90511

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section 1. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial (b) (6)
2. Grade Contractor
4. Age (b) (6)
5. Occupation/Duty When Injured showering out of (b) (6) Chem Shower
6. Injury Hour 1200 Date 4Jan12
7. Return to Duty Hour Date
8. Location Where Injury Occurred Bldg #: 1425 Room #: (b) (6)

9. How Incident Occurred (Tell exactly what employee was doing and what caused the injury/incident.) (Continue on second page, if necessary.)
Started chem shower and after I pulled my suit up I noticed 2 small holes in corners of top of suit. I kept an eye on them throughout the shower + the one hole (right side) never had any water come in. The left side hole had one bead of water appear and then dry

10. Unit or Organization USAMRIID
11. Name of Supervisor (b) (6)
12. Work Phone Number (b) (6)

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident (b) (6)

2. Disposition (Check One)
☐ Hospital ☐ Send Home/Quarters ☒ Return to Regular Duty
☐ Return to Light duty ☐ Other (Specify)

3. Estimated Absence in Days Beyond Day on Which Injury Occurrred 0
4. Name of Medical Officer (b) (6)
5. Telephone (b) (6)

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL
1. Unsafe Methods, Processes, Procedures
2. Inadequate Safeguards, Safety Equipment
3. Improper or Defective Equipment
4. Hazardous Location
5. Poor Housekeeping

PERSONEL FACTORS
1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Emotional - Anger, Fear, Resentment, Worry
3. Lack of Skill or Knowledge
4. Attitude - Indifferent, Belligerent
5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)
(3) - a defect in the individual's pressurized encapsulated suit may be the cause for this incident. The individual did not take any unsafe steps or ~~violate~~ any safety protocols.

(b) (6)
Supervisor's Signature 4Jan2012

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.)
Individual will continue to closely examine integrity of pressurized encapsulated suit for possible defects prior to entry into the BSL4 suites. Any defects will be promptly reported.

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See Safety Closeout

Safety Representative Signature (b) (6)

(b) (6)

Section 1. To be Completed by Supervisor and Delivered by Patient to Dispensary. (CONTINUATION)

9. How incident occurred. (Tell exactly what employee was doing and what caused the injury/incident.)

SECTION II. To be Completed by Medical Officer (CONTINUATION)

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure.

SECTION III. Supervisor's Accident Analysis (CONTINUATION)

Using the Above Guidance, State Specific Causes

Supervisor's Statement of Corrective Action Taken/Anticipated

SECTION IV. Patient's Statement (CONTINUATION)

SECTION V. Safety Office Conclusion/Comment and Disposition (CONTINUATION)

90611

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

SOPAC-02-21-01

Section 1. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial *(Person Injured)* (b) (6)
2. Grade
4. Age (b) (6)

5. Occupation/Duty When Injured	6. Injury	7. Return to Duty	8. Location Where Injury Occurred
Animal Caretaker	Hour 9:30 am	Hour 12:15 pm	Bldg #: 1408
	Date 1/5/12	Date 1/5/12	Room #: (b) (6)

9. How Incident Occurred *(Tell exactly what employee was doing and wht caused the injury/incident.) (Continue on second page, if necessary.)*
I was picking up stool and hosing the screen off. I turned my head to the right and hit my left hand with the water. Then it shot up under my face shield and into my left eye.

10. Unit or Organization	11. Name of Supervisor	12. Work Phone Number
(b) (6)	(b) (6)	(b) (6)

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure. (Continue on second page, if necessary.)
See attached discharge summary

Date Treated (b) (6)

2. Disposition *(Check One)* ☐ Hospital ☐ Send Home/Quarters ☐ Return to Regular Duty ☐ Return to Light duty ☐ Other *(Specify)*

3. Estimated Absence in Days Beyond Day on Which Injury Occurred	4. Name of Medical Officer	5. Telephone

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL	PERSONEL FACTORS
1. Unsafe Methods, Processes, Procedures	1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Inadequate Safeguards, Safety Equipment	2. Emotional - Anger, Fear, Resentment, Worry
3. Improper or Defective Equipment	3. Lack of Skill or Knowledge
4. Hazardous Location	4. Attitude - Indifferent, Belligerent
5. Poor Housekeeping	5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)
Lack of attention while preforming daily task of hosing down dirty cages and removal of waste.

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary)
Retraining on the importance of always keeping your attention on the task at hand in order to prevent injury

Supervisor's Signature (b) (6)

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)
See Safety Closeout.

Safety Representative Signature (b) (6)

(b) (6)

Section 1. To be Completed by Supervisor and Delivered by Patient to Dispensary. (CONTINUATION)
9. How incident occurred. (Tell exactly what employee was doing and what caused the injury/incident.)
SECTION II. To be Completed by Medical Officer (CONTINUATION)
1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure.
SECTION III. Supervisor's Accident Analysis (CONTINUATION)
Using the Above Guidance, State Specific Causes
Supervisor's Statement of Corrective Action Taken/Anticipated
SECTION IV. Patient's Statement (CONTINUATION)
SECTION V. Safety Office Conclusion/Comment and Disposition (CONTINUATION)

90711

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section 1. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle initial *(Person Injured)* (b) (6)

2. Grade DE-02 4. Age (b) (6)

5. Occupation/Duty When Injured	6. Injury	7. Return to Duty	8. Location Where Injury Occurred
	Hour 1010	Hour	Bldg #: 1412 (b) (6)
	Date 10JAN2012	Date	Room #: (b) (6)

9. How Incident Occurred *(Tell exactly what employee was doing and wht caused the injury/incident.) (Continue on second page, if necessary.)*
WORKING ON LADDER TO Remove Light out of ceiling

10. Unit or Organization	11. Name of Supervisor	12. Work Phone Number
USAMRIID	(b) (6)	(b) (6)

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure (Describe Site)
(b) (6)

Disposition (Check One) ☐ Hospital ☐ Send Home/Quarters ☐ Return to Regular Duty

☐ Return to Light duty ☒ Other *(Specify)* Urgent Care

3. Estimated Absence In Days Beyond Day on Which Injury Occurrred	4. Name of Medical Officer	5. Telephone
1-2 days	(b) (6)	(b) (6)

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL	PERSONEL FACTORS
1. Unsafe Methods, Processes, Procedures	1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Indequate Safeguards, Safety Equipment	2. Emotional - Anger, Fear, Resentment, Worry
3. Improper or Defective Equipment	3. Lack of Skill or Knowledge
4. Hazardous Location	4. Attitude - Indifferent, Belligerent
5. Poor Housekeeping	5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)
(b)(6) WAS REACHING TO PERFORM TASK. ALL PROPER SAFETY PRECAUTIONS WERE TAKEN.
(b) (6) 1-11-2012

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.) Supervisor's Signature
FUTURE TRAINING DISCUSSIONS WILL BE CONDUCTED AGAIN ALL SAFETY PRECAUTIONS WERE IN PLACE
(b) (6) 1-11-2012

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See safety closeout.

Safety Representative Signature
(b) (6)

Section 1. To be Completed by Supervisor and Delivered by Patient to Dispensary. (CONTINUATION)
9. How incident occurred. (Tell exactly what employee was doing and what caused the injury/incident.)
SECTION II. To be Completed by Medical Officer (CONTINUATION)
1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure.
SECTION III. Supervisor's Accident Analysis (CONTINUATION)
Using the Above Guidance, State Specific Causes
Supervisor's Statement of Corrective Action Taken/Anticipated
SECTION IV. Patient's Statement (CONTINUATION)
SECTION V. Safety Office Conclusion/Comment and Disposition (CONTINUATION)

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section 1. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial (Person injured): (b)(6) [redacted] — Civilian

4. Age: (b) (6) [redacted]

5. Occupation/Duty When Injured	6. Injury	7. Return to Duty	8. Location Where Injury Occurred
Cagewash Clean Side	Hour 1015	Hour 1045	Bldg #:
	Date 1/23/12	Date 1/23/12	Room #:

9. How Incident Occurred (Tell exactly what employee was doing and wht caused the injury/incident.) (Continue on second page, if necessary.)

Turning hose on cut top of middle finger (left hand) when turning on.

10. Unit or Organization	11. Name of Supervisor	12. Work Phone Number
(b) (6) [redacted]	(b) (6) [redacted]	(b) (6) [redacted]

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure (Continue on second page, if necessary.)

(b) (6) [redacted]

Date Treated

2. Disposition (Check One)

☐ Hospital ☐ Send Home/Quarters ☑ Return to Regular Duty

☐ Return to Light duty ☐ Other (Specify)

3. Estimated Absence in Days Beyond Day on Which Injury Occurred	4. Name of Medical Officer	5. Telephone

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL
1. Unsafe Methods, Processes, Procedures
2. Inadequate Safeguards, Safety Equipment
3. Improper or Defective Equipment
4. Hazardous Location
5. Poor Housekeeping

PERSONEL FACTORS
1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Emotional - Anger, Fear, Resentment, Worry
3. Lack of Skill or Knowledge
4. Attitude - Indifferent, Belligerent
5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)

(b) (6) [redacted]

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.) Supervisor's Signature

The handle that caught the top of the employee finger was moved to a 90 degree angle of the hose bib.

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See Safety Closeout

(b) (6) [redacted]

(b) (6) [redacted]

Section 1. To be Completed by Supervisor and Delivered by Patient to Dispensary. (CONTINUATION)
9. How incident occurred. (Tell exactly what employee was doing and what caused the injury/incident.)
SECTION II. To be Completed by Medical Officer (CONTINUATION)
1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure.
SECTION III. Supervisor's Accident Analysis (CONTINUATION)
Using the Above Guidance, State Specific Causes
Supervisor's Statement of Corrective Action Taken/Anticipated
SECTION IV. Patient's Statement (CONTINUATION)
SECTION V. Safety Office Conclusion/Comment and Disposition (CONTINUATION)

910-11

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section 1. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial *(Person Injured)* (b) (6)
2. Grade DB IV 4. Age (b) (6)
5. Occupation/Duty When Injured
6. Injury Hour morning Date 01/31/12
7. Return to Duty Hour afternoon Date 01/31/12
8. Location Where Injury Occurred Bldg #: 1412 Room #: (b) (6)
9. How Incident Occurred *(Tell exactly what employee was doing and what caused the injury/incident.) (Continue on second page, if necessary.)* See attached
10. Unit or Organization USAMRIID (b) (6)
11. Name of Supervisor (b) (6)
12. Work Phone Number (b) (6)

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure (b) (6) Date Treated
Disposition (Check One) ☐ Hospital ☐ Send Home/Quarters ☒ Return to Regular Duty
☐ Return to Light duty ☐ Other *(Specify)*
3. Estimated Absence in Days Beyond Day on Which Injury Occurred 0
4. (b) (6)
5. Telephone (b) (6)

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL
1. Unsafe Methods, Processes, Procedures
2. Inadequate Safeguards, Safety Equipment
3. Improper or Defective Equipment
4. Hazardous Location
5. Poor Housekeeping

PERSONEL FACTORS
1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Emotional - Anger, Fear, Resentment, Worry
3. Lack of Skill or Knowledge
4. Attitude - Indifferent, Belligerent
5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.) There were no personal factors contributing to this incident. Tubes may have been on undetected aspect in the room containing the ethanol.

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.) The employee handled the situation properly and I don't anticipate that any corrective action will be needed. Supervisor's Signature (b) (6)

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See safety closeout (b) (6)

Section 1. To be Completed by Supervisor and Delivered by Patient to Dispensary. (CONTINUATION)
9. How incident occurred. (Tell exactly what employee was doing and what caused the injury/incident.)
SECTION II. To be Completed by Medical Officer (CONTINUATION)
1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure.
SECTION III. Supervisor's Accident Analysis (CONTINUATION)
Using the Above Guidance, State Specific Causes
Supervisor's Statement of Corrective Action Taken/Anticipated
SECTION IV. Patient's Statement (CONTINUATION)
SECTION V. Safety Office Conclusion/Comment and Disposition (CONTINUATION)

Subject: Denatured ethanol spill
Date: Tuesday, January 31, 2012 2:01 PM
From: (b) (6)
To: (b) (6)
Cc:

I was working in my laboratory (1412, (b) (6)) all morning and did not smell anything abnormal until late morning. My initial reaction was to look for the source of the smell in various drains inside the room. Then I checked my flammable cabinet and saw that my 4L can of denatured ethanol was leaking from the bottom and had filled up the bottom of my cabinet. I placed a tub underneath the can and transported it to the chemical cabinet. At no point did I get any ethanol on me. Within 5-10 minutes after the smell was detected, I called safety and exited the area. I also contacted members of the laboratory next door and people in the adjacent hallway about the spill. I was never "light headed" and did not have any exposure issues.

911-11

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section 1. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial *(Person Injured)* (b) (6)

2. Grade Contractor 4. Age (b) (6)

5. Occupation/Duty When Injured Lab Tech (b) (6)

6. Injury Hour 1600 Date 2/2/2012

7. Return to Duty Hour 1610 Date 2/2/2012

8. Location Where Injury Occurred Bldg #: 1425 Room #: (b) (6)

9. How Incident Occurred *(Tell exactly what employee was doing and wht caused the injury/incident.) (Continue on second page, if necessary.)*

Found hole when working in BSC

10. Unit or Organization (b) (6)

11. Name of Supervisor (b) (6)

12. Work Phone Number (b) (6)

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure. (Continue on second page, if necessary.)

(b) (6)

Date ~~Treated~~ Evaluated 2/3/2012

2. Disposition *(Check One)*

☐ Hospital ☐ Send Home/Quarters ☒ Return to Regular Duty

☐ Return to Light duty ☐ Other *(Specify)*

3. Estimated Absence in Days Beyond Day on Which Injury Occurrred 0

4. Name of Medical Officer (b) (6)

5. Telephone (b) (6)

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL	PERSONEL FACTORS
1. Unsafe Methods, Processes, Procedures	1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Indequate Safeguards, Safety Equipment	2. Emotional - Anger, Fear, Resentment, Worry
3. Improper or Defective Equipment	3. Lack of Skill or Knowledge
4. Hazardous Location	4. Attitude - Indifferent, Belligerent
5. Poor Housekeeping	5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)

No feedback from supervisor after 2+ attempts.

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.)

Supervisor's Signature (b) (6)

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See safety closeout.

Safety Representative Signature (b) (6)

(b) (6) Sex: (b)(6)

(b) (6)

Section 1. To be Completed by Supervisor and Delivered by Patient to Dispensary. (CONTINUATION)

9. How incident occurred. (Tell exactly what employee was doing and what caused the injury/incident.)

SECTION II. To be Completed by Medical Officer (CONTINUATION)

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure.

SECTION III. Supervisor's Accident Analysis (CONTINUATION)

Using the Above Guidance, State Specific Causes

Supervisor's Statement of Corrective Action Taken/Anticipated

SECTION IV. Patient's Statement (CONTINUATION)

SECTION V. Safety Office Conclusion/Comment and Disposition (CONTINUATION)

9/2/11

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section 1. To be completed by supervisor and delivered by patient to dispensary

1. NAME - Last, first, Middle Initial (Person Injured) (b) (6) [redacted]

2. Grade DE2 4. Age (b) (6) [redacted]

5. Occupation/Duty When Injured	6. Injury	7. Return to Duty	8. Location Where Injury Occurred
ENG. TECH.	Hour 10:30 AM	Hour	Bldg #: 1425
	Date 2/6/12	Date	Room #: (b) (6) [redacted]

9. How Incident Occurred (Tell exactly what employee was doing and wht caused the injury/incident.) (Continue on second page, if necessary.)

CARRYING TOOL BAG W/ STUFF PULLED SOMETHING POPPED LEFT KNEE

10. Unit or Organization	11. Name of Supervisor	12. Work Phone Number
(b) (6) [redacted]	(b) (6) [redacted]	(b) (6) [redacted]

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure (b) (6) [redacted]

2. Disposition (Check One)

☐ Hospital ☑ Send Home/Quarters UNTIL AM, THEN R.T.D. ☐ Return to Regular Duty

☐ Return to Light duty ☐ Other (Specify)

3. Estimated Absence in Days Beyond Day on Which Injury Occurrred	4. Name of Medical Officer	5. Telephone
Ø	(b) (6) [redacted]	

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL	PERSONEL FACTORS
1. Unsafe Methods, Processes, Procedures	1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Indequate Safeguards, Safety Equipment	2. Emotional - Anger, Fear, Resentment, Worry
3. Improper or Defective Equipment	3. Lack of Skill or Knowledge
4. Hazardous Location	4. Attitude - Indifferent, Belligerent
5. Poor Housekeeping	5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)

NO EVIDENCE OF ENVIROMETAL CONDITION OR PERSONAL ISSUE WITH INJURY

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.) Supervisor's Signature (b) (6) [redacted] 2-9-2012

NO CORRECTIVE ACTION ANTICIPATED/OR REQUIRED AT THIS (b) (6) [redacted] TIME

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See Safety Closeout (b) (6) [redacted]

Section 1. To be Completed by Supervisor and Delivered by Patient to Dispensary. (CONTINUATION)
9. How incident occurred. (Tell exactly what employee was doing and what caused the injury/incident.)
SECTION II. To be Completed by Medical Officer (CONTINUATION)
1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure.
SECTION III. Supervisor's Accident Analysis (CONTINUATION)
Using the Above Guidance, State Specific Causes
Supervisor's Statement of Corrective Action Taken/Anticipated
SECTION IV. Patient's Statement (CONTINUATION)
SECTION V. Safety Office Conclusion/Comment and Disposition (CONTINUATION)

9/6/11

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section 1. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle initial (Person Injured) (b) (6) SOP-AC-06-32-05
2. Grade N/A 4. Age (b) (6)

5. Occupation/Duty When Injured	6. Injury	7. Return to Duty	8. Location Where Injury Occurred
CARETAKER	Hour 7:15	Hour	Bldg #: 1408
	Date 2-16-12	Date	Room #: (b) (6)

9. How Incident Occurred *(Tell exactly what employee was doing and what caused the injury/incident.) (Continue on second page, if necessary.)*
TRying to Lube-up AN MITP WRIST, WRIST was caught IN cage

10. Unit or Organization (b) (6) 11. Name of Supervisor (b) (6)

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure (Cont'd on second page, if necessary.) (b) (6)

2. A Hospital Referral ☐ Send Home/Quarters ☐ Return to Regular Duty

☒ Return to Light duty ☐ Other (Specify) (b) (6)

3. Estimated Absence in Days Beyond Day on Which Injury Occurred 0 4. Name of Medical Officer (b) (6)

SECTION III. Supervisor's Accident Analysis ROSAM / CMA

ENVIRONMENTAL
1. Unsafe Methods, Processes, Procedures
2. Inadequate Safeguards, Safety Equipment
3. Improper or Defective Equipment
4. Hazardous Location
5. Poor Housekeeping

PERSONEL FACTORS
1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Emotional - Anger, Fear, Resentment, Worry
3. Lack of Skill or Knowledge
4. Attitude - Indifferent, Belligerent
5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)
Finger was hit ~~caught~~ when attempting to free hand from cage floor.

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.)
I will ~~re-train~~ retrain in order to emphasize the importance of being aware of where your hands are when working around cages, especially with caught fingers.

Supervisor's Signature (b) (6)

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See Safety closeout.

Safety Representative Signature (b) (6)

(b) (6)

(b) (6) [redacted]

[redacted] and Monkey collected and sent to

(b) (6) [redacted] per SOP.

9171

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section 1. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial (b) (6) *(Person Injured)*
2. Grade DB-4 4. Age (b) (6)

5. Occupation/Duty When Injured	6. Injury	7. Return to Duty	8. Location Where Injury Occurred
(b) (6)	Hour ~1300 h	Hour	Bldg #: 1425
Taking apart telemetry equipt	Date 28 Feb 02	Date	Room #: (b) (6)

9. How Incident Occurred *(Tell exactly what employee was doing and wht caused the injury/incident.) (Continue on second page, if necessary.)*

Removing black tape from equipment

10. Unit or Organization (b) (6) 11. Name of Supervisor 12. Work Phone Number

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure (Code)

(b) (6)

2/28/2012
Date Treated evaluated

2. Disposition *(Check One)* ☐ Hospital ☐ Send Home/Quarters ☒ Return to Regular Duty ☐ Return to Light duty ☐ Other *(Specify)*

3. Estimated Absence in Days Beyond Day on Which Injury Occurred 0 4. Name of Medical Officer (b) (6) 5. Telephone (b) (6)

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL
1. Unsafe Methods, Processes, Procedures
2. Inadequate Safeguards, Safety Equipment
3. Improper or Defective Equipment
X 4. Hazardous Location
X 5. Poor Housekeeping

PERSONEL FACTORS
NA
1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Emotional - Anger, Fear, Resentment, Worry
3. Lack of Skill or Knowledge
4. Attitude - Indifferent, Belligerent
5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)

Weakness in gloves

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.) **Supervisor's Signature**

Improved storage conditions for the gloves; rotation of gloves so that they are not old when used; change gloves more frequently

(b) (6) (b) (6)

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See Safety document.

(b) (6)

Section 1. To be Completed by Supervisor and Delivered by Patient to Dispensary. (CONTINUATION)
9. How incident occurred. (Tell exactly what employee was doing and what caused the injury/incident.)
SECTION II. To be Completed by Medical Officer (CONTINUATION)
1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure.
SECTION III. Supervisor's Accident Analysis (CONTINUATION)
Using the Above Guidance, State Specific Causes
Supervisor's Statement of Corrective Action Taken/Anticipated
SECTION IV. Patient's Statement (CONTINUATION)
SECTION V. Safety Office Conclusion/Comment and Disposition (CONTINUATION)

918-11

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section I. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial *(Person injured)* (b) (6)

2. Grade DB-02 4. Age (b) (6)

5. Occupation/Duty When Injured	6. Injury	7. Return to Duty	8. Location Where Injury Occurred
(b) (6)	Hour 1455	Hour	Bldg #: 1425
	Date 28 Feb 12	Date	Room #: (b) (6)

9. How Incident Occurred *(Tell exactly what employee was doing and what caused the injury/incident.) (Continue on second page, if necessary.)*
Adjusted my airhose as it was pushing into my glove. Less than a minute later I noticed a tear

10. Unit or Organization	11. Name of Supervisor	12. Work Phone Number
(b) (6)	(b) (6)	(b) (6)

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure *(Continue on second page, if necessary.)*
(b) (6)
evaluated 4/28/2012

2. Disposition *(Check One)* ☐ Hospital ☐ Send Home/Quarters ☒ Return to Regular Duty ☐ Return to Light duty ☐ Other *(Specify)*

3. Estimated Absence in Days Beyond Day on Which Injury Occurred 0 (b) (6) 5. Telephone (b) (6)

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL	PERSONEL FACTORS
1. Unsafe Methods, Processes, Procedures	1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Inadequate Safeguards, Safety Equipment	2. Emotional - Anger, Fear, Resentment, Worry
3. Improper or Defective Equipment	3. Lack of Skill or Knowledge
4. Hazardous Location	4. Attitude - Indifferent, Belligerent
5. Poor Housekeeping	5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.)
Supervisor had the employee read the attached new procedures, then discussed.

Supervisor's Signature (b) (6)

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)
See Safety closeout. (b) (6)

(b) (6)

919-11

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section 1. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial (Person Injured) (b) (6)
2. Grade DB-0304 4. Age (b) (6)

5. Occupation/Duty When Injured	6. Injury Incident	7. Return to Duty	8. Location Where Injury Occurred
	Hour 1500	Hour	Bldg #: 1425
	Date 2mar2012	Date	Room #: (b) (6)

9. How Incident Occurred *(Tell exactly what employee was doing and wht caused the injury/incident.) (Continue on second page, if necessary.)*

Found hole in suit when coming out of (b)(6) Chemical Shower

10. Unit or Organization	11. Name of Supervisor	12. Work Phone Number
USAMRIID (b) (6)	(b) (6)	(b) (6)

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure (Continue on second page, if necessary.)

(b) (6)

2. Disposition (Check One) ☐ Hospital ☐ Send Home/Quarters ☒ Return to Regular Duty

☐ Return to Light duty ☐ Other *(Specify)*

3. Estimated Absence in Days Beyond Day on Which Injury Occurrred	4. Name of Medical Officer	5. Telephone
0	(b) (6)	(b) (6)

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL
1. Unsafe Methods, Processes, Procedures
2. Inadequate Safeguards, Safety Equipment
3. Improper or Defective Equipment
4. Hazardous Location
5. Poor Housekeeping

(b) (6)

PERSONEL FACTORS
1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Emotional - Anger, Fear, Resentment, Worry
3. Lack of Skill or Knowledge
4. Attitude - Indifferent, Belligerent
5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)

Suit is worn at the seam. user did not care tech

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.) Supervisor's Signature

None

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See safety document.

(b) (6)

(b) (6)

Section 1. To be Completed by Supervisor and Delivered by Patient to Dispensary. (CONTINUATION)

9. How incident occurred. (Tell exactly what employee was doing and what caused the injury/incident.)

SECTION II. To be Completed by Medical Officer (CONTINUATION)

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure.

(b) (6)

[redacted]

SECTION III. Supervisor's Accident Analysis (CONTINUATION)

Using the Above Guidance, State Specific Causes

Supervisor's Statement of Corrective Action Taken/Anticipated

SECTION IV. Patient's Statement (CONTINUATION)

SECTION V. Safety Office Conclusion/Comment and Disposition (CONTINUATION)

920-11

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section 1. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial *(Person Injured)* (b) (6)

2. Grade 4. Age (b) (6)

5. Occupation/Duty When Injured	6. Injury	7. Return to Duty	8. Location Where Injury Occurred
Lab technician	Hour 930	Hour	Bldg #: 1425
	Date 8MAR2012	Date	Room #: (b) (6)

9. How Incident Occurred *(Tell exactly what employee was doing and wht caused the injury/incident.) (Continue on second page, if necessary.)*

Ring finger - Ring rubbed while gloves were on & glove rubbed make the skin raw and began to bleed.

10. Unit or Organization	11. Name of Supervisor	12. Work Phone Number
(b)(6)	(b) (6)	(b) (6)

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure. (Continue on second page, if necessary.)

(b) (6)

Date ~~Treated~~ Evaluated 3/8/2012

2. Disposition *(Check One)* ☐ Hospital ☐ Send Home/Quarters ☐ Return to Regular Duty

☐ Return to Light duty ☒ Other (b) (6)

3. Estimated Absence in Days Beyond Day on Which Injury Occurrred 0

4. Name of Medical Officer (b) (6) (b) (6) (b) (6)

5. Telephone (b) (6)

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL	PERSONEL FACTORS
1. Unsafe Methods, Processes, Procedures	1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Indequate Safeguards, Safety Equipment	2. Emotional - Anger, Fear, Resentment, Worry
3. Improper or Defective Equipment	3. Lack of Skill or Knowledge
4. Hazardous Location	4. Attitude - Indifferent, Belligerent
5. Poor Housekeeping	5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)

(b) (6) (b) (6)

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.) Supervisor's Signature

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See Safety closeout.

Safety Representative Signature (b) (6)

Section 1. To be Completed by Supervisor and Delivered by Patient to Dispensary. (CONTINUATION)

9. How incident occurred. (Tell exactly what employee was doing and what caused the injury/incident.)

SECTION II. To be Completed by Medical Officer (CONTINUATION)

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure.

SECTION III. Supervisor's Accident Analysis (CONTINUATION)

Using the Above Guidance, State Specific Causes

Supervisor's Statement of Corrective Action Taken/Anticipated

SECTION IV. Patient's Statement (CONTINUATION)

SECTION V. Safety Office Conclusion/Comment and Disposition (CONTINUATION)

921-11

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section I. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial (Person Injured) (b) (6)

2. Grade CTR 4. Age (b) (6)

5. Occupation/Duty When Injured | 6. Injury Hour 1415 Date 3/8/12 | 7. Return to Duty Hour Date 3/8/12 | 8. Location Where Injury Occurred Bldg #. 1425 Room # (b) (6)

9. How Incident Occurred (Tell exactly what employee was doing and what caused the injury/incident.) (Continue on second page, if necessary.)

Noticed a hole in my suit while cleaning out

10. Unit or Organization (b) (6) | 11. Name of Supervisor (b) (6) | 12. Work Phone Number (b) (6)

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure. (Continue on second page, if necessary.)

(b) (6) Date 3/8/2012

2. Disposition (Check One) ☐ Hospital ☐ Send Home/Quarters ☒ Return to Regular Duty ☐ Return to Light duty ☐ Other (Specify)

3. Estimated Absence in Days Beyond Day on Which Injury Occurred: 0 | 4. Name of Medical Officer (b) (6) (b) (6) | 5. Telephone (b) (6)

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL
1. Unsafe Methods, Processes, Procedures
2. Inadequate Safeguards, Safety Equipment
3. Improper or Defective Equipment
4. Hazardous Location
5. Poor Housekeeping

PERSONEL FACTORS
1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Emotional - Anger, Fear, Resentment, Worry
3. Lack of Skill or Knowledge
4. Attitude - Indifferent, Belligerent
5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)

(3) Defective equipment

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.)

Suit was repaired, no employee council necessary

Supervisor's Signature (b) (6)

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See safety closeout.

Safety Representative Signature (b) (6) (b) (6)

927-11

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section I. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial (Person Injured): (b) (6)
2. Grade: WG6
4. Age: (b) (6)
5. Occupation/Duty When Injured: Animal Caretaker
6. Injury: Hour 11:00 a.m. Date 03/29/2012
7. Return to Duty: Hour 11:00 a.m. Date 03/29/2012
8. Location Where Injury Occurred: Bldg #: 1412 Room #: (b) (6)
9. How Incident Occurred (Tell exactly what employee was doing and what caused the injury/incident.) (Continue on second page, if necessary.)

Individual was putting in a cage divider when it slipped and catching it strained his thumb on his right hand.

10. Unit or Organization: (b) (6)
11. Name of Supervisor: (b) (6)
12. Work Phone Number: (b) (6)

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of: (b) (6)

☐ Hospital ☐ Send Home/Quarters ☐ Return to Regular Duty
☑ Return to Light duty ☐ Other (Specify)

3. Estimated Abse... (b) (6) MAR 29 2012 (b) (6)

SECTION III. Supervis...

ENVIRONMENTAL	PERSONEL FACTORS
1. Unsafe Methods, Processes, Procedures	1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Inadequate Safeguards, Safety Equipment	2. Emotional - Anger, Fear, Resentment, Worry
3. Improper or Defective Equipment	3. Lack of Skill or Knowledge
4. Hazardous Location	4. Attitude - Indifferent, Belligerent
5. Poor Housekeeping	5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)

Unable to determine how to classify the cause. Employee was catching a divider that slipped out of [redacted] hand. (b) (6)

(b) (6)

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.)

No corrective action Anticipated

Supervisor's Signature

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See dossat memorandum.

Safety Representative Signature

(b) (6)

(b) (6)

Section 1. To be Completed by Supervisor and Delivered by Patient to Dispensary. (CONTINUATION)
9. How incident occurred. (Tell exactly what employee was doing and what caused the injury/incident.)
Employee was putting a rack divider back in place when it slipped out of (b) (6) hand. (b) (6) attempted to catch it with (b) (6) right hand and unfortunately it landed on (b) (6) right thumb instead of (b) (6) palm.
SECTION II. To be Completed by Medical Officer (CONTINUATION)
1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure.
SECTION III. Supervisor's Accident Analysis (CONTINUATION)
Using the Above Guidance, State Specific Causes
Supervisor's Statement of Corrective Action Taken/Anticipated
SECTION IV. Patient's Statement (CONTINUATION)
SECTION V. Safety Office Conclusion/Comment and Disposition (CONTINUATION)

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

929-11

Section 1. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial *(Person Injured)* (b) (6) (b) (6)

2. Grade 4. Age (b) (6)

5. Occupation/Duty When Injured	6. Injury	7. Return to Duty	8. Location Where Injury Occurred
(b) (6)	Hour 12:15	Hour	Bldg #: 1425
	Date 3 April 12	Date	Room # (b) (6)

9. How Incident Occurred *(Tell exactly what employee was doing and wht caused the injury/incident.) (Continue on second page, if necessary.)*

Knocked plate of cell culture infected w/ monkeypox from incubator to floor.

10. Unit or Organization	11. Name of Supervisor	12. Work Phone Number
USAMRIID	(b) (6)	(b) (6)

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure (b) (6) 3 April 12 Date Treated

2. Disposition *(Check One)* ☐ Hospital ☐ Send Home/Quarters ☒ Return to Regular Duty ☐ Return to Light duty ☐ Other *(Specify)*

3. Estimated Absence in Days Beyond Day on Which Injury Occurrred	4. Name of Medical Officer	5. Telephone
NA	(b) (6)	(b) (6)

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL
1. Unsafe Methods, Processes, Procedures
2. Indequate Safeguards, Safety Equipment
3. Improper or Defective Equipment
4. Hazardous Location
5. Poor Housekeeping

PERSONEL FACTORS
1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Emotional - Anger, Fear, Resentment, Worry
3. Lack of Skill or Knowledge
4. Attitude - Indifferent, Belligerent
5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)
RIID member accidentally brushed plate. more care could have been taken to ensure his hand cleared the plate before (b) (6) removed it from the incubator

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.)
Be more careful

Supervisor's Signature (b) (6)

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See safety closeout

Safety Representative Signature (b) (6)

(b) (6)

Section 1. To be Completed by Supervisor and Delivered by Patient to Dispensary. (CONTINUATION)

9. How incident occurred. (Tell exactly what employee was doing and what caused the injury/incident.)

SECTION II. To be Completed by Medical Officer (CONTINUATION)

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure.

SECTION III. Supervisor's Accident Analysis (CONTINUATION)

Using the Above Guidance, State Specific Causes

Supervisor's Statement of Corrective Action Taken/Anticipated

SECTION IV. Patient's Statement (CONTINUATION)

SECTION V. Safety Office Conclusion/Comment and Disposition (CONTINUATION)

930-11

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section 1. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial (b) (6) *(Person Injured)*

2. Grade Contractor 4. Age (b) (6)

5. Occupation/Duty When Injured	6. Injury	7. Return to Duty	8. Location Where Injury Occurred
Animal Caretaker	Hour 10:35	Hour	Bldg #: 1412
	Date 4/10/12	Date	Room #: (b) (6)

9. How Incident Occurred *(Tell exactly what employee was doing and what caused the injury/incident.) (Continue on second page, if necessary.)*
I was spraying under a cage in room (b) (6) of 1412 when the hoss rolled and splashed me

10. Unit or Organization	11. Name of Supervisor	12. Work Phone Number
	(b) (6)	(b) (6)

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure (Continue on second page, if necessary.)
(b)(6)

2. Disposition *(Check One)* ☐ Hospital ☐ Send Home/Quarters ☒ Return to Regular Duty ☐ Return to Light duty ☐ Other *(Specify)*

3. Estimated Absence in Days Beyond Day on Which Injury Occurrred — NONE —

4. Name of Medical Officer (b) (6) (b) (6)

5. Telephone (b) (6)

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL	PERSONEL FACTORS
1. Unsafe Methods, Processes, Procedures	1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Indequate Safeguards, Safety Equipment	2. Emotional - Anger, Fear, Resentment, Worry
3. Improper or Defective Equipment	3. Lack of Skill or Knowledge
4. Hazardous Location	4. Attitude - Indifferent, Belligerent
5. Poor Housekeeping	5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)
~~Ross Hoss~~ Potential Splash to eye while Cleaning a Manque run. Nozzle slipped while hosing and Created a Splash in a puddle of stagnant urine

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.)
Retrain to use Caution while Cleaning to prevent Splashes

Supervisor's Signature (b) (6)

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See Safety Closeout

(b) (6)

(b) (6)

Section 1. To be Completed by Supervisor and Delivered by Patient to Dispensary. (CONTINUATION)

9. How incident occurred. (Tell exactly what employee was doing and what caused the injury/incident.)

SECTION II. To be Completed by Medical Officer (CONTINUATION)

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure.

SECTION III. Supervisor's Accident Analysis (CONTINUATION)

Using the Above Guidance, State Specific Causes

Supervisor's Statement of Corrective Action Taken/Anticipated

SECTION IV. Patient's Statement (CONTINUATION)

SECTION V. Safety Office Conclusion/Comment and Disposition (CONTINUATION)

932-11

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section 1. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial *(Person Injured)* (b) (6) [redacted]

2. Grade DB-II 4. Age (b) (6) [redacted]

5. Occupation/Duty When Injured: Research Microbiologist

6. Injury: Hour 1430; Date 11Apr12

7. Return to Duty: Hour; Date

8. Location Where Injury Occurred: Bldg #: 1425; Room #: (b) (6) [redacted]

9. How Incident Occurred *(Tell exactly what employee was doing and wht caused the injury/incident.) (Continue on second page, if necessary.)*
went to turn hose off and scraped back of left hand on pipe next to it sticking out from wall

10. Unit or Organization: USAMRIID

11. Name of Supervisor: (b) (6) [redacted]

12. Work Phone Number: (b) (6) [redacted]

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure: (b)(6) [redacted] Date Treated: (b) (6) [redacted]

2. Disposition *(Check One)*: ☐ Hospital ☐ Send Home/Quarters ☑ Return to Regular Duty ☐ Return to Light duty ☑ Other *(Specify)* (b)(6) [redacted]

3. Estimated Absence in Days Beyond Day on Which Injury Oc[redacted] (b) (6) [redacted] 5. Telephone (b) (6) [redacted]

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL
1. Unsafe Methods, Processes, Procedures
2. Inadequate Safeguards, Safety Equipment
3. Improper or Defective Equipment
4. Hazardous Location
5. Poor Housekeeping

PERSONEL FACTORS
1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Emotional - Anger, Fear, Resentment, Worry
3. Lack of Skill or Knowledge
4. Attitude - Indifferent, Belligerent
5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)
4: HAZARDOUS LOCATION: METAL CLAMP ON PIC PIPE NEAR HOSE BIB CAUSED ABRASION

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.) Supervisor's Signature
(b)(6) [redacted] SHOULD MITIGATE HAZARD (b) (6) [redacted]

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)
See Safety Assessment. (b) (6) [redacted]

Fort Detrick Form 385-10f, July 2008 Page 1 (b) (6) [redacted] PE v2.00

*Send signed copy to (b) (6) [redacted]

Section 1. To be Completed by Supervisor and Delivered by Patient to Dispensary. (CONTINUATION)

9. How incident occurred. (Tell exactly what employee was doing and what caused the injury/incident.)

Sustained superficial abrasion & cut while clamping on PVC pipe. Pt was in a hallway inside the BCTP building. Was treated per.

(b) (6)

SECTION II. To be Completed by Medical Officer (CONTINUATION)

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure.

SECTION III. Supervisor's Accident Analysis (CONTINUATION)

Using the Above Guidance, State Specific Causes

Supervisor's Statement of Corrective Action Taken/Anticipated

SECTION IV. Patient's Statement (CONTINUATION)

SECTION V. Safety Office Conclusion/Comment and Disposition (CONTINUATION)

933-11

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section 1. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial *(Person Injured)* (b) (6)

2. Grade

4. Age (b) (6)

5. Occupation/Duty When Injured: tech

6. Injury: Hour / Date 4/13/12

7. Return to Duty: Hour / Date 4/13/12

8. Location Where Injury Occurred: Bldg #: 1425 / Room #: (b) (6)

9. How Incident Occurred *(Tell exactly what employee was doing and what caused the injury/incident.) (Continue on second page, if necessary.)*
Slipped wet in chem shower on leg when showering out

10. Unit or Organization: (b) (6)

11. Name of Supervisor: (b) (6)

12. Work Phone Number: (b) (6)

SECTION II. To be Completed by Medical Officer

(b)(6)

2. Disposition *(Check One)*
☐ Hospital ☐ Send Home/Quarters ☑ Return to Regular Duty
☐ Return to Light duty ☐ Other *(Specify)* (b)(6)

3. Estimated Absence in Days Beyond Day on Which Injury Occurred: 0 (b)(6)

5. Telephone: APR 16 2012

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL
1. Unsafe Methods, Processes, Procedures
2. Inadequate Safeguards, Safety Equipment
3. Improper or Defective Equipment
4. Hazardous Location
5. Poor Housekeeping

PERSONEL FACTORS
1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Emotional - Anger, Fear, Resentment, Worry
3. Lack of Skill or Knowledge
4. Attitude - Indifferent, Belligerent
5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes *(Continue on second page, if necessary.)*

Supv's Statement of Corrective Action Taken/Anticipated *(Cont on second page, if necessary.)* Supervisor's Signature
(b) (6)
I discussed with employee regarding safety monitoring her reactive nerv.

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See Safety closeout.

Safety Representative Signature
(b) (6)

(b) (6)

938-11

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section I. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial (b) (6) *(Person injured)*
2. Grade
4. Age (b) (6)

5. Occupation/Duty When Injured	6. Injury	7. Return to Duty	8. Location Where Injury Occurred
	Hour 1030	Hour 1030	Bldg #: 1425
	Date 5/9/12	Date 5/9/12	Room #: (b) (6)

9. How Incident Occurred *(Tell exactly what employee was doing and wht caused the injury/incident.) (Continue on second page, if necessary.)*

Dont Know — tiny pin hole

10. Unit or Organization	11. Name of Supervisor	12. Work Phone Number
USAMRIID	(b) (6)	(b) (6)

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure. (Continue on second page, if necessary.)

(b) (6)

Date Treated 9 2012

2. Disposition *(Check One)* ☐ Hospital ☐ Send Home/Quarters ☑ Return to Regular Duty

Return to Light duty ☐ Other *(Specify)*

3. Estimated Absence in Days Beyond Day on Which Injury Occurred (b) (6) 4. Name of Medical Officer (b) (6) 5. Telephone (b) (6)

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL	PERSONEL FACTORS
1. Unsafe Methods, Processes, Procedures	1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Inadequate Safeguards, Safety Equipment	2. Emotional - Anger, Fear, Resentment, Worry
3. Improper or Defective Equipment	3. Lack of Skill or Knowledge
4. Hazardous Location	4. Attitude - Indifferent, Belligerent
5. Poor Housekeeping	5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)

RIID member did nothing to cause this. Hole was on the backside of glove

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.)

No Corrective action Suggested

Supervisor's Signature (b) (6)

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See Safety closeout.

Safety Representative Signature (b) (6)

(b) (6)

Section 1. To be Completed by Supervisor and Delivered by Patient to Dispensary. (CONTINUATION)
9. How incident occurred. (Tell exactly what employee was doing and what caused the injury/incident.)
SECTION II. To be Completed by Medical Officer (CONTINUATION)
1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure.
SECTION III. Supervisor's Accident Analysis (CONTINUATION)
Using the Above Guidance, State Specific Causes
Supervisor's Statement of Corrective Action Taken/Anticipated
SECTION IV. Patient's Statement (CONTINUATION)
SECTION V. Safety Office Conclusion/Comment and Disposition (CONTINUATION)

939-11

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section 1. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial *(Person Injured)* (b) (6)

2. Grade C

4. Age (b) (6)

5. Occupation/Duty When Injured	6. Injury	7. Return to Duty	8. Location Where Injury Occurred
Cage wash	Hour 8:00	Hour	Bldg #: 1412
	Date 5-11-12	Date	Room #: (b) (6)

9. How Incident Occurred *(Tell exactly what employee was doing and wht caused the injury/incident.) (Continue on second page, if necessary.)*

picked up telementry cage and the top bolt scratched under arm

10. Unit or Organization	11. Name of Supervisor	12. Work Phone Number
(b) (6)	(b) (6)	(b) (6)

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure (Continue on second page, if necessary.)

(b) (6)

eated
MAY 2012

2. Disposition *(Check One)*

☐ Hospital ☐ Send Home/Quarters ☐ Return to Regular Duty

☐ Return to Light duty ☑ Other *(Specify)* (b) (6)

3. Estimated Absence in Days Beyond Day on Which Injury Occurrred: 0

4. Name of Medical Officer: (b) (6)

5. Telephone

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL
1. Unsafe Methods, Processes, Procedures
2. Indequate Safeguards, Safety Equipment
3. Improper or Defective Equipment
4. Hazardous Location
5. Poor Housekeeping

PERSONEL FACTORS
1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Emotional - Anger, Fear, Resentment, Worry
3. Lack of Skill or Knowledge
4. Attitude - Indifferent, Belligerent
5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)

While lifting a Cage it slipped and scratched (b) (6) underside of right arm

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.) Supervisor's Signature

Re training on safety handling of cages

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

N/A

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See safety docuart.

(b) (6) Signature

(b) (6)

Section 1. To be Completed by Supervisor and Delivered by Patient to Dispensary. (CONTINUATION)
9. How incident occurred. (Tell exactly what employee was doing and what caused the injury/incident.)
SECTION II. To be Completed by Medical Officer (CONTINUATION)
1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure.
SECTION III. Supervisor's Accident Analysis (CONTINUATION)
Using the Above Guidance, State Specific Causes
Supervisor's Statement of Corrective Action Taken/Anticipated
SECTION IV. Patient's Statement (CONTINUATION)
SECTION V. Safety Office Conclusion/Comment and Disposition (CONTINUATION)

941-11

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section 1. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial *(Person Injured)* (b) (6)

2. Grade DE 4. Age (b) (6)

5. Occupation/Duty When Injured	8. Injury	7. Return to Duty	6. Location Where Injury Occurred
	Hour 1115am	Hour	Bldg #:
Flushing catheter line	Date 16 MAY 2012	Date 16 MAY 2012	Room #:

9. How Incident Occurred *(Tell exactly what employee was doing and what caused the injury/incident.) (Continue on second page, if necessary.)*

Inserted RM (b) (6) . dried hole in Blue unit

10. Unit or Organization	11. Name of Supervisor	12. Work Phone Number
(b) (6)	(b) (6)	(b) (6)

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure. (Continue on second page, if necessary.)

(b)(6)

2. Disposition *(Check One)* ☐ Hospital ☐ Send Home/Quarters ☒ Return to Regular Duty

☐ Return to Light duty ☐ Other *(Specify)* (b) (6)

3. Estimated Absence in Days Beyond (b)(6) of Medical Officer 5. Telephone (b) (6)

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL	PERSONEL FACTORS
1. Unsafe Methods, Processes, Procedures	1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Inadequate Safeguards, Safety Equipment	2. Emotional - Anger, Fear, Resentment, Worry
3. Improper or Defective Equipment	3. Lack of Skill or Knowledge
4. Hazardous Location	4. Attitude - Indifferent, Belligerent
5. Poor Housekeeping	5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.) (b) (6)

None, all PPE was followed

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See Safety Closeout. (b) (6) Safety Representative Signature

(b) (6)

Fort Detrick Form 385-10f, July 2008 APD PE v2.00

942-11

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section 1. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial (b) (6) *(Person Injured)*

2. Grade DB-03 4. Age (b) (6)

5. Occupation/Duty When Injured	6. Injury	7. Return to Duty	8. Location Where Injury Occurred
(b) (6)	Hour 1330	Hour	Bldg #: 1425
Laboratory Technician	Date 17 May 12	Date	Room #: (b) (6)

9. How Incident Occurred *(Tell exactly what employee was doing and wht caused the injury/incident.) (Continue on second page, if necessary.)*

Noticed hole in faceshield of suit when in chemical shower (b) (6)

10. Unit or Organization	11. Name of Supervisor	12. Work Phone Number
USAMRIID (b) (6)	(b) (6)	(b) (6)

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure. (Continue on second page, if necessary.)

(b)(6)

2. Disposition *(Check One)* ☐ Hospital ☐ Send Home/Quarters ☒ Return to Reguiar Duty

☐ Return to Light duty ☐ Other *(Specify)*

3. Estimated Absence in Days Beyond Day on Which Inju (b) (6) icer 5. Telephone

MAY 18 2012

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL	PERSONEL FACTORS
1. Unsafe Methods, Processes, Procedures	1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Indequate Safeguards, Safety Equipment	2. Emotional - Anger, Fear, Resentment, Worry
3. Improper or Defective Equipment	3. Lack of Skill or Knowledge
4. Hazardous Location	4. Attitude - Indifferent, Beiligerent
5. Poor Housekeeping	5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)

Defective equipment

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.)

none required

Supervisor's Signature (b) (6)

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See safety document.

Safety Representative Signature (b) (6)

(b) (6)

Section 1. To be Completed by Supervisor and Delivered by Patient to Dispensary. (CONTINUATION)

9. How incident occurred. (Tell exactly what employee was doing and what caused the injury/incident.)

SECTION II. To be Completed by Medical Officer (CONTINUATION)

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure.

SECTION III. Supervisor's Accident Analysis (CONTINUATION)

Using the Above Guidance, State Specific Causes

Supervisor's Statement of Corrective Action Taken/Anticipated

SECTION IV. Patient's Statement (CONTINUATION)

SECTION V. Safety Office Conclusion/Comment and Disposition (CONTINUATION)

94311

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section 1. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial (b) (6) *(Person Injured)*
2. Grade
4. Age (b) (6)

5. Occupation/Duty When Injured	6. Injury	7. Return to Duty	8. Location Where Injury Occurred
	Hour 11:30am	Hour	Bldg #: 1408
	Date 5/21/12	Date	Room #: (b) (6)

9. How Incident Occurred *(Tell exactly what employee was doing and wht caused the injury/incident.) (Continue on second page, if necessary.)*
I was helping to put monkeys away. When I tryed to put them away by myself. The box slid out scratching me on my right knee.

