

Upsher-Smith Laboratories, Inc.

EMPLOYEE'S INCIDENT REPORT

(Complete Entire Form)

Date of Injury/Illness: 4-28-17 Time of Injury: 2:30 [] AM [x] PM

Your Name: Tyler Lanner Social Security Number: 483-17-0728

Your Address: 1000 S Miller Way Lakewood CO 80226

Date of Birth: 11/16/89 Home Telephone: (319) 936-6250 Work Telephone: () U/A

Marital Status: [] Married [x] Not Married Location: [] Minneapolis [x] Denver [] Field

Job Title: Tech II Department: Production

Date of Hire: 1/9/17 Name of Supervisor: Phil

Number of hours worked per day: 8 Per Week: 40

Time shift started on date of Injury: 6:00 AM To whom do you report: HOA/Roger

What were you doing at time of Injury? cleaning spill

Is this part of your normal job?: [x] Yes [] No Location of accident: Chemical Storage

When did you first notice the pain? 2:35

Give a description of the accident: cleaning up a spill

What part of the body was injured (be specific, example: right hand, index finger)? Rash / swollen face

(Attach Physician's Statement of Workability if available)

Name of Witness(es): Toni / Hoa

Did you miss any work?: [] Yes [] No First day of lost time:

If still off work, when will you return?:

Did you seek medical treatment for this injury? Yes

Where were you first treated for this Injury/Illness (Clinic and Doctor)?:

Are you still under a Doctor's care: [] Yes [] No How long:

Have you been injured before with the same/similar injury?: [] Yes [] No

If yes, please give date and describe Injury:

Your Signature: [Signature] Daytime Phone Number: (319) 936-6250 Date: 4/28/17

PLEASE RETURN THIS FORM TO YOUR MANAGER IMMEDIATELY