

# ***SawStop* "Finger Save" Recount**

Thank you for completing the following questionnaire. All personal and identifying information will remain confidential and be used by SawStop for internal purposes only unless otherwise agreed upon.

Please fax back to 503-570-3303 after completion.

Date of occurrence: \_\_\_\_\_ Approximate time of day: \_\_\_\_\_

Company name: \_\_\_\_\_

Company phone: \_\_\_\_\_ SawStop Serial Number: \_\_\_\_\_

Name of the person filling out this form: \_\_\_\_\_

Name of the person who touched the blade: \_\_\_\_\_

Body part contacted (right or left hand, finger, thumb etc.): \_\_\_\_\_

Was there a visible injury? Yes \_\_\_\_\_ No \_\_\_\_\_

How was the injury treated? \_\_\_\_\_

Type of material being cut: \_\_\_\_\_

Material dimensions and type of cut performed: \_\_\_\_\_

Was a blade guard, riving knife or splitter in place? (please specify) \_\_\_\_\_

What type of blade was installed at the time of the save?

10" Standard \_\_\_\_\_ 8" Dado \_\_\_\_\_ Other (Please Describe) \_\_\_\_\_

If a Standard 10" blade was being used, how many teeth on the blade? \_\_\_\_\_

Were there other devices being used when the cut was made?

Push stick \_\_\_\_\_ Feather board \_\_\_\_\_ Miter gauge \_\_\_\_\_ Other \_\_\_\_\_

Was the saw operator wearing gloves at the time? Yes \_\_\_\_\_ No \_\_\_\_\_

As far as you know, did the incident involve a kickback situation? \_\_\_\_\_

What was the approximate feed rate of the material going when the accident occurred?

(inches per second) \_\_\_\_\_

To the best of your ability, please describe circumstances of how the how accident happened.

(Please utilize the unused space on next the page if necessary) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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