

# Strictly Private Information Deleted

DOE F 5484.3  
(09-95)  
Equivalent

U. S. Department of Energy  
**INDIVIDUAL ACCIDENT/INCIDENT REPORT**  
Official Use Only - Privacy Act

OMB Control No.  
1910-0300

For CAIRS Use Only

P.D. Accident Type:

Energy Flow

Enter GICS: \_\_\_\_\_ Narrative

FRASE Coding \_\_\_\_\_

Revision:  1st  2nd  3rd  4th

## General Information

1. Organization Name: PNNL  
Organization Code: 7500503
2. Case Number: 99053  
3. Multiple-Case Number:
4. Accident Type: Injury/Illness  
5. Investigation Type: C
6. Department, Division or ID Code (Optional): D7963  
7. Date of Occurrence: 12/22/1999  
8. Time (Military): 15:30  
9. Accident Occurred: Indoors  
10. On Employer's Premise? Yes  
11. Specific Location: PSL Machine Shop  
██████████
- Revision: No

## Employee Information

12. Injured/Ill Employee  
13. Name: ██████████  
14. S.S./ID Number: ██████████  
15. Age: ██████  
16. Sex: ██████
17. Occupation: Laboratory Machinist  
18. Length of Present Employment: Over 12 Months  
19. Experience on this Job/Equipment: Over 12 Months

(If Property Damage or Vehicle Accident, go to Line 26)

## Injury/Illness (OSHA Information)

20. Injury/Illness Code:  
10 Injury
21. Workdays Lost: 0  
22. Workdays Restricted: 0
23. Death? No      Date:  
24. Permanent transfer to different job because of accident? No  
Terminated because of accident? No
25. Has employee returned to work with no further anticipated workdays lost or restricted? Yes

## Property/Vehicle Damage

26. Property:  
(If Property Damage Accident go to Line 30)
27. Vehicle Type:
28. Vehicle equipped with seat belts?  
If yes, was seat belt working properly?
29. Did vehicle accident involve recordable injury?
30. Total Accident Damage  
\$  
DOE Property/Vehicle  
\$  
Non-DOE Property/Vehicle  
\$
31. Claim against DOE      Paid by DOE  
\$      \$  
Reimbursable to DOE      Paid to DOE  
\$      \$
32. Are dollar amounts final?

## Equipment/Hardware/Vehicle Involved (as applicable)

33. #1 Equipment:      ID Number:  
34. Did equipment design/defect contribute to accident cause/severity?

## NARRATIVE GUIDE

DO NOT INCLUDE THE NAME (OR OTHER PERSONAL IDENTIFIER) OF THE EMPLOYEE/OPERATOR OR WITNESS IN THIS SECTION. Use third person references, e.g. he slipped on the wet floor and broke his right toe.

35. Activity in Progress at Time of Accident: Production or Operation

36. Events: Employee was working on a milling machine with a shaper head for the entire shift. He had to repeatedly adjust knobs and turn hand wheel while looking up at Digital Readout. At the same time, he was in a slightly squatted or bent position. His right hand and arm ached at the end of shift but the next day he felt sharp pain in his upper back on right side of spine area. This has persisted and today he experienced more of a flare up when having to do that same work again.

Back Injury Prescription medication administered.

Name and address of physician: [REDACTED]

3080 Battelle Blvd., Richland, WA 99352

If hospitalized, name and address of hospital:

37. Accident Causes:

- a. Conditions:  
Inadequate Work Environment  
The machine was not ergonomically suited for the staff member.
- b. Actions:  
Not Applicable
- c. Factors influencing a or b:  
Other Human Error  
The employee has previous back problems.

