DATE OF INJURY: 01/21/05

Exposure 2

White Slough

DOI: 01/21/05		Titlany Anderson: INCIDENT OCCURRED AT WHITE SLOUGH, BUT EMPLOYER FALSHED STATING THE HURRY OCCURRED AT 7759 AIRPORT WAY, WHICH IS THE EMPLOYERS MAIN BUSINESS ADDRESS; EMPLOYEE WAS SPRAYING AT WHITE SLOUGH WITH UNKNOWN CHEMICALS						Y=Yes, we have	
	Required Forms	Received Forms?			Tilfany Anderson: ALSO SEEN AT KAISER ON 1/26/05 AS AUTHORIZED BY JOHN STROH, HE ALSO INSTRUCTED BIE TO FALSIFY MY		a copy N≔ No we do not have a copy	WC CLAIM #:VE050054 Tifferry Andersons work status report	
	DWC-1	Y			TIMESHEET FOR THE KAISER VISIT, WHICH WAS AT 11:50 AM.				
	DWC-1 ACK FORM	N N			WHICH THIS AT LLOW ON.				notes "discharged"
DATE OF SERVICE:	Required Forms	1/26/05	1/27/05	1/31/05	2/2/05	2/3/05	2/7/05	2/28/05	PROVIDER'S NAME AND LICENSE #: DR. DONALD ROSSMAN, CARC35074 PROVIDER CASE #: 66402
	EMPLOYER'S FIRST REPORT OF INJURY	Y	N/A	N/A	N/A	N/A	N/A	N/A	
	PATIENT'S INITIAL VISIT FORM CONSENT AND AUTHORIZATION TO RELEASE INFORMATION-PROVIDER'S FORM	N N	N	N/A	N	N/A	N	N	
	CONSENT TO TREAT AND AUTH TO RELEASE INFO TO EMPLOYER (EMPLOYER'S FORM)	Y	N/A	N/A	N/A	N/A	N/A	N/A	
	NURSE'S NOTES	26	N	N	N	N	N	N	
	DOCTOR'S NOTES (TYPED)	N	N	N	N/A	N/A	N	N	
	INJURY WORKSHEET	N	N	N	N/A	N/A	N	N	
	WORK STATUS REPORT WORKSHEET	N	N	N	N/A	N/A	N	N	
	WORK STATUS REPORT	Y	Y	Y	N/A	N/A	Y	У	
	DOCTOR'S FIRST REPORT OF INJURY	M	N/A	N/A	N/A	N/A	N/A	N/A	Tiffany Anderson:
	PR-2		N	N	N	N	N	N	OHS blood test noted on TA's
	FOLLOW UP APPOINTMENT INFORMATI	V	V	Y	N/A	N/A	Y	N/A	received
	LAB RESULTS (IF APPLICABLE)	N/A	N/A	N	N/A	N/A	N/A		
	AIMS MILEAGE REIMBURSEMENT FORM	Y	Y	Y	Y	Υ	Y	,	,
	CLAIM SUMMARY-PAYMENTS	N/A	N/A	N/A	N/A	N/A	N/A		
	AIMS FULLY RECOVERED LETTER	N/A	N/A	N/A	N/A	N/A	N/A	P	1