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**5200 Appendix T2  
Notable Event Worksheet**

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Form Instructions

**Unless otherwise specified, this form is to be completed by the Lead Investigator.**

**Subject:** Leg laceration at TEDF project

**Date and Time of Occurrence:** 9/28/10 10:30am

**Location:** East side of Bldg. 58, North end of TEDF footprint

**To be Completed by ESH&Q Reporting Officer:**

**Notable Event Number:** TEDF-10-0928

**CATS Number:** -

**OccMed Number:** -

**JLab COE Number:** -

**ORPS Number:** -

**Environment Report:** -

**NTS Number:** -

**CAIRS Entry:** 20100928

**DOE Cause Code:** A3 Human Perf LTA, B1 Skill Based Error.

**ISM Code:** C07 Repeating steps due to assumption

**1. Team Members**

Analyze the hazard, develop & implement

Name	Dept	Phone
Ned Walker	Lead Investigator	X 6638
<u>TJSO Observer Name:</u> Dave Luke	<u>TJSO Critique Member</u>	X 7139
Tina Menefee	ES&Q Jlab	X 5490
Keith Royston	SOTR Jlab	X 6117
Ken Mitchell	Site Manager Jlab	X 7748
		X
		X

**2. Summary of Event and / or Injuries, including Critique information:**

While installing rebar for the auger cast pile installation the workers foot slipped off the rebar cage causing his leg to rake against the all thread center bar resulting in a cut that required 11 stitches. The pile is drilled and then filled with grout while the auger is removed from the hole. The rebar cage is then placed in the hole. The cage has to be pushed into the hole as the grout resists the installation. Typical installation is to use your foot to push the rebar into the hole. While performing this action the accident occurred. The worker first went to JLab Occupational Medicine, who advised him to seek further medical treatment.

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**3. Witness Accounts:**

See attached

**4. Causal Analysis:**

**Root Cause:** Accident

**Contributing Causes:** Heavy rain/wet conditions  
*(List as many as apply)*

5. <u>Extent of Condition</u> Check	Responsible Person(s)	Target Date

6. <u>Corrective Action(s)</u>	JLab CATS Number	Target Date
Use alternate means to push the rebar cage into the augured hole for the remainder of the installations on site.		9/29/2010smith
Conduct toolbox meeting to discuss the possible reaction to typical/industry standard activities and the possibility of accident.		9/29/2010

7. <u>Lessons Learned:</u>	JLab COE Number

**8. Lead Investigator's Release of Document**

**Document Complete?**  YES  NO

**Critique Meeting:**

Required Attendees:	Present? Y or N	Optional Attendees:	Present? Y or N
Lead Investigator:		Associate Director:	
Ned Walker	<input checked="" type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>
ESH&Q Representative:		Subject Matter Expert(s):	

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Tina Menefee	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Supervisor of involved persons(s):			<u>TJSO Representative:</u>		
John Walter	<input checked="" type="checkbox"/>	<input type="checkbox"/>	David Luke	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Involved or impacted person(s):			Facility or Equipment Owner, if applicable:		
Matthew P. Selby	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Witnesses:			Mortenson EH&S site manager		
Christopher J. Hollon	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Rick Dalberg	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Ken Mitchell	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Initial Critique Meeting Checklist: (Ensure the pace of the critique allows time for accurate note taking.)	Complete? Y or N
1. Appropriate records or documentation are available for viewing (work plans, photos, etc).	<input checked="" type="checkbox"/> <input type="checkbox"/>
2. Required personnel are present per ESH&Q Manual Chapter 5200-T1, 4b.	<input checked="" type="checkbox"/> <input type="checkbox"/>
3. Introduction	<input checked="" type="checkbox"/> <input type="checkbox"/>
4. Review purpose of Initial Critique meeting.	<input checked="" type="checkbox"/> <input type="checkbox"/>
5. Event Reconstruction, including chain of events and timeline.	<input checked="" type="checkbox"/> <input type="checkbox"/>
a. If required develop compensatory actions and ensure their implementation.	<input type="checkbox"/> <input checked="" type="checkbox"/>
6. Does the situation warrant a <u>Stop Work</u> or the <u>tag out</u> of equipment? .	<input type="checkbox"/> <input checked="" type="checkbox"/>
a. If "Yes" – establish the restart criteria and inform the affected Management chain.	<input type="checkbox"/> <input type="checkbox"/>
7. Personnel Input: provide an opportunity for involved, impacted and witnesses to tell what happened. Include:	<input checked="" type="checkbox"/> <input type="checkbox"/>
a. Personnel and organizations involved in the event;	<input checked="" type="checkbox"/> <input type="checkbox"/>
b. Conditions and actions preceding the event;	<input checked="" type="checkbox"/> <input type="checkbox"/>
c. Chronology (timeline) of the event; and	<input checked="" type="checkbox"/> <input type="checkbox"/>
d. Immediate actions taken in response to the event.	<input checked="" type="checkbox"/> <input type="checkbox"/>
8. <u>Subject-Matter Expert</u> (SME) – clarify information.	<input checked="" type="checkbox"/> <input type="checkbox"/>
9. Determine missing information (i.e., Work Control Documents, Planning Material, etc)	<input type="checkbox"/> <input type="checkbox"/>
10. Ask attendees if there are any other questions, concerns, or information that participants wish to provide.	<input checked="" type="checkbox"/> <input type="checkbox"/>
11. Obtain DOE feedback on conduct of critique and potential improvements.	<input type="checkbox"/> <input type="checkbox"/>

