

LOG OF OCCUPATIONAL INJURIES AND ILLNESSES

[illegible]

Company Name _____
Establishment Name _____
Establishment Address _____

NOTE: This is NOT a report form. Keep it in the establishment for 5 years.

Injury Code

10 All occupational le

Illness Codes	Disorders due to physical agents (other than toxic materials)	Disorders associated with repeated trauma	All other occupational illnesses
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 associated with repeated trauma		
29	All other occupational illnesses		

PLAINTIFF'S EXHIBIT

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Each reliable occupational history must be timely entered on the Log. Logs must be kept current 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 where the work is being done, copying shall be made at the request of Laborers of the Department of Health, Education and Welfare or State associated jurisdiction under the act.

Column 1 - CASEOR FILE NUMBER
Enter a number which will facilitate comparison with supplementary records. Any series of nonduplicating numbers may be used.

Column 2 - DATE OF INJURY OR ONSET OF ILLNESS
For occupational injuries enter the date of the work accident which resulted in injury. For occupational illnesses

NOTE: For employees not having a regularly scheduled shift, i.e., certain truck drivers, construction workers, farm labor, casual hotel workers, etc., the date of last workday must be the date of last workday. Employees must have a workday history on basis of prior work history of the employee and days worked by employees on 31 or injured, working in the department and/or occupation of the injured or laid employee.

Column 9B - LOST WORKDAYS-DAYS OF RESTRICTED WORK ACTIVITY

Enter the number of workdays (excluding non-work days) lost because of occupational injury or illness during the year.

Column 5 - DEPARTMENT

Enter the number of employees in the department.

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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 case. A list of the codes appears at the bottom of the work.

log. A more complete description of recordable occupational injuries and illnesses appears in "DEFINITIONS,"

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

Enter a check if the entry in columns 9 or 10 represented a termination of employment or permanent transfer.

Enter a check for each case which involves days away from work, or days of restricted work activity, or both. Each lost workday case also requires an entry in column 04, or column 08, or both.

Illness last workday, returned to work, and then died of the... the entries in columns 9, 9A, and entry 7B should be listed and the date of death entered in column 10. If the date of death is not known, the entry should be listed as "to be determined." Example: A case which was initially determined not to be work-related, or a case which was determined to be work-related but the treatment was not determined, should be listed as "to be determined only final and

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

2) OCCUPATIONAL ILLNESSES: or
injury, skin disease, or the weight of the tissues; or

3) 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)

(2) Diseases Due to Physical Agents (Other Than Toxic Materiality
Examples: Heatstroke, sunstroke, heat exhaustion and other effects of environmental heat; freezing, frostbite and effects of exposure to low temperatures; carbon dioxide; effects of ionizing radiation (X-rays, radium); effects of nonionizing radiation (ultraviolet, X-rays, radium); effects of nonionizing radiation

NOTE. Any case which involves both workdays must be recorded, since it always involves one or more of the criteria for recordability.

(23) **all Other occupational hazards**
 Examples: Anthrax, baculosis, infectious hepatitis, rabies and brigit tumors, food poisoning, tetanusplague, con mycosis, etc.

OCCUPATIONAL ILLNESS of an employee is any thermal 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 examples of occupational illnesses and disorders that will be relevant for the purposes of qualitative record analysis.

OCCUPATIONAL ILLNESS includes treatment (other than first aid administered by a physician or by registered professional personnel) under the treating orders of a physician. Medical treatment does NOT include first aid treatment (see line 16), treatment and subsequent observation of all employees, cuts, burns, sprains, and so forth, which do not ordinarily require medical attention by a physician or a registered professional personnel.

INJURY, etc.

and disorders that will be utilized for the purpose of classifying relevant disorders. The identifying codes that are to be used in column 7 of the log. These types 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 that type of illnesses and disorders that are to be counted against each category.

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

(23) Records for personnel who do not primarily report of work at a single establishment, such as traveling salesman, technicians, engineer, etc., shall be maintained at the location from where they are paid or the base from which personnel operate in carrying their activities.