10. Unit or Organization
11. Name of Supervisor (b) (6)
12. Work Phone Number

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident (b) (6)

2. Send Home/Quarters ☒ Return to Regular Duty

☐ Return to Light duty ☐ Other *(Specify)* (b) (6)

3. Estimated Absence in Days Beyond Day on Which Injury Occurrred: 0
4. Name of Medical Officer (b) (6)
5. Telephone

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL
1. Unsafe Methods, Processes, Procedures
2. Indequate Safeguards, Safety Equipment
3. Improper or Defective Equipment
4. Hazardous Location
5. Poor Housekeeping

PERSONEL FACTORS
1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Emotional - Anger, Fear, Resentment, Worry
3. Lack of Skill or Knowledge
4. Attitude - Indifferent, Belligerent
5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)
Due to unsafe methods, working alone to transfer animals, crate slipped and stretched leg

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.)
Training will be done to ensure safe methods are always used when transferring animals

Supervisor's Signature (b) (6)

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See Safety Closeout.

Safety Representative Signature (b) (6)

(b) (6)

Section 1. To be Completed by Supervisor and Delivered by Patient to Dispensary. (CONTINUATION)

9. How incident occurred. (Tell exactly what employee was doing and what caused the injury/incident.)

SECTION II. To be Completed by Medical Officer (CONTINUATION)

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure.

SECTION III. Supervisor's Accident Analysis (CONTINUATION)

Using the Above Guidance, State Specific Causes

Supervisor's Statement of Corrective Action Taken/Anticipated

SECTION IV. Patient's Statement (CONTINUATION)

SECTION V. Safety Office Conclusion/Comment and Disposition (CONTINUATION)

946-11

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

SOP. PT-03-50-05

Section 1. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial (Person Injured) (b) (6)
2. Grade Contractor
4. Age (b) (6)
(b) (6)
5. Occupation/Duty When Injured (b)(6) Tech
6. Injury Hour 10:55 Date 6/7/12
7. Return to Duty Hour Date
8. Location Where Injury Occurred Bldg #: 1425 Room #: (b) (6)
9. How Incident Occurred (Tell exactly what employee was doing and wht caused the injury/incident.) (Continue on second page, if necessary.)

Individual was changing tissue block on microtome and cut finger on blade.

10. Unit or Organization (b) (6)
11. Name of Supervisor (b) (6)
12. Work Phone Number (b) (6)

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Illness (b)(6)

☐ Return to Light duty ☐ Other (Specify) ☐ Return to Regular Duty

3. Estimated Absence in Days Beyond Day on Which Injury Occurrred (b) (6)
(b) (6)
5. Telephone (b) (6)

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL	PERSONEL FACTORS
1. Unsafe Methods, Processes, Procedures	1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Indequate Safeguards, Safety Equipment	2. Emotional - Anger, Fear, Resentment, Worry
3. Improper or Defective Equipment	3. Lack of Skill or Knowledge
4. Hazardous Location	4. Attitude - Indifferent, Belligerent
5. Poor Housekeeping	5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)

Individual failed to lock microtome hand crank in fully locked position (partial lock)

(b) (6)
Supervisor's Signature

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.)

Individual will receive additional instruction on all safety precautio and risk assessment associated with microtomy.

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See safety closeout.

Safety Representative Signature (b) (6)
(b) (6)

Section 1. To be Completed by Supervisor and Delivered by Patient to Dispensary. (CONTINUATION)
9. How incident occurred. (Tell exactly what employee was doing and what caused the injury/incident.)
SECTION II. To be Completed by Medical Officer (CONTINUATION)
1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure.
SECTION III. Supervisor's Accident Analysis (CONTINUATION)
Using the Above Guidance, State Specific Causes
Supervisor's Statement of Corrective Action Taken/Anticipated
SECTION IV. Patient's Statement (CONTINUATION)
SECTION V. Safety Office Conclusion/Comment and Disposition (CONTINUATION)

94711

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section I. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial (b) (6) *(Person Injured)*

2. Grade

4. Age (b) (6)

5. Occupation/Duty When Injured: Lab Technician

6. Injury Hour: 1430 Date: 8 June 2012

7. Return to Duty Hour / Date

8. Location Where Injury Occurred Bldg #: 1425 Room #: (b) (6)

9. How Incident Occurred *(Tell exactly what employee was doing and what caused the injury/incident.) (Continue on second page, if necessary.)*
Small Cut in Suit Glove from Clean Scissors (BSL-4)

10. Unit or Organization: USAMRIID

11. Name of Supervisor: (b) (6)

12. Work Phone Number

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident: (b) (6)

Date Treated: 08 JUN 12

☐ Hospital ☐ Send Home/Quarters ☑ Return to Regular Duty

Return to Light duty ☐ Other *(Specify)*

3. Estimated Absence in Days Beyond Day on Which Injury Occurred: 0

4. Name of Medical Officer: (b) (6)

5. Telephone

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL
1. Unsafe Methods, Processes, Procedures
2. Indequate Safeguards, Safety Equipment
3. Improper or Defective Equipment
4. Hazardous Location
5. Poor Housekeeping

PERSONEL FACTORS
1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Emotional - Anger, Fear, Resentment, Worry
3. Lack of Skill or Knowledge
4. Attitude - Indifferent, Belligerent
5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes *(Continue on second page, if necessary.)*
accident was result of unsafe procedure when decontam rotating instruments (scissor)

Supv's Statement of Corrective Action Taken/Anticipated *(Cont on second page, if necessary.)* Supervisor's Signature: (b) (6)
Decontaminating scissors advice was to spray scissors with disinfectant and allow to air dry, not wiping, avoiding repeat.

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See Safety closeout

Safety Representative Signature: (b) (6)

(b) (6)

Section 1. To be Completed by Supervisor and Delivered by Patient to Dispensary. (CONTINUATION)
9. How incident occurred. (Tell exactly what employee was doing and what caused the injury/incident.)
SECTION II. To be Completed by Medical Officer (CONTINUATION)
1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure.
SECTION III. Supervisor's Accident Analysis (CONTINUATION)
Using the Above Guidance, State Specific Causes
Supervisor's Statement of Corrective Action Taken/Anticipated
SECTION IV. Patient's Statement (CONTINUATION)
SECTION V. Safety Office Conclusion/Comment and Disposition (CONTINUATION)

944-11

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section I. To be completed by supervisor and delivered in person

1. NAME - Last, first, Middle Initial (Person Injured) (b) (6)
2. Grade O-4
4. Age (b) (6)
5. Occupation/Duty When Injured (b) (6)
6. Injury Hour 1530 Date 14JUN
7. Return to Duty Hour 1600 Date 14JUN
8. Location Where Injury Occurred Bldg #: 1425 Room #:
9. How Incident Occurred *(Tell exactly what employee was doing and what caused the injury/incident.)* (Continue on second page, if necessary.)
We performing a pre-inspection, (ok.) beneath a centrifuge for fresh, that had an steel cast.
10. Unit or Organization USAMRIID
11. Name of Supervisor (b) (6)
12. Work Phone Number (b) (6)

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident (b) (6)
2. [redacted] ated
Return to Light duty Other *(Specify)* Return to Regular Duty
3. Eati[redacted] ch Injury Occurred (b) (6)
4. Name of Medical Officer (b) (6)
5. Telephone (b)(6)

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL
1. Unsafe Methods, Processes, Procedures
2. Inadequate Safeguards, Safety Equipment
3. Improper or Defective Equipment
4. Hazardous Location
5. Poor Housekeeping

PERSONEL FACTORS
1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Emotional - Anger, Fear, Resentment, Worry
3. Lack of Skill or Knowledge
4. Attitude - Indifferent, Belligerent
5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)
(b) (6) incident was in response to caring to make sure safety
[illegible] are met. This was an accident which had no impact on the mission.

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if nec[illegible]
(b) (6) will be more careful
when (b) (6) is looking under the spac[illegible]
(b) (6)

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See safety closeout.

Safety Representative Signature (b) (6)

(b) (6)

942-11

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section 1. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial (Person Injured) (b) (6)

2. Grade DE 7 4. Age (b) (6)

5. Occupation/Duty When Injured	6. Injury	7. Return to Duty	8. Location Where Injury Occurred
(b) (6)	Hour 0940	Hour	Bldg #: 1425
	Date 15 Jun 12	Date	Room #: (b) (6)

9. How Incident Occurred (Tell exactly what employee was doing and what caused the injury/incident.) (Continue on second page, if necessary.)
Reaching cage to get NPH and caught tip of L thumb glove on an edge and cause a small hole

10. Unit or Organization	11. Name of Supervisor	12. Work Phone Number
(b) (6)	(b) (6)	(b) (6)

SECTION II. To be Completed by Medical Officer

(b) (6)

2. Disposition (Check One) ☐ Hospital ☐ Send Home/Quarters ☒ Return to Regular Duty

☐ Return to Light duty ☐ Other (Specify)

3. Estimated Absence in Days Beyond Day on Which Injury Occurred 0 4. Name of (b) (6)

(b) (6)

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL	PERSONEL FACTORS
1. Unsafe Methods, Processes, Procedures	1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Inadequate Safeguards, Safety Equipment	2. Emotional - Anger, Fear, Resentment, Worry
3. Improper or Defective Equipment	3. Lack of Skill or Knowledge
4. Hazardous Location	4. Attitude - Indifferent, Belligerent
5. Poor Housekeeping	5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)

(b) (6)

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.) Supervisor's Signature

No corrective action taken, employee followed all SOP's & requirements

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See safety discount. (b) (6)

(b) (6)

Section 1. To be Completed by Supervisor and Delivered by Patient to Dispensary. (CONTINUATION)
9. How incident occurred. (Tell exactly what employee was doing and what caused the injury/incident.)
SECTION II. To be Completed by Medical Officer (CONTINUATION)
1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure.
SECTION III. Supervisor's Accident Analysis (CONTINUATION)
Using the Above Guidance, State Specific Causes
Supervisor's Statement of Corrective Action Taken/Anticipated
SECTION IV. Patient's Statement (CONTINUATION)
SECTION V. Safety Office Conclusion/Comment and Disposition (CONTINUATION)

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FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section 1. To be completed by supervisor and deliv... dispensary.

1. NAME - Last, first, Middle Initial (Person Injured): (b) (6)
2. Grade
4. Age: (b) (6)
5. Occupation/Duty When Injured: In BSL-4, hooking up to an airhose
6. Injury — Hour: 1430 — Date: 21 Jun 12
7. Return to Duty — Hour — Date
8. Location Where Injury Occurred — Bldg #: 1425 — Room #: (b) (6)
9. How Incident Occurred (Tell exactly what employee was doing and wht caused the injury/incident.) (Continue on second page, if necessary.): Just entered the suite. After putting boots on I entered (b) (6), & had back up to the airhose, felt the tip of my thumb get pinched in the hose. Caused Tip Sl...
10. Unit or Organization: (b) (6)
11. Name of Supervisor: (b) (6) — Phone Number

SECTION ...

1. Nature and Extent of Injury/Occupational ...: (b)(6)

2012

☐ Other (Specify) (b) (6) — Return to Regular Duty

3. Estimated Absence in Days Beyond Day on Which Injury Occurre... (b) (6)
5. Telephone: (b) (6)

SECTION III. Super...

ENVIRONMENTAL
1. Unsafe Methods, Processes, Procedures
2. Inadequate Safeguards, Safety Equipment
3. Improper or Defective Equipment
4. Hazardous Location
5. Poor Housekeeping

PERSONEL FACTORS
1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Emotional - Anger, Fear, Resentment, Worry
3. Lack of Skill or Knowledge
4. Attitude - Indifferent, Belligerent
5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)
The specific cause was equipment (glove) was put under stress (punched in air hose connector) and failed.

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.)
Talked to employee about glove stresses and how to take extra care with certain equipment

Supervisor: (b) (6)

SECTION IV. Patient's Statement (Continue on second page, if nec...)
In the future be more careful to ensure that gloves are clear of airhose connections before hooking suit up to air. (b) (6)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)
See safety closeout.

(b) (6)

Fort Detrick Form 385-10f, July 2008

(b)(6)

(b) (6)

APD PE v2 00

95411

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section I. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial (Person Injured): (b) (6)

AE-07-02

2. Grade: O-4

4. Age: (b) (6)

5. Occupation/Duty When Injured: (b) (6)

6. Injury Hour: 1030-1045 Date: 21 JUN 12

7. Return to Duty Hour: Date:

8. Location Where Injury Occurred Bldg #: 1412 Room #: (b) (6)

9. How Incident Occurred (Tell exactly what employee was doing and what caused the injury/incident.) (Continue on second page, if necessary.)

PE on (b)(6) NHP under sedation - waking up.

10. Unit or Organization: (b) (6) (B)

11. Name of Supervisor: (b) (6)

12. Work Phone Number: (b) (6)

SECTION II. To be completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness: (b)(6)

Date Treated: 21 Jun 12

2. [ ] Hospital [ ] Send Home/Quarters [x] Return to Regular Duty [ ] Return to Light duty [ ] Other (Specify)

3. Estimated Absence in Days Beyond Day on Which Injury Occurred: 0

(b) (6)

Telephone

JUN 22 2012

ENVIRONMENTAL
1. Unsafe Methods, Processes, Procedures
2. Inadequate Safeguards, Safety Equipment
3. Improper or Defective Equipment
4. Hazardous Location
5. Poor Housekeeping

PERSONEL FACTORS
1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Emotional - Anger, Fear, Resentment, Worry
3. Lack of Skill or Knowledge
4. Attitude - Indifferent, Belligerent
5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)

Environmental: Handling of Non human primates, even under sedation, is an inherently unsafe procedure - Personnel: There was an identification error leading to this animal being removed from its cage twice. As a result, sedation was wearing off.

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.)

Staff have been retrained on importance of matching animal ID's to room charts to avoid future mishaps.

Supervisor's Signature: (b) (6)

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See Safety closeout

(b) (6)

(b)(6)

952-11

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section 1. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial (Person Injured) (b) (6)
2. Grade Contractor 4. Age (b) (6)
5. Occupation/Duty When Injured (b)(6) Tech
6. Injury Hour 1200 Date 22 June 12
7. Return to Duty Hour Date
8. Location Where Injury Occurred Bldg #: 1425 Room #: (b) (6)

9. How Incident Occurred *(Tell exactly what employee was doing and wht caused the injury/incident.) (Continue on second page, if necessary.)*
was going to anesthaize uninfected NHP, squeezed cage and the one side was not latched NHP pushed back on cage and glove got →

10. Unit or Organization (b)(6)
11. Name of Supervisor (b) (6)
12. Work Phone Number (b) (6)

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure. (Continue on second page, if necessary.)
(b)(6) ted

2. Disposition *(Check One)*
☐ Hospital ☐ Send Home/Quarters ☒ Return to Regular Duty
☐ Return to Light duty ☐ Other *(Specify)*

3. Estimated Absence in Days Beyond Day on Which Injury Occurred 0
4. Name of Medical Officer (b) (6)
5. Telephone (b) (6)

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL
1. Unsafe Methods, Processes, Procedures
2. Indequate Safeguards, Safety Equipment
3. Improper or Defective Equipment
4. Hazardous Location
5. Poor Housekeeping

PERSONEL FACTORS
1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Emotional - Anger, Fear, Resentment, Worry
3. Lack of Skill or Knowledge
4. Attitude - Indifferent, Belligerent
5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)
A well experienced Technician performing normal duties hit the side of a mm Kev Cage in BSL 4 and in response to animal movement. She put a small hole in her outer glove and did not penetrate inner glove after (until chemical analysis)

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.)
The outer gloves (blue gloves) are a bit large and the smaller size are too small for her hands. We need to find gloves to better fit her hand.

Supervisor's Signature (b) (6)

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See safety closeout.

(b)(6)

Safety Representative Signature (b) (6)

Section 1. To be Completed by Supervisor and Delivered by Patient to Dispensary. (CONTINUATION)

9. How incident occurred. (Tell exactly what employee was doing and what caused the injury/incident.)

Caught on squeeze latch, tore the outer glove

SECTION II. To be Completed by Medical Officer (CONTINUATION)

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure.

SECTION III. Supervisor's Accident Analysis (CONTINUATION)

Using the Above Guidance, State Specific Causes

Supervisor's Statement of Corrective Action Taken/Anticipated

SECTION IV. Patient's Statement (CONTINUATION)

SECTION V. Safety Office Conclusion/Comment and Disposition (CONTINUATION)

95311

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section I. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial *(Person Injured)* (b) (6)

2. Grade E-5 4. Age (b) (6)

5. Occupation/Duty When Injured (b) (6) Tech

6. Injury Hour 1340 Date 26 June 12

7. Return to Duty Hour Date

8. Location Where Injury Occurred Bldg #: H12 Room #: (b) (6)

9. How Incident Occurred *(Tell exactly what employee was doing and wht caused the injury/incident.) (Continue on second page, if necessary.)*

Tech was trying to restrain makey to transfer to another cage when bit

10. Unit or Organization USAMRIID-(b) (6)

11. Name of Supervisor (b) (6)

12. Work Phone Number (b) (6)

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure. (Continue on second page, if necessary.) (b) (6)

26 Jun 12 Date Treated

2. Disposition *(Check One)* ☐ Hospital ☐ Send Home/Quarters ☐ Return to Regular Duty ☐ Return to Light duty ☑ Other *(Specify)* (b) (6)

3. Estimated Absence in Days Beyond Day on Which Injury Occurred

4. Name of Medical Officer (b) (6)

5. Telephone

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL
1. Unsafe Methods, Processes, Procedures
2. Indequate Safeguards, Safety Equipment
3. Improper or Defective Equipment
4. Hazardous Location
5. Poor Housskeeping

PERSONEL FACTORS
1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Emotional - Anger, Fear, Resentment, Worry
3. Lack of Skill or Knowledge
4. Attitude - Indifferent, Belligerent
5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)

3

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.) Supervisor's Signature (b)(6)

Retrain on animal handling, and remove defective cage from use

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See safety closeout. (b)(6) (b)(6)

Section 1. To be Completed by Supervisor and Delivered by Patient to Dispensary. (CONTINUATION)

9. How incident occurred. (Tell exactly what employee was doing and what caused the injury/incident.)

SECTION II. To be Completed by Medical Officer (CONTINUATION)

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure.

(b)(6) [redacted]

Using the Above Guidance, State Specific Causes

Supervisor's Statement of Corrective Action Taken/Anticipated

SECTION IV. Patient's Statement (CONTINUATION)

SECTION V. Safety Office Conclusion/Comment and Disposition (CONTINUATION)

95411

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section 1. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial (Person Injured): (b) (6)

2. Grade: DB04 | 4. Age: (b) (6)

5. Occupation/Duty When Injured	6. Injury	7. Return to Duty	8. Location Where Injury Occurred
	Hour: 0930	Hour:	Bldg #: 1412
	Date: 6/27/12	Date:	Room #: (b) (6)

9. How Incident Occurred (Tell exactly what employee was doing and what caused the injury/incident.) (Continue on second page, if necessary.)
Power outage; was 'counting' colony formations of Bacillus Anthracis Ames Whiteside BSL

10. Unit or Organization	11. Name of Supervisor	12. Work Phone Number
(b) (6)	(b) (6)	

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure. (Continue on second page, if necessary.) 27JUN12
(b) (6)
Date Treated

2. Disposition (Check One)
☐ Hospital ☐ Send Home/Quarters ☒ Return to Regular Duty
☐ Return to Light duty ☐ Other (Specify)

3. Estimated Absence in Days Beyond Day on Which Injury Occurred	4. Name of Medical Officer	5. Telephone
0	(b) (6)	

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL	PERSONEL FACTORS
1. Unsafe Methods, Processes, Procedures	1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Inadequate Safeguards, Safety Equipment	2. Emotional - Anger, Fear, Resentment, Worry
3. Improper or Defective Equipment	3. Lack of Skill or Knowledge
4. Hazardous Location	4. Attitude - Indifferent, Belligerent
5. Poor Housekeeping	5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)
(2) ~~Not~~ Insufficient safeguards to prevent power outage from affecting work

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.)
Supervisor's Signature
None. Institute is aware of issues. Previous corrective actions (UPS) did not solve problems.
(b) (6)

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See safety docent.
Safety Representative Signature
(b) (6)

Section 1. To be Completed by Supervisor and Delivered by Patient to Dispensary. (CONTINUATION)
9. How incident occurred. (Tell exactly what employee was doing and what caused the injury/incident.)
SECTION II. To be Completed by Medical Officer (CONTINUATION)
1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure.
SECTION III. Supervisor's Accident Analysis (CONTINUATION)
Using the Above Guidance, State Specific Causes
Supervisor's Statement of Corrective Action Taken/Anticipated
SECTION IV. Patient's Statement (CONTINUATION)
SECTION V. Safety Office Conclusion/Comment and Disposition (CONTINUATION)

95604

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section 1. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial (Person Injured) (b) (6)

2. Grade E-4 4. Age (b) (6)

AE-06-01-03.

5. Occupation/Duty When Injured	6. Injury	7. Return to Duty	8. Location Where Injury Occurred
	Hour 1100	Hour 1200	Bldg #: 1425
	Date 2 July 2012	Date 2 July 2012	Room # (b) (6)

9. How Incident Occurred (Tell exactly what employee was doing and wht caused the injury/incident.) (Continue on second page, if necessary.)

I was restraining Rabbits to give them an injection. A rabbit kicked and dug a claw into my skin.

10. Unit or Organization	11. Name of Supervisor	12. Work Phone Number
USAMRIID (b) (6)	(b) (6)	

SECTION II. To be Completed by Medical Officer

(b)(6)

Disposition (Check One)

☐ Hospital ☐ Send Home/Quarters ☒ Return to Regular Duty

☐ Return to Light duty ☐ Other (Specify)

3. Estimated Absence in Days Beyond Day on Which Injury Occurrred	4. Name of Medical Officer	5. Telephone
0	(b) (6)	(b) (6)

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL
1. Unsafe Methods, Processes, Procedures
2. Indequate Safeguards, Safety Equipment
3. Improper or Defective Equipment
4. Hazardous Location
5. Poor Housekeeping

PERSONEL FACTORS
1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Emotional - Anger, Fear, Resentment, Worry
3. Lack of Skill or Knowledge
4. Attitude - Indifferent, Belligerent
5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)

SM was attempting to restrain rabbit when scratched on stomach.

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.)

Will ensure SM is retrained on proper rabbit handling and PPE.

Supervisor's Signature (b) (6)

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See Safety closeout.

Safety Representative Signature (b) (6)

(b)(6)

Section 1. To be Completed by Supervisor and Delivered by Patient to Dispensary. (CONTINUATION)
9. How incident occurred. (Tell exactly what employee was doing and what caused the injury/incident.)
SECTION II. To be Completed by Medical Officer (CONTINUATION)
1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure.
SECTION III. Supervisor's Accident Analysis (CONTINUATION)
Using the Above Guidance, State Specific Causes
Supervisor's Statement of Corrective Action Taken/Anticipated
SECTION IV. Patient's Statement (CONTINUATION)
SECTION V. Safety Office Conclusion/Comment and Disposition (CONTINUATION)

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

9571

Section 1. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial *(Person Injured)* (b) (6)

2. Grade GM 4. Age (b) (6)

5. Occupation/Duty When Injured	6. Injury	7. Return to Duty	8. Location Where Injury Occurred
Technician	Hour 1100	Hour	Bldg #: 1425 (b) (6)
	Date 7/3/12	Date	Room #: (b) (6) (b) (6)

9. How Incident Occurred *(Tell exactly what employee was doing and wht caused the injury/incident.) (Continue on second page, if necessary.)*
Retrieving a flask with broken neck from incubator/shaker. Contents of flask was (b)(6)
On grabbing the flask, employee did not see glass shard and was punctured by piece of glass.

10. Unit or Organization	11. Name of Supervisor	12. Work Phone Number
(b) (6)	(b) (6)	X

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure. (Continue on second page, if necessary.)
(b) (6)

Date Treated 03JUL12

2. Disposition *(Check One)* ☐ Hospital ☐ Send Home/Quarters ☐ Return to Regular Duty
☒ Return to Light duty ☐ Other *(Specify)* (b)(6)

3. Estimated Absence in Days Beyond Day on Which Injury Occurrred	4. Name of Medical Officer	5. Telephone
≤ ½ day	(b) (6)	

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL	PERSONEL FACTORS
1. Unsafe Methods, Processes, Procedures	1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Indequate Safeguards, Safety Equipment	2. Emotional - Anger, Fear, Resentment, Worry
3. Improper or Defective Equipment	3. Lack of Skill or Knowledge
4. Hazardous Location	4. Attitude - Indifferent, Belligerent
5. Poor Housekeeping	5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)
Supervisor will not respond.

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.) Supervisor's Signature

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See Safety Closeout. (b) (6) (b) (6) Safety Representative Signature

Section 1. To be Completed by Supervisor and Delivered by Patient to Dispensary. (CONTINUATION)

9. How incident occurred. (Tell exactly what employee was doing and what caused the injury/incident.)

SECTION II. To be Completed by Medical Officer (CONTINUATION)

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure.

SECTION III. Supervisor's Accident Analysis (CONTINUATION)

Using the Above Guidance, State Specific Causes

Supervisor's Statement of Corrective Action Taken/Anticipated

SECTION IV. Patient's Statement (CONTINUATION)

SECTION V. Safety Office Conclusion/Comment and Disposition (CONTINUATION)

95811

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section 1. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial *(Person Injured)* (b) (6)

2. Grade 4. Age (b) (6)

5. Occupation/Duty When Injured

6. Injury Hour 1330 Date 6 JULY 2012

7. Return to Duty Hour 1900 Date 6 JULY 2012

8. Location Where Injury Occurred Bldg #: 1425 Room (b) (6)

9. How Incident Occurred *(Tell exactly what employee was doing and wht caused the injury/incident.) (Continue on second page, if necessary)*

Noticed ~~hole~~ crack in shower. Tested suit hole in face shield

10. Unit or Organization (b) (6)

11. Name of Supervisor (b) (6)

12. Work Phone Number (b) (6)

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure *(Continue on second page, if necessary.)*

(b)(6)

2. Disposition *(Check One)* ☐ Hospital ☐ Send Home/Quarters ☐ Return to Regular Duty ☐ Return to Light duty ☒ Other *(Specify)* (b)(6)

3. Estimated Absence in Days Beyond Day on Which Injury Occurred: 0

4. Name of Medical Officer (b) (6)

5. Telephone

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL
1. Unsafe Methods, Processes, Procedures
2. Indequate Safeguards, Safety Equipment
3. Improper or Defective Equipment
4. Hazardous Location
5. Poor Housekeeping

PERSONEL FACTORS
1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Emotional - Anger, Fear, Resentment, Worry
3. Lack of Skill or Knowledge
4. Attitude - Indifferent, Belligerent
5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)

Supervisor will not respond.

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.) Supervisor's Signature

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See safety closeout. (b) (6)

Safety Representative Signature (b) (6)

Section 1: To be Completed by Supervisor and Delivered by Patient to Dispensary. (CONTINUATION)
9. How incident occurred. (Tell exactly what employee was doing and what caused the injury/incident.)
SECTION II. To be Completed by Medical Officer (CONTINUATION)
1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure.
SECTION III. Supervisor's Accident Analysis (CONTINUATION)
Using the Above Guidance, State Specific Causes
Supervisor's Statement of Corrective Action Taken/Anticipated
SECTION IV. Patient's Statement (CONTINUATION)
SECTION V. Safety Office Conclusion/Comment and Disposition (CONTINUATION)

960-11

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section 1. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial *(Person Injured)* (b) (6) [redacted]

2. Grade DB2 4. Age (b) (6) [redacted]

5. Occupation/Duty When Injured	6. Injury	7. Return to Duty	8. Location Where Injury Occurred
Research Biologist	Hour 9:50	Hour	Bldg #. 1425
	Date 7/26/12	Date	Room #: (b) (6) [redacted]

9. How Incident Occurred *(Tell exactly what employee was doing and what caused the injury/incident.) (Continue on second page, if necessary.)*
was using the Qiagen Genomic tip extraction kit. 2 columns was used for Bact 225. 16ml's went into each column. One column was filtered ⇒

10. Unit or Organization	11. Name of Supervisor	12. Work Phone Number
(b) (6) [redacted]	(b)(6) [redacted]	

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure (Continue on second page, if necessary.)
(b)(6) [redacted]

2. Disposition *(Check One)* ☐ Hospital ☐ Send Home/Quarters ☒ Return to Regular Duty ☐ Return to Light duty ☐ Other *(Specify)*

3. Estimated Absence in Days Beyond Day on Which Injury Occurred 4. Name of Medical Officer (b) (6) [redacted] 5. Telephone

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL	PERSONEL FACTORS
1. Unsafe Methods, Processes, Procedures	1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Indequate Safeguards, Safety Equipment	2. Emotional - Anger, Fear, Resentment, Worry
3. Improper or Defective Equipment	3. Lack of Skill or Knowledge
4. Hazardous Location	4. Attitude - Indifferent, Belligerent
5. Poor Housekeeping	5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)
2. The surface of BSC stainless steel provided inefficient traction for the required protocol activity.

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.)
We will be purchasing disposable rubber mats to be used w/ this protocol to avoid a similar ~~event~~ (b)(6) incident

Supervisor's Signature (b) (6) [redacted]

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See safety closeout.

Safety Representative Signature (b) (6) [redacted]

(b)(6) [redacted]

Section 1. To be Completed by Supervisor and Delivered by Patient to Dispensary. (CONTINUATION)

9. How incident occurred. (Tell exactly what employee was doing and what caused the injury/incident.)

and 15ml of QC was added to the column. the second column had ≈ 2ml of agent and was being pushed through with a 30ml syringe. I was using a lot of pressure to push the agent through until the rack was tipped over spilling the QC bottle out of the hood and onto the front of my scrubs.

SECTION II. To be Completed by Medical Officer (CONTINUATION)

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure.

SECTION III. Supervisor's Accident Analysis (CONTINUATION)

Using the Above Guidance, State Specific Causes

Supervisor's Statement of Corrective Action Taken/Anticipated

Currently, we will continue activity w/o these mitigation steps as there is no vehicle (GFEBS) on order these items.

SECTION IV. Patient's Statement (CONTINUATION)

SECTION V. Safety Office Conclusion/Comment and Disposition (CONTINUATION)

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section 1. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial *(Person Injured)* (b) (6)

2. Grade

4. Age (b) (6)

5. Occupation/Duty When Injured: Lab Tech – Extracted RNA (b) (6)

6. Injury: Hour 1000 Date 26 July 12

7. Return to Duty: Hour Date

8. Location Where Injury Occurred: Bldg #: 1425 Room #: (b) (6)

9. How Incident Occurred *(Tell exactly what employee was doing and what caused the injury/incident.) (Continue on second page, if necessary.)*
spilling of wash buffer that was on a column, a BTEP sample was already pushed thru the filter.

10. Unit or Organization: USAMRIID

11. Name of Supervisor: (b) (6)

12. Work Phone Number: (b) (6)

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure. (Continue on second page, if necessary.)
(b)(6)

2. Disposition *(Check One)*
☐ Hospital ☐ Send Home/Quarters ☒ Return to Regular Duty
☐ Return to Light duty ☐ Other *(Specify)*

3. Estimated Absence in Days Beyond Day on Which Injury Occurred

4. Name of Medical Officer: (b) (6)

5. Telephone: (b) (6)

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL
1. Unsafe Methods, Processes, Procedures
2. Inadequate Safeguards, Safety Equipment
3. Improper or Defective Equipment
4. Hazardous Location
5. Poor Housekeeping

PERSONEL FACTORS
1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Emotional - Anger, Fear, Resentment, Worry
3. Lack of Skill or Knowledge
4. Attitude - Indifferent, Belligerent
5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)
2 The surface of the BSC (stainless steel) provided inefficient friction for the required protocol (b)(6) activity.

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.)
We will purchase disposable rubber mats to be used for this protocol to avoid a similar incident (b) (6)

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)
See safety debrief.

Safety Representative Signature: (b) (6)

Section 1. To be Completed by Supervisor and Delivered by Patient to Dispensary. (CONTINUATION)

9. How incident occurred. (Tell exactly what employee was doing and what caused the injury/incident.)

SECTION II. To be Completed by Medical Officer (CONTINUATION)

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure.

SECTION III. Supervisor's Accident Analysis (CONTINUATION)

Using the Above Guidance, State Specific Causes

Supervisor's Statement of Corrective Action Taken/Anticipated

Currently, we will continue this activity w/o these mitigation steps as there is no vehicle (GFEBS) to order these items

SECTION IV. Patient's Statement (CONTINUATION)

SECTION V. Safety Office Conclusion/Comment and Disposition (CONTINUATION)

9631-11

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section 1. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial *(Person Injured)* (b) (6) SOP AB-03-05-03

2. Grade SPC / E4 4. Age (b) (6)

5. Occupation/Duty When Injured	6. Injury	7. Return to Duty	8. Location Where Injury Occurred
Plethysmography	Hour 1300	Hour	Bldg #: 1412
	Date 01 AUG 12	Date	Room #: (b) (6)

9. How Incident Occurred *(Tell exactly what employee was doing and what caused the injury/incident.) (Continue on second page, if necessary.)*
Bagging a rabbit and it started scratching and tried to jump out of the bag

10. Unit or Organization	11. Name of Supervisor	12. Work Phone Number
USAMRIID	(b) (6)	(b) (6)

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure. (Continue on second page, if necessary.)
(b)(6) [redacted] ated

2. Disposition *(Check One)* ☐ Hospital ☐ Send Home/Quarters ☒ Return to Regular Duty
☐ Return to Light duty ☐ Other *(Specify)*

3. Estimated Absence in Days Beyond [redacted] of Medical Officer 5. Telephone
(b) (6) (b) (6) (b) (6) (b) (6)

ENVIRONMENTAL	PERSONEL FACTORS
1. Unsafe Methods, Processes, Procedures	1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Indequate Safeguards, Safety Equipment	2. Emotional - Anger, Fear, Resentment, Worry
3. Improper or Defective Equipment	3. Lack of Skill or Knowledge
4. Hazardous Location	4. Attitude - Indifferent, Belligerent
5. Poor Housekeeping	5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)
(b) (6) was already taken out (b) (6) protective [redacted] sleeves and (b)(6) tried to bag another rabbit for plethysmography. So the reason for the incident was inadequate safeguards and unsafe wearing apparel.

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.) Supervisor's Signature
(b) (6) is told that (b) (6) needs to wear protective equipment when (b) (6) is doing hands on work with rabbits.

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See Safety Assessment.

(b) (6) [redacted] Safety Representative Signature

(b) (6) [redacted]

964-11

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section 1. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial *(Person Injured)* (b) (6) [redacted]

2. Grade

4. Age (b) (6) [redacted]

5. Occupation/Duty When Injured	6. Injury	7. Return to Duty	8. Location Where Injury Occurred
In chemical shower when seam in helmet of suit cracked. Had been in NHP room + in lab processing Blood prior.	Hour 0950	Hour	Bldg #: M25
	Date 5 Aug 12	Date	Room #: (b) (6) [redacted]

9. How Incident Occurred *(Tell exactly what employee was doing and wht caused the injury/incident.) (Continue on second page, if necessary.)*

BSL 4 Potential Exposure. Incident involved seam separation of the encapsulating suit hood.

10. Unit or Organization	11. Name of Supervisor	12. Work Phone Number
USAMRIID	(b) (6) [redacted]	X

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure. (Continue on second page, if necessary.)

(b)(6) [redacted]

Date Treated: Aug 12

2. Disposition *(Check One)*

☐ Hospital ☐ Send Home/Quarters ☑ Return to Regular Duty

☐ Return to Light duty ☐ Other *(Specify)*

3. Estimated Absence In Days Beyond Day on Which Injury Occurrred (b) (6) [redacted]

5. Telephone (b) (6) [redacted]

ENVIRONMENTAL	PERSONEL FACTORS
1. Unsafe Methods, Processes, Procedures	1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Indequate Safeguards, Safety Equipment	2. Emotional - Anger, Fear, Resentment, Worry
(3) Improper or Defective Equipment	3. Lack of Skill or Knowledge
4. Hazardous Location	4. Attitude - Indifferent, Belligerent
5. Poor Housekeeping	5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)

Likely a manufacturing defect

(b) (6) [redacted]

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.) Supervisor's Signature

Continue to monitor encapsulating suit failures & especially in the hood area. May be a manufacturer defect or due to air pressures used @ RIID

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See Safety Closeout

(Safety Representative Signature (b) (6) [redacted]

Section 1. To be Completed by Supervisor and Delivered by Patient to Dispensary. (CONTINUATION)

9. How incident occurred. (Tell exactly what employee was doing and what caused the injury/incident.)

SECTION II. To be Completed by Medical Officer (CONTINUATION)

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure.

SECTION III. Supervisor's Accident Analysis (CONTINUATION)

Using the Above Guidance, State Specific Causes

Supervisor's Statement of Corrective Action Taken/Anticipated

SECTION IV. Patient's Statement (CONTINUATION)

SECTION V. Safety Office Conclusion/Comment and Disposition (CONTINUATION)

9674

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section 1. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial *(Person injure* (b) (6)

2. Grade 4. Age (b) (6)

5. Occupation/Duty When Injured	6. Injury	7. Return to Duty	8. Location Where Injury Occurred
BSL4 entry.	Hour 1005	Hour	Bldg #: 1425
	Date 6 Aug 2012	Date	Room #: (b) (6)

9. How Incident Occurred *(Tell exactly what employee was doing and wht caused the injury/incident.) (Continue on second page, if necessary.)*

BSL4 entry

10. Unit or Organization	11. Name of Supervisor	12. Work Phone Number
USAMRIID	(b) (6)	(b) (6)

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure. (Continue on second page, if necessary.)

(b)(6)

Date Treated N/A

2. Disposition *(Check One)* ☐ Hospital ☐ Send Home/Quarters ☑ Return to Regular Duty ☐ Return to Light duty ☐ Other *(Specify)* (b) (6)

3. Estimated Absence in Days Beyond Day on Which Injury Occurred 5. Telephone (b) (6)

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL	PERSONEL FACTORS
1. Unsafe Methods, Processes, Procedures	1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Inadequate Safeguards, Safety Equipment	2. Emotional - Anger, Fear, Resentment, Worry
(3) Improper or Defective Equipment	3. Lack of Skill or Knowledge
4. Hazardous Location	4. Attitude - Indifferent, Belligerent
5. Poor Housekeeping	5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.) PPE failure during use.

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.) Retraining & assessment of glove failure Rates.

Supervisor's Signature (b) (6)

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See Safety closeout.

Safety Representative Signature (b) (6)

(b) (6)

Section 1. To be Completed by Supervisor and Delivered by Patient to Dispensary. (CONTINUATION)

9. How incident occurred. (Tell exactly what employee was doing and what caused the injury/incident.)

SECTION II. To be Completed by Medical Officer (CONTINUATION)

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure.

SECTION III. Supervisor's Accident Analysis (CONTINUATION)

Using the Above Guidance, State Specific Causes

Supervisor's Statement of Corrective Action Taken/Anticipated

SECTION IV. Patient's Statement (CONTINUATION)

SECTION V. Safety Office Conclusion/Comment and Disposition (CONTINUATION)

968-11

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section 1. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial *(Person Injured)* (b) (6) [redacted]

2. Grade

4. Age

5. Occupation/Duty When Injured	6. Injury	7. Return to Duty	8. Location Where Injury Occurred
	Hour 10:15	Hour	Bldg #: 425
	Date 8 Aug 2012	Date	Room #: (b) (6) [redacted]

9. How Incident Occurred *(Tell exactly what employee was doing and what caused the injury/incident.) (Continue on second page, if necessary.)*

hole near Rt shoulder of Bluesuit found after chemical shower

10. Unit or Organization	11. Name of Supervisor	12. Work Phone Number
USAMRIID	(b) (6) [redacted]	

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure. (Continue on second page, if necessary.)

(b)(6) [redacted] Treated

2. Disposition *(Check One)* ☐ Hospital ☐ Send Home/Quarters ☑ Return to Regular Duty ☐ Return to Light duty ☐ Other *(Specify)* (b)(6) [redacted]

3. Estimated Absence in Days Beyond Day on Which Injury Occurred: 4

4. Name of Medical Officer

5. Telephone (b) (6) [redacted]

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL
1. Unsafe Methods, Processes, Procedures
2. Inadequate Safeguards, Safety Equipment
3. Improper or Defective Equipment
4. Hazardous Location
5. Poor Housekeeping

PERSONEL FACTORS
1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Emotional - Anger, Fear, Resentment, Worry
3. Lack of Skill or Knowledge
4. Attitude - Indifferent, Belligerent
5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)

During preventive gluing + taping of suit (per instruction from (b) (6) [redacted]) glue contacted shoulder + made suit permeable. Employee noticed the leak when taking suit shower. Leak was not noticed with pressure test

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.)

Employee was under supervision of Suits Supervisor. Caution needs to be taken when using glue with the white suits

Supervisor's Signature

(b) (6) [redacted]

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See Safety closeout.

(b) (6) [redacted] Safety Representative Signature

(b) (6) [redacted]

Section 1. To be Completed by Supervisor and Delivered by Patient to Dispensary. (CONTINUATION)
9. How incident occurred. (Tell exactly what employee was doing and what caused the injury/incident.)
SECTION II. To be Completed by Medical Officer (CONTINUATION)
1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure.
SECTION III. Supervisor's Accident Analysis (CONTINUATION)
Using the Above Guidance, State Specific Causes
Supervisor's Statement of Corrective Action Taken/Anticipated
SECTION IV. Patient's Statement (CONTINUATION)
SECTION V. Safety Office Conclusion/Comment and Disposition (CONTINUATION)

970-11

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section 1. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial *(Person Injured)* (b) (6) [redacted]

2. Grade

4. Age (b) (6) [redacted]

5. Occupation/Duty When Injured	6. Injury	7. Return to Duty	8. Location Where Injury Occurred
Reading Plate Assay plates	Hour 1030	Hour	Bldg #: 1425
	Date 15 Aug 12	Date	Room #: (b) (6) [redacted]

9. How Incident Occurred *(Tell exactly what employee was doing and what caused the injury/incident.) (Continue on second page, if necessary.)*
Completing shift shove decontamination, noticed tear along right shirt cuff of shirt

10. Unit or Organization (b) (6) [redacted]

11. Name of Supervisor

12. Work Phone Number

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure (Continue on second page, if necessary) (b)(6) [redacted]

Date Treated

2. Disposition *(Check One)*
☐ Hospital ☐ Send Home/Quarters ☑ Return to Regular Duty
☐ Return to Light duty ☐ Other *(Specify)*

3. Estimated Absence in Days Beyond Day on Which Injury Occurred (b) (6) [redacted]

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL
1. Unsafe Methods, Processes, Procedures
2. Inadequate Safeguards, Safety Equipment
3. Improper or Defective Equipment
4. Hazardous Location
5. Poor Housekeeping

PERSONEL FACTORS
1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Emotional - Anger, Fear, Resentment, Worry
3. Lack of Skill or Knowledge
4. Attitude - Indifferent, Belligerent
5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)
Defective equipment - gloves did not perform over the expected duration, possibly due to manufacturing defect.

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.)
Gloves should be thoroughly inspected before each use to ensure no defects during use

Supervisor's Signature (b)(6) [redacted]

SECTION IV. Patient's Statement (Continue on

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

(b) (6) [redacted] - See Safety Closeout.

Safety Representative Signature (b) (6) [redacted]

97-11

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section 1. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial *(Person Injured)* (b) (6)

2. Grade 4. Age (b) (6)

5. Occupation/Duty When Injured	6. Injury	7. Return to Duty	8. Location Where Injury Occurred
Technician	Hour 1630	Hour 0700	Bldg #: 1425
	Date 08/29/2012	Date 08/30/2012	Room #: (b) (6)

9. How Incident Occurred *(Tell exactly what employee was doing and wht caused the injury/incident.) (Continue on second page, if necessary.)*

hole in glove discovered while in chemical shower

10. Unit or Organization	11. Name of Supervisor	12. Work Phone Number
USAMRIID	(b) (6)	

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure. (Continue on second page, If necessary.)

(b)(6)

Date Treated: 08/30/2012

2. Disposition *(Check One)* ☐ Hospital ☐ Send Home/Quarters ☒ Return to Regular Duty ☐ Return to Light duty ☐ Other *(Specify)*

3. Estimated Absence in Days Beyond Day on Which Injury Occurrred	4. Name of Medical Officer	5. Telephone
0	(b) (6)	

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL	PERSONEL FACTORS
1. Unsafe Methods, Processes, Procedures	1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Indequate Safeguards, Safety Equipment	2. Emotional - Anger, Fear, Resentment, Worry
3. Improper or Defective Equipment	3. Lack of Skill or Knowledge
4. Hazardous Location	4. Attitude - Indifferent, Belligerent
5. Poor Housekeeping	5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)
Small tear in left glove, the employee noticed it & quickly notified SIP, BPRP, Safety & Supervision.

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.)
check gloves every time before entering BSL-4 (b) (6)

(b) (6)

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See Safety docsum.

Safety Representative Signature (b) (6)

Section 1. To be Completed by Supervisor and Delivered by Patient to Dispensary. (CONTINUATION)
9. How incident occurred. (Tell exactly what employee was doing and what caused the injury/incident.)
SECTION II. To be Completed by Medical Officer (CONTINUATION)
1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure.
SECTION III. Supervisor's Accident Analysis (CONTINUATION)
Using the Above Guidance, State Specific Causes
Supervisor's Statement of Corrective Action Taken/Anticipated
SECTION IV. Patient's Statement (CONTINUATION)
SECTION V. Safety Office Conclusion/Comment and Disposition (CONTINUATION)

9 MAY 11

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section 1. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial (Person Injured) (b) (6)
2. Grade DG III
4. Age (b) (6)

5. Occupation/Duty When Injured (b) (6)
6. Injury Hour 1055 Date 30 Aug 12
7. Return to Duty Hour Date
8. Location Where Injury Occurred Bldg #: 1425 Room #: (b) (6)

9. How Incident Occurred (Tell exactly what employee was doing and what caused the injury/incident.) (Continue on second page, if necessary.)
removing / attaching airhose - apparently tore material of glove by catching it on coupling

10. Unit or Organization USAMRAA (b) (6)
11. Name of Supervisor (b) (6)
12. Work Phone Number

SECTION II. To be completed by the Medical Officer

(b)(6)

2. Disposition (Check One) ☐ Hospital ☐ Send Home/Quarters ☒ Return to Regular Duty ☐ Return to Light duty ☐ Other (Specify) (b) (6)

3. Estimated Absence in Days Beyond Day on Which Injury Occurred — NINE —
4. Name of Examining Physician (b) (6)
5. Telephone

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL	PERSONEL FACTORS
1. Unsafe Methods, Processes, Procedures	1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Inadequate Safeguards, Safety Equipment	2. Emotional - Anger, Fear, Resentment, Worry
3. Improper or Defective Equipment	3. Lack of Skill or Knowledge
4. Hazardous Location	4. Attitude - Indifferent, Belligerent
5. Poor Housekeeping	5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)
Glove was pinched in airhose. (b) (6) now knows that more caution is needed when reattaching hose to swivel.

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.)
Pointed out procedures that can lead to damaged gloves.

Supervisor's Signature (b) (6)

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

I pinched my glove, I understand how it happened and ways to avoid it in the future.

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See Safety closeout.

Safety Representative Signature (b) (6)

9741

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section 1. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial *(Person Injured)* (b) (6)
2. Grade E-4
4. Age (b) (6)

5. Occupation/Duty When Injured	6. Injury	7. Return to Duty	8. Location Where Injury Occurred
Socializing Rabbits	Hour 0825	Hour	Bldg #: 1425
	Date 5 Sep 2012	Date	Room #: (b) (6)

9. How Incident Occurred *(Tell exactly what employee was doing and wht caused the injury/incident.) (Continue on second page, if necessary.)*
Pulling a Rabbit out of a cage didn't Cover the eyes and it bit me but didn't Puncture the glove

10. Unit or Organization	11. Name of Supervisor	12. Work Phone Number
USAMRIID (b) (6)	(b) (6)	(b) (6)

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure *(Continue on second page, if necessary.)*
(b)(6)

2. Disposition *(Check One)* ☐ Hospital ☐ Send Home/Quarters ☒ Return to Regular Duty (b)(6)
☐ Return to Light duty ☐ Other *(Specify)* (b) (6)

3. Estimated Absence in Days Beyond Day on Which Injury Occurred (b) (6) (b) (6)

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL	PERSONEL FACTORS
1. Unsafe Methods, Processes, Procedures	1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Indequate Safeguards, Safety Equipment	2. Emotional - Anger, Fear, Resentment, Worry
3. Improper or Defective Equipment	3. Lack of Skill or Knowledge
4. Hazardous Location	4. Attitude - Indifferent, Belligerent
5. Poor Housekeeping	5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.) The rabbit has became progressively aggressive towards the technicians - (b) (6)

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.) Supervisor's Signature
(b) (6) will have weekly Training from 10 Sep 2012 - 17 Dec 12 with (b)(6) on aggressive animals and handling. (b)(6) is discussing a plan of action for the rabbit.

