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

U.S. Department of Labor

For Calendar Year 19 83



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 |
|---|---|---|---|---|---|
| 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) |

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) |

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.)*

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

| Fatalities | Nonfatal Illnesses | | | | |
|---|---|---|---|---|---|
| | Illnesses With Lost Workdays | | | | Illnesses Without Lost Workdays |
| Illness Related: Enter DATE of death. Mo./day/yr. (8) | 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) |

| Case or File Number | Date of Injury or Onset of Illness | Employee's Name | Occupation | Department | Description of Injury or Illness | Injury Related (1) | Injuries With Lost Workdays: CHECK (2) | Injuries With Lost Workdays: CHECK (3) | DAYS away from work (4) | DAYS of restricted work activity (5) | Injuries Without Lost Workdays CHECK (6) | 7a | 7b | 7c | 7d | 7e | 7f | 7g | Illness Related (8) | Illnesses With Lost Workdays: CHECK (9) | Illnesses With Lost Workdays: CHECK (10) | DAYS away from work (11) | DAYS of restricted work activity (12) | Illnesses Without Lost Workdays CHECK (13) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| [redacted] | | | | | | 1 | 35 | 14 | 652 | 1346 | 54 | 7 | | 1 | | | 9 | | | | | | | 17 |
| 7063 | 9-27-83 | | Engineer | Energy Sys. | Broken tooth | | | | | | ✓ | | | | | | | | | | | | | |
| 6864 | 10-11-83 | | Insulator | Maintenance | Asbestosis | | | | | | | | ✓ | | | | | | | | | | | ✓ |
| 6505 | 10-13-83 | | Pipefitter | Maintenance | Poss. Strain to back | | | | | | ✓ | | | | | | | | | | | | | |
| 5147 | 10-18-83 | | Electrician | Maintenance | Laceration, right thumb | | ✓ | | | 23 | | | | | | | | | | | | | | |
| 6442 | 10-20-83 | | Laborer | Maintenance | Laceration to chin | | | | | | ✓ | | | | | | | | | | | | | |
| 8340 | 10-20-83 | | Operator | Operator | 2° thermal burn, rt. leg | | | | | | ✓ | | | | | | | | | | | | | |
| 6376 | 10-23-83 | | Prod. Handler | Distribution | Chem. exp., both eyes | | | | | | ✓ | | | | | | | | | | | | | |
| 0425 | 10-25-83 | | Carpenter | Maintenance | Hearing Loss | | | | | | | | | | | | ✓ | | | | | | | ✓ |
| 7056 | 10-25-83 | | Operator | Operations | Amp., tip rt. mid. finger | | | | | | ✓ | | | | | | | | | | | | | |
| 8141 | 11-4-83 | | Prod. Handler | Marine Term. | Contusion, right thumb | | | | | | ✓ | | | | | | | | | | | | | |
| 2269 | 11-4-83 | | Laborer | Laboratory | Noise-induced hearing loss | | | | | | | | | | | | ✓ | | | | | | | ✓ |
| 7671 | 11-4-83 | | Laborer | Maintenance | Chem. exp - face, arms, chest | | | | | | ✓ | | | | | | | | | | | | | |
| 6853 | 11-7-83 | | Machinist | Maintenance | Strain, left wrist | | ✓ | | | 11 | | | | | | | | | | | | | | |
| 6748 | 11-8-83 | | Insulator | Maintenance | Laceration - eyebrow | | | | | | ✓ | | | | | | | | | | | | | |
| 8038 | 11-16-83 | | Operator | Operations | Cont., left finger | | | | | | ✓ | | | | | | | | | | | | | |
| 4496 | 11-19-83 | | Chief Operator | Operations | Muscle spasm, back | | | | | | ✓ | | | | | | | | | | | | | |
| 6955 | 11-22-83 | | Machinist | Maintenance | Lac., palm left hand | | | | | | ✓ | | | | | | | | | | | | | |
| [redacted] | | | | | | 1 | 37 | 14 | 652 | 1380 | 66 | 7 | 1 | 1 | 0 | 0 | 11 | 0 | 0 | 0 | 0 | 0 | 0 | 20 |

Certification of Annual Summary Totals By _____ Title _____ Date _____

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POST ONLY THIS PORTION OF THE LAST PAGE NO later than FEBRUARY 1.

UCTC 08169

PLAINTIFF'S EXHIBIT
UC-4777