(24) Poisoning (Systemic Effects of Toxic Materials)
due to chemicals, dusts, pest or insecticides, farm/fertilizers, lung etc.

Examples: Poisoning by lead, mercury, cadmium, arsenic or other metals; poisoning by carbon monoxide, hydrogen sulfide or other gases; scurvy due to lack of vitamin C; tetraethyl lead or other oil additives; cyanide from cyanide compounds; or other

WORK ENVIRONMENT is composed of the physical factors from which personnel operate to carry out their activities, 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

[illegible]

Injury Code
10 All occupational injuries

NOTE - This is NOT a report form. Keep it in the establishment for 5 years.

Company Name _____
Establishment Name _____
Establishment Address _____

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

Each year, occupational injury and occupational illness must be timely entered on the log. Records may be kept current and retained for five (5) years following the end of the calendar year to which they relate. (3) Records may be available normally at the establishment for inspection and copying by representatives of the Department of Labor, Bureau of Occupational Safety and Health, or State or Federal jurisdiction under the Act.

Column 2A • WORK DAYS AWAY FROM WORK Enter the number of workdays (consecutive or not) on which the employee would have been unable to work because of occupational injury or illness. The number of lost workdays should not include the day of injury or onset of illness. For example, if an employee would not have worked even though able to work. NOTES: 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 should be based on prior work history of the employee AND days worked by employee, not full or part-time status. Do not include days of employee's occupation of the ill or injured employee.	Column 3 • EMPLOYEES NAME Column 4 • OCCUPATION Column 5 • 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 is due to a preexisting occupational illness, the date the absence attributable to the illness which was later diagnosed or recognized.	Column 6 • OCCUPATION Enter the specific activity being performed at time of injury or illness. In the absence of a
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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 case. A list of the codes appears at the bottom of the page. A more complete description of recordable occupational injuries and illnesses appears in "DEFINITIONS."
Column 10 - NONFATAL CASES WITHOUT LOST WORKDAYS	Enter a check for any recordable case which does not involve a fatality or lost workdays.

Column 11 - TERMINATIONS OR PERMANENT TRANSFERS
Enter a check if the entry in columns 9 or 10 represented a termination of employment or permanent transfer

Column 9 - LOST WORKDAY CASES
Enter a check for each case which involves days away from work

Column 8 - COSTLY OCCASIONS
Enter date of death

Each lost workday case also requires an entry in column 9A or column 9B, or both

[illegible][illegible]

MENTAL TREATMENT decides (treatment other than that for 245 medication) by a physician or by the patient, and is not a requirement for admission to the program. The program does not exclude, from full treatment (chemical treatment and subsequent observation), any patient who is not a resident of the state, who is not a member of any mental patients' club, who has been treated for any of the following conditions: (1) mental retardation, (2) epilepsy, (3) alcoholism, (4) drug addiction, (5) tuberculosis, (6) syphilis, (7) any other chronic disease, (8) any other physical condition, (9) any other condition which would make the patient unsuitable for treatment, (10) any other condition which would make the patient unsuitable for admission to the program. The following will not be considered for admission to the program: (1) any person who is not a resident of the state, (2) any person who is not a member of any mental patients' club, (3) any person who has been treated for any of the following conditions: (1) mental retardation, (2) epilepsy, (3) alcoholism, (4) drug addiction, (5) tuberculosis, (6) syphilis, (7) any other chronic disease, (8) any other physical condition, (9) any other condition which would make the patient unsuitable for treatment, (10) any other condition which would make the patient unsuitable for admission to the program.

Examples: Contact dermal, systemic, or rash caused by pituitary tumours and/or salivary or poisonous pituitary; chronic ulcer; chemical burns or inflammation; etc.

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

WORK ENVIRONMENT is comprised of the physical

(21) Respiratory Conditions Due to Toxic Agents
Examples: Pneumonia, pleuritis, tuberculosis or acute congestion due to chemicals, dust, gas, or fumes; farmer's lung, etc.

