



Summary of Work-Related Injuries and Illnesses

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you have added the entries from every page of the Log. If you had no cases, write "0."

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	<u>266</u>	<u>32</u>	<u>23</u>
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of Job Transfer or Restriction
<u>7968</u>	<u>11170</u>
(K)	(L)

Injury and Illness Types

Total number of...	(M)		
(1) Injuries	<u>318</u>	(4) Poisonings	0
(2) Skin disorders	<u>1</u>	(5) Hearing Loss	0
(3) Respiratory condition	<u>0</u>	(6) All other illnesses	<u>2</u>

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

Public reporting burden for this collection of information is estimated to average 50 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N- 3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Establishment Information

Your establishment name DEW7

Company Name Amazon.com.kydc LLC

Street 700 Westport Parkway

City Fort Worth State Texas ZIP 76177

Industry description (e.g. Manufacture of motor truck trailers)

General warehousing and storage

Standard Industrial Classification (SIC), if known (e.g. SIC3715)

— — — —

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

493110

Employment Information

Annual average number of employees 0

Total hours worked by all employees last year 7,847,325

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company Executive

Title

Phone

Date

OSHA's Form 300

Log of Work-Related Injuries and Illnesses

You must record information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, Days Away From Work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR Part 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an Injury and Illness Incident Report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.

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.

Year 2017 
U.S Department of
Labor
Occupational Safety and Health
Administration

Establishment name DFW7

Company Name Amazon.com.kydc LLC

City Fort Worth State Texas

azon	1/27	AFF
rehouse		
sociate	1/27	A02
azon	1/31	work station
rehouse		
sociate	2/1	Water Spidering
azon	2/1	AMOD DFWZ
rehouse		
sociate	2/1	AFF_1 Pack Station
azon	2/1	Work Station
rehouse		
sociate	2/2	3301 A mod
azon	2/3	STOW
rehouse		
sociate	2/4	Single Smalls Line 1.
rehouse		
sociate	2/12	Bmod 2314
azon	2/12	Work Station
rehouse		
sociate	2/14	water spider in AFF2
azon	2/14	Work Station
rehouse		
sociate	2/19	Trailer on dock door 16
azon	2/20	DFWZ
rehouse		
sociate	2/21	2nd floor stairs next to
azon	2/21	AFF1 Rebin 6
rehouse		
sociate	2/23	station 2205 in RSP.A
azon	2/23	Rec Decent
rehouse		
sociate	2/23	Stow
azon	2/24	B Mod 2122
rehouse		
sociate	2/24	work station
azon	2/26	work station
rehouse		
sociate	2/27	Stow
azon	2/27	STOW
rehouse		
sociate	2/28	Station 3313 in RSP.A
azon		
rehouse		
sociate		

<u>Sprain/strain, Back, Lower Back, Equip: Scanner</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>14</u> days	<u>2</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Sprain/strain, Shoulder, Left Shoulder, Equip: Pallet Jack</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>22</u> days	<u>2</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Sprain/strain, Ankle, Right Ankle, Other</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>7</u> days	<u>12</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Sprain/strain, Knee, Left Knee, None</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>2</u> days	<u>2</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Sprain/strain, Shoulder, Right Shoulder, None</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>10</u> days	<u>2</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Sprain/strain, Back, Upper Back, None</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>13</u> days	<u>1</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Sprain/strain, Ankle, Right Ankle, Other</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>6</u> days	<u>10</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Sprain/strain, Wrist, Left Wrist, Tote - w/ product</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>33</u> days	<u>94</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Sprain/strain, Back, Lower Back, Product: Other</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>8</u> days	<u>6</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Sprain/strain, Shoulder, Left Shoulder, None</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>12</u> days	<u>2</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Sprain/strain, Knee, Right Knee, Other</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>120</u> days	<u>2</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Sprain/strain, Back, Lower Back, Other</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>153</u> days	<u>22</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Bruise, Toe, Left Great Toe, Other</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>3</u> days	<u>2</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Fracture, Wrist, Left Wrist, Other</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>13</u> days	<u>90</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Sprain/strain, Shoulder, Right Shoulder, Equip: Other</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>6</u> days	<u>25</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Sprain/strain, Wrist, Right Wrist, Product: Other</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>13</u> days	<u>1</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Sprain/strain, Knee, Right Knee, Other</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>0</u> days	<u>11</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Sprain/strain, Ankle, Left Ankle, Stair/Ladder, Portable</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>15</u> days	<u>1</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Sprain/strain, Wrist, Left Wrist, None</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>16</u> days	<u>2</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Sprain/strain, Back, Upper Back, Other</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>10</u> days	<u>41</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Sprain/strain, Shoulder, Right Shoulder, Equip: Other</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>0</u> days	<u>14</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Sprain/strain, Wrist, Right Wrist, Product: Heavy / Bulky</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>4</u> days	<u>30</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Laceration/cut/open wound, Finger, Right Index Finger, Equip: Other</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>11</u> days	<u>3</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Sprain/strain, Back, Lower Back, Product: Heavy / Bulky</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>4</u> days	<u>17</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Sprain/strain, Shoulder, Right Shoulder, Tote: Tote - w/ product</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>3</u> days	<u>2</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Sprain/strain, Back, Lower Back, Stool: Other</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>6</u> days	<u>174</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

mazon Warehouse ssociate	<u>3/2</u>	<u>work station</u>	<u>Sprain/strain, Elbow, Right Elbow, Other</u>
mazon Warehouse ssociate	<u>3/3</u>	<u>Work Station</u>	<u>Fracture, Hand, Right Hand, Equiv; Other</u>
mazon Warehouse ssociate	<u>3/3</u>	<u>AFFL Wall 2 Station 9</u>	<u>Sprain/strain, Hand, Left Thumb, Equiv; Other</u>
mazon Warehouse ssociate	<u>3/5</u>	<u>ICOA</u>	<u>Sprain/strain, Shoulder, Right Shoulder, Product: Heavy / Bulky</u>
mazon Warehouse ssociate	<u>3/5</u>	<u>Back station</u>	<u>Sprain/strain, Elbow, Right Elbow, Other</u>
mazon Warehouse ssociate	<u>3/7</u>	<u>South Eaches B12</u>	<u>Bruise, Head - Facial Area, Skull, Conveyor</u>
mazon Warehouse ssociate	<u>3/7</u>	<u>Stow station 4314 in RSP A</u>	<u>Other</u>
mazon Warehouse ssociate	<u>3/9</u>	<u>Stow station "B" mod</u>	<u>Sprain/strain, Wrist, Left Wrist, Other</u>
mazon Warehouse ssociate	<u>3/9</u>	<u>Pick station</u>	<u>Sprain/strain, Shoulder, Right Shoulder, Product: Other</u>
abilities technician/CSS	<u>3/11</u>	<u>AFF2</u>	<u>Hernia, Groin, Groin, Equiv; Other</u>
mazon Warehouse ssociate	<u>3/12</u>	<u>2322A</u>	<u>Fracture, Ankle, Left Ankle, Stair/Ladder; Ladder: Portable</u>
mazon Warehouse ssociate	<u>3/12</u>	<u>KSAW 3325 in RSP A</u>	<u>Sprain/strain, Wrist, Right Wrist, Other</u>
mazon Warehouse ssociate	<u>3/13</u>	<u>DFW7 200 Westport Pkwy Fort Worth, TX 76177</u>	<u>Bruise, Elbow, Right Elbow, Other</u>
mazon Warehouse ssociate	<u>3/13</u>	<u>On facility floor</u>	<u>Sprain/strain, Back, Lower Back, Equiv; Pallet Jack</u>
mazon Warehouse ssociate	<u>3/15</u>	<u>Pick</u>	<u>Bruise, Head - Facial Area, Skull, Equiv; Other</u>
mazon Warehouse ssociate	<u>3/18</u>	<u>Pick station</u>	<u>Sprain/strain, Shoulder, Left Shoulder, Other</u>
mazon Warehouse ssociate	<u>3/20</u>	<u>dock door 153</u>	<u>Fracture, Elbow, Left Elbow, Stool; Stepladder - 4-step</u>
mazon Warehouse ssociate	<u>3/22</u>	<u>Pick station</u>	<u>Sprain/strain, Hand, Left Hand,Right Hand, None</u>
mazon Warehouse ssociate	<u>3/23</u>	<u>DFW 7</u>	<u>Sprain/strain, Elbow, Left Elbow, Other</u>
mazon Warehouse ssociate	<u>3/24</u>	<u>station 3104</u>	<u>Sprain/strain, Back, Lower Back, Tote; Heavy</u>
mazon Warehouse ssociate	<u>3/30</u>	<u>work station</u>	<u>Sprain/strain, Groin, Groin, Other</u>
mazon Warehouse ssociate	<u>3/30</u>	<u>Workstation 3105-A</u>	<u>Sprain/strain, Shoulder, Right Shoulder, Other</u>
mazon Warehouse ssociate	<u>3/30</u>	<u>Stow</u>	<u>Sprain/strain, Hand, Left Hand,Right Hand, None</u>
mazon Warehouse ssociate	<u>4/1</u>	<u>Ship Dock</u>	<u>Bruise, Wrist, Right Wrist, Other</u>
mazon Warehouse ssociate	<u>4/2</u>	<u>DFW7 - 200 Westport Pkwy Fort Worth, TX</u>	<u>Sprain/strain, Elbow, Right Elbow, Other</u>
mazon Warehouse ssociate	<u>4/5</u>	<u>Stow</u>	<u>Sprain/strain, Ankle, Right Ankle, Other</u>

