



U.S. Department of Energy
Office of River Protection

P.O. Box 450
Richland, Washington 99352

04-ESQ-030

Mr. E. S. Aromi, President
and General Manager
CH2M HILL Hanford Group, Inc.
Richland, Washington 99352

Dear Mr. Aromi:

CONTRACT NO. DE-AC27-99RL14047 – ASSESSMENT REPORT A-04-ESQ-TANKFARM-004 – REVIEW OF OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION (OSHA) INJURY/ILLNESS RECORDKEEPING, MARCH 8 – 11, 2004

This letter forwards the results of the U.S. Department of Energy (DOE), Office of River Protection assessment of the CH2M HILL Hanford Group, Inc. (CH2M HILL), OSHA Injury/Illness Recordkeeping, conducted from March 8 through 11, 2004.

The team concluded the CH2M HILL OSHA Injury/Illness Recordkeeping programs were adequate and, with a few exceptions, in conformance with established requirements as identified in 29 CFR Part 1904, "Recording and Reporting Occupational Injuries and Illnesses," DOE O 231.1A, "Environmental, Safety and Health Reporting," and DOE N 231.1, "Environment, Safety and Health Reporting Notice." The team also concluded program elements implementation was effective in establishing a clear process for reporting injuries and illnesses.

The Team identified three Findings (Attachment 1) and two Observations. The assessment team identified Findings associated with the analysis, recording and reporting of injuries, and illnesses. These are significant because they identify conditions that lead to underreporting of injuries and illnesses by CH2M HILL.

The Observations are as follows:

- CH2M HILL should identify the required changes needed in the "Record of Visit" information provided by Hanford Environmental Health Foundation and request the DOE Richland Operations Office to effect the change with its subcontractor; and
- Further documentation is needed in the case files identified in the list on Page 6 titled, "CH2M HILL Case File Summaries," of the attached assessment report (Attachment 2). After the additional information is obtained, the cases should be analyzed to determine if the classification should be changed or updated.

Mr. E. S. Aromi
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In addition to responding to the Findings, CH2M HILL's response to the above assessment report also should address the above Observations and the following:

- Steps that will be taken to review injury and illness data and correct discrepancies back to the start of January 2002; and
- Training that will be provided for individuals performing OSHA injury/illness recordkeeping. For example, an eight-hour training session by a certified OSHA trainer will be presented at the Hanford Site in the next six months.

The attached Assessment Report A-04-ESQ-TANKFARM-004 documents the details of the assessment.

Within 30 days of receipt of this letter, please respond to the Findings and include the corrective action management plan indicating the identified causes and corrective actions identified to resolve the program deficiencies discussed in the attached report. The plan should include actions, responsible individual(s), and due dates.

If you have any questions, please contact me, or your staff may contact Robert C. Barr, Director, Office of Environmental Quality and Safety, (509) 376-7851.

Sincerely,

Roy J. Schepens
Manager

ESQ:PRH

Attachments: (2)

cc w/attachs:
D. N. Price, CH2M HILL
CH2M Correspondence Control
J. M. Augustenborg, RL



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Notice of Finding

Section C.2 (d) (2) (iii), “Environmental, Safety, Health & Quality (ESH&Q),” of the Contract¹ requires that CH2M HILL Hanford Group, Inc. (CH2M HILL, the Contractor):

“Carry out all activities in a manner that complies with human health, safety, environmental, and quality regulations; minimizes the generation of wastes, releases or emissions into the atmosphere, and releases to soil and surface or groundwater; and complies with applicable regulatory requirements and DOE directives.”

General Requirements:

1. 29 CFR Part 1904, “Recording and Reporting Occupational Injuries and Illnesses;”
2. DOE O 231.1A, “Environment, Safety and Health Reporting;”
3. DOE N 231.1, “Environment, Safety and Health Reporting Notice;” and
4. CH2M HILL Procedure TFC-ESHQ-S_CMLI-C-01, Revision A, “Injury, Illness, Vehicle, and Property Loss Record Management.”

