

ESSG



# Health Care Provider Report

See Instructions on Reverse Side  
(WHEN COMPLETED RETURN TO REQUESTER)

Please PRINT or TYPE your responses.  
Enter dates in MM/DD/YYYY format.

HC01

DO NOT USE THIS SPACE

SOCIAL SECURITY NUMBER 421 84 3290	DATE OF INJURY 12-20-07	DOB 6-22-66
EMPLOYEE Richard Black	EMPLOYER Suzlon	
INSURER/SELF-INSURER/TPA	INSURER CLAIM NUMBER	
INSURER ADDRESS		
CITY STATE ZIP CODE		

REQUESTER must specify all items to be completed by health care provider.  Items:  MMI (#9)  PPD (#10)  
HEALTH CARE PROVIDER TO COMPLETE ITEMS REQUESTED ABOVE

- Date of first examination for this injury by this office: 12-20-07 (date)
- Diagnosis (include all ICD-9-CM codes):  
Laceration (L) thumb
- History of injury or disease given by employee:  
trying to move prefab off machine, hand slipped at cut (L) thumb
- In your opinion (as substantiated by the history and physical examination) was the injury or disease caused, aggravated or accelerated by the employee's alleged employment activity or environment?  No  Yes
- Is there evidence of pre-existing or other conditions that affect this disability?  No  Yes If yes, describe:
- Is further treatment of this injury or referral to another doctor planned?  No  Yes If yes, describe:
- Has surgery been performed?  No  Yes If yes, date and describe: (date)
- Attach the most recent Report of Work Ability. Date of report: 12/20/07 (date)
- Has the employee reached maximum medical improvement? (If yes, complete item #10) (See definition on back)  No  Yes Date reached:
- Has the employee sustained any permanent partial disability from the injury?  No  Yes  Too early to determine  
The permanent partial disability is \_\_\_\_\_ % of the whole body. This rating is based on Minn. Rules:
 

5223.	%	5223.	%
5223.	%	5223.	%

NAME (Type or Print) BRUCE W KOCOUREK, DO	SIGNATURE <i>B. Kourek</i>		DEGREE DO
ADDRESS PIPESTONE MEDICAL GROUP 920 4TH AVE SW PIPESTONE MN 56164 507-825-5700 FAX 507-825-4744	STATE	LICENSE #/REGISTRATION #	
CITY DEA BK0472477 MN LIC 34116 UPIN D25406 NPI 1699738559	AREA CODE	TELEPHONE #	DATE SIGNED

# Report of Work Ability

See Instructions on Reverse Side



R W 0 1

DO NOT USE THIS SPACE

Please PRINT or TYPE your responses.  
Enter dates in MM/DD/YYYY format.

This form must be provided to the employee.  
(Minn. Rules 5221.0410, subp. 6)

NOTICE TO EMPLOYEE: YOU MUST PROMPTLY PROVIDE A COPY OF THIS REPORT TO YOUR EMPLOYER OR WORKERS' COMPENSATION INSURER, AND QUALIFIED REHABILITATION CONSULTANT IF YOU HAVE ONE.

SOCIAL SECURITY NUMBER 421 84 3290		DATE OF INJURY 12-20-07	
EMPLOYEE Richard Black		Date of Birth 6-22-66	
EMPLOYER Suzlon			
INSURER/SELF-INSURER/TPA			
INSURER CLAIM NUMBER			

Date of most recent examination by this office 12-20-07 (date)

Select the appropriate option(s) below and fill in the applicable dates.

1.  Employee is able to work without restrictions as of   (date)
2.  Employee is able to work with restrictions, from 12/20/07 (date) to 12/25/07 (date)
- The restrictions are:

Keep @ thumb clean + dry -  
limited use due to laceration

3.  Employee is unable to work at all, from   (date) to   (date)

The next scheduled visit is:  as needed OR 12-23-07 (date)

NAME (Type) BRUCE W KOCOUREK, DO PIPESTONE MEDICAL GROUP 920 4TH AVE SW PIPESTONE MN 56164 507-825-5700 FAX 507-825-4744 DEA BK0472477 MN LIC 34116 UPIN D25406 NPI 1699738559	SIGNATURE <i>B. Kocourek</i>		DEGREE DO
	STATE	LICENSE #/REGISTRATION #	
ADDRESS	AREA CODE	TELEPHONE #	DATE SIGNED
CITY			



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

# Suzlon Accident Report

Team Member: Richard Black

Taken to Hospital or Clinic? Y  N

Date of Occurrence: 12-20-07

Is This a Near Miss? Y  N

Time of Occurrence: 10:30 AM

Date Reported: 12-20-07

Team Leader: Ken Klosterman

Department: Pre-fab

Day shift  Night shift

Location of where accident occurred (be specific)

Pre-fab finishing (Girders)

Description of accident / injury

Pulling off green mesh band slipped off hitting the side of the Girder the cut is along the nuckle on the left thumb

Witnesses names

\_\_\_\_\_

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

needs to be wearing gloves.

Employee Feedback

\_\_\_\_\_

Richard Black

Team Member Signature

12-20-07

Date

Ken Klosterman

Team Leader Signature

12-20-07

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*

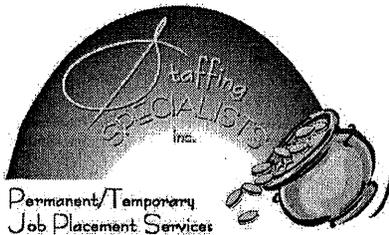
Staffing Specialists, Inc.  
 Market Street Mall  
 1420 E. College Drive  
 Marshall, MN 56258  
 Phone: (507) 532-2000 Fax: (507) 532-6569  
 staffing@starpoint.net

Name: Richard Black  
 Company: Suzlon Potor  
 Work Week: 12/24 - 12/29

1. Please use black ink to complete this time sheet.
2. We ask that you fax this form to us on the last day worked each week.

	IN	Lunch Break		OUT	DAY TOTAL
		From	To		
Monday	7 AM	11:30 AM	12 PM	3:30 P	8
Tuesday	7 AM	11:30 AM	12 PM	3:30 P	8
Wednesday	7 AM	11:30 AM	12 PM	3:30 P	8
Thursday	7 AM	11:30 AM	12 PM	3:30 P	8
Friday	7 AM	11:30 AM	12 PM	3:30 P	8
Saturday	7 AM	11:30 AM	12 PM	3:30 P	8
Sunday					<b>Total Week Hrs</b> 48

Supervisor's Signature: Cecilia Leach  
 (Your signature on this time sheet indicates that you have checked the above hours and find them to be accurate.)



**Mission Statement**

- To provide employers in the region with a quality placement service that meets their staffing needs.
- To assist applicants in finding gainful employment that will foster job satisfaction and enhance their quality of life.
- To support Staff Members by helping each other achieve their career goals and ensure the success of the company, while working together to develop an excellent office environment for everyone.
- To promote in all individuals personal leadership in all individuals on and off the job, by encouraging a positive attitude and respect for others.