

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT 357-03
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>		2. Grade	3. SSN	4. Age
5. Occupation/Duty When Injured		6. Injury Hour Date	7. Return to Duty Hour Date	8. Location Where Injury Occurred
[REDACTED]		1400 [REDACTED]	1400 [REDACTED]	Bldg. # 1425 Room # [REDACTED]
9. How Incident Occurred <i>(Tell exactly what employee was doing and what caused the injury/incident.)</i>				
The employee was cleaning up and mistakenly placed the non-infectious cells in an incubator containing SARS cultures.				
10. Unit or Organization		11. Name of Supervisor		12. Work Phone Number
[REDACTED]		[REDACTED]		[REDACTED]

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure				
NO illness or injury occurred, This individual opened a clean incubator door with gloved hands for 10 seconds w/o a face mask. SARS cultures - covered were stored there				
Date Treated: [REDACTED]				
2. Disposition <i>(Check One)</i>		<input type="checkbox"/> Hospital	<input type="checkbox"/> Send Home/Quarters	<input checked="" type="checkbox"/> Return to Regular Duty
<input type="checkbox"/> Return to Light		<input type="checkbox"/> Other <i>(Specify)</i> _____		
3. Estimated Absence in Days Beyond Day on Which Injury Occurred			4. Name of Medical Officer	5. Telephone
none			[REDACTED]	[REDACTED]

SECTION III. Supervisor's Accident Analysis

<p align="center">ENVIRONMENTAL</p> <ol style="list-style-type: none"> Unsafe Methods, Processes, Procedures Inadequate Safeguards, Safety Equipment Improper or Defective Equipment Hazardous Location Poor Housekeeping 	<p align="center">PERSONAL FACTORS:</p> <ol style="list-style-type: none"> Physical Conditions - Vision, Age, Wt, Fatigue Emotional - Anger, Fear, Resentment, Worry Lack of Skill or Knowledge Attitude - Indifferent, Belligerent Unsafe Wearing Apparel/Manner of Dress
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Using the Above Guidance State Specific Causes:

The specific cause was lack of communication. Although the lab [REDACTED] was working in was plaquered for SARS the incubator did not have a sign indicating "SARS cultures inside".

Supervisor's Statement of Corrective Action Taken/Anticipated:

A sign has been placed on the incubator and the safety procedures have been reviewed.

Supervisor's Signature: [REDACTED]

SECTION IV. Patient's Statement

SECTION V. Safety Office Conclusion/Comment and Disposition

Signature: _____

Continued on back of form YES NO