

LOG OF OCCUPATIONAL INJURIES AND ILLNESSES

Form Approved
OMB NUMBER 44R 1452

Case or file no.	Date of injury or illness (If diagnosis of illness was made after first day of absence enter first day of absence. (mo./day/yr.))	Employee's Name (First name, middle initial, last name)	Occupation of injured employee at time of injury or illness	Department to which employee was assigned at time of injury or illness	DESCRIPTION OF INJURY OR ILLNESS (Nature of injury or illness and part(s) of body affected. (Typical entries for this column might be: Amputation of left right finger; Strain of lower back; Contact dermatitis on both hands; Electrocution-body)	EXTENT OF AND OUTCOME OF INJURY OR ILLNESS					
						Fatalities (mo./day/yr.)	Lost Workday Cases (Enter workdays lost due to injury or illness (see instructions on back))	Nonfatal Cases Without Lost Workdays (If no entry was made in columns 8 or 9, but the injury or illness did result in: Transfer to another job or termination, or: medical treatment, other than first aid, or: diagnosis of occupational illness, or: loss of consciousness, or: restriction of work or motion; Enter a check in the column below)	If a check in column 11 represented a transfer or termination, enter transfer check in column 12		
1	2	3	4	5	6	7	8	9	10	11	12
209	12/16/71	Cassell H. Harvey Jr.	Machine Shop	Public Plant	Strained back, pain up arm	10					
210	12/17/71	Raymond C. Chavira	Ops. Shop	Public Plant	Strained back, pain up arm	10					
211	12/16/71	Sam L. Anderson	Lab.	Public Plant	Strained back, pain up arm	10					
212	12/17/71	George Barnette	Ops. Shop	Public Plant	Strained back, pain up arm	10					
213	12/17/71	John W. DeLorenzo	Pharm.	Public Plant	Strained back, pain up arm	25					
214	12/17/71	A. L. Plaster	Lab.	Public Plant	Strained back, pain up arm	10					
215	12/17/71	Frank Perkins	Miller	Public Plant	Strained back, pain up arm	20		75			
216	12/17/71	Ray Hat	Ops. Shop	Public Plant	Strained back, pain up arm	10					
217	12/20/71	William L. Zoller	Pharm.	Public Plant	Strained back, pain up arm	10					
218	12/24/71	Vernon B. Boy	Lab.	Public Plant	Strained back, pain up arm	10					
219	12/24/71	Walter H. Henderson	Pharm.	Public Plant	Strained back, pain up arm	10					
220	12/24/71	Bernard William Harper	Pharm.	Public Plant	Strained back, pain up arm	10					
221	12/24/71	William Paul Joseph	Pharm.	Public Plant	Strained back, pain up arm	10					
222	12/24/71	Patricia M. Mangan	Lab.	Public Plant	Strained back, pain up arm	2140					

Company Name Mobile Oil RefineryInjury Code
10 All occupational injuries

Illness Codes

Inherent Name Mobile Oil Ref.Establishment Location Ref. 2311, Beaumont, Apr. 77784

- 21 Occupational skin diseases or disorders
22 Dust diseases of the lungs (pneumoconiosis)
23 Respiratory conditions due to toxic agents
24 Poisoning (Systemic effects of toxic materials)
- 25 Disorders due to physical agents (other than toxic materials)
26 Disorders due to repeated trauma
29 All other occupational illnesses

PLAINTIFF'S EXHIBIT

118L-357

003516

249568

OSHA NO. 100

LOG OF OCCUPATIONAL INJURIES AND ILLNESSES

Form Approved
OMB NUMBER 44R 1455

Case or file no.	Date of injury or illness (If diagnosis of illness was made after first day of absence, enter first day of absence. (mo/day/yr.)	Employee's Name (First name, middle initial, last name)	Occupation of injured employee at time of injury or illness	Department to which employee was assigned at time of injury or illness	DESCRIPTION OF INJURY OR ILLNESS (Nature of injury or illness and part(s) of body affected. Typical entries for this column might be: Amputation of left joint right forefinger; Strain of lower back; Contact dermatitis on both hands; Electrocution-body)	EXTENT OF AND OUTCOME OF INJURY OR ILLNESS					
						Fatalities	Lost Workday Cases	Nonfatal Cases Without Lost Workdays	If a check in column 11 represents a transfer or termination, enter another check in column 12		
1	2	3	4	5	6	7	8	9	10	11	12
194	12/9/71	Mr. W. Henderson	Machinist	Company	Strain of left arm - comm. disease	10					
195	12/9/71	Charles B. Williams	Laborer	North Plant	Strain of lower back - comm. disease	10					
196	12/10/71	Ernest Casper	Truck Driver	C-M-S	Strain of left arm - comm. disease	10					
197	12/11/71	William C. Brown	Machinist	North Plant	Strain of left arm - comm. disease	10					
198	12/11/71	Donald Richardson	Machinist	North Plant	Strain of left arm - comm. disease	10					
199	12/11/71	David Allred	Machinist	North Plant	Strain of left arm - comm. disease	10					
200	12/11/71	Donald H. Hargrave	Truck Driver	North Plant	Strain of left arm - comm. disease	10					
201	12/11/71	James R. Hight	Truck Driver	North Plant	Strain of left arm - comm. disease	10					
202	12/11/71	Harvey R. Boney	Machinist	North Plant	Strain of left arm - comm. disease	10					
203	12/11/71	Joe Jones	Truck Driver	North Plant	Strain of left arm - comm. disease	10					
204	12/11/71	Boyd Henderson	Laborer	North Plant	Strain of left arm - comm. disease	10					
205	12/11/71	Harry Barnes	Machinist	North Plant	Strain of left arm - comm. disease	10					
206	12/11/71	John A. McElroy	Machinist	North Plant	Strain of left arm - comm. disease	10					
207	12/11/71	James McLanahan	Machinist	North Plant	Strain of left arm - comm. disease	10					

Company Name United Oil RefineryEstablishment Name United Oil Corp.Establishment Location Ref. 3311, Beaumont, Tex. 77704Injury Code
10 All occupational injuries

Illness Codes

- 21 Occupational skin diseases or disorders
22 Dust diseases of the lungs (pneumoconiosis)
23 Respiratory conditions due to toxic agents
24 Poisoning (Systemic effects of toxic materials)
- 25 Disorders due to physical agents (other than toxic materials)
26 Disorders due to repeated trauma
27 All other occupational illnesses

003517

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LOG OF OCCUPATIONAL INJURIES AND ILLNESSES

Case or file no.	Date of injury or illness, if diagnosis was made after first day of absence, enter first day of absence, (mo./day/yr.)	Employee's Name (First name, middle initial, last name)	Occupation of injured employee at time of injury or illness	Department to which employee was assigned at time of injury or illness	DESCRIPTION OF INJURY OR ILLNESS		EXTENT OF AND OUTCOME OF INJURY OR ILLNESS					
					Nature of injury or illness and part(s) of body affected (Typical entries for this column might be: Amputation of left index right hand; Strain of lower back; Contact dermatitis on both hands; Electrocution—body)	Injury or illness code See codes at bottom of page.	Fatalities Enter date of death (mo./day/yr.)	Lost Workday Cases Enter workdays lost due to injury or illness (see instructions on back)	Nonfatal Cases Without Lost Workdays If no entry was made in columns 8 or 9, but the injury or illness did result in transfer to another job or termination, enter medical treatment, other than first aid, or diagnosis of occupational illness, or loss of consciousness, or restriction of work or motion; Enter a check in the column below	If a check in column 11 represented a transfer or termination, enter another check in column 12		
1	2	3	4	5	6	7	8	9	10	11	12	
181	11/23/71	Paul A. Parker	E. Strummen	Machine	Fracture of right hand	10					✓	
182	11/23/71	James H. Smith	Machine	Machine	Fracture of right hand	10					✓	
183	11/23/71	Donald E. Hunt	Machine	Machine	Fracture of right hand	10					✓	
184	11/23/71	William J. Kase	Machine	Machine	Fracture of right hand	10					✓	
185	11/23/71	Stanley L. Cole	Machine	Machine	Fracture of right hand	10					✓	
186	12/1/71	Robert E. Nichols Jr.	Machine	Machine	Fracture of right hand	10					✓	
187	12/1/71	Arson David David	Machine	Machine	Fracture of right hand	10					✓	
188	12/1/71	Robert A. Carter	Machine	Machine	Fracture of right hand	10					✓	
189	12/1/71	Coy R. Rogers	Pipe Fitter	Machine	Fracture of right hand	10					✓	
190	12/1/71	Robert G. Baker	Machine	Machine	Fracture of right hand	10					✓	
191	12/1/71	N. Paul Roberts	Machine	Machine	Fracture of right hand	10					✓	
192	12/1/71	George F. Kemp Jr.	Pipe Fitter	Machine	Fracture of right hand	10					✓	
193	12/1/71	James L. Clark	Machine	Machine	Fracture of right hand	10					✓	

Company Name Mill Hill Co. Inc.
 Establishment Name Mill Hill Co. Inc.
 Establishment Location 21331 Hwy. 101, N. 1704

Injury Codes
10 All occupational injuries

Illness Codes
 21 Occupational skin diseases or disorders
 22 Dust diseases of the lungs (pneumoconiosis)
 23 Respiratory conditions due to toxic agents
 24 Poisoning (systemic effects of toxic materials)
 25 Disorders due to physical agents (other than toxic materials)
 26 Disorders due to repeated trauma
 27 All other occupational illnesses

