

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT 419-05 OF POTENTIAL HAZARD EXPOSURE

SECTION I. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, First, Middle Initial <i>(Person Injured)</i> [REDACTED]		2. Grade [REDACTED]	3. SSN [REDACTED]	4. Age [REDACTED]
5. Occupation/Duty When Injured Did not have blower turned on, on the hood		6. Injury Hour Date [REDACTED]	7. Return to Duty Hour Date [REDACTED]	8. Location Where Injury Occurred Bldg. # 1425 Room # [REDACTED]
9. How Incident Occurred (Tell exactly what employee was doing and what caused the injury/incident.) <i>Employer was harvesting anthrax spores - pelleted in centrifuge & resuspend pellet in biosafe cabinet. Wore half face respirator while removing tubes from centrifuge. Removed gloves</i>				
10. Unit or Organization [REDACTED]	11. Name of Supervisor [REDACTED]		12. Work Phone Number [REDACTED]	

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure <i>harvesting B anthracis spores for x 1 hr 3 fan of hood on - resuspension of pellets in wide beam centrifuge bottles. Has worked in BSC (Class II) in past but 2nd year in this BSC - does not have safety features of not attending</i>				
2. Disposition (Check One)		Date Treated:		
<input type="checkbox"/> Return to Light	<input type="checkbox"/> Hospital	<input type="checkbox"/> Send Home/Quarters	<input type="checkbox"/> Return to Regular Duty	
<input type="checkbox"/> Other (Specify) <i>Return to work (not in lab)</i>		<i>(thought safety features of hood not working)</i>		
3. Estimated Absence in Days Beyond Day on Which Injury Occurred	4. [REDACTED] Medical Officer	5. Telephone # [REDACTED]		

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL 1. Unsafe Methods, Processes, Procedures 2. Inadequate Safeguards, Safety Equipment 3. Improper or Defective Equipment 4. Hazardous Location 5. Poor Housekeeping	PERSONAL FACTORS: 1. Physical Conditions - Vision, Age, Wt, Fatigue 2. Emotional - Anger, Fear, Resentment, Worry 3. Lack of Skill or Knowledge 4. Attitude - Indifferent, Belligerent 5. Unsafe Wearing Apparel/Manner of Dress
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Using the Above Guidance State Specific Causes:
Unsafe Methods, Procedure, with some emotional factors; family health problem.

Supervisor's Statement of Corrective Action Taken/Anticipated:
Discussed the causes, and effects of the incident. In regards to the safety hood, always check the meter. In regards to "state of mind", talk to supervisor and either defer work or postpone.

Supervisor's Signature: [REDACTED]

SECTION IV. Patient's Statement

Discussed the incident and issues affecting my work. I am going to check meter on hood twice before beginning work in BSL Por 3 in future. In my defense I thought I turned blower off and UV off before beginning work.

SECTION V. Safety Office Conclusion/Comment and Disposition

[REDACTED] used unsafe methods by not turning on BSC exhaust and checking magnahelic guage before use. [REDACTED] was counseled and access to suite temporarily suspended. [REDACTED] was sampled and decontaminated. Nasal Swabs from [REDACTED] were + for B. anthracis.

Signature: [REDACTED]

Continued on back of form YES NO