Bureau of Labor Statistics
Log and Summary of Occupational Injuries and Illnesses

U.S. Department of Labor

ST0092043

For Calendar Year 19 87 Page 1 of 30

Form Approved O.M.B. No. 1220-0029

NOTE: This form is required by Public Law 91-596 and must be kept in the establishment for 5 years. Failure to maintain and post can result in the issuance of citations and assessment of penalties. (See posting requirements on the other side of form.)

RECORDABLE CASES: You are required to record information about every occupational death, every nonfatal occupational illness, and those nonfatal occupational injuries which involve one or more of the following: loss of consciousness, restriction of work or motion, transfer to another job, or medical treatment (other than first aid). (See definitions on the other side of form.)

Company Name: Dow Chemical U.S.A.
Establishment Name: Texas Operations
Establishment Address: Freeport, TX. 77541

Rec's only 165 ~~177~~ 7, 16 23 28 34 39 45 50 57 62 68 71 77 82 90 97 ~~160~~ 144 122 130 144 153 165 171 177

LWDC's 1987 8 15 22 32 39 48 51 58 63 71 79 90 97 106 144 48 ~~184~~ ~~139~~ 139 ~~139~~ 144 148 153 159 (165)

Column headings:
- (A) Case or File Number — Enter a nonduplicating number which will facilitate comparisons with supplementary records.
- (B) Date of Injury or Onset of Illness — Enter Mo./day.
- (C) Employee's Name — Enter first name or initial, middle initial, last name.
- (D) Occupation — Enter regular job title, not activity employee was performing when injured or at onset of illness. In the absence of a formal title, enter a brief description of the employee's duties.
- (E) Department — Enter department in which the employee is regularly employed or a description of normal workplace to which employee is assigned, even though temporarily working in another department at the time of injury or illness.
- (F) Description of Injury or Illness — Enter a brief description of the injury or illness and indicate the part or parts of body affected. Typical entries for this column might be: Amputation of 1st joint right forefinger; Strain of lower back; Contact dermatitis on both hands; Electrocution—body.
- Extent of and Outcome of INJURY: (1) Fatalities — Injury Related — Enter DATE of death. Mo./day/yr. (2) Nonfatal Injuries — Injuries With Lost Workdays — Enter a CHECK if injury involves days away from work, or days of restricted work activity, or both. (3) Enter a CHECK if injury involves days away from work. (4) Enter number of DAYS away from work. (5) Enter number of DAYS of restricted work activity. (6) Injuries Without Lost Workdays — Enter a CHECK if no entry was made in columns 1 or 2 but the injury is recordable as defined above.
- Type, Extent of, and Outcome of ILLNESS: (7) Type of Illness — CHECK Only One Column for Each Illness (See other side of form for terminations or permanent transfers.) (a) Occupational skin diseases or disorders (b) Dust diseases of the lungs (c) Respiratory conditions due to toxic agents (d) Poisoning (systemic effects of toxic materials) (e) Disorders due to physical agents (f) Disorders associated with repeated trauma (g) All other occupational illnesses. (8) Fatalities — Illness Related — Enter DATE of death. Mo./day/yr. Nonfatal Illnesses — Illnesses With Lost Workdays: (9) Enter a CHECK if illness involves days away from work, or days of restricted work activity, or both. (10) Enter a CHECK if illness involves days away from work. (11) Enter number of DAYS away from work. (12) Enter number of DAYS of restricted work activity. (13) Illnesses Without Lost Workdays — Enter a CHECK if no entry was made in columns 8 or 9.

(A)	(B)	(C)	(D)	(E)	(F)	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
					PREVIOUS PAGE TOTALS													
87-1 237506	1-3	L. Marbin	Technician	LaPorte-Foamlab	Broke hand		✓	0	0	83	0	non freeport						
87-2 131929	1-6	V.L. Hipp	Boilermaker	Res. Mtc.	Back Strain		✓	0	0	1	0							
87-3 140573	1-6	M. Lanehart	Operator	Mag I	Contusion (R) Shoulder		✓	0	0	1	0							
87-4 144959	1-6	G.W. Christy	Pipefitter	Res. Mtc.	Puncture wound to (L) side of neck		✓	0	0	2	0							
87-5 138441	1-7	J.D. Mikes	Operator	Mag I	Contact dermatitis on both hands		~~0~~	~~0~~	~~0~~	~~0~~	~~✓~~	(a) ✓						✓
87-6 143027	1-9	D.K. Oden	Pipefitter	Mag I	Laceration - upper lip sutures		0	0	0	0	✓							
87-7 142989	1-9	R.B. Robbins	Technician	Caustic 2	FB (L) Eye		0	0	0	0	✓							
87-8 831199	1-13	D.A. Boykin	Technician	Denver Extrusion	FB Eye		0	0	0	0	✓	non freeport						
87-9 202745	1-14	W.C. Aguillon	Technician	αC Unit III	LMF Compound FX		✓	0	0	62 / 645	0							
87-10 142439	1-[illegible]	R.S. Loudamy	Operator ~~Chlorine III~~	Chlorine III	(R) Knee strain		✓	0	0	3	0							
87-11 141228	1-13	T.L. Crochett	Technician	Glycol B	Chemical Exp - Face		0	0	0	0	✓							
87-12 112777	1-16	W.O. Kopp	Operator	Power 4	Laceration R 5th digit sutures		✓	0	0	5	0							
87-13 134727	1-16	L.H. Nugent	Pipefitter	Res. Mtc.	Chemical Exp. - Face		0	0	0	0	✓							
87-14 139628	1-14	J.C. Davis	Boiler Maker-Appr.	Poly Craft Glycol Training	(L) inguinal strain		✓	0	0	48	0							
87-15 145094	1-16	W.C. Johnson	Operator	Mag Casting	(L) Shoulder strain		✓	0	0	8	0							
87-16 143612	1-19	R.W. Patterson	Machinist	Machine Shop	FB removed - (L) Forearm sutured		0	0	0	0	✓							
87-17 140604	1-19	M. Wessels	Lab Technician	Resins Res.	Laceration (L) Palm sutured		0	0	0	0	✓							
87-18 142716	1-21	E.W. Kersten	Machinist	Machine Shop	Laceration (R) Thumb		0	0	0	0	✓							
					TOTALS (Instructions on other side of form.)		9	0	0	1125	9			Ø	Ø	Ø	Ø	Ø

OSHA No. 200

Certification of Annual Summary Totals By ____ Title ____ Date ____

OSHA No. 200 POST ONLY THIS PORTION OF THE LAST PAGE NO LATER THAN FEBRUARY 1.

PLAINTIFF'S EXHIBIT DOW-614

376897

Bureau of Labor Statistics
Log and Summary of Occupational Injuries and Illnesses

U.S. Department of Labor

ST0092044

For Calendar Year 19 82

Form Approved O.M.B. No. 1220-0029

NOTE: This form is required by Public Law 91-596 and must be kept in the establishment for 5 years. Failure to maintain and post can result in the issuance of citations and assessment of penalties. *(See posting requirements on the other side of form.)*

RECORDABLE CASES: You are required to record information about every occupational death, every nonfatal occupational illness, and those nonfatal occupational injuries which involve one or more of the following: loss of consciousness, restriction of work or motion, transfer to another job, or medical treatment (other than first aid). *(See definitions on the other side of form.)*

Company Name: DOW CHEMICAL USA
Establishment Name: Texas Oprs.
Establishment Address: Hwy 288 B101 Bldg - Safety Freeport TX 77541

Case or File Number	Date of Injury or Onset of Illness	Employee's Name	Occupation	Department	Description of Injury or Illness	Extent of and Outcome of INJURY: Fatalities — Injury Related: Enter DATE of death (Mo./day/yr) (1)	Nonfatal Injuries: Injuries With Lost Workdays: Enter a CHECK if injury involves days away from work, or days of restricted work activity, or both (2)	Enter a CHECK if injury involves days away from work (3)	Enter number of DAYS away from work (4)	Enter number of DAYS of restricted work activity (5)	Injuries Without Lost Workdays: Enter a CHECK if no entry was made in columns 1 or 2 but the injury is recordable as defined above (6)	Type of Illness: CHECK Only One Column for Each Illness (See other side of form for terminations or permanent transfers.) (7) (a) Occupational skin diseases or disorders	(b) Dust diseases of the lungs	(c) Respiratory conditions due to toxic agents	(d) Poisoning (systemic effects of toxic materials)	(e) Disorders due to physical agents	(f) Disorders associated with repeated trauma	(g) All other occupational illnesses	Fatalities — Illness Related: Enter DATE of death (Mo./day/yr) (8)	Nonfatal Illnesses: Illnesses With Lost Workdays: Enter a CHECK if illness involves days away from work, or days of restricted work activity, or both (9)	Enter a CHECK if illness involves days away from work (10)	Enter number of DAYS away from work (11)	Enter number of DAYS of restricted work activity (12)	Illnesses Without Lost Workdays: Enter a CHECK if no entry was made in columns 8 or 9 (13)
					ENTER PREVIOUS PAGE TOTALS →		9	Ø	Ø	212.5	9													
136878 87-20	1-23	S.W. Davis	Operator	Versene	Chemical Burn ⓡ Lower Lip		Ø	Ø	Ø	Ø	✓													
132910 87-21	1-24	J.E. Tanner	Tank Car Loader	Chlorine A-	Laceration ⓡ wrist Sutures		Ø	Ø	Ø	Ø	✓													
144868 87-22	1-25	J.W. King	Operator	Epoxy I	Back Strain		Ø	Ø	Ø	Ø	✓													
136823 87-23	1-26	C. Brown	Mtc. Foreman	Env. Oprs.	Chemical Exposure - Face		Ø	Ø	Ø	Ø	✓	J												✓
139023 87-24	1-28	S.W. Gotcher	Technician	MDR Res.	Lacerations 2+3 Ⓓ hand Sutures		✓	Ø	Ø	2	Ø													
071176 87-26	1-28	L.O. Schnettler	Shift Foreman	Poly 3	Sprain Ⓛ Ankle		Ø	Ø	Ø	Ø	✓													
118123 87-36	1-29	G.A. Mason	Mtc. Tech.	Mat'l Recovery	FX's 2,3,4+5th toes Ⓡ Foot		✓	Ø	Ø	6	Ø													
145263 87-37	2-1	K.S. Dobson	Sr. Res. Chemist	Functional Chemicals	Laceration LIF		✓	Ø	Ø	5	Ø													
131709 87-38	1-27	T. Butterfield	Pipefitter	Research	Tendinitis ⓡ 4th Finger		Ø	Ø	Ø	Ø	✓													
144751 87-39	1-27	J.M. Cupples	Engr.	CEP	Dislocated Ⓡ Shoulder		Ø	Ø	Ø	Ø	✓													
138011 87-50	2-2	F.S. Garcia	Operator	Mag Casting	Thermal Burn Ⓡ Hand 2°		✓	Ø	Ø	37	Ø													
138078 87-81	2-2	J. Mata	Carpenter	Poly mtc.	Tendonitis Ⓡ Elbow	PERSONAL	✓	Ø	Ø		Ø													
141385 87-82	2-2	J.L. Kirk	Pipefitter	Res. Srcs.	Knee Strain		✓	Ø	Ø	2	Ø													
134274 87 83	2-3	P. Dubose	Unit Supv.	CMP	Corneal defect Ⓡ Eye		Ø	Ø	Ø	Ø	✓													
142013 87 34	2-5	I.E. Estelle	Boilermaker	Mtc.	FB Ⓛ Eye		Ø	Ø	Ø	Ø	✓													
144681 87 35	2-16	D.W. Link	Technician	Rail Car Handling	FX Ⓛ Wrist		✓	Ø	Ø	14	Ø													
145321 87 36	2-9	A Messic	Pipefitter	Styrene II	Laceration Ⓡ 5th Finger Sutures		Ø	Ø	Ø	Ø	✓													
142951	2-16	P.L. Lee	Operator	Mag Casting	Contusion Ⓡ Shoulder		✓	Ø	Ø	2	Ø													
							16	Ø	Ø	260.5	19										Ø	Ø	Ø	Ø	Ø

OSHA No. 200

Certification of Annual Summary Totals by _____ Title _____ Date _____

FOLD

OSHA No. 200

POST ONLY THIS PORTION OF THE LAST PAGE NO LATER THAN FEBRUARY 1.

376898

Bureau of Labor Statistics
Log and Summary of Occupational
Injuries and Illnesses

U.S. Department of Labor

ST0092045

For Calendar Year 19 82

NOTE: This form is required by Public Law 91-596 and must be kept in the establishment for 5 years. Failure to maintain and post can result in the issuance of citations and assessment of penalties. (See posting requirements on the other side of form.)

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Company Name: DOW CHEMICAL USA
Establishment Name: Texas Oprs
Establishment Address: Hwy 288 Freeport, TX 77541

Form Approved
O.M.B. No. 1220-0029

Column headings:

- (A) Case or File Number: Enter a nonduplicating number which will facilitate comparisons with supplementary records.
- (B) Date of Injury or Onset of Illness: Enter Mo./day.
- (C) Employee's Name: Enter first name or initial, middle initial, last name.
- (D) Occupation: Enter regular job title, not activity employee was performing when injured or at onset of illness. In the absence of a formal title, enter a brief description of the employee's duties.
- (E) Department: Enter department in which the employee is regularly employed or a description of normal workplace to which employee is assigned, even though temporarily working in another department at the time of injury or illness.
- (F) Description of Injury or Illness: Enter a brief description of the injury or illness and indicate the part or parts of body affected. Typical entries for this column might be: Amputation of 1st joint right forefinger; Strain of lower back; Contact dermatitis on both hands; Electrocution - body.
- Extent of and Outcome of INJURY:
  - Fatalities, Injury Related: (1) Enter DATE of death (Mo./day/yr.).
  - Nonfatal Injuries, Injuries With Lost Workdays: (2) Enter a CHECK if injury involves days away from work, or days of restricted work activity, or both. (3) Enter a CHECK if injury involves days away from work. (4) Enter number of DAYS away from work. (5) Enter number of DAYS of restricted work activity.
  - Injuries Without Lost Workdays: (6) Enter a CHECK if no entry was made in columns 1 or 2 but the injury is recordable as defined above.
- Type, Extent of, and Outcome of ILLNESS:
  - Type of Illness: (7) CHECK Only One Column for Each Illness (See other side of form for terminations or permanent transfers.) (a) Occupational skin diseases or disorders; (b) Dust diseases of the lungs; (c) Respiratory conditions due to toxic agents; (d) Poisoning (systemic effects of toxic materials); (e) Disorders due to physical agents; (f) Disorders associated with repeated trauma; (g) All other occupational illnesses.
  - Fatalities, Illness Related: (8) Enter DATE of death (Mo./day/yr.).
  - Nonfatal Illnesses, Illnesses With Lost Workdays: (9) Enter a CHECK if illness involves days away from work, or days of restricted work activity, or both. (10) Enter a CHECK if illness involves days away from work. (11) Enter number of DAYS away from work. (12) Enter number of DAYS of restricted work activity.
  - Illnesses Without Lost Workdays: (13) Enter a CHECK if no entry was made in columns 8 or 9.

(A)	(B)	(C)	(D)	(E)	(F)	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
					PREVIOUS PAGE TOTALS		16	Ø	Ø	280.5	19							
87-37 118059	2-9	L.L. Lawler, Jr. ~~Pipefitter~~	Pipefitter	Caustic Fin.	Low Back strain		O	O	O	O	✓							
87-38 140523	2-10	M. Lanehart	Operator	Mag I	Contusion (L) Thumb		O	O	O	O	✓							
87-39 141751	2-10	K. Krause	Operator	LHC #7	(R) Inguinal Strain		✓	O	O	7	O							
87-40 135843	2-11	P.R. CARTER	PIPEFITTER	UTILITIES DISTRIBUTION	STRAIN (L) ELBOW		O	O	O	O	✓							
87-41 [illegible]	2-11	D.L. MARTINOT	OPERATOR	LATEX	LOW BACK STRAIN		O	O	O	O	✓							
87-42 40677	2-12	M. YARBOROUGH	INSTRUMENT	TDI	THERMAL BURN FOREARM		O	O	O	O	✓							
87-43 42583	2-13	M. MOORE	MACHINIST	TRICHLOR	LOW BACK STRAIN		✓			5								
87-44 43834	2-13	J.C. AKIN	PAINTER	PAINT SHOP	LACERATION (R) 5th DIGIT		O	O	O	O	✓							
87-45 41363	2-13	K. BOLLICH	OPERATOR	MAG I	LACERATION (R) 5 FINGER - SUTURE 1		✓			1								
87-46 19032	2-16	J.D. CROUCH	OPERATOR	EPOXY I	FRACTURE THUMB		✓			1								
87-47 5230	2-18	J.A. RIVERS	OPERATOR	P.O. FINISHING	CHEMICAL BURN TO RIGHT FOOT		✓			70								
~~87-48 19005~~	~~2-18~~	~~D.H. FIELDS~~	~~INST. TECH~~	~~INSTRUMENT~~	~~MUSCLE SPASM~~	Personal												
87-49 02735	2-18	S.L. MORENO	TECHNICIAN	UNIT 2 OXD	MUSCLE STRAIN		✓			14								
~~87-50 31234~~	~~2-21~~	~~A. SMALLWOOD~~	~~TECHNICIAN~~	~~LA PORTE PELLETHANE~~	~~MUSCLE STRAIN~~		~~✓~~			~~2~~		non Freeport						
87-52 6820	2-24	V. WILLIAMS ~~[illegible]~~	OPERATOR	CHLORINE 4	LACERATION - SUTURE 1		O	O	O	O	✓							
~~87-51 1502~~	~~2-20~~	~~K.B. MAYS~~	~~BOILERMAKER~~	~~MAG MTC A~~	~~MUSCLE STRAIN (R) THUMB~~							Deleted in error - refer [illegible] 87-43						
87-53 [illegible]	2-17	T. FURNARI	PIPEFITTER	TORDON	LOW BACK STRAIN		✓			38								
~~87-54 2232~~	~~2-25~~	~~L.L. APPELT~~	~~OPERATOR~~	~~LHC #6~~	~~SPRAIN (L) WRIST~~													
					TOTALS (Instructions on other side of form.)		21	Ø	Ø	418.5	26			Ø	Ø	Ø	Ø	Ø

OSHA No. 200

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Certification of Annual Summary Totals By ________ Title ________ Date ________

OSHA No. 200

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376899

Bureau of Labor Statistics
Log and Summary of Occupational Injuries and Illnesses

U.S. Department of Labor

ST0092016

For Calendar Year 19 87

NOTE: This form is required by Public Law 91-596 and must be kept in the establishment for 5 years. Failure to maintain and post can result in the issuance of citations and assessment of penalties. (See posting requirements on the other side of form.)

RECORDABLE CASES: You are required to record information about every occupational death, every nonfatal occupational illness, and those nonfatal occupational injuries which involve one or more of the following: loss of consciousness, restriction of work or motion, transfer to another job, or medical treatment (other than first aid). (See definitions on the other side of form.)