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>4</u> days	<u>165</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>2</u> days	<u>10</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>2</u> days	<u>1</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>6</u> days	<u>22</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>2</u> days	<u>18</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>2</u> days	<u>10</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>52</u> days	<u>53</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>2</u> days	<u>17</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>2</u> days	<u>2</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>21</u> days	<u>28</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>14</u> days	<u>100</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>13</u> days	<u>2</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>178</u> days	<u>2</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>8</u> days	<u>1</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>5</u> days	<u>2</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>8</u> days	<u>23</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>2</u> days	<u>180</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>4</u> days	<u>42</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>5</u> days	<u>175</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>9</u> days	<u>62</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>8</u> days	<u>46</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>2</u> days	<u>85</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>6</u> days	<u>24</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>11</u> days	<u>117</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>5</u> days	<u>19</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>2</u> days	<u>2</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

amazon Warehouse Associate	5/10	Work Station	Sprain/strain, Back, Lower Back, Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 days	85 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
amazon Warehouse Associate	5/11	Station 2103 A mod	Sprain/strain, Knee, Right Knee, None	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 days	58 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
amazon Warehouse Associate	5/12	work station	Sprain/strain, Shoulder, Left Shoulder, Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	160 days	2 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
amazon Warehouse Associate	5/16	parking lot	Concussion, Head other than face, Skull, Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25 days	2 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
amazon Warehouse Associate	5/19	work station	Sprain/strain, Back, Lower Back, Stair/Ladr: Ladder; Portable	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	35 days	2 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
amazon Warehouse Associate	5/20	AFF	Sprain/strain, Knee, Left Knee, None	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14 days	2 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
amazon Warehouse Associate	5/20	Pack Singles	Sprain/strain, Arm, Left Upper Arm, None	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0 days	2 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
amazon Warehouse Associate	5/22	afe1 wall 19	Sprain/strain, Knee, Right Knee, None	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 days	121 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
amazon Warehouse Associate	5/22	AFF	Sprain/strain, Knee, Right Knee, Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180 days	2 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
amazon Warehouse Associate	5/22	AFF2	Sprain/strain, Knee, Left Knee, None	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 days	2 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
amazon Warehouse Associate	5/23	AFF1	Skin irritation/dermatitis, Ankle, Left Ankle, Right Ankle, Other	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2 days	2 days	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
amazon Warehouse Associate	5/28	1109B	Laceration/cut/open wound, Head other than face, Scalp, Equiv: Sharp Edge	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 days	24 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
amazon Warehouse Associate	5/29	B Mod Slow	Sprain/strain, Hand, Left Hand, Left Index Finger, Left Middle Finger, Left Ring Finger, Bin / Rack / Shelf	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 days	140 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
amazon Warehouse Associate	5/29	DFWZ	Sprain/strain, Knee, Left Knee, None	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180 days	2 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
amazon Warehouse Associate	5/30	stow station	Sprain/strain, Wrist, Left Wrist/Right Wrist, None	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 days	33 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
amazon Warehouse Associate	6/1	STOW	Sprain/strain, Ankle, Left Knee, Left Ankle, None	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0 days	41 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
amazon Warehouse Associate	6/2	b mod west side green mile	Bruise, Head other than face, Skull, Conveyor: Other	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0 days	2 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
amazon Warehouse Associate	6/2	stow station	Fracture, Arm, Right Little Finger, Total: Totals=empty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5 days	175 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
amazon Warehouse Associate	6/2	DFW7 200 Westport Pkwy Fort Worth, TX 76177	Sprain/strain, Shoulder, Right Shoulder, Product: Heavy / Bulky	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	117 days	63 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
amazon Warehouse Associate	6/2	A mod 2124	Sprain/strain, Ankle, Right Ankle, None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	30 days	4 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
amazon Warehouse Associate	6/7	Ship Dock	Sprain/strain, Foot, Left Foot/Right Foot, None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0 days	2 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
amazon Warehouse Associate	6/13	Pack	Sprain/strain, Knee, Right Knee, None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	15 days	2 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
amazon Warehouse Associate	6/14	DFW7 200 Westport Pkwy Fort Worth, TX 76177	Sprain/strain, Shoulder, Right Shoulder, Product: Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 days	41 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
amazon Warehouse Associate	6/15	Park Lot	Sprain/strain, Ankle, Right Ankle, Facility: Uneven Surface	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18 days	2 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
amazon Warehouse Associate	6/15	AFF 1 Pack	Bruise, Foot, Right Foot, Cart: U-Boat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10 days	20 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
amazon Warehouse Associate	6/12	AFF	Sprain/strain, Shoulder, Left Shoulder,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12 days	10 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

			<u>Product: Heavy / Bulky</u>										
Associate	6/17	<u>Slow</u>	<u>Sprain/strain, Shoulder, Right Shoulder</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Associate	6/20	<u>AFF</u>	<u>Sprain/strain, Shoulder, Left Shoulder, None</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Associate	6/20	<u>Pick 2302 A mod</u>	<u>Sprain/strain, Back, Middle Back, None</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Associate	6/22	<u>ICOA</u>	<u>Sprain/strain, Wrist, Right Wrist, None</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Associate	6/24	<u>Inbound</u>	<u>Sprain/strain, Ankle, Left Ankle,Right Ankle, None</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Associate	6/28	<u>Pick station 31166</u>	<u>Sprain/strain, Wrist, Left Wrist, Product: Other</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Associate	6/28	<u>Receive</u>	<u>Sprain/strain, Wrist, Left Wrist, Product: Heavy / Bulky</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Associate	6/29	<u>work station</u>	<u>Sprain/strain, Foot, Left Foot, None</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Associate	6/30	<u>Ss taping</u>	<u>Bruise, Foot, Right Foot, Cart: Blue Cage Cart</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Associate	6/30	<u>ICOA</u>	<u>Sprain/strain, Shoulder, Neck,Right Shoulder, None</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Associate	6/30	<u>Slow Station</u>	<u>Sprain/strain, Finger, Left Thumb, Product: Other</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Associate	7/4	<u>DFW7 200 Westport Pkwy Fort Worth, TX 76177</u>	<u>Sprain/strain, Shoulder, Left Shoulder, Product: Heavy / Bulky</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Associate	7/5	<u>Slow</u>	<u>Laceration/cut/open wound, Hand, Left Thumb, Knife: Other</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Associate	7/6	<u>AFF 1</u>	<u>Sprain/strain, Abdomen/lower trunk/buttocks, Abdomen, Tote: Totels)-empty</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Associate	7/6	<u>RSP</u>	<u>Sprain/strain, Groin, Groin, Product: Other</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Associate	7/7	<u>B mod RSP</u>	<u>Sprain/strain, Knee, Left Knee, Tote: Tote w/ product</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Associate	7/8	<u>Pack Singles</u>	<u>Sprain/strain, Back, Lower Back, None</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Associate	7/10	<u>AFF Rebin</u>	<u>Sprain/strain, Leg, Left Shin,Right Shin, None</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Associate	7/12	<u>Pick station</u>	<u>Sprain/strain, Back, Upper Back, None</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Associate	7/13	<u>BMod 2103</u>	<u>Sprain/strain, Wrist, Left Wrist, Product: Other</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Associate	7/15	<u>Security turnstyle</u>	<u>Sprain/strain, Ankle, Right Ankle,Right Heel, Facility: Door</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Associate	7/15	<u>Pack Singles</u>	<u>Sprain/strain, Ankle, Left Ankle, Equio: Mat /Rug</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Associate	7/17	<u>Slow</u>	<u>Bruise, Finger, Left Index Finger,Left Middle Finger,Left Ring Finger, Equio: Other</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Associate	7/18	<u>Rebin 54 AFF2</u>	<u>Sprain/strain, Hand, Right Thumb, Equio: Other</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Associate	7/19	<u>ICOA</u>	<u>Bruise, Shoulder, Left Shoulder, Cart: U-Boat</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

associate	8/20	<u>work Desk</u>	<u>Carpal tunnel syndrome, Elbow, None</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Q days</u>	<u>12 days</u>
associate	8/23	<u>work area</u>	<u>Bruise, Knee, Chin, Left Knee, Left Shin, Equip: Pallet</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>21 days</u>	<u>12 days</u>
associate	8/23	<u>work station</u>	<u>Sprain/strain, Back, Lower Back, Product: Heavy / Bulky</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>2 days</u>	<u>2 days</u>
associate	8/24	<u>RSP B MOD</u>	<u>Bruise, Hand, Right Hand, Right Thumb, Bin / Rack / Shelf</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>99 days</u>	<u>7 days</u>
associate	8/25	<u>BMOD 1311</u>	<u>Sprain/strain, Knee, Right Knee, None</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>2 days</u>	<u>29 days</u>
associate	8/26	<u>work area</u>	<u>Occupational Disease/Illness, not otherwise listed, Back, Product: Other</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>5 days</u>	<u>10 days</u>
associate	8/27	<u>Stow</u>	<u>Sprain/strain, Arm, Right Upper Arm, Right Elbow, None</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>6 days</u>	<u>2 days</u>
associate	8/28	<u>work area</u>	<u>Sprain/strain, Arm, Left Upper Arm, Product: Heavy / Bulky</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>28 days</u>	<u>152 days</u>
associate	8/28	<u>3116 B RSP</u>	<u>Sprain/strain, Shoulder, Left Shoulder, Other</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>15 days</u>	<u>2 days</u>
associate	8/29	<u>RSP</u>	<u>Sprain/strain, Groin, Groin, Other</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>11 days</u>	<u>47 days</u>
associate	8/29	<u>AFF</u>	<u>Sprain/strain, Wrist, Left Wrist, Left Hand, Other</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>5 days</u>	<u>12 days</u>
associate	8/30	<u>AFF</u>	<u>Sprain/strain, Elbow, Right Elbow, Product: Heavy / Bulky</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>49 days</u>	<u>2 days</u>
associate	8/30	<u>REBIN 12</u>	<u>Sprain/strain, Shoulder, Right Shoulder, None</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>9 days</u>	<u>35 days</u>
associate	8/31	<u>AFF</u>	<u>Sprain/strain, Shoulder, Left Shoulder, Equip: Mat / Rug</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>10 days</u>	<u>2 days</u>
associate	9/1	<u>work station</u>	<u>Sprain/strain, Wrist, Right Wrist, Other</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>2 days</u>	<u>31 days</u>
associate	9/1	<u>Offsite</u>	<u>Sprain/strain, Shoulder, Left Shoulder, None</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>11 days</u>	<u>2 days</u>
associate	9/3	<u>Outbound Sort</u>	<u>Laceration/cut/open wound, Eye, Left Penetrating, Other</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Q days</u>	<u>2 days</u>
associate	9/3	<u>POD Transfer Project</u>	<u>Sprain/strain, Shoulder, Right Shoulder, Equip: Pallet Jack</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>61 days</u>	<u>112 days</u>
associate	9/5	<u>I COA level 1 Station #1301</u>	<u>Concussion, Head - Facial Area, Skull, Tote: Totes(s)-empty</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>101 days</u>	<u>52 days</u>
associate	9/5	<u>Stow</u>	<u>Sprain/strain, Shoulder, Left Shoulder, None</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>3 days</u>	<u>2 days</u>
associate	9/6	<u>B MOD Stand up</u>	<u>Sprain/strain, Knee, Left Knee, None</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Q days</u>	<u>46 days</u>
associate	9/7	<u>work station</u>	<u>Sprain/strain, Back, Lower Back, None</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Q days</u>	<u>Q days</u>
associate	9/8	<u>Stow A mod</u>	<u>Sprain/strain, Finger, Left Ring Finger, Tote: Tote - w/ product</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>119 days</u>	<u>2 days</u>
associate	9/8	<u>Stairs</u>	<u>Bruise, Knee, Left Knee, Facility: Other</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>140 days</u>	<u>40 days</u>
associate	9/13	<u>water spider</u>	<u>Sprain/strain, Back, Lower Back, Product: Heavy / Bulky</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>6 days</u>	<u>155 days</u>
associate	9/13	<u>Unknown</u>	<u>Sprain/strain, Shoulder, Right Shoulder,</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Q days</u>	<u>14 days</u>

