

**Notable Event Report**

Title of Event			
<b>Event Title:</b>	Employee Received a Dog Bite While Attending an Off-Site Meeting		
<b>Date and Time of Occurrence:</b>	02/01/2016 ~ Approximately 12:00	<b>Notable Event Number:</b>	CIO-16-0201
<b>Event Location:</b>	Old Dominion University Campus	<b>Date Notable Event Report is Due*:</b>	03/10/2016

\*The Notable Event Report is due to the ESH&Q Reporting Officer with 30 days of the Initial Fact Finding Meeting unless an extension is requested.

**Summary of Event and / or Injuries, including Initial Fact Finding Meeting information: determine the chain of events and timeline. Use attachment as necessary.**

Employee and his supervisor were walking on a sidewalk. They were walking to another location on the campus following their work related meeting when the employee was bitten by a dog in the back of the shin (See attached photo). The employee walked passed the family of 4, 2 adults, 2 small children and 2 smaller dogs. All seemed normal. The dogs were not acting out of character. When the employee was almost past the dog, it turned and bit him.

The employee did not think anything of the bite. The couple scolded the dog and they went on their ways. The employee proceeded to follow our procedure and reported the incident to Occupational Medicine on 02/02/2016. The employee's wound was evaluated, washed and an over the counter antibiotic and bandage was applied to the area. The employee returned to work without restrictions.

Per state law, the bite was also reported to the Norfolk Health Department. The Health Department was unable to locate the family and dogs to verify rabies vaccination and recommended the rabies vaccine as a precautionary measure. The employee gave it some thought and decided to get the shots after the Norfolk Health Department confirmed several dogs had recently been bitten by another infected animal.

**Causal Analysis: (Use attachment as necessary)**

<b>Root Cause:</b>	External Phenomena- an event or condition caused by factors that were not under the control of the reporting org.
<b>Contributing Causes:</b> (List as many as apply.)	

Extent of Condition Check	JLab CATS Number	Target Date	Action Owner
N/A			

## Notable Event Report

Extent of Condition Check		<u>JLab CATS Number</u>	Target Date	Action Owner
Does this event involve failed equipment?	Y    N	Is there similar equipment in other areas?	Y    N	** If yes, assign extent of condition check to the appropriate DSO(s).

Corrective Action(s)	<u>JLab CATS Number</u>	Target Date	Action Owner
N/A			

Lessons Learned (Confer with Lessons Learned Coordinator) (Use attachment as necessary)	<u>Lessons Learned Number</u>
If ever bitten by an animal, be sure to get the owner's name, address and telephone number as a precautionary measure.	937

Witness Accounts: (Use attachments as necessary. Box will expand as necessary)

**Records, Documents, Pictures, and Other References: (Copy and paste, use attachments or document links as necessary)**



<b>Emergency Notifications Made (Subsequent to the Event):</b>	<b>Date</b>	<b>Time</b>
Fire, Rescue & Emergency Medical: (9-911)		
Guard Post: x5822; 269-5822		
Occupational Medicine 269-7539	02/02/2016	~8:30
ESH&Q Reporting Officer: 876-1750	02/22/2016	~1400
Crew Chief 630-7050		
Industrial Hygiene: 269-7863:		
Other: Site Office	02/22/2016	~1436






**Confirmation Review Distribution:**  
 Investigation Team Members  
 Affected Division Managers  
 ESH&Q Reporting Officer

It is asked that you review and provide comments to this document to the Lead Investigator (denoted on Page 1) within \_\_\_ days. Your comments will be reviewed and incorporated as appropriate. Thank you for your consideration in this matter.

### Investigation Team Confirmation:

The below signees, confirm to the best of their knowledge, that the information presented in this document is accurate and complete.

Role	Print	Signature	Date
Lead Investigator	Tina Johnson		3/17/2016
ESH&Q	Bob May		3/18/2016
AD for IT Div	Amber Boehlein		3/21/2016

### Acceptance/Acknowledgement of Facts

	Print	Signature	Date:
Associate Director/ Department Manger	** See signature above **		

Upon confirmation submit document to the ES&H Reporting Officer for completion and distribution.

### Documentation of Findings: (To be Completed by ESH&Q Reporting Officer)

<b>Notable Event Number:</b>	CIO-16-0210
<b>CATS Number:</b>	N/A
<b>Lessons Learned Number:</b>	937
<b>ORPS Number:</b>	N/A
<b>NTS Number:</b>	N/A
<b>CAIRS Entry:</b>	16-0210
<b>DOE Cause Code:</b>	None
<b>ISM Code:</b>	None

Unless otherwise specified the following is to be completed by the **Lead Investigator**.

Step 1 Initial Fact-Finding Meeting (To be held as soon as reasonably possible following event (within 24 hours))			
<b>Date:</b>	02/23/2016	<b>Time:</b>	1600
		<b>Location:</b>	CC- F226
Required Attendees: (Print Name)		Optional Attendees: (Print Name) Present	
<b>Lead Investigator:</b>	Tina Johnson	<b>Associate Director:</b>	Amber Boehnlein
<b>ESH&amp;Q Representative:</b>	Bob May	<b>TJSO Observer:</b>	Steve Neilson      Invited
<b>Supervisor of involved persons(s):</b>	Amber Boehnlein	<b>Subject Matter Expert(s), Facility/Equipment Owner as applicable:</b>	
<b>Involved or impacted person(s):</b>	Andy Kowalski		
<b>Witness(es):</b>			

Agenda (Ensure the pace of the meeting allows time for accurate note taking.)	√ if Complete
1. Introduction – Provide Event Title, Date and Time of Occurrence, and Location:	√
2. Attendance - Are Required Attendees present.	√
3. Purpose of Initial Fact-Finding meeting.	√
4. Event Reconstruction – Use information to complete Section 3. <u>Summary of Event and/or Injuries</u> below.	√
a. Personnel and organizations involved in the event.	√
b. Conditions and actions preceding the event.	√
c. Chronology (timeline) of the event; and	√
d. Immediate actions taken in response to the event.	√
5. Clarify information – <u>Subject-Matter Expert</u> (SME) confirms work conditions.	√
6. <u>Stop Work</u> or the <u>Tag Out</u> Required? If “Yes” – establish the restart criteria and inform the affected Management chain.	N/A
7. Compensatory Actions Required? If “Yes” determine responsibility and include confirmation documentation.	N/A
8. Records or documentation required to confirm, clarify, or complete information (i.e., work plans, work control documents, photos, etc).	√
9. Other Questions or Concerns: Ask attendees if there are any other questions, concerns, or information that they wish to provide.	√
10. Obtain TJSO Observer feedback on conduct of fact finding meeting and potential improvements.	N/A

<b>Step 2 Investigation Team:</b>		<b>Date Convened:</b>	02/23/2016
		(Within 24 hours of Fact Finding Meeting.)	
Role	Name	Department/Group	Phone
Lead Investigator	Tina Johnson	ESH&Q	7611
<u>TJSO Observer</u>		TJSO	

Environmental Aspects	
<b>Type of Material Released:</b>	<b>Quantity:</b>
<b>Source:</b>	<b>Time Flow was Halted or Controlled:</b>
For Investigation Team (✓ All That Apply):	
<input type="checkbox"/> Reportable Quantity	<input type="checkbox"/> Impact Ground/Soil
<input type="checkbox"/> Storm Water Channel/Drain	<input type="checkbox"/> Sanitary Sewer

Categorization and Reporting			
(To be completed by ESH&Q Reporting Officer within two hours – unless essential information is still pending)			
<b>ORPS Determination:</b>	<b>Date:</b>	02/22/2016	<b>Time:</b> 1624

**Categorization and Reporting**

(To be completed by ESH&Q Reporting Officer within two hours – unless essential information is still pending)

<b>ORPS Determination:</b>	<b>Date:</b> 02/22/2016	<b>Time:</b> 1624
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**From:** Tina Johnson [mailto:tjohnson@jlab.org]  
**Sent:** Monday, February 22, 2016 4:24 PM  
**To:** Steve Nelson  
**Cc:** Mary Logue; Bob May  
**Subject:** CAIRS/ORPS/NTS Determination : IT Division Incident Notification

Steve,

As mentioned, an employee was at ODU for a work related meeting on February 1, 2016, when he was bitten by a dog. The employee reported to Occupational Medicine the following day. The wound was cleansed and over the counter antibiotic ointment and dressing was applied to the wound. The employee returned to work with no restrictions.

Dr Chandler reported the bite to the Health Department as required. The Health Department followed their quarantine process and recommended the rabies vaccination to the employee as they were unsure if the dog had been vaccinated. I received a call today from Dr. Chandler stating that the employee received their first shot on 02/10/2016.

This event is CAIRS reportable.

**Which work-related injuries and illnesses should you record?**

Record those work-related injuries and illnesses that result in:

- ▼ death,
- ▼ loss of consciousness,
- ▼ days away from work,
- ▼ restricted work activity or job transfer, or
- ▼ medical treatment beyond first aid.

The lab will follow their notable event process and complete the CAIRS entry within the allotted 7 day time frame.

In the meantime if you have any questions or concerns, feel free to contact me.

—  
 Tina Johnson  
 Reporting Officer/ Staff Administrator I

<b>10 CFR 851 Screen:</b>	<b>Date:</b> 02/22/2016	<b>Time:</b> 1624
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Negative: This event does not meet the voluntary criteria as a discreet or as a programmatic weakness.

**Final Distribution:**

- [ES&H Reporting Officer](#) (Original)  
 Associate Director/Department Manager
- [Division Safety Officer](#)
- Investigation Team Members
- [ESH&Q Liaisons](#)

**Form Revision Summary**

- Revision 1.6 – 02/22/16** – Updated form to reflect extent of condition ensuring it covers failed equipment per MOA
- Revision 1.5 – 10/04/13** – Changed COE to Lessons Learned; updated links.
- Revision 1.4 – 09/06/12** – Qualifying Periodic Review. Clarification of content only.
- Revision 1.3 – 01/31/12** – Updated ESH&Q Reporting Officer assignment from S.Smith to C.Johnson per M.Logue  
 Edited to clarify process steps.
- Revision 1.2 – 10/20/11** – Updated ESH&Q Reporting Officer assignment from J.Kelly to S.Smith per M.Logue.
- Revision 1.1 – 05/24/11** – Edited to clarify process steps.
- Revision 1.0 – 11/23/10** – Updated to reflect current laboratory operations.

ISSUING AUTHORITY	FORM TECHNICAL POINT-OF-CONTACT	APPROVAL DATE	REVIEW DATE	REV.
ESH&Q Division	<a href="#">Tina Johnson</a>	02/22/16	02/22/19	1.6

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