Disciplinary Report Form

Employee name:	Hire Date:	Job title:
Armand Ntantu	6·14·11	Sanitation
Department:	**Shift:**	**Supervisor:**
Sanitation	3rd	Jamie Sorenson

Offense track: X Performance issue __ Work rule violation **Work rule violated, if any:**

Type of offense: __ Absenteeism __ Tardiness __ Leaving work area without permission __ Misuse of property/equipment __ Damaging/Losing property/equipment __ Using property/equipment for personal use __ Leaking confidential information __ Theft or fraud __ Lying or cheating __ Falsifying company documents __ Unsafe behavior __ Eating in undesignated areas __ Smoking in undesignated areas __ Posting items without permission __ Fighting or creating conflict __ Spreading gossip __ Using vulgar language __ Rudeness __ Abusiveness __ Horseplay __ Indecent behavior __ Bringing weapon onsite __ Bringing illegal drugs/alcohol onsite __ Failing to follow instructions __ Poor work quality __ Poor work quantity __ Refusing to work __ Sleeping on the job __ Poor hygiene __ Poor housekeeping __ Disregarding dress code __ Other

X not following safety policies / procedures

Incident description: (Describe actions, behavior, or incident; date(s); time(s); place(s); witness(es) and his/her observations; impact(s) of actions, behavior, or incident; employee's responses immediately after the incident and other significant conversations; employee's previous related training or counseling; and other relevant facts.)

Armand went into the chemical cage without his goggles on. Due to not following the goggle procedure, chemical splashed in Armand's eyes on 5/20/13

Completed by:	Date:
Kelsey Oddicket	5·22·13

(Shaded area to be completed by Human Resources only.)

Progressive step: __ Oral warning* __ Suspension (unpaid) __ Release __ Written reprimand __ Discharge __ Suspension (paid) *File apart from personnel files and copies thereof	Previous warnings: Type: Offense: Date: Type: Offense: Date: Type: Offense: Date:
Verbal warning	

Consequence if incident occurs again: written and/or assignment end

Human Resources Signature(s):	Date:
Kelsey Oddicket	5·22·13

Employee statement: X I agree with the incident description above. __ I disagree with the incident description above. **Date report presented to employee:**

Employee comments: (Attach sheets if necessary.)

Employee acknowledgement: My signature acknowledges that I have received this report and that it has been discussed with me. I understand that my signature is not an admission of the incident or offense. I understand that I may appeal this report by filing a Discipline Complaint Form.

Employee signature: Armand Ntantu **Date:** 05-22-13 **Witness signature (if any):** _____ **Date:** _____ **Signature of person presenting report:** _____ **Date:** _____

Reichel Foods, Inc.

SF0007FO
R:6

Employment Agency CMG

If the affected employee is a CMG employee and needs medical attention IMMEDIATELY, contact Hugh on his cell phone 507-923-7956.
If affected employees from Labor Ready or Masterson fax to Labor Ready 507-286-1089 or Masterson Personnel 507-252-8489.

INCIDENT REPORT

PLEASE COMPLETE ALL INFORMATION *(To be completed by Lead or Supervisor with employee)*

Employee Name (please print): Armand Ntanku Today's Date: 5-20-13

Date Accident Occurred: 5-20-13 Time Accident Occurred: 5:15 a.m. ____ p.m.

Time employee started: ____ a.m. 9:40 p.m. Employee on overtime? ____ Yes X No

Regular Department: Sanitation Shift: ____ 1st ____ 2nd ✓ 3rd

Was employee performing regular job? ✓ Yes ____ No If no, where was employee working? ____

Where did the incident occur? Chemical Cage

Please check all appropriate boxes below: **Part of Body Affected**

Head

___ Ear	___ right	___ left
X Eye	___ right	X left
___ Nose		
___ Skull		
___ Teeth		
___ Face		

Upper Extremities

___ Elbow	___ right	___ left
___ Upper arm	___ right	___ left
___ Wrist	___ right	___ left
___ Hand	___ right	___ left
___ Shoulder	___ right	___ left
___ Forearm	___ right	___ left
___ Thumb	___ right	___ left
___ Fingers	___ right	___ left

Trunk

___ Back (Middle)
___ Back (Lower)
___ Back (Upper)
___ Tailbone
___ Chest
___ Other

Lower Extremities

___ Ankle	___ right	___ left
___ Hip	___ right	___ left
___ Knee	___ right	___ left
___ Upper leg	___ right	___ left
___ Lower leg	___ right	___ left
___ Foot	___ right	___ left
___ Toe(s)	___ right	___ left

Nature of Specific Injury

___ Abrasion (scratch)
X Burn (chemical)
___ Electrical shock
___ Burn (thermal)
___ Contusion (bruise)
___ Strain, Sprain
___ Laceration (cut)
___ Puncture
___ Foreign body in eye

Type of Accident

___ Caught in/on/between
___ Contact w/electric current
___ Collision (vehicle)
___ Fall (floor level)
X Chemical Wash (splash)
___ Fall (different level)
___ Inhalation, absorption
___ Ingestion
___ Infection
___ Cumulative trauma (repetitive)
___ Struck against or struck by object
___ Other (please explain) ____

Did anyone else see this happen?	X Yes	___ No	If yes, who? Anthony Dahlke
Did employee receive First Aid?	X Yes	___ No	
Did employee go to the Emergency Room?	___ Yes	X No	
Did employee go to the Clinic?	___ Yes	X No	

Please describe in complete detail what happened. List the equipment, tools, chemicals, or machines that were involved.

Employee Statement: Armand was holding on to the pump for the 55 gallon barrels as he held on to the top of it to put on his goggles some multiquad splashed into his left eye. This happened because the pump slipped and the slide slid down and when it reached the end the chemical then splashed.

Prevent a Repeat Accident: place goggles on face before entering chemical cage area.

This is an accurate report of my injury or near miss, and I understand that this report could be used as a legal document.

Employee Signature: Armand ntanku Date: 05-20-13

Lead or Supervisor Signature: [signature] Date: 5-20-13

Safety Supervisor Signature: [signature] Date: 5-20-13

RETURN THIS ORIGINAL TO THE SAFETY SUPERVISOR IMMEDIATELY AFTER FORM IS COMPLETED!

Employment Agency CMG

DECLINE OF MEDICAL TREATMENT FORM

This form is only to be signed if you **do not** require medical attention in relation to your report of an on the job incident.

I, Armand NTantu, acknowledge that I have reported on the job incident. The facility has offered me medical attention to be administered by the facility's designated workers' compensation physician. However, at this time I feel I **do not require** medical attention and by signing this form I am stating that I can safely complete the essential functions of my job without compromising the safety of my co-workers, residents, or myself. I understand that if my condition changes in relation to this work related incident, that I must notify the HR/Safety Department at my employment agency before seeking any medical attention.

By signing this form I am declining medical attention by a physician at this time.

Armand	05-20-13		5-20-13
Employee	Date	Supervisor	Date