During performance of an assessment of the CH2M HILL Occupational Safety and Health Administration (OSHA) Recordkeeping conducted March 8 through 11, 2004, at CH2M HILL’s offices, U.S. Department of Energy (DOE) Office of River Protection identified three Findings.

A-04-ESQ-TANKFARM-004-F01 - Three cases were improperly recorded as first aid instead of OSHA recordable case (one case involved days away from work and another case involved days of restricted work activity).

Discussion:

Contrary to 29 CFR Part 1904.7, three cases recorded as first aid should have been documented as OSHA recordable. The following examples illustrate this condition:

Case No. 56237, December 30, 2003: A nuclear chemical operator slipped on black ice walking. When questioned how many times she has to leave the Control Room to go to the other building to obtain readings (climbing five flights of stairs) she stated twice/week. She was unable to perform this part of her normal job duties so the case should have been classified as an OSHA recordable with days of restricted work activity. [29 CFR 1904.7(b)(5)]

Case No. 56117, August 11, 2003: A secretary working in Bldg. 2750-D wing experienced heat related problems. The employee called in sick indicating she was still nauseated and fatigued from the heat exposure. The employee did not go to her private

physician and did not report to the Hanford Environmental Health Foundation (HEHF) until the next Monday morning (August 18, 2003) when she was diagnosed with heat fatigue. Based on the information in the case file (work-related exposure and management knowledge of work-related illness) this case should have been classified as an OSHA recordable case with two days away from work. [29 CFR 1904.7(a)]

Case No. 56164, July 15, 2003: Employee (planner/scheduler) developed right elbow pain from computer mouse use. As pain persisted, employee was treated at HEHF and diagnosed with right lateral epicondylitis and provided with over-the-counter (OTC) meds and splinting/support. Based on the medical treatment (OTC medication at prescription strength) this case should have been classified as an OSHA recordable case. The employee indicated that he was able to perform all of his job duties, though he did take frequent breaks. [29 CFR 1904.7(a) and (b)]

A-04-ESQ-TANKFARM-004-F02 – For three OSHA recordable cases the number of days of restricted and/or lost workdays were reported incorrectly.

Discussion:

Contrary to 29 CFR Part 1904.7, three cases recorded had been recorded incorrectly. The following examples illustrate this condition:

Case No. 56225, December 8, 2003: This case has been reported as an OSHA recordable case with three days of restricted work activity. Kadlec medical notes on the restriction and HEHF follow-up notes indicate the actual days of restricted workday activity was seven days.

Case No. 56232, December 17, 2003: This case has been reported as an OSHA recordable case with 13 days of restricted work activity. There was no medical information in the file to indicate the treatment from December 17, 2004, to January 14, 2004. The HEHF information in the file dated January 14, 2004, indicates there may have been six days away from work (January 7 – 14, 2004). Also, there is information in the file to indicate restricted workday activity from January 14 – 28, 2004.

Case No. 56227, December 10, 2003: This case is recorded as an OSHA recordable injury with five days away from work. The OSHA Log had five days of restricted activity and the CAIRS form showed five days away from work. The Case Management Coordinator (CMC) indicated that he inadvertently put the number in the wrong block. Based on information in the file and discussion with the CMC, the days should be restricted workdays not days away from work.

A-04-ESQ-TANKFARM-004-F03 - CH2M HILL had not identified and reported those work-related beryllium cases required to be reported in the DOE Beryllium Registry [10 CFR 850.39(h)].

Requirement: 10 CFR 850.39(h) The responsible employer must semi-annually transmit to the DOE Office of Epidemiologic Studies within the Office of Environment, Safety and Health an electronic registry of beryllium-associated workers that protects confidentiality, and the registry must include, but is not limited to, a unique identifier, date of birth, gender, site, job history, medical screening test results, exposure measurements, and results of referrals for specialized medical evaluations.