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See Safety closeout (b) (6) Safety Representative Signature

475-11

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section 1. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial *(Person Injured)* (b) (6) [redacted]

2. Grade CONTRACTOR 4. Age (b) (6) [redacted]

5. Occupation/Duty When Injured	6. Injury	7. Return to Duty	8. Location Where Injury Occurred
NO INJURY LEAK IN FOOT OF BLUE SUIT	1200 Hour	Hour	Bldg #:
	9/18/2012 Date	Date	Room #:

9. How Incident Occurred *(Tell exactly what employee was doing and wht caused the injury/incident.) (Continue on second page, if necessary.)*
BLUE SUIT WAS TESTED BEFOR ENTERING (b)(6) [redacted] SL4 SUITE AND WHEN I EXITED NOTICED LEFT FOOT HEAL WET WHEN I SUNKED IT IN THE TANK IN THE SHOWER

10. Unit or Organization 11. Name of Supervisor 12. Work Phone Number
(b) (6) [redacted]

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure. (Continue on second page, if necessary.) Date Treated

2. Disposition *(Check One)* ☐ Hospital ☐ Send Home/Quarters ☐ Return to Regular Duty ☐ Return to Light duty ☐ Other *(Specify)*

3. Estimated Absence in Days Beyond Day on Which Injury Occurred 4. Name of Medical Officer 5. Telephone

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL	PERSONEL FACTORS
1. Unsafe Methods, Processes, Procedures	1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Indequate Safeguards, Safety Equipment	2. Emotional - Anger, Fear, Resentment, Worry
3. Improper or Defective Equipment	3. Lack of Skill or Knowledge
4. Hazardous Location	4. Attitude - Indifferent, Belligerent
5. Poor Housekeeping	5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.) Supervisor's Signature
Replace suit. (b) (6) [redacted]

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See Safety closeout. Safety Representative Signature (b) (6) [redacted]

Section 1. To be Completed by Supervisor and Delivered by Patient to Dispensary. (CONTINUATION)
9. How incident occurred. (Tell exactly what employee was doing and what caused the injury/incident.)
SECTION II. To be Completed by Medical Officer (CONTINUATION)
1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure.
SECTION III. Supervisor's Accident Analysis (CONTINUATION)
Using the Above Guidance, State Specific Causes
Supervisor's Statement of Corrective Action Taken/Anticipated
SECTION IV. Patient's Statement (CONTINUATION)
SECTION V. Safety Office Conclusion/Comment and Disposition (CONTINUATION)

97611

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section 1. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial (Person Injure) (b) (6)

2. Grade (b) (6) 4. Age (b) (6)

5. Occupation/Duty When Injured (b)(6)

6. Injury Hour 1030 Date 22SEPT2012

7. Return to Duty Hour Date

8. Location Where Injury Occurred Bldg #: 1425 Room #: (b) (6)

9. How Incident Occurred *(Tell exactly what employee was doing and wht caused the injury/incident.) (Continue on second page, if necessary.)*

UNSURE

10. Unit or Organization USAMRIID

11. Name of Supervisor (b) (6)

12. Work Phone Number

SECTION II. To be completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure (Continue on second page, if necessary.) (b)(6)

2. Disposition *(Check One)* ☐ Hospital ☐ Send Home/Quarters ☒ Return to Regular Duty ☐ Return to Light duty ☐ Other *(Specify)*

3. Estimated Absence in Days Beyond Day on Which Injury Occurrred: 0

4. Name of Medical Officer (b) (6)

5. Telephone

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL
1. Unsafe Methods, Processes, Procedures
2. Indequate Safeguards, Safety Equipment
3. Improper or Defective Equipment
4. Hazardous Location
5. Poor Housekeeping

PERSONEL FACTORS
1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Emotional - Anger, Fear, Resentment, Worry
3. Lack of Skill or Knowledge
4. Attitude - Indifferent, Belligerent
5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)
DEFECTS (HOLES, SLIT) WERE DISCOVERED THE FOLLOWING DAY AFTER PERFORMING NECROPSY IN BSL-4. APPEARS TO BE A CASE OF GLOVE MATERIAL DETERIORATION/FAILURE THAT OCCURRED AS SUIT DRIED OVERNIGHT.

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.)
SUIT AND GLOVES WERE EXAMINED CLOSELY BOTH BEFORE AND AFTER ENTERING THE BSL-4 SUITE. NO BREACH WAS DISCOVERED AFTER EXITING THE SUITE. DEFECTS WERE FOUND THE FOLLOWING DAY.

Supervisor's Signature (b) (6)

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See Safety closeout.

Safety Representative Signature (b) (6)

Section 1. To be Completed by Supervisor and Delivered by Patient to Dispensary. (CONTINUATION)

9. How incident occurred. (Tell exactly what employee was doing and what caused the injury/incident.)

SECTION II. To be Completed by Medical Officer (CONTINUATION)

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure.

SECTION III. Supervisor's Accident Analysis (CONTINUATION)

Using the Above Guidance, State Specific Causes

Supervisor's Statement of Corrective Action Taken/Anticipated

SECTION IV. Patient's Statement (CONTINUATION)

SECTION V. Safety Office Conclusion/Comment and Disposition (CONTINUATION)

977-11

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section 1. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial *(Person Injured)* (b) (6)

2. Grade (b) (6) 4. Age (b) (6)

5. Occupation/Duty When Injured: (b)(6)

6. Injury Hour ~~08~~ NA 1030 Date 22 SEP 2012

7. Return to Duty Hour ~~XX~~ Date

8. Location Where Injury Occurred Bldg #: 1425 Room #: (b) (6)

9. How Incident Occurred *(Tell exactly what employee was doing and wht caused the injury/incident.) (Continue on second page, if necessary.)*
A SMALL HOLE (~1/8" long) was found in blue suit glove

10. Unit or Organization: USAMRIID

11. Name of Supervisor: (b) (6)

12. Work Phone Number

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure (Continue on second page, if necessary.): (b)(6)

2. Disposition *(Check One)* ☐ Hospital ☐ Send Home/Quarters ☑ Return to Regular Duty ☐ Return to Light duty ☐ Other *(Specify)*

3. Estimated Absence in Days Beyond Day on Which Injury Occurrred: 0

4. Name of Medical Officer (b) (6)

5. Telephone

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL	PERSONEL FACTORS
1. Unsafe Methods, Processes, Procedures	1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Indequate Safeguards, Safety Equipment	2. Emotional - Anger, Fear, Resentment, Worry
3. Improper or Defective Equipment	3. Lack of Skill or Knowledge
4. Hazardous Location	4. Attitude - Indifferent, Belligerent
5. Poor Housekeeping	5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)
DEFECTS (HOLES, SLIT) WERE DISCOVERED THE FOLLOWING DAY AFTER PERFORMING NECROPSY IN BSL-4, APPEARS TO BE A CASE OF GLOVE MATERIAL DETERIORATION THAT OCCURRED AS SUIT DRIED OVERNIGHT.

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.) Supervisor's Signature
SUIT & GLOVES WERE EXAMINED CLOSELY BOTH BEFORE AND AFTER ENTERING THE BSL-4 SUITE. NO BREACH WAS DISCOVERED AFTER EXITING THE SUITE. DEFECTS WERE FOUND THE FOLLOWING DAY (b) (6)

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

Safety closeout.

Safety Representative Signature (b) (6)

Section 1. To be Completed by Supervisor and Delivered by Patient to Dispensary. (CONTINUATION)

9. How incident occurred. (Tell exactly what employee was doing and what caused the injury/incident.)

SECTION II. To be Completed by Medical Officer (CONTINUATION)

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure.

SECTION III. Supervisor's Accident Analysis (CONTINUATION)

Using the Above Guidance, State Specific Causes

Supervisor's Statement of Corrective Action Taken/Anticipated

SECTION IV. Patient's Statement (CONTINUATION)

SECTION V. Safety Office Conclusion/Comment and Disposition (CONTINUATION)

978-11

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section 1. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial *(Person Injured)* (b) (6)
2. Grade
4. Age (b) (6)

5. Occupation/Duty When Injured: Lab Tech duties (b) (6) (b) (6)
6. Injury — Hour: 9:11 am — Date: 25/9/12
7. Return to Duty — Hour — Date
8. Location Where Injury Occurred — Bldg #: 1425 — Room #: (b) (6)

9. How Incident Occurred *(Tell exactly what employee was doing and what caused the injury/incident.) (Continue on second page, if necessary.)*
while lifting hood sash on BSC, cut right index finger through glove on sash handle

10. Unit or Organization: USAMRIID (b) (6)
11. Name of Supervisor: (b) (6)

SECTION II. To be Completed by Medical Officer

(b)(6) (b) (6)

Treated 25 SEP 2012

2. Disposition *(Check One)*
☐ Hospital ☐ Send Home/Quarters ☑ Return to Regular Duty
☐ Return to Light duty ☐ Other *(Specify)*

3. Estimated Absence in Days Beyond Day on Which Injury Occurred
4. Name of Medical Officer
5. Telephone

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL
1. Unsafe Methods, Processes, Procedures
2. Inadequate Safeguards, Safety Equipment
3. Improper or Defective Equipment
4. Hazardous Location
5. Poor Housekeeping

PERSONEL FACTORS
1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Emotional - Anger, Fear, Resentment, Worry
3. Lack of Skill or Knowledge
4. Attitude - Indifferent, Belligerent
5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)
EMPLOYEE CUT/ABRADED HAND WHILE CLOSING SASH ON BSC IN BSL2 LAB. EMPLOYEE WAS WEARING GLOVES AND EXERCISING CAUTION. HOOD IS CERTIFIED AND WORKING PROPERLY. NO SPECIFIC CAUSE

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.)
WILL REMIND EMPLOYEES TO EXERCISE CAUTION WHILE OPENING/CLOSING SASHES ON BSC

(b) (6)

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See safety documents.

Safety Representative Signature (b) (6)

Section 1. To be Completed by Supervisor and Delivered by Patient to Dispensary. (CONTINUATION)
9. How incident occurred. (Tell exactly what employee was doing and what caused the injury/incident.)
SECTION II. To be Completed by Medical Officer (CONTINUATION)
1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure.
SECTION III. Supervisor's Accident Analysis (CONTINUATION)
Using the Above Guidance, State Specific Causes
Supervisor's Statement of Corrective Action Taken/Anticipated
SECTION IV. Patient's Statement (CONTINUATION)
SECTION V. Safety Office Conclusion/Comment and Disposition (CONTINUATION)

979-11

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section 1. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial *(Person Injured)* (b) (6)

2. Grade Contractor 4. Age (b) (6)

5. Occupation/Duty When Injured	6. Injury	7. Return to Duty	8. Location Where Injury Occurred
Filling mop bucket	Hour 1140	Hour	Bldg #: 1425
	Date 9/28/12	Date	Room #: (b) (6)

9. How Incident Occurred *(Tell exactly what employee was doing and what caused the injury/incident.) (Continue on second page, if necessary.)*

reaching for spicket Spigot

10. Unit or Organization	11. Name of Supervisor	12. Work Phone Number
(b) (6)	(b) (6)	(b) (6)

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident and Symptoms (Specify)

(b)(6)

2. Disposition (Check One) ☐ Hospital ☐ Send Home/Quarters ☑ Return to Regular Duty ☐ Return to Light duty ☐ Other *(Specify)*

3. Estimated Absence in Days Beyond Day on Which Injury Occurred 0 (NONE) 4. Name of Medical Officer (b) (6)

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL
1. Unsafe Methods, Processes, Procedures
2. Inadequate Safeguards, Safety Equipment
3. Improper or Defective Equipment
4. Hazardous Location
5. Poor Housekeeping

PERSONEL FACTORS
1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Emotional - Anger, Fear, Resentment, Worry
3. Lack of Skill or Knowledge
4. Attitude - Indifferent, Belligerent
5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)

none, appropriate preparatory actions were taken to decontaminate intermittently and exit appropriately

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.)

none required

Supervisor's Signature (b) (6)

SECTION IV. Patient's Statement *(Continue on second page, if necessary.)*

SECTION V. Safety Office Conclusion/Comment and Disposition *(Continue on second page, if necessary.)*

Sel Safety closed (b) (6)

Section 1. To be Completed by Supervisor and Delivered by Patient to Dispensary. (CONTINUATION)

9. How incident occurred. (Tell exactly what employee was doing and what caused the injury/incident.)

employee was preparing to fill the mop bucket using the hose and tore outer glove

SECTION II. To be Completed by Medical Officer (CONTINUATION)

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure.

(b)(6) [redacted]

SECTION III. Supervisor's Accident Analysis (CONTINUATION)

Using the Above Guidance, State Specific Causes

Supervisor's Statement of Corrective Action Taken/Anticipated

SECTION IV. Patient's Statement (CONTINUATION)

SECTION V. Safety Office Conclusion/Comment and Disposition (CONTINUATION)

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

981-12

(b) (6) *Section 1. To be completed by supervisor and delivered by patient to dispensary.*

1. NAME - Last, first, Middle Initial *(Person Injured)*

2. Grade 4. Age (b) (6)

5. Occupation/Duty When Injured (b)(6)

6. Injury Hour 1430 Date 01OCT12

7. Return to Duty Hour Date

8. Location Where Injury Occurred Bldg #: 1425 Room #: (b)(6)

9. How Incident Occurred *(Tell exactly what employee was doing and wht caused the injury/incident.) (Continue on second page, if necessary.)*

unknown

10. Unit or Organization USAMRIID

11. Name of Supervisor (b) (6)

12. Work Phone Number

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure (Continue on second page, if necessary.) (b)(6)

Date Treated

2. Disposition *(Check One)* ☐ Hospital ☐ Send Home/Quarters ☑ Return to Regular Duty ☐ Return to Light duty ☐ Other *(Specify)* (b)(6)

3. Estimated Absence in Days Beyond Day on Which Injury Occurrred 4. Name of Medical Officer (b) (6) 5. Telephone

(b) (6)

(b) (6)

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL
1. Unsafe Methods, Processes, Procedures
2. Indequate Safeguards, Safety Equipment
3. Improper or Defective Equipment
4. Hazardous Location
5. Poor Housekeeping

PERSONEL FACTORS
1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Emotional - Anger, Fear, Resentment, Worry
3. Lack of Skill or Knowledge
4. Attitude - Indifferent, Belligerent
5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)

Improper / Defective Equipment

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.) Supervisor's Signature

no corrective action required (b) (6)
will be issued a new suit.

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See safety document.

Safety Representative Signature (b) (6)

Section 1. To be Completed by Supervisor and Delivered by Patient to Dispensary. (CONTINUATION)

9. How incident occurred. (Tell exactly what employee was doing and what caused the injury/incident.)

SECTION II. To be Completed by Medical Officer (CONTINUATION)

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure.

SECTION III. Supervisor's Accident Analysis (CONTINUATION)

Using the Above Guidance, State Specific Causes

Supervisor's Statement of Corrective Action Taken/Anticipated

SECTION IV. Patient's Statement (CONTINUATION)

SECTION V. Safety Office Conclusion/Comment and Disposition (CONTINUATION)

982-11

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section 1. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial *(Person Injured)* (b) (6)

2. Grade

4. Age (b) (6)

5. Occupation/Duty When Injured	6. Injury	7. Return to Duty	8. Location Where Injury Occurred
Lab Specialist	Hour	Hour	Bldg #: 1425
Reading Plates from Plaque Assay	Date	Date	Room #: (b) (6)

9. How Incident Occurred *(Tell exactly what employee was doing and wht caused the injury/incident.) (Continue on second page, if necessary.)*

Either picking up stool in suite or other – unsure

10. Unit or Organization	11. Name of Supervisor	12. Work Phone Number
(b) (6)	(b) (6)	

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure. (Continue on second page, if necessary.)

(b)(6)

Date Treated: OCT 12

2. Disposition *(Check One)* ☐ Hospital ☐ Send Home/Quarters ☑ Return to Regular Duty ☐ Return to Light duty ☐ Other *(Specify)*

3. Estimated Absence in Days Beyond Day on Which Injury Occurred: 0

4. Name of Medical Officer: (b) (6)

5. Telephone

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL
1. Unsafe Methods, Processes, Procedures
2. Indequate Safeguards, Safety Equipment
3. Improper or Defective Equipment
4. Hazardous Location
5. Poor Housekeeping

PERSONEL FACTORS
1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Emotional - Anger, Fear, Resentment, Worry
3. Lack of Skill or Knowledge
4. Attitude - Indifferent, Belligerent
5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)

Possible sharp ends at the stool (b) (6) grabbed that caused this rip on the glove

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.)

Might need to check gloves after working with certain equipment

Supervisor's Signature: (b) (6)

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

Changed gloves on 11 Oct 12 in AM. Today 12 Oct 12 went into suite moved stool to look at wires in clean Animal room (No Animals) (w/pressure test) 3 read Plates (EBOV-Sudan) w/agar overlay cut out of shoulder saw torn glove on left hand

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See safety closeout.

Safety Representative Signature: (b) (6)

Section 1. To be Completed by Supervisor and Delivered by Patient to Dispensary. (CONTINUATION)
9. How incident occurred. (Tell exactly what employee was doing and what caused the injury/incident.)
She already stated this.
SECTION II. To be Completed by Medical Officer (CONTINUATION)
1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure.
SECTION III. Supervisor's Accident Analysis (CONTINUATION)
Using the Above Guidance, State Specific Causes
Supervisor's Statement of Corrective Action Taken/Anticipated
SECTION IV. Patient's Statement (CONTINUATION)
see front
SECTION V. Safety Office Conclusion/Comment and Disposition (CONTINUATION)

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section I. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial *(Person Injured)* (b) (6) [redacted]

2. Grade CTR. 4. Age

5. Occupation/Duty When Injured (b) (6) [redacted]

6. Injury Hour 1230 Date 25OCT12

7. Return to Duty Hour Date 25OCT12

8. Location Where Injury Occurred Bldg #: 1425 Room #: (b) (6) [redacted]

9. How Incident Occurred *(Tell exactly what employee was doing and what caused the injury/incident.) (Continue on second page, if necessary.)*

Blue suit - exiting chemical shower, wetness on right leg.

10. Unit or Organization USAMRIID

11. Name of Supervisor (b) (6) [redacted]

12. Work Phone Number

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident (b)(6) [redacted]

☐ Return to Light duty ☐ Other *(Specify)* ☒ Return to Regular Duty

3. Estimated Absence in Days Beyond Day on Which Injury Occurred 0

(b) (6) [redacted]

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL
1. Unsafe Methods, Processes, Procedures
2. Inadequate Safeguards, Safety Equipment
3. Improper or Defective Equipment
4. Hazardous Location
5. Poor Housekeeping

PERSONEL FACTORS
1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Emotional - Anger, Fear, Resentment, Worry
3. Lack of Skill or Knowledge
4. Attitude - Indifferent, Belligerent
5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes *(Continue on second page, if necessary.)*

Improper or defective equipment

Supv's Statement of Corrective Action Taken/Anticipated *(Cont on second page, if necessary.)*

No corrective action needed

Supervisor's Signature (b) (6) [redacted]

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See Safety Closeout

(b) (6) [redacted]

(b) (6) [redacted]

Fort Detrick Form 385-10f, July 2008

APD PE v2.00

(b) (6) [redacted]

Section 1. To be Completed by Supervisor and Delivered by Patient to Dispensary. (CONTINUATION)
9. How incident occurred. (Tell exactly what employee was doing and what caused the injury/incident.)
SECTION II. To be Completed by Medical Officer (CONTINUATION)
1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure.
SECTION III. Supervisor's Accident Analysis (CONTINUATION)
Using the Above Guidance, State Specific Causes
Supervisor's Statement of Corrective Action Taken/Anticipated
SECTION IV. Patient's Statement (CONTINUATION)
SECTION V. Safety Office Conclusion/Comment and Disposition (CONTINUATION)

984-12

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section 1. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle initial (b) (6) (Person injured) SOP SA-00-01
2. Grade E-4/SPC 4. Age (b) (6)
5. Occupation/Duty When injured: Cell Culture
6. Injury: Hour 1230; Date 07 Nov 12
7. Return to Duty: Hour; Date
8. Location Where Injury Occurred: Bldg #: 1425; Room #: (b) (6)
9. How Incident Occurred (Tell exactly what employee was doing and what caused the injury/incident.) (Continue on second page, if necessary.)
Removed bottle from autoclave to Par chem sink. While removing the top, I noticed the pressure, it was sucking and then it exploded.
10. Unit or Organization: USAMRIID
11. Name of Supervisor: (b) (6)
12. Work Phone Number

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury: (b)(6)

☐ Hospital ☐ Send Home/Quarters ☒ Return to Regular Duty
☐ Return to Light duty ☒ Other (Specify) (b)(6)

3. Estimated Absence in Days Beyond Day on Which Injury Occurred: NONE
4. Name of Medical Officer: (b) (6)

SECTION III. Su

ENVIRONMENTAL	PERSONEL FACTORS
1. Unsafe Methods, Processes, Procedures	1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Indequate Safeguards, Safety Equipment	2. Emotional - Anger, Fear, Resentment, Worry
3. Improper or Defective Equipment	3. Lack of Skill or Knowledge
4. Hazardous Location	4. Attitude - Indifferent, Belligerent
5. Poor Housekeeping	5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)
Environmental: 1. Unsafe method, The bottle should not have been autoclaved with the cap tight. If a bottle is accidentally autoclaved with the cap tight, it should not be handled until it cools down.
Personel: 1. Soldier was fatigued.

(b) (6)

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.) Supervisor's Signature
1. Will reinforce proper procedure/precautions with individuals who use the autoclave.
2. Will require the use of protective eyewear when using the autoclave.
3. Will ensure that soldiers are well-rested before performing potentially dangerous tasks.

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See Closeout Attached.

(b) (6)

Fort Detrick Form 385-10f, July 2008 v2.00

985-12

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section I. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, First, Middle Initial (Person Injured): (b) (6)
2. Grade: E-5
4. Age: (b) (6)
5. Occupation/Duty When Injured: (b) (6)
6. Injury — Hour: 1025 — Date: 19 Nov 2012
7. Return to Duty — Hour:
8. Location Where Injury Occurred — Bldg #: 1413 — Room #: (b) (6)
9. How Incident Occurred (Tell exactly what employee was doing and what caused the injury/accident.) (Continue on second page, if necessary.): Bit while restraining NHP
10. Unit or Organization: USAMRIID
11. Name of Supervisor: (b) (6)
12. Work Phone Number:

13. Nature and Extent of Injury/Occupational Illness/Incident of Exposure (Continue on second page, if necessary.): (b)(6)

14. Disposition (Check One): ☐ Hospital ☐ Send Home/Quarters ☐ Return to Regular Duty ☐ Return to Light duty ☑ Other (Specify): (b)(6)

15. Estimated Absence/Is Days Beyond Day on Which Injury Occurred: (b) (6)

ENVIRONMENTAL	PERSONEL FACTORS
1. Unsafe Methods, Processes, Procedures	1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Inadequate Safeguards, Safety Equipment	2. Emotional - Anger, Fear, Resentment, Worry
3. Improper or Defective Equipment	3. Lack of Skill or Knowledge
4. Hazardous Location	4. Attitude - Indifferent, Belligerent
5. Poor Housekeeping	5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)
(b)(6) became too comfortable with his daily interaction w th the primates. This caused complacency

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.): SM was verbally counseled.

Supervisor's Signature: (b) (6)

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See safety closeout

Safety Representative Signature: (b) (6)

986-12

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section 1. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial *(Person Injured)* (b) (6)

2. Grade E-4 4. Age (b) (6)

5. Occupation/Duty When Injured: Lab Tech

6. Injury — Hour 1255 — Date 20 NOV 12

7. Return to Duty — Hour — Date

8. Location Where Injury Occurred — Bldg #: 1425 — Room #: (b) (6)

9. How Incident Occurred *(Tell exactly what employee was doing and what caused the injury/incident.) (Continue on second page, if necessary.)*
While working in the lab, hit side of my head on the corner of the counter top

10. Unit or Organization (b) (6)

11. Name of Supervisor (b) (6)

12. Work Phone Number

SECT

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure. *(Continue on second page, if necessary.)* (b)(6)

0 Nov 12 Date Treated

2. Disposition *(Check One)* ☐ Hospital ☐ Send Home/Quarters ☐ Return to Regular Duty ☐ Return to Light duty ☑ Other *(Specify)* (b)(6)

3. Estimated Absence in Days Beyond Day on Which Injury Occurred 4. Name of Medical Officer (b) (6) 5. Telephone

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL
1. Unsafe Methods, Processes, Procedures
2. Inadequate Safeguards, Safety Equipment
3. Improper or Defective Equipment
4. Hazardous Location
5. Poor Housekeeping

PERSONEL FACTORS
1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Emotional - Anger, Fear, Resentment, Worry
3. Lack of Skill or Knowledge
4. Attitude - Indifferent, Belligerent
5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.)
NCOIC will closely monitor SM behavior/performance over the next few weeks to ensure there are no adverse effects from incident. Will also notify division chief and/or SI staff if any issue wis

Supervisor's Signature (b)(6)

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See Safety closeout.

Safety Representative Signature (b) (6)

Section 1. To be Completed by Supervisor and Delivered by Patient to Dispensary. (CONTINUATION)

9. How incident occurred. (Tell exactly what employee was doing and what caused the injury/incident.)

SECTION II. To be Completed by Medical Officer (CONTINUATION)

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure.

SECTION III. Supervisor's Accident Analysis (CONTINUATION)

Using the Above Guidance, State Specific Causes

Supervisor's Statement of Corrective Action Taken/Anticipated

SECTION IV. Patient's Statement (CONTINUATION)

SECTION V. Safety Office Conclusion/Comment and Disposition (CONTINUATION)

987-12

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section 1. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial (Person injured): (b) (6)
2. Grade
4. Age: (b) (6)
5. Occupation/Duty When Injured: (b) (6)
6. Injury — Hour: 0500 - 800 Hour; Date: 25 OU
7. Return to Duty — Date:
8. Location Where Injury Occurred — Bldg #: 1425; Room #: (b) (6)
9. How Incident Occurred (Tell exactly what employee was doing and wht caused the injury/incident.) (Continue on second page, if necessary.): Forgot to close zi all way Special suit in BSL4
10. Unit or Organization
11. Name of Supervisor: (b) (6)
12. Work Phone Number

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure (Continue on second page, if necessary.): (b)(6)

2. Disposition (Check one): ☐ Hospital ☐ Send Home/Quarters ☒ Return to Regular Duty ☐ Return to Light duty ☐ Other (Specify)

3. Estimated Absence in Days Beyond Day on Which Injury Occurred
4. Name of Medical Officer: (b) (6)
6. Telephone

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL	PERSONEL FACTORS
1. Unsafe Methods, Processes, Procedures	1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Inadequate Safeguards, Safety Equipment	2. Emotional - Anger, Fear, Resentment, Worry
3. Improper or Defective Equipment	3. Lack of Skill or Knowledge
4. Hazardous Location	4. Attitude - Indifferent, Belligerent
5. Poor Housekeeping	5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.): (b) (6) (B) forgot to close the zipper all the way down which was unsafe procedure.

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.): (b) (6) (B) is advised to be more careful in the future.

Supervisor's Signature: (b) (6) (B)

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See Safety closeout.

Safety Representative Signature: (b) (6) (B)

(b) (6) (B)

Section 1. To be Completed by Supervisor and Delivered by Patient to Dispensary. (CONTINUATION)
9. How incident occurred. (Tell exactly what employee was doing and what caused the injury/incident.)
SECTION II. To be Completed by Medical Officer (CONTINUATION)
1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure.
(b)(6) [redacted]
SECTION III. Supervisor's Accident Analysis (CONTINUATION)
Using the Above Guidance, State Specific Causes
Supervisor's Statement of Corrective Action Taken/Anticipated
SECTION IV. Patient's Statement (CONTINUATION)
SECTION V. Safety Office Conclusion/Comment and Disposition (CONTINUATION)

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section 1. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial *(Person Injured)* (b) (6)

2. Grade DE-080 (b) (6) 4. Age (b) (6)

5. Occupation/Duty When Injured	6. Injury	7. Return to Duty	8. Location Where Injury Occurred
HVAC	Hour 0700	Hour	Bldg #. 1412
	Date 11/27/2012	Date	Room #: (b) (6)

9. How Incident Occurred *(Tell exactly what employee was doing and wht caused the injury/incident) (Continue on second page, if necessary)*

Repairing a broken air line while under pressuer.

10. Unit or Organization	11. Name of Supervisor	12. Work Phone Number
(b) (6)	(b) (6)	

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure. (Continue on second page, if necessary.)

Date Treated

2. Disposition *(Check One)* ☐ Hospital ☐ Send Home/Quarters ☐ Return to Regular Duty ☐ Return to Light duty ☐ Other *(Specify)*

3. Estimated Absence in Days Beyond Day on Which Injury Occurrred	4. Name of Medical Officer	5. Telephone

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL	PERSONEL FACTORS
1. Unsafe Methods, Processes, Procedures	1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Indequate Safeguards, Safety Equipment	2. Emotional - Anger, Fear, Resentment, Worry
3. Improper or Defective Equipment	3. Lack of Skill or Knowledge
4. Hazardous Location	4. Attitude - Indifferent, Belligerent
5. Poor Housekeeping	5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)

While making an emergency repair to defective equipment (b) (6) neglected to where the proper PPE.

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.) Supervisor's Signature

I reminded (b)(6) of the need to wear proper PPE under all condition. (b) (6)

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See safety closeout. (b) (6) Safety Representative Signature

988-12

MCMR-UIZ-S

29 November 2012

MEMORANDUM FOR RECORD

SUBJECT: Injured FMO worker

What Happened: On 27 November 2012 a [redacted] employee was injured. They were working in [redacted] 1412. The employee was repairing a ¼ air line with 50 to 75 psi on it. The employee was exposed to the noise for about 3 minutes. The employee was complaining of right ear pain and right side sinus pain.

Contributing Factors: None identified.

Root Cause: DOTMLPF

Doctrine – No issues

Organization – No issues

Training – Training for hearing protection use is inadequate.

Materiel – No issues

Leadership – No issues

Personnel – The employee was not maintaining situational awareness. He was not wearing hearing protection at the time.

Facilities – No issues

Corrective Actions: Supervisor spoke to employee on using hearing protection when working with high pressured airlines. Safety will provide group training on hearing protection use/when it is required for certain tasks.

Lessons Learned To maintain situational awareness at all times. The proper PPE could have prevented the injury.

[redacted]

989-12

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section 1. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial *(Person Injured)* (b) (6)

2. Grade

4. Age

5. Occupation/Duty When Injured	6. Injury	7. Return to Duty	8. Location Where Injury Occurred
Caretaker	Hour 1030	Hour	Bldg #: 1408
	Date 11/30/12	Date	Room #: (b) (6)

9. How Incident Occurred *(Tell exactly what employee was doing and wht caused the injury/incident.) (Continue on second page, if necessary.)*
Bent over and was scratched by a grate in animal holding room.

10. Unit or Organization

11. Name of Supervisor (b) (6)

12. Work Phone Number

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure *(Continue on second page, if necessary.)*
(b)(6)

ate Treated
30 Nov 2012

2. Disposition *(Check One)* ☐ Hospital ☐ Send Home/Quarters ☑ Return to Regular Duty ☐ Return to Light duty ☐ Other *(Specify)*

3. Estimated Absence in Days Beyond Day on Which Injury Occurred

4. Name of Medical Officer (b) (6)

5. Telephone

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL
1. Unsafe Methods, Processes, Procedures
2. Inadequate Safeguards, Safety Equipment
3. Improper or Defective Equipment
4. Hazardous Location
5. Poor Housekeeping

PERSONEL FACTORS
1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Emotional - Anger, Fear, Resentment, Worry
3. Lack of Skill or Knowledge
4. Attitude - Indifferent, Belligerent
5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)
Equipment being used had sharp edges that can throw hook & scrub pants.

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.)
Consel on using safe practices in the animal runs to always be aware of surroundings & equipment. Working with shop to remove sharp edges from grates.

Supervisor's Signature (b) (6)

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See Safety Report.

Safety Representative Signature (b) (6)

Section 1. To be Completed by Supervisor and Delivered by Patient to Dispensary. (CONTINUATION)

9. How incident occurred. (Tell exactly what employee was doing and what caused the injury/incident.)

SECTION II. To be Completed by Medical Officer (CONTINUATION)

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure.

(b) (6)

[redacted]

SECTION III. Supervisor's Accident Analysis (CONTINUATION)

Using the Above Guidance, State Specific Causes

Supervisor's Statement of Corrective Action Taken/Anticipated

SECTION IV. Patient's Statement (CONTINUATION)

SECTION V. Safety Office Conclusion/Comment and Disposition (CONTINUATION)

9490-12

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section 1. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial (Person Injured): (b) (6)
2. Grade: GS 13
4. Age: (b) (6)
5. Occupation/Duty When Injured: Microbiologist
6. Injury — Hour: 7:30AM — Date: 11 DEC 2012
7. Return to Duty — Hour: — Date:
8. Location Where Injury Occurred — Bldg #: 1425 — Room #: (b) (6)
9. How Incident Occurred (Tell exactly what employee was doing and what caused the injury/incident.) (Continue on second page, if necessary.): Turning off bedroom light switch at panel. Finger slipped side to reach light.
10. Unit or Organization: (b) (6)
11. Name of Supervisor: (b) (6)
12. Work Phone Number:

Section II. To be completed by medical officer.

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure. (Continue on second page, if necessary.): (b) (6)
Date Treated: 12/11/12
2. Disposition (Check One): ☐ Hospital ☐ Send Home/Quarters ☐ Return to Regular Duty ☑ Return to Light duty ☐ Other (Specify) (b) (6)
3. Estimated Absence in Days Beyond Day on Which Injury Occurred: 2 days
4. Name of Medical Officer: (b) (6)
5. Telephone:

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL	PERSONEL FACTORS
1. Unsafe Methods, Processes, Procedures	1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Inadequate Safeguards, Safety Equipment	2. Emotional - Anger, Fear, Resentment, Worry
3. Improper or Defective Equipment	3. Lack of Skill or Knowledge
4. Hazardous Location	4. Attitude - Indifferent, Belligerent
5. Poor Housekeeping	5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.): Light switch is contained within a panel with an irregular edge

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.) Supervisor's Signature: Submit work order to replace panel with one that has to be opened rather than sticking finger in hole

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See Safety Closeout.

Safety Representative Signature: (b) (6)

Section 1. To be Completed by Supervisor and Delivered by Patient to Dispensary. (CONTINUATION)

9. How incident occurred. (Tell exactly what employee was doing and what caused the injury/incident.)

SECTION II. To be Completed by Medical Officer (CONTINUATION)

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure.

SECTION III. Supervisor's Accident Analysis (CONTINUATION)

Using the Above Guidance, State Specific Causes

Supervisor's Statement of Corrective Action Taken/Anticipated

SECTION IV. Patient's Statement (CONTINUATION)

SECTION V. Safety Office Conclusion/Comment and Disposition (CONTINUATION)

992-12

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section 1. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial *(Person Injured)* (b) (6) [redacted]

2. Grade Contractor 4. Age (b) (6) [redacted]

5. Occupation/Duty When Injured	6. Injury	7. Return to Duty	8. Location Where Injury Occurred
Scientist	Hour 3:45 pm	Hour	Bldg #: (b) (6) [redacted] 1425
	Date 12-12-12	Date	Room #: (b) (6) [redacted]

9. How Incident Occurred *(Tell exactly what employee was doing and what caused the injury/incident.) (Continue on second page, if necessary.)*

In [redacted], I disconnected from air hose, bent over, & then stood up. Upon standing, I smelled animal odor. This suggested some sort of suit failure. There was no injury.

10. Unit or Organization	11. Name of Supervisor	12. Work Phone Number
(b) (6) [redacted] USAMRIID	(b) (6) [redacted]	

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure. (Continue on second page, if necessary.)

(b)(6) [redacted]

2. Disposition *(Check One)* ☐ Hospital ☐ Send Home/Quarters ☑ Return to Regular Duty ☐ Return to Light duty ☐ Other *(Specify)*

3. Estimated Absence in Days Beyond Day on Which Injury Occurred	4. Name of Medical Officer	5. Telephone
0	(b) (6) [redacted]	

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL	PERSONEL FACTORS
1. Unsafe Methods, Processes, Procedures	1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Indequate Safeguards, Safety Equipment	2. Emotional - Anger, Fear, Resentment, Worry
3. Improper or Defective Equipment	3. Lack of Skill or Knowledge
4. Hazardous Location	4. Attitude - Indifferent, Belligerent
5. Poor Housekeeping	5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.) Supervisor's Signature (b) (6) [redacted]

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

See section 9.

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See Safety closeout. Safety Representative Signature (b) (6) [redacted]

Section 1. To be Completed by Supervisor and Delivered by Patient to Dispensary. (CONTINUATION)

9. How incident occurred. (Tell exactly what employee was doing and what caused the injury/incident.)

My work at the time was to fix (b)(6) in formalin in a BSC. There were no spills or aerosol-generating events prior to the event. All of my work supplies were put away & deconned. Prior to showering out of hot side, I was able to replicate the smell by disconnecting from air hose & bending over. Once on gray side, I noticed a small tear in the heel of right foot. No other suit defects.

Please see (b) (6) email for summary of post-event telecon w/ Biosafety, Safety.

SECTION II. To be Completed by Medical Officer (CONTINUATION)

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure.

SECTION III. Supervisor's Accident Analysis (CONTINUATION)

Using the Above Guidance, State Specific Causes

Supervisor's Statement of Corrective Action Taken/Anticipated

SECTION IV. Patient's Statement (CONTINUATION)

SECTION V. Safety Office Conclusion/Comment and Disposition (CONTINUATION)

99412

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section 1. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial *(Person Injured)* (b) (6)

2. Grade 4. Age (b) (6)

5. Occupation/Duty When Injured	6. Injury	7. Return to Duty	8. Location Where Injury Occurred
Technician/Microbiology	Hour 1030	Hour 1035	Bldg #: 1425
	Date 11-29-12	Date 11-29-12	Room #: (b) (6)

9. How Incident Occurred *(Tell exactly what employee was doing and what caused the injury/incident.) (Continue on second page, if necessary.)*
Needle stick from doing sephenous vein bleeds. Didn't put needle down as blood was being drawn.

10. Unit or Organization (b) (6) 11. Name of Supervisor 12. Work Phone Number

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure. (Continue on second page, if necessary.)
(b) (6)

2. Disposition (Check One) ☐ Hospital ☐ Send Home/Quarters ☑ Return to Regular Duty
Return to Light duty ☐ Other *(Specify)* (b) (6)

3. Estimated Absence in Days Beyond Day on Which Injury Occurred
0 days

SECTION III. Supe

ENVIRONMENTAL	PERSONEL FACTORS
1. Unsafe Methods, Processes, Procedures	1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Inadequate Safeguards, Safety Equipment	2. Emotional - Anger, Fear, Resentment, Worry
3. Improper or Defective Equipment	3. Lack of Skill or Knowledge
4. Hazardous Location	4. Attitude - Indifferent, Belligerent
5. Poor Housekeeping	5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)
Individual held needle in left hand + then held mouse pad with same hand while attempting to obtain blood with pipette in right hand. This procedure resulted in being stuck with needle in right index finger.

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.)
Instructed to dispose needle before grabbing mouse pad with left hand and then obtaining blood with pipette in right hand.

Supervisor's Signature (b) (6)

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See Safety closeout.

Safety Representative Signature (b) (6)

(b) (6)

995-12

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section 1. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial *(Person Injured)* (b) (6)

2. Grade DE 3 4. Age (b) (6)

5. Occupation/Duty When Injured	6. Injury	7. Return to Duty	8. Location Where Injury Occurred
Bio Lab Tech	Hour 11:00	Hour	Bldg #: 1425
	Date 2 Jan 13	Date	Room #: (b) (6)

9. How Incident Occurred *(Tell exactly what employee was doing and what caused the injury/incident.) (Continue on second page, if necessary.)*
Cut finger on door to (b) (6) left hand - Ring finger

10. Unit or Organization (b) (6) USAMRIID

11. Name of Supervisor (b) (6)

12. Work Phone Number

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure. (Continue on second page, if necessary.)
(b)(6)

Date Treated 2 Jan 13

2. Disposition *(Check One)* ☐ Hospital ☐ Send Home/Quarters ☑ Return to Regular Duty ☐ Return to Light duty ☐ Other *(Specify)*

3. Estimated Absence in Days Beyond Day on Which Injury Occurrred 0

4. Name of Medical Officer (b) (6) PA-C

5. Telephone

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL	PERSONEL FACTORS
1. Unsafe Methods, Processes, Procedures	1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Inadequate Safeguards, Safety Equipment	2. Emotional - Anger, Fear, Resentment, Worry
3. Improper or Defective Equipment	3. Lack of Skill or Knowledge
4. Hazardous Location	4. Attitude - Indifferent, Belligerent
5. Poor Housekeeping	5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)
Environmental #3: Door push-plate had sharp edges leading to injury

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.) Supervisor's Signature
Place work order to remove sharp edges on door push plates. (b) (6)

SECTION IV. Patient's Statement (Continue on second page, if

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

Safety Representative Signature
Safety Cleared. (b) (6)

Section 1. To be Completed by Supervisor and Delivered by Patient to Dispensary. (CONTINUATION)
9. How incident occurred. (Tell exactly what employee was doing and what caused the injury/incident.)
SECTION II. To be Completed by Medical Officer (CONTINUATION)
1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure.
SECTION III. Supervisor's Accident Analysis (CONTINUATION)
Using the Above Guidance, State Specific Causes
Supervisor's Statement of Corrective Action Taken/Anticipated
SECTION IV. Patient's Statement (CONTINUATION)
SECTION V. Safety Office Conclusion/Comment and Disposition (CONTINUATION)

0916-13

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section 1. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial (Person Injured): (b) (6)
2. Grade
4. Age: (b) (6)

5. Occupation/Duty When Injured	6. Injury	7. Return to Duty	8. Location Where Injury Occurred
Post Doc	Hour 1140	Hour	Bldg #: 1423
	Date 1/15/13	Date	Room #: (b) (6)

9. How Incident Occurred (Tell exactly what employee was doing and wht caused the injury/incident.) (Continue on second page, if necessary.)

Airhose hook on wall snagged my suit

10. Unit or Organization: (b) (6)
11. Name of Supervisor: (b) (6)
12. Work Phone Number

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure. (Continue on second page, if necessary.): (b) (6)
Date Treated

2. Disposition (Check One) ☐ Hospital ☐ Send Home/Quarters ☒ Return to Regular Duty ☐ Return to Light duty ☐ Other (Specify)

3. Estimated Absence in Days Beyond Day on Which Injury Occurred: - None -
4. Name of Medical Officer: (b) (6)
5. Telephone

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL
1. Unsafe Methods, Processes, Procedures
2. Inadequate Safeguards, Safety Equipment
3. Improper or Defective Equipment
4. Hazardous Location
5. Poor Housekeeping

PERSONEL FACTORS
1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Emotional - Anger, Fear, Resentment, Worry
3. Lack of Skill or Knowledge
4. Attitude - Indifferent, Belligerent
5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)

None - accidental cause

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.)
Supervisor's Signature

Advised greater awareness of potential concerns in animal rooms (b) (6)

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See Safety closeout.

Safety Representative Signature: (b) (6)

997-13

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section 1. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial *(Person Injured)* (b) (6)

2. Grade Contract 4. Age (b) (6)

5. Occupation/Duty When Injured	6. Injury	7. Return to Duty	8. Location Where Injury Occurred
Cage Wash / NHP	Hour 1430	Hour	Bldg #: 1408
	Date 1/15/13	Date	Room #: (b) (6)

9. How Incident Occurred *(Tell exactly what employee was doing and what caused the injury/incident.) (Continue on second page, if necessary.)*
Scrubbing pre-sanitized racks, scraped finger on cage bar. PPE worn, rack ace-washed with TBQ.

10. Unit or Organization	11. Name of Supervisor	12. Work Phone Number
RIID	(b) (6)	

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure *(Continue on second page, if necessary.)* 15 Jan 13
(b) (6)

2. Disposition *(Check One)* ☐ Hospital ☐ Send Home/Quarters ☐ Return to Regular Duty
☐ Return to Light duty ☑ Other *(Specify)* (b) (6)

3. Estimated Absence in Days Beyond Day on Which Injury Occurred 4. Name of Medical Officer 5. Telephone
(b) (6)

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL	PERSONEL FACTORS
☑ 1. Unsafe Methods, Processes, Procedures	1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Inadequate Safeguards, Safety Equipment	2. Emotional - Anger, Fear, Resentment, Worry
3. Improper or Defective Equipment	3. Lack of Skill or Knowledge
4. Hazardous Location	4. Attitude - Indifferent, Belligerent
5. Poor Housekeeping	5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)
Employee injury due to dealing with equipment that was difficult to manipulate and clean.

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.)
Employee was counseled and retrained as to better cleaning and safety practices when handling equipment.

Supervisor's Signature (b) (6)

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See safety closeout. (b) (6)

Safety Representative Signature

Section 1. To be Completed by Supervisor and Delivered by Patient to Dispensary. (CONTINUATION)

9. How incident occurred. (Tell exactly what employee was doing and what caused the injury/incident.)

SECTION II. To be Completed by Medical Officer (CONTINUATION)

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure.

SECTION III. Supervisor's Accident Analysis (CONTINUATION)

Using the Above Guidance, State Specific Causes

Supervisor's Statement of Corrective Action Taken/Anticipated

SECTION IV. Patient's Statement (CONTINUATION)

SECTION V. Safety Office Conclusion/Comment and Disposition (CONTINUATION)

998-13

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section 1. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle initial *(Person Injured)* (b) (6) [redacted]

2. Grade

4. Age

5. Occupation/Duty When Injured	6. Injury	7. Return to Duty	8. Location Where Injury Occurred
Lab Tech	Hour 0715	Hour	Bldg #: 1425
	Date 23 Jan 13	Date	Room #: (b) (6) [redacted]

9. How Incident Occurred *(Tell exactly what employee was doing and wht caused the injury/incident.) (Continue on second page, if necessary.)*

Snagged glove

10. Unit or Organization	11. Name of Supervisor	12. Work Phone Number
(b) (6) [redacted]	(b) (6) [redacted]	(b) (6) [redacted]

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure (Continue on second page, if necessary.)

(b) (6) [redacted]

23 Jan 13

2. Disposition *(Check One)*

☐ Hospital ☐ Send Home/Quarters ☒ Return to Regular Duty

☐ Return to Light duty ☐ Other *(Specify)*

3. Estimated Absence in Days Beyond Day on Which Injury Occurrred	4. Name of Medical Officer	5. Telephone
0	(b) (6) [redacted]	

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL
1. Unsafe Methods, Processes, Procedures
2. Indequate Safeguards, Safety Equipment
3. Improper or Defective Equipment
4. Hazardous Location
5. Poor Housekeeping

PERSONEL FACTORS
1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Emotional - Anger, Fear, Resentment, Worry
3. Lack of Skill or Knowledge
4. Attitude - Indifferent, Belligerent
5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)

Defective equipment - glove tear occurred during normal work course. Glove age not a factor, change according to standards

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.) Supervisor's Signature

Employee instructed to note equipment (glove) condition frequently as was done in this incident. (b) (6) [redacted] 28 JAN 13

SECTION IV. Patient's Statement *(Continue on second page, if necessary.)*

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See safety closeout.

Safety Representative Signature (b) (6) [redacted]

Section 1. To be Completed by Supervisor and Delivered by Patient to Dispensary. (CONTINUATION)
9. How incident occurred. (Tell exactly what employee was doing and what caused the injury/incident.)
SECTION II. To be Completed by Medical Officer (CONTINUATION)
1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure.
SECTION III. Supervisor's Accident Analysis (CONTINUATION)
Using the Above Guidance, State Specific Causes
Supervisor's Statement of Corrective Action Taken/Anticipated
SECTION IV. Patient's Statement (CONTINUATION)
SECTION V. Safety Office Conclusion/Comment and Disposition (CONTINUATION)

1000-13

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section 1. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial *(Person Injured)* (b) (6)

2. Grade DB03 . 4. Age (b)(6)

5. Occupation/Duty When Injured	6. Injury	7. Return to Duty	8. Location Where Injury Occurred
Microbiologist	Hour ~ 3:30PM	Hour 8:30AM	Bldg #: 1412
	Date 02/02/2013	Date 02/04/2013	Room #: (b) (6)

9. How Incident Occurred *(Tell exactly what employee was doing and what caused the injury/incident.) (Continue on second page, if necessary.)*

I was disconnecting the battery from the PAPR and must have scratched my right index finger on the metal clip of the battery

10. Unit or Organization	11. Name of Supervisor	12. Work Phone Number
USAMRIID	(b) (6)	

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure. (Continue on second page, if necessary.)

