

IT WILL BE USED ONLY FOR ADMINISTRATIVE
AND STATISTICAL PURPOSES

Approval Expires December 1977

1976 OSHA NO. 103 FORM
ANNUAL OCCUPATIONAL INJURIES AND ILLNESSES SURVEY
(Covering Calendar Year 1976)

COMPLETE THIS REPORT WHETHER OR NOT THERE WERE
ANY RECORDABLE OCCUPATIONAL INJURIES OR ILLNESSES.

Report ALABAMA
operations only

READ INSTRUCTIONS
BEFORE COMPLETING
THIS FORM

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01 002140 0 3292 002 001 115

CEMENT ASBESTOS PRODUCTS CO

COMPLETE AND RETURN
ONLY THIS FORM WITHIN
3 WEEKS

REPORT LOCATION OR
IDENTIFICATION

RAGLAND ALABAMA

35131

UC
050957000E
000163

ST CLAIR COUNTY

RETURN TO:

Alabama Labor Department
600 Administrative Building
Montgomery, Alabama 36100
(205) 822-2270

ESTABLISHMENTS INCLUDED IN THIS REPORT

This report should include only those establishments located in,
and identified by, the Report Location or Identification which
appears below your mailing address on this form. Enter the
number of establishments (see definition in instructions)
included in this report.

1

ANNUAL AVERAGE EMPLOYMENT IN 1976

Enter the average number of employees who worked during calendar year
1976. Include all types of employees, including seasonal, temporary,
part-time, etc. (See instructions for examples of computing your average
employment.)

(Round to the nearest whole number)

120

TOTAL HOURS WORKED IN 1976

Enter the total number of hours actually worked by all employees during
1976. DO NOT include any nonwork time even though paid, such as vaca-
tions, sick leave, etc. Note: If employees worked few hours during 1976 due
to layoffs, strikes, fires, etc., explain under comments (Section IX).

(Round to the nearest whole number)

277,110

SUPPORT ACTIVITIES PERFORMED FOR OTHER
ESTABLISHMENTS OF YOUR COMPANY

Does this report include any establishment(s) whose primary function is to
provide support activities or services exclusively for other establishment(s) of
your company? (1) ☒ No (2) ☐ Yes

If yes, indicate the primary type of service or support provided (check as
many as apply).

- (1) ☐ General Administrative Office
(2) ☐ Research, development or testing
(3) ☐ Sales and promotion
(4) ☐ Other (specify)

NAI RECORDS FOR 1976

A. Indicate the general type of activity performed during 1976 by the establish-
ment(s) included in this report. (See instructions.) (Use a trade, retail trade,
contractor, etc. as appropriate.)

Manuf. asbestos/cement pipe

B. Enter in order of importance the prin-
cipal products manufactured, lines of
trade, specific services, or other descrip-
tion of specific activities for 1976.

- (1) Asbestos
(2) _____
(3) _____
(4) _____

For each entry, also include the
approximate percent of total 1976
annual value of production, sales,
or receipts.

100

VI. RECORDABLE INJURIES AND ILLNESSES

Did you have any recordable injuries or illnesses during calendar year 1976?
(Check one)

- (1) ☐ No - complete Section VII and Section IX.
(2) ☒ Yes - complete Sections VII, VIII and IX.

VII. SUPPLEMENTARY DATA ON JOB SAFETY AND HEALTH

A. If your establishment(s) had a Federal OSHA compliance inspection
during calendar year 1976, please enter the month of the first inspection.

(Leave this box blank)

B. (a) Do you provide medical examinations for your employees?
(1) ☐ No (2) ☒ Yes

(b) If Yes, indicate the type of medical examinations provided any of
your employees. (Check as many as apply)

- (1) ☒ Pre-placement examinations of new employees
(2) ☒ Periodic general medical examinations
(3) ☒ Periodic medical surveillance examinations
(4) ☐ Examination of employees returning to work after a lost time
job related injury or illness
(5) ☒ Examination of employees upon termination of employment
(6) ☐ Other (specify)

C. Do you have an established safety and health training program? (Check as
many as apply)

- (1) ☐ No
(2) ☐ Yes - training for new employees
(3) ☒ Yes - training sessions for employees exposed to toxic substances
which exceed prescribed action levels
(4) ☐ Yes - scheduled employee meetings, quarterly or more often
(5) ☐ Yes - informal, nonscheduled training by supervisors
(6) ☒ Yes - Other (specify) Through safety committee

D. Enter the number of lost workday cases (not the number of lost workdays)
in your establishment(s) in 1976 which had 15 or more workdays away
from work. (Refer to column 9a of the log, OSHA No. 100)

RETURN THIS COPY ONLY

PLAINTIFF'S
EXHIBIT

CAP-124

HER 0008377

VIII. INJURY AND ILLNESS SUMMARY (Covering Calendar Year 1976)

INSTRUCTIONS:

- This section may be completed by reporting it to form OSHA Form 100. Summary of Occupational Injuries and Illnesses, as by summarizing the data from OSHA Form 100. Total of Occupational Injuries and Illnesses.
- Leave Section VIII blank if there were no recordable injuries or illnesses during 1976.
- Code 00 - Add all Occupational Injuries (Code 01 through 09) and enter on line for each Column (1) through (9).
- Code 31 - Add Occupational Injuries (Code 10) and the sum of all Occupational Injuries (Code 01) and enter on line for each column (1) through (9).
- Please check your figures to make sure the entries in columns (1) through (9) and the sum of the entries in columns (1) through (9) are correct.
- Note that first aid, even when administered by a doctor or nurse, is not recordable.

INJURY AND ILLNESS CATEGORY	TOTAL CASES (1) Number of entries on Form 100 of the type (11)	DEATHS (12) Number of entries on Form 100 of the type (12)	LOST WORKING DAYS ONLY				RECORDABLE CASES WITH OCCUPATIONAL VIOLENCE (17) Number of entries on Form 100 of the type (17)	FATAL CASES WITH OCCUPATIONAL VIOLENCE (18) Number of entries on Form 100 of the type (18)
			Number of days lost (13)	Number of entries on Form 100 of the type (14)	Sum of entries in column (14) of the type (15)	Sum of entries in column (14) of the type (16)		
Occupational Injuries or Illnesses of Form 100	21							
Occupational Injuries or Illnesses of Form 100	22							
Occupational Injuries or Illnesses of Form 100	23							
Occupational Injuries or Illnesses of Form 100	24							
Occupational Injuries or Illnesses of Form 100	25							
Deaths Associated with Occupational Injuries or Illnesses	26							
Occupational Injuries or Illnesses of Form 100	27							
Occupational Injuries or Illnesses of Form 100	28							
Occupational Injuries or Illnesses of Form 100	29							
Occupational Injuries or Illnesses of Form 100	30							
TOTAL OCCUPATIONAL INJURIES AND ILLNESSES	10	1	10	10	51	1	1	1

IX. COMMENTS:

Report Prepared By

D.E. McClelland

Print the name of

See Code and Page

205-472-211

3-15-77

Print the name of

HER 0008378