Company Name: Dow Chemical USA
Establishment Name: Texas Ops.
Establishment Address: Hwy 288 Freeport, TX 77541

Form Approved O M B No. 1220-0029

Case or File Number	Date of Injury or Onset of Illness	Employee's Name	Occupation	Department	Description of Injury or Illness	Extent of and Outcome of INJURY: Fatalities	Nonfatal Injuries: Injury Related	Injuries With Lost Workdays: Enter a CHECK if injury involves days away from work, or days of restricted work activity, or both	Enter a CHECK if injury involves days away from work	Enter number of DAYS away from work	Enter number of DAYS of restricted work activity.	Injuries Without Lost Workdays: Enter a CHECK if no entry was made in columns 1 or 2 but the injury is recordable as defined above.	Type of Illness: CHECK Only One Column for Each Illness (See other side of form for terminations or permanent transfers.) (a) Occupational skin diseases or disorders	(b) Dust diseases of the lungs	(c) Respiratory conditions due to toxic agents	(d) Poisoning (systemic effects of toxic materials)	(e) Disorders due to physical agents	(f) Disorders associated with repeated trauma	(g) All other occupational illnesses	Fatalities: Illness Related	Nonfatal Illnesses: Illnesses With Lost Workdays: Enter a CHECK if illness involves days away from work, or days of restricted work activity, or both	Enter a CHECK if illness involves days away from work.	Enter number of DAYS away from work.	Enter number of DAYS of restricted work activity.	Illnesses Without Lost Workdays: Enter a CHECK if no entry was made in col umns 9 or 9.
Enter a number/punctuating number which will facilitate comparisons with supplementary records	Enter Mo./day	Enter first name or initial, middle initial, last name	Enter regular job title, not activity employee was performing when injured or at onset of illness. In the absence of a formal title, enter a brief description of the employee's duties	Enter department in which the employee is regularly employed or a description of normal workplace to which employee is assigned, even though temporarily working in another department at the time of injury or illness	Enter a brief description of the injury or illness and indicate the part or parts of body affected. Typical entries for this column might be: Amputation of 1st joint right forefinger; Strain of lower back; Contact dermatitis on both hands; Electrocution—body	Enter DATE of death: Mo./day/yr.																			
(A)	(B)	(C)	(D)	(E)	(F)	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(8)	(9)	(10)	(11)	(12)	(13)
					← PREVIOUS PAGE TOTALS →		24	0	0	418.5	26														
1-54 1891	2-25	K. D. PORTER	MACHINIST	CTE	LOW BACK PAIN		✓			1															
B7-55 3768	2-25	T.W. MITCHEMIRE	OPERATOR	POLY PRD 2	LOW BACK PAIN		✓			20															
7-56 1841	2-25	S.S. ANDREWS	MACHINIST	MACHINE SHOP	FRACTURED TOE		✓			12															
7-57 1644	3-1	F.M. EVANGELISTA	PIPEFITTER	EBA	LACERATION @ MIDDLE FINGER		✓			37															
7-57 43781	3-1	S.F. FREUDENBERG	OPERATOR	MAG CAST'S A	LOW BACK PAIN		✓			25															
7-59 10224	3-2	B.L. SHORT	OPERATOR	ALKYL CHLORIDES #1 2	CHEMICAL CONTACT							✓													✓
7-60 42992	3-3	D.E. GULEMAN	INSULATTOR	CAUSTIC 1	MUSCLE STRAIN						✓							✓							✓
7-61 21641	3-3	R.E. KOBAK	OPERATOR	MAG 1	CONTUSION @ KNEE		✓			175															
7-62 13786	3-5	R. LOUDAMY	APEFITTER	POWER & MAINT	STRAIN @ SHOULDER		✓			40								✓				✓		40	
7-63 41896	3-8	M.W. MARTIN	OPERATOR	MAG 1	SPRAINED @ ANKLE		✓			9															
7-64 5581	3-18	A.L. RICKAWAY	FOREMAN	POLY 2	CONTUSION @ WRIST & MIDDLE FINGER						✓														
7-65 54351	3-8	R.M. WILKERSON	OPERATOR	MAG CASTING A	BRUISED RT. FOOT		✓			2															
7-66 42737	3-12	H.D. WILEY	LAB TECHNICIAN	SALT DOME	BACK STRAIN		✓			1															
1-67 43511	3-9	D.O. LEGORE	MACHINIST	MACHINE SHOP	SPRAINED WRIST		✓			7															
7-68 42369	3-9	J.B. TRAHAN	OPERATOR	MAG CASTING A	EYE IRRATION						✓														
7-69 41841	3-9	F.L. GRIFFIN	BOILERMAKER	BOILER SHOP	CONTUSION LEFT 5th FINGER						✓														
7-70 41496	3-9	L.A. BRIGHT	COMPUTER TECHNICIAN	POLYETHYLENE CAST, SERVICES	EYE IRRATION						✓														
7-71 12366	3-10	A.L. BARNES	CHEMIST	ORGANIC PROD RESEARCH	F.B. LOST EYE						✓														
							35	0	0	729.5	32		1								0	0	0	0	1

OSHA No. 200

Certification of Annual Summary Totals By _____ Title _____ Date _____

FOLD

OSHA No. 200

POST ONLY THIS PORTION OF THE LAST PAGE NO LATER THAN FEBRUARY 1.

376900

Bureau of Labor Statistics
Log and Summary of Occupational Injuries and Illnesses

U.S. Department of Labor

ST0092047

For Calendar Year 19 82

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Establishment Name: Texas Opns.
Establishment Address: Hwy 288, Freeport, TX 77541

Form Approved O.M.B. No. 1220-0029

Case or File Number. Enter a nonduplicating number which will facilitate comparisons with supplementary records. (A)	Date of Injury or Onset of Illness. Enter Mo./Day. (B)	Employee's Name. Enter first name or initial, middle initial, last name. (C)	Occupation. Enter regular job title, not activity employee was performing when injured or at onset of illness. In the absence of a formal title, enter a brief description of the employee's duties. (D)	Department. Enter department in which the employee is regularly employed or a description of normal workplace to which employee is assigned even though temporarily working in another department at the time of injury or illness. (E)	Description of Injury or Illness. Enter a brief description of the injury or illness and indicate the part or parts of body affected. Typical entries for this column might be: Amputation of 1st joint right forefinger. Strain of lower back. Contact dermatitis on both hands. Electrocution - body. (F)	Extent of and Outcome of INJURY: Fatalities — Injury Related: Enter DATE of death. Mo./day/yr. (1)	Nonfatal Injuries: Injuries With Lost Workdays: Enter a CHECK if injury involves days away from work, or days of restricted work activity, or both (2)	Enter a CHECK if injury involves days away from work (3)	Enter number of DAYS away from work (4)	Enter number of DAYS of restricted work activity (5)	Injuries Without Lost Workdays: Enter a CHECK if no entry was made in column 1 or 2 but the injury is recordable as defined above. (6)	Type of Illness: CHECK Only One Column for Each Illness *(See other side of form for terminations or permanent transfers.)* (7) (a) Occupational skin diseases or disorders (b) Dust diseases of the lungs (c) Respiratory conditions due to toxic agents (d) Poisoning (systemic effects of toxic materials) (e) Disorders due to physical agents (f) Disorders associated with repeated trauma (g) All other occupational illnesses	Fatalities — Illness Related: Enter DATE of death. Mo./day/yr. (8)	Nonfatal Illnesses: Illnesses With Lost Workdays: Enter a CHECK if illness involves days away from work, or days of restricted work activity, or both (9)	Enter a CHECK if illness involves days away from work (10)	Enter number of DAYS away from work (11)	Enter number of DAYS of restricted work activity (12)	Illnesses Without Lost Workdays: Enter a CHECK if no entry was made in columns 8 or 9. (13)
					PREVIOUS PAGE TOTALS →		35	0	0	729.5	32	1								1
7-72	3-13	R. O'CONNOR	TECHNICIAN	NORTH HAVEN RESEARCH	LACERATION - FUTURAL						✓		non Freeport							
7-73	3-15	J.D. JACKSON	OPERATOR	TRICHLOR	BACK STRAIN		✓			17.										
NO ENTRY																				
7-74	3-17	R. HENDERSON	TECHNICIAN	BUTADIENE	LACERATION FUTURAL						✓		non Freeport							
7-75	3-18	F. SARZA	TECHNICIAN	COMPUTER REPAIR	PAIN @ HIP						✓									
7-76	3-17	J. DAVIS	OPERATOR	POLY 3	PAIN @ KNEE		PERSONAL													
7-77	3-18	W. JOSEPH	APE-FITTER	GLYCOL	CONTUSION @ THIGH		✓			2.										
7-78	3-14	D.B. WAGNER	TECHNICIAN	M PLANT LAPORTE	2° BURN TO LEG						✓		non Freeport							
7-79	3-19	L.F. ADAMS	TECHNICIAN	UNIT 3	BACK STRAIN		✓			3.										
7-80	3-19	M.L. CHANCE	OPERATOR	GLYCOL	LACERATION (NO FUTURAL)						✓									
7-81	3-14	J.R. JONES	TECHNICIAN	CRITICAL TRAINING	EYE IRRATATION						✓									
7-82	3-21	E.W. HEBERT	OPERATOR	MAG CASTING A	MUSCLE STRAIN		✓			1.										
7-83	3-22	T.L. HOARD	OPERATOR	CAUSTIC 1	CHEMICAL EXPOSURE						✓									
7-84	3-22	L.G. HERNANDEZ	LAB SUPV	VORANOL	LACERATION FOREARM						✓									
7-85	3-24	S.D. HUGHES	MACHINIST	LHC #6	BACK PAIN		✓			5.										
7-86	3-24	L.D. SMITH	OPERATOR	CMP	BACK PAIN		✓			51.										
7-87	3-24	C.A. WINDLE	OPERATOR	MAG CASTING A	LACERATION - SUTURES						✓									
7-88	3-28	M.W. CRAWFILL	TECHNICIAN	MA-H 1	BACK PAIN		✓			1.										
					PAGE TOTALS →		42	0	0	859.5	41	1								1

OSHA No. 200

Certification of Annual Summary Totals By _____ Title _____ Date _____

OSHA No. 200

POST ONLY THIS PORTION OF THE LAST PAGE NO LATER THAN FEBRUARY 1.

376901

Bureau of Labor Statistics
Log and Summary of Occupational Injuries and Illnesses

U.S. Department of Labor

ST0092048

For Calendar Year 19 87

Form Approved O.M.B. No 1220-0029

NOTE: This form is required by Public Law 91-596 and must be kept in the establishment for 5 years. Failure to maintain and post can result in the issuance of citations and assessment of penalties. (See posting requirements on the other side of form.)

RECORDABLE CASES: You are required to record information about every occupational death, every nonfatal occupational illness, and those nonfatal occupational injuries which involve one or more of the following: loss of consciousness, restriction of work or motion, transfer to another job or medical treatment (other than first aid). (See definitions on the other side of form.)

Company Name: Dow Chemical USA
Establishment Address: Texas Dors Hwy 288, Freeport, Texas 77541

Case or File Number	Date of Injury or Onset of Illness	Employee's Name	Occupation	Department	Description of Injury or Illness	Extent of and Outcome of INJURY: Fatalities — Injury Related: Enter DATE of death	Nonfatal Injuries — Injuries With Lost Workdays: Enter a CHECK if injury involves days away from work, or days of restricted work activity, or both	Enter a CHECK if injury involves days away from work.	Enter number of DAYS away from work	Enter number of DAYS of restricted work activity	Injuries Without Lost Workdays: Enter a CHECK if no entry was made in columns 1 or 2 but the injury is recordable as defined above	Type of Illness — CHECK Only One Column for Each Illness (See other side of form for terminations or permanent transfers.): (a) Occupational skin diseases or disorders; (b) Dust diseases of the lungs; (c) Respiratory conditions due to toxic agents; (d) Poisoning (systemic effects of toxic materials); (e) Disorders due to physical agents; (f) Disorders associated with repeated trauma; (g) All other occupational illnesses	Fatalities — Illness Related: Enter DATE of death	Nonfatal Illnesses — Illnesses With Lost Workdays: Enter a CHECK if illness involves days away from work, or days of restricted work activity, or both	Enter a CHECK if illness involves days away from work.	Enter number of DAYS away from work.	Enter number of DAYS of restricted work activity.	Illnesses Without Lost Workdays: Enter a CHECK if no entry was made in columns 8 or 9
(A)	(B)	(C)	(D)	(E)	(F)	(1)	(2)	(3)	(4)	(5)	(6)	(7) (a)	(b)	(c)	(d)	(e)	(f)	(g)	(8)	(9)	(10)	(11)	(12)	(13)
					PREVIOUS PAGE TOTALS		42	0	0	859.5	41	1													1
-89	3-25	M. HARMON	TECHNICIAN	IND SECURITY	BACK PAIN						✓									non Freeport				
583 -90																								
2379 -91	3-25	G. ALLBRITTON	TECHNICIAN	UTILITIES	CHEM EXPOSURE		✓			3										non Freeport				
207 -92	3-26	F. HUTTER	BOILERMAKER	BOILER SHOP	F.B. (L) EYE			PERSONAL																
1108 -93	3-26	J.P. ELKIN I	MACHINIST	MACHINE SHOP	PAIN LEFT ARM						✓							J						✓
547 -94	3-27	G.F. VITEK	OPERATOR	CAUSTIC FINISHING	CHEMICAL EXPOSURE		✓			Deleted Error - Refer to #87-436														
8446 -95	3-27	E. RODRIGUEZ	PIPEFITTER	CEP	SPRAINED (R) ANKLE		✓			4 PERSONAL														
0405 -96	3-27	S.C. BRYANT	PIPEFITTER	PIPE SHOP	PAIN (L) ELBOW		✓																	
6047 -97	3-27	M.A. GRIFFIN	TECHNICIAN	UOR ANOL	PAIN (L) LEG		✓	PERSONAL																
3036 -98	3-30	O. BELL	OPERATOR	MAG I	SPRAIN (R) ANKLE		✓			136														
1519 -99	3-31	D. PESCH	OPERATOR	MAG I	SPRAIN (R) SHOULDER		✓			6														
3612 -100	3-31	A.J. CALIANO	OPERATOR	STYRENE I	2° BURN (L) LEG						✓													
8272 -101	3-30	M. NAIRELES	OPERATOR	EPOXY I	CHEMICAL EXPOSURE						✓													
6480 -102	3-31	J.R. HOADLEY	TECHNICIAN	UNITS TEXTILENE	BACK PAIN		✓			7										non Freeport				
8668 -103	4-1	K.W. POLINSKI	PRODUCTION SPECIALIST	STYRENE TANK CENTER	EYE IRRITATION			PERSONAL																
4202 -104	4-1	A.C. FORTNER	BOILERMAKER	CAUSTIC I	SKIN IRRITATION						✓	J												✓
-651	4-1	J.L. HERNANDEZ	OPERATOR	CAUSTIC I	FOREIGN BODY (L) EYE						✓													
105 4104 -106	4-1	T.E. PEEL	OPERATOR	B-2800 (NOW WAREHOUSE)	BACK PAIN						✓													
5112	4-2	T.A. BRADBERRY	PIPEFITTER	ROTATING MTC	CHEMICAL EXPOSURE						✓													
							47	0	0	145.5	48	1												1

OSHA No. 200

Certification of Annual Summary Totals By _____ Title _____ Date _____

OSHA No. 200

POST ONLY THIS PORTION OF THE LAST PAGE NO LATER THAN FEBRUARY 1.

376902

ST0092069

Bureau of Labor Statistics
Log and Summary of Occupational Injuries and Illnesses

U.S. Department of Labor

For Calendar Year 19 87

Form Approved
O.M.B. No. 1220-0029

NOTE: This form is required by Public Law 91-596 and must be kept in the establishment for 5 years. Failure to maintain and post can result in the issuance of citations and assessment of penalties. (See posting requirements on the other side of form.)

RECORDABLE CASES: You are required to record information about every occupational death, every nonfatal occupational illness, and those nonfatal occupational injuries which involve one or more of the following: loss of consciousness, restriction of work or motion, transfer to another job, or medical treatment (other than first aid). (See definitions on the other side of form.)

Company Name: Dow Chemical USA
Establishment Name: Texas Oprs.
Establishment Address: Hwy 288, Freeport, TX 77541

Case or File Number (A)	Date of Injury or Onset of Illness (B)	Employee's Name (C)	Occupation (D)	Department (E)	Description of Injury or Illness (F)	Injury Fatalities: Date of death (1)	Injury w/ lost workdays: Check (2)	Check if days away (3)	Days away (4)	Days restricted (5)	Injuries without lost workdays (6)	Illness (7a)	(7b)	(7c)	(7d)	(7e)	(7f)	(7g)	Illness Fatalities (8)	Illness w/ lost workdays: Check (9)	Check if days away (10)	Days away (11)	Days restricted (12)	Illnesses without lost workdays (13)
					PREVIOUS PAGE TOTALS		47	Ø	Ø	1015.5	48	1	—	—	—	—	—	—						1
7-107 12257	4-3	H. BURNS	PIPEFITTER	GLYCOL	BACK PAIN						✓													
7-108 11524	3-31	M.E. WASKEVICH	MACHINIST	RESEARCH	BACK PAIN		✓			2														
7-109 7688	4-3	B.L. WASHINGTON	OPERATOR	CAUSTIC FINISHING	SPRAINED (R) HAND		✓			1														
7-110 7531	4-6	C.E. EDWARDS	OPERATOR	MAG 1	THERMAL BURN		✓			5														
7-111 2122	4-6	M. FOWLER	BOILERMAKER	BOILER SHOP	LACERATION - SUTURE																			
7-112 7126	3-24	H.B. TURNER	MACHINIST	EBA	CHEMICAL EXPOSURE						✓													
7-113 4570	4-7	D.M. JAMES	OPERATOR	POLYCARBONATE	LACERATION - SUTURE						✓													
~~7-114 8421~~	~~4-7~~	~~V.L. LIETS~~	~~PIPEFITTER~~	~~HP MAINT~~	~~BACK PAIN~~		✓		PERSONAL															
7-115 0554	4-7	S. HEFFERNAN	PIPEFITTER	TRICHLOR	SPRAINED (R) ANKLE		✓			35														
7-116 12260	4-9	A.D. OLIVER	TECHNICIAN	UNIT II	CONTUSION (L) 4th FINGER		✓			1														
7-117 0243	4-8	D.W. WILLIAMS	MACHINIST	RESEARCH MAINT	CHEMICAL EXPOSURE						✓	✓												✓
7-118 7247	4-9	N.L. HOBBS	OPERATOR	EPOXY 1	BACK STRAIN		✓			2														
7-119 11545	4-9	D.D. ODOM	OPERATOR	POLY 3	CONTUSION (L) FOOT		✓			2														
7-120 40050	4-9	J.R. MARTIN	TECHNICIAN	FORMULATED PRODUCTS	CONTUSION of SCALP AND HEAD						✓													
7-121 13314	4-10	B.R. WUBBENA	INSULATOR	Craft Eng.	THERMAL BURN TO (L) LEG	[illegible] 87	✓	✓	85	87														
7-122 2335	4-14	S.L. HERNANDEZ	PIPEFITTER	CRAFT TRAINING	SPRAINED (L) SHOULDER		✓			6														
7-123 5080	4-14	R.L. WHITE	BOILERMAKER	RESEARCH MAINT	PAIN (R) ARM						✓													
~~7-124 18767~~	~~4-12~~	~~W.J. LEWANDOWSKI~~	~~TECHNICIAN~~	~~DOWVER DISTRIBUTION~~	~~EYE INJURY~~						✓		non Freeport											
					TOTALS		56	1	85	1156.5	56	1	—	—	—	—	—	—						1

Certification of Annual Summary Totals By ____________ Title ____________ Date ____________

OSHA No. 200

POST ONLY THIS PORTION OF THE LAST PAGE NO LATER THAN FEBRUARY 1.

