



Suzlon Accident Report

Rec'd
5-6-08
188
CMG copy
5-7-08

Team Member: omar mohamed

Taken to Hospital or Clinic? Y ___ N ___

Date of Occurrence: 4-30-08

Is This a Near Miss? Y ___ N ___

Time of Occurrence: Night Shift

Date Reported: 4-30-08

Team Leader: Luke Anderson

Department: White line Mould

Day shift ___ Night shift X

Location of where accident occurred (be specific)

white line mould

Description of accident / injury

Rash on both Arms

Witnesses names

None

Corrective action (If needs further investigation use form F:ST:02)

Need s to go back to Doctor to re-assess the rash.

Employee Feedback

Follow up to April 16 incident.

Omar Mohamed
Team Member Signature

4-30-08
Date

Luke Anderson
Team Leader Signature

4-30-08
Date

Thomas Fink
Safety Officer Signature

5-6-2008
Date

Team Leader: Perform Accident Investigation, Implement Corrective Action, and submit completed form to the Safety and Environmental Officer before the end of your shift