

JOINT COMPANY/UNION SAFETY COMMITTEE CONCERN FORM

(Use Black Ink Only & Retain Copy For Your Records)

Mail: JCUSC, T690G

Case No. 92-202

EMPLOYEE NAME [Redacted] EMPLOYEE NUMBER [Redacted]
DEPARTMENT MTCe. BLDG. 460 PHONE [Redacted] SHIFT DAYS
SUPERVISOR (Print) A. FERNANDEZ SUPV. EXT. 7692
DIRECT REPORT MANAGER (Print) F. MANZANARES JR MANAGER EXT. 2474 2372

I have previously discussed this Concern with Supervision: X Yes No.
Concern (briefly) Neither myself nor my supervisor were informed that I had a work restriction dated May 19, 1992

[Redacted] 6-29-92
Date Steward Signature Date

Supervision Response (within 5 working days) A formal letter has been written to Dr. Francis Furman on the above stated concern. See attached letter. Individual was given the opportunity to meet with Dr. Furman with a Union Steward to settle this concern. See Dr. F. Furman's response dated 7.6.92.

Supervision Signature [Signature] Date 6.30.92
Direct Report Manager Signature [Signature] Date 7/8/92

NOTE: TIMELINESS IN COMPLETING THIS FORM IS OF THE UTMOST IMPORTANCE.

I am satisfied with the results. X I am not satisfied.
Brief reason if not satisfied: over-site has happened twice.

Employee Signature [Redacted] Date 7-8-92
JCUSC received Safety Concern on 7-16-92

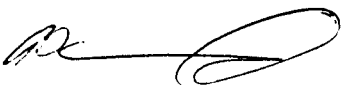
To be completed by the JCUSC Co-Chairperson(s)

Assigned to: Union: C.W. BUCHHOLZ Date 7-10-92
Company: D.C. DAVIDSON Date 7-13-92

Distribution: Safety Committee (White)
Union Steward (Green)
Employee (Goldenrod)

To: [REDACTED]
Maintenance
Building 460

JULY 6, 1992

From: A. Fernandez 
Foreman
Building 460

Subject: JUCSC Form "Work Restriction dated May 19, 1992."

Director, Dr. Francis Furman states, "A formal work restriction was not completed. This omission was an oversight." See attached medical department statement.

July 6, 1992

SUBJECT: JOINT COMPANY/UNION SAFETY COMMITTEE CONCERN
FORMS/HARRY MORGAN, EMPLOYEE #510194

Forging signature:

I have reviewed the record and find no indication Mr. Morgan's signature was forged. His name was written in a blank for the employee's name but not in a signature blank.

Work restrictions:

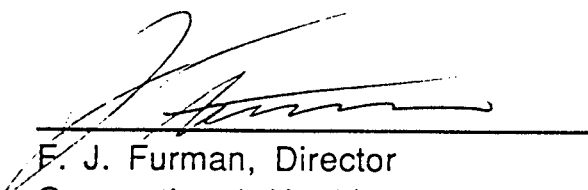
A formal work restriction was not completed. This omission was an oversight.

Prescription medication without a physician's order - Oct. 16, 1991:

There is no record of this occurrence. Medication was given under physician order on other dates. I will attempt to verify Mr. Morgan was in the department on that date by other records.

Data added to form of May 19, 1992 after Mr. Morgan signed the form:

The employee signature is intended to verify the consent for release of records and *not* to verify the nurse/physician findings, or other notes by the physician or nurse. The employee commonly signs the form prior to completion of the evaluation and treatment.



F. J. Furman, Director
Occupational Health

To: Dr. Francis Furman
Occup. Health
Building 122

June 30, 1992

From: A. Fernandez
Maintenance
Building 460

Subject: Reference to attached Safety Concerns.

The attached Joint Company / Union Safety Committee Concern Forms, states irregularities that allegedly occurred within the medical department on personal Medical Records and reports, administrating medicine without a doctors signature, and not informing the patient or supervisor of a restriction when the medical records states that a restriction is necessary.

Please read the attached Joint Company / Union Committee Concern Forms and answer each of them appropriately in writing.

If you require any assistance with the JCUSC's, please contact me at extension 7672 and or digital page 0805.

