

Automated Safety Incident Surveillance Tracking System ASISTS

Version 2.20.1.0
for Safety

James H. Gilmer, CHSP

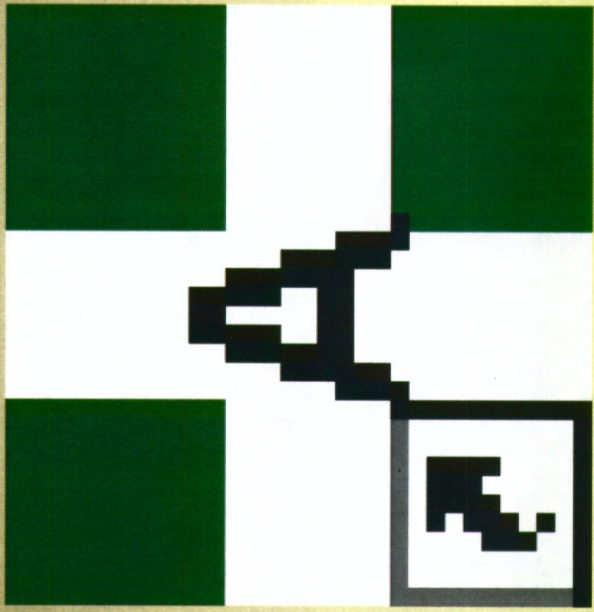
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VHA Center for Engineering & Occupational Safety and Health (CEOSH)

CEOSH Website: <http://vaww.ceosh.med.va.gov>

ASISTS GUI V2.0

- The Automated Safety Incident Surveillance Tracking System (ASISTS) package stores data on accidents causing injuries and illnesses reported via the Report of Incident .
- Statistical reporting is performed on incidents occurring nationwide by extracting pertinent Report of Incident data from facilities and transmitting it to the ASISTS National Database (NDB). Reports are periodically generated from the NDB to identify systematic trends and to support prevention programs concerning front line health care worker exposure to bloodborne pathogens.



Asists.Ink

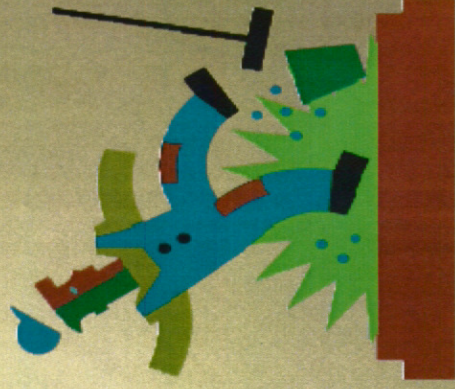
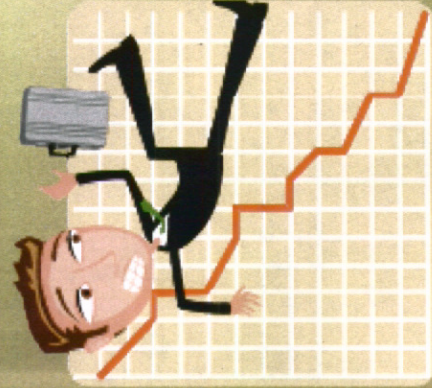
ASISTS Icon on Desktop

ASISTS has three major goals.

- **1. Better tracking of employee injuries and illnesses.**
- ASISTS computerizes the Report of Incident as well as the OWCP CA-1 and CA-2 forms. The reports help improve the ability to trend and analyze accidents and injuries, thus helping to prevent future ones from occurring.
- **2. Reduce exposures to bloodborne pathogens from needlesticks, sharps, or body fluids.**
- The data concerning exposure to bloodborne pathogens will be collected in a national database to identify national trends, training needs and best practices for the benefit of all employees at every medical center. Prompt reporting by the employee of an incident involving bloodborne pathogen exposure, instantly notifies Employee Health so that proper tests and treatment can be initiated.

ASISTS has three major goals.

- **3. Reduce worker compensation costs.**
- ASISTS will facilitate a case management approach to prevent future accidents and allows better management of workers' compensation claims. Through automation, the Accident Reporting Process will be more accurate and be processed in a more timely fashion.