(b) (6)

2. Disposition *(Check One)* ☐ Hospital ☐ Send Home/Quarters ☒ Return to Regular Duty ☐ Return to Light duty ☐ Other *(Specify)*

3. Estimated Absence in Days Beyond Day on Which Injury Occurred	4. Name of Medical Officer	5. Telephone
- 0 -	(b) (6)	

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL
1. Unsafe Methods, Processes, Procedures
2. Inadequate Safeguards, Safety Equipment
3. Improper or Defective Equipment
4. Hazardous Location
5. Poor Housekeeping

PERSONEL FACTORS
1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Emotional - Anger, Fear, Resentment, Worry
3. Lack of Skill or Knowledge
4. Attitude - Indifferent, Belligerent
5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)

unsafe methods, processes, procedures

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.)

Employeee was told to be more careful in bsl3 environment.

Supervisor's Signature (b) (6)

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See Safety discount.

Safety Representative Signature (b) (6)

1000-13

Section 1. To be Completed by Supervisor and Delivered by Patient to Dispensary. (CONTINUATION)
9. How incident occurred. (Tell exactly what employee was doing and what caused the injury/incident.)
(b) (6) was disconnecting the battery from the PAPR and have scratched (b) (6) right index finger on the metal clip of the battery.

SECTION II. To be Completed by Medical Officer (CONTINUATION)
1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure.
(b) (6) [redacted]
Using the Above Guidance, State Specific Causes
Supervisor's Statement of Corrective Action Taken/Anticipated

SECTION IV. Patient's Statement (CONTINUATION)

SECTION V. Safety Office Conclusion/Comment and Disposition (CONTINUATION)

1002-13

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section 1. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle initial *(Person Injured)* (b) (6)

2. Grade O-4 (b)(6) 4. Age (b) (6)

5. Occupation/Duty When Injured	6. Injury	7. Return to Duty	8. Location Where Injury Occurred
(b)(6)	Hour 1030	Hour	Bldg #: 1425
	Date 6 Feb 13	Date	Room #: (b) (6)

9. How Incident Occurred *(Tell exactly what employee was doing and what caused the injury/incident.)* *(Continue on second page, if necessary.)*
hole in suit found during chem shower

10. Unit or Organization	11. Name of Supervisor	12. Work Phone Number
USAMRIID	(b) (6)	

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure *(Continue on second page, if necessary.)*
(b) (6)

2. Disposition *(Check One)* ☐ Hospital ☐ Send Home/Quarters ☒ Return to Regular Duty
Return to Light duty ☐ Other *(Specify)*

3. Estimated Absence in Days Beyond Day on Which Injury Occurred	4. Name of Medical Officer	5. Telephone
0	(b) (6)	

SECTION III. Supervisor's Investigation

ENVIRONMENTAL	PERSONEL FACTORS
1. Unsafe Methods, Processes, Procedures	1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Indequate Safeguards, Safety Equipment	2. Emotional - Anger, Fear, Resentment, Worry
(3.) Improper or Defective Equipment	3. Lack of Skill or Knowledge
4. Hazardous Location	4. Attitude - Indifferent, Belligerent
5. Poor Housekeeping	5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)
Defective equipment - suits rupture possible due to use and weak points of the suits. No personal factors involved.

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.) **Supervisor's Signature**
The individual conducted all procedures properly. Did not noticed break on suits until showering out. No leaks noted prior to entering suits. Reported immediately. (b) (6)

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See Safety closeout. **Safety Representative Signature** (b) (6)

(b) (6)

100313

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section 1. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial *(Person Injured)* (b) (6)

2. Grade

4. Age (b) (6)

5. Occupation/Duty When Injured	6. Injury	7. Return to Duty	8. Location Where Injury Occurred
Suite Injury/ blood processing	Hour ~700/m	Hour	Bldg #:
	Date 6 FEB 13	Date	Room #:

9. How Incident Occurred *(Tell exactly what employee was doing and what caused the injury/incident)* *(Continue on second page, if necessary.)*
Transporting serum vials from centrifuge, opened labels, noticed glove tear

10. Unit or Organization	11. Name of Supervisor	
(b) (6)	(b) (6)	(b) (6)

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure. (Continue on second page, if necessary.)
(b) (6)

Date Treated 2/7/13

2. Disposition *(Check One)* ☐ Hospital ☐ Send Home/Quarters ☒ Return to Regular Duty ☐ Return to Light duty ☐ Other *(Specify)*

3. Estimated Absence in Days Beyond Day on Which Injury Occurrred	4. Name of Medical Officer	5. Telephone
~ None ~	(b) (6)	

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL	PERSONEL FACTORS
1. Unsafe Methods, Processes, Procedures	1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Indequate Safeguards, Safety Equipment	2. Emotional - Anger, Fear, Resentment, Worry
3. Improper or Defective Equipment	3. Lack of Skill or Knowledge
4. Hazardous Location	4. Attitude - Indifferent, Belligerent
5. Poor Housekeeping	5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)
None of the above reasons apply. RIID member was working safely and the glove tore due to unavoidable contact with the centrifuge.

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.)
No Corrective action required

Supervisor's Signature (b) (6)

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See Safety Closeout.

(b) (6) ive Signature

Section 1. To be Completed by Supervisor and Delivered by Patient to Dispensary. (CONTINUATION)

9. How incident occurred. (Tell exactly what employee was doing and what caused the injury/incident.)

SECTION II. To be Completed by Medical Officer (CONTINUATION)

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure.

SECTION III. Supervisor's Accident Analysis (CONTINUATION)

Using the Above Guidance, State Specific Causes

Supervisor's Statement of Corrective Action Taken/Anticipated

SECTION IV. Patient's Statement (CONTINUATION)

SECTION V. Safety Office Conclusion/Comment and Disposition (CONTINUATION)

10473

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section 1. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial (b) (6) *(Person Injured)*

2. Grade

4. Age (b) (6)

5. Occupation/Duty When Injured (b) (6) Scientist

6. Injury Hour 1000 Date 08FEB17

7. Return to Duty Hour Date

8. Location Where Injury Occurred Bldg #: 1425 (b) (6) Room #: (b) (6)

9. How Incident Occurred *(Tell exactly what employee was doing and wht caused the injury/incident.) (Continue on second page, if necessary.)*

Noticed tear in glove while standing @ the Dunk tank in (b) (6)

10. Unit or Organization (b) (6)

11. Name of Supervisor

12. Work Phone Number

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure *(Continue on second page, if necessary.)*

(b) (6)

2. Disposition *(Check One)* ☐ Hospital ☐ Send Home/Quarters ☒ Return to Regular Duty ☐ Return to Light duty ☐ Other *(Specify)*

3. Estimated Absence in Days Beyond Day on Which Injury Occurred — None —

4. Name of Medical Officer (b) (6)

5. Telephone

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL
1. Unsafe Methods, Processes, Procedures
2. Inadequate Safeguards, Safety Equipment
3. Improper or Defective Equipment
4. Hazardous Location
5. Poor Housekeeping

PERSONEL FACTORS
1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Emotional - Anger, Fear, Resentment, Worry
3. Lack of Skill or Knowledge
4. Attitude - Indifferent, Belligerent
5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)

User Glove was likely caught between air hose connections. User did nothing wrong

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.) **Supervisor's Signature**

Be more careful when connecting air hose.

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See Safety closeout. (b) (6) Safety Representative Signature

Section 1. To be Completed by Supervisor and Delivered by Patient to Dispensary. (CONTINUATION)
9. How incident occurred. (Tell exactly what employee was doing and what caused the injury/incident.)
Did not feel pinch or tear when it occurred. Used lots of micromm when doing Procedures w/ infectious agents (minor animal handling). Did multiple glove checks throughout the day. Did not notice tear or moisture on inner glove. inner glove passed water test.
SECTION II. To be Completed by Medical Officer (CONTINUATION)
1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure.
SECTION III. Supervisor's Accident Analysis (CONTINUATION)
Using the Above Guidance, State Specific Causes
Supervisor's Statement of Corrective Action Taken/Anticipated
SECTION IV. Patient's Statement (CONTINUATION)
SECTION V. Safety Office Conclusion/Comment and Disposition (CONTINUATION)

1005-13

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section 1. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial (Person injured) (b) (6)
2. Grade WG-06 4. Age (b) (6)

5. Occupation/Duty When Injured	6. Injury	7. Return to Duty	8. Location Where Injury Occurred
Animal Caretaker	Hour 12:00 Pm	Hour 12:00 Pm	Bldg #: 1425
	Date 2/11/13	Date 2/11/13	Room #: (b) (6)

9. How Incident Occurred *(Tell exactly what employee was doing and wht caused the injury/incident.) (Continue on second page, if necessary.)*
Animal caretaker coming out of suite found seam tear while in shower.

10. Unit or Organization (b) (6) 11. Name of Supervisor 12. Work Phone Number

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure. (Continue on second page, if necessary.)
(b)(6)

2. Disposition *(Check One)* ☐ Hospital ☐ Send Home/Quarters ☒ Return to Regular Duty
☐ Return to Light duty ☐ Other *(Specify)* (b) (6)

3. Estimated Absence in Days Beyond Day on Which Injury Occurred 4. Name of Medical Officer 5. Telephone
-0- (b) (6)

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL	PERSONEL FACTORS
1. Unsafe Methods, Processes, Procedures	1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Indequate Safeguards, Safety Equipment	2. Emotional - Anger, Fear, Resentment, Worry
(3.) Improper or Defective Equipment	3. Lack of Skill or Knowledge
4. Hazardous Location	4. Attitude - Indifferent, Belligerent
5. Poor Housekeeping	5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)
Defective suit seam.

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.) Supervisor's Signature
None. Remind to check suits before entry (b) (6)

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

Safety Representative Signature
None. Always checks suit and gloves bef. entry (b) (6)
(b) (6)

Section 1. To be Completed by Supervisor and Delivered by Patient to Dispensary. (CONTINUATION)
9. How incident occurred. (Tell exactly what employee was doing and what caused the injury/incident.)
SECTION II. To be Completed by Medical Officer (CONTINUATION)
1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure.
SECTION III. Supervisor's Accident Analysis (CONTINUATION)
Using the Above Guidance, State Specific Causes
Supervisor's Statement of Corrective Action Taken/Anticipated
SECTION IV. Patient's Statement (CONTINUATION)
SECTION V. Safety Office Conclusion/Comment and Disposition (CONTINUATION)

1006-13

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OR POTENTIAL HAZARD EXPOSURE

(b) (6) [redacted] ...by supervisor and delivered by patient to dispensary.

2. Grade 4. Age (b) (6) [redacted]

5. Occupation/Duty When Injured | 6. Injury/Incident Hour 2045 Date 16 Feb 13 | 7. Return to Duty Hour Date | 8. Location Where Injury Occurred Bldg #: 1425 Room #: (b) (6) [redacted]

9. How Incident Occurred (Tell exactly what employee was doing and what caused the injury/incident.) (Continue on second page, if necessary.)

found small hole in glove upon exit from side.

10. Unit or Organization USAMRIID | 11. Name of Supervisor (b) (6) [redacted]

(b)(6) [redacted]

12. Disposition (Check One) ☐ Hospital ☐ Send Home/Quarters ☑ Return to Regular Duty ☐ Return to Light duty ☐ Other (Specify)

13. Estimated Absence in Days Beyond Day on Which Injury Occurred — 0 — | 14. Name of Medical Officer (b) (6) [redacted] | 15. Telephone

SECTION III. Supervisor's Assessment Analysis

ENVIRONMENTAL
1. Unsafe Methods, Processes, Procedures
2. Inadequate Safeguards, Safety Equipment
3. Improper or Defective Equipment
4. Hazardous Location
5. Poor Housekeeping

PERSONNEL FACTORS
1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Emotional - Anger, Fear, Resentment, Worry
3. Lack of Skill or Knowledge
4. Attitude - Indifferent, Belligerent
5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.) Supervisor's Signature

(b) (6) [redacted] does not appear to have done anything wrong. no corrective action required.

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

Still safety closed. (b) (6) [redacted] Signature

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Section I. To be Completed by Supervisor and Delivered by Patient to Dispensary. (CONTINUATION)
9. How incident occurred. (Tell exactly what employee was doing and what caused the injury/incident.)
SECTION II. To be Completed by Medical Officer (CONTINUATION)
1. Nature and Extent of Injury/Occupational Illness/Institution of Exposure.
SECTION III. Supervisor's Accident Analysis (CONTINUATION)
Using the Above Guidance, State Specific Causes
Supervisor's Statement of Corrective Action Taken/Anticipated
SECTION IV. Patient's Statement (CONTINUATION)
SECTION V. Safety Office Conclusions/Comment and Disposition (CONTINUATION)

1007-13

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section I. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial (Person Injured): (b) (6)
2. Grade: GS-7
4. Age: (b) (6)

5. Occupation/Duty When Injured	6. Injury	7. Return to Duty	8. Location Where Injury Occurred
Animal Health Tech	Hour 1600	Hour	Bldg #:
	Date 17 FEB 13	Date	Room #:

9. How Incident Occurred (Tell exactly what employee was doing and what caused the injury/incident.) (Continue on second page, if necessary.)
WAS TRYING TO UNLATCH MAIN CAGE LATCH WAS STUCK, WHEN CAGE IT FREE IT PINCHED MY (R) THUMB GLOVE AND TOOK A SKIN PEEL

10. Unit or Organization: (b) (6)
11. Name of Supervisor: (b) (6)
12. Work Phone Number

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure (Continue on second page, if necessary.)
(b) (6)

2. Disposition (Check One): ☐ Hospital ☐ Send Home/Quarters ☒ Return to Regular Duty
☐ Return to Light duty ☐ Other (Specify) (b) (6)

3. Estimated Absence in Days Beyond Day on Which Injury Occurred: -0-
4. Name of Medical Officer: (b) (6)
5. Telephone

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL	PERSONNEL FACTORS
1. Unsafe Methods, Processes, Procedures	1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Inadequate Safeguards, Safety Equipment	2. Emotional - Anger, Fear, Resentment, Worry
3. Improper or Defective Equipment	3. Lack of Skill or Knowledge
4. Hazardous Location	4. Attitude - Indifferent, Belligerent
5. Poor Housekeeping	5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)
LATCH ON CAGE WAS STUCK, THIS CAUSED (b) (6) GLOVE TO BECOME PINCHED, NO OTHER CAUSES.

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.) Supervisor's Signature
NO CORRECTIVE ACTION TAKEN/NEEDED. CAGE LATCH WAS STUCK (b) (6)

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

Safety Representative Signature
Sel Safety Closeout. (b) (6)

Section 1. To be Completed by Supervisor and Delivered by Patient to Dispensary. (CONTINUATION)
9. How incident occurred. (Tell exactly what employee was doing and what caused the injury/incident.)
SECTION II. To be Completed by Medical Officer (CONTINUATION)
1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure.
SECTION III. Supervisor's Accident Analysis (CONTINUATION)
Using the Above Guidance, State Specific Causes
Supervisor's Statement of Corrective Action Taken/Anticipated
SECTION IV. Patient's Statement (CONTINUATION)
SECTION V. Safety Office Conclusion/Comment and Disposition (CONTINUATION)

1008-13

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section 1. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial (Person Injured): (b) (6)
2. Grade: DB-02
4. Age: (b) (6)

5. Occupation/Duty When Injured	6. Injury	7. Return to Duty	8. Location Where Injury Occurred
Microbiologist	Hour 1600	Hour	Bldg #: 1425
	Date 2/20/13	Date	Room #: (b) (6)

9. How Incident Occurred *(Tell exactly what employee was doing and what caused the injury/incident.) (Continue on second page, if necessary.)*
Treating (b)(6) infected cells with TNF-α observing (b)(6) infected cells under the microscope. An exiting naked break in seam of face shield of positive pressure suit

10. Unit or Organization	11. Name of Supervisor	12. Work Phone Number
USAMRIID	(b) (6)	

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure *(Continue on second page, if necessary.)*
(b) (6)

2. Disposition *(Check One)*: ☐ Hospital ☐ Send Home/Quarters ☒ Return to Regular Duty (b) (6)
☐ Return to Light duty ☐ Other *(Specify)*

3. Estimated Absence in Days Beyond Day on Which Injury Occurred	4. Name of Medical Officer	5. Telephone
-0-	(b) (6)	

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL	PERSONEL FACTORS
1. Unsafe Methods, Processes, Procedures	1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Inadequate Safeguards, Safety Equipment	2. Emotional - Anger, Fear, Resentment, Worry
3. Improper or Defective Equipment	3. Lack of Skill or Knowledge
4. Hazardous Location	4. Attitude - Indifferent, Belligerent
5. Poor Housekeeping	5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)
Improper or Defective Equipment

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.) Supervisor's Signature
No corrective action necessary (b) (6)

SECTION IV. Patient's Statement (Continue on second page if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)
See Safety document. (b) (6) Signature

Section 1. To be Completed by Supervisor and Delivered by Patient to Dispensary. (CONTINUATION)
9. How incident occurred. (Tell exactly what employee was doing and what caused the injury/incident.)
SECTION II. To be Completed by Medical Officer (CONTINUATION)
1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure.
SECTION III. Supervisor's Accident Analysis (CONTINUATION)
Using the Above Guidance, State Specific Causes
Supervisor's Statement of Corrective Action Taken/Anticipated
SECTION IV. Patient's Statement (CONTINUATION)
SECTION V. Safety Office Conclusion/Comment and Disposition (CONTINUATION)

1009-13

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section 1. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial *(Person Injured)* (b) (6)

2. Grade O4 (b)(6) 4. Age (b) (6)

5. Occupation/Duty When Injured (b)(6)

6. Injury Hour 1545 Date 02/21/2012

7. Return to Duty Hour Date

8. Location Where Injury Occurred Bldg #: 1425 Room #: (b) (6)

9. How Incident Occurred *(Tell exactly what employee was doing and wht caused the injury/incident.) (Continue on second page, if necessary)*

Individual noticed drop of moisture on their scrubs after chemical shower. Tear in Dover suit. Entered NHP (Ebola) AR.

10. Unit or Organization (b) (6) USAMRIID

11. Name of Supervisor (b) (6)

12. Work Phone Number

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure. (Continue on second page, if necessary.) (b) (6)

2. Disposition *(Check One)* ☐ Hospital ☐ Send Home/Quarters ☒ Return to Regular Duty (b) (6)

☐ Return to Light duty ☐ Other *(Specify)*

3. Estimated Absence in Days Beyond Day on Which Injury Occurred — 0 —

4. Name of Medical Officer (b) (6)

5. Telephone

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL	PERSONEL FACTORS
1. Unsafe Methods, Processes, Procedures	1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Indequate Safeguards, Safety Equipment	2. Emotional - Anger, Fear, Resentment, Worry
3. Improper or Defective Equipment	3. Lack of Skill or Knowledge
4. Hazardous Location	4. Attitude - Indifferent, Belligerent
5. Poor Housekeeping	5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)

Possible cause - normal wear of equipment may have caused the pinhole or inadverted hit to a metal object in the suit or shower area.

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, If necessary.)

Continue to report similar findings. Make sure you continue following procedures to check suit prior to use!

Supervisor's Signature (b) (6)

SECTION IV. Patient's Statement (Continue on second page, If necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, If necessary.)

See Safety closeout.

Safety Representative Signature (b) (6)

1010-13

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section 1. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial (b) (6) (Person Injured) (b) (6)

2. Grade DE 0807 04 4. Age (b) (6)

5. Occupation/Duty When Injured	6. Injury	7. Return to Duty	8. Location Where Injury Occurred
(b)(6)	Hour 1442	Hour NA	Bldg # 1425
	Date 2.25.2013	Date	Room # (b) (6)

9. How Incident Occurred *(Tell exactly what employee was doing and what caused the injury/incident.) (Continue on second page, if necessary.)*

Male IV Site

10. Unit or Organization	11. Name of Supervisor	12. Work Phone Number
(b) (6)	(b) (6)	

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure (Continue on second page, if necessary.)

(b) (6)

2. Disposition *(Check One)* ☐ Hospital ☐ Send Home/Quarters ☒ Return to Regular Duty ☐ Return to Light duty ☐ Other *(Specify)*

3. Estimated Absence in Days Beyond Day on Which Injury Occurred	4. Name of Medical Officer	5. Telephone
-0-	(b) (6)	

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL	PERSONEL FACTORS
1. Unsafe Methods, Processes, Procedures	1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Inadequate Safeguards, Safety Equipment	2. Emotional - Anger, Fear, Resentment, Worry
3. Improper or Defective Equipment	3. Lack of Skill or Knowledge
4. Hazardous Location	4. Attitude - Indifferent, Belligerent
5. Poor Housekeeping	5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)

After discussing with the CMA, the BSO, & the Employee it was determined that the cause was due to a Manufacturer failure of the Material.

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary) Supervisor's Signature

Continued Inspection prior to Use. (b) (6)

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See Safety Closeout. Safety Representative Signature (b) (6)

Section 1. To be Completed by Supervisor and Delivered by Patient to Dispensary. (CONTINUATION)

9. How incident occurred. (Tell exactly what employee was doing and what caused the injury/incident.)

SECTION II. To be Completed by Medical Officer (CONTINUATION)

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure.

SECTION III. Supervisor's Accident Analysis (CONTINUATION)

Using the Above Guidance, State Specific Causes

Supervisor's Statement of Corrective Action Taken/Anticipated

SECTION IV. Patient's Statement (CONTINUATION)

SECTION V. Safety Office Conclusion/Comment and Disposition (CONTINUATION)

1013-13

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section 1. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle initial (b)(6) [redacted] *(Person Injured)*

2. Grad (b)(6) [redacted] 4. Age (b) (6) [redacted]

5. Occupation/Duty When Injured	6. Injury	7. Return to Duty	8. Location Where Injury Occurred
(b) (6) [redacted]	Hour 1050	Hour	Bldg #: 1425 (b) (6) [redacted]
	Date 12 MAR 13	Date	Room #:

9. How Incident Occurred *(Tell exactly what employee was doing and what caused the injury/incident.) (Continue on second page, if necessary.)*

Mouse bit outer glove (uninfected mice) inner glove tested - no hole during handling/restraint

10. Unit or Organization	11. Name of Supervisor	12. Work Phone Number
(b) (6) [redacted]		

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure. (Continue on second page, if necessary.)

(b) (6) [redacted] eated

2. Disposition *(Check One)* ☐ Hospital ☐ Send Home/Quarters ☒ Return to Regular Duty ☐ Return to Light duty ☐ Other *(Specify)*

3. Estimated Absence in Days Beyond Day on Which Injury Occurred	4. Name of Medical Officer	5. Telephone
- 0 -	(b) (6) [redacted]	

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL	PERSONEL FACTORS
1. Unsafe Methods, Processes, Procedures	1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Inadequate Safeguards, Safety Equipment	2. Emotional - Anger, Fear, Resentment, Worry
3. Improper or Defective Equipment	3. Lack of Skill or Knowledge
4. Hazardous Location	4. Attitude - Indifferent, Belligerent
5. Poor Housekeeping	5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.)

"Must ensure that gloves are not coming out at top of fingers when trying to restraint a mouse otherwise the mouse can bite glo

Supervisor's Signature (b) (6) [redacted]

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

Sel Safety closeout.

Safety Representative Signature (b) (6) [redacted]

(b) (6) [redacted]

1014-13

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section I. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial *(Person Injured)* (b) (6)

2. Grade Contract 4. Age (b) (6)

5. Occupation/Duty When Injured	6. Injury	7. Return to Duty	8. Location Where Injury Occurred
Animal Care Tech	Hour 0900	Hou (b) (6)	Bldg #: 1408
	Date 3/15/13	Date	Room #: (b) (6)

9. How Incident Occurred *(Tell exactly what employee was doing and wht caused the injury/incident.) (Continue on second page, if necessary.)*
scratched hand while changing cages.

10. Unit or Organization	11. Name of Supervisor	12. Work Phone Number
USAMRIID	(b) (6)	

SECTION II. To be Completed by Medical Officer

1. (b) (6)

2. Disposition *(Check One)* ☐ Hospital ☐ Send Home/Quarters ☐ Return to Regular Duty ☐ Return to Light duty ☑ Other *(Specify)* (b) (6)

3. Estimated Absence in Days Beyond Day on Which Injury Occurred	4. Name of Medical Officer	5. Telephone
0	(b) (6)	

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL	PERSONEL FACTORS
1. Unsafe Methods, Processes, Procedures	1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Indequate Safeguards, Safety Equipment	2. Emotional - Anger, Fear, Resentment, Worry
3. Improper or Defective Equipment	3. Lack of Skill or Knowledge
4. Hazardous Location	4. Attitude - Indifferent, Belligerent
5. Poor Housekeeping	5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.) Supervisor's Signature
scratched hand while performing cage change, refrain on safe practices (b) (6)

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See safety closeout. Safety Representative Signature (b) (6)

(b) (6)

Section 1. To be Completed by Supervisor and Delivered by Patient to Dispensary. (CONTINUATION)
9. How incident occurred. (Tell exactly what employee was doing and what caused the injury/incident.)
case identified in room (b) (6) bldg 1408 Rack with animals (NHP) (b) (6)
SECTION II. To be Completed by Medical Officer (CONTINUATION)
1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure.
SECTION III. Supervisor's Accident Analysis (CONTINUATION)
Using the Above Guidance, State Specific Causes
Supervisor's Statement of Corrective Action Taken/Anticipated
SECTION IV. Patient's Statement (CONTINUATION)
SECTION V. Safety Office Conclusion/Comment and Disposition (CONTINUATION)

1016-13

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section 1. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial (Person Injured): (b) (6)
2. Grade: 05 4. Age: (b)

5. Occupation/Duty When Injured	6. Injury	7. Return to Duty	8. Location Where Injury Occurred
Necropsy	Hour 1120	Hour	Bldg #: 1425
	Date 22 March 13	Date	Room #: (b) (6)

9. How Incident Occurred (Tell exactly what employee was doing and what caused the injury/incident.) (Continue on second page, if necessary.)
Suite seem split LSS than ½ inch

10. Unit or Organization	11. Name of Supervisor	12. Work Phone Number
(b) (6)	(b) (6)	(b) (6)

SECTION II. To be completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure (Continue on second page, if necessary.)
(b) (6) Treated

2. Disposition (Check One) ☐ Hospital ☐ Send Home/Quarters ☑ Return to Regular Duty
☐ Return to Light duty ☐ Other (Specify)

3. Estimated Absence in Days Beyond Day on Which Injury Occurred: -0- 4. Name of Medical Officer: (b) (6) 5. Telephone

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL	PERSONEL FACTORS
1. Unsafe Methods, Processes, Procedures	1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Indequate Safeguards, Safety Equipment	2. Emotional - Anger, Fear, Resentment, Worry
3. Improper or Defective Equipment	3. Lack of Skill or Knowledge
4. Hazardous Location	4. Attitude - Indifferent, Belligerent
5. Poor Housekeeping	5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)
3. Apparent repetitive use defect in a 9-year old suit that split due to repeated bending/folding resulting in material failure. No misuse.

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.) Supervisor's Signature
New suit ordered to replace old suit (which was taken out of service).
(b) (6) (b) (6)

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See Safety Closeout. (b) (6) Signature
(b) (6)

Section 1. To be Completed by Supervisor and Delivered by Patient to Dispensary. (CONTINUATION)
9. How incident occurred. (Tell exactly what employee was doing and what caused the injury/incident.)
SECTION II. To be Completed by Medical Officer (CONTINUATION)
1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure.
SECTION III. Supervisor's Accident Analysis (CONTINUATION)
Using the Above Guidance, State Specific Causes
Supervisor's Statement of Corrective Action Taken/Anticipated
SECTION IV. Patient's Statement (CONTINUATION)
SECTION V. Safety Office Conclusion/Comment and Disposition (CONTINUATION)

1017-13

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section I. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial (b) (6) *(Person Injured)*

2. Grade CTR (b) (6) 4. Age (b) (6)

5. Occupation/Duty When Injured	6. Injury	7. Return to Duty	8. Location Where Injury Occurred
(b)(6) Scientist	Hour 1200	Hour	Bldg #: K425 (b) (6)
	Date 3/22/13	Date	Room #: (b) (6)

9. How Incident Occurred *(Tell exactly what employee was doing and wht caused the injury/incident.) (Continue on second page, if necessary.)*

Found tear on left glove while recording data in Animal procedure room.

10. Unit or Organization	11. Name of Supervisor	12. Work Phone Number
(b) (6)		

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure. (Continue on second page, if necessary.)

(b) (6) Date Treated

2. Disposition *(Check One)* ☐ Hospital ☐ Send Home/Quarters ☑ Return to Regular Duty ☐ Return to Light duty ☐ Other *(Specify)*

3. Estimated Absence in Days Beyond Day on Which Injury Occurred	4. Name of Medical Officer	5. Telephone
-0-	(b) (6)	

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL
1. Unsafe Methods, Processes, Procedures
2. Inadequate Safeguards, Safety Equipment
3. Improper or Defective Equipment
4. Hazardous Location
5. Poor Housekeeping

PERSONEL FACTORS
1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Emotional - Anger, Fear, Resentment, Worry
3. Lack of Skill or Knowledge
4. Attitude - Indifferent, Belligerent
5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)

(b) (6) has no recollection of how the whole might have occured.

(b) (6) Supervisor's Signature

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.)

(b) (6) did nothing wrong. Closer attention to hands & gloves may be warranted.

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See Safety Closeout.

Safety Representative Signature (b) (6)

Section 1. To be Completed by Supervisor and Delivered by Patient to Dispensary. (CONTINUATION)
9. How incident occurred. (Tell exactly what employee was doing and what caused the injury/incident.)
SECTION II. To be Completed by Medical Officer (CONTINUATION)
1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure.
SECTION III. Supervisor's Accident Analysis (CONTINUATION)
Using the Above Guidance, State Specific Causes
Supervisor's Statement of Corrective Action Taken/Anticipated
SECTION IV. Patient's Statement (CONTINUATION)
SECTION V. Safety Office Conclusion/Comment and Disposition (CONTINUATION)

1018-13

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section I. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial (Person Injured) (b) (6)

2. Grade 4. Age (b) (6)

5. Occupation/Duty When Injured: LAB TECH

6. Injury Hour 1430 Date 22MAR13

7. Return to Duty Hour Date

8. Location Where Injury Occurred Bldg #: Room #:

9. How Incident Occurred (Tell exactly what employee was doing and what caused the injury/incident.) (Continue on second page, if necessary.)

FOUND SMALL HOLE IN SUIT LEFT HEAL ALONG SEAM

10. Unit or Organization (b) (6)

11. Name of Supervisor

Section II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Potential Hazard Exposure (b) (6)

☐ Hospital ☐ Send Home/Quarters ☒ Return to Regular Duty

☐ Return to Light duty ☐ Other (Specify)

3. Estimated Absence in Days Beyond Day on Which Injury Occurred: 0

4. Name of Medical Officer (b) (6)

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL
1. Unsafe Methods, Processes, Procedures
2. Inadequate Safeguards, Safety Equipment
3. Improper or Defective Equipment
4. Hazardous Location
5. Poor Housekeeping

PERSONNEL FACTORS
1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Emotional - Anger, Fear, Resentment, Worry
3. Lack of Skill or Knowledge
4. Attitude - Indifferent, Belligerent
5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)

Suit may have been to small for (b) (6) There may have been extra pressure on the suit at the foot seam.

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.)

(b) (6) Should use a larger suit

Supervisor's Signature (b) (6)

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See safety closeout.

Safety Representative Signature (b) (6)

(b) (6)

Fort Detrick Form 385-101, July 2008

Section 1. To be Completed by Supervisor and Delivered by Patient to Dispensary. (CONTINUATION)
9. How Incident occurred. (Tell exactly what employee was doing and what caused the injury/incident.)
SECTION II. To be Completed by Medical Officer (CONTINUATION)
1. Nature and Extent of Injury/Occupational Classification of Exposure.
SECTION III. Supervisor's Accident Analysis (CONTINUATION)
Using the Above Guidance, State Specific Causes
Supervisor's Statement of Corrective Action Taken/Contemplated
SECTION IV. Patient's Statement (CONTINUATION)
SECTION V. Safety Office Conclusion/Comment and Disposition (CONTINUATION)

1019-13

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section I. *To be completed by supervisor and delivered by patient to dispensary.*

1. (b) (6) (Person Injured)
2. F 4
4. Age (b) (6)
5. Occupation/Duty When Injured: BSL 4 exposure (b) (6)
6. Injury — Hour — Date 27 MAR 2013
7. Return to Duty — Hour — Date
8. Location Where Injury Occurred — Bldg #: 1425 — Room #: (b) (6)
9. How Incident Occurred (Tell exactly what employee was doing and what caused the injury/incident.) (Continue on second page, if necessary.): noticed hole in the d suit during shower
10. Unit or Organization: USAMRIID
11. (b) (6)
12. (b) (6)

☐ Return to Light duty ☐ Other (Specify) ☐ Send Home/Quarters ☒ Return to Regular Duty

13. Estimated Absence in Days Beyond Day on Which Injury Occurred: -0-
14. (b) (6)
15. Telephone: 3/27/13

SECTION II. *Supervisor's Assistant Analysis*

ENVIRONMENTAL
1. Unsafe Methods, Processes, Procedures
2. Inadequate Safeguards, Safety Equipment
3. Improper or Defective Equipment
4. Hazardous Location
5. Poor Housekeeping

PERSONAL FACTORS
1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Emotional - Anger, Fear, Resentment, Worry
3. Lack of Skill or Knowledge
4. Attitude - Indifferent, Belligerent
5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)
Suit was a re-issue. It was already worn out.
(b) (6) could not have prevented the hole.

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.): None

Supervisor's Signature: (b) (6)

SECTION IV. *Patient's Statement (Continue on second page, if necessary.)*

SECTION V. *Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)*

See safety closeout.

(b) (6)

(b) (6)

Section I. To be Completed by Supervisor and Delivered by Patient to Dispensary. (CONTINUATION)
9. How Incident occurred. (Tell exactly what employee was doing and what caused the injury/incident.)
SECTION II. To be Completed by Medical Officer (CONTINUATION)
1. Nature and Extent of Injury/Occupational Disease/Incident of Exposure.
SECTION III. Supervisor's Accident Analysis (CONTINUATION)
Using the Above Guidance, State Specific Causes
Supervisor's Statement of Corrective Action Taken/Work Assigned
SECTION IV. Patient's Statement (CONTINUATION)
SECTION V. Safety Office Coordination/Comment and Disposition (CONTINUATION)

1020-13

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section I. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, First, Middle Initial (Person Injured): (b) (6)
2. Grade: DE-0401-02 4. Age: (b) (6)
5. Occupation/Duty When Injured
6. Injury — Hour: 1030 Date: 28 MAR 13
7. Return to Duty — Hour: Date:
8. Location Where Injury Occurred — Bldg #: 1425 Room #: (b) (6)
9. How Incident Occurred (Tell exactly what employee was doing and what caused the injury/incident.) (Continue on second page, if necessary.)
2 - MAN @ MOUSE CH-02-13
10. Unit or Organization: USAMRIID
11. Name of Supervisor: (b) (6)
12. Work Phone Number

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure (Continue on second page, if necessary.): (b) (6)
2. Disposition (Check One): ☐ Hospital ☐ Send Home/Quarters ☐ Return to Regular Duty ☐ Return to Light duty ☐ Other (Specify)
3. Estimated Absence in Days Beyond Day on Which Injury Occurred: -0-
4. Name of Medical Officer: (b) (6)
5. Telephone
28 MARCH 2013

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL
1. Unsafe Methods, Processes, Procedures
2. Inadequate Safeguards, Safety Equipment
3. Improper or Defective Equipment
4. Hazardous Location
5. Poor Housekeeping

PERSONEL FACTORS
1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Emotional - Anger, Fear, Resentment, Worry
3. Lack of Skill or Knowledge
4. Attitude - Indifferent, Belligerent
5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)
(3) improper of defective equipment. The plunger was defective on the syringe

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.)
The employee was advised to use caution when performing this procedure and utilize a new needle device
Supervisor's Signature: (b) (6)

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See Safety Board.

Safety Representative Signature: (b) (6)

Section 1. To be Completed by Supervisor and Delivered by Patient to Dispensary. (CONTINUATION)
9. How incident occurred. (Tell exactly what employee was doing and what caused the injury/incident.)
SECTION II. To be Completed by Medical Officer (CONTINUATION)
1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure.
SECTION III. Supervisor's Accident Analysis (CONTINUATION)
Using the Above Guidance, State Specific Causes
Supervisor's Statement of Corrective Action Taken/Anticipated
SECTION IV. Patient's Statement (CONTINUATION)
SECTION V. Safety Office Conclusion/Comment and Disposition (CONTINUATION)

1021-13

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section 1. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial (Person Injured): (b) (6)
2. Grade: CTR. 4. Age: (b) (6)

5. Occupation/Duty When Injured	6. Injury	7. Return to Duty	8. Location Where Injury Occurred
lab. technician.	Hour 1030	Hour	Bldg #: 1425
	Date 4/2/2013	Date	Room #: (b) (6)

9. How Incident Occurred (Tell exactly what employee was doing and what caused the injury/incident.) (Continue on second page, if necessary.)

needle stick with sterile needle in BSL2.

10. Unit or Organization: (b) (6)
11. Name of Supervisor: (b) (6)
12. Work Phone Number:

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure (Continue on second page, if necessary.)

(b) (6)

Treated 2Apr 2013

2. Disposition (Check One)
☐ Hospital ☐ Send Home/Quarters ☑ Return to Regular Duty
☐ Return to Light duty ☐ Other (Specify)

3. Estimated Absence in Days Beyond Day on Which Injury Occurred: 0
4. Name of Medical Officer: (b) (6)
5. Telephone:

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL	PERSONEL FACTORS
1. Unsafe Methods, Processes, Procedures	1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Inadequate Safeguards, Safety Equipment	2. Emotional - Anger, Fear, Resentment, Worry
3. Improper or Defective Equipment (circled)	3. Lack of Skill or Knowledge
4. Hazardous Location	4. Attitude - Indifferent, Belligerent
5. Poor Housekeeping	5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)

Defective material caused the employee to use force, resulting in injury

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.)

Employee counseled on material problems.

Supervisor's Signature: (b) (6)

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

(b) (6)

Safety Representative Signature

See Sckty document.

(b) (6)

Section 1. To be Completed by Supervisor and Delivered by Patient to Dispensary. (CONTINUATION)
9. How incident occurred. (Tell exactly what employee was doing and what caused the injury/incident.)
SECTION II. To be Completed by Medical Officer (CONTINUATION)
1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure.
SECTION III. Supervisor's Accident Analysis (CONTINUATION)
Using the Above Guidance, State Specific Causes
Supervisor's Statement of Corrective Action Taken/Anticipated
SECTION IV. Patient's Statement (CONTINUATION)
SECTION V. Safety Office Conclusion/Comment and Disposition (CONTINUATION)

1022-13.

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section I. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial (Person Injured) (b) (6)

2. Grade Contractor 4. Age (b) (6)

5. Occupation/Duty When Injured	6. Injury	7. Return to Duty	8. Location Where Injury Occurred
	Hour 1415	Hour	Bldg #: 1425
	Date 4/10/13	Date	Room #: (b) (6)

9. How Incident Occurred (Tell exactly what employee was doing and what caused the injury/incident.) (Continue on second page, if necessary.)

hole in shoe of BSL-4 suit

10. Unit or Organization (b) (6) 11. Name of Supervisor (b) (6) 12. Work Phone Number

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure. (Continue on second page, if necessary.) (b) (6)

2. Disposition (Check One) ☐ Hospital ☐ Send Home/Quarters ☒ Return to Regular Duty ☐ Return to Light duty ☐ Other (Specify)

3. Estimated Absence in Days Beyond Day on Which Injury Occurred — 0 — 4. Name of Medical Officer (b) (6) 5. Telephone

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL	PERSONEL FACTORS
1. Unsafe Methods, Processes, Procedures	1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Inadequate Safeguards, Safety Equipment	2. Emotional - Anger, Fear, Resentment, Worry
3. Improper or Defective Equipment	3. Lack of Skill or Knowledge
4. Hazardous Location	4. Attitude - Indifferent, Belligerent
5. Poor Housekeeping	5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)
Only cause was defective equipment; small rupture while using the suit because employee does inspection prior to using the suit.

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.) Supervisor's Signature
The employee performs more detailed inspection of the suit and tries to reenforce possible weak areas. (b) (6)

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See Safety closeout. (b) (6) Safety Representative Signature (b) (6)

Section 1. To be Completed by Supervisor and Delivered by Patient to Dispensary. (CONTINUATION)
9. How incident occurred. (Tell exactly what employee was doing and what caused the injury/incident.)
SECTION II. To be Completed by Medical Officer (CONTINUATION)
1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure.
SECTION III. Supervisor's Accident Analysis (CONTINUATION)
Using the Above Guidance, State Specific Causes
Supervisor's Statement of Corrective Action Taken/Anticipated
SECTION IV. Patient's Statement (CONTINUATION)
SECTION V. Safety Office Conclusion/Comment and Disposition (CONTINUATION)

1023-13

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section I. *To be completed by supervisor and delivered by patient to dispensary.*

1. NAME - Last, first, Middle Initial: (b) (6)
2. Grade: DB 02
4. Age: (b) (6)
5. Occupation/Duty When Injured
6. Injury — Hour: 1400 — Date: 15 APR 2013
7. Return to Duty — Hour: — Date:
8. Location Where Injury Occurred — Bldg #: 1425 — Room #: (b) (6)

9. How Incident Occurred *(Tell exactly what employee was doing and what caused the injury/incident.) (Continue on second page, if necessary.)*
unsure. May have happened when I was fixing printer jam

10. Unit or Organization: USAMRIID (b) (6)
11. Name of Supervisor: (b) (6)
12. Work Phone Number

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure. (Continue on second page, if necessary.)
(b) (6)

2. Disposition *(Check One)* — Hospital — Send Home/Quarters — ☒ Return to Regular Duty — Return to Light duty — Other *(Specify)*
(b) (6)

3. Estimated Absence in Days Beyond Day on Which Injury Occurred: 0
4. Name of Medical Officer: (b) (6)
5. Telephone

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL	PERSONEL FACTORS
1. Unsafe Methods, Processes, Procedures	1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Indequate Safeguards, Safety Equipment	2. Emotional - Anger, Fear, Resentment, Worry
3. Improper or Defective Equipment	3. Lack of Skill or Knowledge
4. Hazardous Location	4. Attitude - Indifferent, Belligerent
5. Poor Housekeeping	5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)
Printer handle possibly [illegible] (b) (6) external glove, while correcting a printer jam
(b) (6) 30/15
(b) (6)
Supervisor's Signature

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.)
No specific corrective action identified, scientist will increase awareness and precautions when manipulating the printer, a newer printer could minimize risk in a similar future event.

SECTION IV. Patient's Statement *(Continue on second page, if necessary.)*
Was in suite <20mins total. Ran 1 sample of QC material. Had 2 printer jams when I was twisting knob to advance paper. I believe it may have happened

SECTION V. Safety Office Conclusion/Comment and Disposition *(Continue on second page, if necessary.)*
See safety closeout. (b) (6)
Safety Representative Signature
(b) (6)

Section 1. To be Completed by Supervisor and Delivered by Patient to Dispensary. (CONTINUATION)

9. How incident occurred. (Tell exactly what employee was doing and what caused the injury/incident.)

SECTION II. To be Completed by Medical Officer (CONTINUATION)

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure.

SECTION III. Supervisor's Accident Analysis (CONTINUATION)

Using the Above Guidance, State Specific Causes

Supervisor's Statement of Corrective Action Taken/Anticipated

SECTION IV. Patient's Statement (CONTINUATION)

then. Stepped down off of stepstool & noticed purple was showing from inner glove. Flushed w/ microchem in sink, went straight to shower & swished hand in microchem tub., Inner glove tested & was intact.

(b) (6) [redacted]

SECTION V. Safety Office Conclusion/Comment and Disposition (CONTINUATION)

(b) (6)

(b) (6)

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section 1. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial *(Person Injured)* (b) (6)

2. Grade (b) (6) 4. Age

5. Occupation/Duty When Injured	6. Injury	7. Return to Duty	8. Location Where Injury Occurred
Cage Wash Tech	Hour 1345	Hour	Bldg #: 1425
	Date 16 APR 13	Date 16 Apr 13	Room #: (b) (6)

9. How Incident Occurred *(Tell exactly what employee was doing and what caused the injury/incident.) (Continue on second page, if necessary.)*

Remove Calcium on Spray Nozzle on the Tunnal Wash

10. Unit or Organization	11. Name of Supervisor	12. Work Phone Number
(b) (6)		

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure. (Continue on second page, if necessary.)

(b) (6) Date Treated

2. Disposition *(Check One)* ☐ Hospital ☐ Send Home/Quarters ☒ Return to Regular Duty

Return to Light duty ☐ Other *(Specify)*

3. Estimated Absence in Days Beyond Day on Which Injury Occurred	4. Name of Medical Officer	5. Telephone
-0-	(b) (6)	

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL	PERSONEL FACTORS
1. Unsafe Methods, Processes, Procedures	1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Indequate Safeguards, Safety Equipment	2. Emotional - Anger, Fear, Resentment, Worry
3. Improper or Defective Equipment	3. Lack of Skill or Knowledge
4. Hazardous Location	4. Attitude - Indifferent, Belligerent
5. Poor Housekeeping	5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)

Tech did not use proper equipment in task that led to injury.

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.)

Reviewed proper sanitation procedures and use of appropriate equipment.

Supervisor's Signature (b) (6)

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See safety closeout (b) (6)

Safety Representative Signature (b) (6)

1027-13

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section I. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial *(Person Injured)* (b) (6) [redacted]
2. Grade Contract 4. Age (b) (6)

5. Occupation/Duty When Injured	6. Injury	7. Return to Duty	8. Location Where Injury Occurred
Vet tech	Hour 1215	Hour	Bldg #: (b) (6) [redacted]
	Date 29Apr13	Date	Room #: 1425

9. How Incident Occurred *(Tell exactly what employee was doing and what caused the injury/incident.) (Continue on second page, if necessary.)*
Tech poked right index finger with scapel blade while cleaning Blade was used for necropsy on rodent training mouse

10. Unit or Organization	11. Name of Supervisor	12. Work Phone Number
USAMRIID	(b) (6) [redacted]	

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure. (Continue on second page, if necessary.)
(b) (6) [redacted]

2. Disposition *(Check One)* ☐ Hospital ☐ Send Home/Quarters ☒ Return to Regular Duty
☐ Return to Light duty ☐ Other *(Specify)*

3. Estimated Absence in Days Beyond Day on Which Injury Occurred	4. Name of Medical Officer	5. Telephone
-0-	(b) (6) [redacted]	

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL
1. Unsafe Methods, Processes, Procedures
2. Inadequate Safeguards, Safety Equipment
3. Improper or Defective Equipment
4. Hazardous Location
5. Poor Housekeeping

PERSONEL FACTORS
1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Emotional - Anger, Fear, Resentment, Worry
3. Lack of Skill or Knowledge
4. Attitude - Indifferent, Belligerent
5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)
1. Observe hazards(sharps) in work area
2. Available sharps containers

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.) Supervisor's Signature
Retraining on observing work areas and proper handling of sharps. (b) (6) [redacted]

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

Safety Representative Signature
See safety docuart. (b) (6) [redacted] (b) (6) [redacted]

Fort Detrick Form 385-101, July 2008

Section 1. To be Completed by Supervisor and Delivered by Patient to Dispensary. (CONTINUATION)
9. How incident occurred. (Tell exactly what employee was doing and what caused the injury/incident.)
SECTION II. To be Completed by Medical Officer (CONTINUATION)
1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure.
SECTION III. Supervisor's Accident Analysis (CONTINUATION)
Using the Above Guidance, State Specific Causes
Supervisor's Statement of Corrective Action Taken/Anticipated
SECTION IV. Patient's Statement (CONTINUATION)
SECTION V. Safety Office Conclusion/Comment and Disposition (CONTINUATION)

1029-13

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section I. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial (Person Injured): (b) (6)
2. Grade: DA02 4. Age: (b) (6)

5. Occupation/Duty When Injured	6. Injury	7. Return to Duty	8. Location Where Injury Occurred
(b) (6)	Hour 1030	Hour 1031	Bldg #: 1425
	Date 01 May 13	Date 01 May 13	Room #: (b) (6)

9. How Incident Occurred (Tell exactly what employee was doing and what caused the injury/incident.) (Continue on second page, if necessary.)
Hole occured in visor of blue suit upon ex. ting Chemical Shower

10. Unit or Organization	11. Name of Supervisor	12. Work Phone Number
(b) (6)	(b) (6)	

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure (Continue on second page, if necessary.)
(b) (6)

2. Disposition (Check One): ☐ Hospital ☐ Send Home/Quarters ☒ Return to Regular Duty ☐ Return to Light duty ☐ Other (Specify)

3. Estimated Absence in Days Beyond: (b) (6) Telephone: (b) (6)

ENVIRONMENTAL	PERSONNEL FACTORS
1. Unsafe Methods, Processes, Procedures	1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Inadequate Safeguards, Safety Equipment	2. Emotional - Anger, Fear, Resentment, Worry
3. Improper or Defective Equipment	3. Lack of Skill or Knowledge
4. Hazardous Location	4. Attitude - Indifferent, Belligerent
5. Poor Housekeeping	5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.)
Suit needs to be replaced.