(22) Poisoning (systemic effect of Toxic Material)

(23) Burns

(24) Frostbite

other metals, poisoning by carbon monoxide, hydrogen sulfide or other gases; poisoning by benzol, carbon tetrachloride, or other

Each employee who is subject to the recordkeeping requirements of the Occupational Safety and Health Act of 1970 must be furnished for each establishment a copy of all records used to maintain for each establishment a copy of all records used for that purpose. A substitute for the OSHA No. 100 is acceptable if it is clearly defined, easily readable and understandable as the OSHA No. 100. Accepted justification under the Act.

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. 100) may be used for that purpose. A substitute for the OSHA No. 100 is acceptable if it is as detailed, easily readable and understandable as the OSHA No. 100.

Column 1 - CASEWORK FILE NUMBER Enter a number which will facilitate comparison with complementary records. Any series of nonduplicating numbers may be used.	Column 9A - 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.
Column 2 - DATE OF INJURY OR ONSET OF ILLNESS For occupational injuries enter the date of the work accident which resulted in injury. For occupational illnesses	Column 9B - 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.

Column 1 - CASE OR FILE NUMBER
Enter a number which will facilitate comparison with supplementary records. Any series of nonduplicating numbers may be used.

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.

Column 3 - EMPLOYEE'S NAME

Column 4 - OCCUPATION

Enter regular job title, not the specific activity being performed at 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 or division in which the injured person is regularly employed, even though temporarily working in another department at the time of injury or illness. 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 case. A list of the codes appears at the bottom of the log. A more complete description of recordable occupational injuries and illnesses appears in "DEFINITIONS."

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

Column 9 - LOST WORKDAY CASES
Enter a check for each case which involves days away from work, or days of restricted work activity, or both.

Each lost workday case also requires an entry in column 9A, or column 9B, or both

If, during the 5-year period the log must be retained, there is a change in a case which affects entries in columns 9 or 10, 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 10 should be lined out, a check entered in column 9, and the number of lost workdays entered in column 9A and/or 9B.

RECORDABLE OCCUPATIONAL INJURIES AND ILLNESSES are
 1) OCCUPATIONAL DEATHS, regardless of the time between

2) OCCUPATIONAL ILLNESSES; or

NOTE Any cut which involves lost workdays must be recorded since it always involves one or more of the criteria for recordability.

NOTE: Conditions resulting from animal bites, such as insect or snake bites, or from one-time exposure to chemicals are considered to be injuries.

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 form.

(21) Occupational Skin Diseases or Disorders

(22) **Examples:** Contact dermatitis, eczema, or rash caused by many irritants and sensitizers or poisonous plants, oil acne, chronic ulcers, chemical burns or inflammations, etc.

(23) **Respiratory Conditions Due to Toxic Agents**
Examples: Pneumonia, pleuragitis, rhinitis or acute congestions 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, other metals, poisoning by carbon monoxide, hydrogen sulfide

other gas; poisoning by benzol, carbon tetrachloride, or oil

The entire entry for a case should be based on if the case is later found to be nonrecordable. Examples are: A case which is later determined not to be work related, or a case which was initially thought to involve medical treatment but later was determined to be nonrecordable.

The entire entry for a case should be based on the date of death entered in column 5.

organic solvents; poisoning by insecticide sprays such as parathion, lead arsenate; poisoning by other chemicals such as formaldehyde.

organic solvents; poisoning by insecticide sprays such as parathion, lead arsenate; poisoning by other chemicals such as formaldehyde.

6) Disorders Due to Physical Agents (Other Than Toxic Materials)
Examples: Heatstroke, mastitis, heat exhaustion and other effects of environmental heat; freezing, frostbite and effects of exposure to low temperatures; cation burns; effects of ionizing radiation (isotopes, X-rays, radium); effects of nonionizing radio-plastics and resins; etc.

tion (welding flash, ultraviolet rays, microwaves, sunburn); etc.