38. Corrective Actions: (If risk is acceptable, corrective actions may not be necessary)

- |  |                        |                     |                     |
|--|------------------------|---------------------|---------------------|
| a. Actions Taken:<br>A workstation evaluation will be completed and recommendations made.  | Due Date<br>05/26/2000 | Owner<br>[REDACTED] | Phone<br>[REDACTED] |
| b. Actions Recommended:<br>Employee will be given work that doesn't require Bending and Twisting or Lifting greater than 40 pounds. As applicable to his permanent work restriction. Reference Case 172. | Due Date<br>01/04/2000 | Owner<br>[REDACTED] | Phone<br>[REDACTED] |

39. Accident Investigator: Wright, Douglas W  
Official Position: Safety Professional

Date: \_\_\_\_\_

Phone: 509-375-2024

40. Supervisor: [REDACTED]

Date: \_\_\_\_\_

Phone: [REDACTED]

41. Accident Contact: Wright, Douglas W

Date: \_\_\_\_\_

Phone: 509-375-2024

U.S. Department of Labor  
Bureau of Labor Statistics  
Supplementary Record of  
Occupational Injuries and Illnesses

Equivalent to OSHA No. 101

This form is required by Public Law 91-506 and must be kept in the establishment for 5 years.  
Failure to maintain can result in the issuance of citations and penalties.

Case or File No. 1086

**Employer**

Name: Battelle Northwest, a Division of Battelle Memorial Institute  
Richland  
Mail Address: P.O. Box 999, Richland, WA 99352  
Location: 902 Battelle Blvd., Richland, WA 99352

**Injured or Ill Employee**

Name: [REDACTED] Social Security No.: [REDACTED]  
Home Address: [REDACTED]  
Age: [REDACTED] Sex: [REDACTED]  
Occupation: Laboratory Machinist  
Department: Machinist/Sheetmetal

**The Accident or Exposure to Occupational Illness**

Place of accident or exposure: 908 BATTELLE BLVD, RICHLAND, WA 99352 - PSL Machine Shop  
[REDACTED]  
Was place of accident or exposure on employer's premises? Yes  
What was the employee doing when injured? Production or Operation  
How did the accident occur? Employee was working on a milling machine with a shaper head for the entire shift. He had to repeatedly adjust knobs and turn hand wheel while looking up at Digital Readout. At the same time, he was in a slightly squatted or bent position. His right hand and arm ached at the end of shift but the next day he felt sharp pain in his upper back on right side of spine area. This has persisted and today he experienced more of a flare up when having to do that same work again.

**Occupational Injury or Occupational Illness**

Describe the injury or illness in detail and indicate the part of body affected: Back Injury  
Name the object or substance which directly injured the employee: body positioning  
Date of Injury or initial diagnosis of occupational illness: 12/22/1999 Did employee die? No

**Other**

Name and Address of Physician: [REDACTED] PA-C, Hanford Environmental Health Foundation - 3000,  
3080 Battelle Blvd., Richland, WA 99352  
If hospitalized, name and address of hospital:  
Date of Report: 01/05/2000 Prepared By: Wright, Douglas W, Dev Engineer Senior

Signature: \_\_\_\_\_

**U.S. DEPARTMENT OF LABOR No. 200 SUMMARY (equivalent)  
For Calendar Year 1999**

Batelle Richard  
P.O. Box 920, Richland, WA 99352

*This report describes the safety performance of Batelle, Richard for the Calendar Year 1999, as measured by occupational injury and illness accidents. It provides the information required to be posted during the month of February under the Occupational Safety and Health Act (Public Law 91-596).*

**INJURIES**

Number of fatalities due to injury	0
Number of recordable injuries with no days away from work or restricted days	17
Number of recordable injuries with lost or restricted days	20
Number of injuries involving days away from work	10
Total number of days of restricted work due to injury	198
Total number of days away from work due to injury	222

**ILLNESSES**

Occupational skin diseases or disorders	1
Dust diseases of the lungs	0
Respiratory conditions due to toxic agents	0
Poisoning (systemic effects of toxic materials)	0
Disorders due to physical agents (other than a toxic material)	0
Disorders associated with repeated trauma	9
All other occupational diseases	2
Number of fatalities due to illness	0
Number of recordable illnesses with no days away from work or restricted days	9
Number of recordable illnesses with lost or restricted days	3
Number of recordable illnesses involving days away from work	1
Total number of days of restricted work due to illness	253
Total number of days away from work due to illness	66

Certification of Annual Summary Totals By: S. Dossett Date: 1/25/00

SD Dossett, Department Manager Safety and Health