

**Notable Event Report**

Title of Event			
<b>Event Title:</b>	Tennis Elbow After Buffing Activities		
<b>Date and Time of Occurrence:</b>	~ Mid October 2015, Reported to Occ. Med	<b>Notable Event Number:</b>	ENG-16-0223
<b>Event Location:</b>	TEDF High Bay	<b>Date Notable Event Report is Due*:</b>	03/23/2016

\*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.**

The employee reported the pain to his elbow, following buffing activities, to his personal physician at the end of November 2015. The pain did not subside after the buffing activities were complete. His personal physician diagnosed him with tennis elbow (left) and referred him to an orthopedic physician that confirmed the diagnosis and placed him in a splint. The splint therapy was not effective and he was referred to Physical therapy.

On 02/23/2016 the employee was referred to Occupational Medicine after his Manager noticed he was wearing a wrist splint. Occupational Medicine (Dr. Chandler) conducted an evaluation on the employee and confirmed the employee diagnosis of tennis elbow (left).

The employee had been tasked with a buffing activity back in October of 2015. He was using an electric and an air powered die grinder to buff copper conductors over a 2 week period for a total of 6-8 hours. The employee was wearing gloves and safety glasses each time he used the tool. The employee stated that he took many breaks during this buffing operation, approximately every 15-20 minutes.

**Notes:**

The tools were subsequently evaluated and confirmed to be in good working condition.

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

<b>Root Cause:</b>	Ergonomics LTA –involvement of Occupational Medicine in the planning stage could have reduced the potential hazards associated with vibration and body positioning.
<b>Contributing Causes:</b> (List as many as apply.)	<ol style="list-style-type: none"> <li>1. Scheduling pressure and the fact that he was working on a very expensive item that he was trying not to damage may have contributed to his body tension while using the tool.</li> <li>2. This was the first time this type of buffing work was being performed on this copper conductor. The employee was working extra careful not to damage the tube.</li> <li>3. Failure to recognize and report the injury to Occupational Medicine in timely manner. Employee was not sure this was work related soreness. Immediate reporting of this soreness would have resulted in case management by the physician and nurses thereby possibly reducing the severity of the injury.</li> </ol>

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

4. Work Planning LTA – no evidence that ergonomic hazards were identified in planning

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

Corrective Action(s)	JLab CATS Number	Target Date	Action Owner
Schedule an ergonomic evaluation prior to restarting this buffing task.  Evidence of completion: The email report from Occupational Medicine to the employee and supervisor	NE-2016-05-01	09/30/2016	Ruben Fair
Share the importance of prompt reporting of any soreness to Occupational Medicine with your work group.  Evidence of completion: Email to work group from supervisor	NE-2016-05-01	04/15/2016	Ruben Fair
Update the reporting slide in New Employee Orientation (NEO) to highlight the importance of prompt reporting to Occupational Medicine in the event that you have "soreness" following a work related activity.  Evidence of completion: Slide and email to Human Resources	NE-2016-05-01	04/30/2016	Tina Johnson
Share the Lessons Learned from this event via the Lab's lesson learned tool.	NE-2016-05-01	04/30/2016	Tina Johnson

Corrective Action(s)	JLab CATS Number	Target Date	Action Owner
Evidence of completion: Snap shot of entry and email sent/viewed and agenda and presentation to the DSOs			

Lessons Learned (Confer with Lessons Learned Coordinator) (Use attachment as necessary)	Lessons Learned Number
When in doubt, always report unexpected soreness, tightness or any other bodily reaction that may be attributed to your recent work activities.	940
Case Management, Occupational Medicine oversight, is a great tool that can help assure that you remain healthy and return home in the same condition as you arrived to work in.	940
Ergonomic hazards need to be identified in the planning stage to reduce the potential of injuries.	940

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

### 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	<i>Tina Johnson</i>	3/30/16
DSO, SME	Paul Collins	<i>Paul A. Collins</i>	3/30/16

### Acceptance/Acknowledgement of Facts

	Print	Signature	Date:
Associate Director/ Department Manger	<i>Will Oren</i>	<i>Will Oren</i>	3/31/16
Dep. Proj. Manager, 12 GeV	<i>Allison Lung</i>	<i>Allison Lung</i>	3-30-16

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>	ENG-16-0223
<b>CATS Number:</b>	NE-2016-05-01
<b>Lessons Learned Number:</b>	940
<b>ORPS Number:</b>	N/A
<b>NTS Number:</b>	N/A
<b>CAIRS Entry:</b>	16-0223 (GIC134802)
<b>DOE Cause Code:</b>	A1 Design/ Eng. Problem, B5 Operability of Design/Env. LTA, C01 Ergonomics LTA
<b>ISM Code:</b>	Analyze the Hazards, Develop and Implement Hazards Controls