Supervisor's Signature: (b) (6)

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See safety document.

Safety Representative Signature: (b) (6)

Fort Detrick Form 385-10f, July 2008

1030-13

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section 1. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial *(Person Injured)*: (b) (6)
2. Grade
4. Age: (b) (6)

5. Occupation/Duty When Injured	6. Injury	7. Return to Duty	8. Location Where Injury Occurred
Cage Wash Tech	Hour 1330	Hour	Bldg #: 1412
	Date May 6, 2013	Date May 6, 2013	Room #: (b) (6)

9. How Incident Occurred *(Tell exactly what employee was doing and what caused the injury/incident.) (Continue on second page, if necessary.)*
pinched finger, door to NHP Rack fell down on finger

10. Unit or Organization	11. Name of Supervisor	12. Work Phone Number
(b) (6)	(b) (6)	

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure. (Continue on second page, if necessary.)

Date Treated

2. Disposition *(Check One)* ☐ Hospital ☐ Send Home/Quarters ☐ Return to Regular Duty ☐ Return to Light duty ☐ Other *(Specify)*

3. Estimated Absence in Days Beyond Day on Which Injury Occurred	4. Name of Medical Officer	5. Telephone

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL	PERSONEL FACTORS
1. Unsafe Methods, Processes, Procedures	1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Indequate Safeguards, Safety Equipment	2. Emotional - Anger, Fear, Resentment, Worry
3. Improper or Defective Equipment	3. Lack of Skill or Knowledge
4. Hazardous Location	4. Attitude - Indifferent, Belligerent
5. Poor Housekeeping	5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)
While working on cleaning inside of NHP cage, the door fell down and landed on (b) (6) finger. When cage doors are open they are not always stable, so movement of the cage can cause the door to fall shut.

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.)
Training to ensure to use caution while working on cleaning the cages while cage doors are open.

Supervisor's Signature: (b) (6)

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

referred to (b) (6) for Initial medical evaluation care.

Safety Representative Signature

See safety docum. (b) (6)

(b) (6)

1081-13

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section I. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, First, Middle Initial (Person Injured) (b) (6)
2. Grade DB-02 4. Age (b) (6)

5. Occupation/Duty When Injured	6. Injury	7. Return to Duty	8. Location Where Injury Occurred
INVENTORY (b) (6)	Hour 1600	Hour	Bldg #: 1425
	Date 06 May 2013	Date	Room #: (b) (6)

9. How Incident Occurred (Tell exactly what employee was doing and what caused the injury/incident.) (Continue on second page, if necessary.)
inventory of BSAT → stress bruise in right glove (b) (6)

10. Unit or Organization (b) (6) 11. Name of Supervisor 12. Work Phone Number

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure. (Continue on second page, if necessary.)
(b) (6) Date Treated

2. Disposition (Check One) ☐ Hospital ☐ Send Home/Quarters ☑ Return to Regular Duty
☐ Return to Light duty ☐ Other (Specify)

3. Estimated Absence in Days Beyond Day on Which Injury Occurred — 0 — (b) (6) Name of Medical Officer (b) (6) 5. Telephone

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL	PERSONEL FACTORS
1. Unsafe Methods, Processes, Procedures	1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Inadequate Safeguards, Safety Equipment	2. Emotional - Anger, Fear, Resentment, Worry
3. Improper or Defective Equipment	3. Lack of Skill or Knowledge
4. Hazardous Location	4. Attitude - Indifferent, Belligerent
5. Poor Housekeeping	5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.) Supervisor's Signature
cold and pressure tear. (b) (6) will replace the gloves. (b) (6)

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See safety document (b) (6) Safety Representative Signature

103413

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section I. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, First, Middle Initial (Person Injured): (b) (6)
2. Grade: DB-02
4. Age: (b) (6)

5. Occupation/Duty When Injured	6. Injury	7. Return to Duty	8. Location Where Injury Occurred
UNKNOWN	Hour 1030	Hour	Bldg #: 1425
	Date 09/Mar/10	Date	Room #: (b) (6)

9. How Incident Occurred (Tell exactly what employee was doing and what caused the injury/incident.) (Continue on second page, if necessary.)
UNKNOWN - NOTICED W/ WET LEG IN CHEMSHOWER

10. Unit or Organization: (b) (6)
11. Name of Supervisor:
12. Work Phone Number:

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure (Continue on second page, if necessary.): (b) (6)

2. Disposition (Check One): ☐ Hospital ☐ Send Home/Quarters ☒ Return to Regular Duty ☐ Return to Light duty ☐ Other (Specify)

3. Estimated Absence in Days Beyond Day on Which Injury Occurred: -0-
4. Name of Medical Officer: (b) (6)
5. Telephone:

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL
1. Unsafe Methods, Processes, Procedures
2. Inadequate Safeguards, Safety Equipment
3. Improper or Defective Equipment
4. Hazardous Location
5. Poor Housekeeping

PERSONAL FACTORS
1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Emotional - Anger, Fear, Resentment, Worry
3. Lack of Skill or Knowledge
4. Attitude - Indifferent, Belligerent
5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.): (b) (6) needs to get new suit.

Supervisor's Signature: (b) (6)

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See safety document.

(b) (6)

(b) (6)

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1038-13

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section I. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, First, Middle Initial (Person Injured): (b) (6)
2. Grade: (b) (6) 4. Age: (b) (6)

5. Occupation/Duty When Injured	6. Injury	7. Return to Duty	8. Location Where Injury Occurred
General Housekeeping	Hour 4:30pm	Hour	Bldg #: 1425
	Date 5/24/13	Date	Room #: (b) (6)

9. How Incident Occurred (Tell exactly what employee was doing and what caused the injury/incident.) (Continue on second page, if necessary.)
Employee was wiping down all surfaces of a biosafety cabinet as required each quarter. Dried bleach crystals required more aggressive hand movement causing (b) (6) to sustain a scratch on the tip of the [illegible] finger resulting in trauma to the [illegible] hand letter.

10. Unit or Organization	11. Name of Supervisor	12. Work Phone Number
(b) (6)		

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure (Continue on second page, if necessary.)
(b) (6)

2. Disposition (Check One): ☐ Hospital ☐ Send Home/Quarters ☒ Return to Regular Duty ☐ Return to Light duty ☐ Other (Specify)

3. Estimated Absence in Days Beyond Day on Which Injury Occurred: - None -
4. Name of Medical Officer: (b) (6)
5. Telephone

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL	PERSONNEL FACTORS
1. Unsafe Methods, Processes, Procedures	1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Inadequate Safeguards, Safety Equipment	2. Emotional - Anger, Fear, Resentment, Worry
3. Improper or Defective Equipment	3. Lack of Skill or Knowledge
4. Hazardous Location	4. Attitude - Indifferent, Belligerent
5. Poor Housekeeping	5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)
3- equipment needs to be checked by FMO for sharp edges & sharp edges Remediated

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary): (b) (6) Supervisor's Signature
(b) (6)

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

Concur with statements in sections I&II. Also, given that no agent had been used in the BSC for 4 days and the fact that there was a layer of bleach crystals, which is evidence that the BSC is thoroughly decon'd on a regular basis, the risk of exposure was extremely low to begin with. Additionally, there was no adverse reaction at the site of the injury and no associated illness occurred.

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See safety closeout. (b) (6) Safety Representative Signature

Section 1. To be Completed by Supervisor and Delivered by Patient to Dispensary. (CONTINUATION)
8. How incident occurred. (Tell exactly what employee was doing and what caused the injury/incident.)
SECTION II. To be Completed by Medical Officer (CONTINUATION)
1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure.
SECTION III. Supervisor's Accident Analysis (CONTINUATION)
Using the Above Guidance, State Specific Causes
Supervisor's Statement of Corrective Action Taken/Anticipated
SECTION IV. Patient's Statement (CONTINUATION)
SECTION V. Safety Office Conclusion/Comment and Disposition (CONTINUATION)

1039-13

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section 1. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle initial *(Person Injured)* (b) (6)

2. Grade 4. Age (b) (6)

5. Occupation/Duty When Injured	6. Injury	7. Return to Duty	8. Location Where Injury Occurred
	Hour 0720	Hour	Bldg #: 1412 (b) (6)
	Date 5-30-2013	Date 5-30-20-13	Room #: (b) (6)

9. How Incident Occurred *(Tell exactly what employee was doing and wht caused the injury/incident.) (Continue on second page, if necessary.)*
Spraying DOWN Bent down to Spray Drain and under cage Hit Knee on front of cage

10. Unit or Organization	11. Name of Supervisor	12. Work Phone Number
(b) (6)	(b) (6)	

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure. (Continue on second page, If necessary.)

Date Treated

2. Disposition *(Check One)* ☐ Hospital ☐ Send Home/Quarters ☐ Return to Regular Duty ☐ Return to Light duty ☐ Other *(Specify)*

3. Estimated Absence In Days Beyond Day on Which Injury Occurrred	4. Name of Medical Officer	5. Telephone

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL	PERSONEL FACTORS
1. Unsafe Methods, Processes, Procedures	1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Indequate Safeguards, Safety Equipment	2. Emotional - Anger, Fear, Resentment, Worry
3. Improper or Defective Equipment	3. Lack of Skill or Knowledge
4. Hazardous Location	4. Attitude - Indifferent, Belligerent
5. Poor Housekeeping	5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, If necessary.)
Hit corner of CAGE while bending down

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, If necessary.)
Reiterate the importance of always being aware of what is around you when bending down, use caution if needed.

Supervisor's Signature (b) (6)

SECTION IV. Patient's Statement (Continue on second page, If necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, If necessary.)

See safety closeout.

Safety Representative Signature (b) (6) (b) (6)

1040-13

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section 1. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial *(Person Injured)* (b) (6) [redacted]

2. Grade N/A 4. Age (b) (6) [redacted]

5. Occupation/Duty When Injured	6. Injury	7. Return to Duty	8. Location Where Injury Occurred
Vet tech	Hour 1115	Hour	Bldg #: 1408
	Date 7 June 13	Date	Room #: (b) (6) [redacted]

9. How Incident Occurred *(Tell exactly what employee was doing and wht caused the injury/incident.) (Continue on second page, if necessary.)*

uncapped TB filled syring, stuck index finger on Rt hand

10. Unit or Organization	11. Name of Supervisor	12. Work Phone Number
USAMRIID	(b) (6) [redacted]	

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure. (Continue on second page, if necessary.)

Date Treated

2. Disposition *(Check One)* ☐ Hospital ☐ Send Home/Quarters ☐ Return to Regular Duty ☐ Return to Light duty ☐ Other *(Specify)*

3. Estimated Absence in Days Beyond Day on Which Injury Occurrred	4. Name of Medical Officer	5. Telephone

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL
1. Unsafe Methods, Processes, Procedures
2. Indequate Safeguards, Safety Equipment
3. Improper or Defective Equipment
4. Hazardous Location
5. Poor Housekeeping

PERSONEL FACTORS
1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Emotional - Anger, Fear, Resentment, Worry
3. Lack of Skill or Knowledge
4. Attitude - Indifferent, Belligerent
5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)

While (b) (6) [redacted] was working on handling the syringe (b) (6) [redacted] hand was shaking and slip and stuckher finger.

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.)

Always use caution when working with needles. If hands are ~~shaet~~ shaking take a minute to steady before continuing. Tools for reticining

Supervisor's Signature (b) (6) [redacted]

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See safety closeout.

Safety Representative Signature (b) (6) [redacted]

Section 1. To be Completed by Supervisor and Delivered by Patient to Dispensary. (CONTINUATION)
9. How incident occurred. (Tell exactly what employee was doing and what caused the injury/incident.)
SECTION II. To be Completed by Medical Officer (CONTINUATION)
1. Nature and Extent of injury/Occupational Illness/Incident of Exposure.
SECTION III. Supervisor's Accident Analysis (CONTINUATION)
Using the Above Guidance, State Specific Causes
Supervisor's Statement of Corrective Action Taken/Anticipated
SECTION IV. Patient's Statement (CONTINUATION)
SECTION V. Safety Office Conclusion/Comment and Disposition (CONTINUATION)

1042-13

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section 1. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial (Person Injured) (b) (6)

2. Grade GS 4. Age

5. Occupation/Duty When Injured: Animal Caretaker

6. Injury: Hour 1040am Date 13 Jun 13

7. Return to Duty: Date 13 Jun 13

8. Location Where Injury Occurred: Bldg #: 1412 Room #: (b) (6)

9. How Incident Occurred *(Tell exactly what employee was doing and what caused the injury/incident.)* *(Continue on second page, if necessary.)*

PPE Safety malfunction, exited room per SOP. Held breath + removed PPE after Bleaching notified Site Supervisor (b) (6)

10. Unit or Organization (b) (6) 11. Name of Supervisor 12. Work Phone Number

SECTION II - To be completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure *(Continue on second page, if necessary.)* (b) (6) Date Treated 13 Jun 13

2. Disposition *(Check One)* ☐ Hospital ☐ Send Home/Quarters ☑ Return to Regular Duty ☐ Return to Light duty ☐ Other *(Specify)*

(b) (6) (b) (6)

ENVIRONMENTAL	PERSONEL FACTORS
1. Unsafe Methods, Processes, Procedures	1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Inadequate Safeguards, Safety Equipment	2. Emotional - Anger, Fear, Resentment, Worry
3. Improper or Defective Equipment	3. Lack of Skill or Knowledge
4. Hazardous Location	4. Attitude - Indifferent, Belligerent
5. Poor Housekeeping	5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)

on Page 2

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.) Supervisor's Signature

on Page 2

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See safety closeout.

Safety Representative Signature (b) (6)

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Section 1. To be Completed by Supervisor and Delivered by Patient to Dispensary. (CONTINUATION)

9. How incident occurred. (Tell exactly what employee was doing and what caused the injury/incident.)

(b) (6) was in a mouse animal room changing cages wearing a PAPR. (b) (6) noticed the motor stopped running so (b) (6) stopped changing cages and sprayed off to exit the room. It was determined to be a battery issue.

(b) (6)

SECTION II. To be Completed by Medical Officer (CONTINUATION)

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure.

SECTION III. Supervisor's Accident Analysis (CONTINUATION)

Using the Above Guidance, State Specific Causes

Supervisor's Statement of Corrective Action Taken/Anticipated

To carry an extra battery.

(b) (6)

SECTION IV. Patient's Statement (CONTINUATION)

SECTION V. Safety Office Conclusion/Comment and Disposition (CONTINUATION)

1043-13

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section 1. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial (Person Injured) (b) (6)

2. Grade 4. Age

5. Occupation/Duty When Injured: (b)(6) Microbiologist

6. Injury: Hour 0900, Date 06/14/2013

7. Return to Duty: Hour, Date 06/14/2013

8. Location Where Injury Occurred: Bldg # 1425, Room # (b) (6)

9. How Incident Occurred (Tell exactly what employee was doing and what caused the injury/incident.) (Continue on second page, if necessary)

BSC failed while individual was counting (b)(6) colonies on plates (closed with lid).

10. Unit or Organization: (b) (6) USAMRIID

11. Name of Supervisor: (b) (6)

12. Work Phone Number

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Hazardous Exposure (Be specific): (b) (6)

2. Disposition (Check One): ☐ Hospital ☐ Send Home/Quarters X Return to Regular Duty ☐ Return to Light duty ☐ Other (Specify)

3. Estimated Absence in Days Beyond Day on Which Injury Occurred: 0

4. Name of Medical Officer: (b) (6)

5. Telephone

SECTION III. Sup

ENVIRONMENTAL
1. Unsafe Methods, Processes, Procedures
2. Inadequate Safeguards, Safety Equipment
3. Improper or Defective Equipment
4. Hazardous Location
5. Poor Housekeeping

PERSONEL FACTORS
1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Emotional - Anger, Fear, Resentment, Worry
3. Lack of Skill or Knowledge
4. Attitude - Indifferent, Belligerent
5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)

The cause was defective equipment (#3-environmental) and this was the only factor causing the potential exposure.

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.) Supervisor's Signature

the employee correctly followed all appropriate procedures and immediately exited the room. Work orders were placed for repair and recert- [illegible] BSC

SECTION IV. Patient's Statement (Continue on second page, if necessary.) (b) (6)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See safety closeout. (b) (6)

Section 1. To be Completed by Supervisor and Delivered by Patient to Dispensary. (CONTINUATION)

9. How incident occurred. (Tell exactly what employee was doing and what caused the injury/incident.)

same as described in section II item 1

SECTION II. To be Completed by Medical Officer (CONTINUATION)

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure.

(b) (6) [redacted]

SECTION III. Supervisor's Accident Analysis (CONTINUATION)

Using the Above Guidance, State Specific Causes

Se section II item 1 and statement in section IV

Supervisor's Statement of Corrective Action Taken/Anticipated

Repair + recertification work orders were placed.

SECTION IV. Patient's Statement (CONTINUATION)

SECTION V. Safety Office Conclusion/Comment and Disposition (CONTINUATION)

1044-13

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section I. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, First, Middle Initial (Person Injured): (b) (6)
2. Grade: DA-02
4. Age: (b) (6)

5. Occupation/Duty When Injured	6. Injury	7. Return to Duty	8. Location Where Injury Occurred
18 Jun 13 / 1530	Hour 1530	Hour	Bldg #: 1425
	Date 18 Jun 13	Date	Room #: (b) (6)

9. How Incident Occurred (Tell exactly what employee was doing and what caused the injury/incident.) (Continue on second page, if necessary.)
Felt water when dunking my hands in dunk tank of chemical Shower in (b) (6)

10. Unit or Organization	11. Name of Supervisor	12. Work Phone Number
USAMRIID	(b) (6)	(b) (6)

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure. (Continue on second page, if necessary.)
(b) (6)

2. Disposition (Check One): ☐ Hospital ☐ Send Home/Quarters ☒ Return to Regular Duty ☐ Return to Light Duty ☐ Other (Specify)

3. Estimated Absence in Days Beyond Day on Which Injury Occurred: -0-
4. Name of Medical Officer: (b) (6)
5. Telephone

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL
1. Unsafe Methods, Processes, Procedures
2. Inadequate Safeguards, Safety Equipment
3. Improper or Defective Equipment
4. Hazardous Location
5. Poor Housekeeping

PERSONEL FACTORS
1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Emotional - Anger, Fear, Resentment, Worry
3. Lack of Skill or Knowledge
4. Attitude - Indifferent, Belligerent
5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.) (b) (6) is a highly experienced Research Microbiologist trained to work under BSL-2, BSL-3 & BSL-4 conditions. My interview with (b)(6) confirms the incident described in Section II above. Root cause: Pin-hole in outer glove.

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.) (b) (6) informed me that (b) (6) followed Proper safety procedures. Corrective action: Thorough examination of outer gloves in the future.

Supervisor's Signature: (b) (6)

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See Safety closeout (b) (6)

1045-13

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section 1. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial *(Person Injured)* (b) (6)

2. Grade E4 4. Age (b) (6)

5. Occupation/Duty When Injured	6. Injury	7. Return to Duty	8. Location Where Injury Occurred
Lab Tech 01/22/2013	Hour 1300	Hour N/A	Bldg #: 1425
	Date 01/22/2013	Date 01/22/2013	Room #: (b) (6)

9. How Incident Occurred *(Tell exactly what employee was doing and wht caused the injury/incident.) (Continue on second page, if necessary.)*

(b) (6) was moving equipment from the (b) (6) BSL-3 suite (b)(6)

10. Unit or Organization	11. Name of Supervisor	12. Work Phone Number
USAMRIID	(b) (6)	

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure *(Continue on second page, if necessary.)*

(b) (6)

e Treated
24 Jan 13

2. Disposition *(Check One)* ☐ Hospital ☑ Send Home/Quarters ☐ Return to Regular Duty ☐ Return to Light duty ☐ Other *(Specify)* (b) (6)

3. Estimated Absence in Days Beyond Day on Which Injury Occurrred: 0

4. Name of Medical Officer: (b) (6)

5. Telephone

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL	PERSONEL FACTORS
1. Unsafe Methods, Processes, Procedures	1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Indequate Safeguards, Safety Equipment	2. Emotional - Anger, Fear, Resentment, Worry
3. Improper or Defective Equipment	3. Lack of Skill or Knowledge
4. Hazardous Location	4. Attitude - Indifferent, Belligerent
5. Poor Housekeeping	5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)

Improper or Defective Equipment, Hazardous Location

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.)

A two-man move technique was employed but the Soldier lost control and was injured. Reasonable precautions were insufficient to prevent the accident. Could mandate the

Supervisor's Signature

(b) (6)

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

On 22JAN13, I was moving a roller bottle stand down the (b) (6) ramp after a snow storm. The ramp was treated with de-icing pellets making the surface rough and bumpy. While moving the stand, the wheels were caught up in the de-icing pellets, causing

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

Concur with Supervisors corrective action. Additional situational awareness (page 2)

Safety Representative Signature

(b) (6)

Section 1. To be Completed by Supervisor and Delivered by Patient to Dispensary. (CONTINUATION)

9. How incident occurred. (Tell exactly what employee was doing and what caused the injury/incident.)

SECTION II. To be Completed by Medical Officer (CONTINUATION)

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure.

(b) (6)

(b) (6)

SECTION III. Supervisor's Accident Analysis (CONTINUATION)

Using the Above Guidance, State Specific Causes

Supervisor's Statement of Corrective Action Taken/Anticipated

use of the hydraulic lift on the (b) (6) to prevent heavy objects from rolling down the ramp, but that seems like an excessive restriction.

SECTION IV. Patient's Statement (CONTINUATION)

the stand to sway to the side. I grabbed the stand to readjust its position, and felt my arm give way. My arm was numb and tingling and I felt some minor discomfort. I returned to work the next day with minimal discomfort but nothing that prevented me from performing my duties. It progressively began to get worse over the course of a few months.

SECTION V. Safety Office Conclusion/Comment and Disposition (CONTINUATION)

would be beneficial in special circumstances, such as this one.

(b) (6)

1096-13

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section I. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial (Person Injured) (b) (6)

2. Grade (b) (6) 4. Age

5. Occupation/Duty When Injured	6. Injury	7. Return to Duty	8. Location Where Injury Occurred
Biological laboratory technician	Hour 06/26/13	Hour	Bldg #: 1412
	Date	Date	Room #:

9. How Incident Occurred (Tell exactly what employee was doing and what caused the injury/incident.) (Continue on second page, if necessary.)

Power outage caused biosafety cabinet to fail. Employee sitting at cabinet and all agents were contained within cabinet plates with lids.

10. Unit or Organization 11. Name of Supervisor 12. Work Phone Number

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure (Continue on second page, if necessary.)

(b) (6)

2. Disposition (Check One) ☐ Hospital ☐ Send Home/Quarters ☒ Return to Regular Duty

☐ Return to Light duty ☐ Other (Specify)

3. Estimated Absence in Days Beyond Day on Which Injury Occurred: -0- 4. Name of Medical Officer (b) (6) 5. Telephone

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL	PERSONEL FACTORS
1. Unsafe Methods, Processes, Procedures	1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Inadequate Safeguards, Safety Equipment	2. Emotional - Anger, Fear, Resentment, Worry
3. Improper or Defective Equipment	3. Lack of Skill or Knowledge
4. Hazardous Location	4. Attitude - Indifferent, Belligerent
5. Poor Housekeeping	5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)

BSC was not on backup power; continuing safety issue for institute.

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.)

Anticipate (b) (6) will provide backup power to all BSC's. (b) (6) (b) (6)

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See safety closeout. (b) (6)

Section 1. To be Completed by Supervisor and Delivered by Patient to Dispensary. (CONTINUATION)
9. How incident occurred. (Tell exactly what employee was doing and what caused the injury/incident.)
SECTION II. To be Completed by Medical Officer (CONTINUATION)
1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure.
SECTION III. Supervisor's Accident Analysis (CONTINUATION)
Using the Above Guidance, State Specific Causes
Supervisor's Statement of Corrective Action Taken/Anticipated
SECTION IV. Patient's Statement (CONTINUATION)
SECTION V. Safety Office Conclusion/Comment and Disposition (CONTINUATION)

1047-13

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section I. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial (Person Injured): (b) (6) [redacted]

2. Grade: Contractor 4. Age: (b) (6) [redacted]

5. Occupation/Duty When Injured: BSL-4 suite work

6. Injury — Hour: 1:30 Date: June 28, 2013

7. Return to Duty — Hour: Date:

8. Location Where Injury Occurred — Bldg #: 1425 (b) (6) [redacted] Room #: (b) (6) [redacted]

9. How Incident Occurred (Tell exactly what employee was doing and what caused the injury/incident.) (Continue on second page, if necessary.)

glove tear on right hand (outer glove only)

10. Unit or Organization: (b) (6) [redacted]

11. Name of Supervisor:

12. Work Phone Number:

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure (Continue on second page, if necessary.): (b) (6) [redacted]

2. Disposition (Check One): ☐ Hospital ☐ Quarters ☒ Return to Regular Duty ☐ Return to Light duty ☐ Other (Specify)

3. Estimated Absence in Days Beyond Day on Which Injury Occurred: -0-

4. Name of Medical Officer: (b) (6) [redacted]

5. Telephone:

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL	PERSONNEL FACTORS
1. Unsafe Methods, Processes, Procedures	1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Inadequate Safeguards, Safety Equipment	2. Emotional - Anger, Fear, Resentment, Worry
3. Improper or Defective Equipment	3. Lack of Skill or Knowledge
4. Hazardous Location	4. Attitude - Indifferent, Belligerent
5. Poor Housekeeping	5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)

No injury or damage

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if

Continue check glove roundup

(b) (6) [redacted]

SECTION IV. Patient's Statement (Continue on s

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See safety closeout.

(b) (6) [redacted]

Safety Representative Signature

Section I. To be Completed by Supervisor and Delivered by Patient to Dispensary. (CONTINUATION)
8. How Incident occurred. (Tell exactly what employee was doing and what caused the injury/incident.)
SECTION II. To be Completed by Medical Officer (CONTINUATION)
1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure.
SECTION III. Supervisor's Accident Analysis (CONTINUATION)
Using the Above Guidance, State Specific Causes
Supervisor's Statement of Corrective Action Taken/Anticipated
SECTION IV. Patient's Statement (CONTINUATION)
SECTION V. Safety Office Conclusion/Comment and Disposition (CONTINUATION)

1048-13

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section 1. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial *(Person Injured)* (b) (6)

2. Grade 4. Age

5. Occupation/Duty When Injured	6. Injury	7. Return to Duty	8. Location Where Injury Occurred
Microbiologist	Hour 0930	Hour	Bldg #: 1412
	Date 07/02/2013	Date 07/02/2013	Room #: (b) (6)

9. How Incident Occurred *(Tell exactly what employee was doing and wht caused the Injury/Incident.) (Continue on second page, if necessary.)*

While feeding rabbits with fruit loops, the employee was bitten on their left thumb.

10. Unit or Organization	11. Name of Supervisor	12. Work Phone Number
(b) (6) USAMRIID	(b) (6)	

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure. (Continue on second page, if necessary.)

(b) (6)

Date Treated

2. Disposition *(Check One)* ☐ Hospital ☐ Send Home/Quarters ☐ Return to Regular Duty ☐ Return to Light duty ☐ Other *(Specify)*

3. Estimated Absence in Days Beyond Day on Which Injury Occurrred	4. Name of Medical Officer	5. Telephone

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL	PERSONEL FACTORS
1. Unsafe Methods, Processes, Procedures	1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Indequate Safeguards, Safety Equipment	2. Emotional - Anger, Fear, Resentment, Worry
3. Improper or Defective Equipment	3. Lack of Skill or Knowledge
4. Hazardous Location	4. Attitude - Indifferent, Belligerent
5. Poor Housekeeping	5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)

Inadequate safeguards and safety equipment could have resulted in this injury.

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.)

We have implemented a policy of utilizing forceps for enrichment feeding (fruit loops) to the rabbits.

Supervisor's Signature (b) (6)

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See safety docent.

(b) (6)

(b) (6)

Section 1. To be Completed by Supervisor and Delivered by Patient to Dispensary. (CONTINUATION)

9. How incident occurred. (Tell exactly what employee was doing and what caused the injury/incident.)

SECTION II. To be Completed by Medical Officer (CONTINUATION)

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure.

SECTION III. Supervisor's Accident Analysis (CONTINUATION)

Using the Above Guidance, State Specific Causes

Supervisor's Statement of Corrective Action Taken/Anticipated

SECTION IV. Patient's Statement (CONTINUATION)

SECTION V. Safety Office Conclusion/Comment and Disposition (CONTINUATION)

1049-13

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section I. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial (Person Injured) (b) (6) [redacted]

2. Grade CIV 4. Age (b) (6) [redacted]

5. Occupation/Duty When Injured: Research Microbiologist

6. Injury Incident — Hour 1000 — Date 9/3/2013

7. Return to Duty — Hour — Date

8. Location Where Injury Occurred — Bldg #: 1425 (b) (6) [redacted] — Room #:

9. How Incident Occurred *(Tell exactly what employee was doing and what caused the injury/incident.) (Continue on second page, if necessary.)*

Unknown -

10. Unit or Organization (b) (6) [redacted] 11. Name of Supervisor 12. Work Phone Number

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure. (Continue on second page, if necessary.) (b) (6) [redacted]

2. Disposition *(Check One)* ☐ Hospital ☐ Send Home/Quarters ☑ Return to Regular Duty ☐ Return to Light duty ☐ Other *(Specify)*

3. Estimated Absence in Days Beyond Day on Which Injury Occurred: 0 4. Name of Medical Officer (b) (6) [redacted] 5. Telephone

SECTION III. Supervisor's Evaluation

ENVIRONMENTAL
1. Unsafe Methods, Processes, Procedures
2. Inadequate Safeguards, Safety Equipment
3. Improper or Defective Equipment
4. Hazardous Location
5. Poor Housekeeping

PERSONEL FACTORS
1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Emotional - Anger, Fear, Resentment, Worry
3. Lack of Skill or Knowledge
4. Attitude - Indifferent, Belligerent
5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)

Normal wear and tear.

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.) Supervisor's Signature

Look for signs of wear on routine basis. (b) (6) [redacted]

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See safety closeout. Safety Representative Signature (b) (6) [redacted]

Section 1. To be Completed by Supervisor and Delivered by Patient to Dispensary. (CONTINUATION)

9. How incident occurred. (Tell exactly what employee was doing and what caused the injury/incident.)

Employee was in suite, but was not working with BSAT. Small hole in shoulder was discovered upon showering out of suite.

SECTION II. To be Completed by Medical Officer (CONTINUATION)

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure.

SECTION III. Supervisor's Accident Analysis (CONTINUATION)

Using the Above Guidance, State Specific Causes

N/A

Supervisor's Statement of Corrective Action Taken/Anticipated

SECTION IV. Patient's Statement (CONTINUATION)

SECTION V. Safety Office Conclusion/Comment and Disposition (CONTINUATION)

1052-13

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section I. *To be completed by supervisor and delivered by patient to dispensary.*

1. NAME - Last, first, Middle Initial (Person Injured) (b) (6)

2. Grade DA03 4. Age (b) (6)

5. Occupation/Duty When Injured: LAB TECH

6. Injury Hour 1400 hrs ? Date 7/23/13

7. Return to Duty Hour 1900 Date 25/JUL/13

8. Location Where Injury Occurred Bldg #: 1412 Room #: (b) (6)

9. How Incident Occurred (Tell exactly what employee was doing and list caused the injury/incident.) (Continue on second page, if necessary.)
Initially a life performing maintenance of a culture in a microscope slide coverslip, coverslip ended up on floor making objective

10. Unit or Organization USAMRIID (b) (6)

11. Name of Supervisor (b) (6)

12. Work Phone Number

SECTION II. *To be Completed by Medical Officer*

(b) (6)

☐ Return to Light duty ☐ Other (Specify) ☒ Return to Regular Duty

3. Estimated Absence in Days Beyond Day on Which Injury Occurred 4. Name of Medical Officer (b) (6) 5. Telephone

SECTION III. *Supervisor's Accident Analysis*

ENVIRONMENTAL
1. Unsafe Methods, Processes, Procedures
2. Inadequate Safeguards, Safety Equipment
3. Improper or Defective Equipment
4. Hazardous Location
5. Poor Housekeeping

PERSONEL FACTORS
1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Emotional - Anger, Fear, Resentment, Worry
3. Lack of Skill or Knowledge
4. Attitude - Indifferent, Belligerent
5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)
2. Emotional - fear of reporting.

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.) Counselled employee on proper reporting procedure (b) (6) Supervisor's Signature

SECTION IV. *Patient's Statement (Continue on second page, if necessary.)*
Movement of removing rose piece resulted in the coverslip remaining attached to objective. Movement was slowly running the pace.

SECTION V. *Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)*
See safety closeout. (b) (6)

Section 1. To be Completed by Supervisor and Delivered by Patient to Dispensary. (CONTINUATION)

9. How incident occurred. (Tell exactly what employee was doing and what caused the injury/incident.)

SECTION II. To be Completed by Medical Officer (CONTINUATION)

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure.

(b) (6)

[redacted]

SECTION III. Supervisor's Accident Analysis (CONTINUATION)

Using the Above Guidance, State Specific Causes

Supervisor's Statement of Corrective Action Taken/Anticipated

SECTION IV. Patient's Statement (CONTINUATION)

SECTION V. Safety Office Conclusion/Comment and Disposition (CONTINUATION)

1053-13

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section 1. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial *(Person Injured)* (b) (6)

2. Grade

4. Age (b) (6)

5. Occupation/Duty When Injured	6. Injury	7. Return to Duty	8. Location Where Injury Occurred
Caretaker	Hour 1000	Hour	Bldg #: 1412
	Date 31 July 13	Date	Room #: (b) (6)

9. How Incident Occurred *(Tell exactly what employee was doing and what caused the injury/incident.) (Continue on second page, if necessary.)*
was sweeping up NHP feces when I got splashed in (R) eye
was ~~African~~ African Green room on cold side

10. Unit or Organization	11. Name of Supervisor	12. Work Phone Number
(b) (6)	(b) (6)	

SECTION II. To be completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure. (Continue on second page, if necessary.)

Date Treated

2. Disposition *(Check One)* ☐ Hospital ☐ Send Home/Quarters ☐ Return to Regular Duty ☐ Return to Light duty ☐ Other *(Specify)*

3. Estimated Absence in Days Beyond Day on Which Injury Occurred	4. Name of Medical Officer	5. Telephone

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL	PERSONEL FACTORS
1. Unsafe Methods, Processes, Procedures	1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Indequate Safeguards, Safety Equipment	2. Emotional - Anger, Fear, Resentment, Worry
3. Improper or Defective Equipment	3. Lack of Skill or Knowledge
4. Hazardous Location	4. Attitude - Indifferent, Belligerent
5. Poor Housekeeping	5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)
Tech was performing standard cleaning procedure, but possibly due to excess accumulation of waste this increase of splash potential. The room is very confined space and could factor into limited distance from between equip

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.) Supervisor's Signature (b) (6)
continue wearing all appropriate PPE. Be aware of small areas and limited workspace. Take extra time and precaution when handling animal waste

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See safety closeout.

Safety Representative Signature (b) (6)

Section 1. To be Completed by Supervisor and Delivered by Patient to Dispensary. (CONTINUATION)
9. How incident occurred. (Tell exactly what employee was doing and what caused the injury/incident.)
SECTION II. To be Completed by Medical Officer (CONTINUATION)
1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure.
SECTION III. Supervisor's Accident Analysis (CONTINUATION)
Using the Above Guidance, State Specific Causes
Supervisor's Statement of Corrective Action Taken/Anticipated
SECTION IV. Patient's Statement (CONTINUATION)
SECTION V. Safety Office Conclusion/Comment and Disposition (CONTINUATION)

105413

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section 1. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle initial (Person injured) (b) (6)
2. Grade DE03 4. Age (b) (6)

5. Occupation/Duty When Injured	6. Injury	7. Return to Duty	8. Location Where Injury Occurred
(b)(6)	Hour 1:30	Hour	Bldg #: 1425
	Date 7/31/13	Date	Room #: (b) (6)

9. How Incident Occurred *(Tell exactly what employee was doing and what caused the injury/incident.) (Continue on second page, if necessary.)*

HEPA filter fell off of Blue suite

10. Unit or Organization	11. Name of Supervisor	12. Work Phone Number
USAMRIID	(b) (6)	

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure. (Continue on second page, if necessary.)

(b) (6)

2. Disposition *(Check One)* ☐ Hospital ☐ Send Home/Quarters ☑ Return to Regular Duty ☐ Return to Light duty ☐ Other *(Specify)*

3. Estimated Absence in Days Beyond Day on Which Injury Occurrred	4. Name of Medical Officer	5. Telephone
0	(b) (6)	

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL	PERSONEL FACTORS
1. Unsafe Methods, Processes, Procedures	1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Inadequate Safeguards, Safety Equipment	2. Emotional - Anger, Fear, Resentment, Worry
3. Improper or Defective Equipment	3. Lack of Skill or Knowledge
4. Hazardous Location	4. Attitude - Indifferent, Belligerent
5. Poor Housekeeping	5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)

Equipment became loose (filter)

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.) Supervisor's Signature

Ensure filter is tight before entry
Check filter often when in use (b) (6)

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See safety docuart. Safety Representative Signature (b) (6)

Section 1. To be Completed by Supervisor and Delivered by Patient to Dispensary. (CONTINUATION)
9. How incident occurred. (Tell exactly what employee was doing and what caused the injury/incident.)
SECTION II. To be Completed by Medical Officer (CONTINUATION)
1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure.
SECTION III. Supervisor's Accident Analysis (CONTINUATION)
Using the Above Guidance, State Specific Causes
Supervisor's Statement of Corrective Action Taken/Anticipated
SECTION IV. Patient's Statement (CONTINUATION)
SECTION V. Safety Office Conclusion/Comment and Disposition (CONTINUATION)

1057-13

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section I. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial (Person Injured) (b) (6) [redacted]

2. Grade

4. Age (b) (6)

6. Occupation/Duty When Injured: working in tore Suit 1

6. Injury: Hour 1:30 Date 13 Aug 13

7. Return to Duty: Hour Date

8. Location Where Injury Occurred: Bldg #: 1425 Room #: (b) (6)

9. How Incident Occurred (Tell exactly what employee was doing and what caused the injury/incident.) (Continue on second page, if necessary.)

Suit wear + tear on suit

10. Unit or Organization

11. Name of Supervisor

12. Work Phone Number (b) (6) [redacted]

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure (Continue on second page, if necessary.) (b) (6) [redacted] Date Treated

2. Disposition (Check One) ☐ Hospital ☐ Send Home/Quarters ☒ Return to Regular Duty ☐ Return to Light duty ☐ Other (Specify)

3. Estimated Absence in Days Beyond Day on Which Injury Occurred: -0-

4. Name of Medical Officer (b) (6) [redacted]

5. Telephone

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL
1. Unsafe Methods, Processes, Procedures
2. Inadequate Safeguards, Safety Equipment
3. Improper or Defective Equipment
4. Hazardous Location
5. Poor Housekeeping

PERSONNEL FACTORS
1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Emotional - Anger, Fear, Resentment, Worry
3. Lack of Skill or Knowledge
4. Attitude - Indifferent, Belligerent
5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)

(3) The suit had a faulty seem

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.)

None

Supervisor's Signature (b) (6) [redacted]

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See safety docuth.

Safety Representative Signature (b) (6) [redacted]

1059-13

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section 1. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial *(Person injured)* (b) (6)

2. Grade E-4 4. Age (b) (6)

5. Occupation/Duty When Injured	6. Injury	7. Return to Duty	8. Location Where Injury Occurred
Animal Tech	Hour 0915	Hour	Bldg #: 1408
	Date 20 Aug 13	Date	Room #: (b) (6)

9. How Incident Occurred *(Tell exactly what employee was doing and what caused the injury/incident.) (Continue on second page, if necessary.)*
Knocking down monkeys Teached skin with dirty needel.

10. Unit or Organization	11. Name of Supervisor	12. Work Phone Number
(b) (6)		

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure. (Continue on second page, if necessary.)
(b) (6) e Treated

2. Disposition *(Check One)* ☐ Hospital ☐ Send Home/Quarters ☒ Return to Regular Duty
Return to Light duty ☐ Other *(Specify)*

3. Estimated Absence in Days Beyond Day on Which Injury Occurred: Non — 4. Name of Medical Officer: (b) (6) 5. Telephone

SECTION III Supervisor's Accident Analysis

ENVIRONMENTAL	PERSONEL FACTORS
1. Unsafe Methods, Processes, Procedures	1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Indequate Safeguards, Safety Equipment	2. Emotional - Anger, Fear, Resentment, Worry
3. Improper or Defective Equipment	3. Lack of Skill or Knowledge
4. Hazardous Location	4. Attitude - Indifferent, Belligerent
5. Poor Housekeeping	5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)
1. unsafe methods, processes, procedures

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.) Supervisor's Signature
(b) (6) was retrained on proper handling of sharps. (b) (6)

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See safety closeout

Safety Representative Signature (b) (6)

Section 1. To be Completed by Supervisor and Delivered by Patient to Dispensary. (CONTINUATION)

9. How incident occurred. (Tell exactly what employee was doing and what caused the injury/incident.)

SECTION II. To be Completed by Medical Officer (CONTINUATION)

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure.

SECTION III. Supervisor's Accident Analysis (CONTINUATION)

Using the Above Guidance, State Specific Causes

Supervisor's Statement of Corrective Action Taken/Anticipated

SECTION IV. Patient's Statement (CONTINUATION)

SECTION V. Safety Office Conclusion/Comment and Disposition (CONTINUATION)

1061-13

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section I. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial (Person Injured) (b) (6)
2. Grade 4. Age (b) (6)

5. Occupation/Duty When Injured	6. Injury	7. Return to Duty	8. Location Where Injury Occurred
Performing Animal Caretaking tasks	Hour 0700	Hour	Bldg #
	Date 9-9-2013	Date	Room #:

9. How Incident Occurred (Tell exactly what employee was doing and what caused the injury/incident.) (Continue on second page, if necessary.)

changing cages

10. Unit or Organization	11. Name of Supervisor	12. Work Phone Number
(b) (6)	(b) (6)	

SECTION II. To be Completed by Medical Officer

(b) (6)

2. Disposition (Check One) ☐ Hospital ☐ Send Home/Quarters ☒ Return to Regular Duty ☐ Return to Light duty ☐ Other (Specify)

3. Estimated Absence in Days Beyond Day on Which Injury Occurred	4. Name of Medical Officer	5. Telephone
- None	(b) (6)	

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL
1. Unsafe Methods, Processes, Procedures
2. Inadequate Safeguards, Safety Equipment
3. Improper or Defective Equipment
4. Hazardous Location
5. Poor Housekeeping

PERSONEL FACTORS
1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Emotional - Anger, Fear, Resentment, Worry
3. Lack of Skill or Knowledge
4. Attitude - Indifferent, Belligerent
5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.) Environment 4, It was the caretaker first time in a BSL 4 suite, Personal factor 2+3 being (b)(6) first time in the suite (b)(6) comfort level was low and (b)(6) apprehension was high.

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.) Supervisor's Signature

(b)(6) is in a mentorship program (b) (6)

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

Safety Representative Signature

All Safety Closeout

1063-13

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section I. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, First, Middle Initial (Person Injured): (b) (6)

2. Grade: DE-00 4. Age: (b) (6)

5. Occupation/Duty When Injured: Re-installing (b) (6) analyzer, running controls

6. Injury — Hour: 1640 Date: 19 Sep 13

7. Return to Duty — Hour: Date:

8. Location Where Injury Occurred — Bldg #: 1425 Room #: (b) (6)

9. How Incident Occurred (Tell exactly what employee was doing and list caused the injury/incident.) (Continue on second page, if necessary.)
Noticed arm felt wet when in Chemical decon shower

10. Unit or Organization: USAMRIID/ (b) (6)

11. Name of Supervisor: (b) (6)

12. Work Phone Number

SECTION II. To be completed by medical officer

(b)(6)

13. Disposition (Check One) ☐ Hospital ☐ Send Home/Quarters ☑ Return to Regular Duty ☐ Return to Light duty ☐ Other (Specify)

14. Estimated Absence in Days Beyond Day on Which Injury Occurred: None

15. Name of Medical Officer: (b) (6) 16. Telephone

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL	PERSONEL FACTORS
1. Unsafe Methods, Processes, Procedures	1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Inadequate Safeguards, Safety Equipment	2. Emotional - Anger, Fear, Resentment, Worry
3. Improper or Defective Equipment	3. Lack of Skill or Knowledge
4. Hazardous Location	4. Attitude - Indifferent, Belligerent
5. Poor Housekeeping	5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)
Equipment failure not due to employee

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.) Supervisor's Signature
None required, all appropriate measures taken (b) (6)

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)
See Safety Closeout

Safety Representative Signature: (b) (6)

Section 1. To be Completed by Supervisor and Delivered by Patient to Dispensary. (CONTINUATION)

9. How incident occurred. (Tell exactly what employee was doing and what caused the injury/incident.)

small area of wetness following chem shower, employee only performed non-BSAT equipment maintenance; cause of leak unknown

SECTION II. To be Completed by Medical Officer (CONTINUATION)

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure.

SECTION III. Supervisor's Accident Analysis (CONTINUATION)

Using the Above Guidance, State Specific Causes

n/a

Supervisor's Statement of Corrective Action Taken/Anticipated

n/a

SECTION IV. Patient's Statement (CONTINUATION)

SECTION V. Safety Office Conclusion/Comment and Disposition (CONTINUATION)

1065-13

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section I. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, First, Middle Initial (b) (6) (Person Injured)
2. Grade GS13 4. Age (b) (6)

5. Occupation/Duty When Injured	6. Injury	7. Return to Duty	8. Location Where Injury Occurred
microbiologist	Hour 16:30	Hour	Bldg #: 1427
	Date 19 Sept 13	Date	Room #: (b) (6)

9. How Incident Occurred (Tell exactly what employee was doing and what caused the injury/incident.) (Continue on second page, if necessary.)
looked into room where possible aerosol was created

10. Unit or Organization (b) (6) 11. Name of Supervisor 12. Work Phone Number

SECTION II. To Be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure (b)(6) Treated

2. Disposition (Check One) ☐ Hospital ☐ Send Home/Quarters ☒ Return to Regular Duty
☐ Return to Light duty ☐ Other (Specify)

3. Estimated Absence in Days Beyond Day on Which Injury Occurred 4. Name of Medical Officer (b) (6) 5. Telephone

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL	PERSONEL FACTORS
1. Unsafe Methods, Processes, Procedures	1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Inadequate Safeguards, Safety Equipment	2. Emotional - Anger, Fear, Resentment, Worry
3. Improper or Defective Equipment	3. Lack of Skill or Knowledge
4. Hazardous Location	4. Attitude - Indifferent, Belligerent
5. Poor Housekeeping	5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)
Employee was unaware of the incident - the door had not been posted by the individuals involved - (b) (6) was an innocent bystander

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.) Supervisor's Signature
Individuals involved in the incident have been retrained - re: use of screw-capped tubes or tube locking devices / Importance of

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See safety closeout. (b) (6) Safety Representative Signature (b) (6)

Fort Detrick Form 385-10f, July 2008 Page 1

Section 1. To be Completed by Supervisor and Delivered by Patient to Dispensary. (CONTINUATION)
9. How incident occurred. (Tell exactly what employee was doing and what caused the injury/incident.)
SECTION II. To be Completed by Medical Officer (CONTINUATION)
1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure.
SECTION III. Supervisor's Accident Analysis (CONTINUATION)
Using the Above Guidance, State Specific Causes
Supervisor's Statement of Corrective Action Taken/Anticipated
holding breaker, leaving the area, & posting the area rather than allowing other individuals to enter & lingering in the area
SECTION IV. Patient's Statement (CONTINUATION)
SECTION V. Safety Office Conclusion/Comment and Disposition (CONTINUATION)

1066-13

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section I. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, First, Middle Initial (Person Injured): (b) (6)
2. Grade: DB 04-03
4. Age: (b) (6)

5. Occupation/Duty When Injured	6. Injury	7. Return to Duty	8. Location Where Injury Occurred
MICROBIOLOGIST	Hour 1630	Hour 0530	Bldg #: 1425
	Date 19 SEP 13	Date 20 SEP 13	Room #: (b) (6)

9. How Incident Occurred (Tell exactly what employee was doing and what caused the injury/incident.) (Continue on second page, if necessary.)

