1986 OSHA No. 200-S

Annual Occupational Injuries and Illnesses Survey Covering Calendar Year 1986

U.S. Department of Labor

Bureau of Labor Statistics for the Occupational Safety and H

The information collected on this form will be used for statistical purposes only by the BLS, OSHA, and the cooperating State Agencies.

THIS REPORT IS MANDATORY UNDER PUBLIC LAW 91-596. FAILURE TO REPO CAN RESULT IN THE ISSUANCE OF CITATIONS AND ASSESSMENT OF PENALT

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Complete this report whether or not there were recordable occupational injuries or illnesses.

PLEASE READ THE ENCLOSED INSTRUCTIONS

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I. ANNUAL AVERAGE EMPLOYMENT IN 1986

Enter the average number of employees who worked during calendar year 1986 in the establishment(s) covered by this report. Include all classes of employees: full-time, part-time, seasonal, temporary, etc. See the instructions for an example of an annual average employment calculation. ***(Round to the nearest whole number.)***

25

II. TOTAL HOURS WORKED IN 1986

Enter the total number of hours actually worked during 1986 by **all** employees covered by this report. DO NOT include any non-work time even though paid such as vacations, sick leave, etc. If employees worked low hours in 1986 due to layoffs, strikes, fires, etc., explain under Comments (section VIII). ***(Round to the nearest whole number.)***

37,626

III. NATURE OF BUSINESS IN 1986

A. Check the box which best describes the general type of activity performed by the establishment(s) included in this report.

- ☐ Agriculture
- ☐ Forestry
- ☐ Fishing
- ☐ Mining
- ☐ Construction
- ☒ Manufacturing
- ☐ Transportation
- ☐ Communication
- ☐ Public Utilities
- ☐ Wholesale Trade
- ☐ Retail Trade
- ☐ Finance
- ☐ Insurance
- ☐ Real Estate
- ☐ Services
- ☐ Public Administration

B. Enter in order of importance the principal products, lines of trade, services or other activities. For each entry also include the approximate percent of total 1986 annual value of production, sales or receipts.

LEAD OXIDE 50 %

LEAD STABILIZERS 50 %

_____ %

C. If this report includes any establishments which perform services for other units of your company, indicate the primary type of service or support provided. ***(Check as many as apply.)***

1. ☐ Central administration
2. ☐ Research, development and testing
3. ☐ Storage (warehouse)
4. ☐ Other (specify)

N/A

IV. MONTH OF OS INSPECTION

If the establishm covered by this had either a Fe State OSHA co inspection duri endar year 198 please enter the of the month in the first inspect occurred.

None

(Leave this box blank.)

REPORT LOCATION AND IDENTIFICATION

Complete this report for the establishment(s) covered by the description below:

COOK COUNTY
ILLINOIS
INORGANIC PIGMENTS

Please indicate any address changes below.

AMERICAN CYANAMID COMPANY
MAC GREGOR LE
4500 N 15TH ST
CHICAGO IL 60607

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VI. OCCUPATIONAL INJURY AND ILLNESS SUMMARY (Covering Calendar Year 1986)

- ***Complete this section by copying totals from the annual summary of your 1986 OSHA No. 200.***
- Remember to reverse the carbon insert before completing this side.
- Leave section VI blank if there were no OSHA recordable injuries or illnesses during 1986.
- ***Note: First aid even when administered by a doctor or nurse is not recordable.***
- Please check your figures to be certain that the sum of entries in columns (7a) + (7b) + (7c) + (7d) + (7e) + (7f) + (7g) = the sum of entries in columns (8) + (9) + (13).
- If you listed fatalities in columns (1) and/or (8), please give a brief description of the object or event which caused each fatality in the "Comments" section.

OCCUPATIONAL INJURY CASES

INJURY RELATED FATALITIES** (DEATHS)	INJURIES WITH LOST WORKDAYS				INJURIES WITHOUT LOST WORKDAYS*
	Injury cases with days away from work and/or restricted workdays	Injury cases with days away from work	Total days away from work	Total days of restricted activity	
Number of DEATHS in col. 1 of the log (OSHA No. 200)	Number of CHECKS in col. 2 of the log (OSHA No. 200)	Number of CHECKS in col. 3 of the log (OSHA No. 200)	Sum of the DAYS in col. 4 of the log (OSHA No. 200)	Sum of the DAYS in col. 5 of the log (OSHA No. 200)	Number of CHECKS in col. 6 of the log (OSHA No. 200)
(1)	(2)	(3)	(4)	(5)	(6)
DEATHS					

OCCUPATIONAL ILLNESS CASES

TYPE OF ILLNESS — Enter the number of checks from the appropriate columns of the log (OSHA No. 200).							
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	
(7)							
(a)	(b)	(c)	(d)	(e)	(f)	(g)	

ILLNESS RELATED FATALITIES** (DEATHS)	ILLNESSES WITH LOST WORKDAYS				ILLNESSES WITHOUT LOST WORKDAYS*
	Illness cases with days away from work and/or restricted workdays	Illness cases with days away from work	Total days away from work	Total days of restricted activity	
Number of DEATHS in col. 8 of the log (OSHA No. 200)	Number of CHECKS in col. 9 of the log (OSHA No. 200)	Number of CHECKS in col. 10 of the log (OSHA No. 200)	Sum of the DAYS in col. 11 of the log (OSHA No. 200)	Sum of the DAYS in col. 12 of the log (OSHA No. 200)	Number of CHECKS in col. 13 of the log (OSHA No. 200)
(8)	(9)	(10)	(11)	(12)	(13)
DEATHS					

* WITHOUT LOST WORKDAYS—CASES (WITH NO DAYS LOST) RESULTING IN EITHER DIAGNOSIS OF OCCUPATIONAL ILLNESS, LOSS OF CONSCIOUSNESS, RESTRICTION OF WORK OR MOTION, TRANSFER TO ANOTHER JOB, OR MEDICAL TREATMENT BEYOND FIRST AID.

VII. REPORT PREPARED BY (Please type or print)

NAME _____

TITLE _____

SIGNATURE _____

AREA CODE _____ PHONE _____

DATE _____

**IF YOU LISTED FATALITIES IN COLUMNS (1) AND/OR (8), PLEASE GIVE A BRIEF DESCRIPTION OF THE OBJECT OR EVENT WHICH CAUSED EACH FATALITY IN THE "COMMENTS" SECTION BELOW.

COMMENTS _____