



OREGON MILITARY DEPARTMENT.
JOINT FORCE HEADQUARTERS, OREGON NATIONAL GUARD
1776 MILITIA WAY
P.O. BOX 14350
SALEM, OREGON 97309-5047

AGP

21 November, 2011

MEMORANDUM FOR RECORD

Subject: Executive Safety Management Committee Meeting for September 9, 2011

The Oregon Military Department Executive Safety Management Committee met on 9 September, 2011, at the Military Department in Room 200. The meeting was convened at 10:00 AM. The status of the Member attendance was as follows:

Mike Caldwell	AGDD	Chairman	Present
Roy Swafford	AGI	Member	Absent
Dennis Ruth	AGI	Alternate	Present
Dan Radabaugh	YCP	Member	Present
Steve Petit	AGP	Member	Present
Ron Kessinger	DASA	Member	Absent
Vacant	DASA	Alternate	Present
Mark Rathburn	Cmp Withy	Member	Present
Karl Jorgenson	AGC	Member	Absent
Robin Webb	AGP	Safety Off/Rcdr	Present
David Stuckey	OEM	Member	Absent
Vacant	OEM	Alternate	Absent
Robert Fraser	SSO	Member	Present
Marc Snook		Guest	Present

- 1. Approval of Minutes:** Minutes from the last meeting in April 2011 were reviewed and approved with a correction to the last paragraph, "Next Meeting" should be number 11, not number 10.
- 2. New Members:** AGI representative Roy Swafford is replacing Chris Rees while he is on Military Leave and Robert Fraser is now representing the Federal Safety Office replacing Tim Deckert.
- 3. Training Plan Update/Schedule:** Marc indicated there are still a couple of Supervisors who have not attended training yet and due to an unexpected emergency in August; class will need to be rescheduled. The bulk of employees have been done. The materials to start on the Accident Investigation Training are ready; we just need to set a date for when we want to get started. We are looking at making some adjustments to the Accident/Investigation form. The new form will give you more information to help you make better decisions for changes. Mike stated the cost of claims is rising so he has

instructed AGI not to allow any maintenance guys to climb an 8 ft ladder or above without someone holding onto the bottom of it. We have suffered several large workers compensation claims due to falls from ladders. If these guys are working by themselves, and there is no one to hold the ladder, then you don't fix what needs to be fixed. Marc indicated that a lot of the armories are installing ladder brackets that they have made so they can secure the ladders. Every K-Frame armory needs to have these on them or not go on the roof at all as it's not safe.

The question came up as to how many employees are disciplined for not following safety rules? The best guess would not be very many. The Auto Mechanic shop at Camp Withycombe has given several Letters of Expectations and a couple of disciplinary actions along with AGI. One for sleeping on the job, not using the proper equipment and failing to follow the proper procedures. Mike indicated if we followed up with discipline, there would probably be fewer injuries.

Mike stated he and Steve are working on another training session on Managerial duties with respect to our Union obligations and may be scheduled at Camp Rilea sometime in November. Mike suggested adding a block about Safety for managers, what they need to know.

4. Federal Safety Committee Update: Robert Fraser indicated the next safety meeting is scheduled for November 3rd. Some of the topics are Brigade safety committees, Indoor ranges, Team Oregon and training requirements for Safety Officers. Mike asked who is responsible for the rope courses as there is a requirement to maintain records on how many tugs and pulls are on those ropes and how old they are. After so many years or tugs and pulls they need to be replaced. He stated they used Asset Recovery money about a decade ago to replace them. There are Rope Courses at Rilea, LaGrande, Biak and The Dalles. Need to find out who is getting those reports, how often they are being inspected and replaced? One injury from someone falling from a rope could shut us down. Robert will follow up on this.

Robert indicated there have been a few motorcycle accidents so Team Oregon is in full swing. There are a few units who are returning so we are getting the word out. We have trained 500 soldiers so far and stated it would be interesting to know how many more soldiers have motorcycles. Mike suggested asking the Commands for a list. Mark Rathburn stated that riders on Camp Withycombe need to have proper PPE and training along with a special endorsement to ride on his facility.

Indoor Firing range inspections have been on going. Robert says he has sent out messages to different units to see what the status is on fixing issues, etc., still waiting to hear back. Mike says there are about 7 or 8 that are up and running and about 90% of the use is not even ours. It's law enforcement, sporting clubs, etc. Maybe we need to look at doing a contract every year for cleaning or decide if we even want outside users to come in and use it. Dennis Ruth suggested Robert contact Jerry Elliott in AGI regarding Environmental issues.

5. State Safety Committee Updates: Robin stated she has been out of the office a lot so she does not have a lot to report. She will give a brief at the next meeting.

6. 2010 Injury Update: Robin stated Paul pulled the injury reports for the July meeting but it was canceled and Paul is out today. Instead, she printed off the Injury database; so far there are 36 incident/accidents this year. A new one that came in last week has not been added yet. This data base lists the dollar amounts and types of injuries. Looks like hearing loss and strains are the biggest issues.

Robin stated her and Marc went through the injuries/claims for Camp Withycombe and discovered that a lot of the injuries were probably preventable. By looking at the hazards of their jobs, we could look at what they are doing and see if there is a different way the job could be done to eliminate workers comp claims. More information will follow at the next meeting.

7. Due Outs:

a. Hazard/Non Hazard Log on Share Point – Robin indicated in the last meeting it was brought up on putting this log on Share Point. It was discussed in the safety committee meeting and Jeff and Tim stated they do not really want it accessible to everyone to make changes. Having it controlled by only a few is where they want to keep this right now. Dennis indicated he can scan it so no one can make changes. Robin stated she would bring it up again at the next safety meeting.

The Hazard/Non Hazard list was reviewed. Mike asked what the expectation of producing this list was. Marc indicated it is a way for people to have one central location as to what needs to be fixed and a way to document that it was fixed. Robin stated it also captures the things that can not be fixed due to budget issues or otherwise, so that those items can be reviewed at this meeting. It's also another way to track on whether it's a safety issue that comes up every year or if it's the same or similar issues are happening in other locations. Mike indicated maybe there should be a system in place where safety items are color coded, like red is a priority and amber you can wait until we have the money. Robin stated she thinks AGI may have something in place that sets priorities but is not sure. Marc indicated that a lot of stuff on the report can be fixed with little or no money. Most things that are significant become recurring issues. The hope is that those types of issues will come to this meeting in order to make a determination on how to mitigate the hazard until it can be fixed.

b. Adding language to Manager/Supervisor Evaluation Form to address safety management – Steve indicated he has not published anything yet. Mike stated we need to have something in the Evaluation form to make them aware that they need to be more proactive in the safety arena. Marc suggested maybe looking at what safety type things they want to accomplish for the next year and base it off of that. Like Safety Tool Box meetings each week and safety committees meetings each month. Allows employees to talk about safety issues. Mike stated doing a risk analysis card

that is laminated and give it to all AGI employees that are out in the Armories. That way they can take it out and look at it each day before they start. Marc suggested that managers work with their employees in regards to the check list from OSHA Division 1, page 95. This tells you some things you can't do by regulation and if they do them anyway they know it's against the law and they are all subject to discipline and accountability. Mike suggested putting together a Risk Management card that the supervisors can go through every day and their employees, don't want it to be 50 pages long, something simple, want highlights, wants most important things you can figure out. Give to AGI and start this process. With the lack of money and people we will be under tremendous pressure to get things done. That's a dangerous combination as their will be corners cut to do it.

c. Follow up from Kessinger on Lock Down Procedures - Tabled until next meeting, no Portland Airbase representative at meeting.

d. Follow up from Kessinger on Confined Space Location - Tabled until next meeting, no Portland Airbase representative at meeting.

e. Follow up on examinetics medical testing – Robin stated she is still gathering facts, will have more information at the next meeting. We are looking at being consistent with what medical testing employees in certain positions are getting. As it is right now, it's kind of a hit and miss on who gets what testing and when. Mark indicated they have already started this at Camp Withycombe. Testing would consist of hearing loss, vision, respirator, and blood tests. The tests you would get would depend on what type of position you work. Robin stated you have to determine what you are exposed to and what are the regulatory requirements that you have to test for? Mark stated this company can help us make those decisions and will maintain a database, so we have that information from hire to retire and it's cheaper than going downtown. They bring in and set up a trailer, it's all done in one spot and it's completed. Robin stated for employees such as AGI, it would not be as cost effective to use Examinetics so she is working on gathering costs in locations where we have employees that would need certain testing. Mike says bring in the numbers and we will make a decision once we have the costs.

8. New Business:

a. Funding Issues: Marc indicated that there are funding issues for next year related to his position in Safety on the federal side and all contractors have been cut. So he is not sure what is going to happen in 2012 as it relates to Inspections for the Armories. Mike stated that Safety is a big issue with the TAG and if there is any money around there will be a Safety Inspection program. Marc states the contract is about \$12,000 plus whatever the overload is. Travel is about \$5,000 and whatever the cost UGS charges (30%), around \$25,000 a year. Mike indicated he will talk with COL Bond to see what they can come up with.

9. Next Meet Date: The next meeting is scheduled for Friday, December 2, 2011 at 10:00 AM in the TAG Conference room 200.