LOG OF OCCUPATIONAL INJURIES AND ILLNESSES

Form Approved
OMB NUMBER 448-1452

Case or file no.	Date of injury or initial diagnosis of illness. If diagnosis was made after first day of absence, enter first day of absence. (mo./day/yr.)	Employee's Name (First name, middle initial, last name)	Occupation of injured employee at time of injury or illness	Department to which employee was assigned at time of injury or illness	DESCRIPTION OF INJURY OR ILLNESS (Typical entries for this column might be: Amputation of left foot right forefinger Strain of lower back Contact dermatitis on both hands Electrocution—body)	EXTENT OF AND OUTCOME OF INJURY OR ILLNESS					
						Injury or illness code (See codes at bottom of page)	Fatalities Enter date of death (mo./day/yr.)	Lost Workday Cases Enter workdays lost due to injury or illness (see instructions on back)	If, after lost workdays, the employee was permanently transferred to another job or was terminated, enter a check in the column below	Nonfatal Cases Without Lost Workdays If no entry was made in column 8 or 9, but the injury or illness did result in: Transfer to another job or termination, or medical treatment, other than first aid, or diagnosis of occupational illness, or loss of consciousness, or restriction of work or motion; Enter a check in the column below	If a check in column 11 represented a transfer or termination, enter a check in column 12
163	11/11/71	Robert J. Carlisle	Electrician	Electric	Hand cut on back of hand	10					
164	11/12/71	Bonny J. Folsom	Electrician	Electric	Strain of lower back	10					
165	11/12/71	George A. Underwood	Electrician	Electric	Hand cut on back of hand	10					
✓ 166	11/12/71	Andrew J. Hobb	Electrician	Electric	Hand cut on back of hand	26			10		
✓ 167	11/12/71	Edward J. Fortner	Electrician	Electric	Hand cut on back of hand	10					
✓ 168	11/12/71	Joe P. Echols	Electrician	Electric	Hand cut on back of hand	21					
169	11/12/71	R. S. Johnson	Electrician	Electric	Hand cut on back of hand	10					
✓ 170	11/12/71	Louise M. Mott	Electrician	Electric	Hand cut on back of hand	10					
✓ 171	11/12/71	Carlton Henry	Electrician	Electric	Hand cut on back of hand	10					
✓ 172	11/12/71	Alfred King	Electrician	Electric	Hand cut on back of hand	10					
✓ 173	11/12/71	Bruce L. Murray	Electrician	Electric	Hand cut on back of hand	10					
✓ 174	11/12/71	P. S. Thacker	Electrician	Electric	Hand cut on back of hand	21					
✓ 175	11/12/71	James A. Jones	Electrician	Electric	Hand cut on back of hand	26					
✓ 176	11/12/71	James J. Rogers	Electrician	Electric	Hand cut on back of hand	10					

Company Name Midwest Oil Refinery
 Establishment Name Midwest Oil Refinery
 Establishment Location Box 331, Richmond, Va 22404

Injury Code
10 All occupational injuries

Illness Codes
 21 Occupational skin diseases or disorders
 22 Dust diseases of the lungs (pneumoconiosis)
 23 Respiratory conditions due to toxic agents
 24 Poisoning (systemic effects of toxic materials)
 25 Disorders due to physical agents (other than noise materials)
 26 Disorders due to repeated trauma
 29 All other occupational illnesses

Case or file no.	Date of injury or illness, if diagnosis of illness was made after first day of absence, enter first day of absence (mo./day/yr.)	Employee's Name (First, middle, last name)	Occupation of injured employee at time of injury or illness	Department to which employee was assigned at time of injury or illness	DESCRIPTION OF INJURY OR ILLNESS (Typical results for this column might be: 1. Impairment of left right hand; 2. Strain of lower back; 3. Contact dermatitis on both hands; 4. Electrocution-body)	EXTENT OF AND OUTCOME OF INJURY OR ILLNESS						
						Injury or illness code (see bottom of page)	Fatalities Enter date of death (mo./day/yr.)	Lost Workday Cases Enter workdays lost due to injury or illness (see instructions on back)	Nonfatal Cases Without Lost Workdays If, after lost workdays, the employee was permanently transferred to another job or was terminated, enter a check in the column below If no entry was made in column 8 or 9, but the injury or illness did result in: Transfer to another job or termination, or medical treatment, enter a check in the column below If a check in column 11 represented a transfer or termination, enter another check in column 12			
1	2	3	4	5	6	7	8	9	10	11	12	
446	11/1/71	Robert J. Bales	Electrician	Electrician	Caught in hot equipment	10						
750	11/2/71	Richard Rowlett	Electrician	Electrician	Caught in hot equipment	10						
151	11/3/71	James V. Kase	Welder	Welder	Caught in hot equipment	10						
152	11/3/71	Mr. M. L. Linscomb	Computer	Computer	Caught in hot equipment	10						
153	11/7/71	Joseph B. Bailey	Land Blaster	Land Blaster	Caught in hot equipment	10						
154	11/7/71	W. E. Sawyer	Electrician	Electrician	Caught in hot equipment	10						
155	11/8/71	W. E. Sawyer	Electrician	Electrician	Caught in hot equipment	10						
156	11/8/71	D. M. Chasak	Electrician	Electrician	Caught in hot equipment	10						
157	11/8/71	W. E. Sawyer	Electrician	Electrician	Caught in hot equipment	10						
158	11/8/71	W. E. Sawyer	Electrician	Electrician	Caught in hot equipment	10						
159	11/8/71	W. E. Sawyer	Electrician	Electrician	Caught in hot equipment	10						
160	11/8/71	W. E. Sawyer	Electrician	Electrician	Caught in hot equipment	10						
161	11/8/71	W. E. Sawyer	Electrician	Electrician	Caught in hot equipment	10						
162	11/8/71	W. E. Sawyer	Electrician	Electrician	Caught in hot equipment	10						

Company Name: W. E. Sawyer
 Division Name: W. E. Sawyer
 Establishment Location: Box 331, Richmond, Virginia 22701

Injury Code: 10 All occupational injuries

Illness Codes:
 21 Occupational skin diseases or disorders
 22 Dust diseases of the lungs (pneumoconiosis)
 23 Respiratory conditions due to toxic agents
 24 Poisoning (systemic effects of toxic materials)
 25 Disorders due to physical agents (other than toxic materials)
 26 Disorders due to repeated trauma
 29 All other occupational illnesses

LOG OF OCCUPATIONAL INJURIES AND ILLNESSES

Form Approved
OMB NUMBER 44R 1432

Case or file no.	Date of injury or illness If diagnosis of illness was made after first day of absence, enter first day of absence. (mo./day/yr.)	Employee's Name (First name, middle initial, last name)	Occupation of injured employee at time of injury or illness	Department to which employee was assigned at time of injury or illness	DESCRIPTION OF INJURY OR ILLNESS Nature of injury or illness and part(s) 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; Electrocuting-body)	EXTENT OF AND OUTCOME OF INJURY OR ILLNESS							
						Fatalities	Lost Workday Cases	Nonfatal Cases Without Lost Workdays	Enter date of death (mo./day/yr.)	Enter workdays lost due to injury or illness (five instructions on back)	If, after lost workdays, the employee was permanently transferred to another job or was terminated, enter a check in the column below	If no entry was made in column 8 or 9, but the injury or illness did result in: Transfer to another job or termination, or; medical treatment, other than first aid, or; diagnosis of occupational illness, or; loss of consciousness, or; restriction of work or motion; Enter a check in the column below	If a check in column 11 represented a transfer or termination, enter whether check in column 12
135	10/12/71	H. H. Hummer	Officer	Officer	Pulling body down steps at 1st floor	10							
136	10/18/71	A. T. Stirling	Operator	Operator	Strain of right shoulder - nerve	26		66 days					
137	10/20/71	L. B. Casper	Operator	Operator	Strain of right shoulder - nerve	10							
138	10/21/71	G. F. Pagan	Operator	Operator	Strain of right shoulder - nerve	25							
139	10/21/71	A. G. Landry	Operator	Operator	Strain of right shoulder - nerve	26		4					
140	10/21/71	William C. Paulman	Electrician	Electrician	Strain of right shoulder - nerve	10							
141	10/16/71	Laasay J. Trator	Operator	Operator	Strain of right shoulder - nerve	10							
142	10/23/71	M. J. Laasay	Operator	Operator	Strain of right shoulder - nerve	10							
143	10/27/71	Osamu C. Pierce	Operator	Operator	Strain of right shoulder - nerve	10							
144	10/28/71	Lee D. Kengish	Operator	Operator	Strain of right shoulder - nerve	26		66 days					
145	10/28/71	A. A. Payton	Operator	Operator	Strain of right shoulder - nerve	10							
146	10/30/71	Philip Benson	Operator	Operator	Strain of right shoulder - nerve	10							
147	11/1/71	Carl M. Stark	Operator	Operator	Strain of right shoulder - nerve	10							
148	11/1/71	Richard E. Brice	Operator	Operator	Strain of right shoulder - nerve	10							

Company Name Metrol Int. Refinery Injury Code 10 All occupational injuries Illness Codes 21 Occupational skin diseases and disorders
 Establishment Name Metrol Int. Refinery Establishment Location Box 331, Richmond, Texas 77704
 22 Dust diseases of the lungs (pneumoconiosis) 23 Respiratory conditions due to toxic agents 24 Poisoning (Systemic effects of toxic materials) 25 Disorders due to physical agents (other than toxic materials) 26 Disorders due to repeated trauma 27 All other occupational illnesses

