

CONFIRMATION OF FIRST AID FORM SUBMITTED

ID # 6420

Date and Time Reported: 1/28/2016 10:15 PM
Organization: Lake Region Medical
Report Type : First Aid

REPORTED BY

First Name: Christopher
Last Name: Lapinski
Job Title: Operation's Lead
Phone:
Email Address:

SUBJECT IDENTITY

First Name: Joyce
Last Name: Frasier
Employment Status (Employee Type): Temporary
Job Title: Machine Operator
Start of Shift:
End of Shift:
Department: Centerless Grind
Supervisor's First Name: Liem
Supervisor's Last Name: Le
Was employee working within the scope of the job when the incident occurred?: Yes

DESCRIPTION

Date and Time of Incident: 1/28/2016 5:50 PM
Date and Time employee began work: 1/28/2016 3:15 PM
Did the event occur offsite?: No
Place where incident occurred (department or physical location): Centerless Grind/Machine # 3
What was the employee doing before the incident occurred?: Joyce Frasier, was putting the lid back on the coolant tank on grinder 3 after she re-filled the coolant.
Detailed description of incident and any relevant circumstances & conditions that preceded incident: Checking the coolant/water level.
Injury Category: Other
Other Injury Category: Pinched
Illness Category: None
Describe the injury or illness: A cut on the left hand pointer finger resulting from being pinched.
What object or substance directly harmed the employee or impacted the environment?: Lid of the coolant tank.
Details of the injury - Type: Cuts,Other
Details of the Injury - Other Type: pinched
Details of the Injury - Body Part: Hand-L

CONFIRMATION: FIRST AID FORM SUBMITTED

Witness: N/A
Witness 1 Comments: Operator Joyce told the closest 1st Aid Responder Pam Kelly.

Would you like to add a second witness? No

Was this a potentially serious incident? No

7301 Ohms Lane Suite 405 Edina, MN 55439
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First Report of Accident or Injury

NEED TO COMPLETE THIS FORM ASAP AFTER INJURY—FAX TO ESSG AT 952-767-0740

Last Name: Frasier		First and Other Names: Joyce	
Date of Birth: 04/05/1961		Length of time on this assignment: 9.5 months	
Sex: F	Social Security #: 305-78-1488	Jobsite: Lake Region CC	Position: Machine Operator
Employee's Phone: (Home): 615-630-8974		Employee's Phone (Cell or Emergency Contact): husband (Rick): 615-202-8477	
Date of incident: 01/28/2016		Time of incident: 10:15 AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>	
Name(s) of witness: Pam Kelly			Witness Phone:

Name of Supervisor: Chris Lapinski	Date and time notified: 1/28/2016 10:15 pm
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How did the incident occur? Joyce was putting the lid back on the tank on grinder machine and pinched her finger.

Cause of Injury/Source (please select one)

Cut, Puncture or Scrape

Type of Injury/Illness (please select one)

Laceration

No Physical Injury
 Not Reported
 Other specific injury: _____

Affected Body Part (please select one)

(Head) (Lower extremities) (Neck) (Trunk) Finger(s)

Insufficient info to properly identify
 Not Reported
 Other specific injury: left index finger

Please let us know what shift does EE work, Please select one: 3rd

What day of the week/weekends is the Employee scheduled to work: Monday: Tuesday Wednesday Thursday

o WAS THE EMPLOYEE PAID THE FULL DAY FOR THE DOI: Yes No Friday Saturday Sunday

o Can Site Location Accommodate, please select one: Yes No

o Accommodating POSITION: _____ (EX. FILING, OFFICE ASSISTANT, ETC.)

o If you are able to accommodate, what type of work is being offered? (Please select one)

o If you are not able to Accommodate, Which date was the Employee last work day: _____

INJURY DETAILS: (Include if it is a part of his job duties and the object that cause it ex: welding tube, hoist, packing carrots, etc.)

Description of Injury(s): Joyce cut her left index finger when putting the lid back on a tank on a grinder machine because the lid pinched her finger.

Hospital / Clinic: Yes No
 If Yes, Name and Address of Hospital / Clinic where taken for treatment: declined medical treatment at this point
 Phone: _____

Signed: Caitlin Scholl
 Digitally signed by Caitlin Scholl Date: 2016.02.01 12:24:34 -07'00'
 Print Name & Position: Caitlin Scholl
 Phone: 3039201425