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>	02/26/2016	<b>Time:</b>	10:30
<b>Location:</b>	TEDF 2559		
Required Attendees: (Print Name)		Optional Attendees: (Print Name) Present	
<b>Lead Investigator:</b>	Tina Johnson	<b>Associate Director:</b>	Will Oren-Notified
<b>ESH&amp;Q Representative:</b>		<b>TJSO Observer:</b>	Steve Neilson-Invited
<b>Supervisor of involved persons(s):</b>	Ruben Fair	<b>Subject Matter Expert(s), Facility/Equipment Owner as applicable:</b>	
<b>Involved or impacted person(s):</b>		Johnie Banks	
	Probir Ghoshal		
<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> (Within 24 hours of Fact Finding Meeting.)		02/26/2016 Following Fact Finding	
Role	Name	Department/Group	Phone		
Lead Investigator	Tina Johnson	ESH&Q	7611		
DSO, SME	Paul Collins	12GeV/Eng	5981		
<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> 02/29/2016	<b>Time:</b> 0943
----------------------------	-------------------------	-------------------

**From :** Tina Johnson <cjohnson@jlab.org> Mon, Feb 29, 2016 09:43 AM  
**Subject :** CAIRS Determination: ENG-16-0223 Engineering Incident Notification (Tennis Elbow from work performed mid-October 2015) 1 attachment  
**To :** Steve Neilson <snelson@jlab.org>  
**Cc :** Paul Collins <pauc@jlab.org>, Mary Logue <logue@jlab.org>

Steve,

Good Morning! As previously mentioned, an employee reported to Occupational Medicine on 02/23/2016 with symptoms of tennis elbow. Back in mid-October of 2015, the employee was testing out a polishing process on 2 small sections of superconducting conductor using a hand held Dremel tool. He performed this task for a total of 6 - 8 hours over a 2 week period. He stated that he took several breaks during the polishing process, approximately every 15-20 minutes, however once the task was complete, he would experience discomfort in his left arm. Once the buffing was complete, the pain did not subside and the employee followed up with their personal physician.

The employee went to their physician on 11/23/2016 and was later referred to an orthopedist who prescribed physical therapy, a rigid wrist splint and medications.

This case is TRC recordable (medical treatment beyond first aid and medications):

**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 complete the CAIRS entry (7 days) and notable event report (30 days) within the allotted time and we are still evaluating the event and tools used during this event. In the meantime, if you have any questions or concerns about this matter, feel free to contact me.

<b>10 CFR 851 Screen:</b>	<b>Date:</b> 02/29/2016	<b>Time:</b> 0943
---------------------------	-------------------------	-------------------

Negative: This event does not meet the voluntary criteria as a discreet or 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.

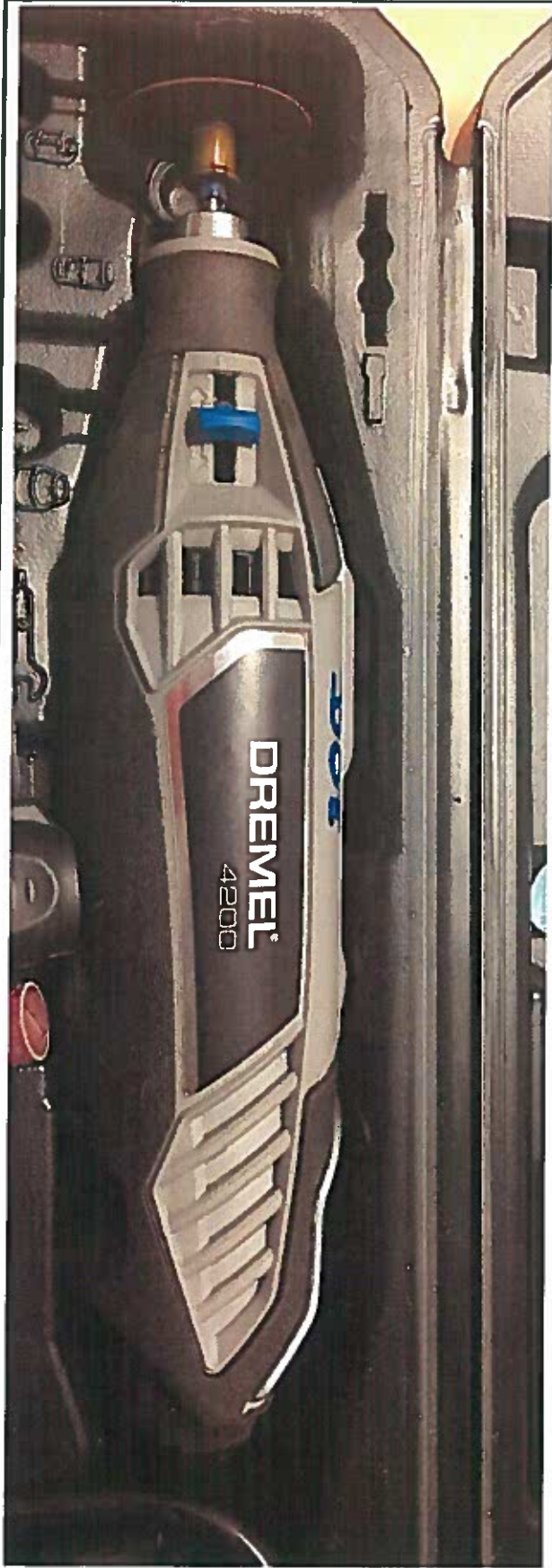
ISSUING AUTHORITY	FORM TECHNICAL POINT-OF-CONTACT	APPROVAL DATE	REVIEW DATE	REV.
ESH&Q Division	<u>Tina Johnson</u>	02/22/16	02/22/19	1.6

*This document is controlled as an on line file. It may be printed but the print copy is not a controlled document. It is the user's responsibility to ensure that the document is the same revision as the current on line file. This copy was printed on 3/30/2016.*



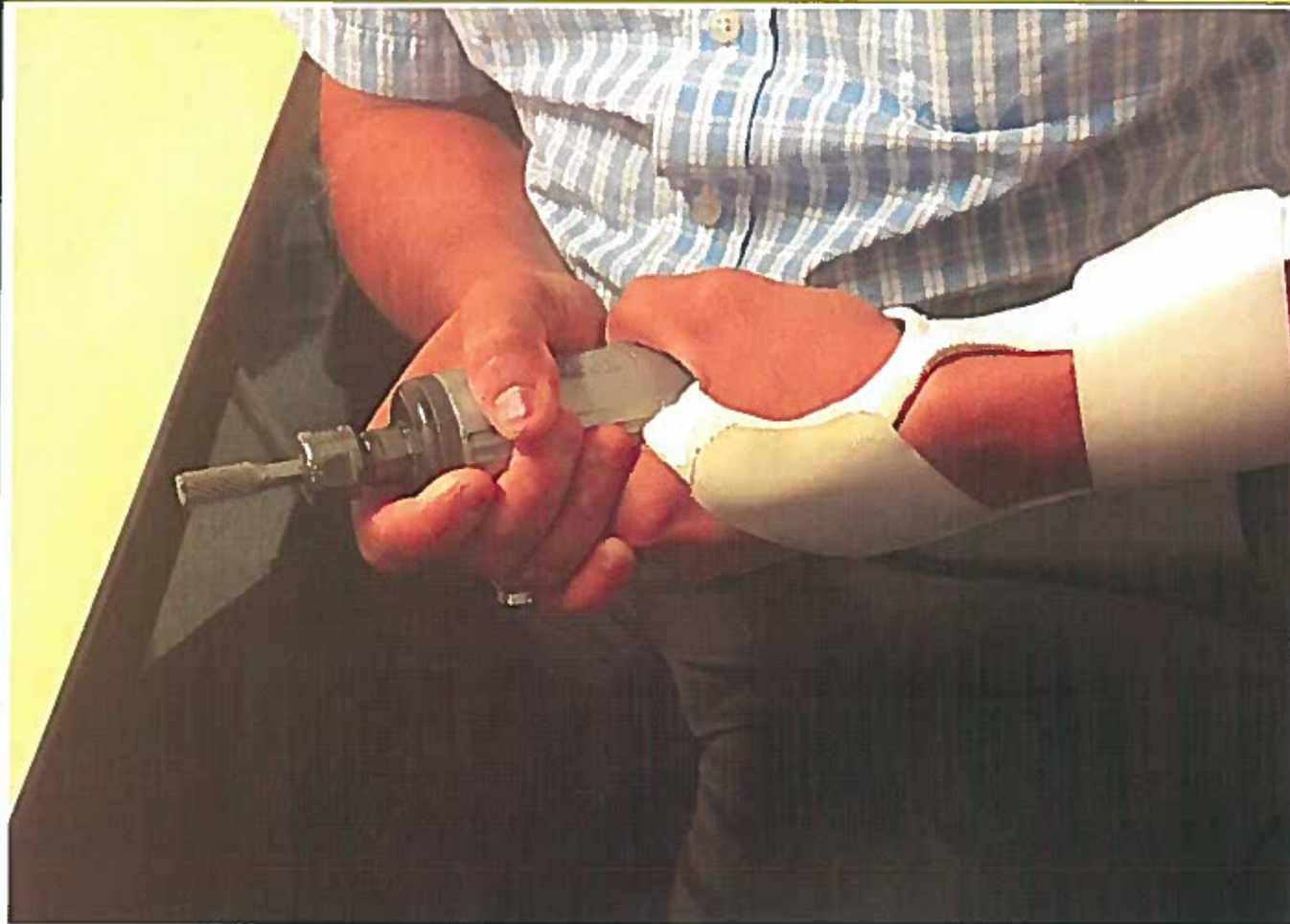
Records, Documents, Pictures, and Other References: (Copy and paste, use attachments or document links as necessary)







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



Emergency Notifications Made (Subsequent to the Event):	Date	Time
Fire, Rescue & Emergency Medical: (9-911)		
Guard Post: x5822; 269-5822		
Occupational Medicine 269-7539	02/23/2016	1700
ESH&Q Reporting Officer: 876-1750	02/24/2016	1619
Crew Chief 630-7050		
Industrial Hygiene: 269-7863:		
Other: TJSO	02/24/2016	~1745

**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.