ASISTS

File Employee Supervisor Occupational Health Safety Workers' Comp Union Help

ASISTS 2.0

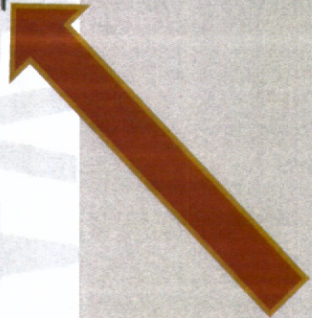
Start



12:25 PM

- Change Status of Case
- Create Incident Report
- Create Amendment
- Complete/Validate/Sign Incident Report
- Edit Site Parameter
- Employee Bill of Rights
- Enter/Edit Location of Injury Detail
- Manual Transmitt of National Database Data
- OSHA 300 Options
- Reports

- Classify Incident Outcome
- Enter/Edit OSHA 300A Summary Data
- Display Incident Outcome Report
- Display Incidence Rates Worksheet
- Display OSHA 300A Summary
- Display OSHA 300 Log



**CHOOSE
"SAFETY"
then
OSHA 300
OPTIONS**



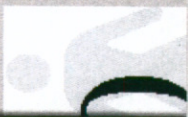
ASISTS

File Employee Supervisor Occupational Health Safety Workers' Comp Union Help

- Change Status of Case
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- OSHA 300 Options

Reports

- Log of Federal Occupational Injuries and Illnesses
- Log of Needlestick Incidents
- Print Incident Report Status
- Print Report of Incident
- Summary Incident Reports
- Location of Injury Report



ASIS



CHOOSE
"SAFETY"
 then
REPORTS



Microsoft PowerPoint...

2 ASISTS GUI 2.0...

Microsoft Office Microsoft Office Tools

Microsoft Office Access 2...



12:27 PM

Create Incident Report

Personnel Status

- None Selected
- Employee
- Volunteer
- Contractor
- Visitor
- Non-Paid Employee
- Resident Physician
- Medical Student
- Nursing Student
- Other Student
- Other

Person Involved

Press to Get a New or Non-Paid Employee

*** Name:

*** SSN:

*** DOB:

*** Sex

- Female
- Male

Home Address

*** Street:

*** City:

*** State:

*** Zip Code:

*** Phone:

Incident Information

*** Injury / Illness:

- Injury
- Illness

Illness Type:

*** Date/Time of Injury:

*** Type of Incident:

Time Work Began:

*** Station:

Press a button to select a supervisor:

Supervisor

Secondary Supervisor

Quick OSHA Log Assessment (QOLA):

*** Was there Loss of Consciousness:

- None Selected
- Yes (1)
- No (2)

*** Hospitalized overnight as in-patient:

- None Selected
- Yes (3)
- No (4)

*** Treated in non-VA Emergency Room:

- None Selected
- Yes (5)
- No (6)

*** Was prescription strength medication ordered/given:

- None Selected
- Yes (7)
- No (8)
- Unknown

*** Was non-Rx medication ordered/given at Rx strength:

- None Selected
- Yes (9)
- No (10)
- Unknown(x)

Initial return to work status:

- None Selected
- Full-duty
- Days away work (not including day of injury)
- Job Transfer / Restriction

Save/Exit

CREATE INCIDENT REPORT

EMPLOYEE BILL OF RIGHTS FOR ACCIDENTS AND OCCUPATIONAL ILLNESSES

The Federal Employees' Compensation Act (FECA) describes an employee's rights and entitlements to benefits following a work-related injury or illness.

You have the right to file a CA-1 (injury) or CA-2 (illness), to apply for compensation.

Entitlements include the option to receive medical treatment by either the VA Employee Health Unit or by your primary care physician.

You have the right to request union representation.

For additional information and explanation of your rights and responsibilities, contact your Workers' Compensation Specialist/Coordinator/Manager.

