JOINT COMPANY/UNION SAFETY COMMITTEE CONCERN FORM

(Use Black Ink Only & Retain Copy For Your Records) Mail: JCUSC, T690G

	Case No. 92-203
EMPLOYEE N	AME EMPLOYEE NUMBER
DEPARTMENT	
SUPERVISOR	(Print) A. FEENANDER SUPV. EXT. 7672
	ORT MANAGER (Print) THAN ZANARES IR MANAGER EXT. 7672 2474 23-
	sly discussed this Concern with Supervision: Yes No.
Concern (brief	y) MY Signature has been forged to b
docum	nent in my medical file dated Dec. 13, 1990.
	/
	6-24-92
	Date Steward Signature Date
Supervision D	esponse (within 5 working days) A formal Arthu has bun irutlen
to 12	Fruncis Furmand in the above stated
Boncer	n. Su allacted letter. Employedual was given
the opportunely to meet with Dr. Furman with a Union	
Stura	nd to sottle this concern. See Dr F. Furman's suspon
dates	e 7-6-92.
Supervision Sig	phature 45 Date 6.30-92
Direct Report M	lanager Signature Date 7/8/99
NOTE: TIMELI	NESS IN COMPLETING THIS FORM IS OF THE UTMOST IMPORTANCE.
	atisfied with the results.
Brief reason if r	not satisfied: DR, FURMAN'S ANSWER IS JA/Se,
-	
Employee Cine	Date 7-8-92
Employee Sign	
	d Sarety Concernium.
	To be completed by the JCUSC Co-Chairperson(s)
Assigned to:	Union:
	Company: D.C. DAVIDSON Date 7-13-92
Distribution:	Safety Committee (White)
	Union Steward (Green) Employee (Goldenrod)

RF-45500 (Rev. 10/89) Destroy Previous Issues





JOINT COMPANY - UNION SAFETY COMMITTEE

DATE:

July 13, 1992

TO:

, Mtce., Bldg. 460, X

FROM:

I. Tietenberg, Joint Co./Union Safety Comm., Bldg. T452B, X7620 F. Wood, Joint Co./Union Safety Comm., Bldg. T690G, X5800

SUBJECT:

ASSIGNMENT OF SAFETY CONCERN: 92-203

FORGED SIGNATURE

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

C. W. Buchholz

D. C. Davidson

A. P. Fernandez

J. R. Marschall G. H. McElhinney

V. M. Scott

Function 1

merican Health ciences Corp. erial # 8631184 al-date 08/31/90 al-technician 11

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12/13/90 14:58

inth: 09/27/49

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ompany: 000051

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BHI (AAO) = 00 hreshold shift etest - 30 Days

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f

To:

Dr. Francis Furman

Occup. Health Building 122

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.

June 30, 1992

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.

SUBJECT: JOINT COMPANY/UNION SAFETY COMMITTEE CONCERN FORMS/

Forging signature:

I have reviewed the record and find no indication Mr. 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. was in the department on that date by other records.

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

JULY 6, 1992

Maintenance Building 460

From:

A. Fernandez 4

Foreman

Building 460

Subject:

JUCSC Form "Forging signature."

Director, Dr. Francis Furman states, "I have reviewed the record and find no indication signature was forged. His name was written in a blank for the employee's name but not in a signature blank." See attached medical department statement.





JOINT COMPANY - UNION SAFETY COMMITTEE

August 17, 1992

Maintenance Building 460

SUBJECT: CLOSE OUT LETTER, SAFETY CONCERN 92-203

Dear

In response to your safety concern involving a FORGED SIGNATURE, 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 a name block was filled in with your name by someone other than you. To avoid future disputes Dr. Furman has agreed to inform his staff that employees who receive an AUDIOGRAM will fill in the name block on the AUDIOGRAM form.

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

C.W. Buch

Union Representative

D. C. Davidson

Company Representative

cc:

Dr. F. J. Furman E. I. Tietenberg

M. F. Wood





JOINT COMPANY - UNION SAFETY COMMITTEE

DATE:

September 08, 1992

TO:

, Mtce., Bldg. 460, X

FROM:

M. F. Wood, Joint Co./Union Safety Comm., Bldg. T452B, X7620

SUBJECT:

VERIFICATION OF IMPLEMENTATION - SAFETY CONCERN NUMBER 92-203

FORGED SIGNATURE

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

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. 203 SAFETY CONCERN NO. 92.203 ORIGIN OF FINDING JOUSC
ACTION RESPONSIBILITY ASSIGNED TO: A. P. Fernandez STATEMENT OF FINDING:
Complere
EXPLANATION OF VERIFICATION:
1. Does the action plan address the intent of the original finding? YesNo
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.
00 6 0 1 1/010 0 0000 in a
DR. FURMAN HEID A MEETING WITH KIS STAFF
WITH KIS STAFE
EG&G VERIFICATION BY D. C. Davidson Laure Print Name Signature
UNION SAFETY COMMITTEE VERIFICATION BY C.W. B-CHHO/Z CWS- DATE 8/2/97 Print Name Signature
Print Name Signature
APPROVED BY E./. Tietenberg la Marie DATE 8/3/192
APPROVED BY E./. Tetenberg Signature APPROVED BY Print Name DATE \$\frac{3}{3}\frac{92}{92} DATE \$\frac{9-3}{92}
Distribution:
Operations Monitoring - T130G Joint Company/Union Safety Committee - T452B