/s/

Robin Webb
Safety Manager & Recorder

AGENDA

Executive Safety Committee Meeting

Location: Room 200

Date: September 9, 2011

Time: 10:00 AM

1. Approval of April 1, 2011 Minutes - All
2. New members (SSO & AGI)
3. Training Plan Update/Schedule - Marc
4. Federal Safety Committee Update – Robert Fraser
5. State Safety Committee Updates - Robin
6. State Injury Updates – Robin
7. Due Outs:
 - a. Hazard/Non Hazard Log on Share Point
 - b. Adding language to Manager/Supervisor Evaluation form to address Safety management
 - c. Follow up from Kessinger on Lock Down Procedures
 - d. Follow up from Kessinger on Confined Space Location
 - e. Follow up on Examinetics medical testing
8. New Business
9. Calendar future meeting dates – All (please bring your calendars)

**Those still needing Safety Training
As of March 28, 2011**

**Managers/Supervisors
Training Dates: April 7th or May 12 (VTC)
8:00 AM to Noon**

JFHQ

Beck, Jeff - 7 th	Newson, Sonny - 7 th
Baker, Scott - 7 th	O'Donnell, Scott - 7 th
Clinton, Terry - 12 th	Petit, Steve - 7 th
Elliott, Jerry - 12 th	Plotner, Martin - 7 th
Fristad, Kay (PA)	Rees, Chris - 12 th
Gilbert, Tim - 12 th	Rejzek, James - 12 th
Godfrey, Bill - 7 th	Ruth, Dennis - 7 th
MAJ Marshall (Reintegration) (Only has 1 employee??)	Stuckey, Dave
Hutchison, Stan	Swafford, Roy - 7 th
Jorgenson, Karl - 7 th	Vollstedt, Bruce - 7 th
Lewis, John (OEM) - 12 th	Willeford, James - 12 th
McCaffrey, William (Wildland FF) - 7 th	Nickell, Seth - 7 th

PANG:

Ferre, Scott - 7 th	Page, Frank - 12 th
Kessinger, Ron	White, Brian - 7 th

K-Falls

Jones, Mike - 12 th	Tyree, Les - 12 th
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Camp Rilea

Wolfgram, Dave - 7 th	Schulke, Robert - 7 th
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Camp Withycombe

Rathburn, Mark - 7 th	
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Medford Armory

Coppenger, Debbie - 12 th	
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OEM

Brown, Chris - 7 th	SSG Paul Edgerly - Federal Safety 102 CST - 3247 (Cell 503-932-6747) - 7 th
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Safety Committee Members
July 12 – VTC – Audio
August 15 - VTC

JFHQ

Beck, Jeff	Palmer, Ryan
Cline, Cherie	Sevey, Terry
Dorhman, Bryce	Stuckey, David
Fillman, Mark	Turner, Russell
Gilbert, Timothy	Unger, John
Hinkley, Dan	Vollstedt, Bruce
Kroeker, Terri – 15th	Wiley, Mike

Camp Rilea

Bigelow, Tina	Lingenfelter, Eric
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Camp Withycombe

Bays, Michael	Johnson, James
Boyer, Dan	Jones, James
Childs, Malia	Kliewer, Eric
Eggleston, Dan	Nitzke, Tyler
Hough, Killian	Vickers, Michael
Jacobs-Harryman, Karen	Worthey, Jerry

YCP

Forney, Leon	Nolte, David
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K-Falls

Carter, John	Stickel, Joseph
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Accidents & Incidents 2011

SAIF Case
 SAD
 Case Number: **11 - 001**

Date of Birth: 6 /6 /1960
 Date of Hire: 2 /18/2008
 EIN:
 Lookup

First:
 Job Title: Auto Mechanic 2
 Supervisor: AARON HOCHSTRASSER

Middle:
 Permanent Seasonal
 Temporary Volunteer

Last:
 RDC: 111
 Station: RMSMS Auto
 Division: (RSMS) Readiness Sustainment Mainten

Date of Injury: 1/26/2011
 Location Injury Happened: LEFT HAND
 Time of Injury: 12:45 PM
 Affected Body Part:

Type of Injury: Laceration
 Work Activity at Time of Injury: WAS TIGHTENING ALTERNATOR BELT USING HEAL TOE BAR AND BAR SLIPPED AND WENT INTO LEFT HAND

Notes: 1/28/11 - FAXED 801 TO SAIF
 2/23/11 - saif ACCEPTED A 1 CM LACERATION BETWEEN THMB AND INDEX FINGER OF LEFT HAND
 3/8/11 - CLAIM CLOSED

Medical Treatment Sought
 Days of Lost Time: 0
 Time Loss Paid/Reserved: 0.00

Lost-time Case
 Days of Modified Duty: 7
 Medical Paid/Reserved: 547.58

Modified-duty Case
 Date of Death:
 Awards Paid/Reserved: 0.00

Fatality
 Total Paid: 547.58

OR-OSHA Recordable Injury
 OR-OSHA Recordable Illness
 Claim Accepted
 Non-Recordable

Injury
 Skin Disorder
 Respiratory Condition
 Poisoning
 Hearing Loss
 All Other Illnesses

First: [Redacted] **Job Title:** Firefighter
Middle: [Redacted] **Supervisor:** GENE HURST
Last: [Redacted] **Permanent:** Seasonal
RDC: 835 **Temporary:** Volunteer
Station: Kingsley Fire
Division: Kingsley Field

Medical Treatment Sought:
Lost-time Case: **Days of Lost Time:** 0
Modified-duty Case: **Days of Modified Duty:** 0
Fatality: **Date of Death:**

Date of Injury: 10/13/2009
Time of Injury: [Redacted]
Type of Injury: Hearing loss
Location Injury Happened: [Redacted]
Affected Body Part: BOTH EARS
Work Activity at Time of Injury: WENT IN FOR HEARING TEST - FAILED

Notes:
 **1-19-11 - RECORDABLE HEARING LOSS - BOTH EARS
 3/15/11 - Filed WC Claim
 SAIF LISTED DATE OF INJURY AS 10/13/2009
 6/24/11 - SAIF accepted a left sensorineural hearing loss and right sensorineural hearing loss

Time Loss Paid/Reserved: 0.00
Medical Paid/Reserved: 2,752.42
Awards Paid/Reserved: 0.00
Total Paid: 2,752.42

OR-OSHA Recordable Injury:
OR-OSHA Recordable Illness:
Claim Accepted: Non-Recordable
Injury: Skin Disorder
Respiratory Condition: Poisoning
Hearing Loss: All Other Illnesses

Date of Birth: 12/9 /1960 **EIN:** or0180780 **SAIF Case:** **Lookup:**
Date of Hire: 10/29/2007 **Case Number:** 11 - 004

First: [REDACTED] **Job Title:** HEAVY EQUIP TECH
Middle: [REDACTED] **Supervisor:** AARON HOCHSTRASSER
Last: [REDACTED] **Permanent:** **Seasonal:**
RDC: 207 **Temporary:** **Volunteer:**
Station: RMSMS Auto
Division: (RMSMS) Readiness Sustainment Maintin

Date of Injury: 2/3/2011 **Location:** [REDACTED]
Time of Injury: 1:30 PM **Injury Happened:** [REDACTED]
Type of Injury: Laceration **Affected Body Part:** LEFT THUMB
Work Activity at Time of Injury: WAS HITTING LEFT HAND ON WRENCH TO BRAKE LOOSE SOME NUTS AND BOLTS

Notes:
 2/14/11 - FAXED 801 TO SAIF
 3/3/11 - SAIF accepted a left thumb contusion and left thumb strain
 6/28/11 - saif modified it's acceptance to change it to "disabling"
 8/29/11 - Cisd claim.

Medical Treatment Sought:
Lost-time Case: **Days of Lost Time:** 4
Modified-duty Case: **Days of Modified Duty:** 60
Fatality: **Date of Death:** [REDACTED]

Time Loss Paid/Reserved: 398.10
Medical Paid/Reserved: 6,428.15
Awards Paid/Reserved: 0.00
Total Paid: 6,826.25

OR-OSHA Recordable Injury: **Yes** **No**
OR-OSHA Recordable Illness: **Yes** **No**
Claim Accepted: **Non-Recordable:**

Injury: **Skin Disorder:**
Respiratory Condition: **Poisoning:**
Hearing Loss: **All Other Illnesses:**

Case Number: SAD **11 - 005**
EIN: 8182855E **Date of Hire:** 1/28/1972 **Date of Birth:** 9/3/2008
Lookup:

First: [REDACTED] **Job Title:** Firefighter
Middle: [REDACTED] **Supervisor:** PAUL LOONEY
Last: [REDACTED] **Permanent:** Seasonal
RDC: 325 **Temporary:** Volunteer
Station: PANG Fire
Division: (PANG) Portland Air Base

Medical Treatment Sought:
Lost-time Case: **Days of Lost Time:** 0
Modified-duty Case: **Days of Modified Duty:** 0
Fatality: **Date of Death:**

Time Loss Paid/Reserved: 0.00
Medical Paid/Reserved: 636.35
Awards Paid/Reserved: 0.00
Total Paid: 636.35

OR-OSHA Recordable Injury:
OR-OSHA Recordable Illness:
Claim Accepted:
Non-Recordable:

Injury:
Skin Disorder:
Respiratory Condition:
Poisoning:
Hearing Loss:
All Other Illnesses:

Location Injury Happened:
Affected Body Part: RIGHT LOW BACK & RIGHT LEG

Date of Injury: 2/12/2011
Time of Injury: 3:00 PM
Type of Injury: Strain
Work Activity at Time of Injury: WAS RESETING BARRIER CABLE AFTER TRAINING AND JAMMED RIGHT LEG INTO GROUND/WRENCHING BACK

Notes: 2/15/11 - FAXED 801 TO SAIF
2/22/11 - SAIF ACCEPTS RIGHT LUMBOSACRAL STRAIN

SAIF Number: 8182235B **EIN:** OR0178593 **Lookup:**
Date of Birth: 1 / 16 / 1988 **Date of Hire:** 7 / 23 / 2007
Case Number: SAD **11 - 006**

First: [REDACTED] **Job Title:** Firefighter
Middle: [REDACTED] **Supervisor:** PAUL LOONEY
Last: [REDACTED] **Permanent:** Seasonal
RDC: 325 **Temporary:** Volunteer
Station: PANG Fire
Division: (PANG) Portland Air Base

Date of Injury: 1/9/2011 **Location Injury Happened:** [REDACTED]
Time of Injury: [REDACTED] **Affected Body Part:** left shoulder
Type of Injury: Strain
Work Activity at Time of Injury: Jammed left shoulder

Notes:
 Never received 801 from Paul Looney
 Faxed payroll info to SAIF
 3/3/11 - SAIF denied as not compensably related to employment.

Medical Treatment Sought:
Lost-time Case: **Days of Lost Time:** 0
Modified-duty Case: **Days of Modified Duty:** 0
Fatality: **Date of Death:** [REDACTED]

Time Loss Paid/Reserved: 0.00
Medical Paid/Reserved: 0.00
Awards Paid/Reserved: 0.00
Total Paid: 0.00

OR-OSHA Recordable Injury: **Yes** **No**
OR-OSHA Recordable Illness: **Claim Accepted:**
Non-Recordable:

Injury: **Skin Disorder:**
Respiratory Condition: **Poisoning:**
Hearing Loss: **All Other Illnesses:**

Case Number: SAD **11 - 007**
EIN: OR0112275 **Date of Hire:** 7/1/2001
Date of Birth: 10/30/1966 **Lookup:**

First: [Redacted] **Job Title:** Electrician
Middle: [Redacted] **Supervisor:** DON MOORE
Last: [Redacted] **Permanent:** Seasonal
RDC: 803 **Temporary:** Volunteer
Station: Kingsley CE
Division: Kingsley Field

Date of Injury: 2/15/2011
Time of Injury: [Redacted]
Type of Injury: Strain
Location Injury Happened: [Redacted]
Affected Body Part: LOW BACK
Work Activity at Time of Injury: Was lifting a 1000 watt HPS light fixture that had been blown over during wind storm when fixture shifted and I twisted my back
Notes:

Medical Treatment Sought:
Lost-time Case: **Days of Lost Time:** 0
Modified-duty Case: **Days of Modified Duty:** 0
Fatality: **Date of Death:** [Redacted]

Time Loss Paid/Reserved: 0.00
Medical Paid/Reserved: 0.00
Awards Paid/Reserved: 0.00
Total Paid: 0.00

OR-OSHA Recordable Injury: **Yes:** **No:**
OR-OSHA Recordable Illness: **Claim Accepted:** **Non-Recordable:**
Injury:
Skin Disorder:
Respiratory Condition:
Poisoning:
Hearing Loss:
All Other Illnesses:

Date of Birth: 9 /22/1960 **EIN:** OR0188353 **Lookup:**
Date of Hire: 10/20/2008 **Case Number:** 11 - 008
SAD:

First: [Redacted] **Job Title:** Facilities Maint Spec
Middle: [Redacted] **Supervisor:** Bruce Vollstedt
Last: [Redacted] **Permanent** **Seasonal**
RDC: 744 **Temporary** **Volunteer**
Station: Pineville Armory
Division: (AGI) Installations

Date of Injury: 2/10/2011 **Location:** [Redacted]
Time of Injury: 10:10 AM **Injury Happened:** [Redacted]
Type of Injury: Other **Affected Body Part:** [Redacted]
Work Activity at Time of Injury: Spider bite in glove

Notes:
 ** Incident report only

Medical Treatment Sought
Lost-time Case **Days of Lost Time:** 0
Modified-duty Case **Days of Modified Duty:** 0
Fatality **Date of Death:** [Redacted]

Time Loss Paid/Reserved: 0.00
Medical Paid/Reserved: 0.00
Awards Paid/Reserved: 0.00
Total Paid: 0.00

OR-OSHA Recordable Injury **Yes** **No**
OR-OSHA Recordable Illness **Claim Accepted** **Non-Recordable**
Injury
Skin Disorder
Respiratory Condition
Poisoning
Hearing Loss
All Other Illnesses

Case Number: 11 - 009
SAD **Lookup**
EIN: OR0197772
Date of Birth: 3 / 11 / 1966 **Date of Hire:** 9 / 1 / 2010

First: [REDACTED] **Job Title:** Facilities Energy Tech
Middle: [REDACTED] **Supervisor:** GEORGE WILSON
Last: [REDACTED] **Permanent:** Seasonal
RDC: [REDACTED] 202 **Temporary:** Volunteer
Station: Gresham Armory
Division: (AGI) Installations

Date of Injury: 3/1/2011 **Location Injury Happened:** [REDACTED]
Time of Injury: 2:15 PM **Affected Body Part:** RIGHT UPPER FRONT TOOTH
Type of Injury: Other

Work Activity at Time of Injury: WAS DRILLING THROUGH CONCRETE BIT GOT CAUGHT AND FILPPED DRILL INTO MOUTH

Notes: 3/3/11 - FAXED 801 TO SAIF

3/31/11 - SAIF accepted a non-disabling tooth #8 incisal fracture

Medical Treatment Sought:
Lost-time Case: **Days of Lost Time:** 0
Modified-duty Case: **Days of Modified Duty:** 0
Fatality: **Date of Death:**

Time Loss Paid/Reserved: 0.00
Medical Paid/Reserved: 86.00
Awards Paid/Reserved: 0.00
Total Paid: 86.00

OR-OSHA Recordable Injury: **Yes:** **No:**
OR-OSHA Recordable Illness: **Claim Accepted:** **Non-Recordable:**

Injury:
Skin Disorder:
Respiratory Condition:
Poisoning:
Hearing Loss:
All Other Illnesses:

SAIF Form **8184259L** **EIN:** OR0175668 **Date of Hire:** 3/6/1964 **Date of Birth:** 3/6/1964
 Lookup **SAD** **Case Number:** 11 - 010

First: [REDACTED] **Job Title:** Auto Mechanic 2
Middle: [REDACTED] **Supervisor:** AARON HOCHSTROSSER
Last: [REDACTED] **Permanent:** **Seasonal:**
RDC: 207 **Temporary:** **Volunteer:**
Station: Camp Withycombe
Division: (RMS) Readiness Sustainment Mainten

Date of Injury: 2/26/2011 **Location:** [REDACTED]
Time of Injury: 2:30 PM **Injury Happened:** RIGHT & LEFT LOW BACK
Type of Injury: Strain **Affected Body Part:**
Work Activity at Time of Injury: PULLED ON TRAILER TO PUT IN POSITION

Notes:
 3/3/11 - faxed 801 to SAIF
 3/30/11 - SAIF accepted a non-disabling lumbar strain
 4/25/11 - SAIF reclassified his claim as "disabling"
 7/25/11 - SAIF closed claim

Medical Treatment Sought:
Lost-time Case: **Days of Lost Time:** 1
Modified-duty Case: **Days of Modified Duty:** 42
Fatality: **Date of Death:**

Time Loss Paid/Reserved: 78.13
Medical Paid/Reserved: 5,431.25
Awards Paid/Reserved: 0.00
Total Paid: 5,509.38

OR-OSHA Recordable Injury: **Yes** **No**
OR-OSHA Recordable Illness: **Yes** **No**
Claim Accepted: **Non-Recordable:**

Injury:
Skin Disorder:
Respiratory Condition:
Poisoning:
Hearing Loss:
All Other Illnesses:

Date of Birth: 10/21/1962 **EIN:** OR0009047 **Case Number:** 11 - 011
SAF ID: 8184882 **Date of Hire:** 12/2/2002 **SAF:** **Lookup:**

First: [Redacted] **Job Title:** Procurement & Contract Specialist 1
Middle: [Redacted] **Supervisor:** Dan Radabaugh
Last: [Redacted] **Permanent:** Seasonal
RDC: 916 **Temporary:** Volunteer
Station: (YCP) Youth Challenge Facility
Division: Youth Challenge Program

Date of Injury: 2/25/2011 **Location Injury Happened:** [Redacted]
Time of Injury: 2:00 PM **Affected Body Part:** middle and low back
Type of Injury: Strain

Work Activity at Time of Injury: Was lifting BDU's out of truck when hurt back. Cart pushing got wheels stuck in flooring?

