



S.R.C. - Pipestone, MN U.S.A.

Suzlon Accident Report

Team Member: Brent Waney

Taken to Hospital or Clinic? Y N

Date of Occurrence: 6-27-08

Is This a Near Miss? Y N

Time of Occurrence: 10:10

Date Reported: 6-27-08

Team Leader: Stu Blanket

Department: Finishing

Day shift Night shift

Location of where accident occurred (be specific)

finishing dept X-side Root area

Description of accident / injury

Brent was grinding out a skin wrinkle repair at which time a piece of material went into his right eye, he was wearing his prescription and his safety glasses at the time of the accident

Witnesses names

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

look into diff style safety glasses for Brent

Employee Feedback

Team Member Signature

Date

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



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Referral for Medical Treatment Report to Employer

Employee Name: Brent Kinney Date of Injury: 6-27-08

AUTHORIZATION TO RELEASE INFORMATION: I hereby authorize the Health Care Provider who completes this form to release any information to The Suzlon Rotor Corporation which substantiates, clarifies, or elaborates on my fitness for duty.

Employee Signature _____ Date _____

Medical Provider Konczak Date / Time of Appt: 6-27-08

ALL WORKERS' COMPENSATION MEDICAL EXPENSES must include the patient name, date of service, and Medical Provider's "Progress Notes" for treatment. Social Security Number is recommended. Mail all claims for payment directly to:

Wausau Insurance
PO Box 8016
Wausau, WI 54402

1-877-870-1542

Incomplete billings or those mailed directly to Suzlon Rotor Corporation may result in slow payment processes.

Diagnosis: corneal irritation @ eye Non-work related
2^o dust from grinding fiberglass Undetermined
 Treatment Plan: eye exam, patch drops Work related

RETURN TO WORK: With No Limitations Date: 6/28/08
 (Suzlon rotor Corp. has an active return-to-work program. Most temporary restrictions can be accommodated. Please call 507-562-6700 if you have any questions regarding light duty jobs.)

TOTALLY DISABLED: (Dates) From: _____ To: _____

RESTRICTED WORK: Duration of Limitations: _____ Days/Weeks

Restricted Work Hours: May Work _____ hours per day _____ hours per week.
 Restricted Lifting: Maximum lift: _____ 10lbs _____ 20lbs _____ 30lbs _____ 40lbs _____ 50lbs
 Weight limit for repetitive lifting or carrying: (more frequent than 2 times per hour)
 _____ 0-5lbs _____ 5-10lbs _____ 10-20lbs _____ 20-30lbs _____ 30-40
 Restricted bending: (Limit in degrees) _____ Bending frequency (# of times per hour): _____
 Restricted use of hand: _____ Right _____ Left _____ No Use or _____ Limited repetitive grasping, gripping
 Standing/Sitting: Standing (hours per day) _____ Sitting (hours per day) _____
 Other: _____

Next Appt. Date / Time: _____ Provider's Comments: _____

Medical Provider Signature: [Signature] Date: 6/27/08