

Summary of Data Submitted

Section 1. Establishment Information

Establishment ID: **12-293704552-6**
Date and Time: **02/19/2024 at 01:37 AM EST**

Establishment Address

NSU Grande Oaks
3301 College Ave
Davie, FL 33314 - 7721

Employment Information

- Annual average number of employees: 71
- Total hours worked by all employees last year: 122717

Conditions that might have affected your annual average number of employees or total hours worked during 2023:

- Strike or lockout
- Shutdown or layoff
- Seasonal work
- Natural disaster or adverse weather conditions
- Shorter work schedules or fewer pay periods than usual
- Longer work schedules or more pay periods than usual
- Nothing unusual happened to affect our employment or hours figures
- Other reason:

Section 2. Summary of Work-Related Injuries and Illnesses, 2023

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	1	0	1
(G)	(H)	(I)	(J)
Number of Days		Number of Days	
Total number of days away from work	Total number of days of job transfer or restriction		
51	0		
(K)	(L)		
Injury and Illness Types			
Total number of... (M)			
(1) Injuries <u>2</u>	(4) Poisonings <u>0</u>		
(2) Skin disorders <u>0</u>	(5) Hearing loss <u>0</u>		
(3) Respiratory conditions <u>0</u>	(6) All other illnesses <u>0</u>		

Establishment Comments - Section 1 & Section 2

- No comments to report.

Section 3. Cases with Days Away from Work, Job Transfer, or Restriction

Case 1

Employee Name: **Paul Ambrose**

Job Title: **Equipment Operator**

Date of Injury or onset of illness: **06/13/2023**

Number of days away from work: **51**

1. Type of Job or Work: **Cleaning, maintenance of building, grounds**
2. Employee's race or ethnic background:
 - **Black or African American**
3. Employee's age:
 - Date of birth: **04/29/1956**
4. Employee's date hired: **05/11/2006**
 - Employee's length of service when incident occurred:
5. Employee's gender: **Male**
6. Treated in emergency room? **No**
7. Hospitalized overnight as in-patient **No**
8. Time employee began work: **7:00 AM**
9. Time of event:
 - Event Occurred: **During** work shift
10. What was the employee doing before the incident?
 - Loading greens on the #2 Green**

11. What happened?

The John Deer lawn mower slipped and fell back on him in his stomach and groin area.

12. What was the injury or illness?

Hernia

13. What object or substance directly harmed the employee?

John Deer Lawn Mower

Case Comments:

If you have questions or comments, please complete and submit the [Help Request Form](#) 

Version: 12.7.1