376903

Bureau of Labor Statistics
Log and Summary of Occupational Injuries and Illnesses

U.S. Department of Labor

ST0092050

For Calendar Year 19 87 — Page 8 of 30

Form Approved O.M.B. No. 1220-0029

NOTE: This form is required by Public Law 91-596 and must be kept in the establishment for 5 years. Failure to maintain and post can result in the issuance of citations and assessment of penalties. *(See posting requirements on the other side of form.)*

RECORDABLE CASES: You are required to record information about every occupational death, every nonfatal occupational illness, and those nonfatal occupational injuries which involve one or more of the following: loss of consciousness, restriction of work or motion, transfer to another job, or medical treatment (other than first aid). *(See definitions on the other side of form.)*

Company Name: Dow Chemical USA
Establishment Name: Texas Dpts.
Establishment Address: Hwy 288 — Freeport, TX. 77541

Case or File Number (A)	Date of Injury or Onset of Illness (B)	Employee's Name (C)	Occupation (D)	Department (E)	Description of Injury or Illness (F)	Extent of and Outcome of INJURY: Fatalities — Injury Related, Enter DATE of death (Mo./day/yr.) (1)	Nonfatal Injuries: Injuries With Lost Workdays — Enter a CHECK if injury involves days away from work, or days of restricted work activity, or both (2)	Enter a CHECK if injury involves days away from work (3)	Enter number of DAYS away from work (4)	Enter number of DAYS of restricted work activity (5)	Injuries Without Lost Workdays — Enter a CHECK if no entry was made in columns 1 or 2 but the injury is recordable as defined above (6)	Type of Illness — CHECK Only One Column for Each Illness (See other side of form for terminations or permanent transfers.) (7) (a) Occupational skin diseases or disorders	(b) Dust diseases of the lungs	(c) Respiratory conditions due to toxic agents	(d) Poisoning (systemic effects of toxic materials)	(e) Disorders due to physical agents	(f) Disorders associated with repeated trauma	(g) All other occupational illnesses	Fatalities — Illness Related, Enter DATE of death (Mo./day/yr.) (8)	Nonfatal Illnesses — Illnesses With Lost Workdays: Enter a CHECK if illness involves days away from work, or days of restricted work activity, or both (9)	Enter a CHECK if illness involves days away from work (10)	Enter number of DAYS away from work (11)	Enter number of DAYS of restricted work activity (12)	Illnesses Without Lost Workdays — Enter a CHECK if no entry was made in columns 8 or 9 (13)
[redacted]					PREVIOUS PAGE TOTALS →		56	1	85	1156.5	56	1	—											1
87-125 141634	4-13	M.R. HARVEY	ELECTRICIAN	NITRILON PRODUCTS	CONTUSION @ FOOT		✓			1 ✓														
87-126 133141	4-15	F.W. CAUTHEN	ELECTRICIAN	POWER 3	SPRAIN @ WAIST		0	0	0	0	✓													
87-127 143325	4-16	J.M. STEEL	OPERATOR	STYRENE 1	STRAINED BACK		✓			9 ✓														
87-128 114075	4-17	W.W. MANN	PIPEFITTER	POWER DEPT.	BACK PAIN		✓			1 ✓														
87-129 132016	4-18	W.C. MORRIS	BOILERMAKER	RESEARCH MTC	THERMAL BURN @ MIDDLE FINGER																			
87-130 237443	4-16	S. HURON	TECHNICIAN	LABRATE QC	STRAINED BACK						✓													
87-131 237589	4-16	E.H. STAFFORD	TECHNICIAN	LABRATE QC	STRAINED BACK						✓													
87-132 237229	4-16	N. REEVES	TECHNICIAN	LABRATE QC	NOT SENSITIVITY									✓				non Freeport						✓
87-133 202412	4-22	S. COX	TECHNICIAN	CAUSTIC UNIT 2	LACERATION-SUTURE		✓			1 ✓														
87-134 [illegible]	4-22	J.P. BENSLEY			BACK PAIN		NOT A RECENT INJURY																	
87-135 202012	4-23	L.F. ADAMS	TECHNICIAN	UNIT 3	BACK PAIN		✓	NOT A RECENT (87-79)																
87-136 134717	4-23	J. SILVA-S	BOILERMAKER	FAB SHOP	EYE IRRITATION			PER SKILL																
87-137 110029	4-23	N.H. WALTERS	PIPEFITTER	VALVE SHOP	MUSCLE STRAIN		0	0	0	0	✓													
87-138 135131	4-23	R.O. SPRADLING	TECHNICIAN	RESEARCH	CHEMICAL EXPOSURE						✓													
87-139 135200	4-24	D.L. COLLINS	OPERATOR	LATEX	CHEMICAL EXPOSURE						✓													
87-140 143996	4-26	G.L. GARRETT	BOILERMAKER	CHLORINE 3	BACK PAIN		✓			7 ·														
87-141 145318	4-20	N. SALAS	TECHNICIAN	M-PLANT EPOXY	BACK PAIN						✓							non Freeport						
87-142 237557	4-28	D. McFARLAND	TECHNICIAN	L-PLANT LABORATORY	CHEMICAL BURN		✓	✓	68	68								non Freeport						
[redacted]					PAGE TOTALS →		62	2	147	1243.5	64	1	0	1	—									2

Certification of Annual Summary Totals By _____ Title _____ Date _____

OSHA No. 200

POST ONLY THIS PORTION OF THE LAST PAGE NO LATER THAN FEBRUARY 1.

OSHA No. 200

376904

ST0092051

Bureau of Labor Statistics
Log and Summary of Occupational Injuries and Illnesses

U.S. Department of Labor

For Calendar Year 19 82 — Page 9 of 30

Form Approved O.M.B. No. 1220-0029

NOTE: This form is required by Public Law 91-596 and must be kept in the establishment for 5 years. Failure to maintain and post can result in the issuance of citations and assessment of penalties. (See posting requirements on the other side of form.)

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Company Name: Dow Chemical USA
Establishment Name: Texas Oprs.
Establishment Address: Hwy 288 — Freeport, TX 77541

INJURIES — ILLNESSES

Case or File Number (A)	Date of Injury or Onset of Illness (B)	Employee's Name (C)	Occupation (D)	Department (E)	Description of Injury or Illness (F)	Injury Fatalities: Enter DATE of death (1)	Injuries with lost workdays: CHECK (2)	CHECK if days away from work (3)	Days away from work (4)	Days of restricted work activity (5)	Injuries without lost workdays (6)	(7a) Occupational skin diseases or disorders	(7b) Dust diseases of the lungs	(7c) Respiratory conditions due to toxic agents	(7d) Poisoning	(7e) Disorders due to physical agents	(7f) Disorders associated with repeated trauma	(7g) All other occupational illnesses	Illness Fatalities: Enter DATE of death (8)	Illnesses with lost workdays: CHECK (9)	CHECK if days away from work (10)	Days away from work (11)	Days of restricted work activity (12)	Illnesses without lost workdays (13)
[redacted]							62	2	147	1243.5	64	1	Ø	1	—									2
-143 1078	4-28	A. Sonzolet	Pipefitter	Chlorine 4	Sore throat						✓													
-144 2743	4-28	J.N. Matt	Electrician	Elec Service	Back pain		✓			3														
7-145 3278	4-30	B. Eudy	Operator	Mag. [illegible]	Contusion		✓			6														
7-146 17954	4-30	T. Rice	Boilermaker	Utilities 1	Welding slag in (L) ear						✓													
~~7-147 [illegible]~~	~~4-30~~	~~E. Jones~~	~~Technician~~	~~Unit 5 [illegible]~~	~~F.B. in eye~~						✓	non Freeport												
7-148 4623	5-2	G.G. Graham	Operator	Epoxy I	Thermal burn (L) arm						✓													
7-149 067	5-1	D.Z. Brindle	Machinist	LHC 6	F.B. (L) wrist		✓			1														
-150 2031	5-5	J. Heinen	Technician	Unit 3	Chemical exposure						✓													
~~7-151 7289~~	~~5-4~~	~~M. Soffaman~~	~~Technician~~	~~LaPorte Research~~	~~Laceration (L) finger~~						✓	non Freeport												
7-152 7435	5-6	H.P. Comley	Pipefitter	Power 3	Laceration (R) 5th finger						✓													
7-153 3203	5-6	J.L. Giles	Operator	LHC 6	Strained muscle		✓			4														
7-154 4112	5-6	J.Z. Higgins	Pipefitter	Chlorine 4	Abrasion/contusion						✓													
7-155 11541	5-6	F. Garza	Technician	Computer Repair	Strained back		✓			3														
7-156 5716	5-6	B.B. Hinkle	Pipefitter	Epoxy 2	F.B. (L) eye		✓			1														
-157 1910	5-7	J.L. Burba	Chemist	Research	Back pain						✓													
-158 1052	5-7	C.W. Bynum	Pipefitter	Glycol	Muscle pull		✓			3														
~~7-159 15324~~	~~5-7~~	~~C.M. Gravatt~~	~~Technician~~	~~LaPorte M-PTF~~	~~Thermal burn — (L) forearm~~						✓	non Freeport												
~~7-160 7525~~	~~5-8~~	~~M. Moore~~	~~Technician~~	~~LaPorte Shipping~~	~~Fractured little finger~~						✓	non Freeport												
[redacted]							69	2	147	1264.5	75	1	0	1	—									2

Certification of Annual Summary Totals By ______ Title ______ Date ______

OSHA No. 200 — POST ONLY THIS PORTION OF THE LAST PAGE NO LATER THAN FEBRUARY 1.

376905

ST0092052

Bureau of Labor Statistics
Log and Summary of Occupational Injuries and Illnesses

U.S. Department of Labor

For Calendar Year 19 87 — Page 10 of 30

Form Approved O.M.B. No. 1220-0029

NOTE: This form is required by Public Law 91-596 and must be kept in the establishment for 5 years. Failure to maintain and post can result in the issuance of citations and assessment of penalties. (See posting requirements on the other side of form.)

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Company Name: Dow Chemical USA
Establishment Name: Texas Oprs.
Establishment Address: Hwy 288 — Freeport, TX 77541

Case or File Number (A)	Date of Injury or Onset of Illness Mo./day (B)	Employee's Name (C)	Occupation (D)	Department (E)	Description of Injury or Illness (F)	Injury Fatalities: Enter DATE of death (1)	Injuries With Lost Workdays: CHECK if injury involves days away from work, or days of restricted work activity, or both (2)	CHECK if injury involves days away from work (3)	Number of DAYS away from work (4)	Number of DAYS of restricted work activity (5)	Injuries Without Lost Workdays: CHECK (6)	(7a) Occupational skin diseases or disorders	(7b) Dust diseases of the lungs	(7c) Respiratory conditions due to toxic agents	(7d) Poisoning	(7e) Disorders due to physical agents	(7f) Disorders associated with repeated trauma	(7g) All other occupational illnesses	Illness Fatalities: Enter DATE of death (8)	Illnesses With Lost Workdays: CHECK (9)	CHECK if illness involves days away from work (10)	Number of DAYS away from work (11)	Number of DAYS of restricted work activity (12)	Illnesses Without Lost Workdays: CHECK (13)
[redacted]							69	2	147	1264.5	75	1	0	1	—									2
87-161 18416	5-11	E. RODRIGUEZ	PIPEFITTER	C.E.P	PAIN LEFT HAND		✓			3 ✓														
7-162 31087	5-12	B.J. THOMAS	OPERATOR	CEP	CONTUSION (L) FOOT		✓			2 ✓														
7-163 14821	5-13	N.A. FLEYL	ENGINEER	MECH ANALYSIS	LACERATION						✓													
7-164 13596	5-13	S.L. GARRETT	BOILERMAKER	POLY 2	LACERATION						✓													
7-165 18443	5-13	J.L. ALEXANDER	CHEMICAL TECHNICIAN	ORGANIC PRD RESEARCH	BACK STRAIN		✓			✓														
7-166 N201	5-13	T.D BRATTON	INSTRUMENT	Chlorine 5	SORE NECK		✓																	
7-167 11691	5-13	~~F. GRIFFIN~~	~~BOILERMAKER~~	BOILER SHOP	~~SORE BACK~~	Personnel																		
7-168 34121	5-13	A. PENA	OPERATOR	LHC #7	BACK STRAIN		✓			1 ✓														
7-169 17278	5-15	F. DAUGHRITY	PIPEFITTER	RESEARCH MAINT.	THERMAL BURN (R) FOREARM		✓			1														
7-170 15817	~~5-15~~	~~R. LIVINGSTON~~	~~INSULATOR~~	FUNCTIONAL INSULATORS	~~BACK PAIN~~		~~PERSONAL~~																	
7-171 14442	5-15	J.M. CHICOTE	TECHNICIAN	COMMUNICATION	LACERATION 5th FINGER (L) HAND						✓													
7-172 42659	5-17	J.C. GOSSETT	MACHINIST	CRITICAL TURBINE EQ.	PAIN (L) SHOULDER						✓													
7-173 2175	5-18	M.J. GOODS	OPERATOR	MARINE DEPT.	CHEMICAL BURN (R) FOOT		✓			2 ✓														
7-174 37381	~~5-15~~	~~C. RILEY~~	~~TECHNICIAN~~	~~L PLANT~~	~~F.B. TO EYE~~						✓	non Freeport												
7-175 11859	5-20	S.L. THORNTON	BOILERMAKER	BOILER SHOP	CONTUSION RT 5th TOE		✓			5 ✓														
7-176 14345	~~5-20~~	~~W.A. WILLIAMS~~	~~OPERATOR~~	~~EPOXY 1~~	~~PAIN RT. KNEE~~		✓	Personnel																
7-177 42264	5-20	S.P. HEAD	ENGINEER	RESEARCH	F.B. RT. EYE						✓													
7-178 86288	5-20	K. STRZEPA	ENGINEER	POLYCARB	RASH						✓	✓												✓
[redacted]							77	2	147	1279.5	82	1	0	1	—									2

INJURIES

ILLNESSES

Certification of Annual Summary Totals By ______ Title ______ Date ______

POST ONLY THIS PORTION OF THE LAST PAGE NO LATER THAN FEBRUARY 1.

OSHA No. 200

376906

ST0092053

Bureau of Labor Statistics
Log and Summary of Occupational Injuries and Illnesses

U.S. Department of Labor

For Calendar Year 19 87 | Page 11 of 30

Form Approved O.M.B. No. 1220-0029

Company Name: Dow Chemical USA
Establishment Name: Texas Oprs.
Establishment Address: Freeport, TX

NOTE: This form is required by Public Law 91-596 and must be kept in the establishment for 5 years. Failure to maintain and post can result in the issuance of citations and assessment of penalties. (See posting requirements on the other side of form.)

RECORDABLE CASES: You are required to record information about every occupational death, every nonfatal occupational illness, and those nonfatal occupational injuries which involve one or more of the following: loss of consciousness, restriction of work or motion, transfer to another job, or medical treatment (other than first aid). (See definitions on the other side of form.)

(A) Case or File Number	(B) Date of Injury or Onset of Illness	(C) Employee's Name	(D) Occupation	(E) Department	(F) Description of Injury or Illness	(1) Injury Fatalities: Date of death	(2) Injuries with lost workdays: check	(3) Check if days away from work	(4) Days away from work	(5) Days of restricted work activity	(6) Injuries without lost workdays	(7a)	(7b)	(7c)	(7d)	(7e)	(7f)	(7g)	(8) Illness Fatalities: Date of death	(9) Illnesses with lost workdays: check	(10) Check if days away from work	(11) Days away from work	(12) Days of restricted work activity	(13) Illnesses without lost workdays
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]		77	2	147	1279.5	82	1	0	1	—									2
87-179 3124	5-21	D.R. Burkett	Operator	Mag Castings A	Thermal Burn		✓			12														
87-180 0421	5-20	D.E. Cole	Machinist	Machine Shop	Chipped Front Tooth						✓													
87-181 14211	5-21	T.S. Hagemeier	Operator	Market Development	Chemical Exposure						✓	✓												✓
87-182 02230	5-22 (19)	H.D. Polk	Carpenter	Poly Maint	Bruise Rt. Knee		✓			34														
87-183 16213	5-22	R.D. Wood	Boilermaker	Polyethylene Unit [illegible]	Sprain Rt Ankle		✓																	
87-184 10503	5-22 (21)	S.B. Smith	Pipefitter	Chlor Alkali?	Strained Shoulder						✓													
87-185 11077	5-26	J.W. Gray	Operator	Envir. Oper?	Chemical Burn						✓													
87-186 13158	5-26	S.H. Baker	Machinist I	Machine Shop	Sprain @ Wrist		✓			1														
87-187 5338	6-2	P. Winegar	Technician	LaPorte L-Plant	Eye irritation		0	0	0	0	✓					not Freeport								
87-188 52435	5-27	H.P. Comley	Pipefitter	Power 3	Laceration of Face		0	0	0	0	✓													
87-189 143315	6-1	J.M. Steel	Operator	Styrene	Back Strain		✓	0	0	5	0													
87-190 135626	6-2	H.L. Edwards	Operator	Aromatics - Dienes	Contusion/Laceration (L) Temple		✓	0	0	20	0													
87-191 142526	6-2	M.J. Paulk	Operator	Caustic Finishing	(L) Biceps Tendonitis												✓			✓		150	68	Final
87-192 144601	6-5	J. Harper	Craft Training Pipefitter	Craft Training	Back Strain		✓	0	0	Rest		(Changed 1-7-88)												
87-193 133935	6-5	W.L. Loving	Operator	Ethylbenzene Plt B	Tendonitis (L) Arm		✓	0	0	3	0													
87-194 135204	6-8	W.E. Greene	Chem. Tech.	Polyethylene Research	Thermal Burn/Fingers		0	0	0	0	✓													
87-195 140117	6-8	M.J. Lamont	Lab Tech.	Resins Research	Chemical Exposure		0	0	0	0	✓	✓												✓
87-196 137875	6-8	M. S[illegible]	Fireman	Fire Dept. A	Respiratory Irritation			0	0	0	✓													
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]		85	2	147	1314.5	87	1	0	1	—									2

INJURIES

ILLNESSES

OSHA No. 200

Certification of Annual Summary Totals By ____ Title ____ Date ____

OSHA No. 200

POST ONLY THIS PORTION OF THE LAST PAGE NO LATER THAN FEBRUARY 1.

376907

ST0092054

Bureau of Labor Statistics
Log and Summary of Occupational Injuries and Illnesses

U.S. Department of Labor

For Calendar Year 19 82

Page 12-830

NOTE: This form is required by Public Law 91-596 and must be kept in the establishment for 6 years. Failure to maintain and post can result in the issuance of citations and assessment of penalties. (See posting requirements on the other side of form.)

RECORDABLE CASES: You are required to record information about every occupational death, every nonfatal occupational illness; and those nonfatal occupational injuries which involve one or more of the following: loss of consciousness, restriction of work or motion, transfer to another job, or medical treatment (other than first aid). (See definitions on the other side of form.)