003521

249573

LOG OF OCCUPATIONAL INJURIES AND ILLNESSES

Form Approved
OMB NUMBER 448-1452

Case or file no.	Date of injury or illness (month/day/year)	Employee's Name (First name, middle initial, last name)	Occupation of injured employee at time of injury or illness	Department to which employee was assigned at time of injury or illness	DESCRIPTION OF INJURY OR ILLNESS (Typical entries for this column might be: Nature of injury or illness and part(s) of body affected; Amputation of 1st joint right forefinger; Strain of lower back; Contact dermatitis on both hands; Electrocution-body)	EXTENT OF AND OUTCOME OF INJURY OR ILLNESS					
						Fatalities	Lost Workday Cases	Nonfatal Cases Without Lost Workdays			
1	2	3	4	5	6	Enter date of death (mo/day/yr)	Enter workdays lost due to injury or illness (see instructions on back)	If, after lost workdays, the employee was permanently transferred to another job or was terminated, enter a check in the column below	If no entry was made in columns 8 or 9, but the injury or illness did result in: Transfer to another job or termination, or: medical treatment other than first aid, or: diagnosis of occupational illness, or: loss of consciousness, or: restriction of work or motion; Enter a check in the column below	If a check in column 11 represented a transfer or termination, enter another check in column 12	
123	10/5/71	Cliff F. Conroy	Laborer		South Plant						
123	10/5/71	LeRoy M. Barnett	Laborer		South Plant		10				1000
124	10/6/71	Louis E. Merendino	Carpenter		South Plant		10				1000
125	10/6/71	Edward Riggs	Operator A		South Plant		10				1000
126	10/11/71	Harvey H. Howard	Pipe fitter		South Plant		10				1000
127	10/11/71	Henry J. Landray	Apprentice		South Plant		10				1000
128	10/12/71	Milton O. Chasoff	Electrician		South Plant		10				1000
129	10/12/71	C. D. Adams	Pipe fitter		South Plant		10				1000
130	10/13/71	John J. Johnson	Hand laborer		South Plant		10				1000
131	10/14/71	D. Paul Roberts	Machinist		South Plant		10				1000
132	10/14/71	Kenny H. Robinson	Boat fitter		South Plant		10				1000
133	10/15/71	Melvin J. Smith	Machinist		South Plant		10				1000
134	10/15/71	R. J. Brown	Machinist		South Plant		10				1000

Company Name Melvin J. SmithInjury Code
10 All occupational injuries

Illness Codes

Establishment Name Melvin J. SmithEstablishment Location Ref 331, Richmond, Va 22704

- 21 Occupational skin diseases or disorders
22 Dust diseases of the lungs (pneumoconiosis)
23 Respiratory conditions due to toxic agents
24 Poisoning (systemic effects of toxic materials)
- 25 Disorders due to physical agents (other than toxic materials)
26 Disorders due to repeated trauma
27 All other occupational illnesses

003522

249574

LOG OF OCCUPATIONAL INJURIES AND ILLNESSES

Form Approved
OMB NUMBER 44R 1452

Case or file no.	Date of injury or illness If diagnosis of illness, if diagnosis of illness was made after first day of absence enter first day of absence. (mo./day/yr.)	Employee's Name (First name, middle initial, last name)	Occupation of injured employee at time of injury or illness	Department to which employee was assigned at time of injury or illness	DESCRIPTION OF INJURY OR ILLNESS Nature of injury or illness and part(s) of body affected (Typical entries for this column might be: Amputation of left joint right forearm; Strain of lower back; Contact dermatitis on both hands; Electrocution—body)	EXTENT OF AND OUTCOME OF INJURY OR ILLNESS						
						Injury or illness code See code at bottom of page.	Fatalities Enter date of death (mo./day/yr.)	Lost Workday Cases Enter workdays lost due to injury or illness (see instructions on back)	Nonfatal Cases Without Lost Workdays If, after lost workdays, the employee was permanently transferred to another job or was terminated, enter a check in the column below	If no entry was made in columns 8 or 9, but the injury or illness did result in: Transfer to another job or termination, or: medical treatment, other than first aid, or: diagnosis of occupational illness, or: loss of consciousness, or: restriction of work or motion: Enter a check in the column below	If a check in column 11 represented a transfer or termination, enter another check in column 12	
1	2	3	4	5	6	7	8	9	10	11	12	
95	9/24/71	Earl L. Mosley	Sign filler Mfg.	North Plant	Right elbow 							

Company Name McNeil Oil Corp.Division Name RefiningEstablishment Location P.O. Box 331 - 70706Injury Code
10 All occupational injuries

Illness Codes

- 21 Occupational skin diseases or disorders
22 Dust diseases of the lungs (pneumoconiosis)
23 Respiratory conditions due to toxic agents
24 Poisoning (Systemic effects of toxic materials)
25 Disorders due to physical agents (other than toxic materials)
26 Disorders due to repeated trauma
27 All other occupational illnesses

003524

249576

Case or file no.	Date of injury or illness If diagnosis of illness was made after first day of absence enter first day of absence. (mo / day / yr)	Employee's Name (First name, middle initial, last name)	Occupation of injured employee at time of injury or illness	Department to which employee was assigned at time of injury or illness	DESCRIPTION OF INJURY OR ILLNESS (Typical entries for this column might be: Amputation of 1st joint right forefinger Scrub of lower back Contact dermatitis on both hands Electrocution-body)	EXTENT OF AND OUTCOME OF INJURY OR ILLNESS					
						Fatalities	Lost Workday Cases	Nonfatal Cases Without Lost Workdays			
						Enter date of death (mo / day / yr)	Enter workdays lost due to injury or illness (see instructions on back)	If, after lost workdays, the employee was permanently transferred to another job or was terminated, enter a check in the column below	If no entry was made in column 8 or 9, but the injury or illness did result in: Transfer to another job or termination, or: medical treatment, other than first aid, or: diagnosis of occupational illness, or: loss of consciousness, or: restriction of work or motion; Enter a check in the column below	If a check in column 11 represented a transfer or termination, enter another check in column 12	
83	7/17/71	Clinton Burroughs	Operator	Dept. #1	Grinding wheel - Gasoline		20				✓
84	7/17/71	Ray M. Spill	Operator	Dept. #1	Grinding wheel - Gasoline		20				✓
85	7/17/71	Rennie J. Tolson	Operator	Dept. #1	Grinding wheel - Gasoline		10				✓
86	7/17/71	James A. Davis	Operator	Dept. #1	Grinding wheel - Gasoline		10				✓
87	7/17/71	Elmer G. Mitchell	Carpenter	Dept. #1	Grinding wheel - Gasoline		10				✓
88	7/17/71	Frank A. Day	Operator	Dept. #1	Grinding wheel - Gasoline		10				✓
89	7/17/71	Walter E. Day	Operator	Dept. #1	Grinding wheel - Gasoline		10				✓
90	7/17/71	Walter E. Day	Operator	Dept. #1	Grinding wheel - Gasoline		10				✓
91	7/17/71	Walter E. Day	Operator	Dept. #1	Grinding wheel - Gasoline		10				✓
92	7/17/71	Walter E. Day	Operator	Dept. #1	Grinding wheel - Gasoline		10				✓
93	7/17/71	Walter E. Day	Operator	Dept. #1	Grinding wheel - Gasoline		10				✓
94	7/17/71	Walter E. Day	Operator	Dept. #1	Grinding wheel - Gasoline		10				✓
95	7/17/71	Walter E. Day	Operator	Dept. #1	Grinding wheel - Gasoline		10				✓

Company Name _____
 Establishment Name _____
 Establishment Location _____

Injury Code
 10 All occupational injuries

Illness Codes

- 21 Occupational skin diseases or disorders
 22 Dust diseases of the lungs (pneumoconiosis)
 23 Respiratory conditions due to toxic agents
 24 Poisoning (systemic effects of toxic materials)
 25 Disorders due to physical agents (other than toxic materials)
 26 Disorders due to repeated trauma
 27 All other occupational illnesses

