

Summary of Data Submitted

Establishment ID: 36-046401240-2

Section 1 - Establishment Information**Employment information**

- Annual average number of employees: 5269
- Total hours worked by all employees last year: 9036335

Section 2 - Summary of Work-Related Injuries and Illnesses

Number of Cases			
Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	100	2	11
(G)	(H)	(I)	(J)
Number of Days			
Total number of days away from work	Total number of days of job transfer or restriction		
2257	6		
(K)	(L)		
Injury and Illness Types			
Total number of... (M)	(1) Injuries	(4) Poisonings	
	101	0	
	(2) Skin disorders	(5) Hearing loss	
	0	0	
	(3) Respiratory conditions	(6) All other illnesses	
	3	9	

Establishment Comments - Section 1 & Section 2

- No comments to report.

Section 3 - Cases with Days Away from Work**Case 1**Employee Name: **Clara Klock**Job Title: **School Nurse**Date of Injury or onset of illness: **06/06/2013**Number of days away from work: **3**Number of days of job transfer or restriction: **0**1. Type of Job or Work: **Healthcare**

2. Employee's race or ethnic background:

○ **Not available**

3. Employee's age:

Date of birth: **12/13/1956**4. Employee's date hired: **04/04/2005**

Employee's length of service when incident occurred:

5. Employee's gender: **Female**6. Treated in emergency room? **No**7. Hospitalized overnight as in-patient **No**8. Time employee began work: **8:00 AM**9. Time of event: **4:00 PM**Event Occurred: **During** work shift

0. What was the employee doing before the incident?

Employee was leaving the conference/training.

1. What happened?

Employee reports that she was getting up from her seat to exit the aisle during dismissal of conference, when she was bumped by another employee. She fell on auditorium seats resulting in pain to left side of body.

2. What was the injury or illness?

Pain to left side of body

3. What object or substance directly harmed the employee?

auditorium seats**Case Comments:**

N/A

Case 2Employee Name: **Teekaram Ramsarran**Job Title: **Environmental Health Technician**Date of Injury or onset of illness: **06/12/2013**Number of days away from work: **12**Number of days of job transfer or restriction: **0**1. Type of Job or Work: **Food service**

2. Employee's race or ethnic background:

○ **Asian**

3. Employee's age:

Date of birth: **04/25/1980**4. Employee's date hired: **04/01/2008**

Employee's length of service when incident occurred:

5. Employee's gender: **Male**6. Treated in emergency room? **No**7. Hospitalized overnight as in-patient **No**8. Time employee began work: **3:30 PM**9. Time of event: **9:15 PM**Event Occurred: **During** work shift

0. What was the employee doing before the incident?

Employee was walking to his car after an inspection on his way to another location.

1. What happened?

Employee was walking to his vehicle to write a report regarding his inspection when he lost footing and twisted his right ankle. Pain and swelling to right ankle.

2. What was the injury or illness?

Pain and swelling to right ankle.

3. What object or substance directly harmed the employee?

N/A**Case Comments:**

Employee did not fall- strain due to slip/trip.

Case 3Employee Name: **Laureen Rybacki**Job Title: **Sr Healthcare Program Planner**Date of Injury or onset of illness: **12/23/2013**Number of days away from work: **2**Number of days of job transfer or restriction: **0**1. Type of Job or Work: **Healthcare**

2. Employee's race or ethnic background:

○ **White**3. Employee's age: **45**

Employee's date of birth:

4. Employee's date hired: **05/03/2004**

Employee's length of service when incident occurred:

5. Employee's gender: **Female**

6. Treated in emergency room? **No**

7. Hospitalized overnight as in-patient **No**

8. Time employee began work: **8:30 AM**

9. Time of event: **11:20 AM**

Event Occurred: **During** work shift

0. What was the employee doing before the incident?

Employee was sitting at her desk

1. What happened?

Employee reports that small bits of debris fell out of ceiling wooden grate from a rotted out wood plank. Small bits of debris hit her head and caused minor eye and respiratory irritation.

