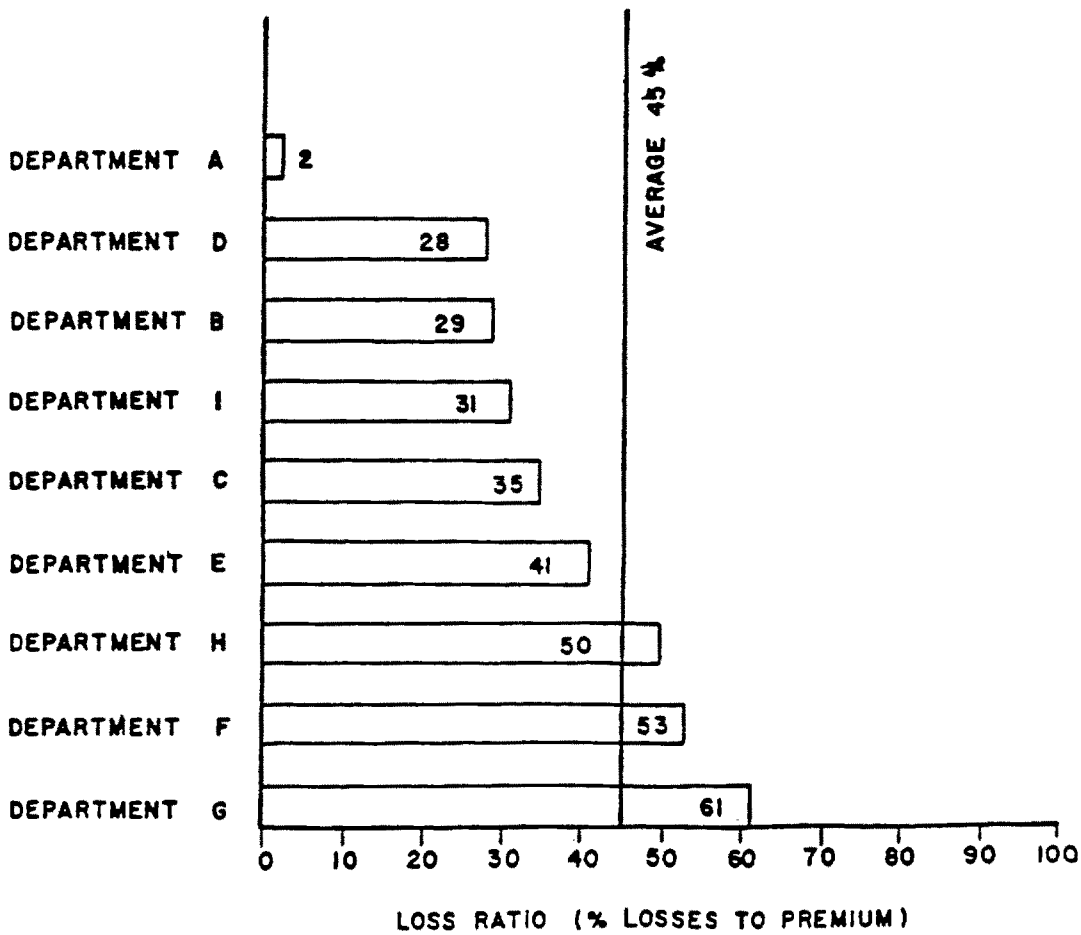
1962
1959
1961
1960

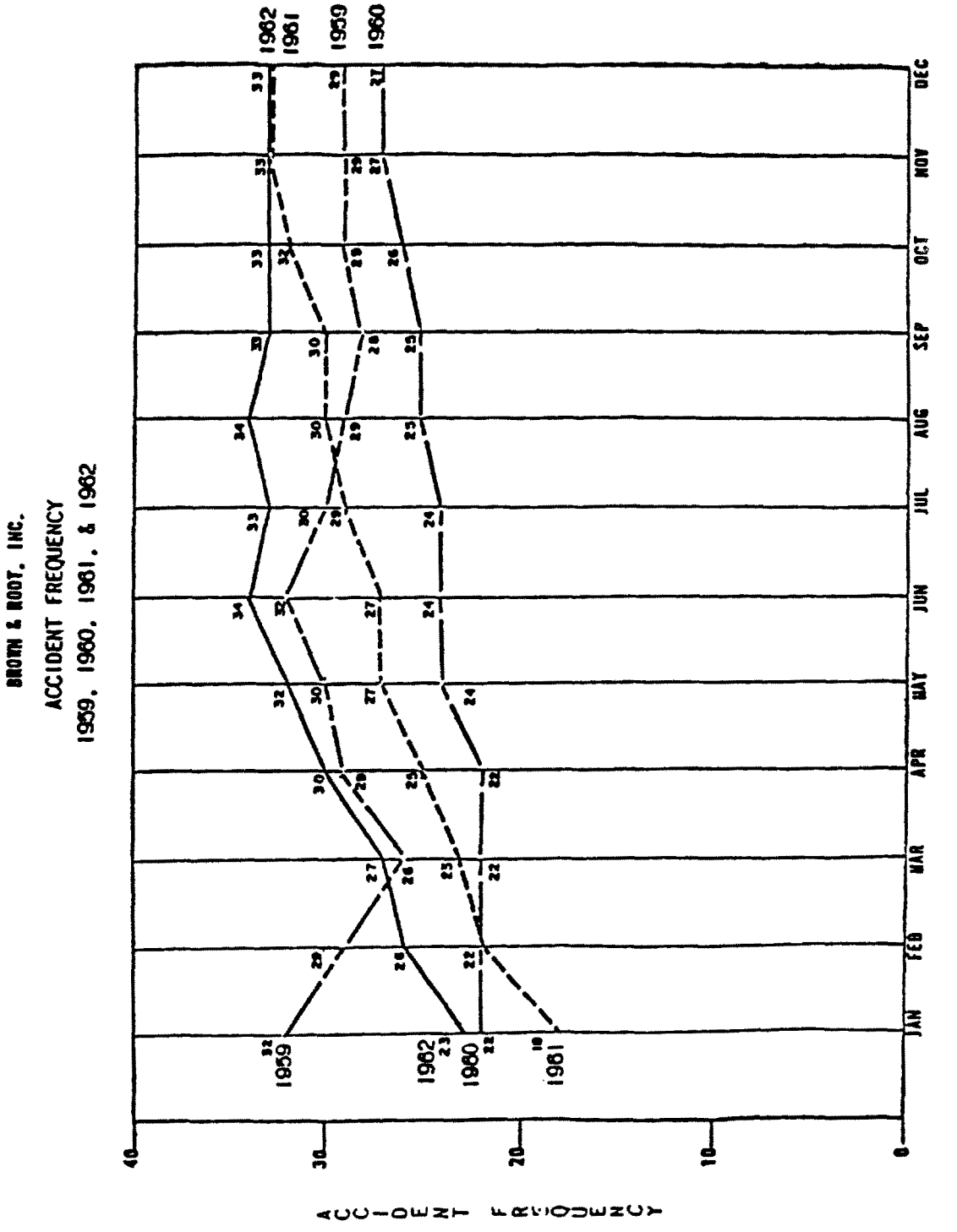
BROWN & ROOT, INC.