LOG OF OCCUPATIONAL INJURIES AND ILLNESSES

Form Approved
OMB NUMBER 44R 1452

Case or file no.	Date of injury or illness. If diagnosis of illness was made after first day of absence, enter first day of absence, (mo./day/yr.)	Employee's Name (First name, middle initial, last name)	Occupation of injured employee at time of injury or illness	Department to which employee was assigned at time of injury or illness	DESCRIPTION OF INJURY OR ILLNESS (Typical entries for this column might be: Amputation of 1st joint right forefinger; Strain of lower back; Contact dermatitis on both hands; Electrocutal—body)	EXTENT OF AND OUTCOME OF INJURY OR ILLNESS						
						Fatalities	Lost Workday Cases	Nonfatal Cases Without Lost Workdays				
1	2	3	4	5	6	Enter date of death (mo./day/yr.)	Enter workdays lost due to injury or illness (see instructions on back)	If, after lost workdays, the employee was permanently transferred to another job or was terminated, enter a check in the column below	If no entry was made in columns 8 or 9, but the injury or illness did result in: Transfer to another job or termination, or: medical treatment, other than first aid, or: disposition of occupational illness, or: loss of consciousness, or: restriction of work or motion: Enter a check in the column below	If a check in column 11 represented a transfer or termination, enter another check in column 12		
70	8/22/71	Thomas H. Nelson	Laborer	Lumber Plant	Left knee caught between two sections of log		10					2438
71	8/22/71	John J. Clark	Machinist	Lumber Plant	Left hand caught in log skidder		10					2438
72	9/11/71	Ronnie Eugene Woodcock	First Shift Foreman	Lumber Plant	Strained lower back while carrying		10					2438
73	8/21/71	Raymond E. Aguirre	Paper Mill	Lumber Plant	Strained right arm, dislocated out onto log		20-21					2438
74	9/1/71	Robert J. Prada Jr.	Welder	Lumber Plant	Strained right arm, dislocated out onto log		10					2438
75	9/1/71	Joseph A. Bionardo	Laborer	Lumber Plant	Strained right arm, dislocated out onto log		10					2438
76	9/1/71	Charles H. Anderson	Laborer	Lumber Plant	Strained right arm, dislocated out onto log		10					2438
77	7/3/71	Thomas H. Hutto	Harvester	Lumber Plant	Strained right arm, dislocated out onto log		10					2438
78	9/1/71	Lawrence Hutto	Harvester	Lumber Plant	Strained right arm, dislocated out onto log		10					2438
79	9/1/71	E. J. French	Laborer	Lumber Plant	Strained right arm, dislocated out onto log		10					2438
80	9/1/71	Alfred G. Gumbert	Harvester	Lumber Plant	Strained right arm, dislocated out onto log		10					2438
81	9/1/71	Conroy Wayne Hughes	Laborer	Lumber Plant	Strained right arm, dislocated out onto log		10					2438
82	9/1/71	William H. Fournier	Carpenter	Lumber Plant	Strained right arm, dislocated out onto log		10					2438
83	9/1/71	Willie A. Boone	Operator A	Lumber Plant	Strained right arm, dislocated out onto log		10					2438

Company Name Walden Lumber Co.Injury Code
10 All occupational injuries

Illness Codes

Establishment Name Beaumont RefineryEstablishment Location Box 3311, Beaumont, Texas 77704

- 21 Occupational skin diseases or disorders
22 Dust diseases of the lungs (pneumoconiosis)
23 Respiratory conditions due to toxic agents
24 Poisoning (Systemic effects of toxic materials)
- 25 Disorders due to physical agents (other than toxic materials)
26 Disorders due to repeated trauma
29 All other occupational illnesses

003526

249578

Case or file no.	Date of injury or illness (month, day, year)	Employee's Name (First name, middle initial, last name)	Occupation of injured employee at time of injury or illness	Department to which employee was assigned at time of injury or illness	DESCRIPTION OF INJURY OR ILLNESS (Typical entries for this column might be: Amputation of the right right forearm; Strain of lower back; Contact dermatitis on both hands; Electrocution-body)	EXTENT OF AND OUTCOME OF INJURY OR ILLNESS					
						Partially	Lost Workday Cases	Nonfatal Cases Without Lost Workdays	If a check in column 11 represented a transfer or termination, enter another check in column 12		
						Enter date of death (mm/day/yr.)	Enter workdays lost due to injury or illness (see instructions on back)	If, after lost workdays, the employee was permanently transferred to another job or was terminated, enter a check in the column below	If no entry was made in columns 8 or 9, but the injury or illness did result in: Transfer to another job or termination, or: medical treatment, other than first aid, or: diagnosis of occupational illness, or: loss of consciousness, or: restriction of work or motion: Enter a check in the column below		
56	8/24/71	J. D. Pearson	Holder	Lumber	Upper part of back - strain						
57	8/20/71	L. A. Amberson	Laborer	Lumber	Right arm - break - closed		10				
58	8/20/71	L. E. M. Brink	Laborer	Lumber	Right arm - break - open		21				
59	8/20/71	W. F. Egle	Laborer	Lumber	Right arm - break - open		10				
60	8/20/71	G. M. Edwards Jr.	Laborer	Lumber	Right arm - break - open		21				
61	8/25/71	J. B. Richards	Electrician	Lumber	Right arm - break - open		36				
62	8/25/71	W. Williams	Electrician	Lumber	Right arm - break - open		10				
63	8/25/71	W. Williams	Electrician	Lumber	Right arm - break - open		29				
64	8/25/71	W. Williams	Electrician	Lumber	Right arm - break - open		21				
65	8/25/71	W. Williams	Electrician	Lumber	Right arm - break - open		21				
66	8/25/71	W. Williams	Electrician	Lumber	Right arm - break - open		21				
67	8/25/71	W. Williams	Electrician	Lumber	Right arm - break - open		21				
68	8/25/71	W. Williams	Electrician	Lumber	Right arm - break - open		21				
69	8/25/71	W. Williams	Electrician	Lumber	Right arm - break - open		21				

Company Name Mobile Oil Corp.Establishment Name Barman's RefineryEstablishment Location Box 331, Barman, Tex 77704Injury Codes
10 All occupational injuries

Illness Codes

- 21 Occupational skin diseases or disorders
22 Dust diseases of the lungs (pneumoconiosis)
23 Respiratory conditions due to toxic agents
24 Poisoning (Systemic effects of toxic materials)
- 25 Disorders due to physical agents (other than toxic materials)
26 Disorders due to repeated trauma
29 All other occupational illnesses

LOG OF OCCUPATIONAL INJURIES AND ILLNESSES

Case or file no.	Date of injury or illness, if diagnosis of illness was made after first day of absence, enter first day of absence, (mo / day / yr)	Employee's Name (First name, middle initial, last name)	Occupation of injured employee at time of injury or illness	Department to which employee was assigned at time of injury or illness	DESCRIPTION OF INJURY OR ILLNESS (Nature of injury or illness and part(s) of body affected) (Typical entries for this column might be: Amputation of left joint right forearm; Strain of lower back; Contact dermatitis on both hands; Electrocution-body)	Injury or illness code. See codes on bottom of page.	EXTENT OF AND OUTCOME OF INJURY OR ILLNESS					If a check in column 11 represents a transfer or termination, enter another check in column 12
							Fatalities Enter date of death (mo / day / yr)	Lost Workday Cases Enter workdays lost due to injury or illness (see instructions on back)	Nonfatal Cases Without Lost Workdays If, after lost workdays, the employee was permanently transferred to another job or was terminated, enter a check in the column below	Nonfatal Cases Without Lost Workdays If no entry was made in columns 9 or 10, but the injury or illness did result in: Transfer to another job or termination; or medical treatment, other than first aid, or diagnosis of occupational illness, or loss of consciousness, or restriction of work or motion; Enter a check in the column below		
1	2	3	4	5	6	7	8	9	10	11	12	
42	8/18/71	C. W. Bracken	Asst. Supervisor	North Plant	Right wrist finger crushed			10			✓	
43	8/10/71	Billy H. Davis	Asst. Supervisor	North Plant	Right wrist finger crushed			10			✓	
44	8/11/71	Bob H. Smith	Asst. Supervisor	North Plant	Right wrist finger crushed			10			✓	
45	8/11/71	James A. Jones	Asst. Supervisor	North Plant	Right wrist finger crushed			10			✓	
46	8/11/71	Brown H. Craswell	Asst. Supervisor	North Plant	Right wrist finger crushed			10			✓	
47	8/11/71	Walter P. Mayrick	Asst. Supervisor	North Plant	Right wrist finger crushed			10			✓	
48	8/11/71	C. N. Reed	Asst. Supervisor	North Plant	Right wrist finger crushed			10			✓	
49	8/12/71	Wesley P. Rougemont	Asst. Supervisor	North Plant	Right wrist finger crushed			10			✓	
50	8/12/71	W. H. Rougemont	Asst. Supervisor	North Plant	Right wrist finger crushed			10			✓	
51	8/16/71	J. A. Craswell	Asst. Supervisor	North Plant	Right wrist finger crushed			10			✓	
52	8/12/71	Wesley P. Rougemont	Asst. Supervisor	North Plant	Right wrist finger crushed			10			✓	
53	8/12/71	W. H. Rougemont	Asst. Supervisor	North Plant	Right wrist finger crushed			10			✓	
54	8/12/71	W. H. Rougemont	Asst. Supervisor	North Plant	Right wrist finger crushed			10			✓	
55	8/12/71	W. H. Rougemont	Asst. Supervisor	North Plant	Right wrist finger crushed			10			✓	

Company Name North Oil Corp.Injury Code
10 All occupational injuries

Illness Codes

Establishment Name Beaumont RefineryEstablishment Location Box 3311, Beaumont, Tex. 77704

- 21 Occupational skin diseases or disorders
22 Dust diseases of the lungs (pneumoconiosis)
23 Respiratory conditions due to toxic agents
24 Poisoning (Systemic effects of toxic materials)
25 Disorders due to physical agents (other than noise)
26 Disorders due to repeated trauma
27 All other occupational illnesses

RECORDKEEPING REQUIREMENTS
Regulations issued under the Occupational Safety and Health Act of 1970 require all establishments subject to the Act to maintain records of recordable occupational injuries and illnesses occurring on or after July 1, 1971. Such records must consist of: a) a log of occupational injuries and illnesses; b) a supplementary record of each occupational injury and illness; and c) an annual summary of occupational injuries and illnesses.

Recordkeeping requirements under the Occupational Safety and Health Act may differ from your State workers' compensation requirements. Please review the definitions contained in this form to be sure that records are being maintained for all recordable cases.

DEFINITIONS

OCCUPATIONAL INJURY is any injury such as a cut, fracture, sprain, amputation, etc., which results from a work accident or from exposure in the work environment.

