

 SUZLON S.R.C. - Pipestone, MN U.S.A.		<p style="text-align: right;">ESSG</p> <h2 style="text-align: center;">Suzlon Accident Report</h2> <p style="text-align: right;">1 day off</p>
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Team Member: Kristen Erickson Taken to Hospital or Clinic? Y \_\_\_ N \_\_\_

Date of Occurrence: 1-12-08 Is This a Near Miss? Y \_\_\_ N \_\_\_

Time of Occurrence: 1:00 pm

Date Reported: 1-12-08 Team Leader: Guy Leach

Department: Finishing Day shift  Night shift \_\_\_

Location of where accident occurred (be specific)

Lower Arms / neck / Face reiser Rash (H2U Finishing)

Description of accident / injury

Rash from reiser spread over all

Witnesses names

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

Removed from reiser duty

Employee Feedback

Kristen Erickson  
 Team Member Signature

1/16/08  
 Date

Guy Leach  
 Team Leader Signature

1-16-07  
 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*