WALKED INTO ROOM WITH POTENTIAL AEROSOL EXPOSURE

10. Unit or Organization	11. Name of Supervisor	12. Work Phone Number
USAMRIID	(b) (6)	

SECTION II. To be completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Accident of Exposure (Continue on second page, if necessary.)

(b)(6)

Date Treated: 20 Sep 13

2. Disposition (Check One): ☐ Hospital ☐ Send Home/Quarters ☒ Return to Regular Duty ☐ Return to Light duty ☐ Other (Specify)

3. Estimated Absence in Days Beyond Day on Which Injury Occurred	4. Name of Medical Officer	5. Telephone
	(b) (6)	

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL	PERSONEL FACTORS
1. Unsafe Methods, Processes, Procedures	1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Inadequate Safeguards, Safety Equipment	2. Emotional - Anger, Fear, Resentment, Worry
3. Improper or Defective Equipment	3. Lack of Skill or Knowledge
4. Hazardous Location	4. Attitude - Indifferent, Belligerent
5. Poor Housekeeping	5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)
Employee was called into room by other individuals + was unaware of the incident. (b) (6) was an innocent bystander.

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.) Supervisor's Signature
Individuals involved in the incident have been re-trained — re: use of screw-capped tubes or tube locking devices / Importance of

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See safety document.

Safety Representative Signature: (b) (6)

Fort Detrick Form 385-10F, July 2008

Section 1. To be Completed by Supervisor and Delivered by Patient to Dispensary. (CONTINUATION)
8. How incident occurred. (Tell exactly what employee was doing and what caused the injury/incident.)
SECTION II. To be Completed by Medical Officer (CONTINUATION)
1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure.
SECTION III. Supervisor's Accident Analysis (CONTINUATION)
Using the Above Guidance, State Specific Causes
Supervisor's Statement of Corrective Action Taken/Anticipated
holding breath, leaving the area, + posting the area rather than allowing other individuals to enter + lingering in the area
SECTION IV. Patient's Statement (CONTINUATION)
SECTION V. Safety Office Conclusion/Comment and Disposition (CONTINUATION)

1067-13

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section 1. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle initial (Person injured) (b) (6) [redacted]

2. Grade Contractor 4. Age (b)(6)

5. Occupation/Duty When Injured	6. Injury	7. Return to Duty	8. Location Where Injury Occurred
Research	Hour ~1600	Hour 0830	Bldg #: 1425
	Date 9/19	Date 9/20	Room #: (b) (6) [redacted]

9. How Incident Occurred (Tell exactly what employee was doing and what caused the injury/incident.) (Continue on second page, if necessary.)
Potentially Hazardous biological agent i.e. Stainer popped open in a hot water bath set @ 100°C. Opened lid of waterbath, steam to face.

10. Unit or Organization	11. Name of Supervisor	12. Work Phone Number
(b) (6) [redacted]		

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure (Continue on second page, if necessary.)
(b) (6) [redacted] Date Treated

2. Disposition (Check One) ☐ Hospital ☐ Send Home/Quarters ☒ Return to Regular Duty ☐ Return to Light duty ☒ Other (Specify) (b) (6) [redacted]

3. Estimated Absence in Days Beyond Day on Which Injury Occurred: N/A

4. Name of Medical Officer (b) (6) [redacted] 5. Telephone (b) (6) [redacted]

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL	PERSONEL FACTORS
1. Unsafe Methods, Processes, Procedures	1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Inadequate Safeguards, Safety Equipment	2. Emotional - Anger, Fear, Resentment, Worry
3. Improper or Defective Equipment	3. Lack of Skill or Knowledge
4. Hazardous Location	4. Attitude - Indifferent, Belligerent
5. Poor Housekeeping	5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)
see attachment

(b) (6) [redacted]
Supervisor's Signature

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.)
see attachment

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

Safety closeout. (b) (6) [redacted]

Fort Detrick Form 385-10f, July 2008

(b) (6)

State Specific Causes

Individual was boiling a culture of (b) (6) in a plastic tube in a water bath at 100C. The tube had a snap cap and was covered in parafilm. (b) (6) noted after about 10 min upon removing the cover from the water bath that the cover on the tube had opened, although it is not known when the tube opened. (b) (6) did not have a respirator on at the time and may have been exposed to an aerosol of (b) (6) if the boiling and exposure to steam in the water bath had not killed the organisms. After this occurred the individual allowed several other people to enter the same room during which time discussions were held as to how to handle the episode. The specific cause was due to an unsafe procedure used for killing the bacteria in a water bath. The potential exposures to additional individuals were due to improper procedures for handling a potential exposure.

Statement of Corrective Action Taken/Anticipated

An extensive review of the event was undertaken dealing with modification of methods to heat kill cultures of (b) (6) Several alternative procedures were reviewed including: a) using alternative tubes with screw caps; b) carrying out the procedure in the biosafety cabinet; and c) carrying out the procedure in a heat block rather than a boiling water bath. These will be reviewed and procedures finalized before any further experiments are done. In addition, there was a review of the SOP for handling any potential exposures, emphasizing that the individual is to immediately leave the lab, close off access to the lab and then notify the safety office, supervisor, Occupational Health and Biosurety.

1068-13

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section 1. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle initial (Person injured) (b) (6)

2. Grade 4. Age (b) (6)

5. Occupation/Duty When Injured	6. Injury	7. Return to Duty	8. Location Where Injury Occurred
	Hour 1615	Hour	Bldg #: 1425
	Date 19 Sept 13	Date	Room #: (b) (6)

9. How Incident Occurred (Tell exactly what employee was doing and what caused the injury/incident.) (Continue on second page, if necessary.)
Microfuge tube popped open in waterbath (100°C)

10. Unit or Organization	11. Name of Supervisor	12. Work Phone Number
(b) (6)		

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure (Continue on second page, if necessary.)
(b) (6)

Date Treated
20 Sep 13

2. Disposition (Check One)
☐ Hospital ☐ Send Home/Quarters ☑ Return to Regular Duty
☐ Return to Light duty ☐ Other (Specify)

3. Estimated Absence in Days Beyond Day on Which Injury Occurred 4. Name of Medical Officer 5. Telephone
(b) (6)

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL	PERSONEL FACTORS
1. Unsafe Methods, Processes, Procedures	1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Inadequate Safeguards, Safety Equipment	2. Emotional - Anger, Fear, Resentment, Worry
3. Improper or Defective Equipment	3. Lack of Skill or Knowledge
4. Hazardous Location	4. Attitude - Indifferent, Belligerent
5. Poor Housekeeping	5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)
See attachment

(b) (6)
Supervisor's Signature

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.)
See attachment

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See safety closeout (b) (6) Safety Representative Signature
(b) (6)

(b) (6)

State Specific Causes

Another researcher was boiling a culture of (b) (6) in a plastic tube in a water bath at 100C. The tube had a snap cap and was covered in parafilm. (b) (6) noted after about 10 min upon removing the cover from the water bath that the cover on the tube had opened, although it is not known when the tube opened. (b) (6) did not have a respirator on at the time and may have been exposed to an aerosol of (b) (6) if the boiling and exposure to steam in the water bath had not killed the organisms. After this occurred the individual allowed (b) (6) to enter the same room during which time discussions were held as to how to handle the episode. The specific cause was due to an unsafe procedure used for killing the bacteria in a water bath. The potential exposures to additional individuals were due to improper procedures for handling a potential exposure.

Statement of Corrective Action Taken/Anticipated

An extensive review of the event was undertaken dealing with modification of methods to heat kill cultures of (b) (6) Several alternative procedures were reviewed including: a) using alternative tubes with screw caps; b) carrying out the procedure in the biosafety cabinet; and c) carrying out the procedure in a heat block rather than a boiling water bath. These will be reviewed and procedures finalized before any further experiments are done. In addition, there was a review of the SOP for handling any potential exposures, emphasizing that the individual is to immediately leave the lab, close off access to the lab and then notify the safety office, supervisor, Occupational Health and Biosurety.

1069-13

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section 1. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial *(Person Injured)* (b) (6)

2. Grade Contractor 4. Age (b) (6)

5. Occupation/Duty When Injured: microbiologist

6. Injury: Hour 4:15PM Date 9/19/2013

7. Return to Duty: Hour 9:00Am Date 9/20/2013

8. Location Where Injury Occurred: Bldg #: 1425 Room #: (b) (6)

9. How Incident Occurred *(Tell exactly what employee was doing and wht caused the injury/incident.) (Continue on second page, if necessary.)*

Potential exposure to pathogen (b) (6)

10. Unit or Organization: USAMRIID

11. Name of Supervisor (b) (6)

12. Work Phone Number

SECTION II. To be Completed by Medical Officer

(b) (6)

20 Sep 13 Date Treated

2. Disposition *(Check One)* ☐ Hospital ☐ Send Home/Quarters ☒ Return to Regular Duty ☐ Return to Light duty ☐ Other *(Specify)*

3. Estimated Absence in Days Beyond Day on Which Injury Occurred: N/A

4. Name of Medical Officer (b) (6)

5. Telephone

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL
1. Unsafe Methods, Processes, Procedures
2. Inadequate Safeguards, Safety Equipment
3. Improper or Defective Equipment
4. Hazardous Location
5. Poor Housekeeping

PERSONEL FACTORS
1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Emotional - Anger, Fear, Resentment, Worry
3. Lack of Skill or Knowledge
4. Attitude - Indifferent, Belligerent
5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)

See attachment

(b) (6)

Supervisor's Signature

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.)

See attachment

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See safety closeout.

Safety Representative Signature (b) (6)

(b) (6)

State Specific Causes

Another researcher was boiling a culture of (b)(6) in a plastic tube in a water bath at 100C. The tube had a snap cap and was covered in parafilm. (b) (6) noted after about 10 min upon removing the cover from the water bath that the cover on the tube had opened, although it is not known when the tube opened. (b) (6) did not have a respirator on at the time and may have been exposed to an aerosol of (b) (6) if the boiling and exposure to steam in the water bath had not killed the organisms. After this occurred the individual allowed (b) (6) to enter the same room during which time discussions were held as to how to handle the episode. The specific cause was due to an unsafe procedure used for killing the bacteria in a water bath. The potential exposures to additional individuals were due to improper procedures for handling a potential exposure.

Statement of Corrective Action Taken/Anticipated

An extensive review of the event was undertaken dealing with modification of methods to heat kill cultures of (b) (6). Several alternative procedures were reviewed including: a) using alternative tubes with screw caps; b) carrying out the procedure in the biosafety cabinet; and c) carrying out the procedure in a heat block rather than a boiling water bath. These will be reviewed and procedures finalized before any further experiments are done. In addition, there was a review of the SOP for handling any potential exposures, emphasizing that the individual is to immediately leave the lab, close off access to the lab and then notify the safety office, supervisor, Occupational Health and Biosurety.

1070-13.

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section 1. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial *(Person Injured)* (b) (6)

2. Grade 03 4. Age (b) (6)

5. Occupation/Duty When Injured	6. Injury	7. Return to Duty	8. Location Where Injury Occurred
MICROBIOLOGIST	Hour 1630	Hour 0800	Bldg #: 1425
	Date 09/19/2013	Date 09/20/2013	Room #: (b) (6)

9. How Incident Occurred *(Tell exactly what employee was doing and wht caused the injury/incident.) (Continue on second page, if necessary.)*

Entered room where a potential release of (b)(6) occured about 10 minutes prior. Stood in room for 10 minutes.

10. Unit or Organization	11. Name of Supervisor	12. Work Phone Number
USAMRIID	(b) (6)	

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure. (Continue on second page, if necessary.)

Date Treated

2. Disposition *(Check One)* ☐ Hospital ☐ Send Home/Quarters ☐ Return to Regular Duty ☐ Return to Light duty ☐ Other *(Specify)*

3. Estimated Absence in Days Beyond Day on Which Injury Occurrred	4. Name of Medical Officer	5. Telephone
0		

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL	PERSONEL FACTORS
1. Unsafe Methods, Processes, Procedures	1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Indequate Safeguards, Safety Equipment	2. Emotional - Anger, Fear, Resentment, Worry
3. Improper or Defective Equipment	3. Lack of Skill or Knowledge
4. Hazardous Location	4. Attitude - Indifferent, Belligerent
5. Poor Housekeeping	5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)

Please see attachment

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.)

Please see attachment

Supervisor's Signature (b) (6)

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See Safety closeout.

(b) (6)

Safety Representative Signature (b) (6)

(b) (6)

State Specific Causes

Another researcher was boiling a culture of (b) (6) in a plastic tube in a water bath at 100C. The tube had a snap cap and was covered in parafilm. (b) (6) noted after about 10 min upon removing the cover from the water bath that the cover on the tube had opened, although it is not known when the tube opened. (b) (6) did not have a respirator on at the time and may have been exposed to an aerosol of (b)(6) if the boiling and exposure to steam in the water bath had not killed the organisms. After this occurred the individual allowed (b) (6) to enter the same room during which time discussions were held as to how to handle the episode. The specific cause was due to an unsafe procedure used for killing the bacteria in a water bath. The potential exposures to additional individuals were due to improper procedures for handling a potential exposure.

Statement of Corrective Action Taken/Anticipated

An extensive review of the event was undertaken dealing with modification of methods to heat kill cultures of (b) (6) Several alternative procedures were reviewed including: a) using alternative tubes with screw caps; b) carrying out the procedure in the biosafety cabinet; and c) carrying out the procedure in a heat block rather than a boiling water bath. These will be reviewed and procedures finalized before any further experiments are done. In addition, there was a review of the SOP for handling any potential exposures, emphasizing that the individual is to immediately leave the lab, close off access to the lab and then notify the safety office, supervisor, Occupational Health and Biosurety.

1071-13

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section 1. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial (Person Injured) (b) (6) [redacted]

2. Grade / 4. Age (b) (6) [redacted]

5. Occupation/Duty When Injured	6. Injury	7. Return to Duty	8. Location Where Injury Occurred
Microbiologist	Hour	Hour	Bldg #: 1425
	Date 20 Sept 2013	Date	Room #: (b) (6) [redacted]

9. How Incident Occurred *(Tell exactly what employee was doing and what caused the injury/incident.)* *(Continue on second page, if necessary.)*

Pin hole discovered in chemical shower rt glove. Gloves had been changed same day.

10. Unit or Organization	11. Name of Supervisor	12. Work Phone Number
(b) (6) [redacted]		

SECTION II. To Be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure (Continue on second page, if necessary.)

(b) (6) [redacted] reated

2. Disposition *(Check One)* ☐ Hospital ☐ Send Home/Quarters ☑ Return to Regular Duty ☐ Return to Light duty ☐ Other *(Specify)*

3. Estimated Absence in Days Beyond Day on Which Injury Occurred	4. Name of Medical Officer	5. Telephone
-0-	(b) (6) [redacted]	

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL
1. Unsafe Methods, Processes, Procedures
2. Inadequate Safeguards, Safety Equipment
3. Improper or Defective Equipment
4. Hazardous Location
5. Poor Housekeeping

PERSONEL FACTORS
1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Emotional - Anger, Fear, Resentment, Worry
3. Lack of Skill or Knowledge
4. Attitude - Indifferent, Belligerent
5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)

Defective Glove

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.)

No corrective action

Supervisor's Signature (b) (6) [redacted]

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See safety document

Safety Representative Signature (b) (6) [redacted]

1074-13

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section I. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial *(Person Injured)* (b) (6)

2. Grade CONT 4. Age (b) (6)

5. Occupation/Duty When Injured	6. Injury	7. Return to Duty	8. Location Where Injury Occurred
Research scientist	Hour 1340	Hour	Bldg #: 1425
	Date 30613	Date	Room #: (b) (6)

9. How Incident Occurred *(Tell exactly what employee was doing and wht caused the injury/incident.) (Continue on second page, if necessary.)*
moving incubator into (b) (6) air lock for decon, connected to airhose in air lock & smelled PFA thru air hose.

10. Unit or Organization USAMRIID

11. Name of Supervisor (b) (6)

12. Work Phone Number

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure. *(Continue on second page, if necessary.)*
(b) (6)

2. Disposition *(Check One)* ☐ Hospital ☐ Send Home/Quarters ☑ Return to Regular Duty ☐ Return to Light duty ☐ Other *(Specify)*

3. Estimated Absence in Days Beyond Day on Which Injury Occurred — 0 —

4. Name of Medical Officer (b) (6)

5. Telephone

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL	PERSONEL FACTORS
1. Unsafe Methods, Processes, Procedures	1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Indequate Safeguards, Safety Equipment	2. Emotional - Anger, Fear, Resentment, Worry
3. Improper or Defective Equipment	3. Lack of Skill or Knowledge
4. Hazardous Location	4. Attitude - Indifferent, Belligerent
5. Poor Housekeeping	5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes *(Continue on second page, if necessary.)*
PFA in the air ~~hose~~ the employee had no connection to the incident.

Supv's Statement of Corrective Action Taken/Anticipated *(Cont on second page, if necessary.)*
(b) (6) (b) (6) (b) (6)
Safety will be monitoring Air hose at the decon. The Institute will seek to find other [illegible]

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See Safety Closeout

Safety Representative Signature (b) (6)

10+5-13

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section 1. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial (Person Injured) (b) (6) [redacted]

2. Grade CTR 4. Age

5. Occupation/Duty When Injured	6. Injury	7. Return to Duty	8. Location Where Injury Occurred
NHP Technician	Hour 3:15	Hour	Bldg #: 425
	Date 4 Oct 13	Date	Room (b) (6) [redacted]

9. How Incident Occurred *(Tell exactly what employee was doing and wht caused the injury/incident.) (Continue on second page, if necessary.)*

while giving injection, NHP was struggling. needle came out of my hand and fell into my Right thumb.

10. Unit or Organization: USAMRIID (b) (6) [redacted]

11. Name of Supervisor: (b) (6) [redacted]

12. Work Phone Number

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure. (Continue on second page, if necessary.)

(b)(6) [redacted]

Date Treated: 4 Oct 13

2. Disposition *(Check One)* ☐ Hospital ☐ Send Home/Quarters ☐ Return to Regular Duty ☐ Return to Light duty ☐ Other *(Specify)*

3. Estimated Absence In Days Beyond Day on Which Injury Occurrred 4. Name of Medical Officer 5. Telephone

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL	PERSONEL FACTORS
1. Unsafe Methods, Processes, Procedures	1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Indequate Safeguards, Safety Equipment	2. Emotional - Anger, Fear, Resentment, Worry
3. Improper or Defective Equipment	3. Lack of Skill or Knowledge
(4.) Hazardous Location	4. Attitude - Indifferent, Belligerent
5. Poor Housekeeping	5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)

4, Cage in (octalw in Corner with square bar difficult to move.

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.)

none needed at this time

Supervisor's Signature (b) (6) [redacted]

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

I was giving NHP injection. NHP was struggling, need came out of my hand but was in NHP leg. Fell out onto my (R) thumb.

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

Safety Representative Signature (b) (6) [redacted]

See Safety Closeout

1076-13

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section I. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial (Person Injured) (b) (6)

2. Grade 4. Age (b) (6)

5. Occupation/Duty When Injured | 6. Injury Hour 1065 Date 10Oct13 | 7. Return to Duty Hour Date | 8. Location Where Injury Occurred Bldg #: 1425 Room #: (b) (6)

9. How Incident Occurred (Tell exactly what employee was doing and what caused the injury/incident.) (Continue on second page, if necessary.)
Working in hood, diluting NHP 5570

10. Unit or Organization (b) (6) | 11. Name of Supervisor | 12. Work Phone Number

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure. (Continue on second page, if necessary.)
(b) (6)

2. Disposition (Check One) ☐ Hospital ☐ Send Home/Quarters ☑ Return to Regular Duty
☐ Return to Light duty ☐ Other (Specify)

3. Estimated Absence in Days Beyond Day on Which Injury Occurred: -0- | 4. Name of Medical Officer (b) (6) | 5. Telephone

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL
1. Unsafe Methods, Processes, Procedures
2. Inadequate Safeguards, Safety Equipment
3. Improper or Defective Equipment
4. Hazardous Location
5. Poor Housekeeping

PERSONEL FACTORS
1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Emotional - Anger, Fear, Resentment, Worry
3. Lack of Skill or Knowledge
4. Attitude - Indifferent, Belligerent
5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)
#3 Defective equipment – unexplained outer glove breach!

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.) Supervisor's Signature
Individual instructed to continue to make periodic checks of glove integrity, as was done in this incident. (b) (6) 20131018

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See Safety Closeout

Safety Representative Signature (b) (6)

1078-13

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section I. To be completed by supervisor and dispensed by patient as necessary.

1. NAME - Last, first, Middle Initial (Person Injured): (b) (6)
2. Grade: Contractor
4. Age: (b) (6)
5. Occupation/Duty When Injured: Scientist
6. Injury — Hour: 1045 AM; Date: 10-11-13
7. Return to Duty — Hour: ; Date:
8. Location Where Injury Occurred — Bldg #: 425; Room #: (b) (6)
9. How Incident Occurred (Tell exactly what employee was doing and what caused the injury/incident.) (Continue on second page, if necessary.): Discovered approx 0.5" tear in right outer glove at cuff.
10. Unit or Organization: (b) (6)
11. Name of Supervisor:
12. Work Phone:
13. Nature and Extent of Injury/Occupational Illness/Incident of Exposure (Continue on second page, if necessary.): (b) (6) treated
14. Disposition (Check One): ☐ Hospital ☐ Send Home/Quarters ☒ Return to Regular Duty ☐ Return to Light duty ☐ Other (Specify)
15. Estimated Absence in Days Beyond Day on Wh: Y (b) (6) (b) (6)

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL	PERSONEL FACTORS
1. Unsafe Methods, Processes, Procedures	1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Inadequate Safeguards, Safety Equipment	2. Emotional - Anger, Fear, Resentment, Worry
3. Improper or Defective Equipment	3. Lack of Skill or Knowledge
4. Hazardous Location	4. Attitude - Indifferent, Belligerent
5. Poor Housekeeping	5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.): Hazardous Location (sharp object puncture)

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.): No corrective action needed

Supervisor's Signature: (b) (6)

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.): See Safety Closeout

Safety Representative Signature: (b) (6)

1074-13

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section 1. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial (Person Injured) (b) (6) [redacted]

2. Grade DA 2 4. Age (b) (6) [redacted]

5. Occupation/Duty When Injured	6. Injury	7. Return to Duty	8. Location Where Injury Occurred
[redacted] - Lab tech Research Chemist	Hour 11:30	Hour	Bldg #: 1425
	Date 10/15/13	Date	Room #: (b) (6) [redacted]

9. How Incident Occurred *(Tell exactly what employee was doing and what caused the injury/incident.) (Continue on second page, if necessary.)*
Placing plates in incubator, rocking other plates, glove got stuck on edge of plate, plate tipped ~ 200ml virus spilled on floor in front of incubator → Spray with Virkon

10. Unit or Organization	11. Name of Supervisor	12. Work Phone Number
USAMRIID	(b) (6) [redacted]	

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure. (Continue on second page, if necessary.)
(b) (6) [redacted] Date Treated

2. Disposition (Check One) ☐ Hospital ☐ Send Home/Quarters ☒ Return to Regular Duty ☐ Return to Light duty ☐ Other (Specify)

3. Estimated Absence in Days Beyond Day on Which Injury Occurrred	4. Name of Medical Officer	5. Telephone
-0-	(b) (6) [redacted]	

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL	PERSONEL FACTORS
1. Unsafe Methods, Processes, Procedures	1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Indequate Safeguards, Safety Equipment	2. Emotional - Anger, Fear, Resentment, Worry
3. Improper or Defective Equipment	3. Lack of Skill or Knowledge
4. Hazardous Location	4. Attitude - Indifferent, Belligerent
5. Poor Housekeeping	5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)
Technician's glove snagged a plate in the hood pulling out of the hood w/ some liquid spilling outside

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.) Supervisor's Signature
Will suggest the technician be careful w/ hand movements when working in the hood.

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See Safety Closeout

Safety Representative Signature (b) (6) [redacted]

1080-13

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section 1. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial *(Person Injured)* (b) (6)

2. Grade DE-4 4. Age

5. Occupation/Duty When Injured	6. Injury	7. Return to Duty	8. Location Where Injury Occurred
(b) (6)	Hour	Hour	Bldg #: 1412
	Date 15 Oct 13	Date	Room #: (b) (6)

9. How Incident Occurred *(Tell exactly what employee was doing and wht caused the injury/incident.) (Continue on second page, if necessary.)*
Working on the steam to the Auto clave

10. Unit or Organization	11. Name of Supervisor	12. Work Phone Number
(b) (6)	(b) (6)	(b) (6)

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure. (Continue on second page, if necessary.)
(b) (6) Date Treated 13/015

2. Disposition *(Check One)* ☐ Hospital ☐ Send Home/Quarters ☑ Return to Regular Duty ☐ Return to Light duty ☐ Other *(Specify)*

3. Estimated Absence in Days Beyond (b) (6) (b) (6) 5. Telephone (b) (6)

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL	PERSONEL FACTORS
1. Unsafe Methods, Processes, Procedures	1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Indequate Safeguards, Safety Equipment	2. Emotional - Anger, Fear, Resentment, Worry
3. Improper or Defective Equipment	3. Lack of Skill or Knowledge
4. Hazardous Location	4. Attitude - Indifferent, Belligerent
5. Poor Housekeeping	5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)
Steam Valves are in Tight quarters for proper maintenance and repair.

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.)
Supervisor's Signature (b) (6)
Adequate Space for Equipment and Valves must be considered and installed when renovated.

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

Safety Representative Signature (b) (6)
See Safety Closeout

Fort Detrick Form 385-10f, July 2008 PE v2.00

1082-13

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section I. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle initial (b) (6) *(Person injured)*

2. Grade E4 4. Age (b) (6)

5. Occupation/Duty When Injured	6. Injury	7. Return to Duty	8. Location Where Injury Occurred
Animal Technician	Hour 1280	Hour	Bldg #: 1408
	Date 22 oct 2013	Date 22 oct 2013	Room #: (b) (6)

9. How Incident Occurred *(Tell exactly what employee was doing and what caused the injury/incident.) (Continue on second page, if necessary.)*
I was Reaching for A Monkey ID Tag And the Animal Reached out and Scratched Me

10. Unit or Organization	11. Name of Supervisor	12. Work Phone Number
(b) (6)		

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure *(Continue on second page, if necessary.)*
(b) (6)

2. Disposition *(Check One)* ☐ Hospital ☐ Send Home/Quarters ☒ Return to Regular Duty ☐ Return to Light duty ☐ Other *(Specify)*

3. Estimated Absence in Days Beyond Day on Which Injury Occurred	4. Name of Medical Officer	5. Telephone
— 0 —	(b) (6)	

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL	PERSONEL FACTORS
1. Unsafe Methods, Processes, Procedures	1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Inadequate Safeguards, Safety Equipment	2. Emotional - Anger, Fear, Resentment, Worry
3. Improper or Defective Equipment	3. Lack of Skill or Knowledge
4. Hazardous Location	4. Attitude - Indifferent, Belligerent
5. Poor Housekeeping	5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)
See 2nd page

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.) Supervisor's Signature
See 2nd page

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

Safety Representative Signature
See Safety closeout (b) (6)

Section 1. To be Completed by Supervisor and Delivered by Patient to Dispensary. (CONTINUATION)
9. How incident occurred. (Tell exactly what employee was doing and what caused the injury/incident.)
SECTION II. To be Completed by Medical Officer (CONTINUATION)
1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure.
SECTION III. Supervisor's Accident Analysis (CONTINUATION)
Using the Above Guidance, State Specific Causes
Employee could not read the ID number on the tag due to tag position.
Supervisor's Statement of Corrective Action Taken/Anticipated
Write ID number on the cage, possibly print the number on both sides of the tag; Training (b) (6) on awareness/PPE usage.
SECTION IV. Patient's Statement (CONTINUATION)
SECTION V. Safety Office Conclusion/Comment and Disposition (CONTINUATION)

1083-13

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section I. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial (Person Injured): (b) (6) [redacted]
2. Grade: Ctr
4. Age: (b) (6) [redacted]
5. Occupation/Duty When Injured: Research Scientist
6. Injury: Hour 4 30 pm; Date Oct 22, 2013
7. Return to Duty: Hour; Date
8. Location Where Injury Occurred: Bldg #: 1425; Room #: (b) (6) [redacted]
9. How Incident Occurred (Tell exactly what employee was doing and what caused the injury/incident.) (Continue on second page, if necessary.): I stepped in to a bench & slipped, a box landed on my head.
10. Unit or Organization: USAMRIID
11. Name of Supervisor: (b) (6) [redacted]
12. Work Phone Number

SECTION II. To be Completed by Medical Officer

(b) (6) [redacted]

2. Disposition (Check One): ☐ Hospital ☐ Send Home/Quarters ☐ Return to Regular Duty ☐ Return to Light duty ☐ Other (Specify)
3. Estimated Absence in Days Beyond Day on Which Injury Occurred: To be determined by Contracted Occ Health.
4. Name of Medical Officer: (b) (6) [redacted]
5. Telephone

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL	PERSONEL FACTORS
1. Unsafe Methods, Processes, Procedures	1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Inadequate Safeguards, Safety Equipment	2. Emotional - Anger, Fear, Resentment, Worry
(3) Improper or Defective Equipment	3. Lack of Skill or Knowledge
4. Hazardous Location	4. Attitude - Indifferent, Belligerent
5. Poor Housekeeping	5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes. (Continue on second page, if necessary.)
(1) lab supplies stored on upper shelves, beyond easy reach to ohanny
(2) lack of stepstool or other device to safely reach upper shelves
(3) ohanny unprepared to reach shelves. Long sleeves may have been a factor

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.)
(1) ohanny instructed to obtain a stepstool or other approved device to safely reach shelves (2) lab supplies should be reorganized to enable easy access.

Supervisor's Signature: (b) (6) [redacted]

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See Safety Closeout

Safety Representative Signature: (b) (6) [redacted]

1091-13

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section 1. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial (b) (6) *(Person Injured)*
2. Grade DE03 4. Age (b)
5. Occupation/Duty When Injured: Electrical Worker / Engineering Tech.
6. Injury: N/A — Hour: Hole in Blue Suit — Date: 11/18/13
7. Return to Duty: Hour / Date
8. Location Where Injury Occurred: Bldg #: M25 — Room #: (b) (6)
9. How Incident Occurred *(Tell exactly what employee was doing and what caused the injury/incident.) (Continue on second page, if necessary.)*

Found hole during Exit Chemical Shower.

10. Unit or Organization (b) (6)
11. Name of Supervisor (b) (6)
12. Work Phone Number (b) (6)

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure (b) (6) — Date Treated
2. Disposition *(Check One)* ☐ Hospital ☐ Send Home/Quarters ☒ Return to Regular Duty ☐ Return to Light duty ☐ Other *(Specify)*
3. Estimated Absence in Days Beyond Day on Which Injury Occurred: - None -
4. Name of Medical Officer (b) (6)
5. Telephone

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL
1. Unsafe Methods, Processes, Procedures
2. Inadequate Safeguards, Safety Equipment
3. ~~Improper or Defective~~ Equipment FAILURE
4. Hazardous Location
5. Poor Housekeeping

PERSONEL FACTORS
1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Emotional - Anger, Fear, Resentment, Worry
3. Lack of Skill or Knowledge
4. Attitude - Indifferent, Belligerent
5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)

FAILURE OF SUIT AT SEAM

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.) Supervisor's Signature

SUIT HAS BEEN REPLACED (b) (6)

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See Safety Closeout

Safety Representative Signature (b) (6) (b) (6)

1092-13

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section I. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial *(Person Injured)* (b) (6)

2. Grade N/A 4. Age (b) (6)

5. Occupation/Duty When Injured	6. Injury	7. Return to Duty	8. Location Where Injury Occurred
Biochemist	Hour 17:00	Hour 0900	Bldg #: 1425
	Date 21 Nov. '13	Date 22 Nov. 2013	Room #: (b) (6)

9. How Incident Occurred *(Tell exactly what employee was doing and what caused the injury/incident.) (Continue on second page, if necessary.)*

(b) (6) knocked over a glass cylinder on a bench. As (b) (6) tried to catch it, the cylinder broke and so glass fragments cut (b) (6) hand.

10. Unit or Organization 11. Name of Supervisor (b) (6) 12. Work Phone Number

SECTION II. To be completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure *(Continue on second page, if necessary.)*

(b) (6)

2. Disposition *(Check One)* ☐ Hospital ☐ Send Home/Quarters ☒ Return to Regular Duty

☐ Return to Light duty ☐ Other *(Specify)* (b) (6)

3. Estimated Absence in Days Beyond Day on Which Injury Occurred 0 4. Name of Medical Officer (b) (6) (b) (6) 5. Telephone

SECTION

ENVIRONMENTAL	PERSONEL FACTORS
1. Unsafe Methods, Processes, Procedures	1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Inadequate Safeguards, Safety Equipment	2. Emotional - Anger, Fear, Resentment, Worry
3. Improper or Defective Equipment	3. Lack of Skill or Knowledge
4. Hazardous Location	4. Attitude - Indifferent, Belligerent
5. Poor Housekeeping	5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)

Environmental factor: 5

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.) Supervisor's Signature

Glassware which is not being used will be stored properly or put in dirty dish container. (b) (6)

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

– see p. 2

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See Safety Closeout

Safety Representative Signature (b) (6)

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Section 1. To be Completed by Supervisor and Delivered by Patient to Dispensary. (CONTINUATION)

9. How incident occurred. (Tell exactly what employee was doing and what caused the injury/incident.)

Specifically, (b) (6) was reaching for an object on a shelf when (b) (6) arm accidentally hit a glass graduated cylinder with (b) (6) arm. (b) (6) tried to catch the cylinder but it broke before he could catch it. Thus the broken fragments were scattered, and some of them cut 3 places on (b) (6) right hand.

SECTION II. To be Completed by Medical Officer (CONTINUATION)

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure.

SECTION III. Supervisor's Accident Analysis (CONTINUATION)

Using the Above Guidance, State Specific Causes

~~Sto~~ Glassware which is not being used will be stored properly. Dirty glassware will be cleaned and placed in a container for dirty glassware

Supervisor's Statement of Corrective Action Taken/Anticipated

SECTION IV. Patient's Statement (CONTINUATION)

The hand which was affected was the right hand and was lacerated in 3 places on 2 fingers. One cut bled heavily and required medical attention.

SECTION V. Safety Office Conclusion/Comment and Disposition (CONTINUATION)

1097-13

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section I. *To be completed by supervisor and delivered by patient to dispensary.*

1. NAME - Last, first, Middle Initial *(Person Injured)* (b) (6) [redacted]

2. Grade Contractor 4. Age (b) (6)

5. Occupation/Duty When Injured	6. Injury	7. Return to Duty	8. Location Where Injury Occurred
Scientist	Hour 15:45	Hour 16:30	Bldg #: 1425
	Date 12.4.13	Date 12.11.13	Room #: (b) (6)

9. How Incident Occurred *(Tell exactly what employee was doing and what caused the injury/incident.) (Continue on second page, if necessary.)*
I discovered a pinhole in my right palm on the outer glove. I did not test the inner glove's integrity. While in BSL4, I was working with (b)(6) I was harvesting virus from

10. Unit or Organization	11. Name of Supervisor	12. Work Phone Number
(b) (6) [redacted]		

SECTION II. *To be Completed by Medical Officer*

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure. *(Continue on second page, if necessary.)*
(b) (6) [redacted] Treated

2. Disposition *(Check One)* ☐ Hospital ☐ Send Home/Quarters ☒ Return to Regular Duty
☐ Return to Light duty ☐ Other *(Specify)*

3. Estimated Absence in Days Beyond Day on Which Injury Occurred	4. Name of Medical Officer	5. Telephone
-0-	(b) (6) [redacted]	

SECTION III. *Supervisor's Accident Analysis*

ENVIRONMENTAL	PERSONEL FACTORS
1. Unsafe Methods, Processes, Procedures	1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Inadequate Safeguards, Safety Equipment	2. Emotional - Anger, Fear, Resentment, Worry
3. Improper or Defective Equipment	3. Lack of Skill or Knowledge
4. Hazardous Location	4. Attitude - Indifferent, Belligerent
5. Poor Housekeeping	5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)
Improper or defective equipment

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.) Supervisor's Signature
No corrective action required (b) (6) [redacted]

SECTION IV. *Patient's Statement (Continue on second page, if necessary.)*
I have minimal concern about CCHFV exposure given my activities & hygeine practices.

SECTION V. *Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)*
Safety Representative Signature
Sr Safety Closeout (b) (6) [redacted]

Section 1. To be Completed by Supervisor and Delivered by Patient to Dispensary. (CONTINUATION)
9. How incident occurred. (Tell exactly what employee was doing and what caused the injury/incident.)
cell culture flasks, aliquoting virus into tubes, setting up plaque assays, & infecting 96 well plates. During these activities, I regularly decontaminated my gloves w/ microchem by spraying or submerging my gloves

SECTION II. To be Completed by Medical Officer (CONTINUATION)
1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure.

SECTION III. Supervisor's Accident Analysis (CONTINUATION)
Using the Above Guidance, State Specific Causes
Supervisor's Statement of Corrective Action Taken/Anticipated

SECTION IV. Patient's Statement (CONTINUATION)

SECTION V. Safety Office Conclusion/Comment and Disposition (CONTINUATION)

1098-13

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

(b) (6) n 1. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial (Person Injured)

2. Grade CTT 4. Age (b) (6)

5. Occupation/Duty When Injured	6. Injury	7. Return to Duty	8. Location Where Injury Occurred
(b)(6)	Hour 1200	Hour	Bldg #: 425
	Date 16DEC13	Date	Room #: (b) (6)

9. How Incident Occurred (Tell exactly what employee was doing and what caused the injury/incident.) (Continue on second page, if necessary.)

Believe it occurred when returning samples to -80°C Freezer

10. Unit or Organization	11. Name of Supervisor	12. Work Phone Number
USAMRIID	(b)(6)	

SECTION II. To be Completed by Medical Officer

(b) (6) Date Treated

13. Disposition (Check One) ☐ Hospital ☐ Send Home/Quarters ☐ Return to Regular Duty

☐ Return to Light duty ☐ Other (Specify)

13. Estimated Absence in Days Beyond Day on Which Injury Occurred	14. Name of Medical Officer	15. Telephone
-0	(b) (6)	

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL	PERSONNEL FACTORS
1. Unsafe Methods, Processes, Procedures	1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Inadequate Safeguards, Safety Equipment	2. Emotional - Anger, Fear, Resentment, Worry
3. Improper or Defective Equipment	3. Lack of Skill or Knowledge
4. Hazardous Location	4. Attitude - Indifferent, Belligerent
5. Poor Housekeeping	5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.) None of the above adequately provide specific cause. It is believed that the tear was sustained on metal freezer rack as the rack was being returned to position in the freezer. Wire handles are not fixed on racks and fall off easily, not sure that would have prevented this incident.

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.) (b) (6)

Individuals have been instructed to handle metal racks with care and be sure to inspect gloves before and after sample retrieval prior to working with infectious agent.

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See Safety Comment (b) (6) Signature

1099-13

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section 1. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial *(Person Injured)* (b) (6)

2. Grade GS 6 4. Age (b) (6)

5. Occupation/Duty When Injured	6. Injury	7. Return to Duty	8. Location Where Injury Occurred
Animal Caretaking	Hour 0930	Hour	Bldg # 1412 HS
	Date 17Dec13	Date	Room # (b) (6)

9. How Incident Occurred *(Tell exactly what employee was doing and wht caused the injury/incident.) (Continue on second page, if necessary.)*

while squeegeing hit hand on broom holder in room. Upon exiting room found finger bleeding

10. Unit or Organization	11. Name of Supervisor	12. Work Phone Number
(b) (6)		

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure. (Continue on second page, if necessary.)

(b) (6) Treated

2. Disposition *(Check One)* ☐ Hospital ☐ Send Home/Quarters ☐ Return to Regular Duty ☐ Return to Light duty ☐ Other *(Specify)*

3. Estimated Absence In Days Beyond Day on Which Injury Occurrred	4. Name of Medical Officer	5. Telephone
-0-	(b) (6)	

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL	PERSONEL FACTORS
1. Unsafe Methods, Processes, Procedures	1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Indequate Safeguards, Safety Equipment	2. Emotional - Anger, Fear, Resentment, Worry
3. Improper or Defective Equipment	3. Lack of Skill or Knowledge
4. Hazardous Location	4. Attitude - Indifferent, Belligerent
5. Poor Housekeeping	5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)

Lack of awareness of how close (b) (6) hand was to the utensil holder

(b) (6)

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.) Supervisor's Signature

Take extra time to know where you are in your surroundings

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See Safety Closeout

Safety Representative Signature (b) (6)

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1402-13

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section I. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial (Person Injured) (b) (6)
2. Grade CTR 4. Age (b) (6)

6. Occupation/Duty When Injured	6. Injury	7. Return to Duty	8. Location Where Injury Occurred
Scientist	Hour 1430	Hour 1430	Bldg #: 1425
	Date 12/23/13	Date 12/23/13	Room #: (b) (6)

9. How Incident Occurred (Tell exactly what employee was doing and what caused the injury/incident.) (Continue on second page, if necessary.)
Upon exiting chem shower, I discovered a previously repaired hole on left foot had opened to width of ~1". I, my foot was wet when I dunked it in water/shower

10. Unit or Organization	11. Name of Supervisor	12. Work Phone Number
(b) (6)		

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure. (Continue on second page, if necessary.) (b) (6) Date Treated

2. Disposition (Check One) ☐ Hospital ☐ Send Home/Quarters ☒ Return to Regular Duty ☐ Return to Light duty ☐ Other (Specify)

3. Estimated Absence in Days Beyond Day on Which Injury Occurred: -0- 4. Name of Medical Officer (b) (6) 5. Telephone

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL	PERSONEL FACTORS
1. Unsafe Methods, Processes, Procedures	1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Inadequate Safeguards, Safety Equipment	2. Emotional - Anger, Fear, Resentment, Worry
3. Improper or Defective Equipment	3. Lack of Skill or Knowledge
4. Hazardous Location	4. Attitude - Indifferent, Belligerent
5. Poor Housekeeping	5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)
- Improper or Defective Equipment

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.) Supervisor's Signature (b) (6)
No corrective action needed

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

Safety Representative Signature
See Safety Closeout (b) (6)

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1104-13

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section 1. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial *(Person Injured)* (b) (6)

2. Grade Contractor 4. Age (b) (6)

5. Occupation/Duty When Injured	6. Injury	7. Return to Duty	8. Location Where Injury Occurred
Scientist	Hour 11am	Hour 1 pm	Bldg #: 1425
	Date 12/24/2013	Date 12/24/2013	Room #: (b) (6)

9. How Incident Occurred *(Tell exactly what employee was doing and wht caused the injury/incident.) (Continue on second page, if necessary.)*

I was performing a plaque assay using (b)(6) in BSL-4. After working with (b)(6) for at least 2 hrs, I discovered a small pinhole

10. Unit or Organization	11. Name of Supervisor	12. Work Phone Number
(b) (6) USAMRIID	(b) (6)	

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure. (Continue on second page, if necessary.)

Date Treated

2. Disposition *(Check One)* ☐ Hospital ☐ Send Home/Quarters ☐ Return to Regular Duty ☐ Return to Light duty ☐ Other *(Specify)*

3. Estimated Absence in Days Beyond Day on Which Injury Occurrred	4. Name of Medical Officer	5. Telephone

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL	PERSONEL FACTORS
1. Unsafe Methods, Processes, Procedures	1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Indequate Safeguards, Safety Equipment	2. Emotional - Anger, Fear, Resentment, Worry
3. Improper or Defective Equipment	3. Lack of Skill or Knowledge
4. Hazardous Location	4. Attitude - Indifferent, Belligerent
5. Poor Housekeeping	5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)

Improper or Defective Equipment

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.) **Supervisor's Signature**

No corrective action necessary (b) (6)

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

I think that the pinhole may have been cause by old thin out gloves that failed due to abrasion by the brass airhose connectors. I do not recall an times when this part of my glove was exposed to (b) (6) directly and I regularly decontaminated my hands with

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See Safety Closeout (b) (6) **Safety Representative Signature** (b) (6)

Section 1. To be Completed by Supervisor and Delivered by Patient to Dispensary. (CONTINUATION)

9. How incident occurred. (Tell exactly what employee was doing and what caused the injury/incident.)

in my left outer glover near the base of the index finger. I immediately decontaminated my glove with microchem solution and then exited the suite. On the gray side of (b)(6) performed a water leak test of the left inner glove which I found to be intact.

SECTION II. To be Completed by Medical Officer (CONTINUATION)

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure.

SECTION III. Supervisor's Accident Analysis (CONTINUATION)

Using the Above Guidance, State Specific Causes

Supervisor's Statement of Corrective Action Taken/Anticipated

SECTION IV. Patient's Statement (CONTINUATION)

microchem solution. Thus, I feel that my risk of exposure to (b) (6) was very low.

SECTION V. Safety Office Conclusion/Comment and Disposition (CONTINUATION)

1105-14

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section 1. To be completed by supervisor and dictated by patient to dispensary

1. NAME - Last, first, Middle Initial *(Person Injured)* (b) (6)

2. Grade DB-2 4. Age (b) (6)

5. Occupation/Duty When Injured	6. Injury	7. Return to Duty	8. Location Where Injury Occurred
Select Abstract mgt inventory	Hour 1100	Hour	Bldg #: 1412
	Date 9 Jan 2014	Date	Room #: (b) (6)

9. How Incident Occurred *(Tell exactly what employee was doing and what caused the injury/incident.) (Continue on second page, if necessary.)*

Cut 5th Digit on Door Handle

10. Unit or Organization	11. Name of Supervisor	12. Work Phone Number
(b) (6)	(b) (6)	

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure. (Continue on second page, if necessary.) (b) (6) Date Treated

2. Disposition *(Check One)* ☐ Hospital ☐ Send Home/Quarters ☒ Return to Regular Duty ☐ Return to Light duty ☐ Other *(Specify)*

3. Estimated Absence in Days Beyond Day on Which Injury Occurred	4. Name of Medical Officer	5. Telephone
-0-	(b) (6)	

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL	PERSONEL FACTORS
1. Unsafe Methods, Processes, Procedures	1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Indequate Safeguards, Safety Equipment	2. Emotional - Anger, Fear, Resentment, Worry
3. Improper or Defective Equipment	3. Lack of Skill or Knowledge
4. Hazardous Location	4. Attitude - Indifferent, Belligerent
5. Poor Housekeeping	5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)

sharp door handle

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.) Supervisor's Signature

Smile supervisor was asked to examine the door handle for sharp edges (b) (6)

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See Safety Closeout- Safety Representative Signature (b) (6)

1106-14

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section I. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial (Person Injured): (b) (6)

2. Grade: [redacted] 4. Age: (b) (6)

5. Occupation/Duty When Injured: Research Tech

6. Injury: Hour 230 Date 1/9/14

7. Return to Duty: Hour ____ Date ____

8. Location Where Injury Occurred: Bldg #: 1425 Room #: (b) (6)

9. How Incident Occurred (Tell exactly what employee was doing and what caused the injury/incident.) (Continue on second page, if necessary.)
blue suit zipper bit scratch working w/ fixed VIRUS

10. Unit or Organization: (b) (6)

11. Name of Supervisor: [redacted]

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident: (b) (6)

2. Disposition (Check One): ☐ Hospital ☐ Send Home/Quarters ☒ Return to Regular Duty ☐ Return to Light duty ☐ Other (Specify)

3. Estimated Absence in Days Beyond Day on Which Injury Occurred: -0-

4. Name of Medical Officer: (b) (6)

5. Telephone: [redacted]

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL
1. Unsafe Methods, Processes, Procedures
2. Inadequate Safeguards, Safety Equipment
3. Improper or Defective Equipment
4. Hazardous Location
5. Poor Housekeeping

PERSONNEL FACTORS
1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Emotional - Anger, Fear, Resentment, Worry
3. Lack of Skill or Knowledge
4. Attitude - Indifferent, Belligerent
5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)
Improper/Defective equipment - suits are prone to routine wear.

(b) (6)
Supervisor's Signature

Sup's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.)
The employee could not have prevented this incident. Continue to check suit as directed for any rips/tears.

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See Safety Closeout

(b) (6)
Safety Representative Signature

1107-14

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section 1. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial *(Person Injured)* (b) (6)

2. Grade 4. Age

5. Occupation/Duty When Injured	6. Injury	7. Return to Duty	8. Location Where Injury Occurred
(b) (6)	Hour 1100	Hour	Bldg #: 1412
	Date 01/14/2014	Date 01/14/2014	Room #: (b) (6)

9. How Incident Occurred *(Tell exactly what employee was doing and wht caused the injury/incident.) (Continue on second page, if necessary.)*

(b) (6) was working in (b) (6) of 1412 and sometime between 1000 and 1100 (b) (6) cut (b) (6) left ring finger (b) (6) on a wire basket

10. Unit or Organization	11. Name of Supervisor	12. Work Phone Number

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure. (Continue on second page, if necessary.)

