

Fatality/Catastrophe and Referral Forms



For Public Official's Use Only

NC Department of Labor
Division of Occupational Safety and Health

Fatality/Catastrophe Report

Reporting ID	0453710	Previous Activity (Type & Number)	0		Event Number	0000000001			
Establishment Information	Establishment Name	Spamalot Construction, Inc.				Employer ID			
	Site Address	123 Coconut Court Silo City, NC 28777				City Code	2310	County Code	100
		Site Phone		Site FAX					
	Mailing Address	1098 Windy Lane Big Town, MD							
Event Address (if different)	,								
Industry & Ownership	Type of Business	RESIDENTIAL		Primary SIC	1761	Primary NAICS	238160	No. of Employees	35
	Ownership	A. Private Sector							
Receipt Information	Reported By	County Coroner			Date	4/4/2012	Time	1:00 PM	
	Job Title				Telephone				
Employee Representation	Group Name(s):								
Classification	A. Fatality								
Event Description	Event Date	Event Time		Number of Fatalities	Number of Hospitalized Injuries	Number of NonHospitalized Injuries	Number Unaccounted for		
	4/4/12	10:40 AM		1	0	0	0		
Type of Event	Fall								
Preliminary Description	On a residential worksite, one (1) employee fell from a second story roof while installing a new roof. EMS responded to accident and employee was transported to Grail Community Hospital and admitted through the EMD. The employee's condition deteriorated and the employee was transferred to the Britannia Trauma Hospital. The employee was admitted to the MICU, but died.								
Action	Inspection Planned?	Supervisor(s) Assigned			CSHO(s) Assigned				
	Yes	Z0007							
Strategic Initiatives									
National Emphasis									
Local Emphasis	RESCON								

Optional Information	Type	ID	Optional Information Value
	N	20	VICTIM: ARTHUR KING, WHITE, MALE, 36
	N	20	DOB: 01/01/1976
	N	20	NOK; NOT PROVIDED
	N	20	WORKSITE: 123 COCONUT COURT, SILO CITY, NC 28777
Comments			

NC Department of Labor
Division of Occupational Safety and Health

Referral Form

Reporting ID	0453710	Previous Activity (Type & Number)	0		Event Number	0000000002			
Establishment Information	Establishment Name	Safest Scrap Metal, Incorporated dba SSM, Inc.				Employer ID			
	Site Address	999 Czar Lane St. Petersburg, NC 27888				City Code	2121	County Code	107
		Site Phone	800-555-0002	Site FAX					
	Mailing Address	P.O. Box 12 St. Petersburg, NC 27888							
Event Address (if different)									
Industry & Ownership	Type of Business		Primary SIC	5093	Primary NAICS	423930	No. of Employees	11	
	Ownership	A. Private Sector							
Receipt Information	Reported By				Date	4/4/12	Time		
	Job Title				Telephone				
Employee Representation	Group Name(s):								
Classification	C. Non-Fat/Cat Rpt. By Prof./Media								
Event Description	Event Date	Event Time		Number of Fatalities	Number of Hospitalized Injuries	Number of NonHospitalized Injuries	Number Unaccounted for		
	4/4/12	08:15 AM		0	1	0	0		
Type of Event	Explosion								
Preliminary Description	Employee was cutting the end off a 10,000-gallon metal, storage tank. The injured employee was transported to the hospital by a co-worker. The employee was treated for flash burns, multiple contusions and lacerations, and a severe concussion. The employee was hospitalized for two days and released. Employee will be on light duty for 1-2 weeks.								
Action	Inspection Planned?	Supervisor(s) Assigned			CSHO(s) Assigned				
	Yes	Z0007							
Strategic Initiatives	:								
National Emphasis									
Local Emphasis									

Optional Information	Type	ID	Optional Information Value
	N	20	MEDIA SOURCE: CHANNEL 1 NEWS
	N	20	VICTIM: GRIGORI RASPUTIN JR., WHITE, MALE, 46 YEARS
	N	20	DOB: 01.01.1966
	N	20	NOK: GRIGORI RASPUTIN SR.
	N	20	FIRE DEPARTMENT WAS CALLED 1-HOUR AFTER THE ACCIDENT AND RESPONDED AFTER RECEIVING THE CALL. POC: FIRE CHIEF TURNBULL
Comments			