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

9) All Other Occupational Illnesses

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

ESTABLISHMENT. A single physical location where business is conducted by a physician. Medical treatment does NOT include 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 usually require medical care) even though provided by a physician or registered professional personnel.

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 these distinct activities are performed at a single physical location, each activity shall be treated as a separate activity. Where these distinct activities are performed at separate physical locations (such as contract construction activities operated from their own physical location as a lumber yard), each activity shall be treated as a separate activity.

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 which employees report each day.

Records for personnel who do not primarily report or work at a separate establishment.

WORK ENVIRONMENT is comprised of the physical I

off the employer's premises.

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Injury Code	Injury Description
10 All occupational injuries	
11 Occupational skin diseases or disorders	
12 Dust diseases of the lungs (pneumoconiosis)	
13 Repetitive strain disorder due to tissue agents	
14 Poisoning (systemic effects of toxic materials)	
15 Disorders due to physical agents (except than toxic materials)	
16 Disorders associated with repeated trauma	
19 All other occupational illnesses	

NOTE: This is NOT a report form. Keep it in the establishment for 5 years.

Company Name _____
Establishment Name _____
Establishment Address _____

LOG 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. 100) may be used for that purpose. A substitute for the OSHA No. 100 is acceptable if it is as detailed, easily readable and understandable as the OSHA No. 100.

INSTRUCTIONS FOR COMPLETING LOG OF OCCUPATIONAL INJURIES AND ILLNESSES

Enter a number which will facilitate comparison with supplementary records. Any series of nonduplicating numbers may be used.

Column 2 - 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 reconfirmed.

Column 3 - EMPLOYEE'S NAME

Column 4 - OCCUPATION

Enter regular job title, not the specific activity being performed at time of injury or illness. In the absence of a formal occupational title, enter a brief description of the duties of the employee.

Column 3 - DEPARTMENT
Enter the name of the department or division in which the injured person is regularly employed, even though temporarily working in another department at the time of injury or illness. *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 case. A list of the codes appears at the bottom of the log. A more complete description of recordable occupational injuries and illnesses appears in "DEFINITIONS."

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

Column 9 - LOST WORKDAY CASES
Enter a check for each case which involves days away from work, or days of restricted work activity, or both. Each lost workday case also requires an entry in column 9A or column 9B, or both.

Each recordable occupational injury and occupational illness must be timely entered on the log. Logs must be kept current and returned 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.

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 workday, such as seasonal workers, farm laborers, 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 employees.

Column 9B - LOST WORKDAYS - DAYS OF RESTRICTED WORK ACTIVITY
Enter the number of workdays (consecutive or not)

1) the employee was assigned to another job on a temporary basis, or

CHANGES IN EXTENT OF OR OUTCOME OF INJURY OR ILLNESS

The entire entry for a case should be lined out if the case is later found to be nonreducible. Examples are: A case which is later determined not to be worth related, or a case which was initially thought to involve radical treatment but later was determined to have involved only first aid.

DEFINITIONS

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

2) OCCUPATIONAL ILLNESSES; or
3) 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).

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. 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 acne; chloasma; chemical burns or inflammations; etc.

(22) Dust Diseases of the Lungs (*Pneumoconiosis*)

Examples: Silicosis, asbestosis, coal worker's pneumoconiosis, byssinosis, and other pneumoconioses

(24) **Poisoning (Systemic Effects of Toxic Material)**
Examples: Poisoning by lead, mercury, cadmium, arsenic, or due to chemicals, dusts, gases, or fumes, farmer's lung, etc.

other metals, poisoning by carbon monoxide, nitrogen fumes 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.

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

Examples. Noise-induced hearing loss; syphilis, tetanospasms, and beriberi; Raynaud's phenomenon; and other conditions due to repeated motion, vibration or pressure.

?? All Other Occupational Diseases

Examples* Anthrax, brucellosis, infectious hepatitis, malignant and benign tumors, food poisoning, histoplasmosis, loc. mycosis, etc.