OCCUPATIONAL ILLNESS of an employee is any abnormal condition or disorder, other than one resulting from an occupational injury, caused by exposure to environmental factors associated with his employment. It includes acute and chronic illnesses or diseases which may be caused by inhalation, absorption, ingestion, or direct contact, and which can be included in the categories listed below.

The following listing gives the categories of occupational illnesses and disorders that will be utilized for the purpose of classifying recordable illnesses. The identifying codes are those to be used in Column 7 of the log. For purposes of information, examples of each category are given. These are typical examples, however, and are not to be considered to be the complete listing of the types of illnesses and disorders that are to be counted under each category.

- (21) **Occupational Skin Diseases or Disorders**
Examples: Contact dermatitis, eczema, or rash caused by primary irritants and sensitizers or poisonous plants; oil scum; chronic ulcers; chemical burns or inflammation; etc.
- (22) **Dust Diseases of the Lungs (Pneumoconiosis)**
Examples: Silicosis, asbestosis, coal worker's pneumoconiosis, byssinosis, and other pneumoconiosis.
- (23) **Respiratory Conditions Due to Toxic Agents**
Examples: Pneumonitis, pharyngitis, rhinitis or acute degeneration due to chemicals, dusts, gases, or fumes; farmer's lung, etc.
- (24) **Poisoning (Systemic Effects of Toxic Materials)**
Examples: Poisoning by lead, mercury, cadmium, arsenic, or other metals; poisoning by carbon monoxide, hydrogen sulfide, or other gases; poisoning by benzene, carbon tetrachloride, or other organic solvents; poisoning by insecticide sprays such as parathion, lead arsenate; poisoning by other chemicals such as formal-

- dehyde, plastics and resins, etc.
- (25) **Disorders Due to Physical Agents (Other Than Toxic Materials)**
Examples: Heatstroke, sunstroke, heat exhaustion and other effects of environmental heat; freezing, frostbite and effects of exposure to low temperatures; carbon monoxide; effects of ionizing radiation (X-rays, gamma rays, ultraviolet rays, microwaves, sunburn), etc.
- (26) **Disorders Due to Repeated Trauma**
Examples: Noise-induced hearing loss; sprains, tenosynovitis, and bursitis; Raynaud's phenomenon; and other conditions due to repeated motion, vibration or pressure.
- (27) **All Other Occupational Illnesses**
Examples: Anthrax, brucellosis, infectious hepatitis, malignant and benign tumors, food poisoning, blastomycosis, coccidioidomycosis, etc.

RECORDABLE OCCUPATIONAL INJURIES AND ILLNESSES are any occupational injuries or illnesses which result in:

- 1) **FATALITIES**, regardless of the time between the injury and death, or the length of the illness; or
- 2) **LOST WORKDAYS CASES**, other than fatalities that result in lost workdays; or
- 3) **NONFATAL CASES WITHOUT LOST WORKDAYS**, which result in transfer to another job or termination of employment, or require medical treatment (as defined below), or involve loss of consciousness or restriction of work or motion. This category also includes any diagnosed occupational illnesses which are reported to the employer but are not classified as fatalities or lost workday cases.

MEDICAL TREATMENT includes treatment administered by a physician or by registered professional personnel under the standing orders of a physician. Medical treatment does NOT include first aid treatment (one-time treatment) and subsequent observation of minor scratches, cuts, burns, sprains, and so forth, which do not ordinarily require medical care) even though provided by a physician or registered professional personnel.

ESTABLISHMENT: A single physical location where business is conducted or where services or industrial operations are performed. (For example: a factory, mill, store, hotel, restaurant, movie theater, farm, ranch, bank, sales office, warehouse, or central administrative office.) Where distinctly separate activities are performed at a single physical location (such as contract construction activities operated from the same physical location as a lumber yard), each activity shall be treated as a separate establishment.

For firms engaged in activities such as agriculture, construction, transportation, communications, and electric, gas and sanitary services, which may be physically dispersed, records may be maintained at a place to which employees report each day.

Records for personnel who do not primarily report or work at a single establishment, such as traveling salesmen, technicians, engineers, etc., shall be maintained at the location from which they are paid or the base from which personnel operate to carry out their activities.

WORK ENVIRONMENT is comprised of the physical location, equipment, materials processed or used, and the kinds of operations performed by an employee in the performance of his work, whether on or off the employer's premises.

LOG OF OCCUPATIONAL INJURIES AND ILLNESSES

Each recordable occupational injury and occupational illness must be entered on a log of cases (OSHA Form No. 100) within two working days of receiving information that a recordable case has occurred. Logs must be kept current and retained for five (5) years following the end of the calendar year to which they relate.

Logs are to be maintained for three purposes:

- 1) Logs for the prior five (5) year period must be available in the establishment without delay and at reasonable times for examination by representatives of the Department of Labor or the Department of Health, Education and Welfare, or States accorded jurisdiction under the Act.
- 2) The log will be used in preparing the annual summary of Occupational Injuries and Illnesses (OSHA Form No. 102) which must be posted in every establishment.
- 3) These establishments selected to participate in a statistical program will be required to prepare a report based on entries in this log.

In addition, the log will aid you in reviewing the occupational injury and illness experience of your employees.

INSTRUCTIONS FOR COMPLETING LOG OF OCCUPATIONAL INJURIES AND ILLNESS (OSHA Form No. 100)

Column 1 - DATE OR FILE NUMBER
Any number may be entered which will facilitate comparison with supplementary records.

Column 2 - DATE OF INJURY OR ILLNESS
For occupational injuries enter the date of the work accident which resulted in injury. For occupational illnesses enter the date of initial diagnosis of illness, or, if absence occurred before diagnosis, the first day of the absence in connection with which the case was diagnosed.

Column 3 - EMPLOYEE'S NAME
Column 4 - OCCUPATION
Enter the occupational title of the job to which the employee was assigned at the time of injury or illness. In the absence of a formal occupational title, enter a brief description of the duties of the employee.

Column 5 - DEPARTMENT
Enter the name of the department to which employee was assigned at the time of injury or illness, whether or not employee was actually working in that department at the time. In the absence of formal department titles, enter a brief description of normal workplace to which employee is assigned.

Column 6 - NATURE OF INJURY OR ILLNESS AND PART(S) OF BODY AFFECTED
Enter a brief description of the injury or illness and indicate the part or parts of body affected. Where entire body is affected, the entry "body" can be used.

Column 7 - INJURY OR ILLNESS CODE
Enter the code which most accurately describes the nature of injury or illness. A list of codes appears at the bottom of the log. A more complete description of occupational injuries and illnesses appears below in "Definitions."

Column 8 - FATALITIES
If the occupational injury or illness resulted in death, enter date of death.

Column 9 - LOST WORKDAYS

Enter the number of days the employee would have worked but could not because of occupational injury or illness. The number of lost workdays should not include the day of injury. The number of days includes all days (consecutive or not) on which, because of the injury or illness:

- 1) the employee would have worked but could not, or
 - 2) the employee was assigned to a temporary job, or
 - 3) the employee worked at a permanent job less than full time, or
 - 4) the employee worked at a permanently assigned job but could not perform all duties normally assigned to it.
- For employees not having a regularly scheduled shift, i.e., certain truck drivers, construction workers, farm labor, casual labor, part-time employees, etc., it may be necessary to estimate the number of lost workdays. Estimates of lost workdays shall be based on prior work history of the employee AND days worked by employee, not ill or injured, working in the department and/or occupation of the ill or injured employee.

Column 10 - PERMANENT TRANSFER TO ANOTHER JOB OR TERMINATION OF EMPLOYMENT AFTER LOST WORKDAYS
Complete only if the employee did not return to his previous assignment after lost workdays.

Column 11 - NONFATAL CASES WITHOUT LOST WORKDAYS
Enter a check in Column 11 for all cases of occupational injury or illness, which did not involve fatalities or lost workdays but did result in:

- Transfer to another job or termination of employment, or
- Medical treatment, other than first aid, or
- Diagnosis of occupational illness, or
- Loss of consciousness, or
- Restriction of work or motion, enter a check in Column 11.

Column 12 - TRANSFER TO ANOTHER JOB OR TERMINATION OF EMPLOYMENT WITHOUT LOST WORKDAYS
If the check in Column 11 represented a transfer to another job or termination of employment with no lost workdays, enter another check in Column 12.

INITIALING REQUIREMENT
Each line entry regarding an occupational injury or illness MUST BE INITIALED in the right hand margin by the person responsible for the accuracy of the entry. Changes in an entry also must be initialed in the affected column.

CHANGES IN EXTENT OF OR OUTCOME OF INJURY OR ILLNESS

If there is a change in an occupational injury or illness case which affects entries in Columns 9, 10, 11, or 12, the first entry should be lined out and a new entry made. For example, if an injured employee at first required only medical treatment but later lost workdays, the check in Column 11 should be lined out and the number of lost workdays entered in Column 9.

In another example, if an employee with an occupational illness lost workdays, returned to work, and then died of the illness, the workdays noted in Column 9 should be lined out and the date of death entered in Column 8.

An entry may be lined out if later found to be a non-occupational injury or illness.

