

Employee Information

Employee's last name: Said First name: Omar Middle: _____

Department: Final Assembly Supervisor name: Dan Kaczmarek

Witness to injury: Robert ~~Burros~~
Burros

Incident Description

Incident date: 12-20-18 Time of incident: 2:43 am/pm (pm)

Date & time incident reported: 12-20-18 2:43 pm

Location of incident: Final Assembly

Describe job being done: Omar was drilling through a rail
and the drill slipped and cut his finger.
The laceration occurred on the left hand
Pinky finger. Omar did not want to go to
the emergency room.