



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

Suzlon Accident Report

Team Member: Craig Hobbie

Taken to Hospital or Clinic? Y N

Date of Occurrence: 5 Mar 08

Is This a Near Miss? Y N

Time of Occurrence: 1200

Date Reported: 5 Mar 08

Team Leader: Randy Luptes/

Department: Nose Cone / Training

Day shift Night shift Viola Foster

Location of where accident occurred (be specific)

In Nose Cone Finishing Dept.

Description of accident / injury

Grinding on nose cone something flew into eye unable to flush out. Unable to see ^{outside} with the eye. Was wearing safety glasses.

Witnesses names

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

Employee Feedback

X Craig Hobbie
Team Member Signature

X 3/5/08
Date

Viola Foster
Team Leader Signature

3/5/08
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



FITNESS FOR DUTY

Employees who are absent due to illness or injury (either work-related or non-occupational) may be required to have their physician or other qualified health provider complete a Fitness for Duty Certification before returning to work. The completed form should be returned to Human Resources will make a determination as to his/her ability to return to work. No employee will be allowed to return to work without a satisfactory Fitness for Duty Certification on file.

Employee Name: Craig Habben Date: 3-5-08

Is employee able to perform the functions of his/her position? Yes No

Any restrictions? Yes No If yes, please describe restriction(s) and duration below:

RETURN TO WORK: With No Limitations Date: 3-6-08

(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: _____

Employee Signature: Craig Habben

Physician or Practitioner Signature: _____

Type of Practice: (Field of Specialization) _____