Notes:
 3/11/11 - Sent 801 to SAIF
 4/8/11 - SAIF accepted a lumbar strain
 6/22/11 - Claim closed.

Medical Treatment Sought:
Lost-time Case: **Days of Lost Time:** 0
Modified-duty Case: **Days of Modified Duty:** 0
Fatality: **Date of Death:**

Time Loss Paid/Reserved: 0.00
Medical Paid/Reserved: 2,678.51
Awards Paid/Reserved: 0.00
Total Paid: 2,678.51

OR-OSHA Recordable Injury: **Yes** **No**
OR-OSHA Recordable Illness: **Yes** **No**
Claim Accepted: **Non-Recordable:**

Injury:
Skin Disorder:
Respiratory Condition:
Poisoning:
Hearing Loss:
All Other Illnesses:

Date of Birth: 8/18/53 **EIN:** OR0153774 **Case Number:** 11 - 012
Date of Hire: 2/19/1949 **Lookup:** **SAD:**

First: [REDACTED] **Job Title:** Custodial Services Coordinator
Middle: [REDACTED] **Supervisor:** SCOTT BAKER
Last: [REDACTED] **Permanent:** **Seasonal:**
RDC: 699 **Temporary:** **Volunteer:**
Station: Salem Auditorium
Division: (AGI) Installations

Date of Injury: 3/12/2011 **Location:** [REDACTED]
Time of Injury: 4:30 PM **Injury Happened:** [REDACTED]
Type of Injury: Laceration **Affected Body Part:** LEFT INDEX FINGER

Work Activity at Time of Injury: WAS PULLING APPLIANCE OUT OF DUMPSTER WHEN EDGE SMASHED FINGER

Notes: 3/15/11 - FAXED 801 TO SAIF

3/22/11 - SAIF accepted a non-disabling 0.5 cm abrasion to left index finger.

Medical Treatment Sought:
Lost-time Case: **Days of Lost Time:** 0
Modified-duty Case: **Days of Modified Duty:** 60
Fatality: **Date of Death:**

Time Loss Paid/Reserved: 0.00
Medical Paid/Reserved: 1,496.10
Awards Paid/Reserved: 0.00
Total Paid: 1,496.10

OR-OSHA Recordable Injury:
OR-OSHA Recordable Illness:
Claim Accepted:
Non-Recordable:

Yes: **No:**
Injury:
Skin Disorder:
Respiratory Condition:
Poisoning:
Hearing Loss:
All Other Illnesses:

SAIF Case: **EIN:** 8185502A **Date of Birth:** 9/18/1981
Case Number: SAD **Lookup:** **Case Number:** 11 - 013
EIN: OR0158767 **Date of Hire:** 10/18/2004

First: [REDACTED]	Job Title: Auto Mechanic 2	Supervisor: AARON HOCHSTRASSER	Medical Treatment Sought: <input checked="" type="checkbox"/>	Time Loss Paid/Reserved: 210.90
Middle: [REDACTED]			Lost-time Case: <input checked="" type="checkbox"/> Days of Lost Time: 2	Medical Paid/Reserved: 309.00
Last: [REDACTED]			Modified-duty Case: <input type="checkbox"/> Days of Modified Duty: 0	Awards Paid/Reserved: 0.00
RDC: 207		Permanent: <input checked="" type="checkbox"/> Seasonal: <input type="checkbox"/> Temporary: <input type="checkbox"/> Volunteer: <input type="checkbox"/>	Fatality: <input type="checkbox"/> Date of Death: [REDACTED]	Total Paid: 519.90
Station: RSMS Auto				
Division: (RSMS) Readiness Sustainment Mainten				
Date of Injury: 3/11/2011	Location of Injury Happened: [REDACTED]		OR-OSHA Recordable Injury: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Injury: <input checked="" type="checkbox"/>
Time of Injury: 9:00 AM	Affected Body Part: CHEST		OR-OSHA Recordable Illness: <input type="checkbox"/> Claim Accepted: <input checked="" type="checkbox"/> Non-Recordable: <input type="checkbox"/>	Skin Disorder: <input type="checkbox"/>
Type of Injury: Strain				Respiratory Condition: <input type="checkbox"/>
Work Activity at Time of Injury: LIFTED BUCKET AND PULLED MUSCLE OVER BREAST BONE				Poisoning: <input type="checkbox"/>
Notes:				Hearing Loss: <input type="checkbox"/>
3/18/11 - FAXED 801 TO SAIF				All Other Illnesses: <input type="checkbox"/>
4/13/11 - SAIF accepted a right pectoralis strain				
5/18/11 - Claim closed				
			Case Number: SAD	11 - 014
			EIN: OR0170210	
			Date of Hire: 10/1 /1964	
			Lookup: <input type="checkbox"/>	
				5 /8 /2006

First: [REDACTED] **Job Title:** Communications Technician
Middle: [REDACTED] **Supervisor:** DAN RADABAUGH
Last: [REDACTED] **Permanent** **Seasonal**
RDC: 915 **Temporary** **Volunteer**
Station: (YCP) Youth Challenge Facility
Division: Youth Challenge Program

Date of Injury: 3/29/2011
Time of Injury: 11:55 AM
Type of Injury: Crushing

Location Injury Happened: [REDACTED]
Affected Body Part: [REDACTED]

Work Activity at Time of Injury: REPLACING A DUMBBELL WEIGHT ON RANK IT SLIPPED AND SMASHED RIGHT INDEX FINGER

Notes: **Incident Report Only

Medical Treatment Sought
Lost-time Case **Days of Lost Time:** 0
Modified-duty Case **Days of Modified Duty:** 0
Fatality **Date of Death:**

Time Loss Paid/Reserved: 0.00
Medical Paid/Reserved: 0.00
Awards Paid/Reserved: 0.00
Total Paid: 0.00

OR-OSHA Recordable Injury **Yes** **No**
OR-OSHA Recordable Illness **Claim Accepted** **Non-Recordable**

Injury
Skin Disorder
Respiratory Condition
Poisoning
Hearing Loss
All Other Illnesses

Date of Birth: 10/8 /1981 **Date of Hire:** 4 /7 /2006
EIN: OR0089798 **Lookup**
Case Number: SAD **11 - 015**

First: [Redacted]
 Middle: [Redacted]
 Last: [Redacted]
 RDC: 917
 Station: (YCP) Youth Challenge Facility
 Division: Youth Challenge Program

Job Title: Group Life Supervisor
 Supervisor: Pat Shields
 Permanent Seasonal
 Temporary Volunteer
 Medical Treatment Sought
 Lost-time Case Days of Lost Time: 0
 Modified-duty Case Days of Modified Duty: 0
 Fatality Date of Death:

Date of Injury: 4/4/2011
 Time of Injury: 3:40 PM
 Type of Injury: Strain
 Location Injury Happened: [Redacted]
 Affected Body Part: left thigh
 Work Activity at Time of Injury: Was running with Platoon when felt sharp pain in left thigh.
 Notes:

Time Loss Paid/Reserved: 0.00
 Medical Paid/Reserved: 0.00
 Awards Paid/Reserved: 0.00
 Total Paid: 0.00

OR-OSHA Recordable Injury
 OR-OSHA Recordable Illness
 Claim Accepted
 Non-Recordable
 Injury
 Skin Disorder
 Respiratory Condition
 Poisoning
 Hearing Loss
 All Other Illnesses

Yes No
 OR-OSHA Recordable Injury
 OR-OSHA Recordable Illness
 Claim Accepted
 Non-Recordable

8187777G
 11/17/1956
 8/24/2005
 8187777G
 OR0165030
 8/24/2005
 SAD
 11 - 016
 Case Number:

Date of Birth: 11/17/1956
 Date of Hire: 8/24/2005
 EIN: OR0165030
 Lookup

**Incident Report Only

First: [REDACTED] **Job Title:** Auto Mechanic 2
Middle: [REDACTED] **Supervisor:** AARON HOCHSTRASSER
Last: [REDACTED] **Permanent:** **Seasonal:**
RDC: [REDACTED] **Temporary:** **Volunteer:**
Station: RSMS Auto
Division: (RSMS) Readiness Sustainment Mainten

Date of Injury: 4/12/2011 **Location Injury Happened:** [REDACTED]
Time of Injury: 10:30 AM **Affected Body Part:** face, knees and right hand
Type of Injury: Strain

Work Activity at Time of Injury: tripped over plywood corner landing on face on concrete pad hitting right hand and knees.
Notes:

4/14/11 - Faxed 801 to SAIF
 4/22/11 - SAIF accepted a left cheek abrasion, right knee abrasion, cervical strain, right hand contusion over the dorsum of the metacarpophalangeal joints and prosthetic device of eyeglasses
 6/29/11 - Claim Closed

Time Loss Paid/Reserved:	1,739.75
Medical Paid/Reserved:	2,117.06
Awards Paid/Reserved:	0.00
Total Paid:	3,856.81

Medical Treatment Sought:
Lost-time Case: **Days of Lost Time:** 21
Modified-duty Case: **Days of Modified Duty:** 0
Fatality: **Date of Death:**