mazon	associate	9/14	Receive	None	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33 days	20 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
mazon	associate	9/14	Work station.	Sprain/strain, Back, Lower Back, Equip; Pallet	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19 days	2 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
mazon	associate	9/15	AFF	Sprain/strain, Back, Lower Back, None	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 days	44 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
mazon	associate	9/15	B mod 4th floor	Sprain/strain, Shoulder, Left Shoulder, None	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13 days	22 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
mazon	associate	9/18	Receive Dock	Bruise, Back, Right Shoulder, Equip; Pallet	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 days	6 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
mazon	associate	9/18	Stairs	Sprain/strain, Knee, Right Knee, None	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 days	17 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
mazon	associate	9/18	Station	Sprain/strain, Back, Middle Back, None	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180 days	2 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
mazon	associate	9/19	AFF Pack	Sprain/strain, Back, Lower Back, Product; Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18 days	12 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
mazon	associate	9/20	AFF 2 Rebin 61	Fracture, Finger, Right Little Finner, Tote; Tote - w/ product	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	128 days	2 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
mazon	associate	9/20	Pack Singles	Sprain/strain, Shoulder, Left Shoulder, Product: Heavy / Bulky	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13 days	33 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
mazon	associate	9/21	N/a	Sprain/strain, Back, Lower Back, None	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8 days	2 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
mazon	associate	9/21	Shindock	Bruise, Back, Lower Back, None	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2 days	10 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
mazon	associate	9/24	bmod pick 4117	Sprain/strain, Back, Lower Back, None	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	18 days	47 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
mazon	associate	9/24	shindock	Sprain/strain, Back, Lower Back, Product; Other	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	65 days	2 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
mazon	associate	9/30	3rd floor 3302	Sprain/strain, Ankle, Right Ankle, Stair/Ladder; Ladder: Fixed	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	40 days	2 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
mazon	associate	9/30	AMOD 1st floor east side	Laceration/cut/open wound, Foot, Left Foot, Debris; Pallet Nail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2 days	2 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
mazon	associate	9/30	turnstile	Fracture, Hips/pelvis, Left Thigh, Facility Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	123 days	57 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
mazon	associate	10/1	pick station	Sprain/strain, Knee, Left Knee, None	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5 days	2 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
mazon	associate	10/2	AFF1	Sprain/strain, Abdomen/lower trunk/buttocks, Abdomen, Product: Heavy / Bulky	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	13 days	18 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
mazon	associate	10/2	AFF Pack	Sprain/strain, Back, Middle Back, Product; Other	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5 days	58 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
mazon	associate	10/5	work	Sprain/strain, Shoulder, Left Shoulder, Equip; Pallet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2 days	2 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
mazon	associate	10/6	Tranship	Sprain/strain, Shoulder, Right Shoulder, Product: Other	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	18 days	2 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
mazon	associate	10/6	work station	Sprain/strain, Shoulder, Left Shoulder, Other	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3 days	2 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
mazon	associate	10/7	Pallet land pick	Sprain/strain, Shoulder, Left Shoulder, Other	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	91 days	2 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
mazon	associate	10/8	Show	Sprain/strain, Shoulder, Right Shoulder, None	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	180 days	2 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<u>11/12</u>	<u>Pick</u>	<u>Sprain/strain, Back, Lower Back, Other</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>8 days</u>	<u>55 days</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>11/13</u>	<u>work</u>	<u>Sprain/strain, Knee, Right Knee, Product: Other</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>2 days</u>	<u>52 days</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>11/14</u>	<u>Receive</u>	<u>Bruise, Back, Lower Back, Product: Other</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>177 days</u>	<u>2 days</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>11/15</u>	<u>AFF1</u>	<u>Sprain/strain, Hand, Left Hand, Right Hand, Other</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>2 days</u>	<u>2 days</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>11/16</u>	<u>PACK Singles</u>	<u>Sprain/strain, Wrist, Left Wrist, Tote: Heavy</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>12 days</u>	<u>43 days</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>11/16</u>	<u>Slam Area</u>	<u>Sprain/strain, Shoulder, Left Shoulder, Other</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>68 days</u>	<u>112 days</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>11/17</u>	<u>DFW7</u>	<u>Sprain/strain, Shoulder, Left Shoulder, Product: Heavy / Bulky</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>2 days</u>	<u>2 days</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>11/18</u>	<u>AGV Lane</u>	<u>Bruise, Foot, Left Foot, Equip: Pallet Jack</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>24 days</u>	<u>21 days</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>11/18</u>	<u>Stow</u>	<u>Sprain/strain, Arm, Right Upper Arm, Product: Heavy / Bulky</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>28 days</u>	<u>35 days</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>11/20</u>	<u>Stow</u>	<u>Sprain/strain, Wrist, Left Wrist, Product: Heavy / Bulky</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>2 days</u>	<u>2 days</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>11/20</u>	<u>East side A Mod</u>	<u>Bruise, Foot, Left Foot, Facility: Door</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>2 days</u>	<u>42 days</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>11/24</u>	<u>work station</u>	<u>Sprain/strain, Hand, Right Hand, Other</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>2 days</u>	<u>38 days</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>11/24</u>	<u>AFF Pack</u>	<u>Bruise, Finger, Right Ring Finger, Product: Other</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>2 days</u>	<u>13 days</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>11/25</u>	<u>AMOD PICK 4302</u>	<u>Sprain/strain, Back, Lower Back, Other</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>2 days</u>	<u>8 days</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>11/25</u>	<u>AFF1</u>	<u>Sprain/strain, Shoulder, Left Shoulder, Product: Other</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>2 days</u>	<u>1 days</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>11/25</u>	<u>AFF 1 station 71</u>	<u>Bruise, Knee, Left Knee, Facility: Other</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>54 days</u>	<u>24 days</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>11/26</u>	<u>work station</u>	<u>Crushing/smashing injury, Hand, Right Hand, Product: Other</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>2 days</u>	<u>95 days</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>11/26</u>	<u>1st A Mod</u>	<u>Sprain/strain, Shoulder, Right Shoulder, Other</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>17 days</u>	<u>2 days</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>11/26</u>	<u>ship dock north side 154-156</u>	<u>Bruise, Back, Lower Back, Product: Heavy / Bulky</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>40 days</u>	<u>2 days</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>11/27</u>	<u>Ship Dock</u>	<u>Sprain/strain, Shoulder, Left Shoulder, None</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>2 days</u>	<u>2 days</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>11/27</u>	<u>ship dock</u>	<u>Fracture, Finger, Left Middle Finger, Other</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>2 days</u>	<u>2 days</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>11/27</u>	<u>AFF/Packing</u>	<u>Sprain/strain, Shoulder, Right Shoulder, Product: Other</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>2 days</u>	<u>44 days</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>11/27</u>	<u>AFF2 - Wall 65</u>	<u>Sprain/strain, Shoulder, Left Shoulder, None</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>31 days</u>	<u>4 days</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>11/27</u>	<u>Case off south</u>	<u>Avulsion (incl. finger/toe nail), Foot, Right Great Toe, Facility: Pallet Jack</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>10 days</u>	<u>2 days</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>11/27</u>	<u>AFF1, Station 1</u>	<u>Sprain/strain, Wrist, Right Wrist, Facility: Other</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>15 days</u>	<u>21 days</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>11/28</u>	<u>Receive Dock</u>	<u>Sprain/strain, Arm, Left Upper Arm, Product: Heavy / Bulky</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>122 days</u>	<u>8 days</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>11/28</u>	<u>Picking Station 2118</u>	<u>Sprain/strain, Shoulder, Right Shoulder,</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>5 days</u>	<u>134 days</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		<u>None</u>										
11/29	RSP-B station 3316	Sprain/strain, Wrist, Left Wrist, Tote; Heavy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	51 days	2 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11/30	pick	Sprain/strain, Back, Lower Back, None	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28 days	21 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11/30	work station	Sprain/strain, Arm, Left Upper Arm, Product; Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7 days	2 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12/3	east side 4th floor A mod	Sprain/strain, Chest, Chest, None	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11 days	21 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12/4	work station	Sprain/strain, Hand, Right Hand, Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8 days	58 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12/4	AMOD	Sprain/strain, Finger, Right Little Finger, Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2 days	2 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12/4	Pack Singles	Electrical Shock, Hand, Right Hand, Equipment; Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2 days	3 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12/5	AFF1 Wall 11, station 46.	Bruise, Shoulder, Right Shoulder, Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40 days	140 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12/5	Ship Dock	Sprain/strain, Arm, Right Wrist, Product; Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20 days	2 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12/5	Induct Station 20 of AFF2	Sprain/strain, Ankle, Right Ankle, None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2 days	2 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12/8	Pick Station	Sprain/strain, Knee, Right Knee, Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 days	2 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12/8	Pack wall 17 station 20.	Bruise, Head other than face, Skull, Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2 days	23 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12/8	2202 or possible first floor station	Sprain/strain, Knee, Left Knee, Stair/Ladder; Ladder: Portable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2 days	180 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12/9	Stow station 3304 Bimod	Sprain/strain, Wrist, Left Wrist, Product; Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 days	43 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12/9	AFF	Sprain/strain, Wrist, Left Wrist, Product; Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2 days	4 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12/9	Stow Station	Bruise, Toe, Right Great Toe, Product; Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 days	2 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12/9	ship dock	Bruise, Back, Middle Back, PIT; Fork truck	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 days	22 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12/10	Work Station	Sprain/strain, Foot, Right Foot, Product; Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26 days	154 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12/10	Siam Line AFF1	Sprain/strain, Shoulder, Right Shoulder, Right Elbow, None	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 days	1 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12/10	Occurred on main stairs near Gift Wrap, leading into the AFF1 sort room, AFF Second floor	Sprain/strain, Back, Lower Back, Stair/Ladder; Ladder: Fixed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8 days	14 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12/10		Bruise, Shoulder, Left Shoulder, None	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 days	2 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12/11	Work Station	Sprain/strain, Knee, Right Knee, None	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 days	5 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12/11	work station	Sprain/strain, Back, Lower Back, Debris; Dust	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 days	125 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12/12	Gift wrap	Concussion, Head other than face, Hair, Facility: Furniture	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 days	2 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12/12	gift wrap	Sprain/strain, Ankle, Left Ankle, Equip: Mat / Rue	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16 days	2 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