LOSS RATIO

1962

BY DEPARTMENT




BROWN & ROOT, INC.
ACCIDENT FREQUENCY
1959, 1960, 1961, & 1962
1962
1961
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JUN
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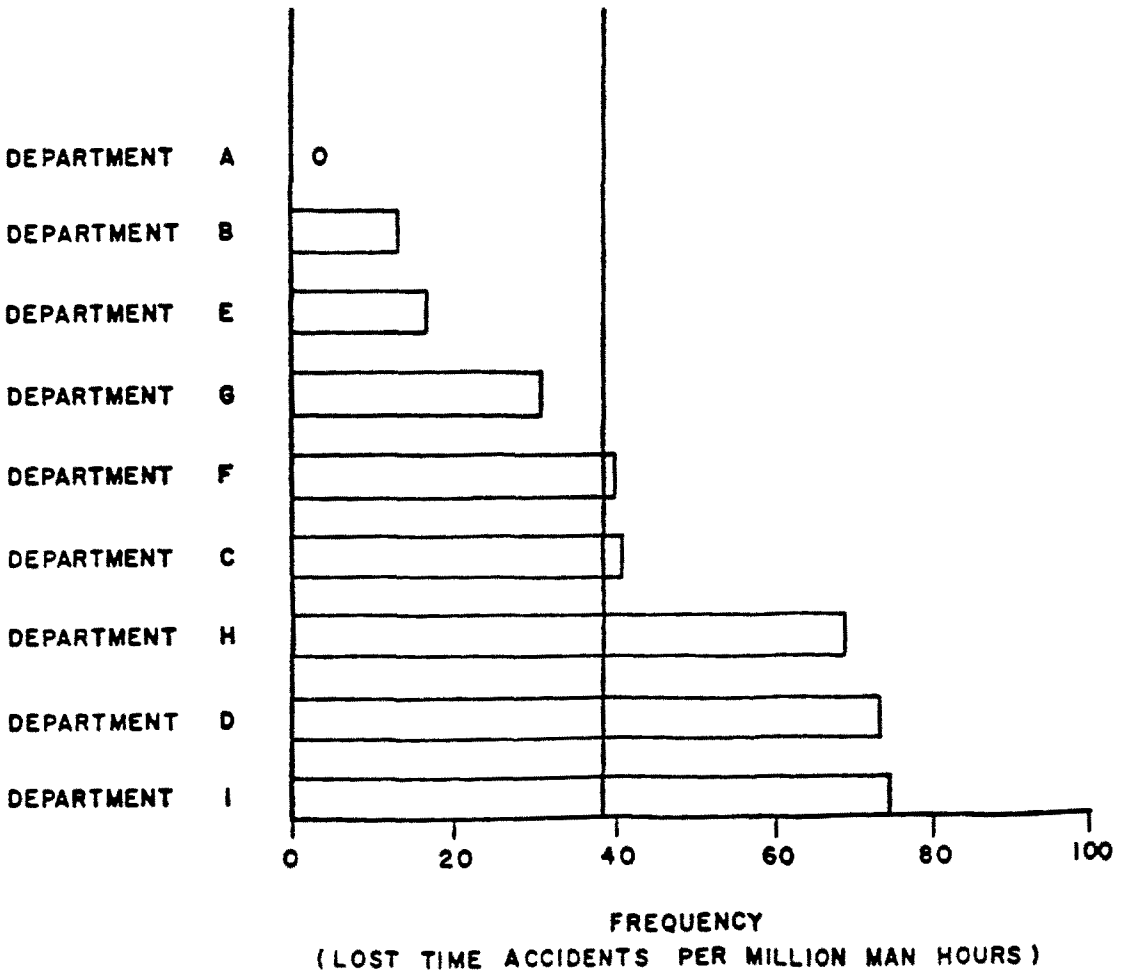
1961
ACCIDENT FREQUENCY

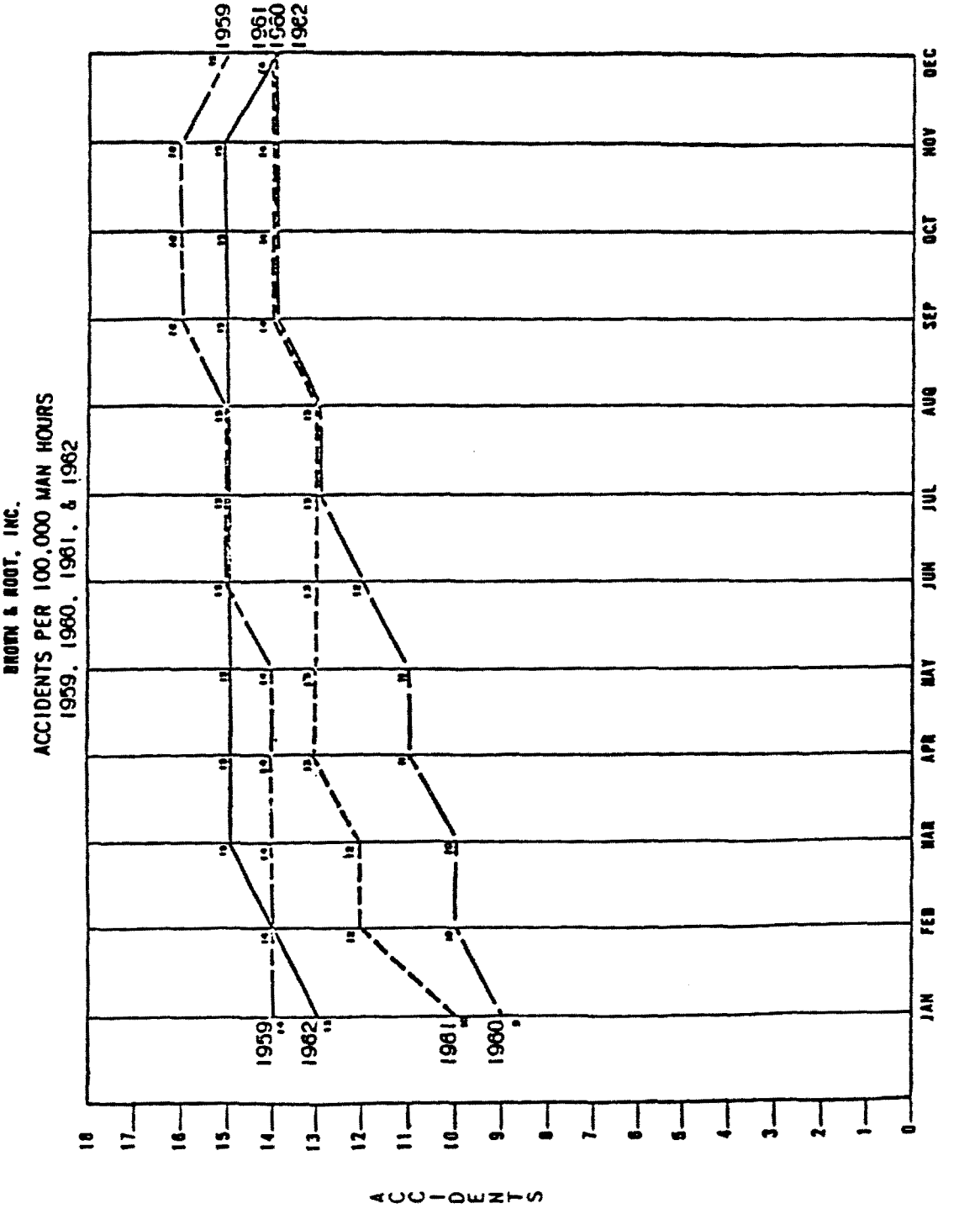
BROWN & ROOT, INC.