OR-OSHA Recordable Injury: **Yes** **No**
OR-OSHA Recordable Illness: **Claim Accepted** **Non-Recordable**
Injury: **Skin Disorder**
Respiratory Condition: **Poisoning:**
Hearing Loss: **All Other Illnesses:**

Case Number: SAD **11 - 017**
EIN: OR0153744 **Lookup:**
Date of Birth: 8190082E **Date of Hire:** 2 /19/1949 **4 /8 /2004**

First: [REDACTED] Middle: [REDACTED] Last: [REDACTED] RDC: 299 Station: Salem Auditorium Division: (AGI) Installations	Job Title: Custodial Services Coordinator Supervisor: SCOTT BAKER Permanent <input checked="" type="checkbox"/> Seasonal <input type="checkbox"/> Temporary <input type="checkbox"/> Volunteer <input type="checkbox"/>	Medical Treatment Sought <input checked="" type="checkbox"/> Lost-time Case <input type="checkbox"/> Days of Lost Time: 0 Modified-duty Case <input type="checkbox"/> Days of Modified Duty: 0 Fatality <input type="checkbox"/> Date of Death:	Time Loss Paid/Reserved: 0.00 Medical Paid/Reserved: 2,301.41 Awards Paid/Reserved: 0.00 Total Paid: 2,301.41
Date of Injury: 5/9/2011 Time of Injury: 11:00 AM Type of Injury: Strain	Location Injury Happened: 17TH ST ARMORY Affected Body Part: LOW BACK	OR-OSHA Recordable Injury <input checked="" type="checkbox"/> OR-OSHA Recordable Illness <input checked="" type="checkbox"/> Claim Accepted <input checked="" type="checkbox"/> Non-Recordable <input checked="" type="checkbox"/>	Injury <input checked="" type="checkbox"/> Skin Disorder <input type="checkbox"/> Respiratory Condition <input type="checkbox"/> Poisoning <input type="checkbox"/> Hearing Loss <input type="checkbox"/> All Other Illnesses <input type="checkbox"/>
Work Activity at Time of Injury: BENT OVER TO CHANGE AUTO CRUBBER PAD, AFTER LIFTING MACHINE Notes: 5/12/11 - Faxed 801 to SAIF 6/17/11 - SAIF accepted a non disabling lumbar strain.			
Date of Birth: 7 / 5 / 1968 EIN: or0009528 Date of Hire: 6 / 1 / 1994		Case Number: 11 - 018 SAD <input type="checkbox"/> Lookup <input type="checkbox"/>	

First: [REDACTED] **Job Title:** Firefighter
Middle: [REDACTED] **Supervisor:** GENE HURST
Last: [REDACTED] **Permanent:** **Seasonal:**
RDC: 835 **Temporary:** **Volunteer:**
Station: Klamath Falls Armory
Division: Kingsley Field

Date of Injury: 5/6/2011 **Location Injury Happened:** [REDACTED]
Time of Injury: 8:00 AM **Affected Body Part:** RIGHT CALF/ANKLE
Type of Injury: Sprain
Work Activity at Time of Injury: WAS JOGGING AT BOSE GYM

Notes:
 5/12/11 - FAXED 801 TO SAIF
 5/23/11 - SIAF accepted a right gastrocnemius strain
 7/18/11 - Clm closed

Medical Treatment Sought:
Lost-time Case: **Days of Lost Time:** 6
Modified-duty Case: **Days of Modified Duty:** 10
Fatality: **Date of Death:**

Time Loss Paid/Reserved: 934.10
Medical Paid/Reserved: 603.00
Awards Paid/Reserved: 0.00
Total Paid: 1,537.10

OR-OSHA Recordable Injury: **Yes** **No**
OR-OSHA Recordable Illness: **Yes** **No**
Claim Accepted: **Non-Recordable:**

Injury: **Skin Disorder:**
Respiratory Condition: **Poisoning:**
Hearing Loss: **All Other Illnesses:**

Case Number: 11 - 019
SAD: **Lookup:**
EIN: OR0160616 **Date of Hire:** 3/7/2005
Date of Birth: 11/10/1951

First: [REDACTED] **Job Title:** Painter
Middle: [REDACTED] **Supervisor:** STEVE WATT
Last: [REDACTED] **Permanent:** **Seasonal:**
RDC: 215 **Temporary:** **Volunteer:**
Station: RMSMS Paint
Division: (RSMS) Readiness Sustainment Mainten

Medical Treatment Sought:
Lost-time Case: **Days of Lost Time:** 0
Modified-duty Case: **Days of Modified Duty:** 7
Fatality: **Date of Death:**

Time Loss Paid/Reserved: 0.00
Medical Paid/Reserved: 543.98
Awards Paid/Reserved: 0.00
Total Paid: 543.98

Date of Injury: 5/11/2011 **Location Injury Happened:** AUTO AREA
Time of Injury: 8:05 AM **Affected Body Part:** LEFT FINDER NAIL/HAND
Type of Injury: Contusion/Bruse
Work Activity at Time of Injury: WAS PUTTING HEAVY BATTER IN COMPARTMENT WHEN ADJUSTING SLIDE/POSITION AND CAUGHT HAND BETWEEN METAL AND BATTERY SMASHING FINGER
Notes: 5/12/11 - FAXED 801 TO SAIF
 5/23/11 - SAIF accepted a contusion to left index finger, contusion to left middle finger and contusion to left ring finger.
 Cim closed 6/9/11

OR-OSHA Recordable Injury: **Yes** **No**
OR-OSHA Recordable Illness: **Yes** **No**
Claim Accepted: **Non-Recordable:**

Injury:
Skin Disorder:
Respiratory Condition:
Poisoning:
Hearing Loss:
All Other Illnesses:

Date of Birth: 5/3/1943 **EIN:** 8188324F **Date of Hire:** 8/24/2006
Case Number: SAD **Lookup:** **11 - 020**

First: [REDACTED] **Job Title:** Custodian
Middle: [REDACTED] **Supervisor:** GEORGE WILSON
Last: [REDACTED] **Permanent:** **Seasonal:**
RDC: 202 **Temporary:** **Volunteer:**
Station: Camp Withycombe
Division: (AGI) Installations

Date of Injury: 4/19/2011 **Location Injury Happened:** INSIDE WORK VAN
Time of Injury: 3:30 PM **Affected Body Part:** LEFT TOOTH
Type of Injury: Other

Work Activity at Time of Injury: GETTING OUT OF WORK VAN AND SNEEZED AND HIT FACE ON STEERING WHEEL BREAKING TOOTH

Notes: 4/21/11 - FAXED 801 TO SAIF

6/8/11 - Claim Denied

Medical Treatment Sought:
Lost-time Case: **Days of Lost Time:** 0
Modified-duty Case: **Days of Modified Duty:** 0
Fatality: **Date of Death:**

Time Loss Paid/Reserved: 0.00
Medical Paid/Reserved: 781.00
Awards Paid/Reserved: 0.00
Total Paid: 781.00

OR-OSHA Recordable Injury: **Yes** **No**
OR-OSHA Recordable Illness: **Claim Accepted:**
Non-Recordable:

Injury:
Skin Disorder:
Respiratory Condition:
Poisoning:
Hearing Loss:
All Other Illnesses:

Case Number: 11 - 021
SAD: **Lookup:**
EIN: OR0043186
Date of Birth: 1/15/1967 **Date of Hire:** 1/15/2004

First: [REDACTED] **Job Title:** Auto Mechanic 2
Middle: [REDACTED] **Supervisor:** AARON HOCHSTRASSER
Last: [REDACTED] **Permanent:** **Seasonal:**
RDC: 207 **Temporary:** **Volunteer:**
Station: RSMS Auto
Division: (RSMS) Readiness Sustainment Mainten

Date of Injury: 3/17/2011 **Location Injury Happened:** [REDACTED]
Time of Injury: 3:20 PM **Affected Body Part:** RIGHT HAND
Type of Injury: Carpal Tunnel
Work Activity at Time of Injury: WHILE USING HAND TOOLS TWISTING AND TURNING - HANDS STARTED TO HURT
Notes: 4/27/11 - FAXED 801 TO SAIF
 6/24/11 - saif ACCEPTED RIGHT CARPAL TUNNEL SYNDROME

Medical Treatment Sought:
Lost-time Case: **Days of Lost Time:** 110
Modified-duty Case: **Days of Modified Duty:** 0
Fatality: **Date of Death:** [REDACTED]

Time Loss Paid/Reserved: 11,830.84
Medical Paid/Reserved: 2,361.02
Awards Paid/Reserved: 0.00
Total Paid: 14,191.86

OR-OSHA Recordable Injury: **Yes** **No**
OR-OSHA Recordable Illness: **Yes** **No**
Claim Accepted: **Non-Recordable:**

Injury:
Skin Disorder:
Respiratory Condition:
Poisoning:
Hearing Loss:
All Other Illnesses:

Date of Birth: 8190841J **EIN:** OR0182420 **Lookup:**
Date of Hire: 3/21/1954 **Date of Hire:** 2/1/2008
Case Number: SAD **11 - 022**

First: [Redacted] **Job Title:** Custodial Services Coordinator
Middle: [Redacted] **Supervisor:** SCOTT BAKER
Last: [Redacted] **Permanent:** **Seasonal:**
RDC: 299 **Temporary:** **Volunteer:**
Station: Hillsboro Armory
Division: (AGI) Installations

Date of Injury: [Redacted] **Location Injury Happened:** [Redacted]
Time of Injury: [Redacted] **Affected Body Part:** feet
Type of Injury: Other
Work Activity at Time of Injury: Planter Facilitis?

