

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.



Form approved OMB no. 1218-0176

Information about the employee:

- Information about the physician or other health care professional:**

- | | | | | |
|-----------------------|---------------|---------------------|---------------|----------------|
| BLS SOII Case Details | Employer Name | <u>Lorien, Inc.</u> | Report Number | <u>2016-54</u> |
| | Location Name | <u>CT Location</u> | FROL ID | <u>1008016</u> |