OSHA 2-100

LOG OF OCCUPATIONAL INJURIES AND ILLNESSES

Form Approved
OMB NUMBER 44R 1453

Case or file no	Date of injury or initial diagnosis of illness. If diagnosis of illness was made after first day of absence, enter first day of absence. (mo./day/yr.)	Employee's Name (First name, middle initial, last name)	Occupation of injured employee at time of injury or illness	Department to which employee was assigned at time of injury or illness	DESCRIPTION OF INJURY OR ILLNESS (Typical entries for this column might be: Amputation of right right forefinger Strain of lower back Contact dermatitis on both hands Electrocution-body)	EXTENT OF AND OUTCOME OF INJURY OR ILLNESS						
						Fatalities	Lost Workday Cases	Nonfatal Cases Without Lost Workdays				
1	2	3	4	5	6	7	8	9	10	11	12	13
29	7/12/71	Samuel R. Ingber	Gen. Oper.	North Plant	2nd Super cable AB hand	10						17413
30	7/22/71	J. D. Dent	Warehouseman	North Plant	Back and muscle sprain/strain	10						17413
31	7/30/71	H. L. Elliott	Gen. Oper.	North Plant	Back and muscle sprain/strain	10						17413
32	7/31/71	Robert M. Deal	Photographer	North Plant	Strain of right arm	10						17413
33	7/31/71	Robert M. Deal	Photographer	North Plant	Strain of right arm	10						17413
34	8/1/71	Samuel R. Ingber	Gen. Oper.	North Plant	Back and muscle sprain/strain	10						17413
35	8/1/71	H. L. Elliott	Gen. Oper.	North Plant	Back and muscle sprain/strain	10						17413
36	8/1/71	M. H. Helsh	Gen. Oper.	North Plant	Back and muscle sprain/strain	10						17413
37	8/1/71	J. H. Chavon	Machine Shop	North Plant	Back and muscle sprain/strain	10						17413
38	8/1/71	Rennie J. Jackson	Machine Shop	North Plant	Back and muscle sprain/strain	10						17413
39	8/1/71	Samuel R. Ingber	Gen. Oper.	North Plant	Back and muscle sprain/strain	10						17413
40	8/1/71	C. J. Bonin	Gen. Oper.	North Plant	Back and muscle sprain/strain	10						17413
41	8/1/71	John C. Lee	Gen. Oper.	North Plant	Back and muscle sprain/strain	10						17413

Company Name General Corp.Injury Code
10 All occupational injuries

Illness Codes

Establishment Name Brascan RefineryEstablishment Location Box 331, Brascan, Tex 77704

- 21 Occupational skin diseases or disorders
22 Dust diseases of the lungs (pneumoconiosis)
23 Respiratory conditions due to toxic agents
24 Poisoning (Systemic effects of toxic materials)
- 25 Disorders due to physical agents (other than toxic materials)
26 Disorders due to repeated trauma
29 All other occupational illnesses

003530

249582

LOG OF OCCUPATIONAL INJURIES AND ILLNESSES

Form Approved
OMB NUMBER 44R 1453

Case or file no.	Date of injury or initial diagnosis of illness. If diagnosis of illness was made after first day of absence enter first day of absence. (mo./day/yr.)	Employee's Name (First name, middle initial, last name)	Occupation of injured employee at time of injury or illness	Department to which employee was assigned at time of injury or illness	DESCRIPTION OF INJURY OR ILLNESS		EXTENT OF AND OUTCOME OF INJURY OR ILLNESS					
					Nature of injury or illness and part(s) of body affected (Typical entries for this column might be: Amputation of left joint right forearm; Strain of lower back; Contact dermatitis on both hands; Electrocuting—body)	Injury or illness code. See codes at bottom of page.	Fatalities Enter date of death (mo./day/yr.)	Lost Workday Cases Enter workdays lost due to injury or illness (see instructions on back)	Nonfatal Cases Without Lost Workdays If no entry was made in column 8 or 9, but the injury or illness did result in: Transfer to another job or termination, or medical treatment, other than first aid, or diagnosis of occupational illness, or: loss of consciousness, or: restriction of work or motion: Enter a check in the column below	If a check in column 11 represented a transfer or termination, enter another check in column 12		
15	7-20-71	B. L. Allen	Labour	Tractor	Neck	Neck	10					
16	7-21-71	J. W. Rayburn	Repair	Drill	Left hand	Left hand	10					
17	7-21-71	George A. Huddy	Repair	Drill	Right hand	Right hand	10					
18	7-22-71	Edie B. Beckett	Repair	Drill	Right hand	Right hand	10					
19	7-21-71	Paul Clayton Woodman	Labour	Tractor	Neck	Neck	10					
20	7-21-71	W. G. Wilkins	Labour	Tractor	Neck	Neck	10					
21	7-22-71	Raymond M. Graham	Repair	Drill	Left hand	Left hand	10					
22	7-22-71	W. G. Wilkins	Labour	Tractor	Neck	Neck	10					
23	7-22-71	F. Hall	Repair	Drill	Right hand	Right hand	10					
24	7-21-71	Robert W. Linton	Instrument	Drill	Right hand	Right hand	10					
25	7-26-71	John E. Gray	Repair	Drill	Right hand	Right hand	10					
26	7-26-71	Raymond M. Graham	Repair	Drill	Right hand	Right hand	10					
27	7-26-71	Leon S. Stanford	Instrument	Drill	Right hand	Right hand	10					
28	7-26-71	Robert W. Linton	Instrument	Drill	Right hand	Right hand	10					

Company Name Mobile Oil Corporation

Establishment Name Raymond M. Graham

Establishment Location Box 331

Raymond M. Graham

Injury Code
10 All occupational injuries

Illness Code
21 Occupational skin diseases or disorders
22 Dust diseases of the lungs (pneumoconiosis)
23 Respiratory conditions due to toxic agents
24 Poisoning (systemic effects of toxic materials)
25 Disorders due to physical agents (other than toxic materials)
26 Disorders due to repeated trauma
29 All other occupational illnesses

RECORDKEEPING REQUIREMENTS

Regulations issued under the Occupational Safety and Health Act of 1970 require all establishments subject to the Act to maintain records of recordable occupational injuries and illnesses occurring on or after July 1, 1971. Such records must consist of: a) a log of occupational injuries and illnesses; b) a supplementary record of each occupational injury and illness; and c) an annual summary of occupational injuries and illnesses.

Recordkeeping requirements under the Occupational Safety and Health Act may differ from your State workers' compensation requirements. Please review the definitions contained in this form to be sure that records are being maintained for all recordable cases.

DEFINITIONS

OCCUPATIONAL INJURY is any injury such as a cut, fracture, sprain, amputation, etc., which results from a work accident or from exposure in the work environment.

OCCUPATIONAL ILLNESS of an employee is any abnormal condition or disorder, other than one resulting from an occupational injury, caused by exposure to environmental factors associated with his employment. It includes acute and chronic illnesses or diseases which may be caused by inhalation, absorption, ingestion, or direct contact, and which can be included in the categories listed below.

The following listing gives the categories of occupational illnesses and disorders that will be utilized for the purpose of classifying recordable illnesses. The identifying codes are those to be used in Column 7 of the log. For purposes of information, examples of such categories are given. These are typical examples, however, and are not to be considered to be the complete listing of the types of illnesses and disorders that are to be counted under each category.

- (21) **Occupational Skin Diseases or Disorders**
Examples: Contact dermatitis, eczema, or rash caused by primary irritants and sensitizers or poisonous plants; oil acne; chronic ulcers; chemical burns or infections; etc.
- (22) **Dust Diseases of the Lungs (Pneumoconioses)**
Examples: Silicosis, asbestosis, coal worker's pneumoconiosis, byssinosis, and other pneumoconioses.
- (23) **Respiratory Conditions Due to Toxic Agents**
Examples: Pneumonitis, pharyngitis, tracheitis or acute congestion due to chemicals, dusts, gases, or fumes; farmer's lung; etc.
- (24) **Poisoning (Systemic Effects of Toxic Materials)**
Examples: Poisoning by lead, mercury, cadmium, arsenic, or other metals; poisoning by carbon monoxide, hydrogen sulfide or other gases; poisoning by benzol, carbon tetrachloride, or other organic solvents; poisoning by insecticide sprays such as parathion; lead acetate poisoning by other chemicals such as formal-

dehyde, plastics and resins, etc.

- (25) **Disorders Due to Physical Agents (Other Than Toxic Materials)**

Examples: Heatstroke, sunstroke, heat exhaustion and other effects of environmental heat; freezing, frostbite and effects of exposure to low temperatures; ear noise; effects of ionizing radiation (X-rays, gamma rays, ultraviolet rays, microwaves, neutron), etc.

- (26) **Disorders Due to Repeated Trauma**

Examples: Noise-induced hearing loss; synovitis, tenosynovitis, and bursitis; Raynaud's phenomenon; and other conditions due to repeated motion, vibration or pressure.

- (29) **All Other Occupational Illnesses**

Examples: Anthrax, brucellosis, infectious hepatitis, malignant and benign tumors, food poisoning, histoplasmosis, coccidioidomycosis, etc.

RECORDABLE OCCUPATIONAL INJURIES AND ILLNESSES are any occupational injuries or illnesses which result in:

- 1) **FATALITIES**, regardless of the time between the injury and death, or the length of the illness; or
- 2) **LOST WORKDAYS CASES**, other than fatalities that result in lost workdays; or
- 3) **NONFATAL CASES WITHOUT LOST WORKDAYS**, which result in transfer to another job or termination of employment, or require medical treatment (as defined below), or involve loss of consciousness or restriction of work or motion. This category also includes any diagnosed occupational illnesses which are reported to the employer but are not classified as fatalities or lost workday cases.

MEDICAL TREATMENT includes treatment administered by a physician or by registered professional personnel under the standing orders of a physician. Medical treatment does NOT include first aid treatment (first aid treatment and subsequent observation of minor scratches, cuts, burns, splinters, and so forth, which do not ordinarily require medical care) even though provided by a physician or registered professional personnel.