ACCIDENT FREQUENCY

1962

BY DEPARTMENT




BROWN & ROOT, INC.
ACCIDENTS PER 100,000 MAN HOURS
1959, 1960, 1961, & 1962
1959
1961
1960
1962
JAN
FEB
MAR
APR
MAY
JUN
JUL
AUG
SEP
OCT
NOV
DEC
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1962
1961
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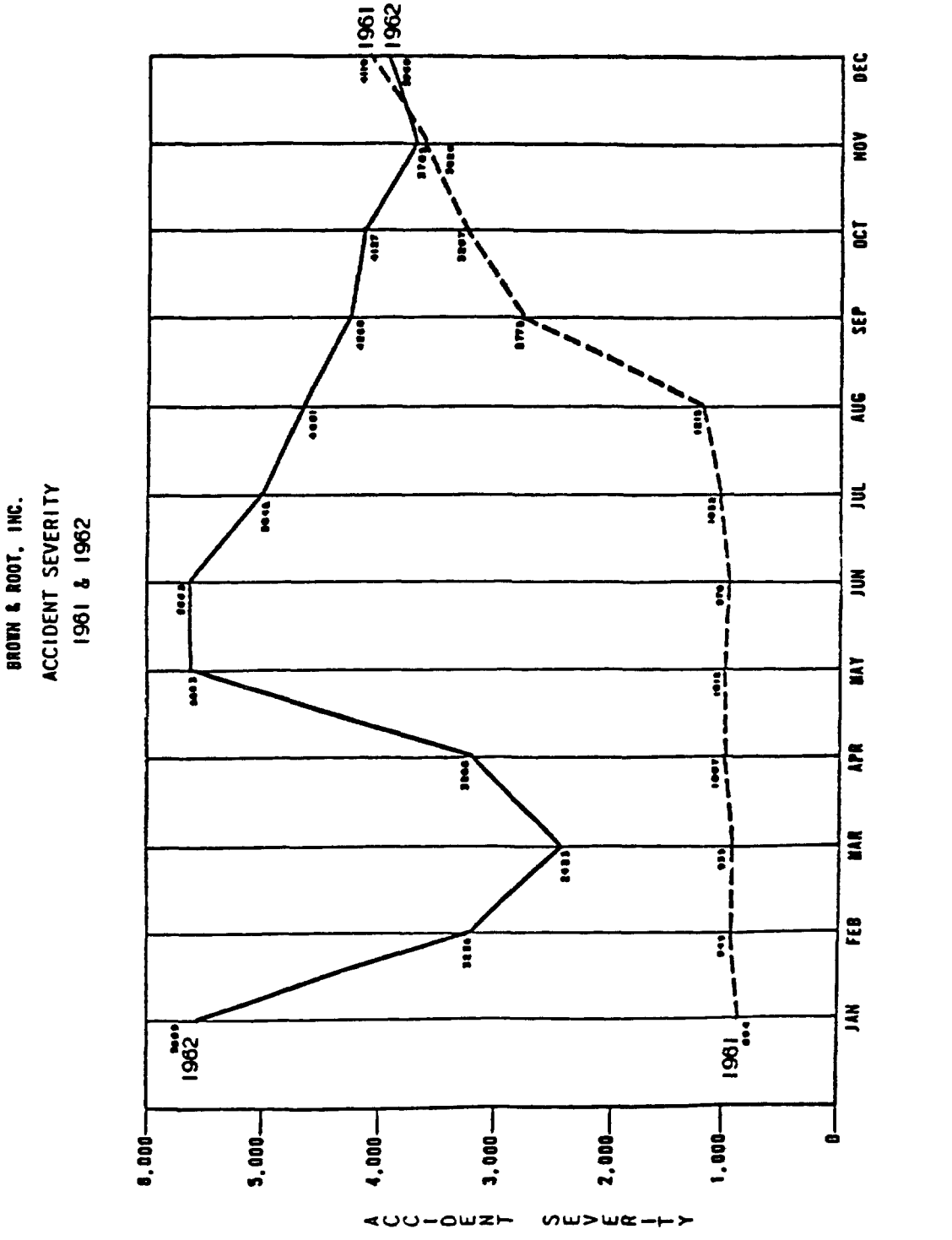
ACCIDENTS


