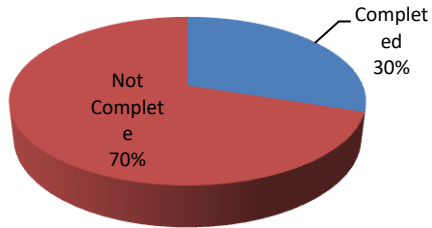
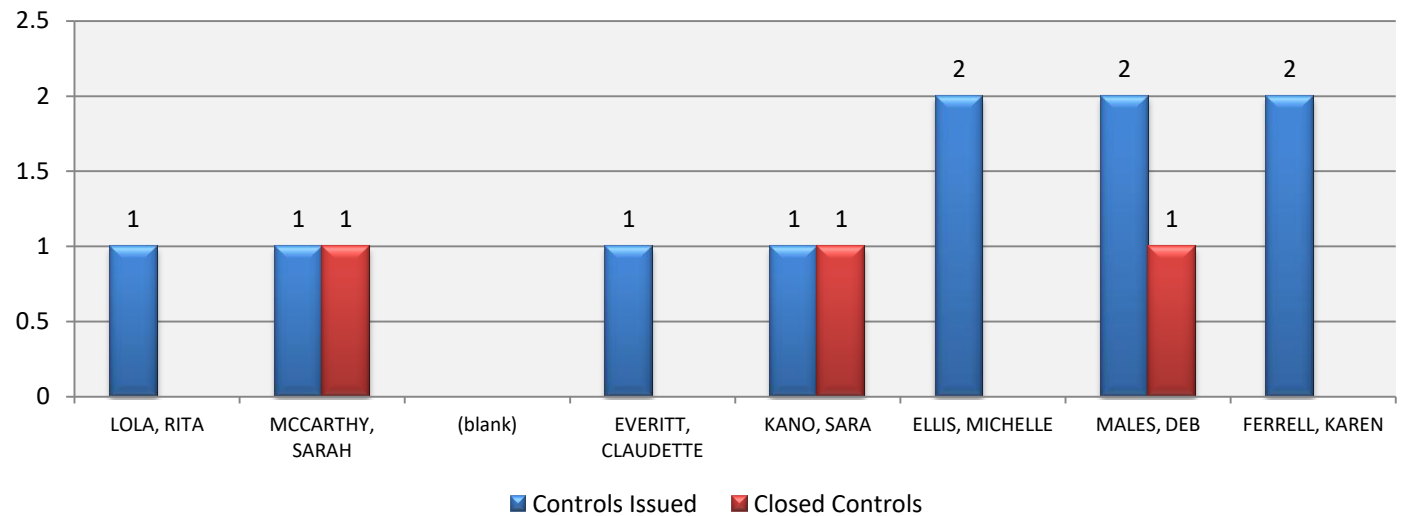


# Safety Report

Complete controls vs Not Completed



Controls by Those Responsible



Hazard Found	(Multiple Items)
Location	(All)
Sub Location 1	(All)
Sub Location 2	(All)

Employee Name	Incident Date	Class	Inc Type Description	Has Risk Asst	Risk Date	Totals	
						Controls	Closed?
ELLIS, MICHELLE	30-May-18	LT	Slip, Trip, Fall	Yes	30-May-16	1	1
EVERITT, CLAUDETTE	9-Mar-18	HC	Slip, Trip, Fall	Yes	11-Jun-18	2	
MALES, DEB	3-Apr-18	LT	Exposure *	Yes	3-Apr-18	2	
MCCAIN-SMITHERS, RACHELLE LOUISE	1-Jan-18	LT	Slip, Trip, Fall	Yes	1-Jan-18	1	1
SMITH, ANGELINA	10-Apr-18	HREO	Sharps				
FINKLE, BRENT	12-Feb-18	LT	Caught In, On, Under, or Between	Yes	12-Feb-18	1	
GROOVEBACK, STELLA	7-May-18	LT	Repetitive Strain	Yes	5-Jun-18	1	
LOU, CINDY	7-Mar-18	HZ	No Injury				
FERRELL, KAREN	3-Apr-18	FA	Struck or Contact By	Yes	3-Apr-18	2	1
MALES, LEE	7-Apr-18	REO	Repetitive Strain				

## Safety Report

Employee Name	Incident Date	Class	Inc Type Description	Has Risk Asst	Risk Date	Controls	Closed?
Grand Total						10	3

# Safety Report

## Incidents with risk assessments

Has Risk Asst	Yes
Hazard	(Multiple Items)
Location	(All)
Sub Location 1	(All)
Sub Location 2	(All)

Row Labels	Inc Type	Asst #	Hazard Type 2	Responsible	Ctrl #	Recommendation	Resolution	Resolution Date	Closed
<b>1-Jan-18</b>									
MCCAIN-SMITHERS, RACHELLE LOUISE	Slip, Trip, Fall	68	Obstructed hall	KANO, SARA	1	Remove boxes from hall.	Boxes have been removed	14-Feb-18	Yes
<b>12-Feb-18</b>									
FINKLE, BRENT	Caught In, On, Under, or Between	67	Extreme heat/cold	EVERITT, CLAUDETTE	1	Post bright sign that surface may be hot.			
<b>9-Mar-18</b>									
EVERITT, CLAUDETTE	Slip, Trip, Fall	69	Slip/trip	ELLIS, MICHELLE	1	Have engineering build a stand for copy machine.			
					2	Place an orange pylon in front of machine.			
<b>3-Apr-18</b>									
MALES, DEB	Exposure *	72	Bleach	FERRELL, KAREN	1	Replace bleach with one with lid			
					2				
FERRELL, KAREN	Struck or Contact By	71	Unsafe work practices	MALES, DEB	1	Store paper boxes eslewhere on a low shelf.	Moved boxes	12-Apr-18	Yes
					2	Have shelving unit bolted to the wall.			
<b>7-May-18</b>									
GROOVEBACK, STELLA	Repetitive Strain	70	Blood/body fluid	LOLA, RITA	1	Retrain employee on needle safety			
<b>30-May-18</b>									

## Safety Report

Row Labels	Inc Type	Asst #	Hazard Type 2	Responsible	Ctrl #	Recommendation	Resolution	Resolution Date	Closed
ELLIS, MICHELLE	Slip, Trip, Fall	56	Unsafe work condition	MCCARTHY, SARAH	1	Remove yoga ball from room	Removed yoga ball	11-Jun-18	Yes
Grand Total									

## Safety Report

### Incidents without risk assessments

Has Risk Asst (blank)

Row Labels	Class	Inc Type Description	Correction	Corr Date Assigned	Corr Target Date	Completion Date	Person	Action Taken
<b>3/7/2018</b>								
LOU, CINDY	HZ	<b>No Injury</b> Hazardous Personal Attire	<b>Reinstruction of Person Involved</b>					
<b>4/7/2018</b>								
MALES, LEE	REO	<b>Repetitive Strain</b>						
<b>4/10/2018</b>								
SMITH, ANGELINA	HREO	<b>Sharps</b> Unsafe Equipment	<b>Installation of Guard or Safety Device</b>	1-Jun-18	<b>2-Jun-18</b>	8-Jun-18	<b>Gina Davis</b>	Replaced with SEMD and spoke to employee
<b>Grand Total</b>								