NC Department of Labor
Division of Occupational Safety and Health

Referral Form

Reporting ID	0453710	Previous Activity (Type & Number)	0		Event Number	0000000003			
Establishment Information	Establishment Name	EGREGIOUS TRUCKING, LLC				Employer ID			
	Site Address	1 Wally World Way Vacation, NC 29878				City Code	0123	County Code	696
		Site Phone		Site FAX					
	Mailing Address	Same							
Event Address (if different)	1 Wally World Way Vacation, NC 29878								
Industry & Ownership	Type of Business		Primary SIC	4212	Primary NAICS	484110	No. of Employees	30	
	Ownership	A. Private Sector							
Receipt Information	Reported By	WVAC News			Date	0/13/12	Time		
	Job Title				Telephone				
Employee Representation	Group Name(s):								
Classification	C. Non-Fat/Cat Reported by Prof./Media								
Event Description	Event Date	Event Time		Number of Fatalities	Number of Hospitalized Injuries	Number of Non-Hospitalized Injuries	Number Unaccounted for		
	01/13/12	1:30 pm		0	0	5	0		
Type of Event	Carbon Monoxide Overexposure								
Preliminary Description	On 13 January 2012, the local ABC affiliate reported on their web site that two employees were taken to the hospital with potentially life-threatening injuries as a result of a chemical exposure.								
Action	Inspection Planned?	Supervisor(s) Assigned			CSHO(s) Assigned				
	Yes	Z0007							
Strategic Initiatives									
National Emphasis									
Local Emphasis									

Optional Information	Type	ID	Optional Information Value
Comments			

NC Department of Labor
Division of Occupational Safety and Health

Fatality/Catastrophe Report

Wed Apr 4, Wednesday 9:13AM

Reporting ID	0453710	Previous Activity (Type & Number)	0		Event Number	0000000004			
Establishment Information	Establishment Name	Münster Brick & Mortar, LLC				Employer ID			
	Site Address	1313 Mockingbird Lane Gravity, NC 22112				City Code	2112	County Code	101
		Site Phone		Site FAX					
	Mailing Address	P.O. Box 669 Stability, NC 22113							
Event Address (if different)	1313 Mockingbird Lane Gravity, NC 22112								
Industry & Ownership	Type of Business		Primary SIC	1714	Primary NAICS	238140	No. of Employees		
	Ownership	A. Private Sector							
Receipt Information	Reported By	County Medical Examiner			Date	4/4/12	Time	4:00 PM	
	Job Title				Telephone				
Employee Representation	Group Name(s):								
Classification	A. Fatality								
Event Description	Event Date	Event Time	Number of Fatalities	Number of Hospitalized Injuries	Number of NonHospitalized Injuries	Number Unaccounted for			
	4/4/12	08:45 AM	1	0	2	0			
	Type of Event	Struck By							
Preliminary Description	The worker, a brick mason, was struck by and pinned under a collapsing 4-tier scaffold. The worker's chest was crushed by the weight of the collapsed materials and was suffocated. Gravity Fire and Police responded. The worker was transported to the Gravity Community Hospital's EMD where he was pronounced DOA.								
Action	Inspection Planned?	Supervisor(s) Assigned			CSHO(s) Assigned				
	Yes	Z0007							
Strategic Initiatives									
National Emphasis									
Local Emphasis	RESCON								

Optional Information	Type	ID	Optional Information Value
	N	20	RESCON- RESIDENTIAL CONSTRUCTION SITE
	N	20	VICTIM: MÜNSTER, HERMAN, MALE, 50
	N	20	TWO OTHER WORKERS WERE UNINJURED IN ACCIDENT
	N	20	NOK: EDDIE MÜNSTER WAS ONSITE AT THE TIME OF THE ACCIDENT
	N	20	POLICE POC: CHIEF WIGGUM
Comments			

NC Department of Labor
Division of Occupational Safety and Health

Referral Form

Reporting ID	0453710	Previous Activity (Type & Number)	0	Event Number	0000000005			
Establishment Information	Establishment Name	Honey Bun Animal Feeds			Employer ID			
	Site Address				City Code	0123	County Code	696
		Site Phone		Site FAX				
	Mailing Address	Same						
Event Address (if different)								
Industry & Ownership	Type of Business		Primary SIC		Primary NAICS		No. of Employees	
	Ownership	A. Private Sector						
Receipt Information	Reported By	Fire Department		Date	3/8/12	Time		
	Job Title			Telephone				
Employee Representation	Group Name(s):							
Classification	C. Non-Fat/Cat Reported by Prof./Media							
Event Description	Event Date	Event Time	Number of Fatalities	Number of Hospitalized Injuries	Number of Non-Hospitalized Injuries	Number Unaccounted for		
	3/8/12	10:00 am	0	1	0	0		
Type of Event	Amputation – Right Arm							
Preliminary Description	On 8 March 2012, an employee was attempting to clear a clogged screw conveyor when the machinery started-up and his right arm was amputated at the shoulder.							
Action	Inspection Planned?	Supervisor(s) Assigned			CSHO(s) Assigned			
	Yes	Z0007						
Strategic Initiatives								
National Emphasis								
Local Emphasis								
Optional Information	Type	ID	Optional Information Value					

	N	20	Victim's name: Javier Santos, DOB 1/15/1979 (age 33)
Comments			