Discussion:

Contrary to 10 CFR 850.39, the contractor did not transmit the registry of beryllium associated workers to DOE Headquarters. CH2M HILL was not aware of the reporting requirements.

ORP requests that CH2M HILL provide, within 30 days from the date of the letter that transmitted this Notice, a reply to the Findings above. The reply should include: 1) admission or denial of the Findings; 2) the reason for the Findings, if admitted, and if denied, the reason why; 3) the corrective steps that have been taken and the results achieved; 4) the corrective steps that will be taken to avoid further Findings; and 5) the date when full compliance with the applicable requirements will be achieved. Where good cause is shown, consideration will be given to extending the requested response time.

¹ Contract No. DE-AC27-99RL14047, between the U. S. Department of Energy and CH2M HILL Hanford Group, Inc., dated October 1, 1999.

**OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION (OSHA)
INJURY/ILLNESS RECORDKEEPING REVIEW CH2M HILL HANFORD
GROUP, INC. (CH2M HILL) MARCH 8-11, 2004**

The U.S. Department of Energy (DOE) Office of River Protection (ORP) conducted an OSHA injury/illness recordkeeping review during the week of March 8 – 11, 2004. The review team consisted of a DOE Oak Ridge Operations Office employee and an employee of ORP. The review included all of the injuries occurring at the site during July 1, 2003, – December 31, 2003. Approximately 92 records were included in the review (Report Only, First Aid and OSHA Recordable). Discussions were held with the Case Management Coordinator (CMC), CH2M HILL Safety and Health, and CH2M HILL Worker’s Compensation Technical Specialist. One subcontractor (Fluor Federal Services) and injuries/illnesses for contract employees were included in the review.

Before the review and at the request of the review team, CH2M HILL provided pertinent recordkeeping procedures for review. The following procedures were reviewed: 1) Procedure TFC-ESHQ-S_CMLI-C-02, Revision A-2, “Responding and Reporting Injuries, Illnesses, and Accidents,” effective date of January 12, 2004; 2) Procedure TFC-ESHQ-S_CMLI-C-01, Revision A, “Injury, Illness Vehicle and Property Loss Record Management,” effective date of January 13, 2004; and 3) Procedure TFC-BSM-HR_EM-C-04, Revision A-2, “Reasonable Accommodations to Work Restrictions,” effective date of October 15, 2003. The procedures indicated a clear process for reporting injuries and illnesses. Responsibilities were appropriately delineated. Case classification (in conformance with DOE and OSHA guidelines) is assigned to the CMC.

Records maintained by the CMC were reviewed. These files are intended to be all-inclusive as it relates to the work-related event. CH2M HILL’s contract with DOE requires them to use the services of Hanford Environmental Health Foundation (HEHF) for all medical services. As such, HEHF provides the CMC a “Record of Visit: Safety Copy” on all visits, follow-ups, and treatments. The CMC maintains a Case Managers Report, which lists case specific data, case notes, and classification. If updates to the classification occur, this sheet is updated to the most current information. Some files were reviewed where, due to medical treatment and/or restricted workdays; cases had been reclassified from First Aid to OSHA Recordable. There was a clear analysis of cases to determine whether they were OSHA recordable or not.

During discussions with the CMC regarding beryllium sensitivity cases and Chronic Beryllium Disease, the CMC was not aware of the requirements in 10 CFR 850.39(h) requiring work-related cases to be reported in the DOE Beryllium Registry.

Review of Medical Information

During review of the medical information provided by HEHF, a number of concerns were identified:

