

ID # 9330

Status: HR  
 Date and Time Reported: 9/16/2016 8:26 PM  
 Organization: Lake Region Medical>Operations>Advanced Surgical>Wheeling>9330>  
 Report Type: First Aid

REPORTED BY

First Name: Rajesh  
 Last Name: Chikani  
 Job Title: team lead  
 Phone:  
 Email Address:

Attachments:

JOURNAL Event Log

9/19/2016 2:23:25 PM Thomas Crowell Created item.

SUBJECT IDENTITY

Privacy case:  
 First Name: Lakisha  
 Last Name: Coleman  
 Date of birth (with permission of employee):  
 Date began current post: 8/8/2016  
 Employment Status (Employee Type): Temporary  
 Job Title: operator  
 Start of Shift: 2:00 PM  
 End of Shift: 10:00 PM  
 Department: 1106  
 Supervisor's First Name: Tom  
 Supervisor's Last Name: Crowell  
 Was employee working within the scope of the job when the incident occurred?: Yes

DESCRIPTION

Date and Time of incident:  
 Date and Time employee began work:  
 Did the event occur offsite?:  
 Place where incident occurred (department or physical location):  
 What was the employee doing before the incident occurred?: putting parts in trays  
 Detailed description of incident and any relevant circumstances & conditions that preceded incident:  
 Injury Category: Manual handling, None  
 Illness Category:  
 Describe the injury or illness:  
 What object or substance directly harmed the employee or impacted the environment?:  
 Details of the injury - Type: Cuts  
 Details of the injury - Body Part: Hand-R  
 Witness 1:  
 Witness 1 Comments:  
 Would you like to add a second witness?:  
 Contributing Factors - Material:  
 Contributing Factors - Equipment:  
 Contributing Factors - Environment:  
 Contributing Factors - People:  
 Contributing Factors - Other:  
 Immediate Causes - Substandard Acts:  
 Immediate Causes - Substandard Conditions:  
 Immediate Causes - Explanation:  
 Root Causes - Personal Factors:  
 Root Causes - Job/System Factors:  
 Root Causes - Explanation:  
 Corrective Action:  
 Was this a potentially serious incident?: No

LINKS

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