Company Name: Dow Chemical USA
Establishment Name: Texas Opers.
Establishment Address: Hwy 288 — Texas A Freeport, TX 77541

Form Approved O.M.B. No. 1220-0029

Case or File Number (A)	Date of Injury or Onset of Illness (B)	Employee's Name (C)	Occupation (D)	Department (E)	Description of Injury or Illness (F)
Enter a nonduplicating number which will facilitate comparison with supplementary records	Enter Mo./Day	Enter first name or initial, middle initial, last name.	Enter regular job title, not activity employee was performing when injured or at onset of illness. In the absence of a formal title, enter a brief description of the employee's duties.	Enter department in which the employee is regularly employed or a description of normal workplace to which employee is assigned, even though temporarily working in another department at the time of injury or illness.	Enter a brief description of the injury or illness and indicate the part or parts of body affected. Typical entries for this column might be: Amputation of 1st joint right forefinger, Strain of lower back, Contact dermatitis on both hands, Electrocution–body.
[redacted]					
87-197	6-8	J.H. Reynolds	Operator	Mag Chlor.	Back Strain Personal
87-198	6-10	H.R. Kirkpatrick	Operator	Mag I	Pain in Knee
138092 87-199	6-10	A.D. Stamps	Tinsmith	Boilershop	Laceration ® Finger
87-200	6-12	J. Lipple Jr.	Technician	CMP	Bursitis Personal
87-201	6-11	E.C. Collingsworth	P.pefitter/Welder	Util. B	®Knee Strain
87-202	6-15	J.L. Hudgeons	Carpenter	Carpenter Shop	ⓛthumb puncture
87-203	6-15	P.E. McKelvy	Tool Room Aide	Tool Rm. B	Sprain ® Wrist
87-204	6-15	D.Y. Whitton	Operator	Mag I	Back strain
87-205	6-16	R.C. Eunld	Sr. Tech.	OC-Unit 2	Sprain ⓛ Ankle
87-206	6-13	D.L. Olivarri	C-opr.	Polycarbonate	Back Strain
87-207	6-15	P.A. Hollingsworth	C-opr.	Marine	Sprain ⓛ shoulder
87-208	6-11	B.E. Bullock	C-opr.	Mag I	Back strain
87-209	6-16	R. Garcia, Jr.	Pipefitter	CEP	ⓛthumb pain Personal
87-210	6-16	D.F. Fontenot	Operator	OC-Unit 1	FL ® tip finger
87-211	6-17	S.A. Sims	Chem. Tech.	Org Product Res.	Laceration ⓛIF.
87-212	6-18	W.M. James	Operator	Mag I	Sprain ⓛ Knee
87-213	6-18	R.S. Loudamy	Operator	CMaine 4	Sprain ® Knee
87-214	6-18	W.T. Higgins	Pipefitter	CMaine 4	Back Strain
[redacted]					

Extent of and Outcome of INJURY	Fatalities	Nonfatal Injuries: Injuries With Lost Workdays				Injuries Without Lost Workdays
	Injury Related: Enter DATE of death. Mo./day/yr. (1)	Enter a CHECK if injury involves days away from work, or days of restricted work activity, or both. (2)	Enter a CHECK if injury involves days away from work. (3)	Enter number of DAYS away from work. (4)	Enter number of DAYS of restricted work activity. (5)	Enter a CHECK if no entry was made in columns 1 or 2 but the injury is recordable as defined above. (6)
[redacted]		85	2	147	1384.5	87
		✓	0	0		0
		✓			38	
		0	0	0	0	✓
		0	0	0	0	✓
		✓	0	0		0
		✓	0	0	13	0
		✓	0	0	3	0
		✓	0	0	1	0
		✓	0	0	6	0
		✓	0	0	14	0
		✓	0	0		0
		✓	0	0		0
		0	0	0	0	✓
		0	0	0	0	✓
		✓	✓	67	58	0
		✓	0	0	2	0
		✓	0	0	2	0
[redacted]		46	2	147	1527.5	90

Type, Extent of, and Outcome of ILLNESS: Type of Illness (CHECK Only One Column for Each Illness)	Fatalities: Illness Related: Enter DATE of death. Mo./day/yr. (8)	Nonfatal Illnesses: Illnesses With Lost Workdays: Enter a CHECK if illness involves days away from work, or days of restricted work activity, or both (9)	Enter a CHECK if illness involves days away from work (10)	Enter number of DAYS away from work. (11)	Enter number of DAYS of restricted work activity. (12)	Illnesses Without Lost Workdays: Enter a CHECK if no entry was made in columns 8 or 9. (13)
(a) Occupational skin diseases or disorders (b) Dust diseases of the lungs (c) Respiratory conditions due to toxic agents (d) Poisoning (systemic effects of toxic materials) (e) Disorders due to physical agents (f) Disorders associated with repeated trauma (g) All other occupational illnesses (7)						
1 0 1 — — — —						2
1 0 1 — — — —						2

INJURIES

ILLNESSES

Personal

Certification of Annual Summary Totals By _____ Title _____ Date _____

OSHA No. 200

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No. 200

376908

ST0092059

Bureau of Labor Statistics
Log and Summary of Occupational Injuries and Illnesses

U.S. Department of Labor

For Calendar Year 19 87

NOTE: This form is required by Public Law 91-596 and must be kept in the establishment for 6 years. Failure to maintain and post can result in the issuance of citations and assessment of penalties. (See posting requirements on the other side of form.)

RECORDABLE CASES: You are required to record information about every occupational death, every nonfatal occupational illness; and those nonfatal occupational injuries which involve one or more of the following: loss of consciousness, restriction of work or motion, transfer to another job, or medical treatment (other than first aid) (See definitions on the other side of form.)

Company Name: Dow Chemical USA
Establishment Name: Texas Opns.
Establishment Address: Hwy 288 — Freeport, TX 77541

Form Approved O.M.B. No. 1220-0029

Case or File Number (A)	Date of Injury or Onset of Illness (B)	Employee's Name (C)	Occupation (D)	Department (E)	Description of Injury or Illness (F)	Extent of and Outcome of INJURY: Fatalities — Injury Related: Enter DATE of death (Mo./Day/Yr.) (1)	Nonfatal Injuries: Injuries With Lost Workdays: Enter a CHECK if injury involves days away from work, or days of restricted work activity, or both. (2)	Enter a CHECK if injury involves days away from work. (3)	Enter number of DAYS away from work. (4)	Enter number of DAYS of restricted work activity. (5)	Injuries Without Lost Workdays: Enter a CHECK if no entry was made in columns 1 or 2 but the injury is recordable as defined above. (6)
[redacted]							96	2	147	1527.5	90
87 315			Boilermaker								
143115 87-316	6-20	K. R. Matusek	Welder	BoilerShop	Eye irritation		0	0	0	0	✓
144219 87-317	6-22	B. J. Bevers	Machinist	TDI	Chemical Irritation		0	0	0	0	✓
146573 87-318	6-22 19	M. Lanchart	Operator	Mag I	Dermatitis - hands		0	0	0	0	✓
202705 87-319	6-18	D. D. Rice	Sr. Tech.	Chlor Alkali	Chemical Burn Wrist		0	0	0	0	✓
143295 87-320	6-23	J. Spells	Tech.	FLRL	Laceration (R) Hand		0	0	0	0	✓
141663 87-321	6-21	M. J. Thomas	Operator	Mag Casting I	Sprain, (L) Ankle		✓	0	0	7.	0
141821 87-322	6-21 33	R. D. McCaslin	Painter	Paint Dept.	Back Strain		✓	0	0	7.	0
143377 87-323	6-24 22	R. M. Case	Operator	Epoxy II	(L) Shoulder Strain		✓	0	0	3.	0
142959 87-324	6-21	J. C. Gossett	Machinist	Power 3	(L) Shoulder Sprain FX toe (R) Fool		✓	0	0	1.	0
131441 87-325	6-25	A. T. Trahan	Machinist	Machine Shop			0	0	0	0	✓
136834 87-326	6-25 25	D. E. Lindsey	Pipefitter	Mag III	Sprain (L) Ankle		✓	0	0	2.	0
137613 87-327	6-24 22	L. T. Jouett	Operator	CEP	Tendonitis (L) Shoulder		✓	0	0	1.	0
143264 87-328	6-26	C. L. Wells	Insulator	Matls Tech. Russellville	Tendonitis (R) Wrist		✓	0	0	2.	0
206216 87-329	6-29	R. J. Mudd	Technician	Anode	Laceration (R) Elbow		✓	0	0	3.	0
145019 87-330	6-25	M. Torres, Jr.	Repairman	Tank Car Rail Fleet Operations	(R) Ear Laceration		0	0	0	0	✓
144223 87-331	6-28	D. R. Penney, Jr.	Operator	Mag #1	Neck Pain		0	0	0	0	✓
144415 87-332	6-30	B. R. Taylor	Machinist	Machine Shop	Back Strain		✓	0	0	7.	0
112994	6-30	J. L. Bell	Matl Handler	Versene	Laceration (L) Palm		0	0	0	0	✓
[redacted]							105	2	147	1682.5	99

Type of Illness — CHECK Only One Column for Each Illness (See other side of form for terminations or permanent transfers.)

Fatalities — Illness Related: Enter DATE of death. (Mo./Day/Yr.) (8)	Occupational skin disease or disorder (a)	Dust disease of the lung (b)	Respiratory conditions due to toxic agents (c)	Poisoning (systemic effect of toxic materials) (d)	Disorders due to physical agents (e)	Disorders associated with repeated trauma (f)	All other occupational illness (g)	(7)
	1	0	1	—				
			✓					
	✓							

Nonfatal Illnesses — Illnesses With Lost Workdays

Enter a CHECK if illness involves days away from work, or days of restricted work activity, or both. (9)	Enter a CHECK if illness involves days away from work. (10)	Enter number of DAYS away from work. (11)	Enter number of DAYS of restricted work activity. (12)	Illnesses Without Lost Workdays: Enter a CHECK if no entry was made in columns 8 or 9. (13)
				2
				✓
				✓
✓			2	
				2

INJURIES

ILLNESSES

Delete No Occurrence F/A only

Certification of Annual Summary Totals By _____ Title _____ Date _____

OSHA No. 200

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376909

ST0092056

Bureau of Labor Statistics
Log and Summary of Occupational Injuries and Illnesses

U.S. Department of Labor

For Calendar Year 19 87 — Page 14 of 30

NOTE: This form is required by Public Law 91-596 and must be kept in the establishment for 5 years. Failure to maintain and post can result in the issuance of citations and assessment of penalties. (See posting requirements on the other side of Form.)

RECORDABLE CASES: You are required to record information about every occupational death, every nonfatal occupational illness, and those nonfatal occupational injuries which involve one or more of the following: loss of consciousness, restriction of work or motion, transfer to another job, or medical treatment (other than first aid). (See definitions on the other side of form.)

Company Name: Dow Chemical USA
Establishment Name: Texas Opns.
Establishment Address: Hwy 288 - Freeport, TX 77541

Form Approved O.M.B. No. 1220-0029

Case or File Number	Date of Injury or Onset of Illness	Employee's Name	Occupation	Department	Description of Injury or Illness
Enter a number-ing-sorting number which will facilitate com-parisons with supple-mentary records.	Enter Mo./day.	Enter first name or initial, middle initial, last name.	Enter regular job title, not activity employee was per-forming when injured or at onset of illness. In the absence of a formal title, enter a brief description of the employee's duties.	Enter department in which the employee is regularly employed or a description of normal workplace to which employee is assigned, even though temporarily working in another depart-ment at the time of injury or illness.	Enter a brief description of the injury or illness and indicate the part or parts of body affected. Typical entries for this column might be: Amputation of 1st joint right forefinger. Strain of lower back. Contact dermatitis on both hands. Electrocution—body
(A)	(B)	(C)	(D)	(E)	(F)

Extent of and Outcome of INJURY

Fatalities	Nonfatal Injuries				
	Injuries With Lost Workdays				Injuries Without Lost Workdays
Injury Related: Enter DATE of death. Mo./day/yr. (1)	Enter a CHECK if injury involved days away from work, or days of restricted work activity, or both (2)	Enter a CHECK if injury involves days away from work (3)	Enter number of DAYS away from work (4)	Enter number of DAYS of restricted work activity (5)	Enter a CHECK if no entry was made in columns 1 or 2 but the injury is recordable as defined above (6)
	165	2	147	1682.5	99
2-2	✓	0	0	1	0
2-21	✓	0	0	33	0
2-21	✓	0	0	1	0
2-21	✓	0	0	2	0
2-4	✓	0	0	0	0
2-5	✓	0	0	0	0
2-6	0	0	0	0	✓
2-8	✓	0	0	40	0
2-9	✓	0	0	1	0
2-9	0	0	0	0	✓
2-9	0	0	0	0	✓
2-10	0	0	0	0	✓
2-10	✓	0	0	5	0
2-10	✓	0	0	1	0
2-12	0	0	0	0	✓
2-14	0	0	0	0	✓
2-19	✓	0	0	5	0
2-13	0	0	0	0	✓
	115	2	147	1783.5	105

Type, Extent of, and Outcome of ILLNESS

Type of Illness: CHECK Only One Column for Each Illness (See other side of form for terminations or permanent transfers.) (7)								Fatalities	Nonfatal Illnesses				
(a) Occupational skin diseases or disorders	(b) Dust diseases of the lungs	(c) Respiratory conditions due to toxic agents	(d) Poisoning (systemic effects of toxic materials)	(e) Disorders due to physical agents	(f) Disorders associated with repeated trauma	(g) All other occupational illnesses		Illness Related: Enter DATE of death. Mo./day/yr. (8)	Illnesses With Lost Workdays: Enter a CHECK if illness involves days away from work, or days of restricted work activity, or both (9)	Enter a CHECK if illness involves days away from work (10)	Enter number of DAYS away from work (11)	Enter number of DAYS of restricted work activity (12)	Illnesses Without Lost Workdays: Enter a CHECK if no entry was made in columns 9 or 10 (13)
1	0	1	—	—	—	—							2
						✓			✓			7	
1	0	1	—	—	—	—							2

INJURIES

ILLNESSES

Personal

Deleted this error - Refer to # 87-416

OSHA No. 200

Certification of Annual Summary Totals By _____ Title _____ Date _____

OSHA No. 200

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376910

Bureau of Labor Statistics
Log and Summary of Occupational Injuries and Illnesses

U.S. Department of Labor

For Calendar Year 19 87 — Page 15 of 30

Form Approved O.M.B. No. 1220-0029

NOTE: This form is required by Public Law 91-596 and must be kept in the establishment for 5 years. Failure to maintain and post can result in the issuance of citations and assessment of penalties. (See posting requirements on the other side of form.)

RECORDABLE CASES: You are required to record information about every occupational death; every nonfatal occupational illness; and those nonfatal occupational injuries which involve one or more of the following: loss of consciousness, restriction of work or motion, transfer to another job, or medical treatment (other than first aid). (See definitions on the other side of form.)

Company Name: Dow Chemical USA
Establishment Name: Texas Oprs.
Establishment Address: Hwy 288, Freeport, TX 77541

Case or File Number (A)	Date of Injury or Onset of Illness Mo./day (B)	Employee's Name (C)	Occupation (D)	Department (E)	Description of Injury or Illness (F)	Injury Fatalities: Date of death (1)	Injuries w/ Lost Workdays: Check if days away or restricted (2)	Check if days away (3)	Days away (4)	Days restricted (5)	Injuries Without Lost Workdays (6)	Illness (7a)	(7b)	(7c)	(7d)	(7e)	(7f)	(7g)	Illness Fatalities: Date of death (8)	Illness: Check if days away or restricted (9)	Check if days away (10)	Days away (11)	Days restricted (12)	Illnesses Without Lost Workdays (13)
							115	2	147	1783.5	105	1	Ø	1	—									2
87-251 143681	7-16	W.F. Nellett	Operator	Poly #3	Sprain (L) Ankle		✓	0	0	4	0													
87-252 136815	7-16	F. Whitehead	Pipefitter	Glycerine	Lumbar Strain		0	0	0	0	✓													
87-253 229315	7-15	A L Meriwether	Spec.	Mtl Tech.	Bursitis (R) Elbow		0	0	0	0	✓													
87-254 143032	7-12	T.A Jones	Operator	Mag. Cast. R	(R) Eye Irritation		0	0	0	0	✓													
87-255 144168	7-18	C.A. Unfleet	Chem. Assist	Polycarb. Res	Blister (R) Great Toe		✓	0	0		✓													
87-256 117026	7-19	D.B. Davis	Shift Foreman	Polycarb.	Laceration (L) side neck		0	0			✓													
87-257 139765	7-20	J.J. Sisneros	C Control	Mag. 1	Lower back pain		✓			2	0													
87-258 085433	7-21	E.D. Baker	Caster C Ctl	Mag Cast. A	(L) little finger (L) arm, knee		0	0	0	0	✓													
87-259 283510	7-21	S. Guerra Jr	ECH Tech.	Railroad	Lower back pain		0	0	0	0	✓													
87-260 142446	7-19	A.R. Irvine	Boilermaker	Poly III	Mid low back pain		0	0	0	0	✓													
87-261 136241	7-22	R. Cortinas	Pipefitter	Maint. A	(R) foot		✓	0	0	10	0													
87-262 131633	7-22	L.E. Barnes	A Control	Ethylene 6	(R) side neck & lumbar pain		✓	0	0	19	0													
87-263 028253	7-22	D.L. Engibous	M. Mgr.	Res. Div.	(L) ear		0	0	0	0	✓							|						✓
~~87-264~~ 135601	7-23	C.A. Bruscle	Tech. Mgr.	Maint Tech Ctr	Stomach		0	0	0	0	✓	NON JOB RELATED												
~~87-265 131622~~	~~7-23~~	~~J. Glover~~	~~Sr. Painter~~	~~Paint Shop~~	~~(R) elbow~~		~~0~~	~~0~~	~~0~~	~~0~~	~~✓~~													
★ ~~87-266 537119~~	~~7-23~~	~~E. Hayasak~~	~~Leader~~	~~Nath-Hazel Specialties~~							✓	NON Freeport												
87-267 145115	7-21	K.R. Matusek	Boilermaker	Chlor Pipeline	Rash							✓								0	0	0	0	✓
87-268 136236	7-23	D.E. Williams	Op.	Caustic Finishing	Chem. exp.		0	0	0	0	✓													
							120	2	147	1819.5	115	2	Ø	1	—									3

INJURIES

ILLNESSES

Certification of Annual Summary Totals By ______ Title ______ Date ______

OSHA No. 200

POST ONLY THIS PORTION OF THE LAST PAGE NO LATER THAN FEBRUARY 1.

376911

ST0092058

Bureau of Labor Statistics
Log and Summary of Occupational Injuries and Illnesses

U.S. Department of Labor

For Calendar Year 19 82 Page 16 of 30

NOTE: This form is required by Public Law 91-596 and must be kept in the establishment for 5 years. Failure to maintain and post can result in the issuance of citations and assessment of penalties. (See posting requirements on the other side of form.)

RECORDABLE CASES: You are required to record information about every occupational death, every nonfatal occupational illness, and those nonfatal occupational injuries which involve one or more of the following: loss of consciousness, restriction of work or motion, transfer to another job, or medical treatment (other than first aid). (See definitions on the other side of form.)

Company Name: Dow Chemical USA
Establishment Name: Texas Oprs.
Establishment Address: Hwy 288, Freeport, TX 77541

Form Approved O.M.B. No. 1220-0029

Case or File Number (A)	Date of Injury or Onset of Illness, Mo./day (B)	Employee's Name (C)	Occupation (D)	Department (E)	Description of Injury or Illness (F)	Injury Fatalities: date of death (1)	Injury with lost workdays: check (2)	Check if days away from work (3)	Days away from work (4)	Days of restricted work activity (5)	Injuries without lost workdays (6)	Illness type (7)(a)	(b)	(c)	(d)	(e)	(f)	(g)	Illness Fatalities (8)	(9)	(10)	(11)	(12)	Illnesses without lost workdays (13)
							120	2	147	1819.5	115	2	Ø	1	—	—	—	—	—	—	—	—	—	3
87 269 / 42261	7.25	M.E. McCleary	Operator	Mag Granular	Contusion (R) Foot		✓			1														
87 270 / 142350	7-23	R.K. Guffey	Machinist	Epoxy II	Sacro-Illiac		✓	0	0	5	0													
87 271 / 142039	7-28	R.B. Duncan	Machinist	Epoxy Nevalac	Eye irritation		0	0	0	0	✓													
87 273 / 143804	7-28	C.D. Sackett	Operator	Epoxy II	Heat exhaustion													✓						✓
87 273 / 143660	7-28	S.D. Ellis	Operator	Mag I	F.B. (R) Eye		0	0	0	0	[illegible]													
87 274 / 134274	7-27	P E Dubose	Unit Foreman	CEP	Pain (R) Shoulder		✓	0	[illegible]	[illegible]	0													
87 275 / 142688	7-28	M D Harriss	Operator	Poly #2	Sprain (L) ankle		✓	[illegible]	[illegible]	2	0													
87 276 / 202512	8-3	I. Guerra Jr.	Tech	Railroad	Sprain (L) ankle		✓	0	0		0	F R only												
87 277 / 140154	8-3	J.E. Chapa	Pipefitter/Welder	Glycol	Eyes-irritation		0	0	0	0	✓													
87 278 / 130164	8-4	P Green	Proj. Engr.	DC-Unit 2	Conjunctivitis, Bilateral		0	0	0	0	✓													
87 279 / 142718	8-4	C.T. Wratislaw Jr.	Machinist	Mag Prod B MTC.	F.B. (R) Eye Personal		0	0	0	0	✓													
87 280 / 1426..	8-5	H M. Sechrest	Pipefitter Appr.	Butadiene	Sprain Back		✓	0	0	1	0													
87 281 / 144257	8-4	T.S. Dillard	Insulator	Insulation Dept.	Rash (L) Arm		0	0	0	0	✓	✓												✓
87 282 / 144338	8-9	J. Presa	Operator	Mag I	Irritation (R) Eye		0	0	0	0	✓													
87 283 / 144363	8-9	J.A. Campos	Operator	Epoxy 1	Rash arm		0	0	0	0	✓													
87 284 / 129298	8-10	B.P. Terrell	Boilermaker	Glycol	Pain (R) wrist		✓	0	0	2	0													
87 285 / 138291	8-12	B.D. McDaniel	Instr. Tech.	Chlor Pyridines	Back pain		0	0	0	0	✓													
87 286 / 141667	8-12	L. Martin	Operator B	Caustic 1	Caustic sol'n (R) eye		✓	0	0	3	0													
							127	2	147	1834.5	123	2	Ø	1	—	—	—	1	—	—	—	—	—	4

INJURIES

ILLNESSES

OSHA No. 200

Certification of Annual Summary Totals By ______ Title ______ Date ______

OSHA No. 200

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376912

ST0092059

Bureau of Labor Statistics
Log and Summary of Occupational Injuries and Illnesses

U.S. Department of Labor

For Calendar Year 19 82 — Page 17 of 30

Form Approved O.M.B. No. 1220-0029

NOTE: This form is required by Public Law 91-596 and must be kept in the establishment for 5 years. Failure to maintain and post can result in the issuance of citations and assessment of penalties. (See posting requirements on the other side of form.)

RECORDABLE CASES: You are required to record information about every occupational death, every nonfatal occupational illness, and those nonfatal occupational injuries which involve one or more of the following: loss of consciousness, restriction of work or motion, transfer to another job, or medical treatment (other than first aid). (See definitions on the other side of form.)

Company Name: Dow Chemical USA
Establishment Name: Texas Oprs.
Establishment Address: Hwy 288 — Freeport, TX 77541

Column key:
- (A) Case or File Number — Enter a nonduplicating number which will facilitate comparisons with supplementary records.
- (B) Date of Injury or Onset of Illness — Enter Mo./day.
- (C) Employee's Name — Enter first name or initial, middle initial, last name.
- (D) Occupation — Enter regular job title, not activity employee was performing when injured or at onset of illness. In the absence of a formal title, enter a brief description of the employee's duties.
- (E) Department — Enter department in which the employee is regularly employed or a description of normal workplace to which employee is assigned, even though temporarily working in another department at the time of injury or illness.
- (F) Description of Injury or Illness — Enter a brief description of the injury or illness and indicate the part or parts of body affected. Typical entries for this column might be: Amputation of 1st joint right forefinger. Strain of lower back. Contact dermatitis on both hands. Electrocution—body.
- Extent of and Outcome of INJURY:
  - Fatalities: (1) Injury Related — Enter DATE of death. Mo./day/yr.
  - Nonfatal Injuries, Injuries With Lost Workdays: (2) Enter a CHECK if injury involves days away from work, or days of restricted work activity, or both. (3) Enter a CHECK if injury involves days away from work. (4) Enter number of DAYS away from work. (5) Enter number of DAYS of restricted work activity.
  - Injuries Without Lost Workdays: (6) Enter a CHECK if no entry was made in columns 1 or 2 but the injury is recordable as defined above.
- Type, Extent of, and Outcome of ILLNESS:
  - Type of Illness (7): CHECK Only One Column for Each Illness (See other side of form for terminations or permanent transfers.) (a) Occupational skin diseases or disorders (b) Dust diseases of the lungs (c) Respiratory conditions due to toxic agents (d) Poisoning (systemic effects of toxic materials) (e) Disorders due to physical agents (f) Disorders associated with repeated trauma (g) All other occupational illnesses
  - Fatalities: (8) Illness Related — Enter DATE of death. Mo./day/yr.
  - Nonfatal Illnesses, Illnesses With Lost Workdays: (9) Enter a CHECK if illness involves days away from work, or days of restricted work activity, or both. (10) Enter a CHECK if illness involves days away from work. (11) Enter number of DAYS away from work. (12) Enter number of DAYS of restricted work activity.
  - Illnesses Without Lost Workdays: (13) Enter a CHECK if no entry was made in columns 8 or 9.

(A)	(B)	(C)	(D)	(E)	(F)	(1)	(2)	(3)	(4)	(5)	(6)	(7a)	(7b)	(7c)	(7d)	(7e)	(7f)	(7g)	(8)	(9)	(10)	(11)	(12)	(13)
[redacted]							127	[illegible]	147	1834.5	123	-	Ø	1	—	—	—	1	—					4
87-287 144321	8-16	S.L. Bravo	ASRD	Epoxy II	Debris in eyes		0	0	0	0	✓													
87-288 143334	8-17	D.A. Orr	Operator	Mag Cast A	Back strain		✓	0	0	2	0													
87-289 140252	8-17	D.J. Sheen	Machinist	Machine Shop	(L) Wrist small ganglion		0	0	0	0	✓													
87-290 143335	8-19	J.L. Jasso	Operator	Mag	Laceration (L) 5th fingernail		✓	0	0	28	0													
87-291 141672	8-19	P.A. Tipp	Operator	Formulation Prod.	Chemical Burn (thighs & calves (backs))		✓	0	0	[illegible]	0													
87-292 141679	8-19	J.B. Gilliam	Operator	Poly 3	Back pain		0	0	[illegible]	[illegible]	✓													
87-293 137985	8-20	J.O. Brown	Pipe fitter	CEP	Conjunctival irritation		0	[illegible]	[illegible]	0	✓													
87-294 138443	8-21	J.L. Alexander	Chem. Tech.	Org Products Research	(R) Back Strain		0	0	0	0	✓													
87-295 131870	8-22	S.M. Scott	Fireman	Fire Dept.	Laceration (L) index finger - sutures		0	0	0	0	✓													
87-296 142648	8-21 (82)	L.W. Rhiam	Boilermaker	Boiler Shop	FB (L) Eye		0	0	0	0	✓													
87-297 141858	8-26	W.B. Clinton	Tank Car Repairman	Rail Fleet Oprs.	Compound Fx (L) IF Laceration LIF		✓	0	0	58	0													
87-298 102078	8-27	D. Todd	Tinsmith	Fabrication	Laceration (L) wrist		✓	0	0	46	0													
87-299 148595	8-27	M.A. Alaskovec	Electrician	Boiler Shop	Spider bite (R) ring finger		0	0	0	0	✓	F/A only												
87-300 117107	8-26	L.D. Martin	Machinist	Machine Shop	Irritation (R) eye - Personal		0	0	0	0	✓													
87-301 138268	8-28	A.N. Martin	Oper.	Mag Casting	Bumped (R) elbow - Personal; tingling & burning		✓	0	0		0													
87-302 132859	8-26	H. Rangel	Pipefitter	Research Svcs	(R) shoulder & back		✓	0	0	1	0													
87-303 136744	8-29	T.L. Williams	Oper.	Polycarbonate	Laceration (L) upper arm		0	0	0	0	✓													
87-304 143368	8-31 (8-30)	D.W. Stamps	Boilermaker	Boiler Shop	Acid burn index finger (R) hand		0	0	0	0	✓													
[redacted]							133	2	147	1921.5	133	2	Ø	1	—	—	—	1	—					4

INJURIES

ILLNESSES

Certification of Annual Summary Totals By ______ Title ______ Date ______

OSHA No. 200

POST ONLY THIS PORTION OF THE LAST PAGE NO LATER THAN FEBRUARY 1.

376913

ST0092060

Bureau of Labor Statistics
Log and Summary of Occupational Injuries and Illnesses

U.S. Department of Labor

For Calendar Year 19 87 Page 18 of 30

Form Approved O.M.B. No. 1220-0029

NOTE: This form is required by Public Law 91-596 and must be kept in the establishment for 5 years. Failure to maintain and post can result in the issuance of citations and assessment of penalties. (See posting requirements on the other side of form.)

RECORDABLE CASES: You are required to record information about every occupational death, every nonfatal occupational illness, and those nonfatal occupational injuries which involve one or more of the following: loss of consciousness, restriction of work or motion, transfer to another job, or medical treatment (other than first aid). (See definitions on the other side of form.)

Company Name: Dow Chemical USA
Establishment Name: Texas Oprs.
Establishment Address: Hwy 288 Freeport, TX 77541

Column headings:
- (A) Case or File Number — Enter a nonduplicating number which will facilitate comparisons with supplementary records.
- (B) Date of Injury or Onset of Illness — Enter Mo./day.
- (C) Employee's Name — Enter first name or initial, middle initial, last name.
- (D) Occupation — Enter regular job title, not activity employee was performing when injured or at onset of illness. In the absence of a formal title, enter a brief description of the employee's duties.
- (E) Department — Enter department in which the employee is regularly employed or a description of normal workplace to which employee is assigned, even though temporarily working in another department at the time of injury or illness.
- (F) Description of Injury or Illness — Enter a brief description of the injury or illness and indicate the part or parts of body affected. Typical entries for this column might be: Amputation of 1st joint right forefinger; Strain of lower back; Contact dermatitis on both hands; Electrocution—body.
- Extent of and Outcome of INJURY:
  - Fatalities: (1) Injury Related — Enter DATE of death. Mo./day/yr.
  - Nonfatal Injuries, Injuries With Lost Workdays: (2) Enter a CHECK if injury involves days away from work, or days of restricted work activity, or both. (3) Enter a CHECK if injury involves days away from work. (4) Enter number of DAYS away from work. (5) Enter number of DAYS of restricted work activity.
  - Injuries Without Lost Workdays: (6) Enter a CHECK if no entry was made in columns 1 or 2 but the injury is recordable as defined above.
- Type, Extent of, and Outcome of ILLNESS:
  - Type of Illness (7): CHECK Only One Column for Each Illness (See other side of form for terminations or permanent transfers.) (a) Occupational skin diseases or disorders; (b) Dust diseases of the lungs; (c) Respiratory conditions due to toxic agents; (d) Poisoning (systemic effects of toxic materials); (e) Disorders due to physical agents; (f) Disorders associated with repeated trauma; (g) All other occupational illnesses.
  - Fatalities: (8) Illness Related — Enter DATE of death. Mo./day/yr.
  - Nonfatal Illnesses, Illnesses With Lost Workdays: (9) Enter a CHECK if illness involves days away from work, or days of restricted work activity, or both. (10) Enter a CHECK if illness involves days away from work. (11) Enter number of DAYS away from work. (12) Enter number of DAYS of restricted work activity.
  - Illnesses Without Lost Workdays: (13) Enter a CHECK if no entry was made in columns 8 or 9.

INJURIES

ILLNESSES

(A)	(B)	(C)	(D)	(E)	(F)	(1)	(2)	(3)	(4)	(5)	(6)	(7a)	(7b)	(7c)	(7d)	(7e)	(7f)	(7g)	(8)	(9)	(10)	(11)	(12)	(13)
[redacted]							133	2	147	1971.5	133	2	Ø	1	—	—	—	1	—	—	—	—	—	4
87-305 14[illegible]	[illegible]	L.B. Langford	App. Pipefitter	Craft Eng	(L) Chest pain	Personal	0	0	0	0	✓													
87-306 117687	8-28	R.L. Hobbs	[illegible] K. C.	Epoxy	Back pain		0	0	0	0	✓													
87-307 134582	8-27	J.D. Mullins	Oper.	Epoxy II	Debrided skin Acid burns		✓	0	0	7	0													
87-308 141121	8-19	O Hernandez	Oper	Poly Carbonate	Injury to neck, chest, R foot		✓	0	0	9	0													
87-309 137250	9-2	C.E. Bailey, Jr.	Area Foreman	Polycarbonate	2° Thermal burn L Leg		0	0	0															
87-310 138407	8-31	K.M. Harvard	Machinist	Benzene	Laceration L Hand 2nd digit		0	0			✓													
87-311 142191	9-1	E.H. Mendoza, Jr.	Operator	Cell Feed B	Sprain R Ankle		✓			81	0													
87-312 202765	9-1	B.C. Goodwin	Lab Tech.	Poly Quality Ass.	Chem burn R Eye cornea		0		0	0	✓													
87-313 202612	9-2	J.F. Adams	Lab. Tech.	Unit III	Itching [illegible] Vs. Chem [illegible]	Personal			0	0	✓													
87-314 134301	9-4	H.K. Walker	Inst. Tech.	I & E Svcs.	Irritation L thigh		0	0	0	0	✓													
87-315 13[illegible]	9-4	J.L. Schultz?	Oper.	LHC 9	Bite - lower leg		0	0	0	0	✓	F/A only												
87-316 136506	9-8	B.O. Morgan	Dist. Tech	Matl. Recovery	[illegible] - body		0	0	0	0	✓	✓												✓
87-317 134012	9-4	R.A. Smith	Tech.	Lubrication	Acid burn R forearm		0	0	0	0	✓													
87-318 138866	9-4	E. Flores	C Control	Poly II	Pressure exposure		0	0	0	0	✓													
87-319 137281	9-9	M.J. Trevino	M. [illegible] Tech.	Rigging E	Back problems	Personal					✓													
87-320 144716	9-11	D.L. Potts	Oper.	Mktl Dev Prod	Strain - cervical		✓	0	0	1	0													
87-321 142[illegible]	9-12	F.L. Bonner	Oper.	Epoxy Novolac	Sutures - lip		0	0	0	0	✓													
87-322 131286	9-14	W.J. Allman	Oper.	Voranol Prod	Broke a bone R hand		✓	0	0	37														
[redacted]							138	3	147	2106.5	143	2	Ø	1	—	—	—	1	—	—	—	—	—	4

OSHA No. 200

Certification of Annual Summary Totals By ______ Title ______ Date ______

OSHA No. 200

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376914

ST0092061

Bureau of Labor Statistics
Log and Summary of Occupational Injuries and Illnesses

U.S. Department of Labor

For Calendar Year 19 82 Page 19 of 30

NOTE: This form is required by Public Law 91-596 and must be kept in the establishment for 5 years. Failure to maintain and post can result in the issuance of citations and assessment of penalties. (See posting requirements on the other side of form.)

RECORDABLE CASES: You are required to record information about every occupational death, every nonfatal occupational illness, and those nonfatal occupational injuries which involve one or more of the following: loss of consciousness, restriction of work or motion, transfer to another job, or medical treatment (other than first aid). (See definitions on the other side of form.)

Company Name: Dow Chemical USA
Establishment Name: Texas Opers.
Establishment Address: Hwy 288, Freeport, TX 77541

Form Approved O.M.B. No. 1220-0029

Case or File Number	Date of Injury or Onset of Illness	Employee's Name	Occupation	Department	Description of Injury or Illness
Enter a nonduplicating number which will facilitate comparisons with supplementary records	Enter Mo./Day	Enter first name or initial, middle initial, last name.	Enter regular job title, not activity employee was performing when injured or at onset of illness. In the absence of a formal title, enter a brief description of the employee's duties.	Enter department in which the employee is regularly employed or a description of normal workplace to which employee is assigned, even though temporarily working in another department at the time of injury or illness.	Enter a brief description of the injury or illness and indicate the part or parts of body affected. Typical entries for this column might be: Amputation of 1st joint right forefinger, Strain of lower back, Contact dermatitis on both hands, Electrocution—body
(A)	(B) 1982	(C)	(D)	(E)	(F)

Extent of and Outcome of INJURY

Fatalities: Injury Related, Enter DATE of death (Mo./day/yr.) (1)	Nonfatal Injuries: Injuries With Lost Workdays: Enter a CHECK if injury involves days away from work, or days of restricted work activity, or both (2)	Enter a CHECK if injury involves days away from work (3)	Enter number of DAYS away from work (4)	Enter number of DAYS of restricted work activity (5)	Injuries Without Lost Workdays: Enter a CHECK if no entry was made in columns 1 or 2 but the injury is recordable as defined above (6)
	138	2	147	2106	143
	C	C	C	O	✓
	O	O	O	O	✓
	C	C	C	C	✓
	C	C	C	C	✓
	O	O	O	O	✓
	✓	O	O	26	O
	O	O	O	O	✓
	✓	C	C	28	C
	O	O	O	O	✓
	C	C	C	O	✓
	C	C	C	O	✓
	C	C	C	C	✓
	O	O	O	O	✓
P [illegible]					
Personnel	O	O	O	O	✓
	C	C	C	C	✓
	141	2	147	2190	156

Type, Extent of, and Outcome of ILLNESS

Fatalities: Illness Related, Enter DATE of death (Mo./day/yr.) (8)	Nonfatal Illnesses: Illnesses With Lost Workdays: Enter a CHECK if illness involves days away from work, or days of restricted work activity, or both (9)	Enter a CHECK if illness involves days away from work (10)	Enter number of DAYS away from work (11)	Enter number of DAYS of restricted work activity (12)	Illnesses Without Lost Workdays: Enter a CHECK if no entry was made in columns 9 or 10 (13)
					4
					✓
					1
					✓
					4

CHECK Only One Column for Each Illness (See other side of form for terminations or permanent transfers.) (7)

(a) Occupational skin diseases or disorders	(b) Dust diseases of the lungs	(c) Respiratory conditions due to toxic agents	(d) Poisoning (systemic effects of toxic materials)	(e) Disorders due to physical agents	(f) Disorders associated with repeated trauma	(g) All other occupational illnesses
2	0	1	—	—	1	—
✓						
✓						
F/A only						
✓						
F/A only						
—						
—						
2	0	1	—	—	1	—

INJURIES

ILLNESSES

Certification of Annual Summary Totals By _____ Title _____ Date _____

OSHA No. 200

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376915

S10094062

Bureau of Labor Statistics
Log and Summary of Occupational Injuries and Illnesses

U.S. Department of Labor

For Calendar Year 19 82

Page 2 of 30

NOTE: This form is required by Public Law 91-596 and must be kept in the establishment for 5 years. Failure to maintain and post can result in the issuance of citations and assessment of penalties. (See posting requirements on the other side of form.)

RECORDABLE CASES: You are required to record information about every occupational death; every nonfatal occupational illness; and those nonfatal occupational injuries which involve one or more of the following: loss of consciousness, restriction of work or motion, transfer to another job, or medical treatment (other than first aid). (See definitions on the other side of form.)

Company Name: Dow Chemical USA
Establishment Name: Texas Opns.
Establishment Address: Hwy 288, Freeport, TX 77541

Form Approved O.M.B. No. 1220-0029

Case or File Number	Date of Injury or Onset of Illness	Employee's Name	Occupation	Department	Description of Injury or Illness
Enter a number/date sorting number which will reconcile OSHA personnel with supplementary records	Enter Mo./day	Enter first name or initial, middle initial, last name	Enter regular job title, not activity employee was performing when injured or at onset of illness. In the absence of a formal title, enter a brief description of the employee's duties	Enter department in which the employee is regularly employed or a description of normal workplace to which employee is assigned, even though temporarily working in another department at the time of injury or illness.	Enter a brief description of the injury or illness and indicate the part or parts of body affected. Typical entries for this column might be: Amputation of 1st joint right forefinger, Strain of lower back, Contact dermatitis on both hands, Electrocution—body
(A)	(B) 1982	(C)	(D)	(E)	(F)

Extent of and Outcome of INJURY

Fatalities	Nonfatal Injuries				
	Injuries With Lost Workdays				Injuries Without Lost Workdays
Enter DATE of death. Mo./day/yr. (1)	Enter a CHECK if injury involves days away from work, or days of restricted work activity, or both (2)	Enter a CHECK if injury involves days away from work (3)	Enter number of DAYS away from work (4)	Enter number of DAYS of restricted work activity (5)	Enter a CHECK if no entry was made in columns 1 or 2 but the injury is recordable as defined above (6)
	141	2	147	2190	156
	0	0	0	0	✓
	✓	✓	5	65	
	0	0	0	0	✓
	0	0	0	0	✓
	0	0	0		✓
	✓			60	
					✓
	✓			52	
	✓			5	
					✓
	✓			298	
					✓
					✓
					✓
	145	2	147	2600 2349	167

Type, Extent of, and Outcome of ILLNESS

Type of Illness — CHECK Only One Column for Each Illness (See other side of form for combinations or permanent properties.)