Safety Officer Incident Report

Select Claim:

SSN:
Injury/Illness:
Personnel Status:

Service:
Type Incident:

Employee Data
General Setting
Other Factors
Exposure
Equipment
OSHA
Signatures

Cost Center/Organization:
Occupation:

Grade/Step:
Education:

Person Involved

***** Name:**

***** SSN:**
***** Date of Birth:**

***** Sex:** Female Male

Hire Date:

***** Station Number:**

***** Type of Incident:**

Time Work Began:

Press Button to Select Supervisor:

Supervisor:
Secondary Supervisor:

***** Supervisor:**

Sec Super:

Home Address

***** Street:**

***** City:**

***** State:**
***** Zip Code:**

***** Phone:**

Prev
Next
Print
Sign/Validate
Save
Exit

Safety Officer Incident Report

Select Claim:

SSN:

Service:

Employee Data

General Setting

Other Factors

Exposure

Equipment

OSHA

Signatures

Personnel Status:

Type Incident:

*** General Setting of Incident:

*** Characterization of Injury:

*** Location of Injury:

Location of Injury Detail:

*** Side of Body Affected:

Body Part Group:

Add Body Part Group:

*** Body Part Most Affected:

Add Body Part Affected:

*** How is the Incident Related to a Medical Emergency:

Prev

Next

Print

Sign/Validate

Save

Exit

Safety Officer Incident Report

Select Claim:

SSN:

Service:

Employee Data | General Setting

Other Factors

Exposure

Equipment

OSHA

Signatures

Personnel Status:

Type Incident:

Weather Factor:

Cause of Incident:

Source of Incident:

Additional Cause of Incident:

Prevention Method:

Status of Corrective Action:

When completing the accident narrative, the basic questions to consider are: What, Where, When, Why, and How did the accident happen. Describe the activity and any tools, equipment, or material the employee was using. Tell us how the injury occurred. What object or substance directly harmed the employee. NOTE: No personal identifiers should be used!

*** Description of Incident

Prev

Next

Print

Sign/Validate

Save

Exit

Safety Officer Incident Report

Select Claim: [dropdown]

SSN: [dropdown]

Service: [dropdown]

Injury/Illness:

Personnel Status:

Type Incident:

Employee Data

General Setting

Other Factors

Exposure

Equipment

OSHA

Signatures

Patient Source:

Identifiable

Unidentifiable

NA (1)

Contamination:

Yes

No

Unknown

Area Exposed to Body Fluids:

Available Area Exposed:

Area Exposed to (on) file:

Add (1)

Remove

Exposure Source: [dropdown]

Purpose of Sharp Object: [dropdown]

Activity at Time of Injury: [dropdown]

Object Causing Injury: [dropdown]

Brand: [dropdown]

Device Size: [dropdown]

Prev

Next

Print

Sign/Validate

Save

Exit

Safety Officer Incident Report

Select Claim:

SSN:

Service:

Injury/Illness:

Employee Data | General Setting | Other Factors | Exposure | Equipment | OSHA | Signatures

Personnel Status:

Type Incident:

*** Was there a device/equipment failure:

Yes (1) No (2)

Was a Safety Device Used:

Yes (3) No (4)

Did Injury occur before Safety Device was Engaged:

Yes (5) No (6)

Equipment/Device/Product Failure Description:

Safety Characteristics:

Explain why a Safety Device was not used:

Personal Protective Equipment (PPE):

Available PPE:

Add

Remove

PPE to (on) file:

Prev

Next

Print

Sign/Validate

Save

Exit

Safety Officer Incident Report

Select Claim: [dropdown]

SSN: [dropdown]

Service: [dropdown]

Injury/Illness:

Personnel Status:

Type Incident:

Employee Data

General Setting

Other Factors

Exposure

Equipment

OSHA

Signatures

*** Include on OSHA Log:

Yes

No

*** Is this a Privacy Case (exclude name on Log):

Yes

No (1)

*** Was there Loss of Consciousness:

Yes

No (2)

*** Was Individual treated in a non-VA Emergency Room:

Yes (3)

No (4)

*** Was Individual hospitalized overnight as an in-patient:

Yes (5)