azon rehouse sociate	12/12	RM002	Sprain/strain, Shoulder, Left Shoulder, Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 days	2 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
azon rehouse sociate	12/13	A2307	Sprain/strain, Ankle, Right Ankle, Stair/Ladder; Portable Ladder: Portable	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 days	58 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
azon rehouse sociate	12/13	Gift Wrap Support	Sprain/strain, Wrist, Left Wrist, Tote; Tote - w/ product	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8 days	15 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
azon rehouse sociate	12/13	work station	Sprain/strain, Back, Lower Back, Product: Heavy / Bulky	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19 days	20 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
azon rehouse sociate	12/14	AFF-1	Bruise, Head other than face, Hair, Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 days	41 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
azon rehouse sociate	12/15	work related	Sprain/strain, Wrist, Right Wrist, Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 days	5 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
azon rehouse sociate	12/15	BSR	Sprain/strain, Back, Lower Back, Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 days	177 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
azon rehouse sociate	12/15	Work station B-3104	Eye irritation, Eye, Left Eye, Right Eye, Product: Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 days	2 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
azon rehouse sociate	12/15	Offsite	Sprain/strain, Back, Left Shoulder, Upper Back, Middle Back, Left Upper Arm, Left Wrist, None	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 days	2 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
azon rehouse sociate	12/15	AGV east (north Receive)	Sprain/strain, Back, Middle Back, None	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 days	8 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
azon rehouse sociate	12/15	Shipping	Sprain/strain, Shoulder, Left Shoulder, None	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24 days	68 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
azon rehouse sociate	12/16	Gavlord	Sprain/strain, Back, Lower Back, Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	51 days	2 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
azon rehouse sociate	12/17	Packing Station	Sprain/strain, Shoulder, Left Shoulder, Tote; Tote - w/ product	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 days	45 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
azon rehouse sociate	12/17	work station	Sprain/strain, Back, Lower Back, None	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11 days	32 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
azon rehouse sociate	12/17	work station	Sprain/strain, Ankle, Right Ankle, None	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	39 days	132 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
azon rehouse sociate	12/18	AFF	Sprain/strain, Wrist, Left Wrist, Product: Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 days	2 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
azon rehouse sociate	12/18	Shiodock	Sprain/strain, Ankle, Right Ankle, Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21 days	2 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
azon rehouse sociate	12/19	Packing Station 15	Sprain/strain, Shoulder, Left Shoulder, None	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 days	2 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
azon rehouse sociate	12/19	Transhia	Sprain/strain, Shoulder, Left Shoulder, None	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 days	2 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
azon rehouse sociate	12/19	Ship Dock	Bruise, Head other than face, Scalp, Product: Unstable	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 days	12 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
azon rehouse sociate	12/20	station 4306/4326 amod	Sprain/strain, Back, Lower Back, None	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 days	49 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
azon rehouse sociate	12/21	work station	Sprain/strain, Knee, Right Knee, None	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	37 days	36 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
azon rehouse sociate	12/22	seasonal breakroom	Crushing/smashing injury, Shoulder, Left Shoulder, Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13 days	2 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
azon rehouse sociate	12/22	Ship Dock/Trans Ship	Sprain/strain, Ankle, Right Ankle, Debris, Other	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 days	21 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
azon rehouse sociate	12/29	B Mod 3rd Floor	Sprain/strain, Abdomen/lower trunk/buttocks, Right Hip/pelvis, Tote; Tote - w/ product	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8 days	22 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Page total:				0	266	32	23	7,968	11,170	318	1	0	0	0

Page totals >

Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses
(1)	(2)	(3)	(4)	(5)	(6)

DO NOT CONFIDENTIAL



Summary of Work-Related Injuries and Illnesses

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you have added the entries from every page of the Log. If you had no cases, write "0."

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	200	26	26
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of Job Transfer or Restriction
8453	6001
(K)	(L)

Injury and Illness Types

Total number of...	(M)		
(1) Injuries	251	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory condition	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.

Public reporting burden for this collection of information is estimated to average 50 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N- 3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Establishment Information

Your establishment name DEW7

Company Name Amazon.com.kydc LLC

Street 700 Westport Parkway

City Fort Worth State Texas ZIP 76177

Industry description (e.g. Manufacture of motor truck trailers)

General warehousing and storage

Standard Industrial Classification (SIC), if known (e.g. SIC3715)

— — — —

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

493110

Employment Information

Annual average number of employees 0

Total hours worked by all employees last year 5,775,832

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company Executive

Title

Phone

Date

OSHA's Form 300

Log of Work-Related Injuries and Illnesses

You must record information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, Days Away From Work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR Part 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an Injury and Illness Incident Report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.

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.



Year 2018 
U.S Department of
Labor
Occupational Safety and Health
Administration

Establishment name DFW7
ee Amazon.com.kydc LLC
City: Fort Worth State: Texas

azon_Warehouse	6/21	Snow
gate		Water Spader
azon_Warehouse	6/22	
gate		RSP
gate		ship dock
azon_Warehouse	6/24	
gate		Snow
azon_Warehouse	6/25	RSR south side
gate		
azon_Warehouse	6/26	AEEZ
gate		
azon_Warehouse	6/26	Unknown
gate		
azon_Warehouse	6/29	Snow
gate		
azon_Warehouse	7/1	dfw?
gate		
azon_Warehouse	7/2	DFWZ
gate		
azon_Warehouse	7/10	Floor
gate		
azon_Warehouse	7/10	AEE
gate		
azon_Warehouse	7/11	AGV Lane
gate		
azon_Warehouse	7/13	BMOD 4th Floor
gate		
azon_Warehouse	7/13	DFWZ
gate		
azon_Warehouse	7/15	DFWZ
gate		
azon_Warehouse	7/15	Pick Station
gate		
azon_Warehouse	7/16	dfw?
gate		
azon_Warehouse	7/16	dfw?
gate		
azon_Warehouse	7/17	Ship Dock
gate		
azon_Warehouse	7/17	dfw?
gate		
azon_Warehouse	7/17	AFF1 Rebin
gate		
azon_Warehouse	7/18	AFF1 Induct
gate		
azon_Warehouse	7/22	AFF1
gate		
azon_Warehouse	7/24	B-2322
gate		
azon_Warehouse	7/24	Shipdock
gate		
azon_Warehouse	7/25	Pick station 33
gate		
azon_Warehouse	7/26	BMOD 2119
gate		
azon_Warehouse	7/26	Pack
gate		
azon_Warehouse	7/26	V>Returns_son
gate		
azon_Warehouse	7/28	RSP 3116-A
gate		
azon_Warehouse	7/29	AFF1
gate		
azon_Warehouse	8/1	1st Floor West
gate		
azon_Warehouse	8/4	WHD/Grading
gate		
azon_Warehouse	8/4	Snow
gate		
azon_Warehouse	8/5	dfw?
gate		
azon_Warehouse	8/5	dfw?
gate		

Skin irritation/dermatitis, Hand, Left
Hand,Right Hand, Product: Other
Sprain/strain, Back, Lower Back, None

Sprain/strain, Knee, Right Knee, Other

Bruise, Leg, Right Thigh, None

Sprain/strain, Leg, Left Ankle, Left
Knee,Left Shin, None
Bruise, Finger, Left Ring Finger, Product:
Other
Dislocation, Chest, Ribs, Other

Sprain/strain, Back, Middle Back, Other

Sprain/strain, Back, Lower Back, Product:
Other
Sprain/strain, Elbow, Right Elbow, Other

Sprain/strain, Back, Middle Back, None

Sprain/strain, Shoulder, Right Shoulder,
None
Sprain/strain, Back, Lower Back, Middle
Back, Other
Bruise, Knee, Left Knee, Other

Sprain/strain, Hips/pelvis, Left Hip/pelvis,
None
Sprain/strain, Wrist, Left Wrist, Product:
Other
Sprain/strain, Wrist, Right Wrist, Product:
Other
Sprain/strain, Wrist, Left Wrist, Other

Sprain/strain, Hand, Right Hand

Sprain/strain, Back, Lower Back, Other

Sprain/strain, Arm, Left Forearm, Left
Upper Arm,Left Elbow, Other
Sprain/strain, Back, Lower Back, Middle
Back, None
Sprain/strain, Knee, Right Knee, None

Sprain/strain, Shoulder, Left Shoulder,
Other
Sprain/strain, Arm, Right Upper Arm, Other

Sprain/strain, Shoulder, Right Shoulder,
Other
Bruise, Elbow, Right Elbow

Sprain/strain, Wrist, Left Wrist, Right Wrist
Other
Sprain/strain, Back, Lower Back, Other

Sprain/strain, Elbow, Left Elbow, None

Bruise, Knee, Right Hip/pelvis, Right
Knee,Right Shoulder, Other
Bruise, Wrist, Right Wrist, Product: Other

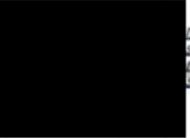
Sprain/strain, Leg, Right Hamstring, None