**Notifications:**

	Date	Time
GUARD STATION: x4444:	_____	_____
CHEMICAL ASSIST TEAM:	_____	_____
x7863:	_____	_____

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AMBULANCE: (9-911)

CREW CHIEF (630-7050)

ESH&Q REPORTING: x7007:

9/28/2010

11:00am

FIRE: (9-911)

OTHER: Medical

9/28/2010

10:30am

OTHER: FM&L Director

9/28/2010

11:00 am

**Environmental Conditions:**

TYPE OF MATERIAL:

QUANTITY:

SOURCE:

TIME FLOW WAS HALTED OR CONTAINED:

**For Investigation Team (X All That Apply):**

Reportable Quantity?

Impact Ground/Soil?

Storm Channel/Drain?

Sanitary Sewer?

**To be completed by ESH&Q Reporting Officer:**

ORPS Determination:

10 CFR 851 Screen:

**Pictures and References**

See attached

Distribution: ESH&Q Reporting Officer (Original)  
 Division Safety Officer  
 Investigation Team Members

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# PROJECT INFORMATION SHEET

DATE 9/29/10

PROJECT Fact Finding 11 stitches incident



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Tina Menefee  
Dave Luke  
Ned Walker  
KEITH ROYSTON  
BARD FOLKERT  
RON BJORKLUND  
Ken Mitchell  
Matthew Selby  
John WALTER  
Kiel Dalberg

JLab  
DOE  
JLab  
JLAB  
JLAB  
MORT  
JLab  
WHL  
W.H.C  
Mpet.

PATIENT FIRST  
611 DENBIGH BLVD-NEWPORT NEWS VA 23608  
757/283-8300

WORKERS' COMPENSATION VISIT SUMMARY

Contractor

ID # 54988\*1

Diagnosis(es): Lower Extremity Laceration

Date of Injury: 09.28.10

Time in: 11:39

Treated by: Malak K. Isaac, M.D.

Disability: Y

Light Duty : 09.29.10

Light Duty Work Restrictions: keep ~~left~~ leg clean and dry

Full Duty Release Date: 10.05.10

Medications affect work: N

Visit Date: 09.28.10

Time out: 12:55

Disability began: 09.28.10

Follow-up at: Patient First Lower Extremity Laceration on 10.08.10

\_\_\_ Appointment secured for (date/time): \_\_\_\_\_

\_\_\_ Patient to schedule the specialty appointment after receiving claim number

Injured Worker' Frequently Asked Questions:

1. I have a job related injury, what should I do?

Report the injury to your employer: Reporting your injury promptly helps prevent problems and delays in receiving benefits, including medical care you may need.

2. The claims administrator hasn't accepted or denied my claim yet, but I need medical care for my injury now and the specialist won't see me without a claim number. What can I do?

If the claims administrator does not authorize treatment right away, speak with your supervisor, someone in management or the claims administrator about your need for immediate medical treatment. Ask for treatment to be authorized now, while awaiting for a decision on your claim.

3. Can I see a physician of my choice?

This will depend on the laws of your State and the requirements of your employer's workers' compensation insurance policy. Ask your employer if they require you to see a certain doctor OR if you can see the specialist recommended by Patient First

Questions regarding Workers' Compensation should be directed to:

Employer's Contact: Other Pt. First Employer Verified by YES/John D Walter Jr/Vice president/443.974.3226/RF

Or your State's Workers' Compensation Commission

Employer's Fax #: 410-255-7605.

WITNESS STATEMENT

Reference: Contractor Date: 9-28-10

TODAY I WITNESSED MY CO-WORKER  
(MATT SELBY) SLICE HIS LEG OPEN ON  
A STEEL CAN. WHEN WE WERE SETTING  
THE STEEL IN THE PILING MATT SLIPPED  
INTO THE SHARP EDGE OF THE CAN.

I have read this statement consisting of \_\_\_\_\_ pages, which I have initialed and signed, and I state that it is true and correct to the best of my knowledge and belief.

