

# Notable Event Worksheet

(See [ES&H Manual Chapter 5200 Appendix T1 Event Investigation and Causal Analysis](#) for Instructions)

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For Word Doc

<b>Title of Event</b> Notable Event			
<b>Event Title:</b>	Laceration to the left shin		
<b>Date and Time of Occurrence:</b>	01/10/2012 2:06pm	<b>Notable Event Number:</b>	FML-12-0110
<b>Event Location:</b>	Hall B outside, over top of the truck ramp	<b>Date Notable Event Report is Due*:</b>	02/10/2012

\*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.

<b>Categorization and Reporting</b> (To be completed by ESH&Q Reporting Officer within two hours – unless essential information is still pending)			
<b>ORPS Determination:</b>	<b>Date:</b> 01/10/2012	<b>Time:</b> 5:25 pm	
This incident does not meet ORPS reporting criteria per DOE O 232.2.			
<b>10 CFR 851 Screen:</b>	<b>Date:</b> 01/10/2012	<b>Time:</b> 5:25 pm	
This incident does not meet the voluntary reporting criteria either as a discreet event or as a programmatic weakness.			

Unless otherwise specified the following is to be completed by the [Lead Investigator](#).

<b>Step 1 Initial Fact-Finding Meeting</b>					
<b>Date:</b>	01/11/12	<b>Time:</b>	11:00am	<b>Location:</b>	VARC 53
<b>Required Attendees:</b>			<b>Optional Attendees:</b>		<b>√ if Present</b>
<b>Lead Investigator:</b>			<b>Associate Director:</b>		
(Print Name): Richard Jacobsen			(Print Name): Rusty Sprouse (Invited)		
<b>ESH&amp;Q Representative:</b>			<b>TJSO Representative:</b>		
(Print Name): Tina Johnson			(Print Name): Steve Neilson (Invited)		
<b>Supervisor of involved persons(s):</b>			<b>Subject Matter Expert(s), Facility/Equipment Owner</b> as applicable:		
(Print Name): Alan Shupe			(Print Name): Carroll Jones		X
<b>Involved or impacted person(s):</b>			(Print Name):		
(Print Name):			(Print Name): Teresa Danforth		X

# Notable Event & Lessons Learned Worksheet

(Print Name):	(Print Name):
Witness(es): N/A	(Print Name):
(Print Name):	(Print Name):

Agenda <i>(Ensure the pace of the meeting allows time for accurate note taking.)</i>	√ if Complete
1. Introduction – Provide Event Title, Date and Time of Occurrence, and Location:	X
2. Attendance - Are Required Attendees present.	X
3. Purpose of Initial Fact-Finding meeting.	X
4. Event Reconstruction – Use information to complete Section 3. <a href="#">Summary of Event and/or Injuries</a> below.	X
a. Personnel and organizations involved in the event.	
b. Conditions and actions preceding the event.	X
c. Chronology (timeline) of the event; and	X
d. Immediate actions taken in response to the event.	X
5. Clarify information – <a href="#">Subject-Matter Expert</a> (SME) confirms work conditions.	X
6. <a href="#">Stop Work</a> or the <a href="#">Tag Out</a> 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).	X
9. Other Questions or Concerns: Ask attendees if there are any other questions, concerns, or information that they wish to provide.	X
10. Obtain TJSO Representative feedback on conduct of critique and potential improvements.	

Step 2 Investigation Team:	Date Convened:		
	(Within 24 hours of Fact Finding Meeting.)		
Members	Role	Department/Group	Phone
Richard Jacobsen	Lead Investigator	FM&L	5771
	<a href="#">TJSO Observer:</a>	TJSO	
Carroll Jones	Mgr FMM	FM&L	7672
Tina Johnson	Reporting Officer	ESH&Q	7611
Teresa Danforth	Procurement	CFO	7364
Alan Shupe	WACO Supervisor	WACO	342-0551

**Step 3 Summary of Event and / or Injuries, including Initial Fact Finding Meeting information:** determine the chain of events and timeline. Use attachment as necessary.