BROWN & ROOT, INC.
ACCIDENT SEVERITY
1961 & 1962
1961
1962
1962
1961
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FEB
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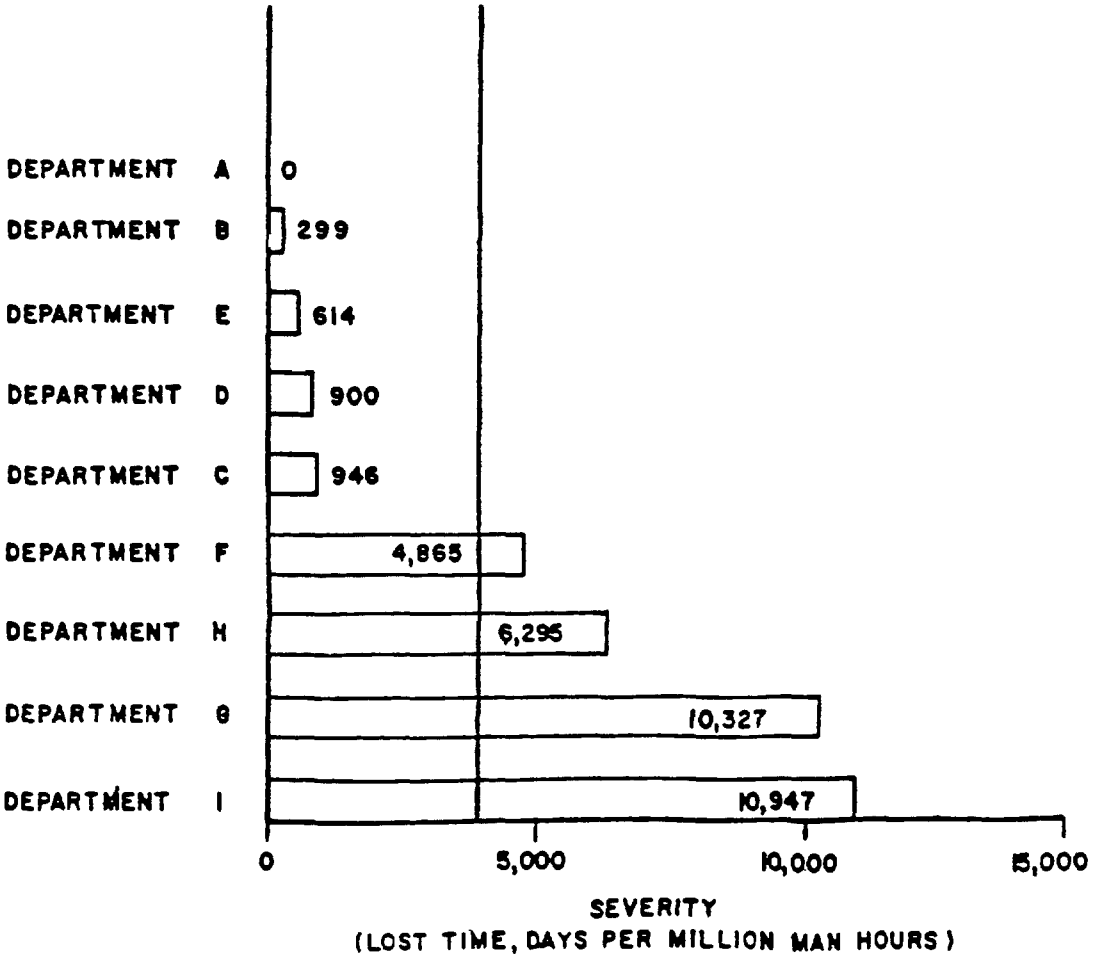
ACCIDENT SEVERITY

BROWN & ROOT, INC.

ACCIDENT SEVERITY

1962

BY DEPARTMENT

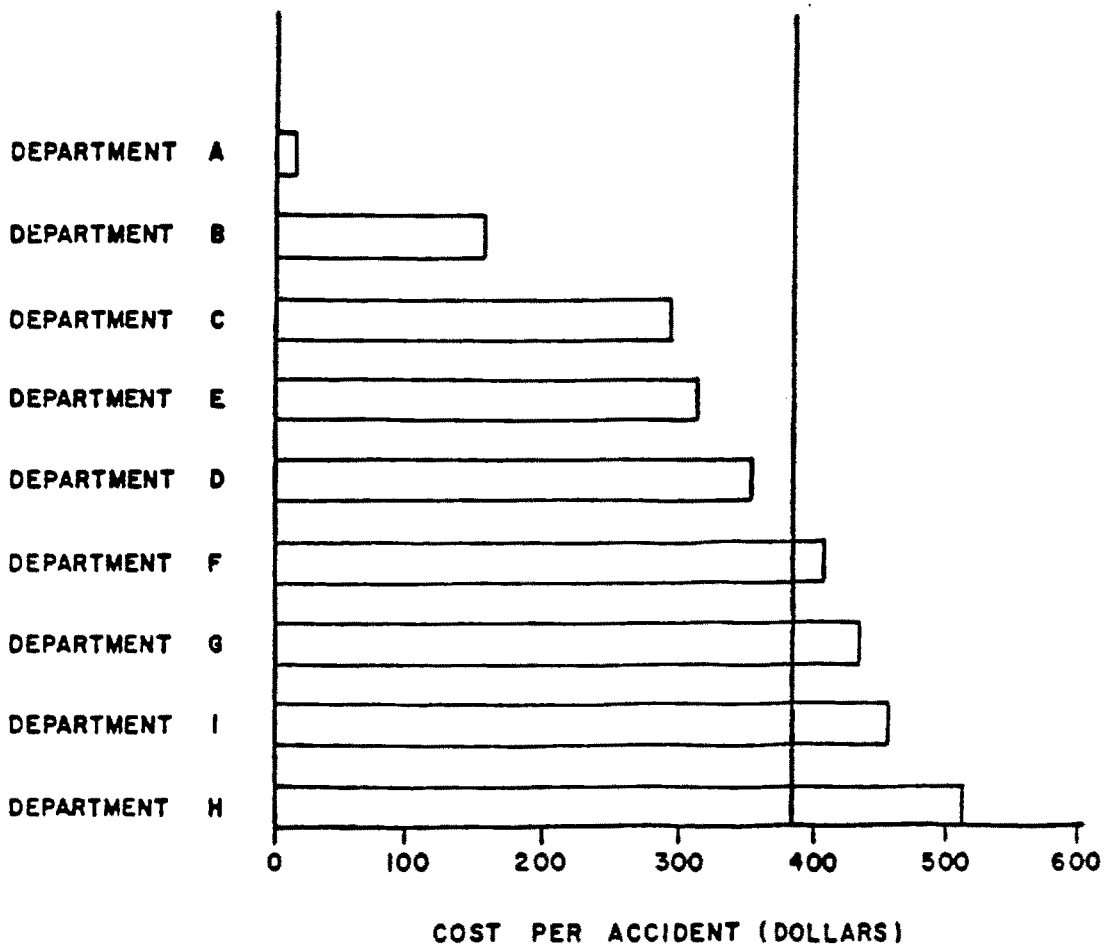


BROWN & ROOT, INC.

COST PER ACCIDENT

1962

BY DEPARTMENT



DISTRIBUTION OF INJURIES BY CAUSE

Byron & Root, Inc.
Year End Report

DATE: 1962

CODE	CAUSE	TOTAL INJURIES Number	TOTAL INJURIES Per Cent	DISABLING INJURIES Number	DISABLING INJURIES Per Cent
0	Flash Burns	46	2	6	1
1	Striking Against - refers generally to contacts with sharp or rough objects, resulting in cuts, slivers, punctures, etc., due to striking against, kneeling on or slipping on objects.	389	17	56	11
2	Struck By - falling, flying, sliding, or moving objects.	210	10	155	30
3	Caught In, On or Between	156	7	24	5
4	Fall on Same Level	44	2	11	2
5	Fall on Different Level	96	4	44	9
6	Slip (not fall) or Overexertion - resulting in strain, hernia, etc.	423	19	170	32
7	Exposure to Temperature Extremes - resulting in burning, scalding, freezing, heat exhaustion, sunstroke, frostbite, etc.	136	6	35	7
8	Inhalation, Absorption, Ingestion - asphyxiation, poisoning, drowning, etc., but excluding contact with temperature extremes.	28	1	8	2
9	Contact with Electrical Current - such as results in electrocution, shock, etc.	7	1	-0-	-0-
10	Miscellaneous	23	1	2	1
	TOTAL	2262*	100	511	100

