

 SUZLON S.R.C. - Pipestone, MN U.S.A.		<h1>Suzlon Accident Report</h1>
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Team Member: Wendy Lanners Taken to Hospital or Clinic? Y  N

Date of Occurrence: 11-29-07 Is This a Near Miss? Y  N

Time of Occurrence: \_\_\_\_\_

Date Reported: 11-30-07 Team Leader: Joel Swanson

Department: Finishing Day shift  Night shift

COPY

Location of where accident occurred (be specific)

Dry finishing V-2 section

Description of accident / injury

Not sure how it happened I was sanding and by afternoon the pain became unbearable. Went to Joel and said I had a doctors appointment.

Witnesses names

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

Employee Feedback

Wendy Lanners  
Team Member Signature

12-3-07  
Date

Joel Swanson  
Team Leader Signature

12-3-07  
Date

Joel Swanson  
Safety Officer Signature

12-4-07  
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*

3 PART DRUGS OF ABUSE TEST REQUEST



SPECIMEN ID U8521899

Employer: SUZLON ROTOR CORPORATION  
1711 S HWY 75  
PIPESTONE, MN 56164



STEP 1 To be completed by COLLECTOR / DONOR

Account # 93470  
Social Security No, Employee No. or other Identification No. 375724242  
Donor I.D. 375724242  
Donor Name (last, first or SSN) Landers Wendy  
Donor Daytime Phone 5072474279  
Specimen Type:  Blood  Urine  Oral Fluid  
Referring Phys. / Company Suzlon Rotor

DONOR CONSENT I certify that I provided my specimen to the collector, that the specimen container was sealed with a tamper-proof seal in my presence; and that the information provided on this form and on the label affixed to the specimen bottle is correct. I authorize MEDTOX to release the results of the tests to my employer, prospective employer, employer representative and/or their authorized healthcare professionals.

Signature Wendy Landers DATE 12-03-2007

Account # 93470

Test(s) Ordered  82543



STEP 2 To be Completed by COLLECTOR Indicate Reason for Test:  Pre-employment  Random  Reasonable Suspicion  Other (specify):  Return to Duty  Follow-up  Post Accident  Periodic Medical

STEP 3 To be Completed by COLLECTOR Specimen temperature must be read within 4 minutes of collection. Specimen Temperature within range: (90°-100°F/32°-38°C)  YES  No, Remark Required 81605

STEP 4 To be Completed by COLLECTOR Collection Site Phone No. (507)8255811 Fax No. (507)8256081

Collection Site Location: Facility and Address 451 PIPESTONE COUNTY MED CENTER PIPESTONE, MN 56164

Date and Time of Collection Month Day Year Hour Minutes 12-03-2007 4:00  am  pm

Remarks Concerning Collection

I, the collector, by signing below certify that the specimen identified on this form is the specimen given to me by the donor identified above and that it has been collected, labeled, sealed and released to the Delivery Service noted in accordance with applicable requirements.

X Caroline Bot Signature of Collector  
Caroline Bot (PRINT) Collector's Name (First, MI, Last)

SPECIMEN BOTTLE(S) RELEASED TO: Name of Delivery Service Transferring Specimen to Lab  DHL  Local Courier  Other

STEP 5

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**SUSAN R. NORGAARD, C.N.P**

MN Lic. #R153040-1

Tyler Medical Clinic

240 Willow St. Tyler, MN 56178-0718

Phone: 507-247-5921

Name Wendy Landau

Address \_\_\_\_\_

Date 11/29/01 Age \_\_\_\_\_ Wt. \_\_\_\_\_

**R**

Patient to do light duty at work related to right shoulder rotator cuff injury. Light duty/minimal lifting <sup>no</sup> overhead reaching for one month.

-Label

Refill \_\_\_\_\_ times PRN NR

S. Norgaard, CNP M.D.

To insure brand name dispensing, prescriber must write 'Dispense As Written' on the prescription.