1. On a significant number of case files reviewed, in the Recommendations section on the Report of Visit it is stated: see private medical provider, return to HEHF as instructed, and follow verbal recommendations as provided. There is no indication as to the extent of the verbal recommendations or why the employee should go to their private medical provider. If the verbal recommendations cause the employee to restrict their normal work activity, the case would be deemed an OSHA recordable injury with restricted workdays.
2. In the Record of Visit section "Treatment/Testing Given," HEHF will identify over-the-counter (OTC) meds (but not what the medication was or the doses given/prescribed) and x-ray (but not whether the x-ray was positive or negative). Interviews with employees indicated that in one case the OTC medications for anti-inflammatory were given at a prescription dose (three pills four times a day for 10 days).
3. In the Record of Visit section the "Employee Statement," will describe the initiating event and employee's symptoms. However, over the course of weeks or months as the employee goes to HEHF for follow-up visits this statement remains the same. The CMC never knows what symptoms the employee is experiencing, whether there has been improvement, whether there has been no improvement, etc., because the employee's statement is not changed.
4. In the Record of Visit section, "Current Work Restrictions," medical will list a restriction but in the disposition of the patient will state: "return to work without restriction." Sometimes the statement on the restriction will be "limit bend, twist and carry to patient tolerance" or "perform duties as tolerated by pain – patient defined" even though the employee is formally returned to work without restrictions. This is misleading and very confusing. For OSHA classification, it does not matter who restricts the employee's activities for the case to be OSHA recordable (medical, safety, supervisor, or employee) if the employee's normal job duties are affected.

In summary, the information provided to the CMC by HEHF does include all of the necessary information to adequately classify the cases. It is up to the CMC to make additional contacts to obtain the information he needs. Every two weeks the CMC has a meeting with HEHF to discuss questions on particular cases. Based on the interviews with employees, a close look at the administration of OTC medications should be evaluated. When OTC medications are prescribed at prescription strength, the case is then recordable per OSHA 29 CFR 1904 requirements.

Review of Subcontractor

A number of contract worker injuries were reviewed and one contract worker was interviewed. Records for Fluor Federal Services (FFS) were reviewed as part of this effort. FFS staff was interviewed and records were reviewed for the July 1 – December 31, 2003, timeframe. The Calendar Year (CY) 2003 OSHA Summaries had been completed and posted as required and all of the information was in place. Several

first aid cases and OSHA recordable cases (associated with work for CH2M HILL) were noted and reviewed. The records for one of the recordable injuries indicated that medical had placed restrictions on the employee as a result of the injury. The staff provided documentation that substantiated the classification. The supervisor and employee had been interviewed and documented that the restriction had not affected the employee's ability to perform all of this normal job duties. Although the CMC stated that he had not performed formal reviews of subcontractor injury/illness recordkeeping practices, he does perform reviews of the cases as they occur. The CMC stated that he would contact the subcontractor when an injury occurred and question their classification. In discussions with the FSS staff this was confirmed.

Comparison of OSHA Log and Computerized Accident/Incident Reporting System (CAIRS) Data

A comparison of the CY 2003 OSHA Log and the log information submitted into CAIRS was performed and no issues were identified. Several cases on the OSHA Log did not show up on CAIRS but these cases had been re-classified to OSHA recordable after the end of the year (based on changes in medical treatment and/or addition of restrictions). These cases would be submitted into CAIRS during the next regular submittal.

Findings and Observations

- Based on the information in the file and interviews with employees, three cases recorded as first aid should be recorded as an OSHA recordable case (one case involved days away from work and another case involved days of restricted work activity). (Finding A-04-ESQ-TANKFARM-004-F01)

Discussion

Case No. 56237, 12/30/03: A nuclear chemical operator slipped on black ice walking from 242-A to the water service building. The employee was treated by HEHF (diagnosed with pulled groin muscle) with OTC meds, cold pack, and Restriction: crutches for weight bearing for five-10 days, however, the disposition of the case was to return to work without restrictions. The Event Report states that the employee "can perform Control Room Activities." The following medical visits were noted in the file: 1) January 5, 2004, – exam only, same restriction; 2) January 12, 2004, – cold pack, same restriction extended to January 19, 2004, and discontinued on February 17, 2004. On all HEHF Records of Visit the following statement "follow verbal recommendations as provided" was in the file. Per the employee, the verbal instructions from Medical initially were to stay off the leg as much as possible for two weeks. Recommendations on subsequent visits consisted of instructions on exercises and that if she was in pain, quit performing whatever she was doing that was causing pain. She was told that a little soreness is normal but real pain – don't do the activity if it is causing pain. This employee was interviewed and appeared quite adamant that she was able to perform all of her duties in the Control Room. When questioned how many times she has to leave the Control Room to go to the other building to obtain readings (climbing five flights of stairs) she stated twice/week.

