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

U.S. Department of Labor

For Calendar Year 19 84 — Page 4 of 6

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: Union Carbide Corporation,
Establishment Name: Solvents & Coatings Materials Division, Texas City Plant
Establishment Address: P.O. Box 471, Texas City, TX 77590

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	Nonfatal Injuries — Injuries With Lost Workdays				Injuries Without Lost Workdays	Type, Extent of, and Outcome of ILLNESS: Fatalities — Illness Related	Nonfatal Illnesses — Illnesses With Lost Workdays				Illnesses Without Lost Workdays
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.	Enter DATE of death. Mo./day/yr.	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.	Enter DATE of death. Mo./day/yr.	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.
(A)	(B)	(C)	(D)	(E)	(F)	(1)	(2)	(3)	(4)	(5)	(6)	(8)	(9)	(10)	(11)	(12)	(13)

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.

					PREVIOUS PAGE TOTALS →	1	17	6	381	122	32	2				1	1					4
5842	8-29-84		Insulator	Maintenance	Lumbar strain, back		✓	✓	2														
4969	8-29-84		Inst.	Maintenance	Epicondylitis, rt. elbow						✓												
7886	9-2-84		Sec. Guard	Emp. Relations	Poss. chemical inhalation		✓	✓	5														
5554	9-4-84		T & I	Maintenance	Strain to back		✓			8													
6859	9-4-84		Welder	Maintenance	Strain, right Knee						✓												
7485	9-10-84		Electrician	Maintenance	Cont., left Knee		✓			4													
6510	9-10-84		Machinist	Maintenance	Laceration, rt. mid-finger						✓												
2471	9-14-84		Chief Opr.	Operations	Laceration, back rt hand						✓												
5596	9-17-84		Pipefitter	Maintenance	Lumbar strain, back						✓												
7671	9-25-84		Laborer	Maintenance	Strain to back						✓												
5444	9-28-84		Carpenter	Maintenance	Fractured tooth						✓												
8441	10-2-84		Operator	Operations	2° chem. burns, chest		✓	✓	25	22													
7921	10-4-84		Carpenter	Maintenance	Reinjury to low back		✓			23													
7485	10-4-84		Electrician	Maintenance	Laceration to hand						✓												
7344	10-9-84		Lab. Analyst	Laboratory	Loss of big toe nails						✓												
2474	10-10-84		Insulator	Maintenance	Asbestos related pleural changes								✓										✓
6910	10-17-84		Laborer	Maintenance	Acute, low back strain		✓	✓	60	25													
7880	10-22-84		Insulator	Maintenance	Asbestosis								✓										✓
					TOTALS (Enter totals on last page of form.) →	1	24	10	453	134	41	2	1	2	0	2	1	1	0	0	0	0	0	5

Certification of Annual Summary Totals By _____ Title _____ Date _____

OSHA No. 200

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

PLAINTIFF'S EXHIBIT
UC-4701

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