No (6)

*** Was prescription strength medication ordered/given:

Yes (7)

No (8)

Unknown

*** Was non-Rx medication ordered/given at Rx strength:

Yes (9)

No (B)

Unknown

Physician First Providing Medical Care

Physician Name: [text box]

Other Treating Medical Facility

Was Individual treated at a different Facility:

Yes (C)

No (D)

Facility: [text box]

Street: [text box]

City: [text box]

State: [dropdown]

Zip: [text box]

Prev

Next

Print

Sign/Validate

Save

Exit

Safety Officer Incident Report

Select Claim:

SSN:

Injury/Illness:

Personnel Status:

Service:

Type Incident:

Employee Data | General Setting | Other Factors | Exposure | Equipment | OSHA | Signatures

*** Initial return to work status:

- Full-duty
- Days away work (not including day of injury)
- Job Transfer / Restriction

Corrective Action (No personal identifiers should be used):

Signed by Supervisor: Unsigned

Date Signed: Date signed

OSHA 300 Log: Column F data - Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., 2nd degree burns on right forearm from acetylene torch)

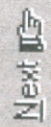
Safety Comments (No personal identifiers should be used):

Signed by Safety Officer: Unsigned

Date Signed: Date signed



Prev



Next

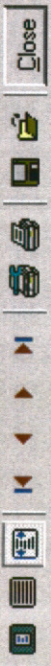
Print

Sign/Validate



Save

Exit



Injury & Illness Incidence Rates Worksheet for Station -

Total Number Of Injuries and Illnesses	x	200,000	+	Number Of Hours Worked By All Employees	=	Total Recordable Case Rate
<input type="text" value="92"/>				<input type="text" value="1830191"/>		<input type="text" value="10.0536"/>

Number of Entries In Column H + Column I	x	200,000	+	Number of Hours Worked By All Employees	=	DART Incidence Rate
<input type="text" value="55"/>				<input type="text" value="1830191"/>		<input type="text" value="6.0103"/>

OSHA'S Form 300A (Rev. 01/2004)

Summary of Work Related Injuries & Illnesses

Year 2008

U.S. Department of Labor
Occupational Safety and Health Administration

For OSHA Form 300A, see 29 CFR 1904.37

All establishments covered by Part 1904 must complete this Summary page as part of an established injury and illness recordkeeping system. For more information, see 29 CFR 1904.37. This page is to be completed for all establishments covered by the OSHA Form 300A, Part 1904.37. For more information, see 29 CFR 1904.37.

Use this page to report all work-related injuries and illnesses that occurred during the year. For more information, see 29 CFR 1904.37. For more information, see 29 CFR 1904.37.

Employees, former employees, and all other persons who have the right to receive the OSHA Form 300A in this summary. They also have a limited access to the OSHA Form 300A or its equivalent. See 29 CFR Part 1904.37, in OSHA's recordkeeping rule for details on the access provisions for these persons.

Number of Cases

Total number of Days lost	0	(a)	Total number of cases with days away from work	1	(b)	Total number of cases with job transfer or restriction	2	(c)	Total number of other recordable cases	4	(d)
---------------------------	---	-----	--	---	-----	--	---	-----	--	---	-----

Number of Days

Total number of Days away from work	14	(e)	Total number of days of job transfer or restriction	8	(f)
-------------------------------------	----	-----	---	---	-----

Injury and Illness Type

(1) Injury	5	(4) Job transfer	0
(2) Illness	2	(5) Job restriction	0
(3) Job transfer or restriction	0	(6) All other illnesses	1

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

This information is for OSHA's use only. It is not to be used for any other purpose, including for the collection of statistics or for any other purpose. For more information, see 29 CFR 1904.37. For more information, see 29 CFR 1904.37.

Establishment Information

Employer's name: FAYETTEVILLE AR

Street: 1100 N COLLEGE AVE.

City: FAYETTEVILLE State: AR Zip: 72703

Industry description (e.g., Manufacturer of Machine Tools): Gate at Meditte & Surgical Hospital

Standard Industrial Classification (SIC) (e.g., 3715): 8 0 6 2

OR

South American Industry Classification (SIC) (e.g., 33621): 6 2 2 1 1 0

Employment Information

Number of employees: 1082

Total hours worked by all employees: 31089

Sign Here

Employee's name: _____ Title: _____

Signature: _____ Title: _____

OSHA Form 300A (Rev. 01/2004)

Report Selection

Type of Report:

Report Start Date: 11/27/2008

Report End Date: 5/26/2009

Case Status

- All Cases
- Open Cases Only
- Closed Cases Only

Lost Time

- All Cases
- Days Away from Work Cases

Station:

Select Single Station:

Choose Personnel Status

- All
- Employee (1)
- Non-Paid Employee (6)
- Volunteer (2)
- Resident Physician (10)
- Other (5)
- Medical Student (7)
- Nursing Student (8)
- Other Student (9)
- Contractor (3)
- Visitor (4)

Report Output Format

- Standard Report
- Excel Spreadsheet
- Pig Chart
- Bar Graph

Print Print Preview Exit

Report Selection

Type of Report:

Report Start: 11/ Service
Characterization of Injury

Report End: 5/26/2009

Case Status

- All Cases
- Open Cases Only
- Closed Cases Only

Station:

Select Single Station:

Choose Personnel Status

- All
- Employee (1)
- Non-Paid Employee (6)
- Volunteer (2)
- Resident Physician (10)
- Other (5)
- Medical Student (7)
- Nursing Student (8)
- Other Student (9)
- Contractor (3)
- Visitor (4)

Report Output Format

- Standard Report
- Excel Spreadsheet
- Pig Chart
- Bar Graph

Lost Time

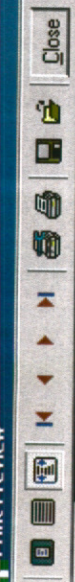
- All Cases
- Days Away from Work Cases

Print Print Preview Exit

REPORT SELECTION

Type of Incidents Report
From: 11/27/2008 To: 5/26/2009
For Open & Closed Cases, All Station(s), All Cases (Lost Time / No Lost Time Incidents)
Includes Per Status: Emp.

Type of Incidents	Number of Incidents	% of Total
Assault	6	9.23
Cumulative Trauma	1	1.54
Environmental/Toxic Exposure	2	3.08
Exposure to Body Fluids/Splash	1	1.54
Hollow Bore Needlestick	1	1.54
Lifting (Non Patient Care)	1	1.54
Lifting/Repositioning Patients	2	3.08
Material Handling	2	3.08
Not Elsewhere Classified	8	12.31
Sharps Exposure	2	3.08
Slip/Trip/Fall	27	41.54
Struck by/against	12	18.46
Total	65	100.02



Log of Needlestick Incidents
for 1/15/2009 through 7/14/2009
for Station - All Stations

Case Number	Dt of Incident	Name	Occupation	Place Where Injury Occurred	Injury/illn	Case Status	C Ctr	Lost Time
2009-00119	MAR 13, 2009	Privacy Case	NURS		Injury	Closed	8204	No
			Sharps Exposure	MVCBOC		PRIMARY CARE		
			Laceration/Cut/Bite/Puncture					SINGLE THUMB
			Lancet (finger or heel sticks)					
			Description:					
			Nurse was doing a finger stick on a patient with a lancet. When she removed her gloves she noted her left thumb was bleeding. She did not see the lancet go into her finger or feel the stick. Also the lancet was pointed toward the patient during the procedure.					
2009-00127	MAR 22, 2009	Privacy Case	NURS		Injury	Closed	8241	No
			Hollow Bore Needlestick			NURSING		
			Laceration/Cut/Bite/Puncture					SINGLE HAND
			Disposable syringe					
			Description:					
			a needle stick to right thumb after injection, side rail was up on patient bed, after giving injection, nurse withdrew needle from patient hit siderail of bed with hand holding the needle and hand bounced off siderail and stabbed needle into thumb of other hand, contaminated needle					
2009-00139	APR 06, 2009	Privacy Case	DENT		Injury	Closed	8248	No
			Sharps Exposure			DENTAL		
			Laceration/Cut/Bite/Puncture					SINGLE FIRST FINGER
			Other sharp item					
			Description:					
			Employee notified me immediately after she had stuck her right index finger with a dental explorer that was sterile and had not been used in the patient's mouth. Notification occurred the morning of 4/6/09. Employee had gloves on and was using the explorer tip to cut the seal on a new box of endodontic paper points.					

