

ID # 9329

Status: HR
 Date and Time Reported: 9/16/2016 7:12 PM
 Organization: Lake Region Medical>Operations>Advanced Surgical>Wheeling>9329>
 Report Type: First Aid

REPORTED BY

First Name: Scott
 Last Name: Chrisman
 Job Title: operator
 Phone:
 Email Address:

Attachments:

DESCRIPTION

Event Log

9/19/2016 2:14:15 PM Thomas Crowell Created Item.

SUBJECT IDENTITY

Privacy case:
 First Name: Scott
 Last Name: Chrisman
 Date of birth (with permission of employee):
 Date began current post: 9/8/2015
 Employment Status (Employee Type): Temporary
 Job Title: operator
 Start of Shift: 2:00 PM
 End of Shift: 10:00 PM
 Department: 1109
 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?: loading clearing rack
 Detailed description of incident and any relevant circumstances & conditions that preceded incident: cut to right index finger
 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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