Witnessed:

  
CHRISTOPHER J. HOLLON  
Name - Print and Sign

2009 HAZEL PLAIN RD  
Address  
WOODBURY, CT 06798  
City, State, and Zip Code

203 592 2453  
Telephone No. w/Area Code

WALTER HIGGINS  
Employer

Statement By:

\_\_\_\_\_  
Name - Print and Sign

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, and Zip Code

\_\_\_\_\_  
Telephone No. w/Area Code

\_\_\_\_\_  
Employer



# Safety and Quality Event Management

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Initial Investigation Closed

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**Project Details at Time of Incident**

Edit

<b>Event Type</b>	Incident	<b>Event Number</b>	EV2010060238
<b>Event Subtype</b>	Injury	<b>Brief Description</b>	worker was pushing down a rebar cage in an auger cast pile with his foot when his foot slipped and he cut his leg on the topping sleeve
<b>Project Number</b>	09110016	<b>Project Manager</b>	Folker, Bradley Warren (Brad)
<b>Project Name</b>	DOE-Jefferson Lab TEDF	<b>Project Superintendent</b>	Bjorklund, Ronald J
<b>Address Line 1</b>	12500 Lawrence Road	<b>Area/Assistant Superintendent</b>	
<b>Address Line 2</b>		<b>Address City, State Postal Code</b>	Newport News, VA 23606
<b>General Foreman/Foreman</b>			
<b>Date Occurred (MM/DD/YYYY)</b>	09/28/2010	<b>Time Occurred (HH:MM)</b>	10:30 AM
<b>Event Reported By</b>	Subcontractor	<b>Name</b>	
<b>Is a Prime Subcontractor? (Project has a contract with this sub)</b>	Yes	<b>Company Info</b>	
		<b>Company Name</b>	WALTER-HIGGINS CONTRACTING INC
		<b>Phone</b>	
		<b>Title</b>	
<b>Work Being Performed By</b>	Subcontractor	<b>Name</b>	
<b>Is a Prime Subcontractor? (Project has a contract with this sub)</b>	Yes	<b>Company Info</b>	
		<b>Company Name</b>	WALTER-HIGGINS CONTRACTING INC
		<b>Phone</b>	
		<b>Title</b>	
<b>Location of Incident</b>	west parking lot in front of building 58		
<b>Environmental Conditions at the time of the Incident</b>	Temperature 33 - 85 deg. F., Rain		

**Injured Persons**

Edit

**Injured Person Detail for**

<b>Employed By</b>	Subcontractor	<b>Name</b>	Selby, Matt
<b>Is a Prime Subcontractor? (Project has a contract with this sub)</b>	Yes	<b>Company Info</b>	
		<b>Company Name</b>	WALTER-HIGGINS CONTRACTING INC
		<b>Phone</b>	
		<b>Title</b>	
<b>Injury Severity</b>	Restricted Duty/Job Transfer		
<b>Description of unsafe conditions</b>			
<b>Unsafe Conditions include</b>			
<b>Treatment Status</b>	Taken for treatment		
<b>Facility Type</b>	Occupational Medicine Clinic	<b>Facility Name</b>	
<b>Person Was Wearing</b>	Hardhat, Hi-Vis Vest, Boots, Safety Glasses, Gloves		
<b>Person Was Wearing Other Description</b>			
<b>Description of Task</b>	Worker used his foot to push down the rebar cage in auger cast pile and cut his leg on the pile cap sleeve	<b>Division of Work</b>	<b>Subdivision of Work</b>

**Injuries**

<b>Injury Type</b>	Cut/Scrape/Laceration	<b>General Body Part</b>	Leg/Foot	<b>Specific Body Part</b>	Right Shin
<b>Treatment Date</b>	9/28/2010 12:00:00 AM	<b>Cause</b>	Other Injury (Not Listed)		
<b>Activity</b>	Description Of Restrictions keep leg clean and dry				
<b>Injury/Illness</b>	Injury	<b>Drug Testing Completed</b>	Yes		

**Unsafe Conditions, Hazards, or Exposures**

Edit



Description of unsafe conditions

Unsafe Conditions Include Pinch Point, Rebar & Rebar Caps, Rain, Unsafe Act, Accountability For Safety Policy/Procedure Violation

Attachments Edit 

- Attachment
- Augercast pile sleeve (1).JPG
  - Augercast pile sleeve.JPG

Immediate Corrective Actions Taken Edit 

Immediate Corrective Action Taken stop work .talked with workers about use of proper tools and or equipment for the job at hand

Taken By Mortenson Name

Date Completed 09/28/2010

Links Edit 

There are currently no Links for this event.

Witnesses Edit 

First Name	Last Name	Employed By	Company Name	Title	Phone
		Subcontractor	WALTER-HIGGINS CONTRACTING INC		

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➔ Document History

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