MEDICAL TREATMENT includes treatment (other than first aid) 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, splinters, and so forth, which do not ordinarily require medical care) even though provided by a physician or

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 overlaid from the

For firms engaged in activities such as agriculture, construction, transportation, communications, or electric, gas and sanitary services, which may be physically dispersed, records may be maintained at a place other than the principal place of business.

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

WORK ENVIRONMENT is composed of the physical* work environment, materials processed or used, and the kinds of operations

is off the employer's premises.

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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).

More complete definitions appear on the other side of this form.

	Injury Code	Disease Codes
10 All occupational injuries		
21 Occupational skin diseases or disorders		25 Disorders due to physical agents (other than noise)
22 Acute diseases of the skin due to toxic agents		26 Disorders associated with repeated trauma
23 Chronic diseases of the skin due to toxic agents		27 Disorders due to chemical agents
24 Poisoning (systemic effects of toxic materials)		28 All other occupational illnesses

NOTE: This is NOT a report form. Keep it in the establishment for 5 years.

LOG 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 which occur during the year. This log is to be used for inspection and copying by representatives of the Department of Labor, or the Department of Health, Education and Welfare, or States authorized jurisdiction under the Act.

INSTRUCTIONS FOR COMPLETING LOG OF OCCUPATIONAL INJURIES AND ILLNESSES

- Column 1 - CASE OR FILE NUMBER**
Enter a number which will facilitate comparison with supplementary records. Any series of nonduplicating numbers may be used.
- Column 2 - 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 first onset of illness. If the illness is not diagnosed until after the first day of the absence attributable to the illness which was later diagnosed or recognized.
- Column 3 - EMPLOYEE'S NAME**
- Column 4 - OCCUPATION**
Enter regular title, not the specific activity being performed, of the injured person or ill person. In the absence of formal occupational title, enter a brief description of the duties of the employee.
- Column 5 - DEPARTMENT**
Enter the name of the department or division in which the injured person is regularly employed, even though temporarily working in another department at the time of injury or illness. 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 OF BODY AFFECTED**
Enter a brief description of the injury or illness and indicate the part of the 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 case. A list of the codes appears at the bottom of the log. A more complete description of recordable occupational injuries and illnesses appears in "DEFINITIONS."
- Column 8 - DEATHS**
If the occupational injury or illness resulted in death, enter date of death.
- Column 9 - LOST WORKDAY CASES**
Enter a check for each case which involves days away from work, or days of restricted work activity, or both. Each lost workday case also requires an entry in column 9A or column 9B, or both.

LOG OF OCCUPATIONAL INJURIES AND ILLNESSES

Each recordable occupational injury and occupational illness must be timely entered on the log. Logs must be kept current and revised as necessary. Entries should be made on the log for each injury or illness which occurs during the year. The log should be maintained for inspection and copying by representatives of the Department of Labor, or the Department of Health, Education and Welfare, or States authorized jurisdiction under the Act.

INSTRUCTIONS FOR COMPLETING LOG OF OCCUPATIONAL INJURIES AND ILLNESSES

- Column 9A - LOST WORKDAYS-DAYS AWAY FROM WORK**
Enter the number of workdays (consecutive or not) on which the employee was lost due to the injury or illness, or the number of workdays lost due to the injury or illness. The log 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, 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 ill or injured, in the department and/or occupation of the ill or injured employee.
- Column 9B - 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 which the employee would not have worked even though able to work.
- Column 10 - NONFATAL CASES WITHOUT LOST WORKDAYS**
Enter a check for any recordable case which does not involve a fatality or lost workday.
- Column 11 - TERMINATIONS OR PERMANENT TRANSFERS**
Enter a check if the entry in columns 9 or 10 represented a termination of employment or permanent transfer.