* Totals Include Calgy Chemical

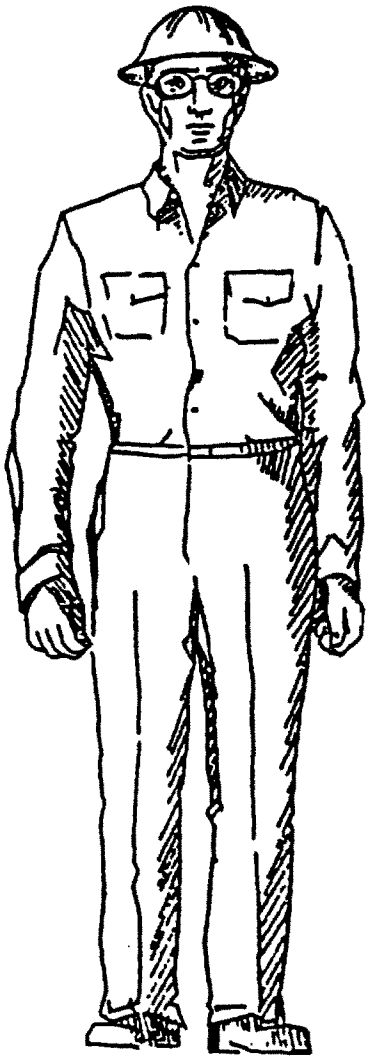
DISTRIBUTION OF INJURIES BY TYPE

COMPANY Brown & Root, Inc.

JOB No. All Jobs

SUPERINTENDENT

PERIOD COVERED 1962



	TOTAL INJURIES		LOST TIME INJURIES	
	NUMBER	PER CENT	NUMBER	PER CENT
HEAD	138	6	23	5
EYES	418	18	32	6
NECK	21	1	5	1
ARMS	182	8	32	6
TRUNK	566	26	220	43
HANDS	162	7	26	5
FINGERS	337	15	40	8
LEGS	269	12	82	16
FEET	135		41	8
TOES	32	1	10	2
TOTAL	2260	100	511	100

*Totals Include Celgy Chemical

ADMINISTRATIVE PROCEDURE

SECTION: Safety — Section IV, Page 42
SUBJECT: Safety Magazine "The Scoreboard" — June 1, 1963

PURPOSE

To promote safety, keep employees advised of the activities in other divisions of the company and provide clients with Brown & Root "background information".

PREPARED BY

Home Office Safety Department

COPIES REQUIRED

Varies - Approximately one for each ten employees

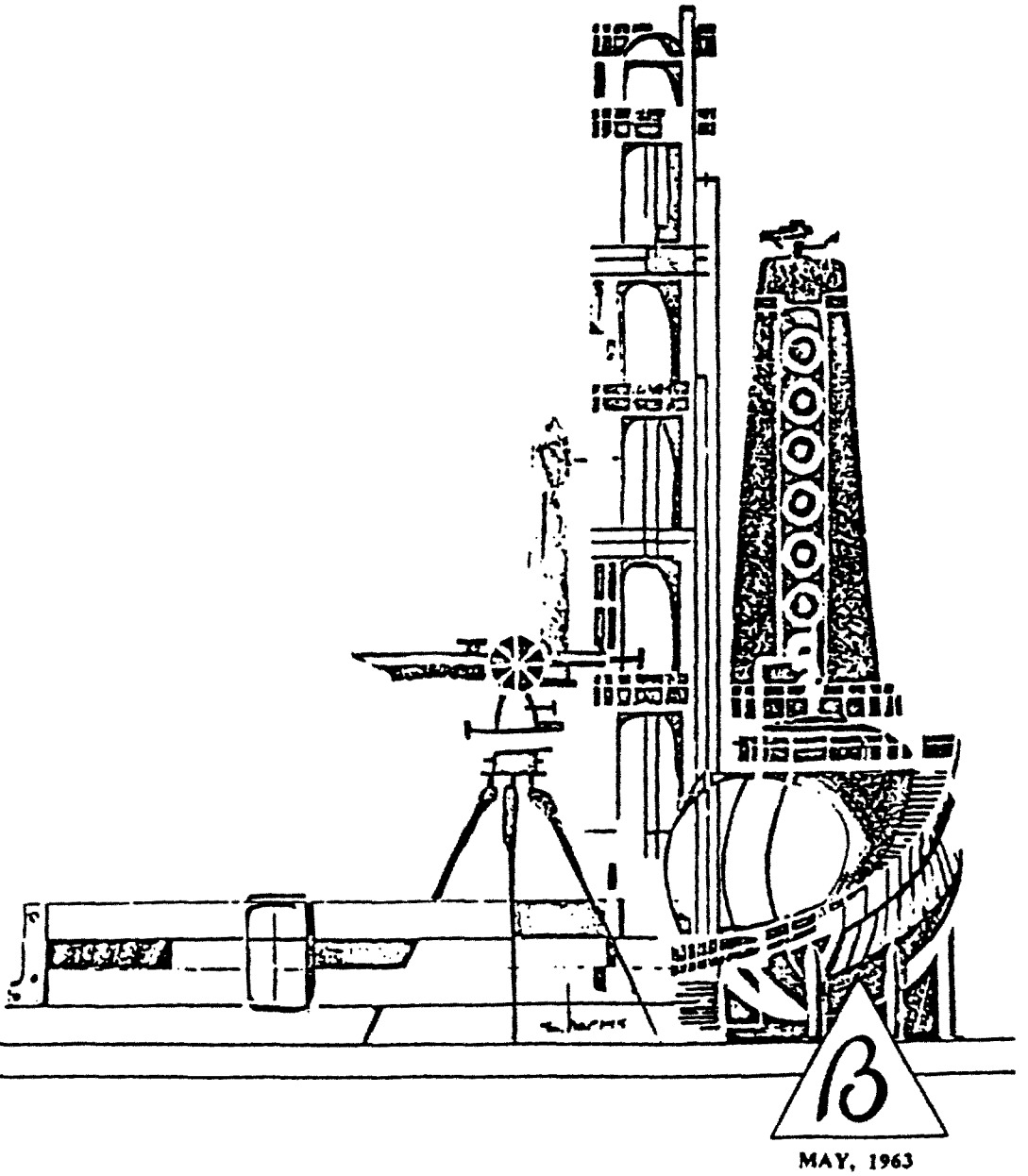
INSTRUCTIONS

The Safety Department is responsible for the monthly publication and distribution of Brown & Root's Safety Magazine, "The Scoreboard". The magazine, which is primarily a safety promotional device, serves the dual role of providing a media of communication with employees as well as a means of subtle advertising for Brown & Root, Inc. and associated companies. Copies are sent to all job locations, both domestic and foreign, as well as to certain customers and associates as requested by the Department Managers.

DISTRIBUTION

To jobs on the basis of one copy per each ten employees, additional copies are available at the request of the Project Manager or Job Superintendent.

THE SCOREBOARD



MAY, 1963

ADMINISTRATIVE PROCEDURE

SECTION: Safety — Section IV, Page 44
SUBJECT: Job Safety Proposal — June 1, 1963

PURPOSE

On jobs for the Corp of Engineers or other Government Agencies, the company is required to submit, within the overall proposal, a section on job safety.

