

Shift: Day / SAV2
Swing

OA LOGISTICS

Accident Report – Maintenance Manager Report

Date of Accident: 8/27/19

Employee Name: Lauren Davis

Employee Status : (Circle one) OA Employee Temp Employee

If Temp, Staffing Agency Name Kelly Services

Lift that was involved: OPOG

Location of accident: Aisle

Other Damages: None

Cost of Parts for repair: 0

Cost of Labor for repair: 0.5 Hours 16 Cost

Total Cost for repair 16.00

Date Repair has been completed: 8/28/19

Attachments: (circle all that apply)

Pictures

Quotes

Accident Report

Maintenance Inspection Report

Emailed to HR on 9/6/19

Lauren Davis

1 message

Michael Skelley <michael.skelley@oalogistics.com>

Tue, Aug 27, 2019 at 12:41 AM

To: Mershawn.Johnson@kellyservices.com, brandi.murphy@kellyservices.com, JAAB144@kellyservices.com

Cc: juana.lopez@oalogistics.com, marteia.mack@oalogistics.com, audrey.wilson@oalogistics.com, don.bolivar@oalogistics.com, gregory.cole@oalogistics.com, james.burford@oalogistics.com, james.giardina@oalogistics.com, jordan.watts@oalogistics.com

Good morning,

Lauren Davis stayed late to assist J&O swing shift, while picking she was attempting to parallel her OP along the rack she was picking from and backed her pallet into the rack. Only the pallet was damaged, the lift itself didn't make contact with the rack. Red key was used. Also she was using a furniture pallet., being new she was unaware that they weren't to be used unless specified. She has since been updated. See picture attached.

Michael Skelley
Wholesale production supervisor
michael.skelley@oalogistics.com
(O) 912-373-7778 Ext. 3701
(C) 912-220-4857

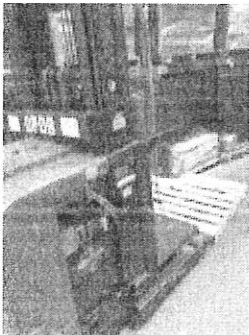
3 attachments

image1.jpeg
107K



image2.jpeg
91K

image3.jpeg
102K



Incident Investigation / pLIFE Event Report

Instructions

Please complete this document when:

- Any Kelly employee (KE) suffers a work-related illness or injury that requires medical attention;
- Any Kelly employee (KE) suffers a pLIFE incident. A pLIFE incident is an event where the Kelly employee (KE) was luckily not injured but if circumstances were slightly different, could have resulted in a life-changing injury or fatality.
- If the work-related incident results in a fatality, inpatient hospitalization of one or more employees, loss of an eye, amputation or serious degree of permanent disfigurement, you must immediately (verbally) notify the customer and your Kelly Global Safety, Health & Environmental (SHE) Manager or call 248-244-4250. (SHE Manager Contact List e1175)

You will need to:

- Partner with the Customer to confirm an investigation is launched within 24-48 hours of the incident/pLIFE event.
- Complete this form within 5 business days.
- Collect statements from employee and witness(es).
- If needed, send the Customer OSHA Recordability Determination (last page) to the Customer.
- Maintain this and supporting documents in the branch's OSHA/Workers' Compensation file for five (5) years from the date of the incident or date the workers' compensation claim is closed, whichever is longer.

Handwritten reports must be legible to others.

What type of event occurred? Injury/Illness pLIFE Property or Vehicle Damage Event (Send additional copy of report to _____)

Kelly Branch No.: 2165	KSN ID: 20492838	Kelly Service/Business Line: (912)-373-7778	Customer Order No.: 1523087	Kelly Rep Name: Ja'A Brown	Kelly Rep Phone No.: (912)-414-0937
Customer Name: OA Logistics			Customer Contact: Michael Kelley		
Incident Address: 550 Northport PKW, Port Wentworth GA			Contact Title: Supervisor		
Area: Aisle DK		Other: around DK-40-41		Contact Phone No.: (912) 373-7778 Ext 370	
This Employee Works: <input checked="" type="checkbox"/> Temporary Full-Time <input type="checkbox"/> Temporary Part-Time <input type="checkbox"/> Internal Kelly Staff / In-House Temp					
Employee Name: Lauren Davis		Employee Hire Date: 07-23-2019		Assignment Start Date: 07-23-2019	
Date of Incident: 08-27-2019		Date Reported: 08/27/2019		Time of Incident: 12:35 <input checked="" type="checkbox"/> am <input type="checkbox"/> pm	
Employee Job Title: Equipment Operator		Employee Phone Number: (843)-224-4206		Time Shift Started: 3:00 - 11:30 <input type="checkbox"/> am <input checked="" type="checkbox"/> pm	
Employee Statement Completed?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Witnesses (Attach separate sheet for additional witnesses):					
Statement <input type="checkbox"/> Yes <input type="checkbox"/> No		Statement <input type="checkbox"/> Yes <input type="checkbox"/> No		Statement <input type="checkbox"/> Yes <input type="checkbox"/> No	

Describe, in detail using only facts, how the incident occurred: Talent attempted to parallel her Order Picker along the rack, and mistakenly backed into the rack with her pallet. The pallet was the only thing damaged.

What tools, equipment, or materials were involved in the incident?
Order Picker.

What were the conditions of the work area at the time of the incident?
Clean conditions

What task(s) was the person completing at the time of the incident?
Picking pallets

What procedures were in place with regard to the tasks, tools, equipment, materials, etc.?
Standard SOP

What training did the person have with regard to the task and associated hazards?
OA Logistic Certified



Employee Incident Statement

Dear Valued Employee,
 Our staff are committed to capturing details of the incident which include facts that relay a good picture of what, when, where and how the event happened. Please provide as much detail as possible to assist our Customer in improving safety in the workplace. Include names of potential witnesses which may include staff and supervisor(s) on shift in the work area during the time of the event. Use the back of the document if more space is needed.
 This document should be completed within 24 hours of the incident.

Name (Please Print):	Lauren Davis	Your Title:	Order Picker
Circle all days you normally work:	S M T W T F S	Shift Worked:	3:00 am/pm to 11:30 am/pm
Today's Date:	8/26/19	Customer Name:	DA Logistics
Incident/Event Date:	8/25/19	Customer Supervisor:	Michael Skelley
Incident/Event Time:	12:15 AM	Customer Phone Number:	912-313-7778

What happened? (Include details of the work process you were involved in at the time, as well as other specific details on the incident)

On order picker ~~location~~ trying to get aligned with pick location and hit pallet.

What do you believe caused the event to happen? (The cause is something that if you eliminated it the incident/event would not have happened)

Not paying close attention

What do you think the customer can do to prevent this from happening again?

N/A

What specific device(s) and equipment were required for the task? (Include specific tools, guards, and PPE.)

Order picker

Did the customer train you how to safely use specific device(s) for the task(s) involved in the job? Yes No

If yes, describe the training: