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

U.S. Department of Labor

For Calendar Year 19____ Page ____of____

Form Approved O.M.B. No. 44R-1453

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

Establishment Name

Establishment Address

Case or File Number	Date of Injury or Onset of Illness	Employee's Name	Occupation	Department	Description of Injury or Illness	Extent of and Outcome of INJURY: Fatalities — Injury Related: Enter DATE of death (Mo./day/yr.) (1)	Nonfatal Injuries With Lost Workdays: Enter a CHECK if injury involves days away from work, or days of restricted work activity, or both. (2)	Enter a CHECK if injury involves days away from work. (3)	Enter number of DAYS away from work. (4)	Enter number of DAYS of restricted work activity. (5)	Nonfatal Injuries Without Lost Workdays: Enter a CHECK if no entry was made in columns 1 or 2 but the injury is recordable as defined above. (6)	Type of Illness: CHECK Only One Column for Each Illness (See other side of form for terminations or permanent transfers.) (7)	Fatalities — Illness Related: Enter DATE of death. (Mo./day/yr.) (8)	Nonfatal Illnesses With Lost Workdays: Enter a CHECK if illness involves days away from work, or days of restricted work activity, or both. (9)	Enter a CHECK if illness involves days away from work. (10)	Enter number of DAYS away from work. (11)	Enter number of DAYS of restricted work activity. (12)	Nonfatal Illnesses Without Lost Workdays: Enter a CHECK if no entry was made in columns 8 or 9. (13)
					PREVIOUS PAGE TOTALS		43	42	826	97	32							
75	12-1-80	I.W. Gentry	Pipefitter	Labor Pool	Pinching Up & Moving Pipe Lines Over & Under													
76	12-3-80	B. Kelly	Computer Opr.	Staff Services	Step in hole in Floor at Work Ally, Fell Down Spraining Leg.		✓	✓	2	0								
79	12-3-80	L. Jones	Hvy. Equipment Oper.	Opns. Servs.	Step Down from Step Fell Down and Fractured Ankle.		✓		0	3								
78	12-3-80	S.L. Mudd	Pumper	Oil Movements	Slipped off line into Hot Oil and Water, 2nd degree burns to leg.		✓	✓	22	0								
77	11-25-80	J.A. JONES	LABORER	COMPLEX	LIFTING BAGS INJURED LOWER BACK		✓	✓	19	20								
80	12-8-80	M.J. ALEXANDER	MACHINIST	OPRS. SERV.	LIFTING TURBINE ASSEMBLY INJURED BACK		✓	✓	3	0								
81	12-14-80	DANIEL BENOIT	TRAINEE OPERATION	NORTH PIT	SLIPPED RAIL WAY, INJURED RIGHT KNEE		✓		5	0								
82	12-11-80	R.E. BALL	OPERATOR	LINE PIT	CAUGHT LEFT HAND IN CRIMPER, INJURED FINGER				0	15								
83	12-24-80	C.R. Nesbitt	Labor Foreman	Opns. Servs.	Abrasions to 4th, Ring Finger while loading pulp pans on forklift		✓	✓	9	0								
84	12-25-80	Kenneth Shannon	Operator Trainee	Oil Movement	Snapped on Latex glove and on cuff twisted my Ankle		✓	✓	4	0								
85	9-3-80	Barnett Stutz	Machinist	Opns. Services	Used Excessive Strength Lifting Heavy Cast to Machine													
					TOTALS (Instructions on other side of form)		52	49	889	140	32							

INJURIES

ILLNESSES

Certification of Annual Summary Totals By _____ Title _____

FOLD

OSHA No. 200

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

U.S. Government Printing Office 1979—281-413/183

PLAINTIFF'S EXHIBIT
MBL-364

003316
249368

I. Log and Summary of Occupational Injuries and Illnesses

Each employer who is subject to the recordkeeping requirements of the Occupational Safety and Health Act of 1970 must maintain for each establishment a log of all recordable occupational injuries and illnesses. This form (OSHA No. 200) may be used for that purpose. A substitute for the OSHA No. 200 is acceptable if it is as detailed, easily readable, and understandable as the OSHA No. 200.