PREPARED BY

Home Office Safety Department

COPIES REQUIRED

Various

INSTRUCTIONS

It is the responsibility of the Safety Department to study the situation and prepare the proposal for job safety. See sample for a typical safety proposal.

DISTRIBUTION

Original - Incorporated into overall job proposal and submitted accordingly.
Duplicate - Manager of Construction Division to do the work
Triplicate - Retained in Safety Department Files

ILLUSTRATION

General Safety Requirements
Dardanellie Dam Project
U.S. Army Corps of Engineers
Dardanellie, Arkansas

In accordance with paragraph GC-16 of the general conditions of the above contract Brown & Root, Inc. submits the following safety program for your consideration and approval:

1. General
   a. All safety measures which are outlined in the current U.S. Army Corps of Engineers Safety Requirements Manual will be followed insofar as they are applicable to this operation.
   b. Brown & Root, Inc. is presently operating with a workmen's compensation premium credit of fourteen percent (14%) based on the interstate rating plan and has a current frequency rate of twenty-three (23).

2. Supervision
   Brown & Root, Inc. supervisory employees will be required to study the U.S. Army Corps of Engineers Safety Requirements Manual and to pass the information down through the foremen to each workman; supervisors will constantly remind each workman of the safety hazards which may arise in connection with his work.

3. Safety Engineer
   a. The construction site will be regularly visited by a representative of the Safety Department of this company. The purpose of these visits will be to ascertain that safety requirements as set forth in the U.S. Army Corps of Engineers Safety Requirements Manual and in our company safety rules are being complied with insofar as they apply to this contract. Day to day inspections for safe working conditions and inspections of equipment, tools, scaffolds, ladders and etc., will be made by supervisory personnel.
   b. In addition to the above provisions, the sites of the various subcontractors will be regularly visited by a Brown & Root, Inc. safety man who will observe working conditions and notify the immediate responsible foreman of unsafe working practices and/or conditions. Reports of such notifications will be transmitted periodically to the Project Manager. Methods of overcoming unsafe working practices and/or conditions will be the responsibility of all Brown & Root, Inc. supervisory personnel.

4. Training and Enforcement
   a. All newly-hired employees will receive general safety instructions from the office manager at the time of employment. The employee will report to his immediate supervisor for additional safety instruction pertinent to the work he is to perform.
   b. Safety meetings, to be attended by all the employees, will be held at regular intervals throughout the construction period. These meetings, which will be conducted by the foreman, will point out various safety hazards, and comments from the employees relative thereto will be considered. These meetings will be held in cooperation with Corps field inspectors in order that a working knowledge of Corps safety requirements will be gained by all employees.
   c. It will be the duty of all supervisory personnel to initiate corrective action for unsafe working conditions. If an employee continuously disregards safety regulations and instructions he will be immediately discharged.

5. First Aid and Medical Care

   In accordance with Corps requirements, fully-stocked industrial first aid kits will be provided at the site of each construction operation. Snakebite kits, as required, will be located in those areas where this particular hazard exists. First aid will be administered by a qualified employee having a current first aid card. Emergency transporation at the jobsite will be provided. Ambulance service for transfer of employees to private hospitals will be provided by approved and licensed agencies. Directional signs and posters will be placed throughout the construction area, showing locations of first aid stations and emergency call number for medical and ambulance service. Safety posters will be used to educate and remind personnel of unsafe practices.

6. Health and Sanitation
   a. Drinking water will be obtained from an approved source. It will be dispensed, sufficiently cooled, from barrels or cans having a bottom-opening spigot located in convenient access to all operations. Each dispensing container will be supplied with disposable paper cups and salt tablets. Dispensing equipment will be cleaned at regular intervals, and containers will be provided for the disposal of cups.
   b. Toilet facilities will consist of temporary sheds as required for the number of employees served (at least one for every thirty employees), and will be located so as to connect with existing sanitary systems, or so that the refuse can be chemically treated. These facilities will be daily maintained to insure the necessary sanitation.

7. Fire Prevention and Protection

   Brown & Root, Inc. will work in close cooperation with the designated fire protection program, will utilize Corps fire fighting equipment, and will locate first aid fire extinguishers on the site of our operations in a manner approved by the Corps of Engineers.

8. Protective Equipment

Protective equipment such as eye shields, clear and colored goggles, toe guards, hard hats, clothing guards, and other appropriate items will be provided in all situations where their use is deemed necessary. Each employee will be required to make use of this equipment at all times; protective equipment will be regularly inspected and maintained in approved working conditions.

9. Transporation of Personnel

Company-owned vehicles will be driven by licensed operators, as required by State law, and will be properly registered with the facility operators. When company-owned vehicles are employed to transfer our personnel from site to site during the work periods, all rules pertaining to safety will be most strictly enforced.

10. Machinery and Equipment

Machinery and equipment necessary to effect the construction will be company-owned and/or operated, will be maintained in a safe working condition by continuous preventive maintenances, and will be manned by fully-trained operators. Guards and safety devices will be provided to prevent entanglement of clothing in moving parts. All operating personnel will be charged with the responsibility of observing all rules and regulations regarding safe efficient operation. Particular attention will be given to the inspection of wire ropes and other lifting devices to assure that they will be continuously maintained in a safe operating condition. Portable electric tools will be attached to three-wire service, and properly grounded at all times.

11. Miscellaneous

a. Housekeeping - Particular attention will be given to the maintenance of a clean jobsite. This will include, but not be limited to, policing of the grounds to collect waste paper, collection, and transportation of waste materials to the proper disposal point, and leveling or removal of waste dirt from excavations. Housekeeping will be a continuous day-to-day operation.

b. Facility Regulations - Facility regulations currently in effect concerning general safety, fire prevention, and job security will be strictly adhered to.

c. Subcontractors - All subcontractors employed on the site of this construction will be furnished copies of this Safety Program when approved, and compliance herewith will be made a part of any subcontract agreement.

d. Investigation and Reporting of Accidents - all accidents will be investigated by the foreman, general foreman, and superintendent in charge of the operation in order to determine the exact cause thereof, and to insure a minimum of recurrences. Accident reports will be kept current and available for inspection at all times. Our insurance carriers will assist in the enforcement of accident prevention procedures, investigation of accidents, selection of the medical staff, processing of accident report forms, and the handling of claims.

ADMINISTRATIVE PROCEDURE

The following procedure is for use in case of the death of an expatriate employee overseas. This procedure covers all basic steps necessary in the event of a death on the project. In order for the procedure to work with a minimum of delay and confusion, it will be necessary for the Project Manager to obtain the following information from the local authorities and the United States Embassy immediately after establishment of a branch or job office overseas:

1. What is the maximum period allowed by local law before burial:
   a. When the body is embalmed and placed in a sealed casket?
   b. When the body is not embalmed?