Fatalities								
Illness Related	Occupational skin diseases or disorders (a)	Dust diseases of the lungs (b)	Respiratory conditions due to toxic agents (c)	Poisoning (systemic effects of toxic materials) (d)	Disorders due to physical agents (e)	Disorders associated with repeated trauma (f)	All other occupational illnesses (g)
Enter DATE of death. Mo./day/yr. (8)				(7)			
	2	0	1	—	—	1	
	2	0	1	—	—	1	

Illness Nonfatal Illnesses

Illness With Lost Workdays				Illness Without Lost Workdays
Enter a CHECK if illness involves days away from work, or days of restricted work activity, or both. (9)	Enter a CHECK if illness involves days away from work. (10)	Enter number of DAYS away from work. (11)	Enter number of DAYS of restricted work activity. (12)	Enter a CHECK if no entry was made in columns 8 or 9. (13)
				4
				4

INJURIES

ILLNESSES

NO ENTREES

non Freeport

F/A only

Certification of Annual Summary Totals By _____ Title _____ Date _____

OSHA No. 200

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OSHA No. 200

376916

ST0092063

Bureau of Labor Statistics
Log and Summary of Occupational Injuries and Illnesses

U.S. Department of Labor

For Calendar Year 19 87 — Page 21 of 30

Form Approved O.M.B. No. 1220-0029

NOTE: This form is required by Public Law 91-596 and must be kept in the establishment for 5 years. Failure to maintain and post can result in the issuance of citations and assessment of penalties. (See posting requirements on the other side of form.)

RECORDABLE CASES: You are required to record information about every occupational death; every nonfatal occupational illness; and those nonfatal occupational injuries which involve one or more of the following: loss of consciousness, restriction of work or motion, transfer to another job, or medical treatment (other than first aid). (See definitions on the other side of form.)

Company Name: Dow Chemical USA
Establishment Name: Texas Ops.
Establishment Address: Hwy 288, Freeport, TX 77541

(A) Case or File Number — Enter a nonduplicating number which will facilitate comparisons with supplementary records	(B) Date of Injury or Onset of Illness — Enter Mo./day. 1987	(C) Employee's Name — Enter first name or initial, middle initial, last name.	(D) Occupation — Enter regular job title, not activity employee was performing when injured or at onset of illness. In the absence of a formal title, enter a brief description of the employee's duties.	(E) Department — Enter department in which the employee is regularly employed or a description of normal workplace to which employee is assigned, even though temporarily working in another department at the time of injury or illness.	(F) Description of Injury or Illness — Enter a brief description of the injury or illness and indicate the part or parts of body affected. Typical entries for this column might be: Amputation of 1st joint right forefinger; Strain of lower back; Contact dermatitis on both hands; Electrocution—body	Injury Fatalities (1) Injury Related — Enter DATE of death. Mo./day/yr.	Injuries With Lost Workdays (2) Enter a CHECK if injury involves days away from work, or days of restricted work activity, or both.	(3) Enter a CHECK if injury involves days away from work.	(4) Enter number of DAYS away from work.	(5) Enter number of DAYS of restricted work activity.	Injuries Without Lost Workdays (6) Enter a CHECK if no entry was made in columns 1 or 2 but the injury is recordable as defined above.	Type of Illness (7)(a) Occupational skin diseases or disorders	(7)(b) Dust diseases of the lungs	(7)(c) Respiratory conditions due to toxic agents	(7)(d) Poisoning (systemic effects of toxic materials)	(7)(e) Disorders due to physical agents	(7)(f) Disorders associated with repeated trauma	(7)(g) All other occupational illnesses	Illness Fatalities (8) Illness Related — Enter DATE of death. Mo./day/yr.	Illnesses With Lost Workdays (9) Enter a CHECK if illness involves days away from work, or days of restricted work activity, or both.	(10) Enter a CHECK if illness involves days away from work.	(11) Enter number of DAYS away from work.	(12) Enter number of DAYS of restricted work activity.	Illnesses Without Lost Workdays (13) Enter a CHECK if no entry was made in columns 8 or 9.
							145	2	147	2347	167	2	Ø	1	—	—	—	1	—	—	—	—	—	4
87-356 140222	10-7	R.J. Shaddock	Appr. Pipefitter	Craft Trng.	(R) neck muscle strain		✓			5														
87-357 142951	10-7	P.L. Lee	Operator	Mag. 1	Chemical exposure						✓													
87-358 131666	9-30	D.J. Cab	Ctl. Oper.	CEP	(L) elbow strain						✓													
87-359 118956	10-1	J.E. Rummels	Pipefitter	Research	Back strain						✓													
87-360 202730	10-8	R.F. Abriola	Technician	Mtc. OC 2	Back pain		✓																	
87-361 141030	10-8	R.L. Craig	Welder	Pipe Shop	FB (R) eye						✓													
87-362 135280	10-2	K.R. Lyle	Operator	APP	Sprain (L) knee						✓													
87-363 142330	10-9	L.E. Goins	Operator	Epoxy II	Back Strain						✓													
87-364 132218	10-12	J.E. Smith	Operator	Poly Cust. S	Back strain		✓			11														
*87-365 143012	87-5 10-11	J.M. Williams	Pipefitter	LHC 7	(L) elbow contusion		✓	✓	3	111														
87-366 132880	10-13	L.L. Johnson	Operator	APF	Swelling (R) knee						✓													
*87-367 119121	10-11	F.L. Koy	Machinist	Poly II	Back strain		✓			7														
87-368 131411	10-12	C.W. Nutto	Pipefitter	Res. Mtce	(L) groin strain		✓			1														
87-369 144666	10-13	M.A. Williams	Operator	Mag Cast A	Contusion (L) ring finger						✓													
87-370 143472	10-5	J.A. Wagnespack	ASEO	Glycerine 2	(L) Back strain		✓			2														
87-371 139725	10-16	D.A. Terrell	Welder	Glycol	Foreign body (L) eye						✓													
87-372 138143	10-19	J.L. Alexander	Chem. Tech.	O.P.C.	Cervical contusion						✓													
87-373 133599	10-20	B. Rivera	Electrician	NP Mtce. Ph	Splinter removed (R) shoulder						✓													
							152	2	147	2387 X	178	2	Ø	1	—	—	—	1	—	—	—	—	—	4

INJURIES

ILLNESSES

Certification of Annual Summary Totals By ______ Title ______ Date ______

OSHA No. 200

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200

376917

ST0092064

Bureau of Labor Statistics
Log and Summary of Occupational Injuries and Illnesses

U.S. Department of Labor

For Calendar Year 19 87 — Page 22 of 30

Form Approved O.M.B. No. 1220-0029

NOTE: This form is required by Public Law 91-596 and must be kept in the establishment for 5 years. Failure to maintain and post can result in the issuance of citations and assessment of penalties. (See posting requirements on the other side of form.)

RECORDABLE CASES: You are required to record information about every occupational death; every nonfatal occupational illness; and those nonfatal occupational injuries which involve one or more of the following: loss of consciousness, restriction of work or motion, transfer to another job, or medical treatment (other than first aid). (See definitions on the other side of form.)

Company Name: Dow Chemical USA
Establishment Name: Texas Ops.
Establishment Address: Hwy 288, Freeport, TX 77541

Case or File Number	Date of Injury or Onset of Illness	Employee's Name	Occupation	Department	Description of Injury or Illness	Injury Related	Fatalities: Enter DATE of death	Nonfatal Injuries: Enter a CHECK if injury involves days away from work, or days of restricted work activity, or both	Enter a CHECK if injury involves days away from work	Enter number of DAYS away from work	Enter number of DAYS of restricted work activity	Injuries Without Lost Workdays: Enter a CHECK if no entry was made in columns 1 or 2 but the injury is recordable as defined above	Type of Illness: CHECK Only One Column for Each Illness (See other side of form for terminations or permanent transfers.) (7) a. Occupational skin diseases or disorders	(7) b. Dust diseases of the lungs	(7) c. Respiratory conditions due to toxic agents	(7) d. Poisoning (systemic effects of toxic materials)	(7) e. Disorders due to physical agents	(7) f. Disorders associated with repeated trauma	(7) g. All other occupational illnesses	Fatalities: Illness Related, Enter DATE of death	Nonfatal Illnesses: Illnesses With Lost Workdays: Enter a CHECK if illness involves days away from work, or days of restricted work activity, or both	Enter a CHECK if illness involves days away from work	Enter number of DAYS away from work	Enter number of DAYS of restricted work activity	Illnesses Without Lost Workdays: Enter a CHECK if no entry was made in columns 8 or 9
(A)	(B) 1987	(C)	(D)	(E)	(F)		Mo./Day/Yr. (1)	(2)	(3)	(4)	(5)	(6)	(a)	(b)	(c)	(d)	(e)	(f)	(g)	Mo./Day/Yr. (8)	(9)	(10)	(11)	(12)	(13)
[redacted]								152	2	147	2367	178	2	0	1				1						4
87-374 142060	10-21	S.E. Rice	Sr. Inst. Tech.	N/P Maint. & Fb.	Laceration (R) thumb							✓													
87-375 139602	10-23	R.M. Howard	machinist	Benzene	Laceration (R) index							✓													
87-376 140575	10-25	D.A. Pirtle	Rail Elect Mtn	Railroad	Foreign body (R) eye							✓													
87-377 140353	10-23	T.G. Edwards	Operator	Chlorine III	(R) Groin strain			✓			1														
87-378 134209	10-22	A. Pettaway Jr.	Mat'l Hdlr.	Transport	Callus (R) ring finger							✓						✓							✓
87-379 143422	10-23	M.S. Smith	Engineer	Mag. 1	pain in neck							✓													
87-380 141649	10-28	J.D. Wall	Office Assistant	Steel Shop	pain in neck							✓													
87-381 138453	10-30	T.L. Fowler	Pipefitter	Versenes	Back pain			✓			3														
87-382 134172	11-2	J.R. Jones	Eng. Tech.	Res. Eng.	Laceration L MF							✓													
87-383 141614	11-5	D.E. Tugh	Pipefitter	Epoxy HHA	Chemical exposure (R) eye							✓													
87-384 082081	10-29	C. Carriere, Jr.	Sr. Lec. Chem.	A-E 8	Laceration (L) thumb							✓													
87-385 143305	11-9	F.D. Critfield	Operator	Mag. 1	Costochondral junction separation (R)							✓													
87-386 141228	11-10	H.T. Bohnert	Sr. electrician	Elect. Serv.	Splinter (L) thumb							✓													
87-387 143378	11-12	H.C. Bradley	Operator	Mag. 1	Back strain			✓			36														
87-388 137585	11-10	J.O. Devera	Rigger oper.	Rigging	Back strain	Personal																			
87-389 142210	11-10	B.D. Sydow	Boilermaker	Boiler Shop	(R) index finger Laceration (R) hand							✓													
87-390 144903	11-12	D.N. Sweeten	Operator	Epoxy II								✓													
87-391 141902	11-9	J.E. Rodriguez	Operator	Poly 2	Back strain			✓			10														
[redacted]								156	2	147	2432	190	3	0	1				1						5

INJURIES — ILLNESSES

Certification of Annual Summary Totals By _____ Title _____ Date _____

OSHA No. 200

POST ONLY THIS PORTION OF THE LAST PAGE NO LATER THAN FEBRUARY 1.

376918

Bureau of Labor Statistics
Log and Summary of Occupational Injuries and Illnesses

U.S. Department of Labor

For Calendar Year 19 87 — Page 23 of 30

Form Approved O.M.B. No. 1220-0029

NOTE: This form is required by Public Law 91-596 and must be kept in the establishment for 5 years. Failure to maintain and post can result in the issuance of citations and assessment of penalties. (See posting requirements on the other side of form.)

RECORDABLE CASES: You are required to record information about every occupational death; every nonfatal occupational illness; and those nonfatal occupational injuries which involve one or more of the following: loss of consciousness, restriction of work or motion, transfer to another job, or medical treatment (other than first aid). (See definitions on the other side of form.)

Company Name: Dow Chemical USA
Establishment Name: Texas Oprs.
Establishment Address: Hwy 288, Freeport, TX 77541

Case or File Number (A)	Date of Injury or Onset of Illness, Mo./day (B) 1987	Employee's Name (C)	Occupation (D)	Department (E)	Description of Injury or Illness (F)	Injury Fatalities: Date of death (1)	Injuries with lost workdays: check if days away and/or restricted (2)	Check if days away from work (3)	Days away from work (4)	Days of restricted work activity (5)	Injuries without lost workdays (6)	Illness type (7a) Occupational skin diseases or disorders	(7b) Dust diseases of the lungs	(7c) Respiratory conditions due to toxic agents	(7d) Poisoning (systemic effects of toxic materials)	(7e) Disorders due to physical agents	(7f) Disorders associated with repeated trauma	(7g) All other occupational illnesses	Illness Fatalities: Date of death (8)	Illnesses with lost workdays: check (9)	Check if days away from work (10)	Days away from work (11)	Days of restricted work activity (12)	Illnesses without lost workdays (13)
[redacted]							156	2	147	2437	190	3	0	1	—	—	—	1	—	—	—	—	—	5
87-392 [illegible]	11-16	Mike Sodaro	Technician	Pellethane	Cut (L) [illegible]		✓			2 ✓				Non-Freeport										
87-393 36656	11-4	P.E. Phillips	Electrician	Energy Dept.	Sub. Hematoma (L) big toe		✓			18.														
87-394 42681	11-9	F. Clark	Insulator	Insulation	Pain (R) hip						✓													
87-395 35627	11-16	L. Maxwell, Jr.	Boilermaker	Glycol	Pain (L) shoulder						✓													
87-396 32186	11-16	J.E. Smith	Pipefitter	Glycerine 1	F.B. (R) eye																			
87-397 142155	11-9	D.E. Rickaway	Operator	Poly 3	Chest, Chm.		✓			52														
87-398 141973	10-21	L.T. Carter	Electrician	CMF	Back pain						✓													
87-399 56722	11-16	[illegible] Nugent, Jr.	Pipefitter	[illegible]	Back strain		✓			1 ✓														
87-400 44899	11-24	D.L. Kuckes	Operator	MagCast E	Laceration (L) [illegible]						✓													
87-401 [illegible]	11-23 (17)	S.L. Morris	Boilermaker	Mag.	(R) [illegible]		✓			25.														
87-402 144224	11-24	C.B. Monaghan	Operator	Poly 2	Burn (L) foot		✓			17.														
87-403 41168	11-25	J.E. Cavalier	Welder	Mag. Hyd.	F.B. (L) eye						✓													
87-404 144924	11-23	C.L. Morton	Sec.	Chlorine 4	Corneal abrasion						✓													
87-405 [illegible]	11-23	[illegible] Morris	Proj. Leader	Mkt. Dev.	Laceration (L) thumb						✓													
87-406 14383	11-25	J.W. King	Operator	Epoxy 1	Eye irritation Epi						✓													
87-407 33682	11-28	L.S. Estes	Operator	Allyl Chloride	Blisters (L) foot						✓													
87-408 143368	11-24	D.N. Stamps	Boilermaker	Boiler Shop	Eye irritation						✓													
87-409 54665	11-24	J.M. Corey	Foreman	Glycerine 2	Eye irritation						✓													
[redacted]							162	2	147	2552	202	3	0	1	—	—	—	1	—	—	—	—	—	5

INJURIES

ILLNESSES

Certification of Annual Summary Totals By ____ Title ____ Date ____

OSHA No. 200

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OSHA No. 200

376919

S1000J2000

Bureau of Labor Statistics
Log and Summary of Occupational Injuries and Illnesses

U.S. Department of Labor

For Calendar Year 19 87 — Page 24 of 30

Company Name: Dow Chemical USA
Establishment Name: Texas Oprs.
Establishment Address: Hwy 288 Freeport, TX 77541

Form Approved O.M.B. No. 1220-0029

NOTE: This form is required by Public Law 91-596 and must be kept in the establishment for 5 years. Failure to maintain and post can result in the issuance of citations and assessment of penalties. (See posting requirements on the other side of form.)

RECORDABLE CASES: You are required to record information about every occupational death; every nonfatal occupational illness; and those nonfatal occupational injuries which involve one or more of the following: loss of consciousness, restriction of work or motion, transfer to another job, or medical treatment (other than first aid). (See definitions on the other side of form.)

Column headings:

- (A) Case or File Number — Enter a nonduplicating number which will facilitate comparisons with supplementary records.
- (B) Date of Injury or Onset of Illness — Enter Mo./day.
- (C) Employee's Name — Enter first name or initial, middle initial, last name.
- (D) Occupation — Enter regular job title, not activity employee was performing when injured or at onset of illness. In the absence of a formal title, enter a brief description of the employee's duties.
- (E) Department — Enter department in which the employee is regularly employed or a description of normal workplace to which employee is assigned, even though temporarily working in another department at the time of injury or illness.
- (F) Description of Injury or Illness — Enter a brief description of the injury or illness and indicate the part or parts of body affected. Typical entries for this column might be: Amputation of 1st joint right forefinger; Strain of lower back; Contact dermatitis on both hands; Electrocution—body.
- Extent of and Outcome of INJURY:
  - Fatalities: (1) Injury Related — Enter DATE of death. Mo./day/yr.
  - Nonfatal Injuries, Injuries With Lost Workdays: (2) Enter a CHECK if injury involves days away from work, or days of restricted work activity, or both. (3) Enter a CHECK if injury involves days away from work. (4) Enter number of DAYS away from work. (5) Enter number of DAYS of restricted work activity.
  - Injuries Without Lost Workdays: (6) Enter a CHECK if no entry was made in columns 1 or 2 but the injury is recordable as defined above.
- Type, Extent of, and Outcome of ILLNESS:
  - Type of Illness: (7) CHECK Only One Column for Each Illness (See other side of form for terminations or permanent transfers.) (a) Occupational skin diseases or disorders; (b) Dust diseases of the lungs; (c) Respiratory conditions due to toxic agents; (d) Poisoning (systemic effects of toxic materials); (e) Disorders due to physical agents; (f) Disorders associated with repeated trauma; (g) All other occupational illnesses.
  - Fatalities: (8) Illness Related — Enter DATE of death. Mo./day/yr.
  - Nonfatal Illnesses, Illnesses With Lost Workdays: (9) Enter a CHECK if illness involves days away from work, or days of restricted work activity, or both. (10) Enter a CHECK if illness involves days away from work. (11) Enter number of DAYS away from work. (12) Enter number of DAYS of restricted work activity.
  - Illnesses Without Lost Workdays: (13) Enter a CHECK if no entry was made in columns 8 or 9.