ESTABLISHMENT: A single physical location where business is conducted or where services or industrial operations are performed. (For example: a factory, mill, store, hotel, restaurant, movie theater, farm, ranch, bank, sales office, warehouse, or central administrative office.) Where distinctly separate activities are performed at a single physical location (such as contract construction activities operated from the same physical location as a lumber yard), each activity shall be treated as a separate establishment.

For firms engaged in activities such as agriculture, construction, transportation, communications, and electric, gas and sanitary services, which may be physically dispersed, records may be maintained at a place to which employees report each day.

Records for personnel who do not primarily report or work at a single establishment, such as traveling salesmen, technicians, engineers, etc., shall be maintained at the location from which they are paid or the base from which personnel operate to carry out their activities.

WORK ENVIRONMENT is comprised of the physical location, equipment, materials processed or used, and the kinds of operations performed by an employee in the performance of his work, whether on or off the employer's premises.

LOG OF OCCUPATIONAL INJURIES AND ILLNESSES

Each recordable occupational injury and occupational illness must be entered on a log of cases (OSHA Form No. 100) within two working days of receiving information that a recordable case has occurred. Logs must be kept current and retained for five (5) years following the end of the calendar year to which they relate.

Logs are to be maintained for three purposes:

- 1) Logs for the prior five (5) year period must be available in the establishment without delay and at reasonable times for examination by representatives of the Department of Labor or the Department of Health, Education and Welfare, or States accorded jurisdiction under the Act.
- 2) The log will be used in preparing the annual summary of Occupational Injuries and Illnesses (OSHA Form No. 102) which must be posted in every establishment.
- 3) Those establishments selected to participate in a statistical program will be required to prepare a report based on entries in this log.

In addition, the log will aid you in reviewing the occupational injury and illness experience of your employees.

INSTRUCTIONS FOR COMPLETING LOG OF OCCUPATIONAL INJURIES AND ILLNESS (OSHA Form No. 100)

Column 1 - CASE OR FILE NUMBER

Any number may be entered which will facilitate comparison with supplementary records.

Column 2 - DATE OF INJURY OR ILLNESS

For occupational injuries enter the date of the work accident which resulted in injury. For occupational illnesses enter the date of initial diagnosis of illness, or, if absence occurred before diagnosis, the first day of the absence in connection with which the case was diagnosed.

Column 3 - EMPLOYEE'S NAME

Column 4 - OCCUPATION

Enter the occupational title of the job to which the employee was assigned at the time of injury or illness. In the absence of a formal occupational title, enter a brief description of the duties of the employee.

Column 5 - DEPARTMENT

Enter the name of the department to which employee was assigned at the time of injury or illness, whether or not employee was actually working in that department at the time. In the absence of formal department title, enter a brief description of normal workplace to which employee is assigned.

Column 6 - NATURE OF INJURY OR ILLNESS AND PART(S) OF BODY AFFECTED

Enter a brief description of the injury or illness and indicate the part or parts of body affected. Where entire body is affected, the entry "body" can be used.

Column 7 - INJURY OR ILLNESS CODE

Enter the one code which most accurately describes the nature of injury or illness. A list of codes appears at the bottom of the log. A more complete description of occupational injuries and illnesses appears below in "Definitions."

Column 8 - FATALITIES

If the occupational injury or illness resulted in death, enter date of death.

Column 9 - LOST WORKDAYS

Enter the number of days the employee would have worked but could not because of occupational injury or illness. The number of lost workdays should not include the day of injury. The number of days includes all days (consecutive or not) on which, because of the injury or illness:

- 1) the employee would have worked but could not, or
 - 2) the employee was assigned to a temporary job, or
 - 3) the employee worked at a permanent job less than full time, or
 - 4) the employee worked at a permanently assigned job but could not perform all duties normally assigned to it.
- For employees not having a regularly scheduled shift, i.e., certain truck drivers, construction workers, farm labor, casual labor, part-time employees, etc., it may be necessary to estimate the number of lost workdays. Estimates of lost workdays shall be based on prior work history of the employee AND days worked by employees, not all or injured, working in the department and/or occupation of the ill or injured employee.

Column 10 - PERMANENT TRANSFER TO ANOTHER JOB OR TERMINATION OF EMPLOYMENT AFTER LOST WORKDAYS

Complete only if the employee did not return to his previous assignment after lost workdays.

Column 11 - NONFATAL CASES WITHOUT LOST WORKDAYS

Enter a check in Column 11 for all cases of occupational injury or illness, which did not involve fatalities or lost workdays but did result in:

- Transfer to another job or termination of employment, or
- Medical treatment, other than first aid, or
- Diagnosis of occupational illness, or
- Loss of consciousness, or
- Restriction of work or motion, enter a check in Column 11.

Column 12 - TRANSFER TO ANOTHER JOB OR TERMINATION OF EMPLOYMENT WITHOUT LOST WORKDAYS

If the check in Column 11 represented a transfer to another job or termination of employment with no lost workdays, enter another check in Column 12.

INITIALING REQUIREMENT

Each line entry regarding an occupational injury or illness MUST BE INITIALED in the right hand margin by the person responsible for the accuracy of the entry. Changes in an entry also must be initialed in the affected column.

CHANGES IN EXTENT OF OR OUTCOME OF INJURY OR ILLNESS

If there is a change in an occupational injury or illness case which affects entries in Columns 9, 10, 11, or 12, the first entry should be lined out and a new entry made. For example, if an injured employee at first required only medical treatment but later lost workdays, the check in Column 11 should be lined out and the number of lost workdays entered in Column 9.

In another example, if an employee with an occupational illness lost workdays, returned to work, and then died of the illness, the workdays noted in Column 9 should be lined out and the date of death entered in Column 8. An entry may be lined out if later found to be a non-occupational injury or illness.

LOG OF OCCUPATIONAL INJURIES AND ILLNESSES

Form Approved
OMB NUMBER 44R 1453

Case or file no.	Date of injury or illness (month/day/year)	Employee's Name (First name, middle initial, last name)	Occupation of injured employee at time of injury or illness	Department to which employee was assigned at time of injury or illness	DESCRIPTION OF INJURY OR ILLNESS (Typical entries for this column might be: Amputation of 1st joint right forefinger; Strain of lower back; Contact dermatitis on both hands; Electrocution—fatal)	EXTENT OF AND OUTCOME OF INJURY OR ILLNESS									
						Injury or Illness code (See codes at bottom of page.)	Fatalities (Enter date of death (mm./day/yr.))	Lost Workday Cases (Enter workdays lost due to injury or illness (see instructions on back))	Nonfatal Cases Without Lost Workdays (If no entry was made in columns 8 or 9, but the injury or illness did result in transfer to another job or termination, or medical treatment other than first aid, or diagnosis of occupational illness, or loss of consciousness, or restriction of work or motion, enter a check in the column below)	Transfer or termination, enter another check in column 12	Other	Other	Other	Other	Other
1	7/1/71	Hollis H. Porter	Electrician	General Electric	Amputation of 1st joint right forefinger	10									
2	7/1/71	Robert L. Nichols	Electrician	General Electric	Amputation of 1st joint right forefinger	10									
3	7/1/71	F. Hanning Jr.	Electrician	General Electric	Amputation of 1st joint right forefinger	10									
4	7/1/71	D. D. Hanning	Electrician	General Electric	Amputation of 1st joint right forefinger	10									
5	7/1/71	E. H. Hanning	Electrician	General Electric	Amputation of 1st joint right forefinger	10									
6	7/1/71	B. C. Martin	Electrician	General Electric	Amputation of 1st joint right forefinger	10									
7	7/1/71	Jimmy Eagle	Electrician	General Electric	Amputation of 1st joint right forefinger	10									
8	7/1/71	H. D. Sanford	Electrician	General Electric	Amputation of 1st joint right forefinger	10									
9	7/1/71	N. D. McCuller	Electrician	General Electric	Amputation of 1st joint right forefinger	10									
10	7/1/71	D. Rabas	Electrician	General Electric	Amputation of 1st joint right forefinger	10									
11	7/1/71	M. D. Hall	Electrician	General Electric	Amputation of 1st joint right forefinger	10									
12	7/1/71	J. D. Hanning	Electrician	General Electric	Amputation of 1st joint right forefinger	10									
13	7/1/71	J. C. Hanning	Electrician	General Electric	Amputation of 1st joint right forefinger	10									
14	7/1/71	Stanley M. Hanning	Electrician	General Electric	Amputation of 1st joint right forefinger	10									

Company Name General Electric Corporation
Plant Name General Electric
Establishment Location Box 331, Brookmont, Pa.
Date 7/1/71Injury Code
10 All occupational injuries

Illness Codes

- 21 Occupational skin diseases or disorders
22 Dust diseases of the lungs (pneumoconiosis)
23 Respiratory conditions due to toxic agents
24 Poisoning (Systemic effects of toxic materials)
- 25 Disorders due to physical agents (other than toxic materials)
26 Disorders due to repeated trauma
29 All other occupational illnesses

-Employees Referred To Doctor or Hospital

003533

249585

RECORDKEEPING REQUIREMENTS
Regulations issued under the Occupational Safety and Health Act of 1970 require all establishments subject to the Act to maintain records of recordable occupational injuries and illnesses occurring on or after July 1, 1971. Such records must consist of: a) a log of occupational injuries and illnesses; b) a supplementary record of each occupational injury and illness; and c) an annual summary of occupational injuries and illnesses.