Sprain/strain, Wrist, Right Wrist, Product:
Other
Sprain/strain, Knee, Left Knee

Sprain/strain, Back, Middle Back, None

Sprain/strain, Shoulder, Left Shoulder,
Other
Sprain/strain, Shoulder, Left Shoulder,
Other

amazon Warehouse 10/24	SATR	Sprain/strain, Shoulder, Left Shoulder, None	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22 days	2 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
associate		Sprain/strain, Knee, Left Knee, Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 days	1 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
amazon Warehouse 10/27	DFWZ	Sprain/strain, Wrist, Right Wrist	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 days	0 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
associate		Sprain/strain, Leg, Right Calf, None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 days	33 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
amazon Warehouse 11/1	DFWZ	Sprain/strain, Finger, Left Little Finger, Tote; Tote - w/ product	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	194 days	-14 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
associate		Sprain/strain, Back, Lower Back, None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	130 days	50 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
amazon Warehouse 11/2	Floor	Sprain/strain, Wrist, Left Wrist, Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8 days	15 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
associate		Sprain/strain, Knee, Right Knee, Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0 days	2 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
amazon Warehouse 11/5	DFWZ	Sprain/strain, Wrist, Right Wrist, Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 days	2 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
associate		Sprain/strain, Back, Lower Back, Middle Back, None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18 days	0 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
amazon Warehouse 11/6	DFWZ	Sprain/strain, Back, Upper Back, Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11 days	162 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
associate		Bruise, Knee, Left Knee, None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9 days	50 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
amazon Warehouse 11/8	PACK	Foreign body/puncture (e.g. splinter), Hand, Right Hand, Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0 days	2 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
associate		Sprain/strain, Wrist, Left Wrist, None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8 days	118 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
amazon Warehouse 11/11	DFWZ BMOD Station 81311	Sprain/strain, Back, Lower Back, Middle Back, None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27 days	0 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
associate		Sprain/strain, Back, Upper Back, Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180 days	0 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
amazon Warehouse 11/13	DFWZ	Bruise, Head other than face, Skull, None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20 days	0 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
associate		Sprain/strain, Abdomen/lower trunk/buttocks, Abdomen, Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	129 days	51 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
amazon Warehouse 11/15	AFEZ	Sprain/strain, Shoulder, Right Shoulder, Product: Heavy / Bulky	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8 days	2 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
associate		Crushing/mashing injury, Finger, Right Index Finger, Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8 days	0 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
amazon Warehouse 11/16	DFWZ	Sprain/strain, Wrist, Right Wrist, Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	130 days	32 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
associate		Sprain/strain, 200 Westport Pkwy Fort Worth, TX USA 76127	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7 days	100 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
amazon Warehouse 11/17	DFWZ	Sprain/strain, Hand, Left Hand, None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 days	52 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
associate		Sprain/strain, Ankle, Right Ankle, None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11 days	19 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
amazon Warehouse 11/20	DFWZ	Sprain/strain, Wrist, Left Wrist, None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8 days	2 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
associate		Sprain/strain, Shoulder, Left Shoulder, None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45 days	0 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
amazon Warehouse 11/24	DFWZ	Sprain/strain, Knee, Left Knee, None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9 days	2 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
associate		Sprain/strain, Arm, Left Forearm, Tote; Tote - w/ product	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	156 days	24 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
amazon Warehouse 11/25	DFWZ	Sprain/strain, Back, Middle Back, Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 days	12 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
associate		Sprain/strain, Knee, Left Knee, Facility: Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8 days	16 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
amazon Warehouse 12/1	DFWZ	Sprain/strain, Hand, Right Hand, Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18 days	2 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
associate		Sprain/strain, Leg, Left Calf, None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20 days	11 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
amazon Warehouse 12/2	DFWZ	Sprain/strain, Knee, Left Knee, Right Knee, None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9 days	15 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Associate		Sprain/strain, Shoulder, Right Shoulder, Bin / Rack / Shelf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	145 days	35 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amazon Warehouse 12/3	PICK	Sprain/strain, Wrist, Left Wrist, Product: Heavy / Bulky	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9 days	4 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Associate		Sprain/strain, Foot, Left Foot, None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 days	4 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amazon Warehouse 12/5	DFWZ	Sprain/strain, Back, Lower Back, None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	157 days	20 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Associate		Sprain/strain, Knee, Left Knee, None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8 days	2 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amazon Warehouse 12/6	DFWZ	Sprain/strain, Hand, Left Hand, None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 days	2 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Associate		Sprain/strain, Wrist, Right Wrist, Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18 days	2 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amazon Warehouse 12/7	DFWZ	Sprain/strain, Arm, Left Forearm, Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20 days	11 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Associate		Sprain/strain, Knee, Left Knee, Right Knee, None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9 days	15 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amazon Warehouse 12/9	PICK	Sprain/strain, Shoulder, Right Shoulder, Bin / Rack / Shelf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	145 days	35 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Associate		Sprain/strain, Foot, Left Foot, None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9 days	4 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amazon Warehouse 12/10	dfwz	Sprain/strain, Back, Lower Back, None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 days	4 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Associate		Sprain/strain, Knee, Left Knee, None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	157 days	20 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amazon Warehouse 12/12	DFWZ	Sprain/strain, Hand, Left Hand, None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8 days	2 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Associate		Sprain/strain, Wrist, Right Wrist, Product: Heavy / Bulky	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18 days	2 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amazon Warehouse 12/15	DFWZ	Sprain/strain, Foot, Left Foot, None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 days	4 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Associate		Sprain/strain, Back, Lower Back, None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	157 days	20 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amazon Warehouse 12/16	DFWZ	Sprain/strain, Knee, Left Knee, None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8 days	2 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Associate		Sprain/strain, Hand, Left Hand, None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 days	2 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amazon Warehouse 12/18	DFWZ	Sprain/strain, Wrist, Right Wrist, Product: Heavy / Bulky	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18 days	2 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Associate		Sprain/strain, Foot, Left Foot, None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20 days	11 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amazon Warehouse 12/22	DFWZ	Sprain/strain, Arm, Left Forearm, Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9 days	4 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Associate		Sprain/strain, Knee, Left Knee, Right Knee, None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 days	4 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>


mazon Warehouse 12/28
ssociate
mazon Warehouse 12/30
ssociate

DFWZ
DFWZ

Bruise, Toe, Left Great Toe, Product;
Other
Fracture, Finger, Right Thumb, Fracture;
Other

[Page totals >](#)

Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16 days	2 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	156 days	2 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
0	200	26	26	8,453	6,001	251	0	0	0	0	0	0	1

(1) (2) (3) (4) (5) (6)

Injury
Skin Disorder
Respiratory Condition
Poisoning
Hearing Loss
All other Illnesses

NON CONFIDENTIAL



Summary of Work-Related Injuries and Illnesses

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you have added the entries from every page of the Log. If you had no cases, write "0."

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHAs recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	<u>154</u>	<u>101</u>	<u>33</u>
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of Job Transfer or Restriction
<u>6601</u>	<u>6460</u>
(K)	(L)

Injury and Illness Types

Total number of...	(M)		
(1) Injuries	<u>282</u>	(4) Poisonings	<u>0</u>
(2) Skin disorders	<u>0</u>	(5) Hearing Loss	<u>0</u>
(3) Respiratory condition	<u>0</u>	(6) All other illnesses	<u>6</u>

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

Public reporting burden for this collection of information is estimated to average 50 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N- 3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Establishment Information

Your establishment name DFW7

Company Name Amazon.com.kydc LLC

Street 700 Westport Parkway

City Fort Worth State Texas ZIP 76177

Industry description (e.g. Manufacture of motor truck trailers)

General warehousing and storage

Standard Industrial Classification (SIC), if known (e.g. SIC3715)

— — — —

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

493110

Employment Information

Annual average number of employees 0

Total hours worked by all employees last year 6,004,853

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company Executive

Title

Phone

Date

Log of Work-Related Injuries and Illnesses

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.



You must record information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, Days Away From Work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR Part 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an Injury and Illness Incident Report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.

Identify the person

(A) Case Employee's Name no.	(B) Job title (e.g., Welder)	(C)	(D) Date of injury Where the event occurred or onset (e.g., Loading dock north end) of illness	(E)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., Second degree burns on right forearm from acetylene torch)	Classify the case		
			Using these four categories, check ONLY the most serious result for each case:			Enter the number of days the injured or ill worker was:		
			Death	Days away from work	Remained at work	Away from work (K)	On job transfer or restriction (L)	Check the "Injury" column or choose one type of illness:
			(G)	(H)	(I)	(J)	(M)	Injury (1) Skin Disorder (2) Respiratory Condition (3) Poisoning (4) Hearing Loss (5) All other illnesses (6)
Onsite Medical Representative	1/1	home	Other, Other	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0 days 0 days <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Amazon Warehouse 1/2 Associate	DFW2		Fracture, Hand, Left Thumb, Equip: Pallet Jack	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 days 128 days <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Amazon Warehouse 1/6 Associate	Induct		Sprain/strain, Back, Middle Back, Total: Tote - w/ product	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15 days 165 days <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Amazon Warehouse 1/7 Associate	DFW2 parking lot		Sprain/strain, Ankle, Left Ankle, None	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8 days 5 days <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Amazon Warehouse 1/8 Associate	dfw2		Sprain/strain, Elbow, Left Elbow, Product: Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7 days 177 days <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Amazon Warehouse 1/12 Associate	DFW2		Sprain/strain, Shoulder, Right Shoulder, None	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	167 days 13 days <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Amazon Warehouse 1/14 Associate	Pack singles		Sprain/strain, Shoulder, Right Shoulder, None	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180 days 0 days <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Amazon Warehouse 1/15 Associate	pick		Sprain/strain, Wrist, Left Wrist, None	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9 days 0 days <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Amazon Warehouse 1/17 Associate	DFW2		Sprain/strain, Back, Lower Back, None	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	84 days 0 days <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Amazon Warehouse 1/25 Associate	B-1123		Sprain/strain, Back, Lower Back/Middle Back, Bin / Rack / Shelf	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13 days 29 days <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Amazon Warehouse 1/28 Associate	afe2		Sprain/strain, Abdomen/lower trunk/buttocks, Abdomen, Bin / Rack / Shelf	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180 days 0 days <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Amazon Warehouse 1/28 Associate	Pack singles Large Line 3: Station: Can not recall		Sprain/strain, Elbow, Left Elbow, Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0 days 0 days <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Amazon Warehouse 1/28 Associate	DFW2 200 Westport Parkway Fort Worth TX 76177		Sprain/strain, Back, Upper Back, Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180 days 0 days <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Amazon Warehouse 1/29 Associate	Ship dock		Sprain/strain, Shoulder, Left Shoulder, Right Shoulder, Product: Heavy / Bulky	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180 days 0 days <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Amazon Warehouse 1/31 Associate	DFW2 Amazon AFE		Sprain/strain, Foot, Left Foot, None	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180 days 0 days <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Amazon Warehouse 2/1 Associate	DFW2		Sprain/strain, Shoulder, Right Shoulder, None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0 days 0 days <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Amazon Warehouse 2/1 Associate	ship dock		Sprain/strain, Back, Lower Back/Middle Back, Upper Back, Grain Right Hip/pelvis Left Knee Right Knee Left Hamstring Left Thigh Right Hamstring Right Thigh, None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0 days 0 days <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Amazon Warehouse 2/2 Associate	DFW2 - AFE2		Sprain/strain, Shoulder, Left Shoulder, None	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	178 days 2 days <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Amazon Warehouse 2/5 Associate	DFW2		Sprain/strain, Hand, Right Hand, None	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32 days 63 days <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Amazon Warehouse 2/6 Associate	DFW2		Sprain/strain, Trunk, upper, Ribs, Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	179 days 1 days <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

