

 SUZLON S.R.C. - Pipestone, MN U.S.A.		<h1>Suzlon Accident Report</h1>
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Team Member: Les Kartchner Taken to Hospital or Clinic? Y N
 Date of Occurrence: 03 29 08 Is This a Near Miss? Y N
 Time of Occurrence: 0830
 Date Reported: 03 29 08 Team Leader: _____
 Department: Retro Fit Day shift Night shift

Location of where accident occurred (be specific)
Building F cleaning Mold with razor knife

Description of accident / injury
Right thumb razor cut

Witnesses names
Nicholas D. Aldana

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

Employee Feedback

Les Kartchner 3-29-08
Team Member Signature **Date**
[Signature] 03/29/08
Team Leader Signature **Date**

Safety Officer Signature **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

Siweco

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BY:

Pipestone County Medical Ctr

Pipestone, MN 507-825-5811

KARTCHNER, LESLIE
ACCT#: H0258355 MR#: H047089
ER 04/14/63 44 M
03/29/08 KJOME, DONALD W. MD

Discharge Date 03/29/08 Time: 1235

DIAGNOSIS: laceration to rt thumb

DIET: as usual
Activity as tolerates

Medication, Dose, When to take it, Why you take it
: as usual

Physician orders/Special instructions:

- : *** ER - Wound Care ***
- : 1. Keep involved area clean and dry.
- : 2. Keep covered with a clean dressing if draining.
- : 3. Keep open to air if not draining and can be kept clean.
- : 4. Report signs of infection: redness and pain, swelling, drainage, and/or fever.
- : 5. keep area dry may gently wash area and redress with bandage.
- : 6. Have wound rechecked on: 4-07-08
- : 7. Have sutures removed in 8 days.

If you need assistance, call MD at: Clinic 507-825-5700 or Hospital 507-825-5811

Return Appointments:

: make appointment to be seen in clinic on 4-7-08

Discharge to Home/Self care

Accompanied by Family per Ambulatory
T 97.3 P 78 R 16 B/P 140/88 Wt in lbs:

Allergies: NKA

Comments

! full work privileges as long as area is covered clean and dry.

The above information has been explained to my satisfaction and understanding.
I have no unanswered questions or concerns.

(Patient's or family member's signature.)

Instructions given by/RN co-signature (if applicable)

Physician Signature (optional)

Nursing ED/OP Discharge Summary

(permanent part of the Medical Record)
(Signed copy to Medical Records and copy to Patient)
Run on 03/29/08 at 1233