JOINT COMPANY/UNION SAFETY COMMITTEE CONCERN FORM
(Use Black Ink Only & Retain Copy For Your Records)
Mail: JGUSC, T690G

EMPLOYEE NAME: [Blank]
DEPARTMENT: N/A
EMPLOYEE NUMBER: [Blank]
BLDG. 460 PHONE 7672
SHIFTS DAYS
SUPERVISOR (Print): A. Fernandez
DIRECT REPORT MANAGER (Print): F. Mccarley
I have previously discussed this Concern with Supervision: [X] Yes [ ] No.
Concern (briefly): "Neither myself nor my supervisor were informed that I had a work restriction dated May 19, 1992"

Date: 6-29-92
Steward Signature: [Blank]

Supervision Response (within 5 working days): A formal letter has been written to Dr. Francis Furman on the above related concern. The attached letter, in addition to giving the opportunity to meet with Dr. Furman with a union steward to settle this concern.  See Dr. F. Furman's response dated 7-6-92.

Supervision Signature: [Signature]
Date: 7-30-92
Direct Report Manager Signature: [Signature]
Date: 7-30-92

NOTE: TIMELINESS IN COMPLETING THIS FORM IS OF THE UTMOST IMPORTANCE.
I am satisfied with the results. [X] I am not satisfied.
Brief reason if not satisfied: over-site has happened twice.

Employee Signature: [Blank]
Date: 7-8-92

JGUSC received Safety Concern on 7-16-92

To be completed by the JGUSC Co-Chairperson(s)
Assigned to: Union: C.U. Buchholz
Company: D.C. Davidson
Date: 7-16-92
Date: 7-13-92

Distribution: Safety Committee (White)
Union Steward (Green)
Employee (Goldenrod)

RF-45500 (Rev. 10/89) Destroy Previous Issues
To: Maintenance
   Building 460

From: A. Fernandez
      Foreman
      Building 460

Subject: JUCSC Form "Work Restriction dated May 19, 1992."

Director, Dr. Francis Furman states, "A formal work restriction was not completed. This omission was an oversight." See attached medical department statement.
July 6, 1992

SUBJECT: JOINT COMPANY/UNION SAFETY COMMITTEE CONCERN
FORMS/HARRY MORGAN, EMPLOYEE #510194

Forging signature:

I have reviewed the record and find no indication Mr. Morgan's signature was forged. His name was written in a blank for the employee's name but not in a signature blank.

Work restrictions:

A formal work restriction was not completed. This omission was an oversight.

Prescription medication without a physician's order - Oct. 16, 1991:

There is no record of this occurrence. Medication was given under physician order on other dates. I will attempt to verify Mr. Morgan was in the department on that date by other records.

Data added to form of May 19, 1992 after Mr. Morgan signed the form:

The employee signature is intended to verify the consent for release of records and not to verify the nurse/physician findings, or other notes by the physician or nurse. The employee commonly signs the form prior to completion of the evaluation and treatment.

F. J. Furman, Director
Occupational Health
To: Dr. Francis Furman  
Occup. Health  
Building 122

From: A. Fernandez  
Maintenance  
Building 460

June 30, 1992

Subject: Reference to attached Safety Concerns.

The attached Joint Company / Union Safety Committee Concern Forms, states irregularities that allegedly occurred within the medical department on personal Medical Records and reports, administrating medicine without a doctor's signature, and not informing the patient or supervisor of a restriction when the medical records states that a restriction is necessary.

Please read the attached Joint Company / Union Committee Concern Forms and answer each of them appropriately in writing.

If you require any assistance with the JCUSC's, please contact me at extension 7672 and or digital page 0805.
INJURY AND ACCIDENT REPORT WORKSHEET

OCCUPATIONAL HEALTH DEPARTMENT
ROCKY FLATS PLANT

PRIVILEGED INFORMATION

INJURY DATE: 5/19/92 DAY: Thu TIME: 7:25
REPORTED DATE: 5/19/92 DAY: Thu TIME: 0:01
LOCATION OF ACCIDENT: E-331 outside

PATIENT'S DESCRIPTION OF ACCIDENT:

DESCRIPTION OF INJURY:

ASSESSMENT/DIAGNOSIS:

ICD-9-CM DIAGNOSIS CODES:

TREATMENT AT MEDICAL:

ICD-9-CM TREATMENT CODES:

PATIENT SENT OFFSITE AT (Military Time)

REGULAR WORK:

PATIENT SENT HOME BY MEDICAL:

REFERRALS (NAME/ADDRESS/TELEPHONE)

I CONSENT TO MEDICAL CARE BY THE ROCKY FLATS OCCUPATIONAL HEALTH DEPARTMENT PERSONNEL AS INDICATED AND DEEMED ESSENTIAL CONSIDERING MY INJURY/ACCIDENT. I AUTHORIZE THE RELEASE OF ALL MEDICAL INFORMATION RELEVANT TO THIS INJURY/ACCIDENT TO ROCKY FLATS HEALTH SERVICES, BENEFITS DEPARTMENT, INSURANCE CARRIER, DOL, UNION AND INDUSTRIAL SAFETY.
OCCUPATIONAL HEALTH DEPARTMENT
ROCKY FLATS PLANT

INJURY AND ACCIDENT REPORT WORKSHEET

TITLE: ______________
COMPANY: ______________

CASE NUMBER 31255

NAME: ______________
JOB TITLE: ______________

INJURY DATE: 5/19/92 DAY: Tu TIME: 0725
TIME ON PLANT SITE: M W
REPORTED DATE: 5/19/92 DAY: Tu TIME: 0745
TIME ON JOB: 2 Y M W

LOCATION OF ACCIDENT: F-331 exterior

PATIENT'S DESCRIPTION OF ACCIDENT: Static was walking past fire engine - pumper #2, as it was being started. Firefighter tested the screw, car hurt him. Can't hear, there's buzzing sound in it.

