

CONFIRMATION FIRST AID FORM SUBMITTED

ID # 6420

Date and Time Reported: 1/28/2016 10:15 PM
Organization: Lake Region Medical
Report Type : First Aid

REPORTED BY

First Name: Christopher
Last Name: Lapinski
Job Title: Operation's Lead
Phone:
Email Address:

SUBJECT IDENTITY

First Name: Joyce
Last Name: Frasier
Employment Status (Employee Type): Temporary
Job Title: Machine Operator
Start of Shift:
End of Shift:
Department: Centerless Grind
Supervisor's First Name: Liem
Supervisor's Last Name: Le
Was employee working within the scope of the job when the incident occurred?: Yes

DESCRIPTION

Date and Time of Incident: 1/28/2016 5:50 PM
Date and Time employee began work: 1/28/2016 3:15 PM
Did the event occur offsite?: No
Place where incident occurred (department or physical location): Centerless Grind/Machine # 3
What was the employee doing before the incident occurred?: Joyce Frasier, was putting the lid back on the coolant tank on grinder 3 after she re-filled the coolant.
Detailed description of incident and any relevant circumstances & conditions that preceeded incident: Checking the coolant/water level.
Injury Category: Other
Other Injury Category: Pinched
Illness Category: None
Describe the injury or illness: A cut on the left hand pointer finger resulting from being pinched.
What object or substance directly harmed the employee or impacted the environment?: Lid of the coolant tank.
Details of the injury - Type: Cuts,Other
Details of the Injury - Other Type: pinched
Details of the Injury - Body Part: Hand-L

WITNESS 1: CONFIRMATION: FIRST AID FORM SUBMITTED

Witness 1 Comments: N/A
Operator Joyce told the closest 1st Aid Responder Pam Kelly.

Would you like to add a second witness?: No

Was this a potentially serious incident?: No