(A)	(B) 1987	(C)	(D)	(E)	(F)	(1)	(2)	(3)	(4)	(5)	(6)	(7a)	(7b)	(7c)	(7d)	(7e)	(7f)	(7g)	(8)	(9)	(10)	(11)	(12)	(13)
							168	2	147	2552	202	3	Ø	1	—	—	—	1	—	—	—	—	—	5
87-410 132221	11-23	E. F. Moore	Pipefitter	Res. Maint.	muscle [illegible] 3rd finger (R) hand						✓													
87-411 143179	11-15	H. Neeley	Pipefitter	LNC #6	Sprain (L) ankle		✓			3														
87-412 133202	10-23	J. E. Isles	Operator	LNC#6	(L) knee twisted		✓			2														
87-413 143829	11-29	H. Walker	Operator	Mag. Casting	Umbilical hernia												✓			✓			23	
~~87-414 145319~~	~~12-2~~	~~R. Ybarra~~	~~Technician~~	~~L Plant~~	~~Caustic in face~~							non Freeport												
~~87-415 145392~~	~~12-2~~	~~P. Bildhauser~~	~~Technician~~	~~Shop Repair~~	~~Nail Palm (R) hand~~		✓					Non Freeport												
87-416 136212	7-14	R. E. Hood	Oper	Polycust Svc	Laceration (R) thumb						✓	(Orig #87-248 – Deleted in error)												
87-417 135855	11-19	R. Escochea	Machinist	Epoxy	Back strain		✓			1														
87-418 133536	12-4	A.C. Meador	Machinist	Chlorine 3	Rash chem. eff.							✓												✓
87-419 104794	12-8	T.E. South	Pipefitter	Res. Mtce.	Ingrown nail (R) 4th finger – fracture						✓													
87-420 140502	12-7	S.B. Smith	Pipefitter	Cell 3 [illegible]	Sutures (R) index finger		✓			17														
87-421 64271	12-14	K.R. Guillot	ASRO	Epoxy 2	Epi rash - finger							✓												✓
87-422 142143	12-10	E.N. Dominguez	Operator	Marine	Laceration (L) knee						✓													
87-423 1417	12-10	L.B. Langford	Pipefitter	Craft Eng.	Epi rash (L) hand							✓												✓
87-424 143313	12-10	R.B. Robertson	Pipefitter	Pipe Shop	Conjunctivitis - eyes						✓													
87-425 152220	12-10	E.C. Thomas	Operator	Epoxy 1	Back pain		✓			2														
87-426 102703	12-14	J.E. Powers	Technician	Poly EC 5	Chemical cont. (L) arm						✓													
87-427 363343	12-19	B.J. Glenn	Secy.	Purchasing	Back strain		✓			5														
							169	2	147	2589	211	4	0	1	—	—	1	1		1			23	6

INJURIES

ILLNESSES

OSHA No. 200

Certification of Annual Summary Totals By ______ Title ______ Date ______

OSHA No. 200

POST ONLY THIS PORTION OF THE LAST PAGE NO LATER THAN FEBRUARY 1.

376920

Bureau of Labor Statistics
Log and Summary of Occupational Injuries and Illnesses

U.S. Department of Labor

For Calendar Year 19 82 — Page 25 of 88

NOTE: This form is required by Public Law 91-596 and must be kept in the establishment for 5 years. Failure to maintain and post can result in the issuance of citations and assessment of penalties. (See posting requirements on the other side of form.)

RECORDABLE CASES: You are required to record information about every occupational death, every nonfatal occupational illness, and those nonfatal occupational injuries which involve one or more of the following: loss of consciousness, restriction of work or motion, transfer to another job, or medical treatment (other than first aid). (See definitions on the other side of form.)

Company Name: Dow Chemical USA
Establishment Name: Texas Ops.
Establishment Address: Hwy 288, Freeport, TX 77541

Form Approved O.M.B. No. 1220-0029

Case or File Number	Date of Injury or Onset of Illness	Employee's Name	Occupation	Department	Description of Injury or Illness
Enter a nonduplicating number which will facilitate comparison with supplementary records	Enter Mo./Day.	Enter first name or initial, middle initial, last name	Enter regular job title, not activity employee was performing when injured or at onset of illness. In the absence of a formal title, enter a brief description of the employee's duties	Enter department in which the employee is regularly employed or a description of normal workplace to which employee is assigned, even though temporarily working in another department at the time of injury or illness	Enter a brief description of the injury or illness and indicate the part or parts of body affected. Typical entries for this column might be Amputation of 1st joint right forefinger, Sprain of lower back, Contact dermatitis on both hands, Electrocution–body
(A)	(B)	(C)	(D)	(E)	(F)
[redacted]					
87-438	12-18	J.W. Thomas	Pipefitter/Welder	Ferchlor	Irritation (E) ankle
87-439	12-20	D. Smith	Operator	Mag. Casting	Burn (R) hand, wrist, arm (E) shoulder, neck, chest
87-430	12-16	E. Joffrey	Mechanic	Epoxy 2	Irritation (R) mg finger
87-431	12-28	D.F. Doner	Insulator	Insulation	Laceration (L) LF
87-432	12-30	T.F. Hutson	Trimmer	Tin Shop	Tenosynovitis
87-433	12-30	P.H. Correa	Operator	Trichlor	Chemical exposure
87-434	12-30	W.A. Baker	Caster	Mag. Casting	Laceration (R) LF
87-435	12-21	D. Vela	Operator	Epoxy 1	Chem. eye
87-436	2-28	R.F. Vitek	Operator	Caustic Tor	Chem. eye
87-437	2-20	K.L. Mayo	Boiler Maker	Magnetics	Irritation (R) hand
87-438	2-12	J.C. Hughes	SRO II	Poly 3	Back pain
87-439	8-6	L. Campbell	Pipefitter	CEP	(R) Leg contusion
87-440	8-6	Mark Fowler	Boilermaker	Boiler Shop	(R) arm
87-441	8-11	S.D. Neal	Pipefitter	Glycerine 2	Chip on teeth
87-442	9-30	S. Sanguma	Operator	Mkt. Dev.	Chemical exposure
87-443	12-3	A.E. Fowler	Boilermaker	CEP	Back
NO ENTRY					
[redacted]					

Case or File Number	Extent of and Outcome of INJURY: Fatalities — Injury Related — Enter DATE of death (Mo./Day/Yr.) (1)	Nonfatal Injuries: Injuries With Lost Workdays — Enter a CHECK if injury involves days away from work, or days of restricted work activity, or both. (2)	Enter a CHECK if injury involves days away from work (3)	Enter number of DAYS away from work. (4)	Enter number of DAYS of restricted work activity. (5)	Injuries Without Lost Workdays — Enter a CHECK if no entry was made in columns 1 or 2 but the injury is recordable as defined above (6)
[redacted]		169	2	147	2589	211
87-438						✓
87-439		✓			9	
87-430		✓			7	
87-431						✓
87-432						✓
87-433		Delete 1-11-88				
87-434						✓
87-435						✓
87-436		✓			10	
87-437					P.Ser 87-51	✓
87-438		✓			20	
87-439		✓			3	
87-440						✓
87-441						✓
87-442						✓
87-443		✓			4	
[redacted]						
		115	2	147	2641.5	218

Type, Extent of, and Outcome of ILLNESS

Type of Illness — CHECK Only One Column for Each Illness (See other side of form for combinations or permanent transfers.)

Case or File Number	Fatalities — Illness Related — Enter DATE of death (Mo./Day/Yr.) (8)	Nonfatal Illnesses: Illnesses With Lost Workdays — Enter a CHECK if illness involves days away from work, or days of restricted work activity, or both. (9)	Enter a CHECK if illness involves days away from work. (10)	Enter number of DAYS away from work. (11)	Enter number of DAYS of restricted work activity. (12)	Illnesses Without Lost Workdays — Enter a CHECK if no entry was made in columns 8 or 9. (13)
[redacted]		1			23	6
87-438						
87-439						
87-430						
87-431						
87-432						✓
87-433						
87-434						
87-435						
87-436						
87-437						✓
87-438						
87-439						
87-440		✓	✓		5	
87-441						
87-442						
87-443						
[redacted]						
		2			28	7

(7) Occupational skin diseases or disorders | Dust diseases of the lungs | Respiratory conditions due to toxic agents | Poisoning (systemic effects of toxic materials) | Disorders due to physical agents | Disorders associated with repeated trauma | All other occupational illnesses

	(a)	(b)	(c)	(d)	(e)	(f)	(g)
[redacted]	1	0	1	—		1	1
87-438							
87-439							
87-430							
87-431							
87-432							
87-433							
87-434							
87-435							
87-436							
87-437						✓	
87-438							
87-439							
87-440						✓	
87-441							
87-442							
87-443							
[redacted]							
	1	0	1	—		1	3

INJURIES

ILLNESSES

Certification of Annual Summary Totals By _____ Title _____ Date _____

OSHA No. 200

POST ONLY THIS PORTION OF THE LAST PAGE NO LATER THAN FEBRUARY 1.

376921

ST0002068

Bureau of Labor Statistics
Log and Summary of Occupational Injuries and Illnesses

U.S. Department of Labor

1987

For Calendar Year 19 87 — Page 26 of 30

Form Approved O.M.B. No. 1220-0029

NOTE: This form is required by Public Law 91-596 and must be kept in the establishment for 5 years. Failure to maintain and post can result in the issuance of citations and assessment of penalties. (See posting requirements on the other side of form.)

RECORDABLE CASES: You are required to record information about every occupational death; every nonfatal occupational illness; and those nonfatal occupational injuries which involve one or more of the following: loss of consciousness, restriction of work or motion, transfer to another job, or medical treatment (other than first aid). (See definitions on the other side of form.)

Company Name: Dow Chemical USA
Establishment Name: Texas Opers.
Establishment Address: Hwy 288 Freeport, Texas 77541

Column headings: (A) Case or File Number — Enter a nonduplicating number which will facilitate comparisons with supplementary records. (B) Date of Injury or Onset of Illness — Enter Mo./day. (C) Employee's Name — Enter first name or initial, middle initial, last name. (D) Occupation — Enter regular job title, not activity employee was performing when injured or at onset of illness. In the absence of a formal title, enter a brief description of the employee's duties. (E) Department — Enter department in which the employee is regularly employed or a description of normal workplace to which employee is assigned, even though temporarily working in another department at the time of injury or illness. (F) Description of Injury or Illness — Enter a brief description of the injury or illness and indicate the part or parts of body affected. Typical entries for this column might be: Amputation of 1st joint right forefinger; Strain of lower back; Contact dermatitis on both hands; Electrocution—body.

Extent of and Outcome of INJURY: Fatalities — (1) Injury Related: Enter DATE of death (Mo./day/yr.). Nonfatal Injuries — Injuries With Lost Workdays: (2) Enter a CHECK if injury involves days away from work, or days of restricted work activity, or both. (3) Enter a CHECK if injury involves days away from work. (4) Enter number of DAYS away from work. (5) Enter number of DAYS of restricted work activity. Injuries Without Lost Workdays: (6) Enter a CHECK if no entry was made in columns 1 or 2 but the injury is recordable as defined above.

Type, Extent of, and Outcome of ILLNESS: Type of Illness (7) — CHECK Only One Column for Each Illness (See other side of form for terminations or permanent transfers.): (a) Occupational skin diseases or disorders; (b) Dust diseases of the lungs; (c) Respiratory conditions due to toxic agents; (d) Poisoning (systemic effects of toxic materials); (e) Disorders due to physical agents; (f) Disorders associated with repeated trauma; (g) All other occupational illnesses. Fatalities — (8) Illness Related: Enter DATE of death (Mo./day/yr.). Nonfatal Illnesses — Illnesses With Lost Workdays: (9) Enter a CHECK if illness involves days away from work, or days of restricted work activity, or both. (10) Enter a CHECK if illness involves days away from work. (11) Enter number of DAYS away from work. (12) Enter number of DAYS of restricted work activity. Illnesses Without Lost Workdays: (13) Enter a CHECK if no entry was made in columns 8 or 9.

(A) 87	(B) 1987	(C)	(D)	(E)	(F)	(1)	(2)	(3)	(4)	(5)	(6)	(7a)	(7b)	(7c)	(7d)	(7e)	(7f)	(7g)	(8)	(9)	(10)	(11)	(12)	(13)
[redacted]							125	2	147	2641.5	218	4	Ø	1	—		1	3		2	Ø	Ø	28	7
87-440 41663	3-4	J.L. Hambolt	Welder	Fabrication	STS - Standard Threshold Shift												✓							✓
441 36832	3-10	J.S. Mendoza	Painter	*Paint Shop	STS												✓							✓
442 138265	3-16	C.K. Turner	Carpenter	Carpenter Shop	STS												✓							✓
447 36362	3-30	J.L. Shaver	Carpenter	Carpenter Shop	STS												✓							✓
448 141745	3-30	R.R. Hickman	Carpenter	Carpenter Shop	STS												✓							✓
449 202819	4-1	M.L. Sanford	Carpenter	Carpenter Shop	STS												✓							✓
430 118624	4-6	H.V. Courtright	Shift Foreman	Mag. 1	STS												✓							✓
431 118761	4-8	A.E. Rousseau	Carpenter	Carpenter Shop	STS												✓							✓
432 119098	4-10	H.L. Lincecum	Foreman	Power Gen.	STS												✓							✓
433 133698	4-10	M.C. Johnson	Operator	Styrene II	STS												✓							✓
434 134411	4-13	E. Bedolla	Welder	Fab. Shop	STS												✓							✓
435 133761	4-15	D.E. Garrett	Carpenter	Carpenter Shop	STS												✓							✓
436 135408	4-30	J.L. Hudgeons	Carpenter	Carpenter Shop	STS												✓							✓
457 138441	5-8	J.D. Mikes	Oper.	Mag. 1	STS												✓							✓
458 136896	5-9	M.A. Atkins	Chem. Tech.	Resins TS&D	STS												✓							✓
459 134896	5-9	J.D. Arbe	Operator	Mag. 1	STS												✓							✓
460 131884	5-9	Aaron Smith	Operator	Power Gen.	STS												✓							✓
461 139660	5-9	M.B. Crouch	Operator	Polycarbonate	STS												✓							✓
[redacted]							125	2	147	2641.5	218	4	Ø	1	Ø	Ø	19	3		2	Ø	Ø	28	25

INJURIES

ILLNESSES

Certification of Annual Summary Totals By ______ Title ______ Date ______

OSHA No. 200

POST ONLY THIS PORTION OF THE LAST PAGE NO LATER THAN FEBRUARY 1.

OSHA No. 200

376922

Bureau of Labor Statistics
Log and Summary of Occupational Injuries and Illnesses

U.S. Department of Labor

1987

For Calendar Year 19 82 | Page 22 of 30

Form Approved O.M.B. No. 1220-0029

NOTE: This form is required by Public Law 91-596 and must be kept in the establishment for 5 years. Failure to maintain and post can result in the issuance of citations and assessment of penalties. (See posting requirements on the other side of form.)

RECORDABLE CASES: You are required to record information about every occupational death, every nonfatal occupational illness, and those nonfatal occupational injuries which involve one or more of the following: loss of consciousness, restriction of work or motion, transfer to another job, or medical treatment (other than first aid). (See definitions on the other side of form.)

Company Name: Dow Chemical USA
Establishment Name: Texas Oprs.
Establishment Address: Hwy 288 Freeport, TX. 77541

Column headings:

- (A) Case or File Number: Enter a nonduplicating number which will facilitate comparisons with supplementary records.
- (B) Date of Injury or Onset of Illness: Enter Mo./day.
- (C) Employee's Name: Enter first name or initial, middle initial, last name.
- (D) Occupation: Enter regular job title, not activity employee was performing when injured or at onset of illness. In the absence of a formal title, enter a brief description of the employee's duties.
- (E) Department: Enter department in which the employee is regularly employed or a description of normal workplace to which employee is assigned, even though temporarily working in another department at the time of injury or illness.
- (F) Description of Injury or Illness: Enter a brief description of the injury or illness and indicate the part or parts of body affected. Typical entries for this column might be: Amputation of 1st joint right forefinger; Strain of lower back; Contact dermatitis on both hands; Electrocution—body.
- Extent of and Outcome of INJURY:
  - Fatalities, Injury Related: (1) Enter DATE of death. Mo./day/yr.
  - Nonfatal Injuries, Injuries With Lost Workdays: (2) Enter a CHECK if injury involves days away from work, or days of restricted work activity, or both. (3) Enter a CHECK if injury involves days away from work. (4) Enter number of DAYS away from work. (5) Enter number of DAYS of restricted work activity.
  - Injuries Without Lost Workdays: (6) Enter a CHECK if no entry was made in columns 1 or 2 but the injury is recordable as defined above.
- Type, Extent of, and Outcome of ILLNESS:
  - Type of Illness (7): CHECK Only One Column for Each Illness (See other side of form for terminations or permanent transfers.) (a) Occupational skin diseases or disorders; (b) Dust diseases of the lungs; (c) Respiratory conditions due to toxic agents; (d) Poisoning (systemic effects of toxic materials); (e) Disorders due to physical agents; (f) Disorders associated with repeated trauma; (g) All other occupational illnesses.
  - Fatalities, Illness Related: (8) Enter DATE of death. Mo./day/yr.
  - Nonfatal Illnesses, Illnesses With Lost Workdays: (9) Enter a CHECK if illness involves days away from work, or days of restricted work activity, or both. (10) Enter a CHECK if illness involves days away from work. (11) Enter number of DAYS away from work. (12) Enter number of DAYS of restricted work activity.
  - Illnesses Without Lost Workdays: (13) Enter a CHECK if no entry was made in columns 8 or 9.

(A) 87-	(B) 87	(C)	(D)	(E)	(F)	(1)	(2)	(3)	(4)	(5)	(6)	(7a)	(7b)	(7c)	(7d)	(7e)	(7f)	(7g)	(8)	(9)	(10)	(11)	(12)	(13)
[redacted]							125	2	147	2641.5	218	4	Ø	1	Ø	Ø	19	3		2	Ø	Ø	22	25
463 / 132344	5-9	S.W. Dorris?	Supv.	Paint Staff A	STS - Standard? Transition? Shift												✓							✓
463 / 122592	5-9	H.J. Jones	Welder	Poly Mtce	STS												✓							✓
464 / 144330	5-11	K.M. Bailey	Ctrl C Oper.	Mag. 1	STS												✓							✓
465 / 134076	5-11	L. Ayala	Mtl. Hdl. Tech	Poly Cust Svcs	STS												✓							✓
466 / 144340	5-11	J.W. Taylor	Operator	Mag. 1	STS												✓							✓
467 / 134938	5-11	J.N. Rutherford	Operator	Mag. 3	STS												✓							✓
468 / 136787?	5-11	E.C. Collinsworth	Welder	Power Gen. Mtc	STS												✓							✓
469 / 141607	5-11	T.J. Fernahauser?	Operator	Polycarb-Comp	STS												✓							✓
470 / 142229	5-11	K.T. Brennan	Operator	Mag. 1	STS												✓							✓
471 / 139979	5-11	J.A. Brinkley	Operator	Mag. 2	STS												✓							✓
472 / 135280	5-11	C.L. Phillips	Operator	Poly Cust Svcs	STS												✓							✓
~~473? / 137?49~~	~~5-15~~	~~F. Isaac~~	~~Operator~~	~~Pelletham?~~	~~STS~~ off Site												✓							✓
474? / 144630	5-11	D.E. Joy	Operator	Mag. 1	STS												✓							✓
475? / 05?415	5-11	C.C. King	Operator	Mag. 1	STS												✓							✓
476? / 122551	5-11	H.R. Kirkpatrick	Operator	Mag. 1	STS												✓							✓
477 / 126297	5-11	G.A. Horack?	Operator	Mag. 2	STS												✓							✓
478 / 145795	5-11	K.E. Jones	Oper.	Mag. 1	STS												✓							✓
479 / 132807	5-11	C.W. O'Daniel	Oper.	Poly Cust. Svcs	STS												✓							✓
[redacted]							125	2	147	2641.5	218	4	Ø	1	Ø	Ø	37	3		2	Ø	Ø	28	43

INJURIES

ILLNESSES

Certification of Annual Summary Totals By ________ Title ________ Date ________

OSHA No. 200

POST ONLY THIS PORTION OF THE LAST PAGE NO LATER THAN FEBRUARY 1.