OBJECT/SUBSTANCE DIRECTLY INVOLVED: ______________

DESCRIPTION OF INJURY: ______________

WEIGHT (LBS): ______________
SAFETY EQUIPMENT USED: Y (N)
GLASSES GLOVES SHOES
OTHER: ______________

LOSS OF CONSCIOUSNESS: Y (N)
WORK RELATED: Y (N)
X-RAY TAKEN: Y (N)
X-RAY RESULT: POS NEG

RADIA/CONTAM INVOLVED: Y (N) P
TYPE: ______________
INITIAL COUNT: ______________ Ci or BKG
JOINT COMPANY - UNION
SAFETY COMMITTEE

DATE: July 13, 1992

TO: [Redacted]

FROM: E. I. Tietenberg, Joint Co./Union Safety Comm., Bldg. T452B, X7620
      M. F. Wood, Joint Co./Union Safety Comm., Bldg. T690G, X5800

SUBJECT: ASSIGNMENT OF SAFETY CONCERN: 92-202
         WORK RESTRICTION NOTIFICATION

The Joint Company/Union Safety Committee (JCUSC) has received your safety concern and assigned the following investigators. They will contact you to discuss this concern.

Company Representative: D. C. Davidson  Phone: 3057

Union Representative:  C. W. Buchholz  Phone: 5801

cc:
C. W. Buchholz
D. C. Davidson
A. P. Fernandez
J. R. Marschall
G. H. McElhinney
V. M. Scott
August 17, 1992

Maintenance
Building 460

SUBJECT: CLOSE OUT LETTER, SAFETY CONCERN 92-202

Dear [Name],

In response to your safety concern involving WORK RESTRICTION NOTIFICATION, an investigation has been conducted.

A meeting was held with Dr. F. J. Furman, Occupational Health on July 29, 1992, and it was determined that you were released from the Occupational Health Department without being given the knowledge that a medical restriction has been issued to you. Dr. Furman has agreed to hold a meeting with his staff and to reiterate the importance of conveying to employees any information concerning medical restrictions prior to employees being released from the Occupational Health Department.

Thank you for your participation in the safety program. If you have any further problems with this concern, its answer, or the implementation, please feel free to contact the Joint Company/Union Safety Committee.

C. W. Buchholz
Union Representative

D. C. Davidson
Company Representative

cc:
Dr. F. J. Furman
I. E. Tietenberg
M. F. Wood
DATE: September 08, 1992
TO: [Redacted], Mtce., Bldg. 460, X [Redacted]
FROM: P. E. I. Tietenberg, Joint Co./Union Safety Comm., Bldg. T452B, X7620
M. F. Wood, Joint Co./Union Safety Comm., Bldg. T690G, X5800
SUBJECT: VERIFICATION OF IMPLEMENTATION - SAFETY CONCERN NUMBER 92-202
WORK RESTRICTION NOTIFICATION

The Joint Company/Union Safety Committee (JCUSC) has verified implementation of the subject safety concern and has closed the concern. Attached is the verification form.

Thank you for participating in the safety concern process.

Attachment:
As Stated

cc:
C. W. Buchholz
D. C. Davidson
A. P. Fernandez
J. R. Marschall
G. H. McElhinney
V. M. Scott
JCUSC VERIFICATION FORM

Circle One - [Verified Complete] / Reopen

ISP NO. 09.11.202 SAFETY CONCERN NO. 92-202 ORIGIN OF FINDING JCUSC

ACTION RESPONSIBILITY ASSIGNED TO: A. P. Fernandez

STATEMENT OF FINDING:

COMPLETE

EXPLANATION OF VERIFICATION:

1. Does the action plan address the intent of the original finding? Yes [ ] No [ ]

2. Has the situation described in the finding been adequately improved or corrected? Yes [ ] No [ ]

VERIFICATION DETAIL - Describe the actions taken to reach a disposition on this finding.

DR. FERNANDEZ HELD A MEETING WITH HIS STAFF.

EG&G VERIFICATION BY D. C. DAVIDSON

Print Name: D. C. Davidson
Signature: [Signature]

DATE: 8/31/92

UNION SAFETY COMMITTEE VERIFICATION BY C. W. BUCHHOLZ

Print Name: C. W. Buchholz
Signature: [Signature]

DATE: 8/26/92

APPROVED BY E. W. WETZENBERG

Print Name: E. W. Wetzenberg
Signature: [Signature]

DATE: 8/31/92

APPROVED BY M. WILCOX

Print Name: M. Wilcox
Signature: [Signature]

DATE: 9/1/92

Distribution:

Operations Monitoring - T130G
Joint Company/Union Safety Committee - T452B