Recordkeeping requirements under the Occupational Safety and Health Act may differ from your State workers' compensation requirements. Please review the definitions contained in this form to be sure that records are being maintained for all recordable cases.

DEFINITIONS

OCCUPATIONAL INJURY is any injury such as a cut, fracture, sprain, amputation, etc., which results from a work accident or from exposure in the work environment.

OCCUPATIONAL ILLNESS of an employee is any abnormal condition or disorder, other than one resulting from an occupational injury, caused by exposure to environmental factors associated with his employment. It includes acute and chronic illnesses or diseases which may be caused by inhalation, absorption, ingestion, or direct contact, and which can be included in the categories listed below.

The following listing gives the categories of occupational illnesses and disorders that will be utilized for the purpose of classifying recordable illnesses. The identifying codes are those to be used in Column 7 of the log. For purposes of information, examples of each category are given. These are typical examples, however, and are not to be considered to be the complete listing of the types of illnesses and disorders that are to be counted under each category.

Examples of each category are given. These are typical examples, however, and are not to be considered to be the complete listing of the types of illnesses and disorders that are to be counted under each category.

(21) Occupational Skin Diseases or Disorders
Examples: Contact dermatitis, eczema, or rash caused by primary irritants and sensitizers or poisonous plants; all acute or chronic ulcers; chemical burns or inflammation; etc.

(22) Dust Diseases of the Lungs (Pneumoconiosis)
Examples: Silicosis, asbestosis, coal workers' pneumoconiosis, byssinosis, and other pneumoconiosis.

(23) Respiratory Conditions Due to Toxic Agents
Examples: Pneumonitis, pharyngitis, rhinitis or acute congestion due to chemicals, dusts, gases, or fumes; farmer's lung, etc.

(24) Poisoning (Systemic Effects of Toxic Materials)
Examples: Poisoning by lead, mercury, cadmium, arsenic, or other metals; poisoning by carbon monoxide, hydrogen sulfide or other gases; poisoning by benzol, carbon tetrachloride, or other organic solvents; poisoning by insecticide sprays such as parathion; lead arsenate; poisoning by other chemicals such as formal-

dehyde, plastics and resins, etc.

(25) Disorders Due to Physical Agents (Other Than Toxic Materials)
Examples: Heatstroke, sunstroke, heat exhaustion and other effects of environmental heat; freezing, frostbite and effects of exposure to low temperatures; cataracts; effects of ionizing radiation (X-rays, gamma rays); effects of nonionizing radiation (welding flash, ultraviolet rays, microwaves, ultrasound), etc.

(26) Disorders Due to Repeated Trauma
Examples: Noise-induced hearing loss; sporadic, tenosynovitis, and bunions; Raynaud's phenomenon; and other conditions due to repeated motion, vibration or pressure.

(29) All Other Occupational Illnesses
Examples: Anemia, leucemia, infectious hepatitis, malignant and benign tumors, food poisoning, typhoid, diphtheria, tetanus, etc.

RECORDABLE OCCUPATIONAL INJURIES AND ILLNESSES are any occupational injuries or illnesses which result in:

1) FATALITIES, regardless of the time between the injury and death, or the length of the illness; or

2) LOST WORKDAYS CASES, other than fatalities that result in lost workdays; or

3) NONFATAL CASES WITHOUT LOST WORKDAYS, which result in transfer to another job or termination of employment, or require medical treatment (as defined below), or involve loss of consciousness or restriction of work or motion. This category also includes any diagnosed occupational illnesses which are reported to the employer but are not classified as fatalities or lost workday cases.

MEDICAL TREATMENT includes treatment administered by a physician or by registered professional personnel under the standing orders of a physician. Medical treatment does NOT include first aid treatment (one-time treatment and subsequent observation of minor scratches, cuts, blisters, splinters, and so forth, which do not obviously require medical care) even though provided by a physician or registered professional personnel.

ESTABLISHMENT: A single physical location where business is conducted or where services or industrial operations are performed. (For example: a factory, mill, store, both restaurant, movie theater, farm, ranch, bank, sales office, warehouse, or central administrative office.) Where distinctly separate activities are performed at a single physical location (such as contract construction activities operated from the same physical location as a lumber yard), each activity shall be treated as a separate establishment.

For firms engaged in activities such as agriculture, construction, transportation, communications, and electric, gas and sanitary services, which may be physically dispersed, records may be maintained at a place to which employees report each day.

Records for personnel who do not primarily report or work at a single establishment, such as traveling salesman, technicians, engineers, etc., shall be maintained at the location from which they are paid or the base from which personnel operate to carry out their activities.

WORK ENVIRONMENT is comprised of the physical location, equipment, materials processed or used, and the kinds of operations performed by an employee in the performance of his work, whether on or off the employer's premises.

LOG OF OCCUPATIONAL INJURIES AND ILLNESSES

Each recordable occupational injury and occupational illness must be entered on a log of cases (OSHA Form No. 100) within two working days of receiving information that a recordable case has occurred. Logs must be kept current and retained for five (5) years following the end of the calendar year to which they relate.

Logs are to be maintained for three purposes:
1) Logs for the prior five (5) year period must be available in the establishment without delay and at reasonable times for examination by representatives of the Department of Labor or the Department of Health, Education and Welfare, or State accident jurisdiction under the Act.

2) The log will be used in preparing the annual summary of Occupational Injuries and Illnesses (OSHA Form No. 102) which must be posted in every establishment.

3) These establishments selected to participate in a statistical program will be required to prepare a report based on entries in this log.

In addition, the log will aid you in reviewing the occupational injury and illness experience of your employees.

INSTRUCTIONS FOR COMPLETING LOG OF OCCUPATIONAL INJURIES AND ILLNESS (OSHA Form No. 100)

Column 1 - CASE OR FILE NUMBER (J.R.)
Any number may be entered which will facilitate correlation with supplementary records.

Column 2 - DATE OF INJURY OR ILLNESS
For occupational injuries enter the date of the work accident which resulted in injury. For occupational illnesses enter the date of initial diagnosis of illness, or, if absence occurred before diagnosis, the first day of the absence in connection with which the case was diagnosed.

Column 3 - EMPLOYEE'S NAME
Column 4 - OCCUPATION
Enter the occupational title of the job to which the employee was assigned at the time of injury or illness. In the absence of a formal occupational title, enter a brief description of the duties of the employee.

Column 5 - DEPARTMENT
Enter the name of the department to which employee was assigned at the time of injury or illness, whether or not employee was actually working in that department at the time. In the absence of formal department titles, enter a brief description of normal workplace to which employee is assigned.

Column 6 - NATURE OF INJURY OR ILLNESS AND PART(S) OF BODY AFFECTED
Enter a brief description of the injury or illness and indicate the part or parts of body affected. Where entire body is affected, the entry "body" can be used.

Column 7 - INJURY OR ILLNESS CODE
Enter the one code which most accurately describes the nature of injury or illness. A list of codes appears at the bottom of the log. A more complete description of occupational injuries and illnesses appears below in "definitions."

Column 8 - FATALITIES
If the occupational injury or illness resulted in death, enter date of death.

Column 9 - LOST WORKDAYS

Enter the number of days the employee would have worked but could not because of occupational injury or illness. The number of lost workdays should not include the day of injury. The number of days includes all days (nonworking or not) on which, because of the injury or illness:

1) the employee would have worked but could not, or

2) the employee was assigned to a temporary job, or

3) the employee worked at a permanent job less than full time, or

4) the employee worked at a permanently assigned job but could not perform all duties normally assigned to it.

For employees not having a regularly scheduled shift, i.e., certain truck drivers, construction workers, farm labor, casual labor, part-time employees, etc., it may be necessary to estimate the number of lost workdays. Estimates of lost workdays shall be based on prior work history of the employee AND days worked by employee, but in no event, working in the department and/or occupation of the ill or injured employee.

Column 10 - PERMANENT TRANSFER TO ANOTHER JOB OR TERMINATION OF EMPLOYMENT AFTER LOST WORKDAYS

Complete only if the employee did not return to his previous assignment after lost workdays.

Column 11 - NONFATAL CASES WITHOUT LOST WORKDAYS

Enter a check in Column 11 for all cases of occupational injury or illness, which did not involve fatalities or lost workdays but did result in:

—Transfer to another job or termination of employment, or

—Medical treatment, other than first aid, or

—Diagnosis of occupational illness, or

—Loss of consciousness, or

—Restriction of work or motion, enter a check in Column 11.

Column 12 - TRANSFER TO ANOTHER JOB OR TERMINATION OF EMPLOYMENT WITHOUT LOST WORKDAYS

If the check in Column 11 represented a transfer to another job or termination of employment with no lost workdays, enter another check in Column 12.

INITIALING REQUIREMENT

Each line entry regarding an occupational injury or illness MUST BE INITIALED in the right hand margin by the person responsible for the accuracy of the entry. Changes in an entry also must be initialed in the affected column.

CHANGES IN EXTENT OF OR OUTCOME OF INJURY OR ILLNESS

If there is a change in an occupational injury or illness case which affects entries in Columns 9, 10, 11, or 12, the first entry should be lined out and a new entry made. For example, if an injured employee at first required only medical treatment but later lost workdays, the check in Column 11 should be lined out and the number of lost workdays entered in Column 9.

In another example, if an employee with an occupational illness lost workdays, returned to work, and then died of the illness, the workdays noted in Column 9 should be lined out and the date of death entered in Column 8.

An entry may be lined out if later found to be a non-occupational injury or illness.