

FAX COVER SHEET

TO

COMPANY

FAXNUMBER 19527670740

FROM Kelli Daniels

DATE 08/07/2016 16:10:58 EDT

RE RE: FROI - Stover

COVER MESSAGE

Thank you!

Kelli

Kelli Daniels, PHR, SHRM-CP

Manager

Human Resources

Integer*

200 South Yorkshire Street

Salem, VA 24153

O: 540-404-6497 (Internally, please dial 34-6497)

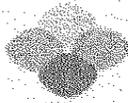
M: 540-319-3054

kelli.daniels@lakeregionmedical.com

www.integer.net

*Integer comprises the following companies:

Greatbatch Medical - Lake Region Medical - Electrochem



employer solutions staffing group.

Leveraging Resources in a Changing Market

7301 Ohms Lane Suite 405 Edina, MN 55439
Phone: (952) 767-0053 Fax: (952) 767-0740
Email Address: wc@employersolutionsgroup.com

First Report of Accident or Injury

NEED TO COMPLETE THIS FORM ASAP AFTER INJURY—FAX TO ESSG AT 952-767-0740

Last Name: Stover		First and Other Names: Brandon	
Date of Birth: 12/09/1996		Length of time on this assignment: 5/31/2016 DOH <u>Salem</u>	
Sex: Male	Social Security #: 229-77-4293	Jobsite: LRM/Integer	Position: Machine Operator
Employee's Phone (Home): 540-389-1687		Employee's Phone (Cell or Emergency Contact): 540-526-6114	
Date of incident: 7/7/2016		Time of incident: 8:27	AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>
Name(s) of witness: N/A		Witness Phone:	

Name of Supervisor: Scott Damewood	Date and time notified: 7/7/2016 9:25 AM
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How did the incident occur? Pointed wooden sticks are used to size carbide dies. A wooden stick point went into a finger and broke off.

Cause of Injury/Source (please select one)

Cut, Puncture or Scrape

Type of Injury/Illness (please select one)

Puncture

No Physical Injury Not Reported Other specific injury: _____

Affected Body Part (please select one)

(Head) (Lower extremities) (Neck) (Trunk) Finger(s)

Insufficient info to properly identify Not Reported Other specific injury: _____

Please let us know what shift does EE work, Please select one: 1st

What day of the week/weekends is the Employee scheduled to work: Monday: Tuesday Wednesday Thursday

WAS THE EMPLOYEE PAID THE FULL DAY FOR THE DOI: Yes No Friday Saturday Sunday

Can Site Location Accommodate, please select one: Yes No

Accommodating POSITION: Same (EX. FILING, OFFICE ASSISTANT, ETC.)

If you are able to accommodate, what type of work is being offered? (Please select one) Regular Duty

If you are not able to Accommodate, Which date was the Employee last work day: _____

INJURY DETAILS: (Include if it is a part of his job duties and the object that cause it ex: welding tube, hoist, packing carrots, etc.)

Description of Injury(s): Severity: Wooden point broke off under the skin and could not be easily removed. The points of the sticks are coated with diamond paste.

Hospital / Clinic: Yes No

If Yes, Name and Address of Hospital / Clinic where taken for treatment: VelocityCare, 1935 W. Main Street, Salem, VA 24153

Phone: 540-375-8190

Signed:

Print Name & Position: Kelli Daniels, HR Manager

Phone: 540-404-6497