Medical Treatment Sought:
Lost-time Case: **Days of Lost Time:** 0
Modified-duty Case: **Days of Modified Duty:** 0
Fatality: **Date of Death:** [Redacted]

Time Loss Paid/Reserved: 0.00
Medical Paid/Reserved: 60.00
Awards Paid/Reserved: 0.00
Total Paid: 60.00

OR-OSHA Recordable Injury: Yes No
OR-OSHA Recordable Illness: Yes No
Claim Accepted: Yes No
Non-Recordable: Yes No

Injury: **Skin Disorder:**
Respiratory Condition: **Poisoning:**
Hearing Loss: **All Other Illnesses:**

Notes:
 5/20/11 - Faxed 801 to saif
 5/31/11 - SAIF denied due to work not major contributing cause.

SAIF Form: **EIN:** 8191106A **Date of Hire:** 12/3/1987 **Date of Birth:** 4/9/2011
SAIF Form: **Lookup:** **Case Number:** 11 - 023

First: [REDACTED] **Job Title:** STATE ACTIVE DUTY
Middle: [REDACTED] **Supervisor:** [REDACTED]
Last: [REDACTED] **Permanent** **Seasonal**
RDC: 926 **Temporary** **Volunteer**
Station: [REDACTED]
Division: [REDACTED]

Date of Injury: 5/20/2011 **Location:** FILLING SAND BAGS
Time of Injury: [REDACTED] **Injury Happened:** LEFT HAND
Type of Injury: Strain **Affected Body Part:** [REDACTED]

Work Activity at Time of Injury: WAS FILLING SAND BAGS FOR STATE ACTIVE DUTY - FELT PAIN NEXT DAY
Notes:
 5/25/11 - FAXED 801 TO SAIF
 6/24/11 - SAIF accepted left hand strain claim closed 6/24/11

Medical Treatment Sought:
Lost-time Case: **Days of Lost Time:** 0
Modified-duty Case: **Days of Modified Duty:** 0
Fatality: **Date of Death:** [REDACTED]

Time Loss Paid/Reserved: 0.00
Medical Paid/Reserved: 356.82
Awards Paid/Reserved: 0.00
Total Paid: 356.82

OR-OSHA Recordable Injury: **Yes** **No**
OR-OSHA Recordable Illness: **Yes** **No**
Claim Accepted: **Non-Recordable:**

Injury:
Skin Disorder:
Respiratory Condition:
Poisoning:
Hearing Loss:
All Other Illnesses:

SAIF Case: **8191647L** **EIN:** OR0155909 **Lookup:**
Date of Birth: 3 / 11 / 1977 **Date of Hire:** 6 / 18 / 2004
Case Number: **SAD** **11 - 024**

First: [REDACTED] **Job Title:** Firefighter
Middle: [REDACTED] **Supervisor:** PAUL LOONEY
Last: [REDACTED] **Permanent:** Seasonal
RDC: 325 **Temporary:** Volunteer
Station: PANG Fire
Division: (PANG) Portland Air Base

Date of Injury: 5/29/2011 **Location Injury Happened:** [REDACTED]
Time of Injury: 6:00 AM **Affected Body Part:** RIGHT LEG
Type of Injury: Strain

Work Activity at Time of Injury: WAS WORKING OUT ON WEIGHTS, WORK UP NEXT MORNING, COULD NOT BEND RIGHT LEG

Notes:
 6/2/11 - FAXED 801 TO SAIF
 7/6/11 - SAIF accepted a non-disabling right knee strain.
 7/18/11 - Claim Closed

Medical Treatment Sought:
Lost-time Case: **Days of Lost Time:** 6
Modified-duty Case: **Days of Modified Duty:** 0
Fatality: **Date of Death:** [REDACTED]

OR-OSHA Recordable Injury: **Yes** **No**
OR-OSHA Recordable Illness: **Claim Accepted** **Non-Recordable**

Injury: Injury Skin Disorder Respiratory Condition Poisoning Hearing Loss All Other Illnesses

Time Loss Paid/Reserved: 0.00
Medical Paid/Reserved: 330.46
Awards Paid/Reserved: 0.00
Total Paid: 330.46

SAIF Status: **EIN:** 8191790F **EIN:** OR0004552 **Lookup:**
Date of Birth: 1/15/1944 **Date of Hire:** 6/12/2003
Case Number: SAD **11 - 025**

First: [Redacted] Middle: [Redacted] Last: [Redacted] RDC: 916 Station: (YCP) Youth Challenge Facility Division: Youth Challenge Program	Job Title: Facilities Maint Spec Supervisor: Dan Radabaugh Permanent <input checked="" type="checkbox"/> Seasonal <input type="checkbox"/> Temporary <input type="checkbox"/> Volunteer <input type="checkbox"/>	Medical Treatment Sought <input checked="" type="checkbox"/> Lost-time Case <input checked="" type="checkbox"/> Days of Lost Time: 24 Modified-duty Case <input checked="" type="checkbox"/> Days of Modified Duty: 0 Fatality <input type="checkbox"/> Date of Death:	Time Loss Paid/Reserved: 2,704.61 Medical Paid/Reserved: 9,912.70 Awards Paid/Reserved: 0.00 Total Paid: 12,617.31
Date of Injury: 5/27/2011 Time of Injury: 4:30 PM Type of Injury: Concussion	Location Injury Happened: "THE GUT" Affected Body Part: head	OR-OSHA Recordable Injury Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> OR-OSHA Recordable Illness Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Claim Accepted Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Non-Recordable Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Injury <input checked="" type="checkbox"/> Skin Disorder <input type="checkbox"/> Respiratory Condition <input type="checkbox"/> Poisoning <input type="checkbox"/> Hearing Loss <input type="checkbox"/> All Other Illnesses <input type="checkbox"/>
Work Activity at Time of Injury: SHUTTING DOWN FACILITY FOR WEEKEND WENT TO AREA CALLED THE "GUT" TO TURN LIGHTS OFF, WHEN FELL OVER PALLETT HITTING HEAD			
Notes: 6/2/11 - FAXED 801 TO SAIF 7/29/11 - SAIF accepted a left forehead contusion/abrasion, cervical strain & post-concussive syndrome 8/2/11 - SAIF modified it's acceptance to include C5-7 facet contusion.			
Date of Birth: 10/2/1953		EIN: OR0004993	
Date of Hire: 6/1/2010		Lookup <input type="checkbox"/>	
SAF Case Number: 11 - 026		SAD <input type="checkbox"/>	



First: [REDACTED] **Job Title:** Firefighter
Middle: [REDACTED] **Supervisor:** GENE HURST
Last: [REDACTED] **Permanent:** **Seasonal:**
RDC: 835 **Temporary:** **Volunteer:**
Station: Kingsley Fire
Division: Kingsley Field

Date of Injury: 5/25/2011
Time of Injury: 3:00 PM
Type of Injury: Other
Location Injury Happened: [REDACTED]
Affected Body Part: BOTH EYES
Work Activity at Time of Injury: FUEL CAN FELL SPLASHING FUEL INTO BOTH EYES

Medical Treatment Sought:
Lost-time Case: **Days of Lost Time:** 0
Modified-duty Case: **Days of Modified Duty:** 0
Fatality: **Date of Death:** [REDACTED]

Time Loss Paid/Reserved: 0.00
Medical Paid/Reserved: 0.00
Awards Paid/Reserved: 0.00
Total Paid: 0.00

OR-OSHA Recordable Injury:
OR-OSHA Recordable Illness:
Claim Accepted:
Non-Recordable:

Injury:
Skin Disorder:
Respiratory Condition:
Poisoning:
Hearing Loss:
All Other Illnesses:

Case Number: SAD **11 - 027**
EIN: OR0004272 **Lookup:**
Date of Birth: 8/21/1965 **Date of Hire:** 7/1/1999

Notes: **INCIDENT REPORT ONLY

First: [REDACTED] **Job Title:** Information Systems Specialist 5
Middle: [REDACTED] **Supervisor:** DAVID STUCKY
Last: [REDACTED] **Permanent:** Seasonal
RDC: 154 **Temporary:** Volunteer
Station: ARC Anderson Readiness Center
Division: Office of Emergency Management

Date of Injury: 6/14/2011 **Location:** PRKG LOT
Time of Injury: 4:20 PM **Injury Happened:**
Type of Injury: Affected Body Part: ENTIRE BODY
Work Activity at Time of Injury: WAS LEAVING THE PARKING LOT WHEN CAR BACKED INTO HIM
Notes: 6/17/11 - FAXED 801 TO SAIF
 6/24/11 - Claim was void - employee withdrew request

Medical Treatment Sought:
Lost-time Case: **Days of Lost Time:** 0
Modified-duty Case: **Days of Modified Duty:** 0
Fatality: **Date of Death:**