She was unable to perform this part of her normal job duties so the case should have been classified as an OSHA recordable with days of restricted work activity. [29 CFR 1904.7(b)(5)]

Case No. 56117, 8/11/03: A secretary working in Bldg. 2750-D wing experienced heat related problems when the air conditioning (A/C) malfunctioned. Apparently the A/C had gone out over the weekend and when the employee reported to work on Monday the temperature in her office was greater than 90 degrees F (although an exact temperature was not stated). During the day on Monday, the employee felt overheated and after work she vomited. The next day at work the employee experienced headache, nausea, and felt disoriented. She left the Site at 2:30 p.m. that day with management concurrence. Per discussions with the CMC, a number of employees were excused early due to the heat in the building. The employee called in sick on Wednesday and Thursday indicating she was still nauseated and fatigued from the heat exposure. The employee did not go to her private physician and did not report to HEHF until the next Monday morning (August 18, 2003) when she was diagnosed with heat fatigue. **Based on the information in the case file (work-related exposure and management knowledge of work-related illness) this case should have been classified as an OSHA recordable case with two days away from work.** [29 CFR 1904.7(a)]

Case No. 56164, 7/15/03: Employee (planner/scheduler) developed right elbow pain from computer mouse use. When the pain developed, employee purchased an elastic elbow brace and used it for a period of time without much relief. As pain persisted, employee was treated at HEHF and diagnosed with right lateral epicondylitis and provided with OTC meds and splinting/support. In the recommendations section on the Record of Visit it stated: "See private medical provider, return to HEHF as instructed, follow verbal recommendations as provided, and referral to internal HEHF provider." The employee was interviewed and indicated that HEHF had provided him with an elastic elbow brace that fit around the arm just below the elbow. He indicated he was given "massive doses" of OTC anti-inflammatory medication. When questioned about this dose he stated that he was told to take three pills every four hours for 10 days. He followed up with HEHF a couple of times and eventually his pain went away (after he received a new keyboard). The verbal recommendations consisted of instructing the employee to take breaks, sit back and relax occasionally. He was told that the arm was inflamed, so take it easy. He was instructed to go to his private doctor if he continued to have problems; he would just need to notify HEHF and his management if he went. **Based on the medical treatment (OTC medication at prescription strength) this case should have been classified as an OSHA recordable case. The employee indicated that he was able to perform all of his job duties, though he did take frequent breaks.** [29 CFR 1904.7(a) and (b)]

- Three OSHA recordable cases should be reviewed to determine the actual number of days of restricted and/or lost workdays. (Finding A-04-ESQ-TANKFARM-004-F02)

Discussion

Case No. 56225, 12/8/03: This case has been reported as an OSHA recordable case with three days of restricted work activity. Kadlec medical notes on the restriction and HEHF follow-up notes indicate the actual days of restricted workday activity was seven days. **The OSHA Log and CAIRS data needs to be revised to reflect the actual number of days.**

Case No. 56232, 12/17/03: This case has been reported as an OSHA recordable case with 13 days of restricted work activity. There was no medical information in the file to indicate the treatment from December 17, 2003, to January 14, 2004. The HEHF information in the file dated January 14, 2004, indicates there may have been six days away from work (January 7 – 14, 2004). Also, there is information in the file to indicate restricted workday activity from January 14 – 28, 2004. **Additional documentation needs to be included in the case file and a review needs to be made to determine the actual number of restricted workdays and if there were six days away from work.**

Case No. 56227, 12/10/03: This case is recorded as an OSHA recordable injury with five days away from work. The OSHA Log had five days of restricted activity and the CAIRS from showed five days away from work. The CMC indicated that he inadvertently put the number in the wrong block. **Based on information in the file and discussion with the CMC, the days should be restricted workdays not days away from work.**