376923

Bureau of Labor Statistics
Log and Summary of Occupational Injuries and Illnesses

ST0092070

U.S. Department of Labor

1987

For Calendar Year 19 87 — Page 28 of 30

Form Approved O.M.B. No. 1220-0029

Company Name: Dow Chemical USA
Establishment Name: Texas Operations
Establishment Address: Hwy 288 - Freeport, TX 77541

NOTE: This form is required by Public Law 91-596 and must be kept in the establishment for 5 years. Failure to maintain and post can result in the issuance of citations and assessment of penalties. (See posting requirements on the other side of form.)

RECORDABLE CASES: You are required to record information about every occupational death; every nonfatal occupational illness; and those nonfatal occupational injuries which involve one or more of the following: loss of consciousness, restriction of work or motion, transfer to another job, or medical treatment (other than first aid). (See definitions on the other side of form.)

Column headings:
- (A) Case or File Number — Enter a nondupli-cating number which will facilitate comparisons with supplementary records
- (B) Date of Injury or Onset of Illness — Enter Mo./day
- (C) Employee's Name — Enter first name or initial, middle initial, last name
- (D) Occupation — Enter regular job title, not activity employee was performing when injured or at onset of illness. In the absence of a formal title, enter a brief description of the employee's duties
- (E) Department — Enter department in which the employee is regularly employed or a description of normal workplace to which employee is assigned, even though temporarily working in another department at the time of injury or illness
- (F) Description of Injury or Illness — Enter a brief description of the injury or illness and indicate the part or parts of body affected. Typical entries for this column might be: Amputation of 1st joint right forefinger, Strain of lower back, Contact dermatitis on both hands, Electrocution—body
- Extent of and Outcome of INJURY: (1) Fatalities — Injury Related — Enter DATE of death Mo./day/yr.; Nonfatal Injuries — Injuries With Lost Workdays: (2) Enter a CHECK if injury involves days away from work, or days of restricted work activity, or both; (3) Enter a CHECK if injury involves days away from work; (4) Enter number of DAYS away from work; (5) Enter number of DAYS of restricted work activity; (6) Injuries Without Lost Workdays — Enter a CHECK if no entry was made in columns 1 or 2 but the injury is recordable as defined above
- Type, Extent of, and Outcome of ILLNESS: (7) Type of Illness — CHECK Only One Column for Each Illness (See other side of form for terminations or permanent transfers.): (a) Occupational skin diseases or disorders; (b) Dust diseases of the lungs; (c) Respiratory conditions due to toxic agents; (d) Poisoning (systemic effects of toxic materials); (e) Disorders due to physical agents; (f) Disorders associated with repeated trauma; (g) All other occupational illnesses
- (8) Fatalities — Illness Related — Enter DATE of death Mo./day/yr.; Nonfatal Illnesses — Illnesses With Lost Workdays: (9) Enter a CHECK if illness involves days away from work, or days of restricted work activity, or both; (10) Enter a CHECK if illness involves days away from work; (11) Enter number of DAYS away from work; (12) Enter number of DAYS of restricted work activity; (13) Illnesses Without Lost Workdays — Enter a CHECK if no entry was made in columns 8 or 9

(A) 87-	(B) 87	(C)	(D)	(E)	(F)	(1)	(2)	(3)	(4)	(5)	(6)	(7a)	(7b)	(7c)	(7d)	(7e)	(7f)	(7g)	(8)	(9)	(10)	(11)	(12)	(13)
[redacted]							[illegible]	2	147	2641.5	218	4	Ø	1	Ø	Ø	37	3		2	Ø	Ø	28	43
480 / 117984	5-11	D.J. Brunes	Mtl. Hdl. Tech	Poly Cust Svc	STS - Sanctuary Threshold Shift												✓							✓
481 / 120637	5-12	J.W. Allen	Tech Spec.	Op. Corp. Svcs	STS					Deleted							✓							✓
482 / 143028	5-12	A.C. Flores, Jr.	Operator	Mag Casting	STS												✓							✓
483 / 144502	5-14	S.D. Sutton	Welder	Pipe Shop	STS												✓							✓
484 / 118283	5-26	F.C. Browning	Carpenter	Carp. Shop	STS												✓							✓
485 / 139342	5-28	H.D. Earhree	Carpenter	Carp. Shop	STS												✓							✓
486 / 142861	5-29	I.F. Segelquist	Carpenter	Carp. Shop	STS												✓							✓
487 / 237475	6-11	J. Passmore	Technician	Pellethane Lot	STS							Off Site					✓							✓
488 / 123797	6-11	J.A. McDougal	Pipefitter	Power Gen.	STS												✓							✓
489 / 142645	7-1	J.M. Esquivel	Oper.	Allyl Chloride	STS												✓							✓
490 / 237467	7-1	~~O. Hillman~~	~~Sub Bung Coor.~~	~~Pellethane~~	~~STS~~							~~Off Site~~					✓							✓
491 / 113265	7-1	A.L. Kickaway	Foreman	Poly 2	STS												✓							✓
492 / 237529	7-2	R. Smith	Main.	Pellethane Lot.	STS							Off Site					✓							✓
493 / 300396	7-9	E. Howard	Tech.	Pellethane Lot	STS												✓							✓
494 / 237422	7-2	C. Burrell	Oper.	Pellethane	STS												✓							✓
495 / 206371	7-2	R. Campbell	Tech.	Pellethane	STS												✓							✓
496 / 237549	7-15	Paul Chatman	Tech.	Tex Lab Lot	STS												✓							✓
497 / 142451	7-30	P.F. Hund	Welder	Pipe Shop	STS												✓							✓
[redacted]							[illegible]	2	147	2641.5	218	4	Ø	1	Ø	Ø	55	3		2	Ø	Ø	28	61

INJURIES

ILLNESSES

Certification of Annual Summary Totals By ______ Title ______ Date ______

OSHA No. 200

POST ONLY THIS PORTION OF THE LAST PAGE NO LATER THAN FEBRUARY 1.

200

376924

ST0092071

Bureau of Labor Statistics
Log and Summary of Occupational
Injuries and Illnesses

U.S. Department of Labor

For Calendar Year 19 87 Page 29 of 30

Form Approved
O.M.B. No. 1220-0029

NOTE: This form is required by Public Law 91-596 and must be kept in the establishment for 5 years. Failure to maintain and post can result in the issuance of citations and assessment of penalties. (See posting requirements on the other side of form.)

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Company Name: Dow Chemical USA
Establishment Name: Texas Oprs.
Establishment Address: Freeport, TX 77541 – Hwy 288

(A) Case or File Number: Enter a nonduplicating number which will facilitate comparisons with supplementary records.
(B) Date of Injury or Onset of Illness: Enter Mo./day.
(C) Employee's Name: Enter first name or initial, middle initial, last name.
(D) Occupation: Enter regular job title, not activity employee was performing when injured or at onset of illness. In the absence of a formal title, enter a brief description of the employee's duties.
(E) Department: Enter department in which the employee is regularly employed or a description of normal workplace to which employee is assigned, even though temporarily working in another department at the time of injury or illness.
(F) Description of Injury or Illness: Enter a brief description of the injury or illness and indicate the part or parts of body affected. Typical entries for this column might be: Amputation of 1st joint right forefinger; Strain of lower back; Contact dermatitis on both hands; Electrocution—body.

Extent of and Outcome of INJURY: Fatalities – (1) Injury Related: Enter DATE of death. Mo./day/yr. Nonfatal Injuries – Injuries With Lost Workdays: (2) Enter a CHECK if injury involves days away from work, or days of restricted work activity, or both. (3) Enter a CHECK if injury involves days away from work. (4) Enter number of DAYS away from work. (5) Enter number of DAYS of restricted work activity. Injuries Without Lost Workdays: (6) Enter a CHECK if no entry was made in columns 1 or 2 but the injury is recordable as defined above.

Type, Extent of, and Outcome of ILLNESS: Type of Illness – (7) CHECK Only One Column for Each Illness (See other side of form for terminations or permanent transfers.): (a) Occupational skin diseases or disorders; (b) Dust diseases of the lungs; (c) Respiratory conditions due to toxic agents; (d) Poisoning (systemic effects of toxic materials); (e) Disorders due to physical agents; (f) Disorders associated with repeated trauma; (g) All other occupational illnesses. Fatalities – (8) Illness Related: Enter DATE of death. Mo./day/yr. Nonfatal Illnesses – Illnesses With Lost Workdays: (9) Enter a CHECK if illness involves days away from work, or days of restricted work activity, or both. (10) Enter a CHECK if illness involves days away from work. (11) Enter number of DAYS away from work. (12) Enter number of DAYS of restricted work activity. Illnesses Without Lost Workdays: (13) Enter a CHECK if no entry was made in columns 8 or 9.

(A) 87	(B) 87	(C)	(D)	(E)	(F)	(1)	(2)	(3)	(4)	(5)	(6)	(7a)	(7b)	(7c)	(7d)	(7e)	(7f)	(7g)	(8)	(9)	(10)	(11)	(12)	(13)
[redacted]							[illegible]	2	[illegible]	2641.5	218	4	Ø	1	Ø	Ø	[illegible]	[illegible]		2	0	7	27	61
499 144314	10-1	J.C. Sweat	Boilermaker	Res.	STS – [illegible] shift												✓							✓
499 137631	10-2	B.L. Garrett	Operator	Poly III	STS												✓							✓
500 141960	10-5	A.C. Mayfield	Welder	Craft Eng.	STS												✓							✓
501 142335	10-7	B.L. Hernandez	Pipefitter	Craft Eng.	STS												✓							✓
502 138983	10-14	D.A. Burnett	Boilermaker	Poly Mt.	STS												✓							✓
503 143179	9-29	W.V. Neece	Pipefitter	LVC Chemicals	STS												✓							✓
504 144358	9-29	D.L. Sanderson	Insulator	Insulation	STS												✓							✓
505 143247	9-29	C. Monteagudo	Sr. Tech.	Railroad	STS												✓							✓
506 141270	9-29	L.K. Carter	Pipefitter	Poly Glycol Amines	STS												✓							✓
507 135269	9-30	L. Salazar Jr.	Foreman	RFF	STS												✓							✓
508 144268	9-30	B.G. Johnson	Oper.	Mag. Casting	STS												✓							✓
509 141263	9-30	M.E. Cullar	Boilermaker	Boiler Shop	STS												✓							✓
510 141902	10-1	E.W. Daniel Jr.	Pipefitter	Pipe Shop	STS												✓							✓
511 142341	10-1	K.R. Phillips	Mach. App.	TDI	STS												✓							✓
512 144313	10-22	D. Miller	Oper.	Mag. Casting	STS												✓							✓
513 142647	10-22	B.R. Foster	Boilermaker	Boiler Shop	STS												✓							✓
114303	10-22	L.L. Sherman	Layout Man	Fabrication	STS												✓							✓
142784	10-22	D.E. Dittrich	Tin Smith	Boiler Shop	STS												✓							✓
[redacted]							175	2	147	2641.5	218	4	Ø	1	Ø	Ø	73	3		2	0	6	33	79

INJURIES

ILLNESSES

OSHA No. 200

Certification of Annual Summary Totals By ______ Title ______ Date ______

OSHA No. 200

POST ONLY THIS PORTION OF THE LAST PAGE NO LATER THAN FEBRUARY 1.

376925

ST0092072

Bureau of Labor Statistics
Log and Summary of Occupational Injuries and Illnesses

U.S. Department of Labor

For Calendar Year 19 87 Page 30 of 30

Company Name: Dow Chemical USA
Establishment Name: Texas Operations
Establishment Address: Hwy 288, Freeport, TX 77541

Form Approved O.M.B. No. 1220-0029

NOTE: This form is required by Public Law 91-596 and must be kept in the establishment for 5 years. Failure to maintain and post can result in the issuance of citations and assessment of penalties. (See posting requirements on the other side of form.)

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Column headings:
- (A) Case or File Number — Enter a nonduplicating number which will facilitate comparisons with supplementary records.
- (B) Date of Injury or Onset of Illness — Enter Mo./day.
- (C) Employee's Name — Enter first name or initial, middle initial, last name.
- (D) Occupation — Enter regular job title, not activity employee was performing when injured or at onset of illness. In the absence of a formal title, enter a brief description of the employee's duties.
- (E) Department — Enter department in which the employee is regularly employed or a description of normal workplace to which employee is assigned, even though temporarily working in another department at the time of injury or illness.
- (F) Description of Injury or Illness — Enter a brief description of the injury or illness and indicate the part or parts of body affected. Typical entries for this column might be: Amputation of 1st joint right forefinger, Strain of lower back, Contact dermatitis on both hands, Electrocution—body.
- Extent of and Outcome of INJURY: Fatalities — (1) Injury Related: Enter DATE of death, Mo./day/yr. Nonfatal Injuries — Injuries With Lost Workdays: (2) Enter a CHECK if injury involves days away from work, or days of restricted work activity, or both. (3) Enter a CHECK if injury involves days away from work. (4) Enter number of DAYS away from work. (5) Enter number of DAYS of restricted work activity. Injuries Without Lost Workdays: (6) Enter a CHECK if no entry was made in columns 1 or 2 but the injury is recordable as defined above.
- Type, Extent of, and Outcome of ILLNESS: Type of Illness (7) — CHECK Only One Column for Each Illness (See other side of form for terminations or permanent transfers.): (a) Occupational skin diseases or disorders; (b) Dust diseases of the lungs; (c) Respiratory conditions due to toxic agents; (d) Poisoning (systemic effects of toxic materials); (e) Disorders due to physical agents; (f) Disorders associated with repeated trauma; (g) All other occupational illnesses.
- Fatalities — (8) Illness Related: Enter DATE of death, Mo./day/yr. Nonfatal Illnesses — Illnesses With Lost Workdays: (9) Enter a CHECK if illness involves days away from work, or days of restricted work activity, or both. (10) Enter a CHECK if illness involves days away from work. (11) Enter number of DAYS away from work. (12) Enter number of DAYS of restricted work activity. Illnesses Without Lost Workdays: (13) Enter a CHECK if no entry was made in columns 8 or 9.

(A) 87	(B) 87	(C)	(D)	(E)	(F)	(1)	(2)	(3)	(4)	(5)	(6)	(7a)	(7b)	(7c)	(7d)	(7e)	(7f)	(7g)	(8)	(9)	(10)	(11)	(12)	(13)
[redacted]							115	2	147	2641.5	218	4	Ø	1	Ø	Ø	73	3		2	Ø	Ø	23	79
516 142653	11-6	N.M. Sechrest	Pipefitter	Craft Eng.	STS - Standard Threshold Shift												✓							✓
517 142235	11-20	G.L. Hernandez	Pipefitter	Craft Eng	STS												✓							✓
518 085420	12-11	J.D. Dunkin, Jr.	Operator	Mag Cast II	STS												✓							✓
519 133394	12-21	L.M. McDough	Pipefitter	LHC 7	STS												✓							✓
520 141734	12-21	P.G. Bryant	LC Tech	Plt. LC Oper	STS												✓							✓
521 123564	12-21	L. Ledford	Foreman	Fab. Shop	STS												✓							✓
522 114215	12-21	L.K. Pitelay	Chl. B Oper	Mag Casting	STS												✓							✓
523 143310	12-21	G.D. Seidow	Welder	Boilermaker	STS												✓							✓
524 133418	12-22	O.V. Bundick	Process Tech.	Unit III	STS												✓							✓
525 122885	12-23	L.V. Barker, Jr.	Mtl. Hdl. Tech	Env. Oper.	STS												✓							✓
526 120992	12-22	H.E. Searcy	Mtl. Hdl. Tech	Env. Oper	STS												✓							✓
527 831474	[illegible]	H. Gonzalez	Unit Tech.	Denver Extr.	Scratch to (L) Cornea						✓	non Freeport												
528 133417	12-02	J.B. Steel	Utility	LHC 6	Smoke inhalation									✓										✓
529 141855	12-21	A.C. York	Mason	Tech.	STS												✓							✓
530 131929	12-20	V.L. Tripp	Research Mtce	Welder	STS												✓							✓
531 135201	10-26	S. Vera	Mtce Foreman	Masonry	STS												✓							✓
532 142066	8-13	R. Crow	Opr. Mach.	Craft Eng	STS												✓							✓
533 113617	12-17	J. Biggs	Sr. Painter	Paint Dept	STS																			✓
[redacted]							115	2	147	2641.5	219	4	Ø	1	Ø	Ø	84	3		2	Ø	Ø	28	90

INJURIES

ILLNESSES

updated totals on pg. 31
3-14-90

Certification of Annual Summary Totals By: [signature] Title: Safety Director Tx op Date: 2-1-88

OSHA No. 200

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376926

Bureau of Labor Statistics
Log and Summary of Occupational Injuries and Illnesses

U.S. Department of Labor

For Calendar Year 19 87

Page 3 of

Form Approved
O.M.B. No. 1220-0029

NOTE: This form is required by Public Law 91-596 and must be kept in the establishment for 5 years. Failure to maintain and post can result in the issuance of citations and assessment of penalties. (See posting requirements on the other side of Form 1)

RECORDABLE CASES: You are required to record information about every occupational death, every nonfatal occupational illness, and those nonfatal occupational injuries which involve one or more of the following: loss of consciousness, restriction of work or motion, transfer to another job, or medical treatment (other than first aid). (See definitions on the other side of Form 1)

Company Name

Establishment Name

Establishment Address

Case or File Number	Date of Injury or Onset of Illness	Employee's Name	Occupation	Department	Description of Injury or Illness
Enter a nonduplicating number which will facilitate comparisons with supplementary records	Enter Mo./Day	Enter first name or initial, middle initial, last name	Enter regular job title, not activity employee was performing when injured or at onset of illness. In the absence of a formal title, enter a brief description of the employee's duties	Enter department in which the employee is regularly employed or a description of normal workplace to which employee is assigned, even though temporarily working in another department at the time of injury or illness	Enter a brief description of the injury or illness and indicate the part or parts of body affected. Typical entries for this column might be: Amputation of 1st joint right forefinger; Strain of lower back; Contact dermatitis on both hands; Electrocution- body
(A)	(B)	(C)	(D)	(E)	(F)
[redacted]					
55					
335					
336					
337					
538					
539					
540					
541					
542					
543					

Case or File Number	Extent of and Outcome of INJURY: Fatalities — Injury Related	Nonfatal Injuries — Injuries With Lost Workdays				Injuries Without Lost Workdays	Type of Illness (CHECK Only One Column for Each Illness)								Fatalities — Illness Related	Nonfatal Illnesses — Illnesses With Lost Workdays				Illnesses Without Lost Workdays
	Enter DATE of death	Enter a CHECK if injury involves days away from work, or days of restricted work activity, or both	Enter a CHECK if injury involves days away from work	Enter number of DAYS away from work	Enter number of DAYS of restricted work activity	Enter a CHECK if no entry was made in columns 1 or 2 but the injury is recordable as defined above	Occupational skin diseases or disorders	Dust diseases of the lungs	Respiratory conditions due to toxic agents	Poisoning (systemic effects of toxic materials)	Disorders due to physical agents	Disorders associated with repeated trauma	All other occupational illnesses		Enter DATE of death	Enter a CHECK if illness involves days away from work, or days of restricted work activity, or both	Enter a CHECK if illness involves days away from work	Enter number of DAYS away from work	Enter number of DAYS of restricted work activity	Enter a CHECK if no entry was made in columns 8 or 9
	Mo./day/yr.	(1)	(2)	(3)	(4)	(5)	(6)	(7) (a)	(b)	(c)	(d)	(e)	(f)	(g)	Mo./day/yr.	(8)	(9)	(10)	(11)	(12)	(13)
[redacted]																				
55													✓							✓
335													✓							✓
336													✓							✓
337													✓							✓
538													✓							✓
539													✓							✓
540		✓											✓							✓
541																				
542																				
543																				
	0	166	4	21	28 03	179	18	0	2	9	0	101	3		0	6	1	150	152	112

INJURIES 8

OSHA No. 200

Certification of Annual Summary Totals By _____ Title _____ Date _____

OSHA No. 200

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