associate	DFWZ	afe1	Sprain/strain, Wrist, Left Wrist, Right Wrist, Product: Other	☐	☒	☐	☐	179 days	1days	☒	☐	☐
associate	DFWZ BMOD #rd Floor West side		Sprain/strain, Foot, Left Ankle, Left Foot, Left Heel, Other	☐	☒	☐	☐	99 days	2days	☒	☐	☐
associate	dfwz		Sprain/strain, Wrist, Left Wrist, Other	☐	☒	☐	☐	14 days	49days	☒	☐	☐
associate	afe2		Fracture, Knee, Left Knee, None	☐	☒	☐	☐	180 days	0days	☒	☐	☐
associate	DFWZ		Fracture, Finger, Right Thumb, Other	☐	☒	☐	☐	0 days	125 days	☒	☐	☐
associate	dfwz		Sprain/strain, Abdomen/lower trunk/buttocks, Abdomen, Other	☐	☒	☐	☐	3 days	1days	☒	☐	☐
associate	4th floor		Sprain/strain, Shoulder, Left Shoulder, Product: Improperly prepared	☐	☒	☐	☐	103 days	3days	☒	☐	☐
associate	afe		Sprain/strain, Wrist, Right Wrist, None	☐	☒	☐	☐	90 days	2days	☒	☐	☐
associate	stow		Sprain/strain, Wrist, Right Wrist, Other	☐	☒	☐	☐	180 days	1days	☒	☐	☐
associate	DFWZ		Sprain/strain, Finger, Right Thumb, None	☐	☒	☐	☐	3 days	0days	☒	☐	☐
associate	dfwz		Sprain/strain, Back, Lower Back, None	☐	☒	☐	☐	24 days	44days	☒	☐	☐
associate	DFWZ		Sprain/strain, Knee, Right Knee, Stair/Ladder, Ladder: Fixed	☐	☒	☐	☐	21 days	2days	☒	☐	☐
associate	DFWZ		Sprain/strain, Wrist, Left Wrist, Product: Other	☐	☒	☐	☐	179 days	1days	☒	☐	☐
associate	DFWZ		Sprain/strain, Back, Lower Back, Product: Heavy / Bulky	☐	☒	☐	☐	0 days	161 days	☒	☐	☐
associate	Amed 3322		Sprain/strain, Wrist, Right Wrist, Other	☐	☒	☐	☐	180 days	0days	☒	☐	☐
associate	Jackpot		Sprain/strain, Shoulder, Right Shoulder, None	☐	☒	☐	☐	0 days	3 days	☒	☐	☐
associate	afe2		Sprain/strain, Wrist, Right Wrist, Other	☐	☒	☐	☐	28 days	2days	☒	☐	☐
associate	dfwz		Sprain/strain, Wrist, Left Hand/Left Wrist, None	☐	☒	☐	☐	0 days	20 days	☒	☐	☐
associate	OB dock		Fracture, Chest, Ribs, Equip: Pallet Jack	☐	☒	☐	☐	0 days	27 days	☒	☐	☐
associate	DFWZ B-mod pallet land, ARSAW 1120/1121		Crushing/smashing injury, Foot, Right Foot, Faulz: Pallet Jack	☐	☒	☐	☐	15 days	2days	☒	☐	☐
associate	RSP A-mod West side of 3rd or 4th floor		Bruise, Toe, Left Great Toe, Product: Heavy / Bulky	☐	☒	☐	☐	0 days	15 days	☒	☐	☐
associate	Flat sort 6		Sprain/strain, Back, Lower Back, Product: Other	☐	☒	☐	☐	14 days	90 days	☒	☐	☐
associate	DFWZ		Sprain/strain, Back, Lower Back, None	☐	☒	☐	☐	10 days	2days	☒	☐	☐
associate	afe		Sprain/strain, Shoulder, Left Shoulder, Right Shoulder, Product: Heavy / Bulky	☐	☒	☐	☐	0 days	15 days	☒	☐	☐
associate	DFWZ		Sprain/strain, Back, Lower Back, Middle Back, Cart, U-Boat	☐	☒	☐	☐	42 days	29 days	☒	☐	☐
associate	DFWZ AMOD 3rd Floor		Sprain/strain, Back, Lower Back, Other	☐	☒	☐	☐	0 days	46 days	☒	☐	☐
associate	DFWZ		Sprain/strain, Back, Upper Back, None	☐	☒	☐	☐	0 days	8 days	☒	☐	☐
associate	DFWZ		Sprain/strain, Back, Lower Back, None	☐	☒	☐	☐	33 days	147 days	☒	☐	☐
associate	DFWZ		Sprain/strain, Shoulder, Right Shoulder, Product: Heavy / Bulky	☐	☒	☐	☐	180 days	0days	☒	☐	☐
associate	DFWZ		Carpal tunnel syndrome, Wrist, Right Wrist, None	☐	☒	☐	☐	0 days	11 days	☒	☐	☐
associate	B 3322		Sprain/strain, Shoulder, Right Shoulder, Product: Heavy / Bulky	☐	☒	☐	☐	0 days	2 days	☒	☐	☐
associate	DFWZ B-Mod 2nd floor west side		Bruise, Ankle, Right Ankle Right Heel, Other	☐	☒	☐	☐	22 days	116 days	☒	☐	☐
associate	DFWZ		Sprain/strain, Finger, Right Thumb, None	☐	☒	☐	☐	180 days	0days	☒	☐	☐
associate	DFWZ		Sprain/strain, Finger, Right Thumb, Product: Other	☐	☒	☐	☐	28 days	2days	☒	☐	☐
associate	DFWZ		Sprain/strain, Foot, Left Foot, None	☐	☒	☐	☒	0 days	0 days	☒	☐	☐
associate	DFWZ		Sprain/strain, Chest, Chest Ribs, None	☐	☒	☐	☐	0 days	2 days	☒	☐	☐
associate	DFWZ		Sprain/strain, Shoulder, Left Shoulder, None	☐	☒	☐	☐	11 days	169 days	☒	☐	☐
associate	stow		Sprain/strain, Ankle, Left Ankle	☐	☒	☐	☐	26 days	155 days	☒	☐	☐
associate	DFWZ			☐	☒	☐	☐	37 days	143 days	☒	☐	☐