- Further documentation is needed in the case files identified in the attached list. After the additional information is obtained, the cases should be analyzed to determine if the classification should be changed or updated. (Observation A-04-ESQ-TANKFARM-004-O01)
- CH2M HILL should identify the required changes needed in the information provided by HEHF and request the DOE Richland Operations Office to effect the change with its subcontractor. (Observation A-04-ESQ-TANKFARM-004-O02)
- CH2M HILL should identify those work-related beryllium cases required to be reported in the DOE Beryllium Registry [10 CFR 850.39(h)] and report as required. (Finding A-04-ESQ-TANKFARM-004-F03)

**CH2M HILL
CASE FILE SUMMARIES**

Case No. 56105, 7/24/03: A secretary experienced a pulled arm (strain to the bicep area) while opening the restroom door in Bldg. 2101M. Employee was treated with OTC medications and returned to work without restrictions. However, in the recommendations section on the medical Record of Visit it stated: "See private medical provider, return to HEHF as instructed, and follow verbal recommendations as provided." The CMC did not know what the verbal recommendations were and because there had not been a workers compensation claim filed the employee had not gone to her private physician. The employee was interviewed and she indicated that Medical had indicated she should go to her private physician because of her elevated blood pressure, return to HEHF for blood pressure check if desired, and how to take the Advil (four/day). Based on the interview, this case appeared to be appropriately classified. **Additional documentation should be maintained in the file to support the site classification.**

Case No. 56104, 7/22/03: A health physics tech was surveying vehicles and became light headed. He was treated at HEHF for dehydration and returned to work without restrictions. HEHF notes in recommendation state: "Follow verbal recommendations as provided." **No documentation in the file to indicate what these recommendations were and whether they affected the employee's ability to perform his normal job duties.**

Case No. 56113, 8/11/03: The employee is a contract employee (Technical Resources Inc.) working as a technical advisor/field work supervisor who experienced left foot pain walking on uneven ground, loose gravel and river rocks. The employee was treated at HEHF and diagnosed with plantar strain of the left foot. Treatment at HEHF indicated: cold pack, OTC meds, compression bandage, and x-ray. There was no statement in the file indicating what the results of the x-ray were. The CMC stated that if it did not say what the results were that would mean the x-ray was negative (only positive results were normally stated). The Record of Visit recommendations were: "see private medical provider, return to HEHF as instructed, and follow verbal recommendations as provided." The employee was interviewed and he stated that he was treated with an ace bandage wrapped around his foot, and was told to try an orthopedic footpad for his arch. He was also told to take it easy for a couple of days; however, the employee stated that he was able to perform all of his normal job duties. The employee stated that he purchased the arch support and after a couple of days his symptoms went away. **Additional documentation needs to be maintained in the file to support the site classification; however, interview with the employee did not reveal any discrepancies.**

Case No. 56118, 8/18/03: A nuclear chemical operator had completed readings when he noticed swelling on the right side of his face. He was treated at HEHF for possible insect bite (ice and antihistamine). There was a note in the file from foreman/supervisor that stated employee "went to his doctor on 8-19-03. His doctor determined it was a bacterial infection and prescribed antibiotics for it." The site classified the case as First Aid; however, if the bacterial infection was non-occupational, it should have been classified as

such. **Documentation in the file should address whether the bacterial infection was in fact a personal condition and if so, change the classification to non-occupational.**

Case No. 56123, 8/25/03: A carpenter had a contused, scraped left ankle when a heavy gauge piece of plexiglass rolled onto his foot. The employee was treated at HEHF with OTC meds, cold pack, and x-ray. Results of the x-ray were not in the file or what the OTC meds were. The CMC stated that he assumes the x-ray is negative unless it is stated it is positive. **Additional documentation is needed in the file to support the site classification.**

