

Case #:
Status:
Date and Time Reported: 8/28/2015 12:45 AM
OSHA Recordable?:
Organization: Lake Region Medical>Operations>Advanced Surgical>Orchard Park>OPK Needles>5160>
Report Type : Injury or Illness

☐ REPORTED BY

First Name: Greg
Last Name: Gocher
Job Title: Team Leader
Phone:
Email Address:

Attachments:

☐ JOURNAL

☐ SUBJECT IDENTITY

Privacy case:
First Name: Joe
Last Name: Kreuger
Address:
City:
State/Province:
Zip/Postal Code:
Gender (Employee's Sex):
Date of birth (with permission of employee):
Date of Hire (Employee's Hire Date):
Date began current post:
Employment Status (Employee Type):
Job Title:
Start of Shift:
End of Shift:
Department: Needles
Supervisor's First Name:
Supervisor's Last Name:
Was employee working within the scope of the job when the incident occurred?: Yes

☐ DESCRIPTION

Date and Time of injury, onset of illness or incident: 8/28/2015 12:45 AM
Date and Time employee began work: 8/27/2015 11:00 PM
Did the event occur offsite?: No

Place where incident occurred (department or physical location):

Place where incident occurred (department or physical location): Needles department

What was the employee doing just before the incident occurred?:

What was the employee doing before the incident occurred?: Joe was transferring steel remnants from one pail to another.

Detailed description of incident and any relevant circumstances & conditions that preceded incident :

Detailed description of incident and any relevant circumstances & conditions that preceded incident:

Select injury or type of illness: Injury

Injury Category: Manual handling

Illness Category: Other

Other Illness Category: N/A

Describe the injury or illness?:

Describe the injury or illness: Laceration of right upper arm (bicep).

What object or substance directly harmed the employee?:

What object or substance directly harmed the employee or impacted the environment?:

Details of the injury - Type: Cuts

Details of the Injury - Body Part: Upper arm-R

Details of the injury - Severity: Injury was bandaged by first responder Dan Bogucki and employee went back to work. Bandage was changed once throughout the shift due to bleed through.

Witness 1:

Witness 1 Comments:

Witness 1 Comments:

Would you like to add a second witness?: No

Was employee treated in the emergency room?:

Hartford/Insurance Claim Number:

Was employee admitted to the hospital?:

Contributing Factors - Material:

Contributing Factors - Material:

Contributing Factors - Equipment:

Contributing Factors - Equipment:

Contributing Factors - Environment:

Contributing Factors - Environment:
Contributing Factors - People:
Contributing Factors - Other:
Contributing Factors - Other:
Immediate Causes - Substandard Acts:
Immediate Causes - Substandard Conditions:
Immediate Causes - Explanation:
Immediate Causes - Explanation:
Root Causes - Personal Factors:
Root Causes - Job/System Factors:
Root Causes - Explanation:
Root Causes - Explanation:
Corrective Action:
Corrective Action:
Was this a potentially serious incident?: No
If yes to above, provide details and potential outcome:

 TREATMENT DETAILS

First Full Day the employee was assigned job transfer or work restriction:
First Full Day the employee was re-assigned to a regular job or restriction was lifted:
First Full Day the employee left work:
First Full Day the employee returned to work:
First name of physician or health care professional:
Last name of physician or health care provider:
Was treatment given at a location away from the worksite?:
If treatment was given at a location away from the worksite, provide name and address of facility:
If employee died, give date of death:

 LINKS

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