

Reichel Foods, Inc



Employee Warning Notice

Employee Information

Employee Name: **Mark Guajardo** Date: **5.31.11**
Employee ID: Job Title: **Operator**
Manager: **Somark Heng** Department: **Production**

Type of Warning

First Warning Second Warning Final Warning

Type of Offense

Tardiness/Leaving Early Absenteeism Violation of Company Policies
 Substandard Work Violation of Safety Rules Rudeness to Customers/Coworkers
 Other: _____

Details

Description of Infraction:

He was horse playing. By playing with an employees left ear. Then another, employee hit his hand and end up hitting employees part of her head.

Plan for Improvement:

He was reminded that horse playing is not allowed on company grounds. He should lead by example.

Consequences of Further Infractions:

Another incident involving disrespect of an employee He will be suspended.

Acknowledgement of Receipt of Warning

By signing this form, you confirm that you understand the information in this warning. You also confirm that you and your manager have discussed the warning and a plan for improvement. Signing this form does not necessarily indicate that you agree with this warning.

Employee Signature

Date

Manager Signature

Date

Witness Signature (if employee understands warning but refuses to sign)

Date

Employment Agency ESSG

If the affected employee is a CMG and needs medical attention, IMMEDIATELY contact Hugh on his cell phone 507-923-7956
If affected employees from Labor Ready or Masterson fax to Labor Ready 507-286-1089 or Masterson Personnel 507-252-8489

INCIDENT REPORT

PLEASE COMPLETE ALL INFORMATION (To be completed by Lead or Supervisor with employee)

Employee Name (please print): Patricia Santos Today's Date: 05-31-11

Date Accident Occurred: 05-29-11 Time Accident Occurred: 11:15 a.m. _____ p.m.

Time employee started: 5:00 a.m. _____ p.m. Employee on overtime? Yes No

Regular Department: M.V Shift: 1st 2nd 3rd

Was employee performing regular job? Yes No If no, where was employee working? _____

Where did the incident occur? M.V on line

Please check all appropriate boxes below: Part of Body Affected

<u>Head</u>	<u>Upper Extremities</u>	<u>Trunk</u>	<u>Lower Extremities</u>
<input checked="" type="checkbox"/> Ear <input type="checkbox"/> right <input checked="" type="checkbox"/> left	<input type="checkbox"/> Elbow <input type="checkbox"/> right <input type="checkbox"/> left	<input type="checkbox"/> Back (Middle)	<input type="checkbox"/> Ankle <input type="checkbox"/> right <input type="checkbox"/> left
<input type="checkbox"/> Eye <input type="checkbox"/> right <input type="checkbox"/> left	<input type="checkbox"/> Upper arm <input type="checkbox"/> right <input type="checkbox"/> left	<input type="checkbox"/> Back (Lower)	<input type="checkbox"/> Hip <input type="checkbox"/> right <input type="checkbox"/> left
<input type="checkbox"/> Nose	<input type="checkbox"/> Wrist <input type="checkbox"/> right <input type="checkbox"/> left	<input type="checkbox"/> Back (Upper)	<input type="checkbox"/> Knee <input type="checkbox"/> right <input type="checkbox"/> left
<input checked="" type="checkbox"/> Skull <u>Right by the left ear.</u>	<input type="checkbox"/> Hand <input type="checkbox"/> right <input type="checkbox"/> left	<input type="checkbox"/> Tailbone	<input type="checkbox"/> Upper leg <input type="checkbox"/> right <input type="checkbox"/> left
<input type="checkbox"/> Teeth	<input type="checkbox"/> Shoulder <input type="checkbox"/> right <input type="checkbox"/> left	<input type="checkbox"/> Chest	<input type="checkbox"/> Lower leg <input type="checkbox"/> right <input type="checkbox"/> left
<input type="checkbox"/> Face	<input type="checkbox"/> Forearm <input type="checkbox"/> right <input type="checkbox"/> left	<input type="checkbox"/> Other	<input type="checkbox"/> Foot <input type="checkbox"/> right <input type="checkbox"/> left
	<input type="checkbox"/> Thumb <input type="checkbox"/> right <input type="checkbox"/> left		<input type="checkbox"/> Toe(s) <input type="checkbox"/> right <input type="checkbox"/> left
	<input type="checkbox"/> Fingers <input type="checkbox"/> right <input type="checkbox"/> left		

Nature of Specific Injury

- Abrasion (scratch)
- Burn (thermal)
- Burn (chemical)
- Contusion (bruise)
- Electrical shock
- Strain, Sprain
- Laceration (cut)
- Puncture
- Foreign body in eye

Type of Accident

- Caught in/on/between
- Fall (different level)
- Contact w/electric current
- Inhalation, absorption
- Collision (vehicle)
- Ingestion
- Fall (floor level)
- Infection
- Chemical Wash (splash)
- Cumulative trauma (repetitive)
- Struck against or struck by object
- Other (please explain)

Did anyone else see this happen? Yes No
 Did employee receive First Aid? Yes No
 Did employee to the Emergency Room? Yes No
 Did employee go to the Clinic? Yes No

If yes, who? 2nd shift operator
KIM

Please describe in complete detail what happened. List equipment, tools, chemicals, or machines that were involved.

Employee Statement:
She was working on Multivac when Mark who was training with Ryan W. was horse playing with Patricia's ear and that's when Ryan hit Mark's hand causing Mark to hit Patricia's left ear and part of her head. At that point her ear and head hurt.

This is an accurate report of my injury or near miss, and I understand that this report could be used as a legal document.

Employee Signature: Patricia Cruz Santos Date: 05/31/11
 Lead or Supervisor Signature: [Signature] Date: 5/31/11
 Safety Supervisor Signature: Isabel Reed Date: 5/31/11

I was putting on my rubber gloves when the guy from the tray discharge on line 6 came over and hit my arm, which caused me to hit lady in head. Ryan had no part in that incident. I tried to apologize to her but she was upset and muttered "Alfonso." So I just left her alone. I feel I am not responsible for the guy's action which led up to the incident and injury. But I don't deny the incident never happened.

Mark Rojas
June 9, 2011