Veterans Health Administration

INCIDENT REPORT

ACCIDENT IDENTIFICATION SECTION

Case Number 2009-00207	Report Type Initial	Type of Incident Struck by/against	Date and Time of Occurrence JUN 30, 2009 at 14:30	General Setting of Incident Patient care setting
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PERSONNEL INVOLVED SECTION

Person Involved	Service PRIMARY CARE
SSN	Personnel Status Employee
Gender	Case Status Closed
Injury/Illness Injury	Education
Occupation	Home Address
	Age at Time of Incident 45
	Home Phone
	Cost Center / Org
	Grade/Step

INJURY/ILLNESS DATA SECTION

Location of Injury Other (Patient Care Area)	Characterization of Injury Abrasion/Scratch	Medical Emergency Normal Operations (No Emergency)
Body Part Most Affected SINGLE LOWER LEG/ANKLE	Side of Body Affected Right	Job Trans/Restriction 0
Additional Body Part		Days Away Wk 0

DESCRIPTION OF INCIDENT

Employee banged her chin on desk

DESCRIPTION OF INCIDENT

Employee banged her chin on desk

CORRECTIVE ACTION TAKEN

Be more careful making sure doors, drawers, etc are closed before moving.

Station: FAYETTEVILLE AR = 584

CASE #: 2009-00207 Date Created: JUL 08, 2009@10:17 Created By: Report Run Date: 7/14/2009 2:33:58 PM

SHARP/EXPOSURE DATA SECTION

Patient Source:	Contamination:
Area Exposed to Bodily Fluids:	
Personal Protective Gear Used:	
Activity at Time of Injury	Object Causing Injury
Bodily Fluid Exposure Source	Purpose of Sharp Object
Device Size:	Safety Char:
Brand	
<input type="checkbox"/> Equipment/Device Failure Occurred	
Safety Design Device Used:	Injury Prior to Device Engaging:
Explain Why Safety Device Not Used	
SAFETY OFFICIAL COMMENTS	
I agree with corrective actions.	

SAFETY OFFICIAL COMMENTS

I agree with corrective actions.

Signature of Safety Official

Date

JUL 08, 2009

Signature of Supervisor

Date

JUL 08, 2009

NOTICE OF CONDITIONS UNDER WHICH THIS INFORMATION IS COLLECTED

In compliance with the Privacy Act of 1974, the following is provided:

1. Solicitation of the information is authorized by the Occupational Safety and Health Act of 1970 (PL 91-596); 5 USC 7902; 29 CFR 1960; 28 USC 2671-80 and Executive Order 12196 (1 Oct 1980); these authorities do not require that penalties be imposed for failure to respond to this report.
2. The principal purpose for which this information is collected is to provide statistical data and analysis of injury, illness and property loss experience in support of the Departmental, Agency, Region and Staff Office Safety and Health Programs as well as required statistical summations or reports to the Department of Labor and other governmental entities or functions requiring such information.
3. Routine uses of this information include: a) Providing the means for complying with the reporting requirements of the Occupational Safety and Health Act of 1970; 29 CFR 1960; and such other reports as may be required by legislative or regulatory obligations; b) Providing such summary statistical data and analysis as is necessary to appropriately evaluate the effectiveness of the safety management programs and assist appropriate departmental functions in the initiation and support of corrective or preventive action; c) Responding to a court subpoena or court of competent jurisdiction in a criminal or civil suit; and d) Transferring to the appropriate governmental or regulatory entities, whether federal, state, local or foreign, such information as is relevant to investigative action or when a violation of a statute or regulation is indicated.
4. The effect on the individual of not providing all or part of the requested information may be to render impossible or to delay the Department's documenting the injury, illness, and/or property loss. Every effort will be made to obtain the factual information relating to an incident from other sources should the individual involved refuse to provide the requested information.