associate	amazon Warehouse 5/19	4325_B_Mod	Sprain/strain, Shoulder, Left Shoulder, Other	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 days	11 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
associate	amazon Warehouse 5/20	pack	Sprain/strain, Back, Lower Back, None	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 days	2 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
associate	amazon Warehouse 5/26	dfw7	Sprain/strain, Foot, Left Foot, None	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 days	16 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
associate	amazon Warehouse 5/27	dfw7	Fracture, Finger, Left Ring Finger, Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45 days	0 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
associate	amazon Warehouse 5/27	pack	Sprain/strain, Shoulder, Left Shoulder, Tote, Heavy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	38 days	14 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
associate	amazon Warehouse 5/28	DFW7	Skin irritation/dermatitis, Leg, Right Calf, None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0 days	0 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
associate	amazon Warehouse 5/29	DFW7	Musculoskeletal disorder, not otherwise listed, Chest, Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0 days	0 days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
associate	amazon Warehouse 5/30	DFW7	Sprain/strain, Back, Lower Back, Product: Heavy / Bulky	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 days	11 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
associate	amazon Warehouse 5/31	B1402	Sprain/strain, Shoulder, Right Shoulder, Stair/ladr. Ladder: Fixed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0 days	0 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
associate	amazon Warehouse 5/31	Mod-B 4th floor Station 4323	Foreign body/injury (e.g. splinter), Foot, Left Foot, Debris: Splinter	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 days	5 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
associate	amazon Warehouse 5/31	Mod-A_2nd floor	Fracture, Ankle, Left Ankle, Debris: Splinter	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	81 days	0 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
associate	amazon Warehouse 5/31	pack	Sprain/strain, Foot, Right Foot, None	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 days	18 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
associate	amazon Warehouse 5/31	AFF1 Waterspider Area	Sprain/strain, Elbow, Right Elbow, Mats: Corrugate	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	54 days	0 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
associate	amazon Warehouse 6/1	DFW7	Sprain/strain, Back, Lower Back, Tote: Tote - w/ product	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 days	14 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
associate	amazon Warehouse 6/3	DFW7	Sprain/strain, Back, Middle Back, Other	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 days	18 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
associate	amazon Warehouse 6/3	stow	Sprain/strain, Arm, Right Forearm, None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0 days	0 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
associate	amazon Warehouse 6/7	Stow	Sprain/strain, Wrist, Left Wrist, Tote: Tote(s)-empty	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 days	145 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
associate	amazon Warehouse 6/8	AFF 1 Wall 08	Sprain/strain, Elbow, Left Elbow, None	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	46 days	0 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
associate	amazon Warehouse 6/9	dfw7	Sprain/strain, Shoulder, Upper Back, Neck, Left Shoulder, Other	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 days	20 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
associate	amazon Warehouse 6/9	afe	Sprain/strain, Back, Lower Back, Product: Heavy / Bulky	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13 days	142 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
associate	amazon Warehouse 6/9	DFW7	Sprain/strain, Knee, Left Knee, None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0 days	0 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
associate	amazon Warehouse 6/10	pack	Sprain/strain, Shoulder, Right Shoulder, None	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15 days	58 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
associate	amazon Warehouse 6/11	afe1	Sprain/strain, Wrist, Left Wrist, Conveyor, Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0 days	17 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
associate	amazon Warehouse 6/12	AFF 1	Sprain/strain, Shoulder, Left Shoulder, Right Shoulder, Product: Heavy / Bulky	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0 days	22 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
associate	amazon Warehouse 6/12	DFW7	Sprain/strain, Foot, Right Foot, None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0 days	2 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
associate	amazon Warehouse 6/14	DFW7	Sprain/strain, Back, Lower Back, Middle Back, Upper Back, None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0 days	97 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
associate	amazon Warehouse 6/14	DFW7	Sprain/strain, Wrist, Left Wrist, None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0 days	0 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
associate	amazon Warehouse 6/15	dfw7	Sprain/strain, Shoulder, Left Shoulder, Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0 days	20 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
associate	amazon Warehouse 6/16	Bmod_2nd floor	Sprain/strain, Shoulder, Left Shoulder, None	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8 days	81 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
associate	amazon Warehouse 6/17	pick_A2125	Sprain/strain, Foot, Right Foot, None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0 days	0 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
associate	amazon Warehouse 6/17	DFW7	Sprain/strain, Wrist, Left Wrist, Right Wrist, None	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7 days	0 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
associate	amazon Warehouse 6/20	3rd floor	Bruise, Leg, Right Knee, Other	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 days	0 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
associate	amazon Warehouse 6/21	DFW7	Sprain/strain, Back, Lower Back, None	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40 days	0 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
associate	amazon Warehouse 6/23	Ship Dock	Sprain/strain, Wrist, Left Wrist, None	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17 days	0 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
associate	amazon Warehouse 6/27	Pick	Sprain/strain, Back, Lower Back, Product: Other	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 days	21 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
associate	amazon Warehouse 6/29	flat sorter	Sprain/strain, Arm, Right Upper Arm, None	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11 days	0 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
associate	amazon Warehouse 7/1	B-mod_2nd floor, by Gate 2-N-2 on the northeast section of the floor.	Crushing/smashing injury, Foot, Right Foot, Equip: Other	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31 days	0 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
associate	amazon Warehouse 7/1	Pick	Sprain/strain, Knee, Left Knee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0 days	0 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Associate	Amazon Warehouse 7/3	Gen 3 Sorter South	Sprain/strain, Shoulder, Right Shoulder, None	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 days	36 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Associate	Amazon Warehouse 7/3	station 3123a.mod	Sprain/strain, Back, Lower Back, Product: Heavy / Bulky	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15 days	165 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Associate	Amazon Warehouse 7/7	DFWZ	Sprain/strain, Wrist, Left Wrist, None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 days	36 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Associate	Amazon Warehouse 7/8	dfwZ	Sprain/strain, Foot, Right Ankle, None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 days	109 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Associate	Amazon Warehouse 7/9	dfwZ	Sprain/strain, Knee, Left Knee, Equip: Mat / Rug	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0 days	0 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Associate	Amazon Warehouse 7/10	2123b	Sprain/strain, Back, Lower Back, None	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	110 days	20 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Associate	Amazon Warehouse 7/10	shipdock	Sprain/strain, Knee, Left Knee, None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0 days	0 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Associate	Amazon Warehouse 7/11	bmod	Sprain/strain, Back, Lower Back, None	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	143 days	0 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Associate	Card Specialist	Z/11	DEWZ	Sprain/strain, Ankle, Right Ankle, None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 days	19 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Associate	Amazon Warehouse 7/12	AFF 1 Induct	Hernia, Hips/pelvis, Right Hip/pelvis, None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 days	12 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Associate	Amazon Warehouse 7/12	stow	Sprain/strain, Shoulder, Left Shoulder, None	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22 days	2 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Associate	Amazon Warehouse 7/12	AFF 1 rebin station 16	Sprain/strain, Elbow, Left Elbow, None	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7 days	2 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Associate	Amazon Warehouse 7/18	stow	Sprain/strain, Elbow, Right Elbow, None	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14 days	0 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Associate	Amazon Warehouse 7/18	afo2	Sprain/strain, Wrist, Left Wrist, Product: Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 days	2 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Associate	Amazon Warehouse 7/18	DEWZ	Sprain/strain, Elbow, Right Elbow, Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 days	4 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Associate	Amazon Warehouse 7/18	AFF 1	Sprain/strain, Shoulder, Right Shoulder, None	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7 days	0 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Associate	Amazon Warehouse 7/21	pick	Sprain/strain, Ankle, Right Ankle, Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	61 days	8 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Associate	Amazon Warehouse 7/26	DEWZ	Sprain/strain, Back, Lower Back, None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 days	13 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Associate	Amazon Warehouse 7/28	pick	Sprain/strain, Back, Lower Back, Middle Back, None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 days	2 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Associate	Amazon Warehouse 7/29	DEWZ	Sprain/strain, Knee, Right Knee, Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7 days	3 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Associate	Amazon Warehouse 7/31	dfwZ	Sprain/strain, Elbow, Left Elbow, None	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16 days	5 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Associate	Amazon Warehouse 7/31	shipdock	Bruise, Foot, Right Foot, Product: Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13 days	0 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Associate	Amazon Warehouse 8/1	DEWZ	Sprain/strain, Shoulder, Right Shoulder, None	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12 days	12 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Associate	Amazon Warehouse 8/1	DEWZ	Sprain/strain, Back, Lower Back, None	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 days	2 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Associate	Amazon Warehouse 8/4	DEWZ	Sprain/strain, Knee, Right Knee, None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 days	1 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Associate	Amazon Warehouse 8/7	station 2115 B mod	Eye irritation, Eye, Right Eye, Debris: Oil / Water / Liquid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0 days	0 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Associate	Amazon Warehouse 8/10	Stow Station	Sprain/strain, Wrist, Left Wrist, None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0 days	0 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Associate	Amazon Warehouse 8/10	dfwZ	Sprain/strain, Arm, Left Upper Arm, None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 days	16 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Associate	Amazon Warehouse 8/11	DEWZ	Sprain/strain, Leg, Right Shin, None	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 days	0 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Associate	Amazon Warehouse 8/12	Waterspider B Mod	Sprain/strain, Back, Lower Back, None	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	103 days	4 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Associate	Amazon Warehouse 8/13	AFF	Sprain/strain, Knee, Right Knee, None	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 days	5 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Associate	Amazon Warehouse 8/16	1313 b mod	Sprain/strain, Wrist, Left Wrist, None	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 days	13 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Associate	Amazon Warehouse 8/18	DEWZ	Sprain/strain, Shoulder, Left Shoulder, None	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 days	0 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Associate	Amazon Warehouse 8/20	stow	Sprain/strain, Knee, Right Knee, None	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 days	23 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Associate	Amazon Warehouse 8/21	DEWZ	Sprain/strain, Knee, Right Knee, Equip: Pallet Jack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 days	22 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Associate	Amazon Warehouse 8/24	DEWZ	Sprain/strain, Back, Lower Back, Product: Heavy / Bulky	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10 days	0 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Associate	Amazon Warehouse 8/26	DEWZ	Sprain/strain, Back, Lower Back, None	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 days	0 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Associate	Amazon Warehouse 8/28	waterspider	Bruise, Ankle, Right Ankle, Equip: Pallet Jack	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9 days	0 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Amazon Warehouse 8/30 Associate	b_mod third floor towards front	Bruise, Foot, Left Heel, None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 days	0 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amazon Warehouse 8/30 Associate	AFF_1	Sprain/strain, Back, Lower Back, Equip: Other	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 days	12 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amazon Warehouse 8/30 Associate	Inject lane 11, OB dock	Laceration/cut/open wound, Leg, Right Thigh, Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	82 days	2 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amazon Warehouse 8/30 Associate	DFWZ	Laceration/cut/open wound, Knee, Right Knee, Knife, Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 days	40 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amazon Warehouse 9/1 Associate	DFWZ	Sprain/strain, Wrist, Right Wrist, None	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11 days	2 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amazon Warehouse 9/1 Associate	amod	Bruise, Foot, Left Foot, Cart: Blue Cage Cart	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 days	15 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amazon Warehouse 9/1 Associate	dfwZ	Sprain/strain, Wrist, Right Wrist, Product: Heavy / Bulky	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 days	22 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amazon Warehouse 9/10 Associate	AFF	Sprain/strain, Ankle, Left Ankle, None	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 days	2 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amazon Warehouse 9/14 Associate	Amod	Fracture, Foot, Right Foot, Equip: Pallet	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33 days	0 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amazon Warehouse 9/16 Associate	AMOD_1115	Sprain/strain, Wrist, Left Wrist, None	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 days	29 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amazon Warehouse 9/19 Associate	DFWZ	Sprain/strain, Back, Lower Back, None	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10 days	122 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amazon Warehouse 9/20 Associate	gift wrap station S	Sprain/strain, Shoulder, Right Shoulder, None	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 days	2 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amazon Warehouse 9/22 Associate	DFWZ	Sprain/strain, Elbow, Right Elbow, None	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23 days	61 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amazon Warehouse 9/23 Associate	dfwZ	Laceration/cut/open wound, Finger, Right Little Finger, Tool: Other	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	84 days	0 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amazon Warehouse 9/24 Associate	stow a mod	Bruise, Elbow, Right Elbow, None	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 days	0 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amazon Warehouse 9/24 Associate	dfwZ	Eye irritation, Eye, Lower Back,Middle Back,Right Eye, Other	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22 days	24 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amazon Warehouse 9/25 Associate	parking lot	Bruise, Wrist, Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	62 days	33 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amazon Warehouse 9/26 Associate	Vendor RETURNS	Bruise, Foot, Right Foot, Equip: Bullet Jack	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 days	11 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amazon Warehouse 9/26 Associate	Bmod 3rd floor	Crushing/smashing injury, Foot, Equip: Pallet	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18 days	6 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amazon Warehouse 9/29 Associate	dfwZ	Sprain/strain, Knee, Right Knee, None	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 days	19 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amazon Warehouse 9/30 Associate	dfwZ parking lot	Bruise, Chest, Ribs, Facility: Speed bump	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 days	2 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amazon Warehouse 10/2 Associate	b_mod 1308	Sprain/strain, Finger, Left Thumb, None	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 days	2 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amazon Warehouse 10/7 Associate	stow	Sprain/strain, Back, Middle Back, Tote: Tote + w/ product	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9 days	0 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amazon Warehouse 10/8 Associate	singles	Eye irritation, Eye, Left Eye, Debris: Dust	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 days	0 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amazon Warehouse 10/8 Associate	Problem Solve - DFWZ	Respiratory Irritation, Internal Systems/Organs, Chest, Product: Chemical	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 days	0 days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vard Specialist 10/8	dfwZ	Sciatica/low back pain/disorder, Back, Lower Back, Vehic: Truck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 days	15 days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amazon Warehouse 10/8 Associate	BMOD stow	Sprain/strain, Shoulder, Left Shoulder,Right Shoulder, Product: Team Lift	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 days	6 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amazon Warehouse 10/10 Associate	AMOD	Sprain/strain, Shoulder, Right Shoulder, None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 days	2 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amazon Warehouse 10/10 Associate	DFWZ	Sprain/strain, Wrist, Right Wrist, Product: Heavy / Bulky	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26 days	92 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amazon Warehouse 10/11 Associate	Bmod 3322	Sprain/strain, Ankle, Left Ankle, Equip: Mat / Rug	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 days	0 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amazon Warehouse 10/12 Associate	DFWZ	Sprain/strain, Shoulder, Left Shoulder, None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 days	2 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amazon Warehouse 10/13 Associate	DFWZ	Sprain/strain, Back, Lower Back, None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 days	4 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amazon Warehouse 10/14 Associate	DFWZ	Sprain/strain, Hand, Right Hand, Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 days	0 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amazon Warehouse 10/15 Associate	dfwZ	Laceration/cut/open wound, Leg, Right Thigh, Conveyor: Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 days	0 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amazon Warehouse 10/20 Associate	Pick A mod	Sprain/strain, Back, Lower Back, None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 days	16 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amazon Warehouse 10/20 Associate	stow	Sprain/strain, Shoulder, Right Shoulder, Product: Heavy / Bulky	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 days	19 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amazon Warehouse 10/22 Associate	stow	Sprain/strain, Head - Facial Area, Product: Heavy / Bulky	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 days	2 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

