AMERICAN INSULATED WIRE CORP

SUPERVISOR'S ACCIDENT INVESTIGATION REPORT

1. Name of injured employee: Tony CosTA
2. Clock #: 9932
3. Department: 503
4. Shift: 1st
5. Supervisor: Jim HAZELTON
6. Injury Date: 10-28-93
7. Time: 1pm
8. Date Report Sent to Dept: 11-1-93
9. Date Reported to Supervisor: 10-28-93
   Date Reported to Medical Dept.: 10-28-93
10. Employee's Age:
11. Sex: ☒ Male ☐ Female
12. Job when injured:
13. Regular job/occupation: FOREMAN
14. Lost Time:
15. Medical only:

PLAINTIFF'S EXHIBIT

16. Where did accident occur:
    Plant: NORTH EAST Dept. # 503
    Exact location: (Machine #) (Area)

17. Type of injury (illness) and body part(s) injured: Exposed To PAINT fumes - DIZZY/WEAK

18. Specific job being performed at time accident: Supervising the printing of wire

19. Describe in detail how accident occurred and state what employee was doing when injured:
We were experimenting with three prints at once. Tony was helping the operator and supervisor to assure print was coming out good.

20. Check type of accident:

- ☐ Overexertion
- ☐ Fall/slip same level
- ☐ Fall/slip different level
- ☐ Struck against
- ☐ Stuck by
- ☐ Caught between
- ☐ Repetitive motion
- ☐ Contact with
- ☒ Other (explain): Excessive exposure to paint fumes without fresh air breaks

21A. Did an "unsafe condition" exist? yes (If "no" skip to #22A)

21B. What conditions of tools, equipment or job site caused or contributed to this accident? (ie. Broken or worn equipment, wet floor, etc.)
The printer was not installed properly and had only been there temporary! basis

21C. What caused or contributed to the above unsafe condition? Check all that apply. Answer only if 21A applies.

- ☐ Caused by employee
- ☐ Defective thru normal use
- ☐ Defective thru abuse/misuse
- ☐ Safety inspection failure
- ☒ Caused other than above listed below: lack of experience with three prints
- ☐ Housekeeping
- ☐ Faulty design
- ☐ Faulty construction
- ☐ Poor preventive maintenance
- ☐ Ventilation defect
- ☐ Caused by other employee

22A. Did the employee commit an "unsafe act?" yes (If "no" skip to #23)

22B. What did the employee do, or fail to do, that caused or contributed to this accident?
Should have taken frequent fresh air breaks.

22C. What caused or influenced the above unsafe action(s)? Check all that apply. Answer only if item 22A applies.

- [X] Unaware of hazard
- [ ] Did not know safe procedure
- [ ] Low level job skill
- [ ] Ignored known hazard
- [ ] Tried to save time
- [ ] Tried to avoid effort
- [ ] Tried to avoid discomfort
- [ ] Illness influenced action
- [ ] Fatigue influenced action
- [ ] Other physical condition
- [X] Caused other than above list: Employee did not expect to be at the location that long.

23. What action has been taken [X] or will be taken [√] to prevent recurrence? (Mark all that apply)

- [ ] Preventative instruction of others
- [ ] Job reassignment of employee
- [ ] Improved inspection of procedure
- [ ] Improved cleanup procedure
- [ ] Job safety analysis ordered
- [ ] Safety guard/device installed
- [ ] Protective equipment required
- [ ] Tool/equipment, repair/replace
- [ ] Better design/construction
- [ ] Standardize job procedure
- [ ] Correction other than above
- [ ] Reinstruction of person(s)
- [ ] Discipline of person(s) involved
- [√] Other (explain): Employee understands he cannot let himself be exposed for so long.

24. Describe details of corrective action taken or planned:
Instructed Tony not to expose himself or any one else to such fumes for such a prolonged period. ~~[illegible]~~ We will no set up the painter any more when someone has to be near it all the time, ~~[illegible]~~ are already in place.

25. Person responsible for planned corrective action: _____

26. Witness: Tony Chavez : Angela Moore

27. Investigated by: James Hazelton (Supervisor's Signature) Tony Cooter (Union Member's Signature)

28. Reviewed by: (Department Manager): _____

29. Reviewed by Employee: (Date) _____ By: _____

30. Plant Manager: _____

Comments: _____

31. Date Routed to Plant Nurse: 11-8-93 Initials JR

32. Date Received by Plant Nurse: 11-8-93 Initials JR

33. Safety Manager: _____ Date Report Completion: _____