Enter each recordable case on the log within six (6) workdays after learning of its occurrence. Although other records must be maintained at the establishment to which they refer, it is possible to prepare and maintain the log at another location, using data processing equipment if desired. If the log is prepared elsewhere, a copy updated to within 45 calendar days must be present at all times in the establishment.

Logs must be maintained and retained for five (5) years following the end of the calendar year to which they relate. Logs must be available (normally at the establishment) for inspection and copying by representatives of the Department of Labor, or the Department of Health, Education and Welfare, or States accorded jurisdiction under the Act.

II. Changes in Extent of or Outcome of Injury or Illness

If, during the 5-year period the log must be retained, there is a change in an extent and outcome of an injury or illness which affects entries in columns 1, 2, 6, 8, 9, or 13, 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 away from work, the check in column 6 should be lined out, and checks entered in columns 2 and 3 and the number of lost workdays entered in column 4.

In another example, if an employee with an occupational illness lost workdays, returned to work, and then died of the illness, any entries in columns 9 through 12 should be lined out and the date of death entered in column 8.

The entire entry for an injury or illness should be lined out if later found to be nonrecordable. For example: an injury which is later determined not to be work related, or which was initially thought to involve medical treatment but later was determined to have involved only first aid.

III. Posting Requirements

A copy of the totals and information following the fold line of the last page for the year must be posted at each establishment in the place or places where notices to employees are customarily posted. This copy must be posted no later than *February 1 and must remain in place until March 1.*

Even though there were no injuries or illnesses during the year, zeros must be entered on the totals line, and the form posted.

The person responsible for the *annual summary totals* shall certify that the totals are true and complete by signing at the bottom of the form.

IV. Instructions for Completing Log and Summary of Occupational Injuries and Illnesses

Column A — CASE OR FILE NUMBER. Self-explanatory.

Column B — DATE OF INJURY OR ONSET OF 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 from work occurred before diagnosis, enter the first day of the absence attributable to the illness which was later diagnosed or recognized.

Columns C through F — Self-explanatory.

Columns 1 and 8 — INJURY OR ILLNESS-RELATED DEATHS. Self-explanatory.

Columns 2 and 9 — INJURIES OR ILLNESSES WITH LOST WORKDAYS. Self-explanatory.

Any injury which involves days away from work, or days of restricted work activity, or both must be recorded since it always involves one or more of the criteria for recordability.

Columns 3 and 10 — INJURIES OR ILLNESSES INVOLVING DAYS AWAY FROM WORK. Self-explanatory.

Columns 4 and 11 — LOST WORKDAYS—DAYS AWAY FROM WORK.
Enter the number of workdays (consecutive or not) on which 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 or onset of illness or any days on which the employee would not have worked even though able to work.
NOTE: For employees not having a regularly scheduled shift, such as 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 ill or injured, working in the department and/or occupation of the ill or injured employee.

Columns 5 and 12 — LOST WORKDAYS—DAYS OF RESTRICTED WORK ACTIVITY.
Enter the number of workdays (consecutive or not) on which because of injury or illness:
(1) the employee was assigned to another job on a temporary basis, or
(2) the employee worked at a permanent job less than full time, or
(3) the employee worked at a permanently assigned job but could not perform all duties normally connected with it.

The number of lost workdays should not include the day of injury or onset of illness or any days on which the employee would not have worked even though able to work.

Columns 6 and 13 — INJURIES OR ILLNESSES WITHOUT LOST WORKDAYS. Self-explanatory.

Columns 7a through 7g — TYPE OF ILLNESS.
Enter a check in only *one* column for each illness.

TERMINATION OR PERMANENT TRANSFER—Place an asterisk to the right of the entry in columns 7a through 7g (type of illness) which represented a termination of employment or permanent transfer.

V. Totals

Add number of entries in columns 1 and 8.
Add number of checks in columns 2, 3, 6, 7, 9, 10, and 13.
Add number of days in columns 4, 5, 11, and 12.
Yearly totals for each column (1-13) are required for posting. Running or page totals may be generated at the discretion of the employer.

If an employee's loss of workdays is continuing at the time the totals are summarized, estimate the number of future workdays the employee will lose and add that estimate to the workdays already lost and include this figure in the annual totals. No further entries are to be made with respect to such cases in the next year's log.

VI. Definitions

OCCUPATIONAL INJURY is any injury such as a cut, fracture, sprain, amputation, etc., which results from a work accident or from an exposure involving a single incident in the work environment.
NOTE: Conditions resulting from animal bites, such as insect or snake bites or from one-time exposure to chemicals, are considered to be injuries.

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 employment. It includes acute and chronic illnesses or diseases which may be caused by inhalation; absorption, ingestion, or direct contact.

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

7a. Occupational Skin Diseases or Disorders
Examples: Contact dermatitis, eczema, or rash caused by primary irritants and sensitizers or poisonous plants; oil acne; chrome ulcers; chemical burns or inflammations; etc.

7b. Dust Diseases of the Lungs (Pneumoconioses)
Examples: Silicosis, asbestosis, coal worker's pneumoconiosis, byssinosis, siderosis, and other pneumoconioses.

7c. Respiratory Conditions Due to Toxic Agents
Examples: Pneumonitis, pharyngitis, rhinitis or acute congestion due to chemicals, dusts, gases, or fumes; farmer's lung; etc.

7d. Poisoning (Systemic Effect 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 formaldehyde, plastics, and resins; etc.

7e. 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; caisson disease; effects of ionizing radiation (isotopes, X-rays, radium); effects of nonionizing radiation (welding flash, ultraviolet rays, microwaves, sunburn); etc.

7f. Disorders Associated With Repeated Trauma
Examples: Noise-induced hearing loss; synovitis, tenosynovitis, and bursitis; Raynaud's phenomena; and other conditions due to repeated motion, vibration, or pressure.

7g. All Other Occupational Illnesses
Examples: Anthrax, brucellosis, infectious hepatitis, malignant and benign tumors, food poisoning, histoplasmosis, coccidioidomycosis, etc.

MEDICAL TREATMENT includes treatment (other than first aid) administered by a physician or by registered professional personnel under standing orders of a physician. Medical treatment does NOT include first-aid treatment (one-time 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 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 which may be physically dispersed, such as agriculture; construction; transportation; communications; and electric, gas, and sanitary services, 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 in the course of an employee's work, whether on or off the employer's premises.

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

U.S. Department of Labor

For Calendar Year 19____ Page ____of____

Form Approved O.M.B. No. 44R 1453

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Company Name
Establishment Name
Establishment Address

Case or File Number	Date of Injury or Onset of Illness	Employee's Name	Occupation	Department	Description of Injury or Illness	Extent of and Outcome of INJURY: Fatalities — Injury Related	Nonfatal Injuries: Injuries With Lost Workdays — Enter a CHECK if injury involves days away from work, or days of restricted work activity, or both.	Injuries With Lost Workdays — Enter a CHECK if injury involves days away from work.	Injuries With Lost Workdays — Enter number of DAYS away from work.	Injuries With Lost Workdays — Enter number of DAYS of restricted work activity.	Injuries Without Lost Workdays — Enter a CHECK if no entry was made in columns 1 or 2 but the injury is recordable as defined above.	Type of Illness — CHECK Only One Column for Each Illness (See other side of form for terminations or permanent transfers.): Occupational skin diseases or disorders	Dust diseases of the lungs	Respiratory conditions due to toxic agents	Poisoning (systemic effects of toxic materials)	Disorders due to physical agents	Disorders associated with repeated trauma	All other occupational illnesses	Fatalities — Illness Related	Nonfatal Illnesses — Illnesses With Lost Workdays: Enter a CHECK if illness involves days away from work, or days of restricted work activity, or both.	Illnesses With Lost Workdays — Enter a CHECK if illness involves days away from work.	Illnesses With Lost Workdays — Enter number of DAYS away from work.	Illnesses With Lost Workdays — Enter number of DAYS of restricted work activity.	Illnesses Without Lost Workdays — Enter a CHECK if no entry was made in columns 8 or 9.
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.	(a)	(b)	(c)	(d)	(e)	(f)	(g)	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)	(7)								(8)	(9)	(10)	(11)	(12)	(13)
					PREVIOUS PAGE TOTALS		41	40	751	97	24														
65	11-5-80	Mobley Richard	Mech Helper	Complex	Bruise - Upper L Arm Cut Hit Hand against Pump				0	0	✓													
66	11-7-80	David McGill	Labor	N. Plant	Bruised Hand & Fingers Reaching Out & Value Wheel				0	0	✓													
67	11-7-80	June Finley	Operation B	Lube, B&P	Pallet fell on tip of Finger				0	0	✓													
68	11-9-80	K. Malbrough	Machinist	O.S.M.	Pump stopped turning - Hand against Coupling		✓	✓	42	0														
69	11-10-80	Terrell Morgan	Labor	O S M	Stepping with foot slipped and caught R. Thumb				0	0	✓													
70	11-11-80	Terry Broussard	Machinist	O S M	Hammer slipped and struck left hand				0	0	✓													
71	11-14-80	Larry J. Martinez	S-Forman - B&P	Lube	Tilted drum, wedged hand - fractured finger		½		0	0	✓													
72	11-12-80	DONALD R. BROWN	RIGGER	N PLANT	FELL ONSTAIRS - CONTUSIONS AND BRUISES		✓		29	0														
73	11-12	DAVID T. LITTLE	WELDER	O S M	Bruising over head and shoulder, right ...				0	0	✓													
74	11-19	E. BOONE	WELDER	South Gravity Sec.	HOTSLAG DROPPED IN LEFT EAR				0	0	✓													
75	11-18-80	~~EDWARD [illegible]~~	~~PIPEFITTER~~	SOUTH PLT	ATTEMPTING TO PICK UP BOLT BOX - STRAINED LOWER BACK MOVED TO OCT. 1980																			
					TOTALS (Transcribe from other pages of form.)		43	42	826	97	32														

INJURIES

ILLNESSES

Certification of Annual Summary Totals By _____ Title _____ Date _____

FOLD

OSHA No. 200

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

U.S. Government Printing Office: 1979—281-413/663

003318

249370

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Columns C through F — Self-explanatory.

Columns 1 and 8 — INJURY OR ILLNESS-RELATED DEATHS. Self-explanatory.

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V. Totals

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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 formaldehyde, plastics, and resins; etc.

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Examples: Heatstroke, sunstroke, heat exhaustion, and other effects of environmental heat; freezing, frostbite, and effects of exposure to low temperatures; caisson disease; effects of ionizing radiation (isotopes, X-rays, radium); effects of nonionizing radiation (welding flash, ultraviolet rays, microwaves, sunburn); etc.

7f. Disorders Associated With Repeated Trauma
Examples: Noise-induced hearing loss; synovitis, tenosynovitis, and bursitis; Raynaud's phenomena; and other conditions due to repeated motion, vibration, or pressure.

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Log and Summary of Occupational Injuries and Illnesses

U.S. Department of Labor

For Calendar Year 19____ Page ____of____

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Company Name
Establishment Name
Establishment Address

Case or File Number	Date of Injury or Onset of Illness	Employee's Name	Occupation	Department	Description of Injury or Illness
Enter a nonduplicating number which will facilitate comparison with supplementary records.	Enter Mo./day.	Enter first name or initial, middle initial, last name.	Enter regular job title, not activity employee was performing when injured or at onset of illness. In the absence of a formal title, enter a brief description of the employee's duties.	Enter department in which the employee is regularly employed or a description of normal workplace to which employee is assigned, even though temporarily working in another department at the time of injury or illness.	Enter a brief description of the injury or illness and indicate the part or parts of body affected. Typical entries for this column might be: Amputation of 1st joint right forefinger; Strain of lower back; Contact dermatitis on both hands, Electrocution–body.
(A)	(B)	(C)	(D)	(E)	(F)
					PREVIOUS PAGE TOTALS
53	10-3-80	Robert L. Wilkinson Jr.	Rigger	South Plant	Removing a 12" valve, it
54	10-5-80	Tom Chapman	Oper. Trainee	North Plant	Rolled Striking head
55	10-13-80	R. R. Hidalgo	Welder	Oper. Service	Cleaning Debris out of pipe
56	10-15-80	Alex J. Johnson	Cmpt. Oper.	South Plant	Moving a piece of pipe
57	10-13	Frank M. Galloway	Operator	Complex	Backing truck up, struck object
58	10-16	Barry V. Hallbeck	Asst. Oper.	Lube	Opening a valve and
59	10-17	C. Lyons	Asst. Oper.	Lube	Tripping equipment off foot
60	10-21	Clifford R. Shafer	Oper. Utility	South Plant	Pulling weight, slipped
61	10-21	James C. Nation	Asst. Oper.	Complex	Hitting a wrench with a
62	10-23	Keith Forsythe	Oper. A	Oper. Service	Closing a valve FTB. in
63	10-24	Micky D. Owen	Bricklayer	Oper. Service	Entered room on ship
64	9-19-80	Edward L. Kaercher	Oper. #2	Lube	Caused
		Gerald Dunaway	Pipe Fitter	SOUTH PLANT	Dropped pipe into
					Caught right underneath
					Co. Dr. strike in
					Allergic to coal gas Sensitivity
					ATTEMPTING TO PICK UP
					BOLT BOX HURT BACK
					TOTALS (carry totals on other side of form)