Case No. 56119, 8/18/03: A plant engineer in the C-Farm experienced a metallic taste in his mouth with throat irritations. The employee was evaluated at Kadlec Medical Center Emergency Room; however, there was no data in the file from Kadlec. A medical sheet from HEHF dated August 19, 2003, indicates: no treatment, exam only. The Event Report indicates that Industrial Hygiene was evaluating the conditions in the C-Farm but the results were not in the file. **Additional documentation is needed in the file to support the site classification.**

Case No. 56230, December 12, 2003: A nuclear chemical operator at the 241-BY Farm smelled an odor at the end of his shift. The employee went home, experienced a migraine and vomiting and reported to his management the next morning. He was sent to Kadlec Medical Center but there was no information in the file from Kadlec. **Additional documentation needs to be included in the file to substantiate the site classification.**

Case No. 56204, November 10, 2003: This case is an OSHA recordable case. An employee was working at the computer long hours and did not take any breaks when he began experiencing low back pain. The next morning the pain was worse and he was taken to HEHF and given prescription medication (muscle relaxant) and return to work without any restrictions. HEHF form stated, "follow verbal recommendations as provided." Questions arose as to whether this employee had been able to perform all of his normal duties. This employee was interviewed and he indicated that he had been able to perform all of his duties, only at a slower pace. He did state that the medication made him "a little spacey" so he called the physician to inquire if there was another medication he could take. The physician told him to quit taking the muscle relaxant and use Ibuprofen or Aleve instead. The employee also indicated that he had received two sessions with the physical therapist and thought the information provided was very helpful. **Based on the interview with the employee, the site classification as OSHA recordable without restricted workdays is accurate.**

Case No. 56211, November 20, 2003: A material coordinator dropped a calibration weight (approximately 35-50 lbs) on her left foot from about five foot. Treatment at HEHF included x-rays but the results were not included in the file. This employee was interviewed and she indicated that HEHF informed her that the x-rays were negative. She stated that she did not walk around as much after the injury but that she had been able to perform all of her normal duties. **Based on the interview with the employee, the site classification as First Aid is accurate.**

Case No. 56212, November 24, 2003: A chemist was unpacking and restacking books from a recent office move when pain developed in his back. A co-worker took him to HEHF because he could not walk without significant pain. HEHF diagnosed as low back strain and treated with cold pack, OTC meds, and returned to work with no restrictions. However, an e-mail note in the file states that the employee was taken to first aid because he had trouble walking from back pain. Apparently, the chemist had surgery on his back six weeks ago and had been on short-term disability for one month (personal condition). The e-mail further stated, "The PA sent him home and recommended that he met with his private physician." This statement was not reflected in the HEHF notes. No indication in the file as to whether the employee actually missed days of work or was placed on restricted work activity. **The back injury may have been a significant aggravation of a pre-existing condition (if employee had restrictions that prevented him from doing his normal job or missed days of work). Additional documentation is needed in the file to substantiate the site classification. If information reveals the employee was on restrictions and/or days away, the site should reclassify as an OSHA recordable case.**

Case No. 56139, September 8, 2003: An electrician was involved in a government vehicle accident and suffered a back strain. HEHF records dated September 16, 2003, indicate that employee was sent home due to lumbar strain. On September 17, 2003, the employee was off and on September 18, 2003, the employee was laid off. Questioned the CMC as to whether the employee was laid off due to the injury and he indicated that he was part of the reduction in force and the employee was transferred to Fluor. **Need to evaluate whether the day off (September 17, 2003) should be counted as a day away from work and update the classification as necessary.**

Case No. 56169, September 29, 2003: An HP tech struck his head on breather filter housing and experienced a small cut. HEHF Record of Visit for September 29, 2003, returned the employee to work with a restriction of "recommend he wear a PAPR w/hood." No documentation was in the file to address whether the employee had been able to perform his normal job duties with the restriction (however, it is assumed that he could). **Further documentation needs to be provided to formally address the restriction and the employee's ability to perform his normal job duties.**