2. What was the injury or illness?

Eye and respiratory irritation

3. What object or substance directly harmed the employee?

dust debris

Case Comments:

N/A

Case 4

Employee Name: **Charlton Smith**

Job Title: **Assoc Public Health Sanitarian**

Date of Injury or onset of illness: **12/10/2013**

Number of days away from work: **56**

Number of days of job transfer or restriction: **0**

1. Type of Job or Work: **Food service**

2. Employee's race or ethnic background:

o **Black or African American**

3. Employee's age:

Date of birth: **04/20/1966**

4. Employee's date hired: **11/29/2002**

Employee's length of service when incident occurred:

5. Employee's gender: **Male**

6. Treated in emergency room? **Yes**

7. Hospitalized overnight as in-patient **No**

8. Time employee began work: **8:38 AM**

9. Time of event: **2:05 PM**

Event Occurred: **During** work shift

0. What was the employee doing before the incident?

Employee was inspecting the basement of a restaurant

1. What happened?

Employee was inspecting restaurant and when stepping out of the walk-in refrigerator, the floor was wet smooth tile. He hyperextended his left knee but did not fall. Pain and swelling to his left knee.

2. What was the injury or illness?

Pain and swelling to his left knee.

3. What object or substance directly harmed the employee?

wet floor

Case Comments:

N/A

Case 5

Employee Name: **Millicent Freeman**

Job Title: **Director Outreach and Training**

Date of Injury or onset of illness: **12/06/2013**

Number of days away from work: **5**

Number of days of job transfer or restriction: **0**

1. Type of Job or Work: **Healthcare**

2. Employee's race or ethnic background:

o **Black or African American**

3. Employee's age:

Date of birth: **02/20/1954**

4. Employee's date hired: **12/13/1999**

Employee's length of service when incident occurred:

5. Employee's gender: **Female**

6. Treated in emergency room? **Yes**

7. Hospitalized overnight as in-patient **No**

8. Time employee began work: **8:53 PM**

9. Time of event: **12:30 PM**

Event Occurred: **During** work shift

0. What was the employee doing before the incident?

Employee was a passenger in a car while travelling from one work location to another.

1. What happened?

vehicle when the vehicle skidded on road, hitting metal divider. Employee experienced pain to lower back and left knee pain and swelling.

2. What was the injury or illness?

Pain to lower back and left knee pain and swelling.

3. What object or substance directly harmed the employee?

Car

Case Comments:

N/A

Case 6Employee Name: **Samuel Bronfen-Quinones**Job Title: **Public Health Sanitarian**Date of Injury or onset of illness: **12/18/2013**Number of days away from work: **1**Number of days of job transfer or restriction: **0**

1. Type of Job or Work: **Food service**
2. Employee's race or ethnic background:
 - o **Hispanic or Latino**
3. Employee's age:
 - Date of birth: **05/17/1978**
4. Employee's date hired: **08/26/2013**
 - Employee's length of service when incident occurred:
5. Employee's gender: **Male**
6. Treated in emergency room? **Yes**
7. Hospitalized overnight as in-patient **No**
8. Time employee began work: **8:00 AM**
9. Time of event: **4:05 PM**
 - Event Occurred: **During** work shift
0. What was the employee doing before the incident?
 - Employee was conducting a restaurant inspection.**

1. What happened?
 - As restaurant owner tried to bring down a gate to let employee see a posted letter grade, it fell abruptly on employee's head because he was standing right under it.**
2. What was the injury or illness?
 - Pain and bruise to top of head.**
3. What object or substance directly harmed the employee?
 - Metal gate**

Case Comments:

N/A

Case 7Employee Name: **Yan Xu**Job Title: **Laboratory microbiologist**Date of Injury or onset of illness: **12/24/2013**Number of days away from work: **12**Number of days of job transfer or restriction: **0**