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)
	32	31	630	97	20
	✓	✓	7	0	
	✓	✓	3	0	
			0	0	✓
	✓	✓	4	0	
	✓	✓	8	0	
	✓	✓	34	0	
	✓		48	0	
			0	0	✓
			0	0	✓
	✓	✓	6	0	
	✓	✓	5	0	
			0	0	✓
	✓	✓	6	0	
	41	40	751	97	24

Type, Extent of, and Outcome of ILLNESS

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)
	X				
				X	

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

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

INJURIES

ILLNESSES

Certification of Annual Summary Totals By _____ Title _____ Date _____

FOLD

OSHA No. 200

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

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I. Log and Summary of Occupational Injuries and Illnesses

Each employer who is subject to the recordkeeping requirements of the Occupational Safety and Health Act of 1970 must maintain for each establishment a log of all recordable occupational injuries and illnesses. This form (OSHA No. 200) may be used for that purpose. A substitute for the OSHA No. 200 is acceptable if it is as detailed, easily readable, and understandable as the OSHA No. 200.

Enter each recordable case on the log within six (6) workdays after learning of its occurrence. Although other records must be maintained at the establishment to which they refer, it is possible to prepare and maintain the log at another location, using data processing equipment if desired. If the log is prepared elsewhere, a copy updated to within 45 calendar days *must be present at all times in the establishment.*

Logs must be maintained and retained for five (5) years following the end of the calendar year to which they relate. Logs must be available (normally at the establishment) for inspection and copying by representatives of the Department of Labor, or the Department of Health, Education and Welfare, or States accorded jurisdiction under the Act.

II. Changes in Extent of or Outcome of Injury or Illness

If, during the 5-year period the log must be retained, there is a change in an extent and outcome of an injury or illness which affects entries in columns 1, 2, 6, 8, 9, or 13, 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 away from work, the check* in column 6 should be lined out, and checks entered in columns 2 and 3 and the number of lost workdays entered in column 4.

In another example, if an employee with an occupational illness lost workdays, returned to work, and then died of the illness, any entries in columns 9 through 12 should be lined out and the date of death entered in column 8.

The entire entry for an injury or illness should be lined out if later found to be nonrecordable. For example: an injury which is later determined not to be work related, or which was initially thought to involve medical treatment but later was determined to have involved only first aid.

III. Posting Requirements

A copy of the totals and information following the fold line of the last page for the year must be posted at each establishment in the place or places where notices to employees are customarily posted. This copy must be posted no later than *February 1 and must remain in place until March 1.*

Even though there were no injuries or illnesses during the year, zeros must be entered on the totals line, and the form posted.

The person responsible for the *annual summary totals* shall certify that the totals are true and complete by signing at the bottom of the form.

IV. Instructions for Completing Log and Summary of Occupational Injuries and Illnesses

Column A – CASE OR FILE NUMBER. Self-explanatory.

Column B – DATE OF INJURY OR ONSET OF 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 from work occurred before diagnosis, enter the first day of the absence attributable to the illness which was later diagnosed or recognized.

Columns C through F – Self-explanatory.

Columns 1 and 8 – INJURY OR ILLNESS-RELATED DEATHS. Self-explanatory.

Columns 2 and 9 – INJURIES OR ILLNESSES WITH LOST WORKDAYS. Self-explanatory.

