

 SUZLON S.R.C. - Pipestone, MN U.S.A.		<h1>Suzlon Accident Report</h1>
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Team Member: Sheila Jones

Taken to Hospital or Clinic? Y N

Date of Occurrence: 1-17-08

Is This a Near Miss? Y N

Time of Occurrence: _____

Date Reported: 1-17-08

Team Leader: Chet Johnson

Department: Chet Johnson-Stores Day shift Night shift

Location of where accident occurred (be specific)

Description of accident / injury

Breaking out with a rash everywhere, not sure what it is

Witnesses names

Janet Hill

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

When went to hospital

Employee Feedback

Sheila Jones

Team Member Signature

1-17-08

Date

Janet Hill

Team Leader Signature

1/17/08

Date

REPORTED

RECEIVED

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