25-90-92
CASE NUMBER 310555

OCCUPATIONAL HEALTH DEPARTMENT
ROCKY FLATS PLANT

O.T. HOURS/PAST WK
SHIFT _____

OHIS 17

INJURY AND ACCIDENT REPORT WORKSHEET

_____/PRIVILEGED INFORMATION

NAME: [REDACTED] JOB TITLE: Technician COMPANY: EC&E
BUILDING: 534 EXTENSION: [REDACTED] EMPLOYEE/SS #: [REDACTED]
INJURY DATE: 5/19/92 DAY: Tu TIME: 7:25 (military) TIME ON PLANTSITE: 14 M W
REPORTED DATE: 5/19/92 DAY: Tu TIME: 0745 (military) TIME ON JOB: 2 Y M W
LOCATION OF ACCIDENT: F-331 outside SUPERVISOR / FOREMAN: Gaulus, J. [REDACTED] EXT: 910

PATIENT'S DESCRIPTION OF ACCIDENT: states was walking past fire engine - pump #2. as I past the engine the firefighter tested the siren. (u) ear hurts can't hear, it has a buzzing sound in it.
OBJECT/SUBSTANCE DIRECTLY INVOLVED: siren

DESCRIPTION OF INJURY:
- TM's wNL
- Otology gram (30dB shift)

ASSESSMENT/DIAGNOSIS:
Acoustic Trauma -
ICD-9-CM DIAGNOSIS CODES: 8928.1
TREATMENT AT MEDICAL:
audiometric test

Tylenol ES q. 4h. prn pain

ICD-9-CM TREATMENT CODES:
Restrict from noise > 85 dB x 1 month

PATIENT SENT OFFSITE AT _____ (Military Time)
BY: Ambulance Air Amb. Other _____

REFERRALS (NAME/ADDRESS/TELEPHONE)
Hospital:
Physician:

WEIGHT (LBS): _____
SAFETY EQUIPMENT USED: Y N
GLASSES GLOVES SHOES
OTHER:
LOSS OF CONSCIOUSNESS: Y N
WORK RELATED: Y P
X-RAY TAKEN: Y N
X-RAY RESULT: POS NEG
RADIO/CONTAM INVOLVED: Y N P
TYPE:
INITIAL COUNT: _____ nCi or BKG
FINAL COUNT: _____ nCi or BKG
WOUND COUNT BY:
RESIDUAL SKIN CONTAM: Y N
INITIAL CPM: _____
FINAL CPM: _____
MONITOR SIGN: _____

BODY COUNT: Y N
DTPA GIVEN: Y N
BY: _____ Refused

REGULAR WORK: N
WORK RESTRICTION: N
EST. DAYS RESTRICTED: _____
SENT HOME BY MEDICAL: Y N
PRECAUTIONARY CHECK: Y N
MEDICAL REVIEW DATE: _____

I CONSENT TO MEDICAL CARE BY THE ROCKY FLATS OCCUPATIONAL HEALTH DEPARTMENT PERSONNEL AS INDICATED AND DEEMED ESSENTIAL CONSIDERING MY INJURY/ACCIDENT. I AUTHORIZE THE RELEASE OF ALL MEDICAL INFORMATION RELEVANT TO THIS INJURY/ACCIDENT TO ROCKY FLATS HEALTH SERVICES, BENEFITS DEPARTMENT, INSURANCE CARRIER, DOE, UNION AND INDUSTRIAL SAFETY.

Shirley Tracy RN/EMT [Signature] MD [REDACTED] EMP.
RF 47312 (REV 5/91)

OCCUPATIONAL HEALTH DEPARTMENT
ROCKY FLATS PLANT

O.T. HOURS/PAST WK
SHIFT

CASE NUMBER 310555

OHIS 17

INJURY AND ACCIDENT REPORT WORKSHEET
CONFIDENTIAL/PRIVILEGED INFORMATION

NAME: [REDACTED] JOB TITLE: Technician COMPANY: FEIC
BUILDING: 3314 EXTENSION: [REDACTED] EMPLOYEE/SS # [REDACTED]
INJURY DATE: 5/19/92 DAY: Tu TIME: 7:25 TIME ON PLANTSITE: 14y M W
(military)
REPORTED DATE: 5/19/92 DAY: Tu TIME: 0745 TIME ON JOB: 2y M W
(military)
LOCATION OF ACCIDENT: F-331 outside SUPERVISOR / FOREMAN: Ganley, [REDACTED] EXT: 910
P. Elliott

PATIENT'S DESCRIPTION OF ACCIDENT: states I was walking past fire engine - pump #2; as I passed the engine I felt something tested the wheel; I can't hear, it has a buzzing sound in it.

