



# Suzlon Accident Report

S.R.C. - Pipestone, MN U.S.A.

Team Member: Thomas Holloway

Taken to Hospital or Clinic? Y  N  Sioux Falls

Date of Occurrence: 2-15-08

Is This a Near Miss? Y  N

Time of Occurrence: 1:30pm

Date Reported: 2-15-08

Team Leader: Tanya Fongemie

Department: Prefab

Day shift  Night shift

Location of where accident occurred (be specific)

Tail Stiffeners

Description of accident / injury

Broke out in a rash on both arms.

Witnesses names

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

Need Better PPE. Also, Need to rinse arms off B-4 you put gown on.

Employee Feedback

[Signature]  
Team Member Signature

2-15-08  
Date

[Signature]  
Team Leader Signature

2-15-08  
Date

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*



# ACCIDENT REPORTING PROCEDURES

Employees are required to report all job related injuries to your Manager or Human Resources immediately of the occurrence. *The Manager with the Employee will conduct an accident investigation.* Human Resources or the Manager may provide first aid treatment. If your injury needs to be seen by a medical provider:

**1. A medical referral form must be picked up from the Human Resources or the Manager to take along to the medical provider before each medical visit (except for emergencies).**

**2. The completed medical referral form must be returned immediately to the Human Resources after the medical providers' visit along with the date and time of next appointment.**

3. Any change in attending medical providers must be approved by the Insurance Carrier or coordinated with the Human Resources.

If your job assignment aggravates an already existing physical condition, notify your immediate Manager and Human Resources. A review of your job assignment will be made.

5. **Return to Work Assignments** are used to provide short-term work that accommodates restrictions of Employees as early as possible after an injury. Our goal is to maintain regular contact with the Employee, provide support, maintain a safe work environment during the convenient period, avoid pitfalls of disability and keep the person gainfully employed within their present medical restrictions until returned to their regular job. Medical placement in to a temporary return to work assignment is accomplished by written approval from a physician with the assistance from an Occupational Specialist and CMG Management.

Employees will be retained within their job classifications whenever possible. If the employee remains on restricted duty regular progress meetings will be scheduled. If the Employee cannot return to their regular job within a reasonable time period, (i.e. sixty to ninety calendar days) the Employee may be considered for alternate placement within CMG or Outplacement Rehabilitation.

**Regular communication must be maintained with your Manager and Human Resources** after any work related injury has occurred. *Future medical providers' visits or absences should be coordinated through Human Resources for accurate reporting of Employees medical condition.* Failure to comply with this policy may result in disciplinary action or cause a delay in Insurance benefits.

**Clocking and pay procedure:** Employee's if leaving the building will clock out and will not be paid by CMG while attending appointments. All lost time hours of pay will be paid by submitting by the employee to the insurance carrier and reimburse at 66 2/3% of their straight time wages (less applicable taxes) in accordance with State Worker's Compensation laws.

I have read received a copy and will comply with these procedures or be subject to disciplinary action up to and including termination of employment.

Employee Signature

Date: 02-15-08