

REGION	West Coast	LOCATION OF I/II/I	Portal 750
MANAGER	John Forero	PROJECT #	LCLS
SUPERVISOR	John Blaze	JOB #	300233
REGION ADDRESS	2575 Sand hill Road Menlo Park Ca. 94025		

1. EMPLOYEE NAME	Toby Heidish	HOME PHONE:	916-682-2755
2. SS# OR EMP#	460-41-1777		
3. SEX	<input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE		
4. AGE	34		
5. DATE OF BIRTH	5-25-71		
6. HOME ADDRESS	8839 Elk Grove Ca. 95264		
7. USUAL OCCUPATION	Miner		
8. OCCUPATION AT TIME OF I/II/I	Shot Crete - Nozzle man 2:30 pm		
9. LENGTH OF EMPLOYMENT	<input type="checkbox"/> LESS THAN 1 MONTH <input checked="" type="checkbox"/> 1 — 3 MONTHS <input type="checkbox"/> 3 — 6 MONTHS <input type="checkbox"/> 6 — 12 MONTHS <input type="checkbox"/> 1 — 3 YEARS <input type="checkbox"/> MORE THAN 3 YEARS		
9a. TIME IN OCCUPATION	<input type="checkbox"/> LESS THAN 1 MONTH <input type="checkbox"/> 1 — 3 MONTHS <input type="checkbox"/> 3 — 6 MONTHS <input type="checkbox"/> 6 — 12 MONTHS <input type="checkbox"/> 1 — 3 YEARS <input checked="" type="checkbox"/> MORE THAN 3 YEARS		
10. SALARY/WAGES	<input checked="" type="checkbox"/> HOURLY <input type="checkbox"/> SALARIED		
11. DATE OF HIRE	2-7-07		
12. MARITAL STATUS	<input type="checkbox"/> MARRIED <input checked="" type="checkbox"/> SINGLE		
13. CATEGORY	<input type="checkbox"/> OFF-THE-JOB <input checked="" type="checkbox"/> ON-THE-JOB <input type="checkbox"/> AUTO ACCIDENT SAFETY BELTS IN USE? <input type="checkbox"/> YES <input type="checkbox"/> NO LOSS TIME INJURY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
14. EMPLOYMENT CATEGORY	<input checked="" type="checkbox"/> REGULAR, FULL TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> NON-EMPLOYEE		
15. WITNESSES	Rodney Bascherini (Forman)		
16. DATE OF I/II/I	3-8-07		
17. LOCATION CODE			
18a. NATURE OF INJURY	Sty in right eye do to getting shotcrete in eye. (Doctor stated it could or could not be work related.)		
18b. Soft Tissue Fatigue (STFP)	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
19. DESCRIBE TREATMENT	Washed out eye to look for foreign object.		
20. NAME AND ADDRESS OF PHYSICIAN			
21. NAME AND ADDRESS OF CLINIC	Sequoia Occupational Health 454 Forest Ave. Palo Alto Ca. 94301		
22. TIME OF I/II/I	A. ___ AM 2:30 PM B. TIME WITHIN SHIFT _____ 7hrs C. LENGTH OF PREVIOUS SHIFT _____ 8hrs		
23. SEVERITY OF I/II/I	<input type="checkbox"/> FATALITY <input type="checkbox"/> LOST TIME - # OF DAYS AWAY FROM WORK _____ <input type="checkbox"/> LIGHT DUTY - # OF DAYS OF LIGHT DUTY _____ <input checked="" type="checkbox"/> MEDICAL TREATMENT <input type="checkbox"/> OTHER, SPECIFY _____		
24. PHASE OF EMPLOYEE'S WORKDAY AT TIME OF I/II/I	<input type="checkbox"/> DURING REST PERIOD <input type="checkbox"/> IN TRANSIT <input type="checkbox"/> DURING MEAL PERIOD <input checked="" type="checkbox"/> PERFORMING WORK DUTIES <input type="checkbox"/> WORKING OVERTIME <input type="checkbox"/> PERFORMING MINOR MAINTENANCE <input type="checkbox"/> IN THE SHOP <input type="checkbox"/> IN THE LAB <input type="checkbox"/> OTHER _____		
25. SPECIFIC LOCATION OF I/II/I	<input checked="" type="checkbox"/> PROJECT PROPERTY <input type="checkbox"/> COMPANY PROPERTY ADDRESS: 2575 Sandhill Road Menlo Park Ca. 94025		
26. DAMAGES TO NON-COMPANY PROPERTY	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO OWNER'S NAME: OWNER'S ADDRESS: PROP. DAMAGED: ESTIMATED LOSS:		