Date Treated

2. Disposition *(Check One)* ☐ Hospital ☐ Send Home/Quarters ☐ Return to Regular Duty ☐ Return to Light duty ☐ Other *(Specify)*

3. Estimated Absence in Days Beyond Day on Which Injury Occurrred	4. Name of Medical Officer	5. Telephone

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL	PERSONEL FACTORS
1. Unsafe Methods, Processes, Procedures	1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Indequate Safeguards, Safety Equipment	2. Emotional - Anger, Fear, Resentment, Worry
3. Improper or Defective Equipment	3. Lack of Skill or Knowledge
4. Hazardous Location	4. Attitude - Indifferent, Belligerent
5. Poor Housekeeping	5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)

While performing regular tasks, (b) (6) finger on a piece of equipment with a sharp edge.

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.) **Supervisor's Signature**

(b) (6) was informed to report injuries at the time when they occur, rather than waiting until later. Informed to use caution when working with all equipment. Equipment with sharp (b) (6)

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

that was missing a handle. (b) (6) was in the process of cleaning guinea pig cages and disposing of empty beddding bags, when (b)(6) removed (b) (6) glove (b) (6) noticed (b) (6) was bleeding. At 1100 (b) (6) scrubbed the cut for 15 minutes with a betadine scrub brush. Later (b)(6)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

Safety Representative Signature

Ok Safety Closeout (b) (6)

Section 1. To be Completed by Supervisor and Delivered by Patient to Dispensary. (CONTINUATION)

9. How incident occurred. (Tell exactly what employee was doing and what caused the injury/incident.)

SECTION II. To be Completed by Medical Officer (CONTINUATION)

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure.

SECTION III. Supervisor's Accident Analysis (CONTINUATION)

Using the Above Guidance, State Specific Causes

Supervisor's Statement of Corrective Action Taken/Anticipated

edges will need to be repaired.

SECTION IV. Patient's Statement (CONTINUATION)

reported to (b) (6) about (b) (6) injury. (b) (6) was sent to (b) (6) where (b) (6) was released back to work.

SECTION V. Safety Office Conclusion/Comment and Disposition (CONTINUATION)

1108-14

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section I. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial (Person Injured): (b) (6)
2. Grade: CPT
4. Age: (b) (6)

5. Occupation/Duty When Injured	6. Injury	7. Return to Duty	8. Location Where Injury Occurred
Biochemical/BSL-3	Hour 0915	Hour	Bldg #: 1425
	Date 15 JAN	Date	Room #: (b) (6)

9. How Incident Occurred (Tell exactly what employee was doing and what caused the injury/incident.) (Continue on second page, if necessary.)

Was outer on Blue suit foot (L)

10. Unit or Organization: USAMRIID
11. Name of Supervisor: (b) (6)
12. Work Phone Number:

SECTION II. To be completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure (Continue on second page, if necessary.): (b) (6)

Date Treated: 15 JAN 2014

2. Disposition (Check One)
- ☐ Hospital
- ☐ Send Home/Quarters
- ☒ Return to Regular Duty
- ☐ Return to Light duty
- ☐ Other (Specify)

3. Estimated Absence in Days Beyond Day on Which Injury Occurred: 0
4. Name of Medical Officer: (b) (6)
6. Telephone:

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL
1. Unsafe Methods, Processes, Procedures
2. Inadequate Safeguards, Safety Equipment
3. Improper or Defective Equipment
4. Hazardous Location
5. Poor Housekeeping

PERSONEL FACTORS
1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Emotional - Anger, Fear, Resentment, Worry
3. Lack of Skill or Knowledge
4. Attitude - Indifferent, Belligerent
5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)

The specific cause is due to wear and use of PPE. The foot is an area which has a tendency to undergo wear & "wea[illegible]" over time

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.)

Continue check suit thoroughly prior to entry for excessive wear.

Supervisor's Signature: (b) (6)

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See Safety Closeout

Safety Representative Signature: (b) (6)

1109-14

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section I. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial (b) (6) *(Person Injured)*
2. Grade SW CTR 4. Age (b) (6)

5. Occupation/Duty When Injured (b) (6)
6. Injury NEEDLE STICK
   Hour 14:18
   Date 15 JAN 14
7. Return to Duty
   Hour
   Date
8. Location Where Injury Occurred
   Bldg #: SURGERY 1425, ~~RM 112~~
   Room #: (b) (6)

9. How Incident Occurred *(Tell exactly what employee was doing and wht caused the injury/incident.) (Continue on second page, if necessary.)*

SUTURING INCISION CLOSED, STUCK MIDDLE (L) FINGER C SUTURE NEEDLE

10. Unit or Organization (b) (6)
11. Name of Supervisor (b) (6)
12. Work Phone Number

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure. (Continue on second page, if necessary.)

(b) (6) Treated

2. Disposition *(Check One)* Hospital ☐ Send Home/Quarters ☐ Return to Regular Duty ☐ Return to Light duty ☒ Other *(Specify)* (b) (6)

3. Estimated Absence in Days Beyond Day on Which Injury Occurrred — 0 —
4. Name of Medical Officer (b) (6)
5. Telephone

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL
1. Unsafe Methods, Processes, Procedures
2. Indequate Safeguards, Safety Equipment
3. Improper or Defective Equipment
4. Hazardous Location
5. Poor Housekeeping

PERSONEL FACTORS
1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Emotional - Anger, Fear, Resentment, Worry
3. Lack of Skill or Knowledge
4. Attitude - Indifferent, Belligerent
5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)
(b) (6) WAS using proper surgical techniques and has performed this surgery many times. (b) (6) is a skilled surgeon I believe this to be an ACCIDENT unrelated to any negative FACTOR.

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.)
I Spoke w/ (b) (6) ABOUT any extra training our VCTs needed or any potential problems related to the surgery none were identified.

Supervisor's Signature (b) (6)

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See Safety Closeout

Safety Representative Signature (b) (6)

1110-14

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section 1. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial *(Person Injured)* (b) (6)

2. Grade

4. Age (b) (6)

5. Occupation/Duty When Injured: Engineering Tech

6. Injury: Hour 1500 Date 1-22-14

7. Return to Duty: Hour Date

8. Location Where Injury Occurred: Bldg #: 1425 Room #: (b) (6)

9. How Incident Occurred *(Tell exactly what employee was doing and wht caused the injury/incident.) (Continue on second page, if necessary.)*

Found Hole in suit foot when showering out.

10. Unit or Organization (b) (6)

11. Name of Supervisor (b) (6)

12. Work Phone Number

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure (b) (6) Date Treated

2. Disposition *(Check One)* ☐ Hospital ☐ Send Home/Quarters ☑ Return to Regular Duty ☐ Return to Light duty ☐ Other *(Specify)*

3. Estimated Absence in Days Beyond Day on Which Injury O (b) (6)

5. Telephone (b) (6)

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL
1. Unsafe Methods, Processes, Procedures
2. Indequate Safeguards, Safety Equipment
3. Improper or Defective Equipment
4. Hazardous Location
5. Poor Housekeeping

PERSONEL FACTORS
1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Emotional - Anger, Fear, Resentment, Worry
3. Lack of Skill or Knowledge
4. Attitude - Indifferent, Belligerent
5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)
DEFECTIVE, FAILURE OF EQUIPMENT

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessa (b) (6)
ALL PROCEDUEES WERE FOLLOWED
DEFECTIVE EQUIPMENT HAS BEEN REPLACE

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See Safety Closeout

Safety Representative Signature (b) (6)

1112-14

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section I. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial (Person Injured): (b) (6)
2. Grade: Cont
4. Age: (b) (6)

5. Occupation/Duty When Injured	6. Injury	7. Return to Duty	8. Location Where Injury Occurred
Lab Tech	Hour 11.30154	Hour	Bldg #: 1412
	Date 27Jan14	Date	Room #: (b) (6)

9. How Incident Occurred (Tell exactly what employee was doing and list causes of injury/incident.) (Continue on second page, if necessary.)
Power failure while working in Hood (BSC) w/ (b) (6)

10. Unit or Organization: USAMRIID (b) (6)
11. Name of Supervisor: (b) (6)
12. Work Phone Number:

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Hazard Involved: (b) (6)

☐ Return to Light duty ☐ Hospital ☐ Other (Specify) ☐ Send Home/Quarters ☒ Return to Regular Duty

3. Estimated Absence in Days Beyond Day on Which Injury Occurred: -0-
4. Name of Medical Officer: (b) (6)
5. Telephone:

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL
1. Unsafe Methods, Processes, Procedures
2. Inadequate Safeguards, Safety Equipment
3. Improper or Defective Equipment
4. Hazardous Location
5. Poor Housekeeping

PERSONEL FACTORS
1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Emotional - Anger, Fear, Resentment, Worry
3. Lack of Skill or Knowledge
4. Attitude - Indifferent, Belligerent
5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.) Supervisor's Signature
PERSONNEL FOLLOWED PROCEDURES, POWER FLUCTUATIONS UNAVOIDABLE. NO CORRECTIVE ACTION NECESSARY (b) (6)

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See Safety Closeout (b) (6) Signature (b) (6)

1113-14

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section I. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, First, Middle Initial (Person Injured) (b) (6)

2. Grade Contractor 4. Age (b) (6)

5. Occupation/Duty When Injured	6. Injury	7. Return to Duty	8. Location Where Injury Occurred
Lab Tech	Hour 1130	Hour	Bldg #: 1412
	Date 27Jan14	Date	Room #: (b) (6)

9. How Incident Occurred (Tell exactly what employee was doing and what caused the injury/incident.) (Continue on second page, if necessary.)

power went out in building, BSC powered down for 2-3 seconds

10. Unit or Organization (b) (6) 11. Name of Supervisor (b) (6) 12. Work Phone Number

SECTION II. To be Completed by Medical Officer

1. (b) (6)

2. Disposition (Check One) ☐ Hospital ☐ Send Home/Quarters ☒ Return to Regular Duty ☐ Return to Light duty ☐ Other (Specify)

3. Estimated Absence in Days Beyond Day on Which Injury Occurred -0- 4. Name of Medical Officer (b) (6) 5. Telephone

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL	PERSONNEL FACTORS
1. Unsafe Methods, Processes, Procedures	1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Inadequate Safeguards, Safety Equipment	2. Emotional - Anger, Fear, Resentment, Worry
3. Improper or Defective Equipment	3. Lack of Skill or Knowledge
4. Hazardous Location	4. Attitude - Indifferent, Belligerent
5. Poor Housekeeping	5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.) Supervisor's Signature

PERSONNEL FOLLOWED PROCEDURES, POWER FLUCTUATIONS UNAVOIDABLE, NO CORRECTIVE ACTION NECESSARY. (b) (6)

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See Safety Closeout

Safety Representative Signature (b) (6)

1115-14

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section I. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial *(Person Injured)* (b) (6)

2. Grade Contractor 4. Age (b) (6)

5. Occupation/Duty When Injured	6. Injury	7. Return to Duty	8. Location Where Injury Occurred
BSL 4 Lab	Hour 1600	Hour	Bldg #: 1425
	Date 1/28/14	Date	Room #: (b) (6)

9. How Incident Occurred *(Tell exactly what employee was doing and what caused the injury/incident.) (Continue on second page, if necessary.)*
separated seam on heel of BSL 4 suit - Blue (Over Suit)

10. Unit or Organization	11. Name of Supervisor	12. Work Phone Number
(b) (6)	(b) (6)	

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Disease/Incident of Exposure (Continue on second page, if necessary.)
(b) (6)

Date Treated

2. Disposition *(Check One)*
☐ Hospital ☐ Send Home/Quarters ☒ Return to Regular Duty
☐ Return to Light duty ☐ Other *(Specify)*

3. Estimated Absence in Days Beyond Day on Which Injury Occurrred	4. Name of Medical Officer	5. Telephone
-0-	(b) (6)	

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL	PERSONEL FACTORS
1. Unsafe Methods, Processes, Procedures	1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Indequate Safeguards, Safety Equipment	2. Emotional - Anger, Fear, Resentment, Worry
3. Improper or Defective Equipment	3. Lack of Skill or Knowledge
4. Hazardous Location	4. Attitude - Indifferent, Belligerent
5. Poor Housekeeping	5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)
Suit over use may have caused the seam to fail

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.)
Check the suit more often spacial attention should be given to seams.
(b) (6)

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See Safety Closeout

Safety Representative Signature
(b) (6)

1116-14

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section 1. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial (Person Injured): (b) (6) [redacted]
2. Grade: Contractor 4. Age: (b) (6) [redacted]
3. Occupation/Duty When Injured: technician
6. Injury Hour: Date: 29JAN14
7. Return to Duty Hour: Date:
8. Location Where Injury Occurred: Bldg #: 1412 Room #: (b) (6) [redacted]
9. How Incident Occurred (Tell exactly what employee was doing and what caused the injury/incident.) (Continue on second page, if necessary.): removing SBA plates containing (b)(6) [redacted] from incubator
10. Unit or Organization: (b) (6) [redacted]
11. Name of Supervisor: (b) (6) [redacted]
12. Work Phone Number: (b) (6) [redacted]

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure. (Continue on second page, if necessary.): opened an incubator that had 30 SBA plates w/ (b) (6) [redacted] the incubator had been shaking and [illegible] the other plastic bag containing the SBA plates. Date Treated: (b) (6) [redacted]
2. Disposition (Check One): ☐ Hospital ☐ Send Home ☐ Return to Light duty ☐ Other (Specify)
3. Estimated Absence in Days Beyond Day on Which Injury Occurred: -0-
4. Name of Medical Officer: (b) (6) [redacted]

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL
1. Unsafe Methods, Processes, Procedures
2. Inadequate Safeguards, Safety Equipment
3. Improper or Defective Equipment
4. Hazardous Location
5. Poor Housekeeping

PERSONEL FACTORS
1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Emotional - Anger, Fear, Resentment, Worry
3. Lack of Skill or Knowledge
4. Attitude - Indifferent, Belligerent
5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.): Personnel Followed Procedures, Investigation of Proper Corrective Measure on Shutting to be Used to the Cat Personnel Will Follow.

Supervisor's Signature: (b) (6) [redacted]

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See Safety Closeout

Safety Representative Signature: (b) (6) [redacted]

1118-14

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section I. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial (Person Injured): (b) (6) [redacted]

2. Grade: DB-02 4. Age: (b) (6) [redacted]

5. Occupation/Duty When Injured	6. Injury	7. Return to Duty	8. Location Where Injury Occurred
	Hour	Hour	Bldg #:
	Date 1/31/14	Date	Room #:

9. How Incident Occurred (Tell exactly what employee was doing and what caused the injury/incident.) (Continue on second page, if necessary.)
Coming out of chemical shower in (b)(6) [redacted], toes of right foot (sock) got wet when I put foot in dunk tank

10. Unit or Organization: (b) (6) [redacted] 11. Name of Supervisor 12. Work Phone Number

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure (Continue on second page, if necessary.)
(b) (6) [redacted]
Date Treated: 31 JAN 2014

2. Disposition (Check One) ☐ Hospital ☐ Send Home/Quarters ☑ Return to Regular Duty ☐ Return to Light duty ☐ Other (Specify)

3. Estimated Absence in Days Beyond Day on Which Injury Occurred: — 0 — 4. Name of Medical Officer: (b) (6) [redacted] 5. Telephone

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL	PERSONEL FACTORS
1. Unsafe Methods, Processes, Procedures	1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Inadequate Safeguards, Safety Equipment	2. Emotional - Anger, Fear, Resentment, Worry
3. Improper or Defective Equipment	3. Lack of Skill or Knowledge
4. Hazardous Location	4. Attitude - Indifferent, Belligerent
5. Poor Housekeeping	5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)
3. Improper or Defective Equipment. Following inspection of the suit, an extremely small hole was detected.

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.)
Employee acted in accordance with safety policy and reported the incident promptly.
(b) (6) [redacted] Supervisor's Signature
04 Feb 2014

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See Safety Closeout

(b) (6) [redacted] Safety Representative Signature

1121-14

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section 1. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial (Person injured): (b) (6)
2. Grade: Contractor
4. Age: (b) (6)

5. Occupation/Duty When Injured	6. Injury	7. Return to Duty	8. Location Where Injury Occurred
Microbiologist	Hour 1915	Hour	Bldg #: 1425
	Date 2/10/14	Date	Room #: (b) (6)

9. How Incident Occurred (Tell exactly what employee was doing and what caused the injury/incident.) (Continue on second page, if necessary.)
Seam tear in positive pressure suit

10. Unit or Organization: (b) (6)
11. Name of Supervisor
12. Work Phone Number

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident: (b) (6)
Date Treated: 2/11/14

2. Disposition (Check One)
☐ Hospital ☐ Send Home/Quarters ☐ Return to Regular Duty
☑ Return to Light duty Medical restriction until 2/13/14 ☐ Other (Specify)

3. Estimated Absence in Days Beyond Day on Which Injury Occurred
4. Name of Medical Officer: (b) (6)
5. Telephone

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL
1. Unsafe Methods, Processes, Procedures
2. Inadequate Safeguards, Safety Equipment
3. Improper or Defective Equipment
4. Hazardous Location
5. Poor Housekeeping

PERSONEL FACTORS
1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Emotional - Anger, Fear, Resentment, Worry
3. Lack of Skill or Knowledge
4. Attitude - Indifferent, Belligerent
5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)
faulty equipment

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.)
Safety is monitoring suit wear and tear

Supervisor's Sign: (b) (6)
(b) (6)

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See Safety Closeout

(b) (6)
Signature

~~HE 4014~~
1122-14

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section 1. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial *(Person Injured)* (b) (6) [redacted]

2. Grade Contractor 4. Age (b) (6) [redacted]

5. Occupation/Duty When Injured	6. Injury	7. Return to Duty	8. Location Where Injury Occurred
Exiting Suite	Hour 1545	Hour	Bldg #: 1425
	Date 18 Feb 2014	Date	Room # (b) (6) [redacted]

9. How Incident Occurred *(Tell exactly what employee was doing and wht caused the injury/incident.) (Continue on second page, if necessary.)*

10. Unit or Organization	11. Name of Supervisor	12. Work Phone Number
(b) (6) [redacted]	(b) (6) [redacted]	

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure *(Continue on second page, if necessary.)*

(b) (6) [redacted]

2. Disposition *(Check One)*

☐ Hospital ☐ Send Home/Quarters ☒ Return to Regular Duty

☐ Return to Light duty ☐ Other *(Specify)*

3. Estimated Absence in Days Beyond Day on Which Injury Occurrred	4. Name of Medical Officer	5. Telephone
9	(b) (6) [redacted]	

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL	PERSONEL FACTORS
1. Unsafe Methods, Processes, Procedures	1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Indequate Safeguards, Safety Equipment	2. Emotional - Anger, Fear, Resentment, Worry
3. Improper or Defective Equipment	3. Lack of Skill or Knowledge
4. Hazardous Location	4. Attitude - Indifferent, Belligerent
5. Poor Housekeeping	5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)
EQUIPMENT MALFUNCTION - BLUE SUITS ARE SUBJECTED TO AN ARRAY OF HARSH TREATMENTS WHICH CAN CAUSE DEGRADING OVERTIME OR EXPOSE MANUFACTURING FLAW -

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.)
REPLACE BLUE SUIT, MAINTAIN IAW & SOPS

Supervisor's Signature (b) (6) [redacted]

SECTION IV. Patient's Statement (Continue on second pa[illegible]

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See Safety Closeout

Safety Representative Signature (b) (6) [redacted]

1123-14

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section I. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial (Person Injured) (b) (6) [redacted]

2. Grade Civ

4. Age (b) (6) [redacted]

5. Occupation/Duty When Injured: hole in foot of blue suit

6. Injury: Hour 1300; Date 2/20/14

7. Return to Duty: Hour; Date

8. Location Where Injury Occurred: Bldg #: 1425; Room #: (b) (6) [redacted]

9. How Incident Occurred (Tell exactly what employee was doing and what caused the injury/incident.) (Continue on second page, if necessary.)

~~Patient~~ discovered in chem. shower

10. Unit or Organization

11. Name of Supervisor (b) (6) [redacted]

12. Work Phone Number

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure. (Continue on second page, if necessary.)

foot wet in chemical shower

Date Treated

2. Disposition (Check One) ☐ Hospital ☐ Send Home/Quarters ☐ Return to Regular Duty ☐ Return to Light duty ☐ Other (Specify)

3. Estimated Absence in Days Beyond Day on Which Injury Occurred

4. Name of Medical Officer

5. Telephone

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL	PERSONEL FACTORS
1. Unsafe Methods, Processes, Procedures	1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Inadequate Safeguards, Safety Equipment	2. Emotional - Anger, Fear, Resentment, Worry
3. Improper or Defective Equipment	3. Lack of Skill or Knowledge
4. Hazardous Location	4. Attitude - Indifferent, Belligerent
5. Poor Housekeeping	5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)

Small holes in the feet of the Blue suits is a relatively common event. This is a known weakness/flaw in these suits.

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.) Supervisor's Signature

Continue to check known problem areas of suits before each use (e.g., feet). (b) (6) [redacted]

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See Safety Closeout

Safety Representative Signature (b) (6) [redacted]

1124-14

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

(b) (6) *Section 1. To be completed by supervisor and delivered by patient to dispensary.*

1. NAME - Last, first, middle initial *(Person Injured)*

2. Grade (b)(6) 4. Age (b) (6)

5. Occupation/Duty When Injured	6. Injury	7. Return to Duty	8. Location Where Injury Occurred
Animal Care Specialist	Hour 0959	Hour	Bldg #: 1425
	Date 26 Feb 2014	Date	Room #: (b) (6)

9. How Incident Occurred *(Tell exactly what employee was doing and what caused the injury/incident.) (Continue on second page, if necessary.)*

Stuck with needle while working with a mouse

10. Unit or Organization	11. Name of Supervisor	12. Work Phone Number
(b) (6)	(b) (6)	(b) (6)

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure *(Continue on second page, if necessary.)*

(b) (6)

Date Treated: 26 Feb 14

2. Disposition *(Check One)* ☐ Hospital ☐ Send Home/Quarters ☒ Return to Regular Duty ☐ Return to Light duty ☐ Other *(Specify)*

3. Estimated Absence in Days Beyond Day on Which Injury Occurred	4. Name of Medical Officer	5. Telephone
	(b) (6)	

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL	PERSONEL FACTORS
1. Unsafe Methods, Processes, Procedures	1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Inadequate Safeguards, Safety Equipment	2. Emotional - Anger, Fear, Resentment, Worry
3. Improper or Defective Equipment	3. Lack of Skill or Knowledge
4. Hazardous Location	4. Attitude - Indifferent, Belligerent
5. Poor Housekeeping	5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)

(3) Injury occured while being trained on animal handling and Procedures

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.) Supervisor's Signature

Provide additional training to build Skill and knowledge

(b) (6)

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See Safety Closeout

(b) (6) Safety Representative Signature

1125-14

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section 1. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial (Person injured) (b) (6)
2. Grade (b)(6) 4. Age (b) (6)

5. Occupation/Duty When Injured	6. Injury	7. Return to Duty	8. Location Where Injury Occurred
Vet tech	Hour 1240	Hour 13:45	Bldg #: 1412
	Date 28Feb2014	Date 28FEB14	Room #: (b) (6)

9. How Incident Occurred (Tell exactly what employee was doing and what caused the injury/incident.) (Continue on second page, if necessary.)
Cleaning T.V. panels for behavior studies outside Animal Room. Scratched L antebrachium just below elbow on metal supports around the panels.

10. Unit or Organization	11. Name of Supervisor	12. Work Phone Number
USAMRIID	(b) (6)	

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure (Continue on second page, if necessary.) (b) (6) ate Treated 28FEB14

2. Disposition (Check One) ☐ Hospital ☐ Send Home/Quarters ☒ Return to Regular Duty ☐ Return to Light duty ☒ Other (Specify) (b) (6)

3. Estimated Absence in Days Beyond Day on Which Injury Occurred	4. Name of Medical Officer	5. Telephone
0	(b) (6)	

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL	PERSONEL FACTORS
1. Unsafe Methods, Processes, Procedures	1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Inadequate Safeguards, Safety Equipment	2. Emotional - Anger, Fear, Resentment, Worry
3. Improper or Defective Equipment	3. Lack of Skill or Knowledge
4. Hazardous Location	4. Attitude - Indifferent, Belligerent
5. Poor Housekeeping	5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.)
Ensure personnel are taking precautions when handling equipment to minimize similar injuries

Supervisor's Signature (b) (6)

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See Safety Closeout

Safety Representative Signature (b) (6)

Section 1. To be Completed by Supervisor and Delivered by Patient to Dispensary. (CONTINUATION)
9. How incident occurred. (Tell exactly what employee was doing and what caused the injury/incident.)
Equipment was in w/ NHP (Rhesus) + was moved into a treatment room for cleaning of panels.

SECTION II. To be Completed by Medical Officer (CONTINUATION)
1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure.
(b)(6) [redacted]

SECTION III. Supervisor's Accident Analysis (CONTINUATION)
Using the Above Guidance, State Specific Causes
Supervisor's Statement of Corrective Action Taken/Anticipated

SECTION IV. Patient's Statement (CONTINUATION)

SECTION V. Safety Office Conclusion/Comment and Disposition (CONTINUATION)

1126-14

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section I. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial (Person Injured) (b) (6)

2. Grade CONTRACTOR 4. Age (b) (6)

5. Occupation/Duty When Injured	6. Injury	7. Return to Duty	8. Location Where Injury Occurred
HOLE IN TOP OF SUIT	Hour @ 1530	Hour	Bldg #: 1425
	Date 28 FEB 14	Date	Room # (b) (6)

9. How Incident Occurred (Tell exactly what employee was doing and what caused the injury/incident.) (Continue on second page, if necessary.)

NOTICE HOLE IN CHEMICAL SUIT (WET FOOT) HOLE ENLARGED WHEN REMOVING TAPE FROM LOCATION

10. Unit or Organization	11. Name of Supervisor	12. Work Phone Number
(b) (6)		

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure. (Continue on second page, if necessary.)

(b) (6)

2. Disposition (Check One) ☐ Hospital ☐ Send Home/Quarters ☒ Return to Regular Duty ☐ Return to Light duty ☐ Other (Specify)

3. Estimated Absence in Days Beyond Day on Which Injury Occurrred	4. Name of Medical Officer	5. Telephone
	(b) (6)	

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL	PERSONEL FACTORS
1. Unsafe Methods, Processes, Procedures	1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Indequate Safeguards, Safety Equipment	2. Emotional - Anger, Fear, Resentment, Worry
3. Improper or Defective Equipment	3. Lack of Skill or Knowledge
4. Hazardous Location	4. Attitude - Indifferent, Belligerent
5. Poor Housekeeping	5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)

Common problem with blue suits Normal wear

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.) Supervisor's Signature

Continue to inspect suit for wear on feet areas (b) (6)

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

No Safety Concern

Safety Representative Signature (b) (6)

1127-14

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section I. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial (Person Injured) (b) (6)

2. Grade 4. Age (b) (6)

5. Occupation/Duty When Injured	6. Injury	7. Return to Duty	8. Location Where Injury Occurred
Postdoc	Hour ~10am	Hour	Bldg # 1425
	Date 3-11-14	Date	Room #: (b) (6)

9. How Incident Occurred (Tell exactly what employee was doing and what caused the injury/incident.) (Continue on second page, if necessary.)
Centrifuging Glass tubes containing TCE3
Tubes Broke during spin

10. Unit or Organization	11. Name of Supervisor	12. Work Phone Number
(b) (6)	(b) (6)	(b) (6)

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure. (Continue on second page, if necessary.)
(b) (6)

Date Treated

2. Disposition (Check One) ☐ Hospital ☐ Send Home/Quarters ☒ Return to Regular Duty ☐ Return to Light duty ☐ Other (Specify)

3. Estimated Absence in Days Beyond Day on Which Injury Occurred	4. Name of Medical Officer	5. Telephone
-0-	(b) (6)	(b) (6)

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL	PERSONEL FACTORS
1. Unsafe Methods, Processes, Procedures	1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Inadequate Safeguards, Safety Equipment	2. Emotional - Anger, Fear, Resentment, Worry
3. Improper or Defective Equipment	3. Lack of Skill or Knowledge
4. Hazardous Location	4. Attitude - Indifferent, Belligerent
5. Poor Housekeeping	5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)
This potential exposure was due to use of improper equipment or safeguards. The use of these particular tubes requires inserts or potentially another rotor could be used.

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.) (b) (6)
The correct equipment and safeguards will be identified.
It also may be useful to post reference guide for rotors and tubes which can be used for each.

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See Safety Closeout

(b) (6)

1128-14

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section 1. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle initial (Person Injured) (b) (6)

2. Gra (b) (6) 4. Age (b) (6)

5. Occupation/Duty When Injured: LPN

6. Injury — Hour: 0930 — Date: 13 March 14

7. Return to Duty — Hour: — Date:

8. Location Where Injury Occurred — Bldg #: 1425 — Room #: (b) (6)

9. How Incident Occurred (Tell exactly what employee was doing and what caused the injury/incident.) (Continue on second page, if necessary.)
Preping vaccination for administration, changing filter needle on syringe, recapping needle to cover administration - cap laying on counter - slid needle into cap - put left thumb and forefinger to hold cap while left hand punctured plastic cap and punctured left thumb.

10. Unit or Organization: (b) (6) USAMRIID

11. Name of Supervisor: (b) (6)

12. Work Phone Number: (b) (6)

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure: (b) (6)

2. Disposition (Check One)
☐ Hospital ☐ Send Home/Quarters ☒ Return to Regular Duty
☐ Return to Light duty ☐ Other (Specify)

3. Estimated Absence in Days Beyond Day on Which Injury Occurred: 0

4. Name of Medical Officer: (b) (6)

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL
1. Unsafe Methods, Processes, Procedures
2. Inadequate Safeguards, Safety Equipment
3. Improper or Defective Equipment
4. Hazardous Location
5. Poor Housekeeping

PERSONEL FACTORS
1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Emotional - Anger, Fear, Resentment, Worry
3. Lack of Skill or Knowledge
4. Attitude - Indifferent, Belligerent
5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)

2. Environmental, inadequate safeguards, safety Equipment

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.) Supervisor's Signature

Planning to order safety needles for vaccination Rooms to lower risk of ~~stick~~ Exposure self inflicted injuries.

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See Safety Closeout

Safety Representative Signature: (b) (6)

1129-14

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section I. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial (Person Injured) (b) (6)
2. Grade
4. Age (b) (6)
5. Occupation/Duty When Injured: Hole in white suit
6. Injury Hour / Date
7. Return to Duty Hour: 1015 / Date: 21 March 14
8. Location Where Injury Occurred Bldg #: 1425 Room #: AHS
9. How Incident Occurred (Tell exactly what employee was doing and what caused the injury/incident.) (Continue on second page, if necessary.): Wet Shoulder in Chem Shower
10. Unit or Organization
11. Name of Supervisor
12. Work Phone Number
(b) (6)

SECTION II. To Be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure (Specify): (b) (6)
Date Treated: 140321
2. Disposition (Check One): ☐ Hospital ☐ Send Home/Quarters ☑ Return to Regular Duty ☐ Return to Light Duty ☐ Other (Specify)
3. Estimated Absence in Days Beyond Day on Which Injury Occurred
4. Name of Medical Officer (b) (6)
5. Telephone

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL
1. Unsafe Methods, Processes, Procedures
2. Inadequate Safeguards, Safety Equipment
3. Improper or Defective Equipment
4. Hazardous Location
5. Poor Housekeeping

PERSONEL FACTORS
1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Emotional - Anger, Fear, Resentment, Worry
3. Lack of Skill or Knowledge
4. Attitude - Indifferent, Belligerent
5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.): Defective Visor seem. No user error.

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.) Supervisor's Signature: (b) (6)
None, technician should wear gloves prior to suit entry

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See Safety Closeout

Safety Representative Signature: (b) (6)

Fort Detrick Form 385-101, July 2008

APD PE v2.00

(b) (6)

1132-14

Make copy

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section I. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial (Person Injured): (b) (6)

2. Grade: E-4

4. Age: (b) (6)

5. Occupation/Duty When Injured: Diluting

6. Injury: Hour 0930; Date 3 Apr 2014

7. Return to Duty: Hour; Date

8. Location Where Injury Occurred: Bldg # 1425; Room #: (b) (6)

9. How Incident Occurred (Tell exactly what employee was doing and what caused the injury/incident.) (Continue on second page, if necessary.)
I was diluting and went to change tip. The glass broke and scraped finger. The glove did not break. We were working with (b) (6)

10. Unit or Organization: USAMRIID

11. Name of Supervisor: (b) (6)

12. Work Phone Number: (b) (6)

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure. (Continue on second page, if necessary.)
(b) (6)

2. Disposition (Check One)
☐ Hospital ☐ Send Home/Quarters ☑ Return to Regular Duty
☐ Return to Light duty ☐ Other (Specify)

3. Estimated Absence in Days Beyond Day on Which Injury Occurred: -0-

4. Name of Medical Officer: (b) (6)

5. Telephone:

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL	PERSONEL FACTORS
1. Unsafe Methods, Processes, Procedures	1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Inadequate Safeguards, Safety Equipment	2. Emotional - Anger, Fear, Resentment, Worry
3. Improper or Defective Equipment	3. Lack of Skill or Knowledge
4. Hazardous Location	4. Attitude - Indifferent, Belligerent
5. Poor Housekeeping	5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.)
A DEFECTIVE 1ML PIPETTE SHATTERED & SCRAPED (b) (6) HAND. GLOVE DID NOT TEAR, BUT ABRASION OCCURRED. ALL SAFETY POLICIES & PROCEDURES WERE FOLLOWED & ADHERED TO BY EMPLOYEE

Supervisor's Signature

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See Safety Element

Safety Representative Signature: (b) (6)

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section 1. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial *(Person Injured)* (b) (6)

2. Grade (b) (6) 4. Age (b) (6)

5. Occupation/Duty When Injured	6. Injury	7. Return to Duty	8. Location Where Injury Occurred
MEDICAL LAB TECH (b) (6)	Hour 1125	Hour	Bldg #: 1412
BSL3 TECHNICIAN	Date 10APR14	Date	Room #: (b) (6)

9. How Incident Occurred *(Tell exactly what employee was doing and what caused the injury/incident.) (Continue on second page, if necessary.)*

NO AGENT. ANALYZER DECONTAMINATED (CELL-DYN); MOVING TO AIRLOCK, SCRATCHED RIGHT THUMB ON SUPPLY RACK HOLDING GLOVES, CLEANING SUPPLIES, ETC. [CONTINUED]

10. Unit or Organization	11. Name of Supervisor	12. Work Phone Number
USAMRIID	(b) (6)	(b) (6)

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure *(Continue on second page, if necessary.)*

(b) (6) Date Treated

2. Disposition *(Check One)* ☐ Hospital ☐ Send Home/Quarters ☒ Return to Regular Duty ☐ Return to Light duty ☐ Other *(Specify)*

3. Estimated Absence in Days Beyond Day on Which Injury Occurred	4. Name of Medical Officer	5. Telephone
0	(b) (6)	

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL
1. Unsafe Methods, Processes, Procedures
2. Inadequate Safeguards, Safety Equipment
3. Improper or Defective Equipment
4. Hazardous Location
5. Poor Housekeeping

PERSONEL FACTORS
1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Emotional - Anger, Fear, Resentment, Worry
3. Lack of Skill or Knowledge
4. Attitude - Indifferent, Belligerent
5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)

a) EMPLOYEE WAS INJURED ON A STORAGE RACK, WHICH HAS A SHARP EDGE.
- ENVIRONMENTAL (DEFECTIVE EQUIPMENT)

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.)

EMPLOYEE SHOULD BE MORE CAUTIOUS/AWARE OF SURROUNDING; RACK SHOULD BE EVALUATED AND POSSIBLY RELOCATED/MODIFIED FOR SAFETY.

Supervisor's Signature (b) (6)

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

Safety Representative Signature

Section 1. To be Completed by Supervisor and Delivered by Patient to Dispensary. (CONTINUATION)

9. How incident occurred. (Tell exactly what employee was doing and what caused the injury/incident.)

Suite Supervisor cleaned scratch, using bite/scratch kit. EMPLOYEE THEN SHOWERED OUT OF THE SUITE AND REPORTED TO OCCUPENTIONAL MEDICINE (RIID).

SECTION II. To be Completed by Medical Officer (CONTINUATION)

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure.

SECTION III. Supervisor's Accident Analysis (CONTINUATION)

Using the Above Guidance, State Specific Causes

Supervisor's Statement of Corrective Action Taken/Anticipated

SECTION IV. Patient's Statement (CONTINUATION)

SECTION V. Safety Office Conclusion/Comment and Disposition (CONTINUATION)

1134-14

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section 1. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial *(Person Injured)* (b) (6)

2. Grade DB-02 4. Age (b) (6)

5. Occupation/Duty When Injured	6. Injury	7. Return to Duty	8. Location Where Injury Occurred
Performing plaque assays	Hour 1800	Hour 0900	Bldg #: 1425
	Date 04/11/2014	Date 04/14/2014	Room #: (b) (6)

9. How Incident Occurred *(Tell exactly what employee was doing and what caused the injury/incident.) (Continue on second page, if necessary.)*

Hole in suite discovered while inside the chemical shower when leaving the hot side of (b) (6) when water penetrated the suite.

10. Unit or Organization	11. Name of Supervisor	12. Work Phone Number
USAMRIID	(b) (6)	(b) (6)

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure. (Continue on second page, if necessary.)

(b) (6)

Date Treated

2. Disposition *(Check One)* ☐ Hospital ☐ Send Home/Quarters ☑ Return to Regular Duty ☐ Return to Light duty ☐ Other *(Specify)*

3. Estimated Absence in Days Beyond Day on Which Injury Occurred: -0-

4. Name of Medical Officer: (b) (6)

5. Telephone

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL	PERSONEL FACTORS
1. Unsafe Methods, Processes, Procedures	1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Inadequate Safeguards, Safety Equipment	2. Emotional - Anger, Fear, Resentment, Worry
3. Improper or Defective Equipment	3. Lack of Skill or Knowledge
4. Hazardous Location	4. Attitude - Indifferent, Belligerent
5. Poor Housekeeping	5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)

Defective equipment.

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.)

A new suit was issued.

Supervisor's Signature

(b) (6)

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

I discovered a leak in my suite around 1800 on Friday April 11th during the final stages of the chemical shower while exiting the hot side of (b) (6) The hole was in a seam on the back of the suite where the filter unit meets the clear plastic at the back of the head.

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See Safety Closeout

(b) (6)

nature

Section 1. To be Completed by Supervisor and Delivered by Patient to Dispensary. (CONTINUATION)

9. How incident occurred. (Tell exactly what employee was doing and what caused the injury/incident.)

A defect in the positive pressure suit was discovered during decontamination while exiting the hot side of (b) (6) through the chemical shower.

SECTION II. To be Completed by Medical Officer (CONTINUATION)

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure.

SECTION III. Supervisor's Accident Analysis (CONTINUATION)

Using the Above Guidance, State Specific Causes

Supervisor's Statement of Corrective Action Taken/Anticipated

SECTION IV. Patient's Statement (CONTINUATION)

Prior to entering the hot suite I had changed my gloves, inspected all of the suit seams, and leak tested the suit and the hole was not evident. It took a long time to find the hole after exiting, as it was sealed unless the head part of the suit was depressed on the side. All work (b) (6) and (b) (6) was done in a biosafety cabinet and I did not enter any animal rooms.

SECTION V. Safety Office Conclusion/Comment and Disposition (CONTINUATION)

1135-14

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section 1. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial *(Person Injured)* (b) (6)

2. Grade Contractor 4. Age (b) (6)

5. Occupation/Duty ~~Where Injured~~ ~~Operator~~ (b) (6) Research Microbiologist

6. Injury Hour 1545 Date 4/15/14

7. Return to Duty Hour Date

8. Location Where Injury Occurred Bldg #: Room #:

9. How Incident Occurred *(Tell exactly what employee was doing and what caused the injury/incident.) (Continue on second page, if necessary.)*

Opening can of tricol on (b) (6) Grey Side

10. Unit or Organization USAMRIID

11. Name of Supervisor (b) (6)

12. Work Phone Number (b) (6)

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure. (Continue on second page, if necessary.)

(b) (6)

Date Treated

2. Disposition *(Check One)*

☐ Hospital ☐ Send Home/Quarters ☐ Return to Regular Duty

☒ Return to Light duty ☐ Other *(Specify)*

3. Estimated Absence in Days Beyond Day on Which Injury Occurred 4. Name of Medical Officer 5. Telephone

7 days light duty. (b) (6)

SECTION III. Supervi

ENVIRONMENTAL

1. Unsafe Methods, Processes, Procedures
2. Inadequate Safeguards, Safety Equipment
3. Improper or Defective Equipment
4. Hazardous Location
5. Poor Housekeeping

PERSONEL FACTORS

NA

1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Emotional - Anger, Fear, Resentment, Worry
3. Lack of Skill or Knowledge
4. Attitude - Indifferent, Belligerent
5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)

see above (b) (6)

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary)

none applicable

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See Safety Comment (b) (6) Signature

Fort Detrick Form 385-10f, July 2008 APD PE v2 00

1136-14

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section I. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial (Person Injured): (b) (6)
2. Grade:
4. Age: (b) (6)
5. Occupation/Duty When Injured: (b) (6) tk
6. Injury: Scratch finger
   Hour: 12:15
   Date: 4/18/14
7. Return to Duty
   Hour:
   Date:
8. Location Where Injury Occurred
   Bldg #: 1425
   Room #: (b) (6)
9. How Incident Occurred (Tell exactly what employee was doing and what caused the injury/incident.) (Continue on second page, if necessary.)
   Scratched finger on tape dispenser / outside hood
10. Unit or Organization: (b) (6)
11. Name of Supervisor: (b) (6)
12. Work Phone Number:

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of [illegible] (Specify): (b) (6)
   Date Treated:
2. Disposition (Check One)
   ☒ Return to Light duty
   ☐ Hospital
   ☐ Other (Specify)
   Send Home/Quarters
   ☐ Return to Regular Duty
3. Estimated Absence in Days Beyond Day on Which Injury Occurred: -0-
4. Name of Medical Officer: (b) (6)
   Telephone:

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL
1. Unsafe Methods, Processes, Procedures
2. Inadequate Safeguards, Safety Equipment
3. Improper or Defective Equipment
4. Hazardous Location
5. Poor Housekeeping

PERSONEL FACTORS
1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Emotional - Anger, Fear, Resentment, Worry
3. Lack of Skill or Knowledge
4. Attitude - Indifferent, Belligerent
5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)
No preventable cause. All processes and personal factors were OK.

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.)
No corrective action necessary.
Supervisor's Signature: (b) (6)

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See Safety Comment
(b) (6)
Signature

1137-14

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section 1. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial *(Person Injured)* (b) (6)
2. Grade GE03 4. Age (b) (6)

5. Occupation/Duty When Injured	6. Injury	7. Return to Duty	8. Location Where Injury Occurred
HVAC, Taping Joints IW (b)(6)	Hour 10:30	Hour NA	Bldg #: 1425
	Date 24 March 2014	Date	Room #: (b) (6)

9. How Incident Occurred *(Tell exactly what employee was doing and what caused the injury/incident.) (Continue on second page, if necessary.)*

found hole IW Suit when leaving the site

10. Unit or Organization	11. Name of Supervisor	12. Work Phone Number
USAMRIID	(b) (6)	

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure. (Continue on second page, if necessary.) (b) (6) Date Treated

2. Disposition *(Check One)* ☐ Hospital ☐ Send Home/Quarters ☒ Return to Regular Duty ☐ Return to Light duty ☐ Other *(Specify)*

3. Estimated Absence in Days Beyond Day on Which Injury Occurred	4. Name of Medical Officer	5. Telephone
0	(b) (6)	

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL	PERSONEL FACTORS
1. Unsafe Methods, Processes, Procedures	1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Indequate Safeguards, Safety Equipment	2. Emotional - Anger, Fear, Resentment, Worry
3. Improper or Defective Equipment	3. Lack of Skill or Knowledge
4. Hazardous Location	4. Attitude - Indifferent, Belligerent
5. Poor Housekeeping	5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)

Suit Failure

(b) (6)

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.) Supervisor's Signature

Followed All procedures Correctly (b) (6)

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See Safety Closeout

Safety Representative Signature (b) (6)

1138-14

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section I. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, First, Middle Initial (Person Injured) (b)(6) (b)(6) [redacted]
2. Grade [redacted] 4. Age (b)(6)

5. Occupation/Duty When Injured	6. Injury	7. Return to Duty	8. Location Where Injury Occurred
Biochemist	Hour 1100	Hour	Bldg #:
	Date 25APR14	Date	Room #:

9. How Incident Occurred *(Tell exactly what employee was doing and wht caused the injury/incident.) (Continue on second page, if necessary.)*

Discovery of hole in suit upon shower exit of suite

10. Unit or Organization: USAMRIID
11. Name of Supervisor: (b) (6) [redacted]
12. Work Phone Number

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure. (Continue on second page, if necessary.) (b) (6) [redacted] Date Treated

2. Disposition *(Check One)* ☐ Hospital ☐ Send Home/Quarters ☒ Return to Regular Duty ☐ Return to Light duty ☐ Other *(Specify)*

3. Estimated Absence in Days Beyond Day on Which Injury Occurred: — 0 —
4. Name of Medical Officer: (b) (6) [redacted]
5. Telephone

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL	PERSONEL FACTORS
1. Unsafe Methods, Processes, Procedures	1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Indequate Safeguards, Safety Equipment	2. Emotional - Anger, Fear, Resentment, Worry
3. Improper or Defective Equipment	3. Lack of Skill or Knowledge
4. Hazardous Location	4. Attitude - Indifferent, Belligerent
5. Poor Housekeeping	5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)

This is incident was likely due to normal wear of the blue suit. Unclear that any steps taken could have prevented the separation at the seam.

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.) Supervisor's Signature

No corrective action necessary; however, remind individuals working in BSL4 to conduct thorough inspections and pressure testing of PPE (b) (6) [redacted]

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See Safety Closeout

Safety Representative Signature (b) (6) [redacted]

1139-14

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section 1. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial (b) (6) *(Person Injured)*
2. Grade / 4. Age (b) (6)

5. Occupation/Duty When Injured	6. Injury	7. Return to Duty	8. Location Where Injury Occurred
Lab Tech	Hour 10:15	Hour	Bldg #: 1425
	Date 04-28-14	Date	Room #: (b) (6)

9. How Incident Occurred *(Tell exactly what employee was doing and what caused the injury/incident.) (Continue on second page, if necessary.)*
scraped finger on door handle

10. Unit or Organization (b) (6) 11. Name of Supervisor (b) (6) 12. Work Phone Number (b) (6)

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure (Continue on second page, if necessary.)
(b) (6)
Date Treated: 28 April 2014

2. Disposition *(Check One)* ☐ Hospital ☐ Send Home/Quarters ☒ Return to Regular Duty ☐ Return to Light duty ☐ Other *(Specify)*

3. Estimated Absence in Days Beyond Day on Which Injury Occurred: -0-
4. Name of Medical Officer (b) (6) 5. Telephone

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL
1. Unsafe Methods, Processes, Procedures
2. Inadequate Safeguards, Safety Equipment
3. Improper or Defective Equipment
4. Hazardous Location
5. Poor Housekeeping

PERSONEL FACTORS
1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Emotional - Anger, Fear, Resentment, Worry
3. Lack of Skill or Knowledge
4. Attitude - Indifferent, Belligerent
5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)
In animal room + de-conning/bleaching out. 2nd layer glove scraped across door handle. Handles corroded from

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.)
Will put in work request for door handle to be replaced.

Supervisor's Signature (b) (6)

SECTION IV. Patient's Statement (Continue on second page, if nec

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

Fu Safety Closeout

(b) (6) ...tative Signature

Section 1. To be Completed by Supervisor and Delivered by Patient to Dispensary. (CONTINUATION)

9. How incident occurred. (Tell exactly what employee was doing and what caused the injury/incident.)

SECTION II. To be Completed by Medical Officer (CONTINUATION)

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure.

SECTION III. Supervisor's Accident Analysis (CONTINUATION)

Using the Above Guidance, State Specific Causes

bleach. Slight abrasion occurred. Employee washed hands thoroughly.