2. Are embalming facilities available? Give name and address of nearest embalming facility and an alternate if possible.

3. What is the local law regarding cremation? If cremation is allowed, obtain address of nearest cremation facilities.

4. Determine the availability of caskets and containers locally. Article 3 of the international accord, signed in Berlin on February 10, 1937, provides the following specifications: "The body will be placed in a metal box whose bottom shall have been covered with a layer of about 5 cms. of absorbent material (turf, sawdust, pulverized charcoal, etc.) with an antiseptic substance added. If the death was due to a contageous disease the body itself will be wrapped in a sheet soaked in an antiseptic solution. The metal box will be hermetically closed (SOLDERED) and fitted so that no movement is possible, in a wooden box. This will be at least 2 cms. thick, its joinings must be tightly fitted, and it must be closed by screws not more than twenty cms. apart, it will be bound by metal fittings".

   Determine the requirements and availability of caskets to be used in case of interment in the country where death occurred.

5. Obtain local requirements for exportation of remains.
   a. Must the body be embalmed?
   b. Who must witness the sealing of the casket and box?
      Usually a United States consular officer, a representative of the local police or army, plus other witnesses, must be present.

6. Determine the minimum and maximum cost of each of the following:
   a. Embalming
   b. Ordinary Wooden Box Casket
   c. Metal lined Casket
   d. Miscellaneous charges such as documents, stamps, etc.
   e. Air Freight rate to the nearest United States port of entry
   f. Ocean Freight rate to the nearest United States port of entry
   g. Cost of local burial

7. Obtain information as to the length of time under local law during which the remains may not be exhumed. Also obtain the cost for removal of remains to the United States, the cost for removal to a permanent grave in the country of death, and the cost to place the remains in a common vault.

8. Determine local requirements for obtaining permission to ship a body to the United States. United States requirements for importation are:
   a. Permission from the local authorities in the country where death occurred, for shipment.
   b. A mortuary certificate showing means of transport, port of arrival, and place of destination, certified by the Consulate General.
   c. Affidavit by embalming physician completed by Consulate General.
   d. Official death certificate, authenticated by Consulate General.

9. In order to further expedite the handling of the remains, obtain the following information regarding shipping facilities for ready reference.
   a. Air Freight schedules and any special requirements of the airlines.
   b. Ocean shipping schedules and verify through the ocean carrier's local representative that refrigeration facilities are available for handling bodies.

It will be the responsibility of the project manager to appoint a responsible employee (Usually the Safety Engineer) to obtain all the the information requested and to furnish it to the Home Office Safety Department.

The Safety Engineer shall be responsible for the complete handling of the procedures required in case of the death of an employee and it shall be his responsibility that each step involved is taken until the case is completely close. This responsibility includes the supervision of employees of all divisions involved to make sure that their functions are properly and thoroughly carried out. The Safety Engineer is given the authority to exercise that supervision and to act for Brown & Root in any necessary contracts with other activities involved in the country in which death occurs.

This procedure covers expatriates only.

In the absence of the Safety Engineer, full responsibility for fulfillment of all functions shall rest with the Office Manager or other department head (to be designated by Project Manager).

Immediately upon confirmation and notification of death of a Brown & Root employee, the Safety Engineer shall take the following steps in chronological order wherever possible.

1. Notify the Owner's representative in charge of Construction, the local representative of W/C Insurance Carrier and the U.S. Embassy or consulate by telephone, giving such preliminary information as is available.

2. Make formal notification to the Owner's representative, the local representative of W/C Insurance Carrier, and the U. S. Embassy by an official letter containing the following information:
   a. Name of deceased
   b. Classification
   c. Date of employment
   d. Point of hire
   e. When injured or became ill
   f. Where injured or became ill

g. How injured or contracted illness (if known)
h. Aid rendered
i. Date and time of death
j. Medical diagnosis
k. Results of investigation by Company and/or insurance carrier

3. Notify the next of kin of the deceased by cable which contains the following data:
   a. Date and time of death
   b. Tentative diagnosis
   c. Request for cabled reply on disposition of remains
   d. Letter covering details following

   A suggested form of cable is attached (attachment (A)).

4. Notify the Home Office Safety Department by cable of the death of the expatriate employee.

5. Write, within 48 hours after death, a letter to the next of kin, carrying pertinent details, in a form similar to attachment (B), attached hereto.

6. Appoint three responsible supervisory employees who will pick up the personal effects of the deceased and prepare an inventory of them in seven copies, to be signed by all three employees in the presence of each other. If possible a representative of the local police or army authority should also be present.

7. Secure from the proper authorities at the hospital, the personal effects which were on the body or in the clothing worn by the deceased at the time the body was taken to the hospital. An inventory of these personal effects should have been prepared by a responsible person in the hospital. The inventory of these effects shall be verified by the same three employees and then incorporated with the inventory taken of the effects of the deceased from his quarters.

8. Prepare a second letter to the next of kin, with the assistance of the Project Manager, transmitting two copies of the entire inventory, requesting that one copy be receipted and returned. One copy of the completed inventory shall be furnished the Home Office Safety Department. This letter, as indicated by attachment (C), will also contain advice to the next of kin as to the steps necessary to effect a determination of the persons legally entitled to monies and valuables.

9. Turn over to the Warehouse all personal property inventories, except valuables, for preparation for overseas shipment. Boxes or cartons will then remain in a locked compartment after proper markings have been affixed for shipment.

10. Prepare a separate listing on valuables, i.e., money, jewelry, bonds, securities, bank books, watches, etc., and turn over to the Chief Accountant for safekeeping until release thereof is authorized by the Project Manager.

11. Make sure that Chief Accountant assembles data on total monies owing to the deceased and makes determination of method necessary for releasing monies to next of kin.

12. Secure from the Department of Public Health, or other local authority, five signed copies of a death certificate and autopsy report, if any. Additional copies shall be photostated as required. Copies shall be furnished as follows:
    a. Home Office Safety Department
    b. Next of kin (original with transmittal letter, and attachment (D)
    c. Job files

13. Make all necessary arrangments upon receipt of instructions from next of kin as to disposition of remains:
    a. If next of kin desires or circumstances necessitate burial in the country in which death occurs, arrangments will be made for appropriate services and burial and notification by letter, attachment (E), to this effect to next of kin when this has been accomplished. Photographs of grave and/or services shall accompany the letter.
    b. If next of kin desires that the body be shipped home, the Safety Engineer will:
        (1) Secure authority from the U.S. Embassy and proper local authority to ship the body and personal effects.
        (2) Issue necessary shipping instructions and make the necessary arrangement to ship the body out of the country within the prescribed time. Except in most extraordinary circumstances (and only with the approval of the Home office) the body will be shipped to the U.S.A. by Ocean Freight and from the U.S. port to destination by rail. The body will be accompanied by a Brown & Root representative or a relative on the railroad trip.
        (3) Prepare a letter to the next of kin, attachment (F), advising definite date of shipment of remains and personal effects and how shipped.
        (4) Notify the hospital, or funeral home, as far in advance as possible of shipment and confirm that all arrangements are made at least 24 hours in advance of loading time
        (5) Advise Home Office Safety Department of point to which next of kin wishes body and personal effects to be sent, and ask that they correspond with next of kin for finalizing the shipping arrangements from port of arrival to that point.

