

ID Number 16065

**Organization** Integer>OPERATIONS>ASO>COLLEGEVILLE>2000-FAB>16065<  
**Report Type** Injury / Illness  
**Select Language** English

**ATTACHMENTS**

**JOURNAL**

John Generose :  Updated Hospital, Physician and EE Home address  
 6/1/2017 1:44:41 PM

John Generose :  Updated Recordability and Classification  
 6/1/2017 9:51:21 AM

**REPORTED BY**

**Date and Time Reported** 5/23/2017 9:02 PM  
**Reporter's First Name** Joseph  
**Reporter's Last Name** McLaughlin  
**Reporter's Job Title** Supervisor  
**Reporter's Phone** 610-505-1172  
**Reporter**

**EVENT INFORMATION**

<b>Event ID</b>	16064		
<b>Related Reports</b>	<b>Scout ID</b>	<b>Report Type</b>	<b>Date and Time Reported</b>
	16066	Near Miss	2017-05-31 16:28:00

**Date and Time of Incident:** 5/23/2017 9:02 PM  
**Incident Description:** associate smashed/cut his head on the vending machine  
**Did the event occur offsite?** No  
**Where did the event occur?** plant 1 cafeteria  
**Date and Time Associate Began Work** 5/23/2017 12:00 AM  
**What was the associate doing before the event occurred?** getting a soda while on break  
**Witness and comments** none  
**Immediate Action(s) Taken** cleaned up employee,get an icepack,determined that further care,possibly stitches,were needed  
**How can a recurrence be avoided?** reposition credit cared/bill acceptor

**EMPLOYEE INFORMATION**

**Injured Associate's First Name** Charles (CJ)  
**Injured Associate's Last Name** Vasily  
**Injured Associate's Email** n/a  
**Injured Associate's UserName** none temporary EE  
**Injured Associate's Job Title** temp associate  
**Injured Associate's Home Address** 606 West Schuylkill Rd APT 319  
**Injured Associate's City** Pottstown  
**Injured Associate's State** PA  
**Injured Associate's Zipcode** 19465  
**Injured Associate's Date of Birth**  
**Injured Associate's Date of Hire** 3/13/2017  
**Injured Associate's Gender** Male  
**Injured Associate's Department** FAB  
**Employment Status** Temporary  
**Supervisor's or Manager's First Name** Joe  
**Supervisor's or Manager's Last Name** McLaughlin

**INJURY DETAILS**

**What body part was injured?** Head  
**Select injury or type of illness** Injury  
**Describe the injury or illness** 1 1/2 in cut,shallow,about an inch into his hairline  
**What object/substance harmed the associate or made the associate ill?** soda machine

**TREATMENT DETAILS**

**Classification** Medical Treatment  
**Case File or Claim Number**  
**Privacy Case** No

Injured Associate's Gender Male  
 Injured Associate's Department FAB  
 Employment Status Temporary  
 Supervisor's or Manager's First Name Joe  
 Supervisor's or Manager's Last Name McLaughlin

**INJURY DETAILS**

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What body part was injured? Head  
 Select injury or type of illness Injury  
 Describe the injury or illness 1 1/2 in cut,shallow,about an inch into his hairline  
 What object/substance harmed the associate or made the associate ill? soda machine

**TREATMENT DETAILS**

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Classification Medical Treatment  
 Case File or Claim Number  
 Privacy Case No  
 Was treatment given at a location away from the worksite? Yes  
 Was employee treated in the emergency room? Yes  
 Was employee hospitalized overnight as an inpatient? No  
 First name of physician or health care professional Debra  
 Last name of physician or health care provider Young  
 If treatment was given at a location away from the worksite, provide name and address of facility Phoenixville Hospital140 Nutt RdPhoenixville PA 19460

**EVENT ROOT CAUSE ANALYSIS**

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RCA Team Leader Joe McLaughlin  
 RCA Team Members  
 Date RCA Started 5/30/2017  
 Date RCA Completed 5/30/2017

**Immediate Cause of the Event (select all that apply)**

**Actions** Inattention / Lack of Awareness  
 Inattention / Lack of Awareness Inattention to Personal Surroundings  
**Summary of Inattention / Lack of Awareness** EE struck head on credit card reader in cafeteria. The Dasani vending machine CC reader is located in a lower position than the other machines. The EE was retrieving a beverage went to stand up and struck forehead  
**Conditions**

**Root Cause (select all that apply)**

**Personal Factors**  
**Job Factors** Tools and Equipment Design  
**Tools and Equipment Design** Other

<b>Other</b>	Equipment design creates hazard
<b>Summary of Tools and Equipment Design</b>	The credit card reader is located just above and protrudes out from the area where beverages are received.

**REVIEWER APPROVAL**

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**EHSS Review Form Complete/Accurate?**  
**EHSS Does Investigation ID Root Cause and CA within 30 days?**  
**Reviewer**

**CLOSER APPROVAL**

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<b>Status</b>	Open
<b>OSHA Recordable?</b>	Yes
<b>Corrective Action Complete?</b>	
<b>Closer</b>	

**LINKS**

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