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

Suzlon Accident Report

Team Member: Francisco Vargas **Taken to Hospital or Clinic? Y** X **N**___

Date of Occurrence: 12-27-07 **Is This a Near Miss? Y**___ **N**___

Time of Occurrence: 8:45 PM

Date Reported: 12-28-07 **Team Leader:** Hussein Abdirizaic

Department: Nose Cone **Day shift** ___ **Night shift** X

Location of where accident occurred (*be specific*)

Nose Cone finishing Area

Description of accident / injury

Grinding/sanding nose cones Allergic reaction
face hands and arms swollen and blistard

Witnesses names

Hussein

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

Employee Feedback

Francisco Vargas Domicil
Team Member Signature **Date**

Team Leader Signature 1-11-08 **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*

SUPERVISOR'S REPORT OF ACCIDENT

(PLEASE READ AND FOLLOW INSTRUCTIONS ON BACK)

EVERY ACCIDENT SHOULD BE INVESTIGATED AND THE CAUSES CORRECTED SO THAT MORE ACCIDENTS WILL NOT OCCUR. DO NOT OVERLOOK THE SO-CALLED "UNIMPORTANT" CASES, BECAUSE, EXCEPT FOR "CHANCE" THEY COULD ALSO HAVE BEEN SERIOUS. IT IS ONLY BY THOROUGH INVESTIGATION THAT MANY OF THE REAL CAUSES CAN BE DETERMINED AND CORRECTED.

NAME OF EMPLOYEE Francisco Vargas COMPANY Suzlon Rotor Corp. DEPT. Nose Cone

DATE OF ACCIDENT 12-27-07 TIME 8:45pm DID EMPLOYEE LOSE TIME FROM WORK? YES ☒ NO ☐

HOURS LOST ON DATE OF ACCIDENT 0 HAS EMPLOYEE RETURNED TO WORK? YES ☐ NO ☐

JOB TITLE Team member SERVICE WITH THE COMPANY 2m3wk YEARS IN PRESENT JOB

GIVE US YOUR HONEST COMMENTS ON QUESTIONS BELOW. WE ARE NOT TRYING TO BLAME ANYONE. YOUR OPINION MAY HELP US PREVENT ACCIDENT REPETITION.

PLEASE ANSWER THE FOLLOWING:		**CHECK "YES" OR "NO"**	
1.	WAS INJURED PERSON PROPERLY INSTRUCTED IN SAFE AND EFFICIENT METHODS?	YES ☐	NO ☐
2.	DID INJURED PERSON VIOLATE ANY INSTRUCTIONS?	NO ☒	YES ☐
3.	WAS NECESSARY PROTECTIVE EQUIPMENT WORN? (IF APPLICABLE)	YES ☒	NO ☐
4.	DID POOR HOUSEKEEPING CONTRIBUTE TO INJURY?	NO ☒	YES ☐
5.	DID HORSEPLAY CAUSE THE INJURY?	NO ☒	YES ☐
6.	WAS IT CAUSED BY SOMETHING WHICH NEEDED REPAIRS?	NO ☒	YES ☐
7.	SHOULD A GUARD BE PROVIDED?	NO ☒	YES ☐
8.	DID ANY BODILY DEFECT CONTRIBUTE TO INJURY?	NO ☒	YES ☐
9.	WAS IT CAUSED BY AN UNSAFE ACT?	NO ☒	YES ☐
10.	DID INJURED REPORT THE INJURY TO YOU, THE SUPERVISOR, IMMEDIATELY?	YES ☒	NO ☐

ACCIDENT. (DESCRIBE WHAT INJURED WAS DOING AT TIME OF ACCIDENT, WHAT HAPPENED, WHO WAS INVOLVED, NATURE OF INJURY, PART OF BODY AFFECTED.) Staff member had an allergic reaction face hands and arms

WITNESSES' NAMES Hussein

UNSAFE ACTS. (WHAT DID THE EMPLOYEE OR ANOTHER PERSON DO INCORRECTLY?)

no unsafe acts

UNSAFE CONDITIONS. (WHAT UNGUARDED OR UNSAFE CONDITION OF MACHINERY, EQUIPMENT, BUILDING OR PREMISES WAS INVOLVED?)

ACTIONS TAKEN. (WHAT DID YOU DO TO CORRECT THE CONDITIONS WHICH CAUSED THIS INJURY?)

Asked him to stop sanding

REMEDIES. (WHAT SHOULD YOUR ORGANIZATION DO TO PREVENT OTHER INJURIES LIKE THIS?)

MEDICAL CARE. DID EMPLOYEE GO TO DOCTOR OR HOSPITAL? YES ☒ NO ☐ IF YES, COMPLETE THE FOLLOWING

NAME OF DOCTOR OR HOSPITAL DATE OF INITIAL VISIT

ADDRESS TELEPHONE NUMBER

AS SUPERVISOR, DO YOU FEEL THAT THIS INJURY SHOULD BE COVERED UNDER WORKERS' COMPENSATION? YES ☐ NO ☐

REASONS WHY Duties require grinding and sanding. Was sanding when reaction started

REPORT SUBMITTED BY DATE

BRAC 2520 (10/99)