14. Secure determination from Project Manager that all legal requirements have been met in order that all monies and/or valuables may be forwarded to designated next of kin.

15. Prepare for mailing via registered and/or insured air mail, with return receipt requested, all valuables of the deceased. It will be necessary, too, to request the Project Manager to prepare a letter of transmittal to go with the money (covered by checks issued by the Chief Accountant) and/or valuables to next of kin.

16. Prepare receipts for signature of next of kin, covering delivery of any valuables, either mailed or sent, in accordance with 15 above. The Office Manager will be responsible for securing release of any money and/or valuables from the Chief Accountant for handling by the Project Manager.

Complete cooperation and support of all departments concerned is essential in order to assure the accomplishment of necessary objectives in the fastest manner possible.

ILLUSTRATION

(Date)

(Next of Kin)
(Name)

(Address)

REGRET TO INFORM YOU OF DEATH OF (Employee's Name)

AT 2 PM DECEMBER 1 STOP TENTATIVE DIAGNOSIS CORONARY THROMBOSIS STOP CABLE

IMMEDIATELY DISPOSITION OF REMAINS STOP DETAILS FOLLOW BY LETTER

BROWNBILT

(Project Manager)

cc: Safety Engineer
Personnel

ATTACHMENT (A)

(EXPATRIATES ONLY)

ILLUSTRATION

(Date)

_____
(Name)

_____
(Address)

Dear_____:

Confirming our cable of _____, 196__, I regret to inform you of the death in _____ of your _____, Mr._____.

The death of your _____ occured (Set forth time including date, place, and brief details of circumstances of death). The attending (examining) physician indicated the possible cause of death to be _____. It is anticipated that an autopsy will (will not) be performed to determine the cause of death. #(If it will be performed, add the following sentence: It is believed that the autopsy report will be available, and a copy will be sent to you.) An official Certificate of Death will be forwarded to you as soon as possible, which should be within _____ days.

It is necessary that you state your desires as to disposition of the remains and personal effects of your _____. The body and personal effects may be returned by surface transporation, should you so wish, to arrive at (U.S. Port) on approximately _____, 196__: thereafter to be forwarded to his point of hire in accordance with your directions. Our Houston office will correspond with you in effecting these arrangements. However, a suitable burial may be given in _____ with no expense to the estate or next of kin, should such be your desire.

It is requested that, if you have not previously indicated your desires on receipt of the cable mentioned above, you do so without delay, by cable.

Very truly yours,

BROWN & ROOT, _____

_____
Project Manager

bcc: Home Office Safety Department (2)
Safety Engineer
Personnel

ATTACHMENT (B)
(EXPATRIATES ONLY)

ILLUSTRATION

(Date)

_____
(Name)

_____
(Address)

Dear _____:

An inventory has now been prepared covering the personal effects of your deceased _____, Mr. _____. Two copies of the inventory are enclosed and it is requested that you indicate your receipt of the articles on one of the copies and return it to the _____office. The inventory is a complete list of all the personal effects with the possible exception of certain clothing which will accompany the person of the deceased, and such monies as are listed herein below. The inventoried property has been boxed and prepared for shipment and it is anticipated that it will be forwarded to you via surface transporation arriving at _____about _____, 196___.

Our records also indicate that the deceased had money and/or valuables in _____ as follows:

Money
- Unpaid Wages $_____
- Annual Leave _____
- Other Monies _____

Valuables
- (Indicate watches, jewelry, stocks, etc., and bank pass books)

Money and valuables held by us may ordinarily only be released upon the receipt of a certified copy of letters of administration for the estate of your _____.

If, however, it is indicated that probate proceedings may not be necessary, money and/or valuables in _____ may be delivered to the person legally entitled thereto, provided the value of such property does not exceed $500.00, and upon that person's execution of an affidavit of right as provided by the Probate Code of (deceased's home state).

In the event that you determine that probate proceedings are not necessary, and the value of the property in _____ does not exceed the amount stated it is requested that you execute an affidavit to that effect before a Notary Public and transmit the signed original affidavit to us. Your early reply in this matter will hasten the completion of action on our part.

(In case property of deceased in_____exceeds $500 in value, eliminate last two paragraphs and substitute the following:)

It will be necessary in the present case that letters of administration be issued on the estate of the deceased, and it is therefore suggested for your best

interest and in order to secure prompt delivery of money and valuables that you consult with an attorney for purposes of probating the estate. Upon the receipt by us of a certified copy of letters of administration of the estate, we anticipate that we will be in a position to acomplish delivery of the described money and valuables.

Yours very truly,

BROWN & ROOT_____

_____
Project Manager

bcc: Home Office Safety Department (2)
Safety Engineer
Personnel

ATTACHMENT (C)

(EXPATRIATES ONLY)

ILLUSTRATION

(Date)

_____
(Name)

_____
(Address)

Dear_____:

A signed copy of the official Certificate of Death issued by the Government of _____(Where applicable add, "together with a copy of autopsy report") is enclosed herewith for your use, covering the death of Mr._____ on_____, 196____, in _____.

In case additional copies of the Certificate are desired, it is suggested that photostats of the enclosure be secured.

Very truly yours,

BROWN & ROOT,_____

_____
Project Manager

bcc: Home Office Safety Department (2)
Safety Engineer
Personnel

ATTACHMENT (D)

(EXPATRIATES ONLY)

ILLUSTRATION

(Date)

_____
(Name)

_____
(Address)

Dear_____:

The body of this letter will contain the following information:

1. Time and place of interment
2. Minister officiating at graveside services
3. Names of pallbearers
4. Names of those who contributed floral offerings
5. Transmittal of pictures of cemetery and/or services, if any
6. Description of headstone
7. Transmittal of registration of burial with Government of _____ or Cemetery Association

Very truly yours,

BROWN & ROOT_____

_____
Project Manager

bcc: Home Office Safety Department (2)
Safety Engineer
Personnel

ATTACHMENT (E)

(EXPATRIATES ONLY)

ILLUSTRATION

(Data)

_____
(Name)

_____
(Address)

Dear_____:

This is to confirm the arrangements given in our letter of _____, 196___, (enclosure (c)), in which we informed you that the personal effects and remains of your _____ would be forwarded by surface.

This is to advise that the remains and effects departed via (name of ship) which left _____ on _____, 196___. The shipment of the above is covered by a bill of lading directed to our representative in Houston who will arrange to forward them to you in accordance with your wishes and directions.

We presume that you have already concluded all arrangements with our Houston representative. If not, it is suggested that you immediately get in touch with _____ at P. O. Box 3, Houston 1, Texas

Very truly yours,

BROWN & ROOT_____

_____
Project Manager

bcc: Home Office Safety Department (2)
Safety Engineer
Personnel

ATTACHMENT (F)

(EXPATRIATES ONLY)