OBJECT/SUBSTANCE DIRECTLY INVOLVED: pipes
WEIGHT (LBS): _____
SAFETY EQUIPMENT USED: Y (N)
GLASSES GLOVES SHOES
OTHER: _____
LOSS OF CONSCIOUSNESS: Y (N)
WORK RELATED: Y P
X-RAY TAKEN: Y (N)
X-RAY RESULT: POS NEG
RADIO/CONTAM INVOLVED: Y (N) P
TYPE: _____
INITIAL COUNT: _____ rCi or BKG

DESCRIPTION OF INJURY:

ASSESSMENT/DIAGNOSIS:



**JOINT COMPANY - UNION
SAFETY COMMITTEE**

DATE: July 13, 1992

TO: [REDACTED], Mtce., Bldg. 460, X [REDACTED]

FROM: *HB*
for
MM E. I. Tietenberg, Joint Co./Union Safety Comm., Bldg. T452B, X7620
M. F. Wood, Joint Co./Union Safety Comm., Bldg. T690G, X5800

SUBJECT: ASSIGNMENT OF SAFETY CONCERN: 92-202
WORK RESTRICTION NOTIFICATION

The Joint Company/Union Safety Committee (JCUSC) has received your safety concern and assigned the following investigators. They will contact you to discuss this concern.

Company Representative: D. C. Davidson Phone: 3057

Union Representative: C. W. Buchholz Phone: 5801

cc:
C. W. Buchholz
D. C. Davidson
A. P. Fernandez
J. R. Marschall
G. H. McElhinney
V. M. Scott



**JOINT COMPANY - UNION
SAFETY COMMITTEE**

August 17, 1992

██████████
Maintenance
Building 460
x██████████

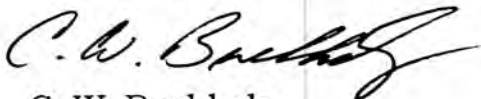
SUBJECT: CLOSE OUT LETTER, SAFETY CONCERN 92-202

Dear ██████████,

In response to your safety concern involving WORK RESTRICTION NOTIFICATION, an investigation has been conducted.

A meeting was held with Dr. F. J. Furman, Occupational Health on July 29, 1992, and it was determined that you were released from the Occupational Health Department without being given the knowledge that a medical restriction has been issued to you. Dr. Furman has agreed to hold a meeting with his staff and to reiterate the importance of conveying to employees any information concerning medical restrictions prior to employees being released from the Occupational Health Department.

Thank you for your participation in the safety program. If you have any further problems with this concern, its answer, or the implementation, please feel free to contact the Joint Company/Union Safety Committee.



C. W. Buchholz
Union Representative



D. C. Davidson
Company Representative

cc:
Dr. F. J. Furman
I. E. Tietenberg
M. F. Wood



JOINT COMPANY - UNION
SAFETY COMMITTEE

DATE: September 08, 1992
TO: [REDACTED], Mtce., Bldg. 460, X [REDACTED]
FROM: E. I. Tietenberg, Joint Co./Union Safety Comm., Bldg. T452B, X7620
M. F. Wood, Joint Co./Union Safety Comm., Bldg. T690G, X5800
SUBJECT: VERIFICATION OF IMPLEMENTATION - SAFETY CONCERN NUMBER 92-202
WORK RESTRICTION NOTIFICATION

The Joint Company/Union Safety Committee (JCUSC) has verified implementation of the subject safety concern and has closed the concern. Attached is the verification form.

Thank you for participating in the safety concern process.

Attachment:
As Stated

cc:
C. W. Buchholz
D. C. Davidson
A. P. Fernandez
J. R. Marschall
G. H. McElhinney
V. M. Scott

JCUSC VERIFICATION FORM

Circle One Verified Complete / Reopen

ISP NO. 09.11.202 SAFETY CONCERN NO. 92-202 ORIGIN OF FINDING JCUSC

ACTION RESPONSIBILITY ASSIGNED TO: A. P. Fernandez
STATEMENT OF FINDING:

COMPLETE

EXPLANATION OF VERIFICATION:

1. Does the action plan address the intent of the original finding? Yes No
2. Has the situation described in the finding been adequately improved or corrected? Yes No

VERIFICATION DETAIL - Describe the actions taken to reach a disposition on this finding.

*DR. FURMAN HELD A MEETING WITH HIS
STAFF.*

EG&G VERIFICATION BY D. C. Davidson *D. Davidson* DATE 8/31/92
Print Name Signature

UNION SAFETY COMMITTEE
VERIFICATION BY C. W. Beckhoff *C. W. Beckhoff* DATE 8/26/92
Print Name Signature

APPROVED BY E. I. Tietenberg *E. I. Tietenberg* DATE 8/31/92
Print Name Signature

APPROVED BY M. F. Wood *M. F. Wood* DATE 9-1-92
Print Name Signature

Distribution:

Operations Monitoring - T130G
Joint Company/Union Safety Committee - T452B