Time Loss Paid/Reserved: 0.00
Medical Paid/Reserved: 0.00
Awards Paid/Reserved: 0.00
Total Paid: 0.00

OR-OSHA Recordable Injury: **Yes** **No**
OR-OSHA Recordable Illness: **Claim Accepted:**
Non-Recordable:

Injury: **Skin Disorder:**
Respiratory Condition: **Poisoning:**
Hearing Loss: **All Other Illnesses:**

Case Number: 11 - 028
SAD: **LookUp:**
EIN: OR0046550 **Date of Hire:** 3 /5 /2007
Date of Birth: 8193299J **Date of Hire:** 5 /20/1958

First: [Redacted] **Job Title:** Auto Mechanic 2
Middle: [Redacted] **Supervisor:** AARON HOCHSTRASSER
Last: [Redacted] **Permanent:** Seasonal
RDC: 207 **Temporary:** Volunteer
Station: RSMS Auto
Division: (RSMS) Readiness Sustainment Mainten

Date of Injury: 6/17/2011 **Location:** [Redacted]
Time of Injury: 6:15 AM **Injury Happened:** [Redacted]
Type of Injury: Hearing loss **Affected Body Part:** RIGHT EAR
Work Activity at Time of Injury: EMPLOYEE WAS NEXT TO SOMEONE POUNDING ON PIECE OF EQUIPMENT

Notes:
 6/22/11 - FAXED 801 TO SAIF
 8/3/11 - SAIF accepted a sensory neural hearing loss right ear.
 8/31/11 - Clm closed

Medical Treatment Sought:
Lost-time Case: **Days of Lost Time:** 0
Modified-duty Case: **Days of Modified Duty:** 0
Fatality: **Date of Death:** [Redacted]

Time Loss Paid/Reserved: 0.00
Medical Paid/Reserved: 1,622.13
Awards Paid/Reserved: 2,458.14
Total Paid: 4,080.27

OR-OSHA Recordable Injury: **Yes** **No**
OR-OSHA Recordable Illness: **Claim Accepted** **Non-Recordable**
Injury: Skin Disorder Respiratory Condition Poisoning Hearing Loss All Other Illnesses

Case Number: SAD **11 - 029**
EIN: 8193998E **Date of Hire:** 10/24/1955 **Date of Birth:** 6/19/2000
Lookup:

First: [Redacted] **Job Title:** Principal Executive Manager D
Middle: [Redacted] **Supervisor:** ROY SWAFFORD
Last: [Redacted] **Permanent:** Seasonal
RDC: 114 **Temporary:** Volunteer
Station: (JFHQ) Joint Force Headquarters
Division: (AGI) Installations

Medical Treatment Sought:
Lost-time Case: **Days of Lost Time:** 0
Modified-duty Case: **Days of Modified Duty:** 0
Fatality: **Date of Death:**

Date of Injury: 12/3/2010 **Location:** PORT OF PORTLAND
Time of Injury: 11:00 AM **Injury Happened:**
Type of Injury: LEFT SHOULDER **Affected Body Part:**
Work Activity at Time of Injury: TAKING PICTURES WHEN STEPPED BACKWARDS TRIPPING AND FALLING ON SHOULDER

Notes:
 6/27/11 - NOTIFIED BY EMPLOYEE THAT INCIDENT OCCURRED IN DECEMBER. FILED CLAIM BECAUSE PRIVATE INSURANCE WONT COVER.
 6/28/11 - FAXED 801 TO SAIF
 8/23/11 - SAIF denied due to untimely filing

Time Loss Paid/Reserved: 0.00
Medical Paid/Reserved: 795.00
Awards Paid/Reserved: 0.00
Total Paid: 795.00

OR-OSHA Recordable Injury: **Yes** **No**
OR-OSHA Recordable Illness: **Claim Accepted:**
Non-Recordable:

Injury: **Skin Disorder:**
Respiratory Condition: **Poisoning:**
Hearing Loss: **All Other Illnesses:**

MAP Icon: **EIN:** 8193661G **Date of Birth:** 12/15/1942 **Date of Hire:** 12/27/1994
Case Number: SAD Lookup **11 - 030**

First: [REDACTED] **Job Title:** Painter
Middle: [REDACTED] **Supervisor:** GEORGE WILSON
Last: [REDACTED] **Permanent:** **Seasonal:**
RDC: 202 **Temporary:** **Volunteer:**
Station: Camp Withycombe
Division: (AGI) Installations

Date of Injury: 6/21/2011
Time of Injury: 1:30 PM
Type of Injury: Strain

Location Injury Happened: FUEL TANK AREA
Affected Body Part: LEFT KNEE AND BACK

Work Activity at Time of Injury: WAS PRESSURE WASHING ABOVE GROUND FUEL TANK, STEPPED UP ON LEDGE OF TANK AND SLIPPED ON OILY SURFACE AND FELL.

Notes:
 6/27/11 - FAXED 801 TO SAIF
 7/7/11 - SAIF accepted left knee strain and lumbar strain.
 9/6/11 - Cisd Claim

Medical Treatment Sought:
Lost-time Case: **Days of Lost Time:** 2
Modified-duty Case: **Days of Modified Duty:** 0
Fatality: **Date of Death:**

OR-OSHA Recordable Injury: **Yes** **No**
OR-OSHA Recordable Illness: **Claim Accepted:**
Non-Recordable:

Injury:
Skin Disorder:
Respiratory Condition:
Poisoning:
Hearing Loss:
All Other Illnesses:

Time Loss Paid/Reserved: 243.00
Medical Paid/Reserved: 509.34
Awards Paid/Reserved: 0.00
Total Paid: 752.34

Case Number: SAD **11 - 031**
EIN: 8194627B **Date of Hire:** 9/6/1960 **Lookup:** **1/1/2000**
Date of Birth:

First: [REDACTED] **Job Title:** Auto Mechanic 2
Middle: [REDACTED] **Supervisor:** AARON HOCHSTRASSER
Last: [REDACTED] **Permanent:** **Seasonal:**
RDC: 207 **Temporary:** **Volunteer:**
Station: Camp Withycombe
Division: (RSMS) Readiness Sustainment Mainten

Medical Treatment Sought:
Lost-time Case: **Days of Lost Time:** 0
Modified-duty Case: **Days of Modified Duty:** 12
Fatality: **Date of Death:**

Time Loss Paid/Reserved: 0.00
Medical Paid/Reserved: 667.06
Awards Paid/Reserved: 0.00
Total Paid: 667.06

Date of Injury: 6/29/2011
Time of Injury: [REDACTED]
Type of Injury: Foreign body
Location Injury Happened: [REDACTED]
Affected Body Part: [REDACTED]

Work Activity at Time of Injury: WAS GRINDING METAL , WINDY DAY, BLEW GRINDING DUST INTO EYES
Notes:
 7/6/11 - FAXED 801 TO SAIF
 7/13/11 - Notice of Claim Acceptance - Non disabling
 7/21/11 - Claim closed

OR-OSHA Recordable Injury:
OR-OSHA Recordable Illness:
Claim Accepted:
Non-Recordable:
Injury:
Skin Disorder:
Respiratory Condition:
Poisoning:
Hearing Loss:
All Other Illnesses:

Date of Birth: 1/11/1962 **EIN:** OR0162733 **Case Number:** 11 - 032
Date of Hire: 5/23/2005 **Lookup:** **SAD:**

First: [REDACTED] **Job Title:** Facilities MAINT SPEC
Middle: [REDACTED] **Supervisor:** JEFF BECK
Last: [REDACTED] **Permanent** **Seasonal**
RDC: 600 **Temporary** **Volunteer**
Station: Ashland Armory
Division: (AGI) Installations

Date of Injury: 7/16/2011 **Location** [REDACTED]
Time of Injury: 8:00 AM **Injury Happened:** [REDACTED]
Type of Injury: Foreign body **Affected Body Part:** LEFT E
Work Activity at Time of Injury: Was operating weed trimmer when felt pain in right knee
Notes: *****Incident report only

Medical Treatment Sought
Lost-time Case **Days of Lost Time:** 0
Modified-duty Case **Days of Modified Duty:** 0
Fatality **Date of Death:** [REDACTED]

Time Loss Paid/Reserved: 0.00
Medical Paid/Reserved: 0.00
Awards Paid/Reserved: 0.00
Total Paid: 0.00

OR-OSHA Recordable Injury **Yes** **No**
OR-OSHA Recordable Illness **Claim Accepted** **Non-Recordable**
Injury
Skin Disorder
Respiratory Condition
Poisoning
Hearing Loss
All Other Illnesses

Date of Birth: 8195612B **11/20/1968** **EIN:** OR0196367 **Date of Hire:** 6 / 1 / 2010
Case Number: SAD **11 - 033** **Lookup**

