

INDUSTRIAL COMMISSION
160 No. LaSalle St., Chicago 1, Ill.

EMPLOYER'S REPORT OF COMPENSABLE INJURY

(Copy should be sent immediately to Insurance Carrier)

Accident Number _____

Employers must report to the Commission on Form 45 between the 15th and 25th of EACH MONTH all compensable injuries.
In case of DEATH report IMMEDIATELY.

EMPLOYER:

1. Name AMERICAN CYANAMID COMPANY
2. Doing business under the name of: SAME
3. Address, Street and No. 4500 WEST 15TH STREET City CHICAGO
4. Nature of Business: MANUFACTURER OF LEAD CHEMICALS
5. Name of compensation insurance carrier: _____

INJURED EMPLOYEE:

1. Name: LARRY THOMAS
2. Address, Street and No.: 769 South Kenneth City Chicago
3. Sex: Male
4. Marital Status: Married
5. Age: 21
6. Occupation: Factory worker
7. Average Weekly Earnings: \$104.00
8. No. of Children under 18 years of age: ONE

INJURY:

1. Date of injury: 5/25/72
2. Hour: 2:15 A.M.
3. How did injury happen: Spilled some acetic acid on top of new carbonate and dripped some on his thigh
4. What was employee doing when accident occurred? Carbonating white lead. (Tending the carbonator.)
(Describe briefly, such as loading truck, operating drill press, shoveling sand, etc.)
5. Name of machine, tool, substance, or object most closely connected with the accident: Carbonator
(Name the machine, tool, appliance, gas, liquid, etc., involved)
6. If machine or vehicle, what part of it? _____
(State if gears, pulley, point of operation, etc.)
7. Where: Street and No. 4500 West 15th Street, City Chicago, State Ill.
8. Describe injury (if specific loss, give date of loss) Acetic Acid burn on middle 3rd of left thigh
9. Length of disability (if undetermined give estimate) NONE

COMPENSATION IN NON-FATAL CASES:

1. Is compensation being paid? _____
2. To whom? _____
3. Rate of compensation: _____ Date of First Payment: _____
4. Intervals of payment: _____
5. Are medical and hospital services being furnished? _____
6. By whom? _____

COMPENSATION IN FATAL CASES:

1. Has compensation been paid? _____
2. To whom? _____
3. State relationship to deceased: _____
4. Rate of compensation: _____ Date of First Payment: _____
5. Intervals of payment: _____
6. Length of disability prior to death: _____
7. Have funeral and burial expenses been paid? _____
8. By whom? _____
9. Date of this report: _____

10. Signed: RK Felter R. K. FELTER

11. Position: PLANT MANAGER