DEPARTMENT OF THE NAVY
FLEET READINESS CENTER EAST
PSC BOX 8021
CHERRY POINT, NC 28533-0021
OFFICE OF COUNSEL (Code 11.0)

5720
Ser Code 11.0-TGB/15003054
9 March 2015

VIA FEDERAL EXPRESS MAIL:

Mr. Wilbert Woods
Vice President,
Aerospace Lodge 2297
International Association of Machinists
And Aerospace Workers
P.O. Box 716
Havelock, NC 28532

Subj: RESPONSE TO FREEDOM OF INFORMATION ACT REQUEST DON-NAVY-2015-003054

Ref: (a) Your Request of 22 January 15
(b) Our ltr Ser Code 11.0-TGB/15003054 of 3 Feb 15
(c) Your Response/Clarification of 9 Feb 15
(d) 5 U.S.C. § 552
(e) SECNAVINST 5720.42F

Encl: (1) OSHA Form 301, ICO: Incident of 7 Jan 2015

Dear Mr. Woods:

This letter is in response to reference (a), dated 22 January 2015, and reference (b) dated 9 February 2015, in which you clarified your request and agreed to pay reasonable fees associated with processing your request. Specifically, by reference (c), you were notified that your request was insufficiently detailed to permit a search and release determination and did not include the required agreement to the payment of fees. Thereafter, you engaged in follow on discussions with this office and submitted reference (b), which identified that your request is limited to the OSHA Form 301 for an on-the-job injury incident that occurred 7 January 2015.

Enclosure (1), consisting of two pages, has been reviewed under applicable portions of the FOIA (5 U.S.C. § 552) and Secretary of the Navy Instruction 5720.42F, references (d) and (e). A review of the responsive record indicates that two pages

are appropriate for release by our agency with certain redactions made pursuant to the Privacy Act, and FOIA exemption 5 U.S.C. § 552(b)(6), which protects information that, if disclosed, would result in a clearly unwarranted invasion of personal privacy. The information redacted included name(s), telephone number, date of birth and medical/treatment information.

Because your request is denied, in part, due to the redactions, you may appeal this determination in writing to the following Secretary of the Navy designee:

Department of the Navy
Office of the General Counsel
ATTN: FOIA Appeals
Room 4E635
1000 Navy Pentagon
Washington, DC 20350-1000

Your appeal must be postmarked within 60 days from the date of this correspondence and a copy of this letter should be attached. The letter of appeal and its envelope should both bear the notation, "Freedom of Information Act Appeal."

The FOIA, 5 U.S.C. § 552, allows for the assessment of fees associated with the processing of FOIA requests based upon categories of requestors. Per references (d) and (e), you have been identified as a non-media, non-commercial requester. Therefore, you are entitled to two free hours of search time and one hundred free pages of records without incurring search or duplication charges. Because the search time and duplication efforts did not exceed these limits, you have not been assessed any fees for the processing of FOIA request DON-NAVY-2015-003054.

If you have any questions regarding this matter please contact this office at (252) 464-8336 or at chpz_frceast.legal@navy.mil.

JENNIFER B. TOLER

OSHA's Form 301

Injury and Illness Incident Report

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

U.S Department of Labor

Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

This *Injury and Incident Report* is one of the first forms you must fill out when a recordable work-related injury or illness has occurred. Together with the *Log of Work-Related Injuries and Illnesses* and the accompanying *Summary*, these forms help the employer and OSHA develop a picture of the extent and severity of work-related incidents.

Within 7 calendar days after you receive information that a recordable work-related injury or illness has occurred, you must fill out this form or an equivalent. Some state workers' compensation, insurance, or other reports may be acceptable substitutes. To be considered an equivalent form, any substitute must contain all the information asked for on this form.

According to Public Law 91-596 and 29 CFR 1904, OSHA's recordkeeping rule, you must keep this form on file for 5 years following the year to which it pertains.

If you need additional copies of this form, you may photocopy and use as many as you need.

Completed by

Title

Phone ( )

Date 01/23/2015

Information about the employee

1) Full name (b) (6)

2) Street (b) (6)

City

State NC

ZIP 27806

3) Date of Birth (b) (6)

4) Date Hired (b) (6)

5) Sex (b) (6)

Information about the physician or other health care professional

6) Name of physician or other health care professional

(b) (6)

7) If treatment was given away from the worksite, where was it given?

Facility (b) (6)

Street

City

8) Was employee treated in an emergency room?

(b) (6)

9) Was employee hospitalized overnight as an In-patient?

(b) (6)

Information about the case

10) Case Number from the log 65923-15010001

11) Date of injury or illness 01/07/2015

12) Time employee began work 0630

13) Time Of Injury 0850 ☐ Check if time cannot be determined

14) What was the employee doing just before the incident occured?
INSPECTING H-53 ROTOR HEAD

15) What happened?
ARTISAN PUT HAND INTO PINCH POINT, PINCH POINT CAUSED FINGER AMPUTATION

16) What was the injury or illness?
INJURY, LEFT INDEX FINGER, PARTIAL AMPUTATION

17) What object or substance directly harmed the employee?
ROTOR HEAD SLEEVE AND SPINDLE HINGE

18) If the employee died, when did death occur?

Public reporting burden for this collection of information is estimated to average 22 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Persons are not required to respond to the collection of information unless it displays a current valid OMB control number. If you have any questions about this estimate or any other aspects of this data collection, including suggestions for reducing this burden, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Ave, NW, Washington DC 20210. Do not send the completed forms to this office.

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