OTHER FACTORS SECTION

Weather Factor: Weather Not a Factor	Source of Incident: Unpowered Equipment, Furnishings,
Cause of Incident: Person	Additional Cause of Incident: Equipment or Environment
Preventive Method: Better Planning/Coordination	Corrective Status: Taken
Severity of Injury (incident was an injury): No Treatment Required	

OSHA 301 DATA SECTION

Date Hired: JUL 01, 1989 **Time Began Work:** 08:00A

Illness Type (incident was an illness):

Include On OSHA Log: Yes No **Is Case a Privacy Case:** Yes No

Date of Death:

Information about the physician or other Health Care Professional:

Name of Physician:

Was Individual Hospitalized overnight as an In-Patient

Yes No

Was Individual treated in a non-VA Emergency Room:

Yes No

Name of Physician: |

Was Individual Hospitalized overnight as an In-Patient:

Yes No

Was Individual treated in a non-VA Emergency Room:

Yes No

Non-VA Facility Information:

Facility Name:

Street:

City:

State:

Zip Code:

Safety Official Name: GILMER, JAMES H

Safety Official Title: IH & Program Manger

Safety Official Phone #: 4794434301

Safety Official Phone Ext: 5044

Subj: ASISTS Case Notification [#37939245] 05/11/09@11:43 19 lines
From: Name /Title of Person Creating ASISTS Case Stub Record In 'ASISTS' basket. Page 1

INFORMATION ONLY

An incident (injury, illness or accident) has occurred.

Date of incident: MAY 08, 2009@17:00

Case #: 2009-00160

Injury/Illness: Injury

The 1st line supervisor is required to:

- a. Complete a Report of Accident through the option:
Complete/Validate/Sign Accident Report 2162.
- b. Inform the injured employee on rights and benefits for completing the CA-1
(Injury) or CA-2 (Illness) Compensation Claims.

The supervisors on this case are:

Supervisor: Name

Secondary Supervisor: Name

Enter message action (in ASISTS basket): Ignore// This message was addressed as follows:

Info:G.OOPS INJURY - 564

Info:G.OOPS UNION - 564

Secondary Supervisor

Supervisor

Subj: Employee Notification to Supervisor [#37975745] 05/14/09@15:51 8 lines
From: Employee In 'Emp CA1/CA2' basket. Page 1

A CA-1 or CA-2 for the following incident has been signed by the employee.

Date of Incident: MAY 13, 2009@14:55
Case# 2009-00163

The Incident Report is ready for review by the supervisor. It must be completed and filed with the Agency Worker's Compensation office within 2-3 working days.

Enter message action (in Emp CA1/CA2 basket): Ignore//

This message was addressed as follows:

Info:G.OOPS INJURY - 564
Secondary Supervisor
Supervisor

Subj: Safety Officer Notification [#37953097] 05/12/09@13:56 5 lines
From: Supervisor Signing and Title In 'SafOff' basket. Page 1

A Report of Accident and Illness has been released for your review.

Employee Name

Date of Injury/Illness: MAY 08, 2009@17:00

Case# 2009-00160

Enter message action (in SafOff basket): Ignore//

This message was addressed as follows:

Info:G.OOPS SAFETY - 564BY

Enter message action (in SafOff basket): Ignore//

Subj: ASISTS Employee Sensitive data . [#30748734] 11/01/07@10:18 11 lines
From: Supervisor - Title 1 of 1 response read.
In 'ASISTS Sensitive Info' basket. Page 1

This is a notification that the following supervisor

Supervisor's Name

used the ASISTS software to View sensitive data for the following employee:

Employee on Nov 01, 2007@10:18:05.

without creating an Illness or Injury case.

Enter message action (in ASISTS Sensitive Info basket): Ignore//

This message was addressed as follows:

G.OOPS ISO NOTIFICATION
Supervisor