associate										
associate	mazon_Warehouse 12/1	AFF1	Sprain/strain, Shoulder, Right Shoulder, None	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0 days	2 days	<input checked="" type="checkbox"/>
associate	mazon_Warehouse 12/2	pack	Sprain/strain, Knee, Right Knee, Other	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0 days	2 days	<input checked="" type="checkbox"/>
associate	mazon_Warehouse 12/2	DEWZ	Skin irritation/dermatitis, Finger, Right Middle Finger, Right Ring Finger, Equip: Other	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0 days	6 days	<input checked="" type="checkbox"/>
associate	mazon_Warehouse 12/2	dfw7	Head/brain injury/disorder (non-concussion), Head other than face, Skull, Equip: Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0 days	2 days	<input type="checkbox"/>
associate	mazon_Warehouse 12/2	DEWZ	Abrasions/scratches (superficial), Head other than face, Scalp, Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 days	2 days	<input checked="" type="checkbox"/>
associate	mazon_Warehouse 12/4	DEWZ	Bruise, Knee, Left Knee, Equip: Pallet	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 days	57 days	<input checked="" type="checkbox"/>
associate	mazon_Warehouse 12/5	AFF1 Rebin	Sprain/strain, Shoulder, Left Shoulder, None	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0 days	2 days	<input checked="" type="checkbox"/>
associate	mazon_Warehouse 12/5	BMOD	Sprain/strain, Hips/pelvis, Right Hip/pelvis, None	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0 days	2 days	<input checked="" type="checkbox"/>
associate	mazon_Warehouse 12/5	DEWZ	Sprain/strain, Ankle, Left Ankle, None	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10 days	37 days	<input checked="" type="checkbox"/>
associate	mazon_Warehouse 12/5	Ship_Dock	Skin irritation/dermatitis, Back, Lower Back, None	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23 days	14 days	<input checked="" type="checkbox"/>
associate	mazon_Warehouse 12/5	DEWZ	Bruise, Knee, Left Knee, None	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0 days	10 days	<input checked="" type="checkbox"/>
associate	mazon_Warehouse 12/5	DEWZ	Bruise, Hand, Right Hand, None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0 days	2 days	<input checked="" type="checkbox"/>
associate	mazon_Warehouse 12/5	AMOD_1st floor	Bruise, Foot, Right Heel, Cart: Tote Tank	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0 days	2 days	<input checked="" type="checkbox"/>
associate	mazon_Warehouse 12/5	1117_AMOD	Sprain/strain, Wrist, Left Wrist, Product: Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 days	39 days	<input checked="" type="checkbox"/>
associate	mazon_Warehouse 12/5	AFF_1	Sprain/strain, Ankle, Right Ankle, Tote: Tote(s)-empty	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0 days	2 days	<input checked="" type="checkbox"/>
associate	mazon_Warehouse 12/5	DEWZ	Bruise, Ankle, Left Ankle, Equip: Pallet	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 days	58 days	<input checked="" type="checkbox"/>
associate	mazon_Warehouse 12/6	Pallet_Land.	Sprain/strain, Back, Middle Back, None	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0 days	2 days	<input checked="" type="checkbox"/>
associate	mazon_Warehouse 12/6	pick	Sprain/strain, Ankle, Left Ankle, None	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0 days	2 days	<input checked="" type="checkbox"/>
associate	mazon_Warehouse 12/6	Ship_dock	Sprain/strain, Back, Lower Back, Right Hamstring, Right Thigh, Neck, Product: Heavy / Bulky	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0 days	47 days	<input checked="" type="checkbox"/>
associate	mazon_Warehouse 12/7	DD143	Sprain/strain, Ankle, Right Ankle, Other	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0 days	38 days	<input checked="" type="checkbox"/>
associate	mazon_Warehouse 12/7	AMOD_Station_3322	Sprain/strain, Back, Lower Back, Middle Back, None	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0 days	21 days	<input checked="" type="checkbox"/>
warehouse	12/7	Gift_Wrap	Sprain/strain, Back, Lower Back, Product: Heavy / Bulky	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0 days	48 days	<input checked="" type="checkbox"/>
warehouse	12/8	BMOD_2119	Sprain/strain, Wrist, Left Wrist, Other	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0 days	2 days	<input checked="" type="checkbox"/>
associate	mazon_Warehouse 12/8	DEWZ	Bruise, Elbow, Right Elbow, Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 days	45 days	<input checked="" type="checkbox"/>
associate	mazon_Warehouse 12/9	DEWZ	Bruise, Shoulder, Left Shoulder, Right Shoulder, None	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0 days	8 days	<input checked="" type="checkbox"/>
associate	mazon_Warehouse 12/9	dfw7	Crushing/smashing injury, Finger, Right Middle Finger	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0 days	2 days	<input checked="" type="checkbox"/>
associate	mazon_Warehouse 12/10	sader	Sprain/strain, Knee, Right Knee, Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31 days	2 days	<input checked="" type="checkbox"/>
associate	mazon_Warehouse 12/11	Stairs.	Sprain/strain, Back, Middle Back, Stair/Ladder, Stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0 days	18 days	<input checked="" type="checkbox"/>
associate	mazon_Warehouse 12/11	DEWZ	Bruise, Shoulder, Right Shoulder, Product: Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 days	2 days	<input checked="" type="checkbox"/>
associate	mazon_Warehouse 12/12	pack	Sprain/strain, Elbow, Right Elbow, None	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0 days	2 days	<input checked="" type="checkbox"/>
associate	mazon_Warehouse 12/13	Receive_stand_up_area	Sprain/strain, Knee, Left Knee, None	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0 days	4 days	<input checked="" type="checkbox"/>
associate	mazon_Warehouse 12/14	AFF1_Rebin4	Bruise, Hand, Left Thumb, None	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7 days	26 days	<input checked="" type="checkbox"/>
associate	mazon_Warehouse 12/16	AFF2	Bruise, Foot, Right Great Toe, Product: Heavy / Bulky	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0 days	42 days	<input checked="" type="checkbox"/>
associate	mazon_Warehouse 12/16	BMOD_station_4325	Sprain/strain, Back, Middle Back, Product: Heavy / Bulky	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11 days	5 days	<input checked="" type="checkbox"/>
associate	mazon_Warehouse 12/17	dock	Sprain/strain, Shoulder, Left Shoulder, Product: Heavy / Bulky	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0 days	42 days	<input checked="" type="checkbox"/>
associate	mazon_Warehouse 12/17	AFF_1_Elbow	Sprain/strain, Back, Lower Back, Middle	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0 days	48 days	<input checked="" type="checkbox"/>

<i>Associate</i>	<i>Amazon Warehouse 12/18</i>	<i>Pack singles AFE1</i>	<i>Back,Upper Back,Tote, Tote(s)-empty</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Q days</i>	<i>24 days</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Associate</i>	<i>Amazon Warehouse 12/18</i>	<i>BMOD 4th floor</i>	<i>Sprain/strain, Finger, Right Middle Finger,</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<i>Q days</i>	<i>Q days</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Associate</i>	<i>Temporary</i>	<i>12/19</i>	<i>Pack singles</i>	<i>Equip: Pallet</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Q days</i>	<i>Q days</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Warehouse</i>			<i>Tendonitis/tenosynovitis, Wrist, Left</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Q days</i>	<i>Q days</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<i>Associate</i>	<i>Amazon Warehouse 12/19</i>	<i>show</i>	<i>Bruise, Abdomen/lower trunk/buttocks,</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<i>Q days</i>	<i>Q days</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Associate</i>	<i>Amazon Warehouse 12/20</i>	<i>Trailer at door 150</i>	<i>Abdomen</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Q days</i>	<i>6 days</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Associate</i>	<i>Amazon Warehouse 12/22</i>	<i>B Mod : in the area of 2316-2317</i>	<i>Sprain/strain, Ankle, Right Ankle, Debris:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Q days</i>	<i>Q days</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Associate</i>	<i>Temporary</i>	<i>12/22</i>	<i>4th flr A mod</i>	<i>Other</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<i>Q days</i>	<i>Q days</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Warehouse</i>			<i>Sprain/strain, Wrist, Left Wrist</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<i>Q days</i>	<i>Q days</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Associate</i>	<i>Amazon Warehouse 12/28</i>	<i>DFW 7</i>	<i>Sprain/strain, Knee, Left Knee, Other</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Q days</i>	<i>2 days</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Associate</i>			<i>Bruise, Hand, Left Little Finger, Equip: Pallet Jack</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Q days</i>	<i>2 days</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Page totals ►			0	154	101	33	6,601	6,460	282	0	0	0	0	0
<input type="checkbox"/> Injury <input type="checkbox"/> Skin Disorder <input type="checkbox"/> Respiratory Condition <input type="checkbox"/> Poisoning <input type="checkbox"/> Hearing Loss <input type="checkbox"/> All other Illnesses														
(1) (2) (3) (4) (5) (6)														

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