27. DESCRIBE HOW I/I/I	Employee was shooting wet shotcrete when the employee looked up at another employee, some shotcrete on top of his face shield got under his safety glasses and into his eye. The employee rubbed his eye and removed the rebound, irritated the eye, which created the sty.
27a. PIPE DIAMETER	SPECIFIC SIZE OF TUBE BEING INSTALLED: DIAM - MM- LENGTH-
28. TASKS & ACTIVITY AT TIME OF I/I/I	GENERAL TYPE OF TASK: Shotcrete SPECIFIC ACTIVITY: Nozzle Man STANDARD WORK PRACTICE WRITTEN, PG# _____ * BEING FOLLOWED <input type="checkbox"/> NOT WRITTEN <input type="checkbox"/> NOT FOLLOWED EMPLOYEE WAS WORKING: <input type="checkbox"/> ALONE * WITH CREW MEMBERS OR FELLOW WORKERS <input type="checkbox"/> OTHER, SPECIFY _____
29. POSTURE OF EMPLOYEE	Standing
30. SUPERVISION AT TIME OF I/I/I	<input type="checkbox"/> DIRECTLY SUPERVISED <input type="checkbox"/> NOT SUPERVISED * INDIRECTLY SUPERVISED <input type="checkbox"/> NOT FEASIBLE <input type="checkbox"/> OTHER _____
31. PRIMARY & CONTRIBUTING EVENTS AND CONDITIONS THAT CONTRIBUTED TO THE I/I	<ul style="list-style-type: none"> ➤ Shooting wet shotcrete ➤ Allowed build up on top edge face shield ➤ Safety glasses were not adequate for task. ➤ Rubbed eye irritating affected area (eye)
31a. PERSONAL PROTECTIVE EQUIPMENT	BEING USED? * YES <input type="checkbox"/> NO, WHY NOT? REQUIRED? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES, CONTINUE: Face Shield, Hard Hat, Safety Glasses, Safety Shoes, Reflective Clothing ADEQUATE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO, WHY NOT? Replaced with new style of safety glasses.
32. EMPLOYEE INVOLVED IN I/I/I DURING PAST TWELVE MONTHS?	* NO <input type="checkbox"/> YES, DESCRIBE
33. CORRECTIVE ACTIONS	<ul style="list-style-type: none"> ➤ Use alternative eye protection for this work process. ➤ Instructed employees not to allow build up of shotcrete on top edge of face shield. ➤ Instruct employees to wash eye(s) out with eye wash solution as soon as possible ➤ Instruct employees not to rub eye(s)
33a. DISCIPLINARY ACTION	* NO <input type="checkbox"/> YES, EXPLAIN Under investigation
34. INVESTIGATORS	SUPERVISOR/CREW LEADER: John Blaze PRODUCTION MANAGER: John Forero SAFETY MANAGER: Mickel Seeley
34a. RECORDABLE INJURY/ILLNESS?	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES, DATE RECORDED - 03-09-07
35. PREPARED BY	SIGNATURE: <i>Mickel Seeley</i> DATE: 3-14-07
REVIEWED BY	SIGNATURE: <i>[Signature]</i> DATE: 3-14-07
REVIEWED BY	SIGNATURE: <i>John Forero</i> DATE: 3-14-07