Any injury which involves days away from work, or days of restricted work activity, or both must be recorded since it always involves one or more of the criteria for recordability.

Columns 3 and 10 – INJURIES OR ILLNESSES INVOLVING DAYS AWAY FROM WORK. Self-explanatory.

Columns 4 and 11 – LOST WORKDAYS—DAYS AWAY FROM WORK.
Enter the number of workdays (consecutive or not) on which 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 or onset of illness or any days on which the employee would not have worked even though able to work.
NOTE: For employees not having a regularly scheduled shift, such as 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 ill or injured, working in the department and/or occupation of the ill or injured employee.

Columns 5 and 12 – LOST WORKDAYS—DAYS OF RESTRICTED WORK ACTIVITY.
Enter the number of workdays (consecutive or not) on which because of injury or illness:
(1) the employee was assigned to another job on a temporary basis, or
(2) the employee worked at a permanent job less than full time, or
(3) the employee worked at a permanently assigned job but could not perform all duties normally connected with it.

The number of lost workdays should not include the day of injury or onset of illness or any days on which the employee would not have worked even though able to work.

Columns 6 and 13 – INJURIES OR ILLNESSES WITHOUT LOST WORKDAYS. Self-explanatory.

Columns 7a through 7g – TYPE OF ILLNESS.
Enter a check in only *one* column for each illness.

TERMINATION OR PERMANENT TRANSFER—Place an asterisk to the right of the entry in columns 7a through 7g (type of illness) which represented a termination of employment or permanent transfer.

V. Totals

Add number of entries in columns 1 and 8.
Add number of checks in columns 2, 3, 6, 7, 9, 10, and 13.
Add number of days in columns 4, 5, 11, and 12.
Yearly totals for each column (1-13) are required for posting. Running or page totals may be generated at the discretion of the employer.

If an employee's loss of workdays is continuing at the time the totals are summarized, estimate the number of future workdays the employee will lose and add that estimate to the workdays already lost and include this figure in the annual totals. No further entries are to be made with respect to such cases in the next year's log.

VI. Definitions

OCCUPATIONAL INJURY is any injury such as a cut, fracture, sprain, amputation, etc., which results from a work accident or from an exposure involving a single incident in the work environment.
NOTE: Conditions resulting from animal bites, such as insect or snake bites or from one-time exposure to chemicals, are considered to be injuries.

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 employment. It includes acute and chronic illnesses or diseases which may be caused by inhalation, absorption, ingestion, or direct contact.

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

7a. Occupational Skin Diseases or Disorders
Examples: Contact dermatitis, eczema, or rash caused by primary irritants and sensitizers or poisonous plants; oil acne; chrome ulcers; chemical burns or inflammations; etc.

7b. Dust Diseases of the Lungs (Pneumoconioses)
Examples: Silicosis, asbestosis, coal worker's pneumoconiosis, byssinosis, siderosis, and other pneumoconioses.

7c. Respiratory Conditions Due to Toxic Agents
Examples: Pneumonitis, pharyngitis, rhinitis or acute congestion due to chemicals, dusts, gases, or fumes; farmer's lung; etc.

7d. Poisoning (Systemic Effect 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 formaldehyde, plastics, and resins; etc.

7e. 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; caisson disease; effects of ionizing radiation (isotopes, X-rays, radium); effects of nonionizing radiation (welding flash, ultraviolet rays, microwaves, sunburn); etc.

7f. Disorders Associated With Repeated Trauma
Examples: Noise-induced hearing loss; synovitis, tenosynovitis, and bursitis; Raynaud's phenomena; and other conditions due to repeated motion, vibration, or pressure.

7g. All Other Occupational Illnesses
Examples: Anthrax, brucellosis, infectious hepatitis, malignant and benign tumors, food poisoning, histoplasmosis, coccidioidomycosis, etc.

MEDICAL TREATMENT includes treatment (other than first aid) administered by a physician or by registered professional personnel under standing orders of a physician. Medical treatment does NOT include first-aid treatment (one-time 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 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 which may be physically dispersed, such as *agriculture; construction; transportation; communications;* and electric, gas, and sanitary services, 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 in the course of an employee's work, whether on or off the employer's premises.