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WACO employees were involved in insulating the Tritium Disposal System line from bldg.95 to bldg.92. This is a 4 inch pipe which acts as secondary containment for the two lines running in the pipe. This line is primarily underground but does come out of the ground to pass over the Hall B truck access ramp. The above ground section is the section that was being insulated. The pipe is approximately 12 inches above the ground and supported on unistrut supports. Normal procedure for this type of installation is to cut the unistrut with a sawzall and then grind the edges to eliminate sharp edges and round the corners or install caps. This was evidently not done on this particular piece of unistrut. Employee was on the ground wrapping the insulation with an aluminum jacket. He finished one section, stood up and turned to walk. His left shin came in contact with the unistrut and he received a cut to his leg (2:06pm). The wound was cleaned on site by his supervisor. He then went to Occupational Medicine for further cleaning and evaluation (2:45pm). This decision was made as employee has a preexisting medical condition which requires him to seek medical any time he is cut. A prescription was given and he was told to follow up with his personal physicians. He was released for full duty. Employee was wearing all PPE required on a construction site. In addition, he was wearing gloves since he was involved in handling thin metal sheeting which is sharp.

## Notable Event Report

Emergency Notifications Made (Subsequent to the Event):	Date	Time
Fire, Rescue & Emergency Medical: (9-911)		
Guard Post: x4444; 269-5822		
Occupational Medicine 269-7539 Mr Plas was taken to Occupational Medicine	1/10/2012	2:06pm
ESH&Q Reporting Officer: 876-1750	1/10/12	3:34pm
Crew Chief 630-7050		
Industrial Hygiene: 269-7863:		
Other:		

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

### Environmental Aspects

<b>Type of Material Released:</b>	<b>Quantity:</b>
N/A	N/A
<b>Source:</b>	<b>Time Flow was Halted or Controlled:</b>
N/A	N/A

For Investigation Team (✓ All That Apply):

- Reportable Quantity  
  Impact Ground/Soil  
  Storm Water Channel/Drain  
  Sanitary Sewer

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

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WACO Accident Report on file.

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

<b>Root Cause:</b>	Unistrut was not ground to eliminate sharp edges during the installation or have caps installed.
<b>Contributing Causes:</b> (List as many as apply.)	Employee was not cognizant of potential hazards in his immediate path as he got up and started to walk.

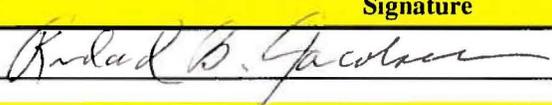
Extent of Condition Check	Responsible Person(s)	JLab CATS Number	Target Date
Unistrut that is installed in an area where employees may be exposed, under normal working conditions, need to be inspected (ground level to 6 foot elevation) for similar sharp edges.	Rusty Sprouse/Carroll Jones	NE-2012-02-01-01	4/30/2012

Corrective Action(s)	JLab CATS Number	Target Date
Grind sharp unistrut edges found in potential exposure areas, or cap them, to eliminate sharp edges.	NE-2012-02-01-01	4/30/2012

Lessons Learned (Confer with Division/Department Lessons-Learned Coordinator) (Use attachment as necessary)	JLab COE Number
This incident reminds us to be on the lookout for potential injury sources at all times at work. Small things that have been in existence for years and not detected can come back and bite us.	

Lessons Learned (Confer with Division/Department Lessons-Learned Coordinator) (Use attachment as necessary)	JLab COE Number

**Lead Investigator Confirmation:** As Lead Investigator, I confirm to the best of my knowledge, that the information presented in this document is accurate and complete.

	Print	Signature	Date:
Lead Investigator	Richard B Jacobsen		01/12/2012

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)	
<u>Notable Event Number:</u>	FML-12-0110
<u>CATS Number:</u>	NE-2012-02-01-01
<u>JLab COE Number:</u>	N/A
<u>ORPS Number:</u>	N/A
<u>NTS Number:</u>	N/A
<u>CAIRS Entry:</u>	12-0110
<u>DOE Cause Code:</u>	A2Equipment/Material Problem,B4 Material Control LTA,C07
<u>ISM Code:</u>	Analyze the Hazards,Develop and implement Hazard Controls

### Acceptance/Acknowledgement of Facts

	Print	Signature	Date:
Associate Director/ Department Manger	Rusty Sprouse		14 JAN 12

**Distribution:**

- ES&H Reporting Officer (Original)
- Associate Director/Department Manager
- Division Safety Officer
- Investigation Team Members

### Revision Summary

**Revision 1.2 – 10/20/11** – Updated ESH&Q Reporting Officer assignment from John Kelly to Steve Smith per Mary Logue.

**Revision 1.1 – 05/24/11** - Edited to clarify process steps.

**Revision 1 – 11/23/10** – Updated to reflect current laboratory operations.

ISSUING AUTHORITY	FORM TECHNICAL POINT-OF-CONTACT	APPROVAL DATE	EXPIRATION DATE	REV.
ESH&Q Division	<a href="#">Steve Smith</a>	10/19/09	10/09/12	1.2

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