AMERICAN. SULATED WIRE CORP

SUPERVISOR'S ACCIDENT INVESTIGATION REPORT

Name of injured employee: Luis BRAgA

Clock #: 1120

Department: 503

Shift: 1st

Supervisor: Tony CosTA

Injury Date: 10-12-94

Time: 12.05pm

Date Report Sent to Dept: 10-12-94

9. Date Reported to Supervisor: 10-12-94

Date Reported to Medical Dept.: 10-12-94

10. Employee's Age:

11. Sex: ☒ Male ☐ Female

12. Job when injured: Lead man

13. Regular job/occupation: Lead man

14. Lost Time:

15. Medical only:

Where did accident occur:

Plant: N. E. CABLE Dept. #

Exact location: (Machine #) (Area)

#35

PLAINTIFF'S EXHIBIT

Type of injury (illness) and body part(s) injured: CHLORINE EXPOSURE

Specific job being performed at time accident: Employee went to the shipping room to verify some tags when he saw something to though was smoking.

Describe in detail how accident occurred and state what employee was doing when injured:

He saw fumes coming out at the brominator so he approached it. When he go nearer he saw a glow through the walls at the brominator. He grabbed a fire extinguisher and tried to extinguish what he believed to be a fire

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): Exposure to chlorine/bromine gas

Type ~~AF~~ - Asbestos
↳ braided
(cloth?)

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

B. What conditions of tools, equipment or job site caused or contributed to this accident? (ie. Broken or worn equipment, wet floor, etc.)

N/A

C. 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
- ☐ Housekeeping
- ☐ Faulty design
- ☐ Faulty construction
- ☐ Poor preventive maintenance
- ☐ Ventilation defect
- ☒ Caused by other employee
- ☐ Caused other than above list below:

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?
He should have stayed away once he smelled the strong odor

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
- [ ] Caused other than above list

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
- [X] Other (explain): Foreman will be charged with only one chemical

24. Describe details of corrective action taken or planned:
All the 2590 Chlorine has been isolated and will be returned to supplier. Only 734 is Bromine will be available. Supplier will provide proper labels and warnings for the bromines

25. Person responsible for planned corrective action: Victor Evangelho

26. Witness: _____ : _____

27. Investigated by: Jim Hazelton _____
Supervisor's Signature — Union Member's Signature

28. Reviewed by: (Department Manager): _____

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

30. Plant Manager: [signature] 10/27/94

Comments: _____

31. Date Routed to Plant Nurse: 10-24-94 Initials JM

32. Date Received by Plant Nurse: 10-26-94 Initials JM

33. Safety Manager: [signature] Date Report Completion: 10/26/94