Supervisor's Statement of Corrective Action Taken/Anticipated

SECTION IV. Patient's Statement (CONTINUATION)

SECTION V. Safety Office Conclusion/Comment and Disposition (CONTINUATION)

1140-14

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section I. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial (Person Injured): (b) (6)

2. Grade: 4. Age: (b) (6)

5. Occupation/Duty When Injured: Microbiologist

6. Injury: Hour 1545, Date 29 Apr 14

7. Return to Duty: Hour, Date

8. Location Where Injury Occurred: Bldg #: 1425, Room #: (b) (6)

9. How Incident Occurred (Tell exactly what employee was doing and what caused the injury/incident.) (Continue on second page, if necessary.)

ex'ting suit and discovered glove hole

10. Unit or Organization: USAMRIID

11. Name of Supervisor: (b) (6)

12. Work Phone Number: (b) (6)

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure (Continue on second page, if necessary.): (b) (6)

2. Disposition (Check One): ☐ Hospital ☐ Send Home/Quarters ☒ Return to Regular Duty ☐ Return to Light duty ☐ Other (Specify)

3. Estimated Absence in Days Beyond Day on Which Injury Occurred: 0

4. Name of Medical Officer: (b) (6)

5. Telephone

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL
1. Unsafe Methods, Processes, Procedures
2. Inadequate Safeguards, Safety Equipment
3. Improper or Defective Equipment
4. Hazardous Location
5. Poor Housekeeping

PERSONEL FACTORS
1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Emotional - Anger, Fear, Resentment, Worry
3. Lack of Skill or Knowledge
4. Attitude - Indifferent, Belligerent
5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)

Glove tore at cuff, no fault of user, glove was tested PRT to suite entry

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.) Supervisor's Signature

No fault of user, employee was reminded to safety check gloves after potential exposure.

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

IH Safety Closeout

Safety Representative Signature: (b) (6)

1142-14

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section I. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, First, Middle Initial (Person Injured): (b) (6) [redacted]

2. Grade: CTR 4. Age: (b) (6) [redacted]

5. Occupation/Duty When Injured	6. Injury	7. Return to Duty	8. Location Where Injury Occurred
Research Tech	Hour: 1430	Hour:	Bldg #: 1425
	Date: 2 / May / 2014	Date:	Room #: (b) (6) [redacted]

9. How Incident Occurred (Tell exactly what employee was doing and what caused the injury/incident.) (Continue on second page, if necessary.)
Putting bottles of Ethanol and acetic acid back in the chemical storage. Put Ethanol away and acetic acid dropped and broke

10. Unit or Organization	11. Name of Supervisor	12. Work Phone Number
(b) (6) (B) [redacted]		(b) (6) [redacted] (b) (6)

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure (Continue on second page, if necessary.)
(b) (6) [redacted]

Date Treated: 5/2/14

☐ Hospital ☐ Quarters ☒ Return to Regular Duty

☐ Return to Light duty ☐ Other (Specify)

3. Estimated Absence in Days Beyond Day on Which Injury Occurred: -0-

4. Name of Medical Officer: (b) (6) [redacted] 5. Telephone

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL
1. Unsafe Methods, Processes, Procedures
2. Inadequate Safeguards, Safety Equipment
3. Improper or Defective Equipment
4. Hazardous Location
5. Poor Housekeeping

PERSONEL FACTORS
1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Emotional - Anger, Fear, Resentment, Worry
3. Lack of Skill or Knowledge
4. Attitude - Indifferent, Belligerent
5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)
This was an accident. The bottle was dropped. No fault of personal method & procedure

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.)
No action necessary. Employee was advised to be (b) (6) [redacted]

SECTION IV. Patient's Statement (Continue on second page, if necessary)
Putting bottles of ethanol + acetic acid back the chemical storage. Acetic acid bottle dropped + broke.

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary)
See Safety Closure

Safety Representative Signature: (b) (6) [redacted]

1143-14

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section 1. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial (Person Injured): (b) (6) [redacted]

2. Grade: CTR

4. Age: (b) (6)

5. Occupation/Duty When Injured: Research Tech

6. Injury: Hour 1430; Date 05/02/2014

7. Return to Duty: Hour; Date

8. Location Where Injury Occurred: Bldg #: 1425; Room #: (b) (6)

9. How Incident Occurred (Tell exactly what employee was doing and what caused the injury/incident.) (Continue on second page, if necessary.)
Coworker was putting bottles of ethanol and acetic acid back in chemical storage. Acetic acid bottle dropped and spilled.

10. Unit or Organization: (b) (6) [redacted]

11. Name of Supervisor:

12. Work Phone Number:

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure. (Continue on second page, if necessary.): (b) (6) [redacted]

Date Treated: /14

2. Disposition (Check One): ☐ Hospital ☐ Send Home/Quarters ☑ Return to Regular Duty ☐ Return to Light duty ☐ Other (Specify)

3. Estimated Absence in Days Beyond Day on Which Injury Occurred: -0-

4. Name of Medical Officer: (b) (6) [redacted]

5. Telephone:

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL
1. Unsafe Methods, Processes, Procedures
2. Inadequate Safeguards, Safety Equipment
3. Improper or Defective Equipment
4. Hazardous Location
5. Poor Housekeeping

PERSONEL FACTORS
1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Emotional - Anger, Fear, Resentment, Worry
3. Lack of Skill or Knowledge
4. Attitude - Indifferent, Belligerent
5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)
None, just in area

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.)
None

Supervisor's Signature: (b) (6) [redacted]

SECTION IV. Patient's Statement (Continue on second page, if necessary.)
Was using the BSC when I heard something break. My coworker came to me saying a bottle of acetic acid broke. I helped (b)(6) call safety

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)
See Safety Abstract

Safety Representative Signature: (b) (6) [redacted]

Section I. To be Completed by Supervisor and Delivered by Patient to Dispensary. (CONTINUATION)

9. How incident occurred. (Tell exactly what employee was doing and what caused the injury/incident.)

Was in the BSC heard something break, My coworker came by saying a bottle of acetic acid broke. I stayed with (b) (6) until Safety came. I was not injured.

SECTION II. To be Completed by Medical Officer (CONTINUATION)

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure.

SECTION III. Supervisor's Accident Analysis (CONTINUATION)

Using the Above Guidance, State Specific Causes

Supervisor's Statement of Corrective Action Taken/Anticipated

SECTION IV. Patient's Statement (CONTINUATION)

and stayed with (b) (6) until Safety came by.

SECTION V. Safety Office Conclusion/Comment and Disposition (CONTINUATION)

1144-14

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section I. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial (Person Injured) (b) (6)

2. Grade CTR 4. Age (b) (6)

5. Occupation/Duty When Injured: Safety and Occupational

6. Injury: Hour 1500hrs Date 2 May 14

7. Return to Duty: Hour 1500 Date 2 May 14

8. Location Where Injury Occurred: Bldg #: 1425 Room #: (b) (6)

9. How Incident Occurred (Tell exactly what employee was doing and what caused the injury/incident.) (Continue on second page, if necessary.)
Cleaning a Acetic Acid Spill in Lab (b) (6) Some fumes got under my PAPR Hood.

10. Unit or Organization: USAMRIID

11. Name of Supervisor

12. Work Phone Number: (b) (6)

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure. (Continue on second page, if necessary.)
(b) (6)
Date Treated: 14

2. Disposition (Check One)
☐ Hospital ☐ Send Home/Quarters ☒ Return to Regular Duty
☐ Return to Light duty ☐ Other (Specify)

3. Estimated Absence in Days Beyond Day on Which Injury Occurred: -0-

4. Name of Medical Officer: (b) (6)

5. Telephone

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL
1. Unsafe Methods, Processes, Procedures
2. Inadequate Safeguards, Safety Equipment
3. Improper or Defective Equipment
4. Hazardous Location
5. Poor Housekeeping

PERSONEL FACTORS
1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Emotional - Anger, Fear, Resentment, Worry
3. Lack of Skill or Knowledge
4. Attitude - Indifferent, Belligerent
5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)
While the employee was cleaning the spill, he adjusted the PAPR which permitted VOCs to enter the breathing space.

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.)
Employee was advised to use caution while adjusting PAPR in a potentially hazardous environment.

Supervisor's Signature: (b) (6)

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See Safety Closeout

Safety Representative Signature: (b) (6)

1145-14

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section 1. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial *(Person Injured)* (b) (6) (b) (6)

2. Grade 4. Age (b) (6)

5. Occupation/Duty When Injured

6. Injury Hour 1230 Date 15 May 14

7. Return to Duty Hour Date

8. Location Where Injury Occurred Bldg #: 1425 Room #: (b) (6)

9. How Incident Occurred *(Tell exactly what employee was doing and wht caused the injury/incident.) (Continue on second page, if necessary.)*
Exiting through chemical shower during water rinse
Srubs of right leg got slightly wet.

10. Unit or Organization (b) (6)

11. Name of Supervisor (b) (6)

12. Work Phone Number

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure *(Continue on second page, if necessary.)* (b) (6)

Date Treated

2. Disposition *(Check One)* ☐ Hospital ☐ Send Home/Quarters ☒ Return to Regular Duty ☐ Return to Light duty ☐ Other *(Specify)*

3. Estimated Absence in Days Beyond Day on Which Injury Occurrred — 0 —

4. Name of Medical Officer (b) (6)

5. Telephone

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL
1. Unsafe Methods, Processes, Procedures
2. Inadequate Safeguards, Safety Equipment
3. Improper or Defective Equipment
4. Hazardous Location
5. Poor Housekeeping

PERSONEL FACTORS
1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Emotional - Anger, Fear, Resentment, Worry
3. Lack of Skill or Knowledge
4. Attitude - Indifferent, Belligerent
5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)
The investigation revealed that the cause of this incident was due to Defective Equipment.

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.)
(b) (6) acted appropriately by promptly reporting to the Safety Office.

Supervisor's Signature (b) (6)

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

Su Safety Closeout

Safety Representative Signature (b) (6)

1146-14

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section 1. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial *(Person Injured)* (b) (6) [redacted]

2. Grade

4. Age (b) (6) [redacted]

5. Occupation/Duty When Injured: Lab Tech

6. Injury: Hour 1400 Date 15 May 14

7. Return to Duty: Hour Date

8. Location Where Injury Occurred: Bldg #: 1425 Room #: (b) (6) [redacted]

9. How Incident Occurred *(Tell exactly what employee was doing and what caused the injury/incident.) (Continue on second page, if necessary.)*

Noticed pinpoint hole in visor when showering out.

10. Unit or Organization (b) (6) [redacted]

11. Name of Supervisor

12. Work Phone Number

SECTION II. To be completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure. (Continue on second page, if necessary.) (b) (6) [redacted]

Date Treated

2. Disposition *(Check One)* ☐ Hospital ☐ Send Home/Quarters ☒ Return to Regular Duty ☐ Return to Light duty ☐ Other *(Specify)*

3. Estimated Absence in Days Beyond Day on Which Injury Occurred: -0-

4. Name of Medical Officer (b) (6) [redacted]

5. Telephone

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL
1. Unsafe Methods, Processes, Procedures
2. Indequate Safeguards, Safety Equipment
3. Improper or Defective Equipment
4. Hazardous Location
5. Poor Housekeeping

PERSONEL FACTORS
1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Emotional - Anger, Fear, Resentment, Worry
3. Lack of Skill or Knowledge
4. Attitude - Indifferent, Belligerent
5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)
Equipment failure (PPE).

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.)
Employee acted appropriately and reported failure. Supv reinforced timely reporting of incident.

Supervisor's Signature (b) (6) [redacted]

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See Safety Comment

Safety Representative Signature (b) (6) [redacted]

1147-14

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section I. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial *(Person Injured)* (b) (6)

2. Grade

4. Age (b) (6)

5. Occupation/Duty When Injured: Microbiology Lab Tech

6. Injury — Hour: 1430 — Date: 5/16/14

7. Return to Duty — Hour — Date

8. Location Where Injury Occurred — Bldg #: 1412 — Room #: (b) (6)

9. How Incident Occurred *(Tell exactly what employee was doing and what caused the injury/incident.) (Continue on second page, if necessary.)*
walked into autoclave pull out and pinched leg

10. Unit or Organization: (b) (6)

11. Name of Supervisor

12. Work Phone Number

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure. (Continue on second page, if necessary.) (b) (6)

Date Treated

2. Disposition *(Check One)*
☐ Hospital ☐ Send Home/Quarters ☑ Return to Regular Duty
☐ Return to Light duty ☐ Other *(Specify)*

3. Estimated Absence in Days Beyond Day on Which Injury Occurred: -0-

4. Name of Medical Officer: (b) (6)

5. Telephone

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL
1. Unsafe Methods, Processes, Procedures
2. Indequate Safeguards, Safety Equipment
3. Improper or Defective Equipment
4. Hazardous Location
5. Poor Housekeeping

PERSONEL FACTORS
1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Emotional - Anger, Fear, Resentment, Worry
3. Lack of Skill or Knowledge
4. Attitude - Indifferent, Belligerent
5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)
Inadequate safeguards on equipment presented the safety hazard. Equipment needs redesign to eliminate hazardous projections.

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.)
Cautioned employee to take care around antiquated equipment

Supervisor's Signature (b) (6)

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See Safety Closeout

Safety Representative Signature (b) (6)

1148-14

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section I. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial *(Person Injured)* (b) (6)

2. Grade (b) (6) 4. Age (b) (6)

5. Occupation/Duty When Injured	6. Injury	7. Return to Duty	8. Location Where Injury Occurred
Research Biochemist	Hour 1630	Hour 1730	Bldg #: 1425
	Date 05/16/2014	Date 05/16/2014	Room #: (b) (6)

9. How Incident Occurred *(Tell exactly what employee was doing and what caused the injury/incident.) (Continue on second page, if necessary.)*

Glove tear identified while showering out of BSL-4 Containment following a BSAT inventory of freezer stocks.

10. Unit or Organization	11. Name of Supervisor	12. Work Phone Number
USAMRIID	(b) (6)	(b) (6)

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure (Continue on second page, if necessary.)

(b) (6)

2. Disposition *(Check One)* ☐ Hospital ☐ Send Home/Quarters ☒ Return to Regular Duty ☐ Return to Light duty ☐ Other *(Specify)*

3. Estimated Absence in Days Beyond Day on Which Injury Occurred	4. Name of Medical Officer	5. Telephone
-0-	(b) (6)	

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL	PERSONEL FACTORS
1. Unsafe Methods, Processes, Procedures	1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Indequate Safeguards, Safety Equipment	2. Emotional - Anger, Fear, Resentment, Worry
3. Improper or Defective Equipment	3. Lack of Skill or Knowledge
4. Hazardous Location	4. Attitude - Indifferent, Belligerent
5. Poor Housekeeping	5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)

This incident was likely the result of normal wear of equipment.

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.)

Reminded all individuals working in BSL4 to take be vigilant in checking suits and equipment prior to entering the suite.

Supervisor's Signature (b) (6)

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See Safety Closeout

Safety Representative Signature (b) (6)

1149-14

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section 1. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial (b) (6) *(Person injured)*
2. Grade LA 4. Age (b) (6)

5. Occupation/Duty When Injured: Laboratory Technician Sample washing.
6. Injury: Hour 1415 (1345) Date 23 May 2014
7. Return to Duty: Hour Date
8. Location Where Injury Occurred: Bldg #: ~~US~~ 1425 Room #: (b) (6)

9. How Incident Occurred *(Tell exactly what employee was doing and what caused the injury/incident.) (Continue on second page, if necessary.)*
15 ml conical tubes broke during high speed centrifugation. Tubes contained (b) (6)

10. Unit or Organization: USAMRIID
11. Name of Supervisor: (b) (6)
12. Work Phone Number:

SECTION II. To Be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure *(Continue on second page, if necessary.)*: (b) (6)
Date Treated:

2. Disposition *(Check One)*: ☐ Hospital ☐ Send Home/Quarters ☒ Return to Regular Duty ☐ Return to Light duty ☐ Other *(Specify)*

3. Estimated Absence in Days Beyond Day on Which Injury Occurred: -0-
4. Name of Medical Officer: (b) (6)
5. Telephone:

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL
1. Unsafe Methods, Processes, Procedures
2. Inadequate Safeguards, Safety Equipment
3. Improper or Defective Equipment
4. Hazardous Location
5. Poor Housekeeping

PERSONEL FACTORS
1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Emotional - Anger, Fear, Resentment, Worry
3. Lack of Skill or Knowledge
4. Attitude - Indifferent, Belligerent
5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)
Improper tubes were used for this procedure. Polystyrene tubes were used when polypropylene should have been used. Polypropylene can withstand the forces of the required centrifuge step. Additionally, the rotor should have been removed and opened in the biological safety cabinet.

(b) (6)
Supervisor's Signature

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.)
The lab group received refresher training on the Core Safety SOP on proper use of centrifuges to remind lab personnel when possible rotors should be removed and opened in the BSC. This training also included spill clean-up procedures and difference between polystyrene and polypropylene tubes.

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See Safety Comment

Safety Representative Signature
(b) (6)

1150-14

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section 1. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, First, Middle Initial (Person Injured): (b) (6)

2. Grade: GS-5 4. Age: (b) (6)

5. Occupation/Duty When Injured	6. Injury	7. Return to Duty	8. Location Where Injury Occurred
Supervisory Microbiologist	Hour 1445p	Hour	Bldg #: 1425
	Date 5/23/14	Date	Room #: (b) (6)

9. How Incident Occurred (Tell exactly what employee was doing and what caused the injury/incident.) (Continue on second page, if necessary.)
Centrifuge tubes in rotor broke; cleaned up; (b) (6) cut hand; 2 tubes of 10 Polystyrene tubes; (b) (6) tubes in respirator broke

10. Unit or Organization: USAMRIID

11. Name of Supervisor: (b) (6) (b) (6)

12. Work Phone Number

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure. (Continue on second page, if necessary.)
(b) (6)

Date Treated

2. Disposition (Check One) ☐ Hospital ☐ Send Home/Quarters ☑ Return to Regular Duty ☐ Return to Light duty ☐ Other (Specify)

3. Estimated Absence in Days Beyond Day on Which Injury Occurred: -0-

4. Name of Medical Officer: (b) (6)

5. Telephone

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL
1. Unsafe Methods, Processes, Procedures
2. Inadequate Safeguards, Safety Equipment
3. Improper or Defective Equipment
4. Hazardous Location
5. Poor Housekeeping

NA

PERSONEL FACTORS
1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Emotional - Anger, Fear, Resentment, Worry
3. Lack of Skill or Knowledge
4. Attitude - Indifferent, Belligerent
5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)
used wrong tubes

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.)
retraining

Supervisor's Signature: (b) (6)

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See Safety Closeout

Safety Representative Signature: (b) (6)

1151-14

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section 1. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial (Person Injured): (b) (6)
2. Grade
4. Age: (b) (6)

5. Occupation/Duty When Injured: Postdoctoral Fellow
6. Injury: potential exposure — Hour: 1.45pm — Date: 23 May 14
7. Return to Duty — Hour: to TCB3 — Date:
8. Location Where Injury Occurred — Bldg #: 1425 (b) (6) — Room #: (b) (6)

9. How Incident Occurred (Tell exactly what employee was doing and what caused the injury/incident.) (Continue on second page, if necessary.): Walked by centrifuge and closed the lid.

10. Unit or Organization: USAMRIID
11. Name of Supervisor: (b) (6)
12. Work Phone Number: (b) (6)

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure. (Continue on second page, if necessary.): Walked pass centrifuge after tubes had broken & closed top. (b) (6)

Date Treated

2. Disposition (Check One)
- ☐ Hospital
- Send Home/Quarters
- ☒ Return to Regular Duty
- ☐ Return to Light duty
- ☐ Other (Specify)

3. Estimated Absence in Days Beyond Day on Which Injury Occurred: 0
4. Name of Medical Officer: (b) (6)
5. Telephone

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL	PERSONEL FACTORS
1. Unsafe Methods, Processes, Procedures	1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Indequate Safeguards, Safety Equipment	2. Emotional - Anger, Fear, Resentment, Worry
3. Improper or Defective Equipment	3. Lack of Skill or Knowledge
4. Hazardous Location	4. Attitude - Indifferent, Belligerent
5. Poor Housekeeping	5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)
Improper tubes were used for this procedure. Polystyrene tubes were used when polypropylene should have been used. Polypropylene can withstand the forces of the required centrifuge step. Additionally, the rotor should have been removed and opened in the biological safety cabinet. (b) (6)

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.)
The lab group received refresher training on the Core Safety SOP on proper use of centrifuges to remind lab personnel when possible rotors should be removed and opened in the BSC. This training also included spill clean up procedures and difference between polystyrene and polypropylene tubes.

Supervisor's Signature

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See Safety Closeout (b) (6)

1152-14

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section 1. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle initial *(Person injured)*: (b) (6)
2. Grade: DE
4. Age: (b) (6)

5. Occupation/Duty When Injured	6. Injury	7. Return to Duty	8. Location Where Injury Occurred
Vet. Tech.	Hour 1045	Hour	Bldg #: 1425
	Date 29 MAY 14	Date	Room #: (b) (6)

9. How Incident Occurred *(Tell exactly what employee was doing and what caused the injury/incident.) (Continue on second page, if necessary.)*

Outer Glove cut while working in (b) (6) suite

10. Unit or Organization	11. Name of Supervisor	12. Work Phone Number
(b) (6)		

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure. (Continue on second page, if necessary.)

(b) (6)

Date Treated: (b) (6)

2. Disposition *(Check One)*: ☐ Hospital | Send Home/Quarters | ☒ Return to Regular Duty | ☐ Return to Light duty | ☐ Other *(Specify)*

3. Estimated Absence in Days Beyond Day on Which Injury Occurrred: -0-

4. Name of Medical Officer: (b) (6)

5. Telephone

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL	PERSONEL FACTORS
1. Unsafe Methods, Processes, Procedures	1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Indequate Safeguards, Safety Equipment	2. Emotional - Anger, Fear, Resentment, Worry
3. Improper or Defective Equipment	3. Lack of Skill or Knowledge
4. Hazardous Location	4. Attitude - Indifferent, Belligerent
5. Poor Housekeeping	5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)

No Factor's, Normal duties perform while Glove was cut

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.)

Supervisor's Signature: (b) (6)

Glove was cut while performing normal animal duties, No Action Required

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See Safety Closeout

Safety Representative Signature: (b) (6)

1155-14

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section 1. To be completed by supervisor and delivered by patient to dispensary.

1. NAME (Last, First, Middle Initial) (b) (6) *(Person Injured)*
2. Grad[redacted] 4. Age (b) (6)

5. Occupation/Duty When Injured	6. Injury	7. Return to Duty	8. Location Where Injury Occurred
[redacted] medical lab tech.	Hour 1000	Hour	Bldg #: 1425
	Date 6/10/14	Date	Room #: (b) (6)

9. How Incident Occurred *(Tell exactly what employee was doing and what caused the injury/incident.) (Continue on second page, if necessary.)*
Removing Plates from lab to complete assay.

10. Unit or Organization	11. Name of Supervisor	12. Work Phone Number
USAMRIID	(b) (6)	

SECTION II. To be completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure. (Continue on second page, if necessary.)
(b) (6)

Date Treated

2. Disposition *(Check One)* ☐ Hospital ☐ Send Home/Quarters ☒ Return to Regular Duty ☐ Return to Light duty ☐ Other *(Specify)*

3. Estimated Absence in Days Beyond Day on Which Injury Occurred	4. Name of Medical Officer	5. Telephone
-0-	(b) (6)	

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL	PERSONEL FACTORS
1. Unsafe Methods, Processes, Procedures	1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Indequate Safeguards, Safety Equipment	2. Emotional - Anger, Fear, Resentment, Worry
3. Improper or Defective Equipment	3. Lack of Skill or Knowledge
4. Hazardous Location	4. Attitude - Indifferent, Belligerent
5. Poor Housekeeping	5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)
The plates were on a tray as they were being removed from the BSC as required per protocol. Two 96-well plates were disturbed and leaked out from under the lid when the tray was jostled as being removed from the BSC.

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.)
The tray being used for this transport was a cell culture tray. Trays without holes and with higher sides will be used in the future to contain any spill to the tray. Employees will be reminded to use extreme caution when removing items from the BSC.

Supervisor's Signature (b) (6)

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See Safety Comment

Safety Representative Signature (b) (6)

1156-14

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section 1. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial (Person Injured): (b) (6) [redacted]

2. Grade: ———— 4. Age: (b) (6)

5. Occupation/Duty When Injured: Laboratory Technician

6. Injury: Hour 1010, Date 10 June 10

7. Return to Duty: Hour

8. Location Where Injury Occurred: Bldg #: 1425, Room #: (b) (6)

9. How Incident Occurred (Tell exactly what employee was doing and what caused the injury/incident.) (Continue on second page, if necessary.): 96-well plates containing (b) (6) [redacted] was tipped over + spilled.

10. Unit or Organization: USAMRIID

11. Name of Supervisor: (b) (6) [redacted]

12. Work Phone Number

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure. (Continue on second page, if necessary.): (b) (6) [redacted] Treated

2. Disposition (Check One): ☐ Hospital ☐ Send Home/Quarters ☒ Return to Regular Duty ☐ Return to Light duty ☐ Other (Specify)

3. Estimated Absence in Days Beyond Day on Which Injury Occurred: -0-

4. Name of Medical Officer: (b) (6) [redacted]

5. Telephone

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL	PERSONEL FACTORS
1. Unsafe Methods, Processes, Procedures	1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Indequate Safeguards, Safety Equipment	2. Emotional - Anger, Fear, Resentment, Worry
3. Improper or Defective Equipment	3. Lack of Skill or Knowledge
4. Hazardous Location	4. Attitude - Indifferent, Belligerent
5. Poor Housekeeping	5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)
The plates were on a tray as they were being removed from the BSC as required per protocol. Two 96-well plates were disturbed and leaked out from under the lid when the tray was jostled as being removed from the BSC.

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.)
The tray being used for this transport was a cell culture tray. Trays without holes and with higher sides will be used in the future to contain any spill to the tray. Employees will be reminded to use extreme caution when removing items from the BSC.

Supervisor's Signature: (b) (6) [redacted]

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See Safety Closeout

Safety Representative Signature: (b) (6) [redacted]

1157-14

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section I. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial (b) (6) *(Person Injured)*
2. Grade 4. Age (b) (6)

5. Occupation/Duty When Injured	6. Injury	7. Return to Duty	8. Location Where Injury Occurred
Postdoctoral Fellow	Hour 1500	Hour	Bldg #: 1425
	Date 13 June 14	Date	Room #: (b) (6)

9. How Incident Occurred *(Tell exactly what employee was doing and what caused the injury/incident.) (Continue on second page, if necessary.)*
Hole in foot of suit

10. Unit or Organization	11. Name of Supervisor	12. Work Phone Number
	(b) (6)	

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure. (Continue on second page, if necessary.)
(b) (6)

Date Treated (b) (6)

2. Disposition *(Check One)* ☐ Hospital ☐ Send Home/Quarters ☒ Return to Regular Duty ☐ Return to Light duty ☐ Other *(Specify)*

3. Estimated Absence in Days Beyond Day on Which Injury Occurred	4. Name of Medical Officer	5. Telephone
-0-	(b) (6)	

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL	PERSONEL FACTORS
1. Unsafe Methods, Processes, Procedures	1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Indequate Safeguards, Safety Equipment	2. Emotional - Anger, Fear, Resentment, Worry
3. Improper or Defective Equipment	3. Lack of Skill or Knowledge
4. Hazardous Location	4. Attitude - Indifferent, Belligerent
5. Poor Housekeeping	5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)
This is a common weak-point on the BSL4 suits, as the suits are often long and the donning and doffing of boots over time can cause failure in the seam.

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.) **Supervisor's Signature**
No corrective action for this; will remind BSL4 workers to use care in donning and doffing boots and to continue to be vigilant in their suit checks. (b) (6)

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

Safety Representative Signature
In Safety Closeout (b) (6)

1158-14

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section 1. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, First, Middle Initial (b) (6) *(Person Injured)*
2. Grade Ctr 4. Age (b) (6)

5. Occupation/Duty When Injured	6. Injury	7. Return to Duty	8. Location Where Injury Occurred
Laboratory Technician	Hour 0815	Hour	Bldg #: 1425
	Date 06/20/14	Date	Room #: (b) (6)

9. How Incident Occurred *(Tell exactly what employee was doing and what caused the injury/incident.)* *(Continue on second page, if necessary.)*
was making therapeutic compound and stuck self when recapping needle

10. Unit or Organization	11. Name of Supervisor	12. Work Phone Number
(b) (6)	(b) (6)	(b) (6)

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure. *(Continue on second page, if necessary.)*
(b) (6)

2. Disposition *(Check One)* ☐ Hospital ☐ Send Home/Quarters ☑ Return to Regular Duty ☐ Return to Light duty ☐ Other *(Specify)*

3. Estimated Absence in Days Beyond Day on Which Injury Occurred	4. Name of Medical Officer	5. Telephone
-0-	(b) (6)	

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL	PERSONEL FACTORS
1. Unsafe Methods, Processes, Procedures	1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Indequate Safeguards, Safety Equipment	2. Emotional - Anger, Fear, Resentment, Worry
3. Improper or Defective Equipment	3. Lack of Skill or Knowledge
4. Hazardous Location	4. Attitude - Indifferent, Belligerent
5. Poor Housekeeping	5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)
Individual was not using the proper safeguards or safety equipment which may have been due to a lack of skill or knowledge. The individual may not have been trained properly on how to safely re-cap a syringe, if necessary.

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.)
Individual, as well as the entire lab group, will be reminded to only re-cap syringes if necessary and how to safely and properly achieve this result. (b) (6)

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)
See Safety Comment (b) (6) nature

1161-14

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section I. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial: (b) (6)
2. Grade
4. Age: (b) (6)
5. Occupation/Duty When Injured: (b) (6) reading plaques
6. Injury — Hour: 11:05 — Date: 01Jul14
7. Return to Duty — Hour — Date
8. Location Where Injury Occurred — Bldg #: 1425 — Room #: (b) (6)
9. How Incident Occurred *(Tell exactly what employee was doing and what caused the injury/incident.) (Continue on second page, if necessary.)*: Foot (right) wet upon exiting the suite
10. Unit or Organization
11. Name of Supervisor: (b) (6)
12. Work Phone Number

SECTION II. To be completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure. (Continue on second page, if necessary.): (b) (6)

Date Treated: (b) (6)

2. Disposition (Check One)
- ☐ Hospital
- Send Home/Quarters
- ☒ Return to Regular Duty
- ☐ Return to Light duty
- ☐ Other (Specify)

3. Estimated Absence in Days Beyond Day on Which Injury Occurred: -0-
4. Name of Medical Officer: (b) (6)
5. Telephone

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL
1. Unsafe Methods, Processes, Procedures
2. Inadequate Safeguards, Safety Equipment
3. Improper or Defective Equipment
4. Hazardous Location
5. Poor Housekeeping

PERSONEL FACTORS
1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Emotional - Anger, Fear, Resentment, Worry
3. Lack of Skill or Knowledge
4. Attitude - Indifferent, Belligerent
5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.): Seam in the med region failed - defective equipment (#3). Likely due to frequent use of blue suit and age of suit (>1 yo).

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.): Technician to receive new blue suit.

Supervisor's Signature: (b) (6)

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See Safety Closeout

Safety Representative Signature: (b) (6)

11162-14

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section 1. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial *(Person Injured)* (b) (6)

2. Grade CTR 4. Age (b) (6)

5. Occupation/Duty When Injured: Research Microbiologist

6. Injury: Hour 17:00 Date 07/08/2014

7. Return to Duty: Hour 18:30 Date 07/08/2014

8. Location Where Injury Occurred: Bldg # 1425 Room #: (b) (6)

9. How Incident Occurred *(Tell exactly what employee was doing and what caused the injury/incident.) (Continue on second page, if necessary.)*

Dover suit seam separated

10. Unit or Organization: USAMRIID

11. Name of Supervisor: (b) (6)

12. Work Phone Number

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure. (Continue on second page, if necessary.)

(b) (6)

Date Treated: 08 July 2014

2. Disposition *(Check One)* ☐ Hospital ☐ Send Home/Quarters ☒ Return to Regular Duty ☐ Return to Light duty ☐ Other *(Specify)*

3. Estimated Absence in Days Beyond Day on Which Injury Occurred: -0-

4. Name of Medical Officer: (b) (6)

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL
1. Unsafe Methods, Processes, Procedures
2. Inadequate Safeguards, Safety Equipment
3. Improper or Defective Equipment
4. Hazardous Location
5. Poor Housekeeping

PERSONEL FACTORS
1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Emotional - Anger, Fear, Resentment, Worry
3. Lack of Skill or Knowledge
4. Attitude - Indifferent, Belligerent
5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)

3 - Defective equipment. Despite proper testing and inspection of the equipment, the seam failed during use.

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.)

Get a new ILC Dover encapsulated suit for employee.

Supervisor's Signature: (b) (6)

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

I entered the (b) (6) BSL4 around 16:00 to setup some lab equipment, and exited the suite approximate 17:15. I did not work with any BSAT directly and did not enter an animal room. I was in a room where another researchers was using (b) (6) in BSC for

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See Safety Closeout

(b) (6) ature

Section 1. To be Completed by Supervisor and Delivered by Patient to Dispensary. (CONTINUATION)
9. How incident occurred. (Tell exactly what employee was doing and what caused the injury/incident.)
See employee statement.
SECTION II. To be Completed by Medical Officer (CONTINUATION)
1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure
SECTION III. Supervisor's Accident Analysis (CONTINUATION)
Using the Above Guidance, State Specific Causes
Supervisor's Statement of Corrective Action Taken/Anticipated
SECTION IV. Patient's Statement (CONTINUATION)
approximately 2 minutes. While in the chemical shower, I noticed wetness on my left shoulder. Inspection of my ILC Dover encapsulated suite indicated an approximately 0.25 inch tear along a seam of the left rear shoulder. The suit was subsequently discarded by autoclaving. I consider risk of BSAT exposure in this incident to be minimal.
SECTION V. Safety Office Conclusion/Comment and Disposition (CONTINUATION)

M63-14

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section 1. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial *(Person Injured)* (b) (6)

2. Grade (b) (6) 4. Age (b) (6)

5. Occupation/Duty When Injured	6. Injury	7. Return to Duty	8. Location Where Injury Occurred
Res. Lab. Tech.	Hour 0900 - 1030	Hour	Bldg #: 1405
Clin instrumentation	Date 11 Jul 14	Date	Room #: (b) (6)

9. How Incident Occurred *(Tell exactly what employee was doing and what caused the injury/incident.) (Continue on second page, if necessary.)*

unknown

10. Unit or Organization	11. Name of Supervisor	12. Work Phone Number
USAMRIID	(b) (6)	(b) (6)

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure. (Continue on second page, if necessary.)

(b) (6)

Date Treated: 11 July 2014

2. Disposition *(Check One)* ☐ Hospital ☐ Send Home/Quarters ☒ Return to Regular Duty ☐ Return to Light duty ☐ Other *(Specify)*

3. Estimated Absence in Days Beyond Day on Which Injury Occurred	4. Name of Medical Officer	5. Telephone
- 0 -	(b) (6)	

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL
1. Unsafe Methods, Processes, Procedures
2. Inadequate Safeguards, Safety Equipment
3. Improper or Defective Equipment
4. Hazardous Location
5. Poor Housekeeping

PERSONEL FACTORS
1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Emotional - Anger, Fear, Resentment, Worry
3. Lack of Skill or Knowledge
4. Attitude - Indifferent, Belligerent
5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)

Suit had a zipper failure

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.) **Supervisor's Signature**

None. (b) (6)

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See Safety Comment

Safety Representative Signature (b) (6)

1164-14

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section I. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial (b) (6) *(Person Injured)*

2. Grade 4. Age (b) (6)

5. Occupation/Duty When Injured: Postdoc (b) (6) (b) (6)

6. Injury: Hour 3pm Date 7/14/14

7. Return to Duty: Hour 4pm Date 7/14/14

8. Location Where Injury Occurred: Bldg #: 1425 Room #: (b) (6)

9. How Incident Occurred *(Tell exactly what employee was doing and what caused the injury/incident.) (Continue on second page, if necessary.)*

light switch [a] [illegible] shock inside

10. Unit or Organization (b) (6)

11. Name of Supervisor

12. Work Phone Number

SECTION II. To Be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure. (Continue on second page, if necessary.) (b) (6)

Date Treated: 14 July 2014

2. Disposition *(Check One)*: ☐ Hospital ☐ Send Home/Quarters ☒ Return to Regular Duty ☐ Return to Light duty ☐ Other *(Specify)*

3. Estimated Absence in Days Beyond Day on Which Injury Occurred: — 0 —

4. Name of Medical Officer (b) (6)

5. Telephone

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL
1. Unsafe Methods, Processes, Procedures
2. Inadequate Safeguards, Safety Equipment
3. Improper or Defective Equipment
4. Hazardous Location
5. Poor Housekeeping

PERSONEL FACTORS
1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Emotional - Anger, Fear, Resentment, Worry
3. Lack of Skill or Knowledge
4. Attitude - Indifferent, Belligerent
5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)

NONE FOUND

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.)

WILL CHECK LIGHTSWITCH FOR POSSIBLE SHOCK HAZARD AND CORRECT AS NEEDED

Supervisor's Signature (b) (6)

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See Safety Clearance

(b) (6) Signature

1165-14

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section I. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial (Grade/Rank) (b) (6)
2. (b) (6)

5. Occupation/Duty When Injured	6. Injury	7. Return to Duty	8. Location Where Injury Occurred
Lab Tech	Hour 1500	Hour	Bldg #: 1412
	Date 7/24/14	Date	Room #: (b) (6)

9. How Incident Occurred (Tell exactly what employee was doing and what caused the injury/incident.) (Continue on second page, if necessary.)
Inserted needle into IV bags, squeezed while lifting and punctured thumb

10. Unit or Organization (b) (6)
11. Name of Supervisor (b) (6)
12. Work Phone Number

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure (Continue on second page, if necessary.) (b) (6)
Date Treated

2. Disposition (Check One) ☐ Hospital ☐ Send Home/Quarters ☒ Return to Regular Duty ☐ Return to Light duty ☐ Other (Specify)

3. Estimated Absence in Days Beyond Day on Which Injury Occurred — 0 —
4. Name of Medical Officer (b) (6)
5. Telephone

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL	PERSONEL FACTORS
1. Unsafe Methods, Processes, Procedures	1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Inadequate Safeguards, Safety Equipment	2. Emotional - Anger, Fear, Resentment, Worry
3. Improper or Defective Equipment	3. Lack of Skill or Knowledge
4. Hazardous Location	4. Attitude - Indifferent, Belligerent
5. Poor Housekeeping	5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)
① UNSAFE METHOD: SQUEEZING IV BAG WITH NEEDLE INSERTED INTO BAG

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.) Supervisor's Signature
WORKER COUNSELED TO REMOVE NEEDLE FROM BAG PRIOR TO MOVING (b) (6)

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See Safety Comment (b) (6) Safety Representative Signature

11/6/6-14

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section 1. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial *(Person Injured)* (b) (6)

2. Grade DB-02 4. Age (b) (6)

5. Occupation/Duty When Injured	6. Injury	7. Return to Duty	8. Location Where Injury Occurred
Performing a safety test on (b)(6) samples	Hour 1800	Hour 0900	Bldg #: 1425
	Date 07/21/2014	Date 07/22/2014	Room #: (b) (6)

9. How Incident Occurred *(Tell exactly what employee was doing and what caused the injury/incident.) (Continue on second page, if necessary.)*

Hole in suit discovered inside the chemical shower upon exiting the hot-side of (b)(6) when a few drops of water penetrated suit.

10. Unit or Organization	11. Name of Supervisor	12. Work Phone Number
USAMRIID	(b) (6)	

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure. (Continue on second page, if necessary.)

(b) (6)

Date Treated

2. Disposition *(Check One)* ☐ Hospital ☐ Send Home/Quarters ☒ Return to Regular Duty ☐ Return to Light duty ☐ Other *(Specify)*

3. Estimated Absence in Days Beyond Day on Which Injury Occurred: -0- 4. Name of Medical Officer: (b) (6) 5. Telephone

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL
1. Unsafe Methods, Processes, Procedures
2. Inadequate Safeguards, Safety Equipment
3. Improper or Defective Equipment
4. Hazardous Location
5. Poor Housekeeping

PERSONEL FACTORS
1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Emotional - Anger, Fear, Resentment, Worry
3. Lack of Skill or Knowledge
4. Attitude - Indifferent, Belligerent
5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)

Defective equipment.

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.) **Supervisor's Signature**

A new suit was issued. (b) (6)

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

Prior to entering the hot suite I changed my gloves, insected the entire suit, and performed a leak test and the hole was not evident. While in the suite I performed a safety test (cell culture) with (b) (6) samples, and all work was done in a biosafety cabinet. I

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

Safety Representative Signature

Ins Safety Closed (b) (6)

Section 1. To be Completed by Supervisor and Delivered by Patient to Dispensary. (CONTINUATION)
9. How incident occurred. (Tell exactly what employee was doing and what caused the injury/incident.)
A hole developed in a defective area of the suit, which was not present during the leak test that was performed prior to entering the hot-side (b) (6) A few drops of water penetrated a very small hole, the size of a pin head, during the chemical decontamination shower.
SECTION II. To be Completed by Medical Officer (CONTINUATION)
1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure.
SECTION III. Supervisor's Accident Analysis (CONTINUATION)
Using the Above Guidance, State Specific Causes
Supervisor's Statement of Corrective Action Taken/Anticipated
SECTION IV. Patient's Statement (CONTINUATION)
did not enter any animal rooms. Upon inpection of the hole and manipulation of the material another suspect spot in the same area of the suit, between the legs, started to develop a hole. The plastic in the entire suit had similar defects, so I chose to have it replaced rather than repaired even thought the suit was only 3 months old.
SECTION V. Safety Office Conclusion/Comment and Disposition (CONTINUATION)

1169-14

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section 1. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial *(Person Injured)* (b) (6)

2. Grade

4. Ag (b) (6)

5. Occupation/Duty When Injured: Animal Caretaking (b) (6)

6. Injury: Hour 1045 Date 25 July 14

7. Return to Duty: Hour Date

8. Location Where Injury Occurred: Bldg #. 1425 Room #: (b) (6)

9. How Incident Occurred *(Tell exactly what employee was doing and what caused the injury/incident.) (Continue on second page, if necessary.)*

upon taking chemical shower, donned foot in solution, steel gut wet

10. Unit or Organization

11. Name of Supervisor

12. Work Phone Number

(b) (6)

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure (Continue on second page, if necessary.)

(b) (6)

Treated 2014

2. Disposition *(Check One)*

☐ Hospital ☐ Send Home/Quarters ☒ Return to Regular Duty

☐ Return to Light duty ☐ Other *(Specify)*

3. Estimated Absence in Days Beyond Day on Which Injury Occurred: — 0 —

4. Name of Medical Officer (b) (6)

5. Telephone

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL
1. Unsafe Methods, Processes, Procedures
2. Inadequate Safeguards, Safety Equipment
3. Improper or Defective Equipment
4. Hazardous Location
5. Poor Housekeeping

PERSONEL FACTORS
1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Emotional - Anger, Fear, Resentment, Worry
3. Lack of Skill or Knowledge
4. Attitude - Indifferent, Belligerent
5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)

3 DEFECTIVE EQUIPMENT - SEAM SEPERATED ON SUIT TOE
SUIT HAD BEEN PRESSURE TESTED & PASSED

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.)

SUIT INSPECTED BY SAFETY - SUITABLE FOR USE WITH TAPE REPAIR & PRESSURE TEST

(b) (6)

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See Safety Closeout

Safety Representative Signature (b) (6)

11-7-14

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section 1. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial (b) (6) *(Person Injured)*

2. Grade Cont 4. Age (b) (6)

5. Occupation/Duty When Injured	6. Injury	7. Return to Duty	8. Location Where Injury Occurred
	Hour 1530	Hour	Bldg #: 1425
	Date 30 Jul 14	Date	Room #: (b) (6)

9. How Incident Occurred *(Tell exactly what employee was doing and wht caused the injury/incident.) (Continue on second page, if necessary.)*
I was in suite doing GLP compliance paperwork. I went to scan a paper and noticed a tear in the glove (right). I believe it happened when I plugged into air.

10. Unit or Organization (b) (6) 11. Name of Supervisor (b) (6) 12. Work Phone Number

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure. (Continue on second page, if necessary.) (b) (6)

Date Treated: 30 July 2014

2. Disposition *(Check One)* ☐ Hospital ☐ Send Home/Quarters ☒ Return to Regular Duty ☐ Return to Light duty ☐ Other *(Specify)*

3. Estimated Absence in Days Beyond Day on Which Injury Occurrred: -0-

4. Name of Medical Officer (b) (6) 5. Telephone

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL	PERSONEL FACTORS
1. Unsafe Methods, Processes, Procedures	1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Indequate Safeguards, Safety Equipment	2. Emotional - Anger, Fear, Resentment, Worry
3. Improper or Defective Equipment	3. Lack of Skill or Knowledge
4. Hazardous Location	4. Attitude - Indifferent, Belligerent
5. Poor Housekeeping	5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)
Cause of accident = Defective Equipment, i.e. torn glove.

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.)
Employee acted promptly and in accordance with safety policy.

Supervisor's Signature (b) (6)

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See Safety Closeout

Safety Representative Signature (b) (6)

1175-14

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section 1. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial *(Person Injured)* (b) (6)

2. Grade DB-02 4. Age (b) (6)

5. Occupation/Duty When Injured	6. Injury	7. Return to Duty	8. Location Where Injury Occurred
Showering out	Hour 1310	Hour	Bldg #: 1425
	Date 26 Aug 14	Date	Room #: (b) (6)

9. How Incident Occurred *(Tell exactly what employee was doing and what caused the injury/incident.) (Continue on second page, if necessary.)*

glove tear noticed when exiting (b) (6) while in chem. shower.

10. Unit or Organization	11. Name of Supervisor	12. Work Phone Number
(b) (6)		

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure. (Continue on second page, if necessary.)

(b) (6)

Date Treated: 26 Aug 2014

2. Disposition *(Check One)* ☐ Hospital ☐ Send Home/Quarters ☒ Return to Regular Duty ☐ Return to Light duty ☐ Other *(Specify)*

3. Estimated Absence in Days Beyond Day on Which Injury Occurrred: -0- 4. Name of Medical Officer: (b) (6) 5. Telephone

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL
1. Unsafe Methods, Processes, Procedures
2. Indequate Safeguards, Safety Equipment
3. Improper or Defective Equipment
4. Hazardous Location
5. Poor Housekeeping

PERSONEL FACTORS
1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Emotional - Anger, Fear, Resentment, Worry
3. Lack of Skill or Knowledge
4. Attitude - Indifferent, Belligerent
5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)

There isn't any specific environmental or personal factors in this incident. Employee (b) (6) followed the rules and changed gloves timely manner and followed all procedure dure →

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.)

(b) (6) will use different outer glover.

Supervisor's Signature: (b) (6) (b)(6)

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

upon leaving (b) (6) & in chemical shower, awtress was noticed in geove of right hand. upon exiting chemical shower, both outer & inner glove was tested with water. The inner glove →

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See Safety Closeout

Safety Representative Signature: (b) (6)

Section 1. To be Completed by Supervisor and Delivered by Patient to Dispensary. (CONTINUATION)

9. How incident occurred. (Tell exactly what employee was doing and what caused the injury/incident.)

SECTION II. To be Completed by Medical Officer (CONTINUATION)

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure.

SECTION III. Supervisor's Accident Analysis (CONTINUATION)

Using the Above Guidance, State Specific Causes

→ according to guidelines / SOPs. One possibility is the quality of the gloves (b) (6) was using was not very good.

Supervisor's Statement of Corrective Action Taken/Anticipated

SECTION IV. Patient's Statement (CONTINUATION)

maintained integrity, but the outer glove showed a tear between the thumb & finger. Supervisor, SIP & Safety were immediately notified. Patient showed out & immediately reported to SIP.

SECTION V. Safety Office Conclusion/Comment and Disposition (CONTINUATION)

1176-14

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section 1. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial (Person Injured) (b) (6)

2. Grad (b) (6) 4. Age (b) (6)

5. Occupation/Duty When Injured	6. Injury	7. Return to Duty	8. Location Where Injury Occurred
procedure prep.	Hour 1340	Hour	Bldg #: 1406
	Date 26 Aug 2014	Date	Room #: (b) (6)

9. How Incident Occurred (Tell exactly what employee was doing and what caused the injury/incident.) (Continue on second page, if necessary.)
Took prepared syringes (TB) from Refrigerator; Needle was poking through the cap & Subsequently, I was stuck.

10. Unit or Organization	11. Name of Supervisor	12. Work Phone Number
(b) (6)		

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure (Continue on second page, if necessary.)
(b) (6) Date Treated

2. Disposition (Check One) ☐ Hospital ☐ Send Home/Quarters ☒ Return to Regular Duty ☐ Return to Light duty ☐ Other (Specify)

3. Estimated Absence in Days Beyond Day on Which Injury Occurred	4. Name of Medical Officer	5. Telephone
-0-	(b) (6)	

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL
1. Unsafe Methods, Processes, Procedures
2. Inadequate Safeguards, Safety Equipment
3. Improper or Defective Equipment
4. Hazardous Location
5. Poor Housekeeping

PERSONEL FACTORS
1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Emotional - Anger, Fear, Resentment, Worry
3. Lack of Skill or Knowledge
4. Attitude - Indifferent, Belligerent
5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.)
- Reinstill proper capping of needles for all staff (b) (6)

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

No Safety Concern

Safety Representative Signature (b) (6)