1. Type of Job or Work: **Healthcare**
2. Employee's race or ethnic background:
 - o **Asian**
3. Employee's age:
 - Date of birth: **10/09/1968**
4. Employee's date hired: **03/20/2009**
 - Employee's length of service when incident occurred:
5. Employee's gender: **Female**
6. Treated in emergency room? **Yes**
7. Hospitalized overnight as in-patient **No**
8. Time employee began work: **8:30 AM**
9. Time of event: **11:45 AM**
 - Event Occurred: **During** work shift
0. What was the employee doing before the incident?
 - Employee was performing lab duties.**

1. What happened?
 - Employee reports experiencing an anxiety attack after working for two hrs and 15 minutes in a full tyveck suit with P APR.**
2. What was the injury or illness?
 - anxiety attack**
3. What object or substance directly harmed the employee?
 - N/A**

Case Comments:

Employee reports cardiac arrest diagnosis- not confirmed.

Case 8Employee Name: **Deidra Manigault**Job Title: **Procurement Analyst**Date of Injury or onset of illness: **12/13/2013**Number of days away from work: **3**Number of days of job transfer or restriction: **0**

1. Type of Job or Work: **Office, professional, business, or management staff**
2. Employee's race or ethnic background:
 - o **Black or African American**
3. Employee's age:
 - Date of birth: **11/29/1956**
4. Employee's date hired: **08/31/1992**
 - Employee's length of service when incident occurred:

5. Employee's gender: **Female**
6. Treated in emergency room?
7. Hospitalized overnight as in-patient **No**
8. Time employee began work: **8:33 PM**
9. Time of event: **3:30 PM**
Event Occurred: **During** work shift
0. What was the employee doing before the incident?
Employee was walking through the hallway to another part of the office.
1. What happened?
Employee slipped on a substance spilled on the floor of the hallway and fell.
2. What was the injury or illness?
pain and swelling of right knee
3. What object or substance directly harmed the employee?
marble floor

Case Comments:

N/A

Case 9

Employee Name: **Melodie Sabb**
 Job Title: **Public Health Advisor**
 Date of Injury or onset of illness: **06/20/2013**
 Number of days away from work: **3**
 Number of days of job transfer or restriction: **0**

1. Type of Job or Work: **Healthcare**
2. Employee's race or ethnic background:
 - o **Black or African American**
3. Employee's age:
Date of birth: **03/01/1964**
4. Employee's date hired: **03/01/1964**
Employee's length of service when incident occurred:
5. Employee's gender: **Female**
6. Treated in emergency room? **Yes**
7. Hospitalized overnight as in-patient **No**
8. Time employee began work: **8:45 AM**
9. Time of event: **1:10 PM**
Event Occurred: **During** work shift
0. What was the employee doing before the incident?
Employee was driving from one field work location to another.
1. What happened?
Employee was driving a city vehicle and stopped at red light. Another vehicle made a wide turn which collided with the rear door driver side.
2. What was the injury or illness?
Lower back pain
3. What object or substance directly harmed the employee?
Car

Case Comments:

N/A

Case 10

Employee Name: **Gwendolyn White**
 Job Title: **Administrative Assistant**
 Date of Injury or onset of illness: **06/25/2013**
 Number of days away from work: **5**

1. Type of Job or Work: **Office, professional, business, or management staff**
2. Employee's race or ethnic background:
 - o **Black or African American**
3. Employee's age:
Date of birth: **03/09/1967**
4. Employee's date hired:
Length of service: **More than 5 years**
5. Employee's gender: **Female**
6. Treated in emergency room? **Yes**
7. Hospitalized overnight as in-patient **No**
8. Time employee began work: **8:30 AM**
9. Time of event: **12:40 PM**
Event Occurred: **During** work shift
0. What was the employee doing before the incident?
Employee was walking back from lunch.
1. What happened?
Employee was walking back from lunch and was on the sidewalk of the employer's premise when she tripped and fell due to broken uneven sidewalk.
2. What was the injury or illness?
Pain and bruising to both knees and both hands.
3. What object or substance directly harmed the employee?
concrete sidewalk

Case Comments:

N/A