First: [REDACTED] Middle: [REDACTED] Last: [REDACTED] RDC: 835 Station: Kingsley Fire Division: Kingsley Field	Job Title: Firefighter Supervisor: GENE HURST Permanent <input checked="" type="checkbox"/> Seasonal <input type="checkbox"/> Temporary <input type="checkbox"/> Volunteer <input type="checkbox"/>	Medical Treatment Sought <input checked="" type="checkbox"/> Lost-time Case <input type="checkbox"/> Days of Lost Time: [REDACTED] Modified-duty Case <input type="checkbox"/> Days of Modified Duty: 0 Fatality <input type="checkbox"/> Date of Death: [REDACTED]	Time Loss Paid/Reserved: [REDACTED] Medical Paid/Reserved: [REDACTED] Awards Paid/Reserved: 0.00 Total Paid: [REDACTED]
Date of Injury: 12/28/2010 Time of Injury: [REDACTED] Type of Injury: Strain	Location Injury Happened: [REDACTED] Affected Body Part: LEFT EYE	OR-OSHA Recordable Injury <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> OR-OSHA Recordable Illness <input type="checkbox"/> Claim Accepted <input checked="" type="checkbox"/> Non-Recordable <input type="checkbox"/>	Injury <input checked="" type="checkbox"/> Skin Disorder <input type="checkbox"/> Respiratory Condition <input type="checkbox"/> Poisoning <input type="checkbox"/> Hearing Loss <input type="checkbox"/> All Other Illnesses <input type="checkbox"/>
Work Activity at Time of Injury: EMPLOYEE WAS DOING APPARATUS CHECKS WITH BAY DOOR OPEN AND SOMETHING BLEW IN HIS EYE.			
Notes: 7/19/11 - FAXED 801 TO SAIF 8/8/11 - SAIF denied claim			
Date of Birth: 8/23/1967		EIN: OR0058183	
Date of Hire: 9/23/1967		Date of Hire: 3/20/1995	
<input type="checkbox"/> SAD Form		<input type="checkbox"/> Lookup	
Case Number: 11 - 034		SAD	

First: [REDACTED] **Job Title:** Firefighter
Middle: [REDACTED] **Supervisor:** GENE HURST
Last: [REDACTED] **Permanent:** **Seasonal:**
RDC: 835 **Temporary:** **Volunteer:**
Station: Kingsley Fire
Division: Kingsley Field

Date of Injury: 7/18/2011 **Location:** flight line
Time of Injury: 9:00 AM **Injury Happened:**
Type of Injury: Strain **Affected Body Part:** right elbow
Work Activity at Time of Injury: Was lifting 300lb flight line extinguishers into back of vehicle

Notes:
 8/2/11 - Faxed 801 to SAIF
 8/19/11 - SAIF accepted a right lateral epicondylitis and lumbar strain

Medical Treatment Sought:
Lost-time Case: **Days of Lost Time:** 0
Modified-duty Case: **Days of Modified Duty:** 0
Fatality: **Date of Death:**

Time Loss Paid/Reserved: 0.00
Medical Paid/Reserved: 0.00
Awards Paid/Reserved: 0.00
Total Paid: 0.00

OR-OSHA Recordable Injury: Yes No
OR-OSHA Recordable Illness: Claim Accepted Non-Recordable
Injury: Skin Disorder
 Respiratory Condition
 Poisoning
 Hearing Loss
 All Other Illnesses

SAIF ID: 8196045C **EIN:** OR0184641 **Lookup:**
Date of Birth: 9 /25/1969 **Date of Hire:** 6 /2 /2008
Case Number: SAD **11 - 035**

First: [REDACTED] **Job Title:** Auto Mechanic 2
Middle: [REDACTED] **Supervisor:** AARON HOCHSTRASSER
Last: [REDACTED] **Permanent:** **Seasonal:**
RDC: 207 **Temporary:** **Volunteer:**
Station: Camp Withycombe
Division: (RSMS) Readiness Sustainment Maintien

Medical Treatment Sought:
Lost-time Case: **Days of Lost Time:** 0
Modified-duty Case: **Days of Modified Duty:** 0
Fatality: **Date of Death:**

Time Loss Paid/Reserved: 0.00
Medical Paid/Reserved: 0.00
Awards Paid/Reserved: 0.00
Total Paid: 0.00

Date of Injury: 7/20/2011 **Location:** SHOP
Time of Injury: 9:00 AM **Injury Happened:**
Type of Injury: Respiratory Disorder **Affected Body Part:** SINUS / HEADACHE

Work Activity at Time of Injury: WAS WORKING IN BAY WHEN ANOTHER WORKER WAS BLOWING RUST TOWARD HIM.

Notes: 7/20/11 - FAXED 801 TO SAIF

OR-OSHA Recordable Injury: **Yes** **No**
OR-OSHA Recordable Illness: **Claim Accepted** **Non-Recordable**

Injury:
Skin Disorder:
Respiratory Condition:
Poisoning:
Hearing Loss:
All Other Illnesses:

SAIF Data: **EIN:** 8197312 **Date of Hire:** 7/30/1968 **EIN:** OR0045598 **Date of Hire:** 10/29/2002
Case Number: **SAD** **Lookup** **11 - 036**

First: [REDACTED] **Job Title:** Firefighter
Middle: [REDACTED] **Supervisor:** GENE HURST
Last: [REDACTED] **Permanent** **Seasonal**
RDC: 835 **Temporary** **Volunteer**
Station: Kingsley Fire
Division: Kingsley Field

Date of Injury: 4/10/2011 **Location:** CAR ACCIDENT
Time of Injury: 5:00 PM **Injury Happened:**
Type of Injury: Strain **Affected Body Part:** THORACIC, CERVICAL, RIGHT KNEE, RIGHT SHOULDER
Work Activity at Time of Injury: DRIVING TO IME WHEN RUN OFF ROAD IN CAR

Medical Treatment Sought
Lost-time Case **Days of Lost Time:** 0
Modified-duty Case **Days of Modified Duty:** 0
Fatality **Date of Death:**

Time Loss Paid/Reserved: 0.00
Medical Paid/Reserved: 18.84
Awards Paid/Reserved: 0.00
Total Paid: 18.84

OR-OSHA Recordable Injury **Yes** **No**
OR-OSHA Recordable Illness **Claim Accepted** **Non-Recordable**
Injury
Skin Disorder
Respiratory Condition
Poisoning
Hearing Loss
All Other Illnesses

Notes:
 FAXED 801 TO SAIF 6/14/11
 SAIF DENIED 8/11/11 - THORACIC STRAIN, CERVICAL STRAIN, RIGHT KNEE STRAIN, RIGHT SHOULDER STRAIN, LUMBAR STRAIN, & RIGHT GREAT TOE STRAIN. EMPLOYEE WAS ENROUTE TO IME BY DRIVING.

**Oregon Military Department
Safety Committee Hazard/Non-Hazard Tracking Log**

HAZ. NO.	LOCATION	DESCRIPTION	QUARTERLY SAFETY INS. (QSI) OR ANNUAL INSPECTION (AI)	REPORTED BY	DATE REPORTED	RESPONSIBLE SUPERVISOR	DATE CORRECTED & REPORTED BY	REASON NOT CORRECTED
2010-00000	Rilea - Kilroy's	Mop closet - overhead light not equipped w/protective cover	AI	Marc Snook	9/9/2010	Ken Klee		
2010-00005	AASF#1	Counter drug - Rm 120 - Fire extinguisher without tag	AI	Marc Snook	27-Apr-10	Jeff Beck		Unit
2010-00006	AASF#1	Hanger 2 - Torch set - no flashback preventers	AI	Marc Snook	27-Apr-10	Jeff Beck		Unit
2010-00007	AASF#1	Hanger 2, rm 116 - damaged cord at plug on surge protector in SW corner of rm	AI	Marc Snook	27-Apr-10	Jeff Beck		
2010-00008	AASF#1	Hanger 2 rm 103 - Mr Braeme area surge protector piggy backed	AI	Marc Snook	27-Apr-10	Jeff Beck		
2010-00014	AASF#1	Hanger 2 - Avionics - damaged cord to DC power west wall at work bench	AI	Marc Snook	27-Apr-10	Jeff Beck		Unit
2010-00015	AASF#1	Hanger 2 - Avionics - sodering iron electrical cord damaged	AI	Marc Snook	27-Apr-10	Jeff Beck		Unit
2010-00017	AASF#1	Hanger 2 - rm 200 - yellow extension cord used in lieu of perm wiring	AI	Marc Snook	27-Apr-10	Jeff Beck		
2010-00019	AASF#1	Hanger 2 - rm 216 - daisy chain of surge protectors	AI	Marc Snook	27-Apr-10	Jeff Beck		
2010-00018	AASF#1	Hanger 2 - Rm 209 - extension cord being used in lieu of perm wiring	AI	Marc Snook	27-Apr-10	Jeff Beck		
2010-00020	AASF#1	Hanger 2 HHC Supply Rm - extension cord in lieu of perm. Wiring	AI	Marc Snook	27-Apr-10	Jeff Beck		
2010-00022	AASF#1	DCOPS storage - no tube protectors on fluorescent lights	AI	Marc Snook	28-Apr-10	Jeff Beck		
2010-00024	JFHQ	DCOPS storage - no guard rails on overhead storage area	AI	Marc Snook	28-Apr-10	Jeff Beck		
2010-00025	JFHQ	DCOPS - storage - no loading/limit posted	AI	Marc Snook	28-Apr-10	Jeff Beck		
2010-00026	JFHQ		AI	Marc Snook	28-Apr-10	Jeff Beck		