CHANGES IN EXTENT OF OUTCOME OF INJURY OR ILLNESS

If, during the 5 years period the log must be retained, there is a change in a case which affects entries in columns 9 or 10, the first entry should be left out and a new entry made. For example, if an employee is injured on the job and is lost for 10 days, but later he is found to be nonrecordable. Example: A case which is later determined not to be work related, or a case which was initially entered in column 9A and 9B, but later was determined to have involved only first aid.

DEFINITIONS

- RECORDABLE OCCUPATIONAL INJURIES AND ILLNESSES are:**
- 1) **OCCUPATIONAL DEATHS**, regardless of the time between injury and death, or the length of the illness; or
- 2) **OCCUPATIONAL INJURIES OR ILLNESSES** involving 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).
- NOTE:** Any case which involves lost workdays must be recorded. If it always involves one or more of the criteria for recordability, it is always recordable.
- OCCUPATIONAL INJURY** is any injury such as cut, fracture, sprain, amputation, etc., which results from a work accident or from an occupational illness.
- NOTE:** Conditions such as occupational asthma, occupational skin disease, or from on-time exposure to chemicals are considered to be injuries.
- OCCUPATIONAL ILLNESS** of an employee is any abnormal condition or disease, other than one resulting from an occupational injury, caused by exposure to environmental factors associated with employment. It includes acute and chronic diseases or diseases which may be caused by inhalation, absorption, ingestion, or direct contact. The following listing gives the categories of occupational injuries and diseases. The describing 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 injuries and diseases that are to be counted under each category.
- (1) **Occupational Skin Diseases of the Hands**
Examples: Contact dermatitis, eczema, or rash caused by pH irritants and solvents or petroleum products; chronic ulcers; chemical burns or inflammation etc.
- (2) **Dust Diseases of the Lungs (Pneumoconiosis)**
Examples: Silicosis, asbestosis, coal worker's pneumoconiosis, berylliosis, and other pneumoconiosis.
- (3) **Occupational Poisoning**
Examples: Pneumoconiosis, pharyngitis, larynx or acute congestion due to chemicals, dust, gas, or fumes (fumes) lung, etc.
- (4) **Fooding (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 insecticides sprays such as parathion, lindane; poisoning by other chemicals such as formaldehyde, pesticides and rat poisons, etc.
- (5) **Occupational Injuries or Illnesses (Other Than Toxic Injuries)**
Examples: Hemorrhagic, traumatic, heat exhaustion and other effects of environmental heat; frostbite, numbness and effects of exposure to low temperatures; carbon dioxide; effects of ionizing radiation (x-rays, gamma, radium); effects of nonionizing radiation (welding flash, ultraviolet rays, microwave, infrared, etc.
- (6) **Disorders Associated With Repeated Trauma**
Examples: Numbness, tingling, weakness, and other effects of repeated motion, vibration, or pressure.
- (7) **All Other Occupational Illnesses**
Examples: Anthrax, brucellosis, infectious hepatitis, schistosomiasis, and benign tumor, food poisoning, histoplasmosis, cryptosporidiosis, etc.
- MEDICAL TREATMENT** includes treatment (other than first aid) administered by a physician or by registered professional personnel under the standing orders of a physician. Medical treatment does NOT include first aid treatment (on-the-spot treatment and subsequent observation of minor scratches, cuts, abrasions, and so forth, which do not require medical attention, 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, state office, warehouse, or central administrative office). Where distinctly separate activities are performed at a single physical location, the location is considered an establishment. The location shall be considered a separate establishment as a branch, each activity shall be treated as a separate establishment.
- For firms engaged in activities such as agriculture, construction, transportation, communication, and electric, gas and sanitary service, which may be partially dispersed, records may be maintained at a place to which employees report each day, and promptly report to work at a single establishment, such as traveling salesmen, subcontractors, 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 equipment, material processed or used, and the kind 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

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).

Job complete definitions appear on the other side of this form.

[illegible]

Company Name _____
Establishment Name _____
Establishment Address _____

Injury Code	Illness Codes
10 All occupational injuries	

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

CHANGES IN EXTENT OF OR OUTCOME OF INJURY OR ILLNESS

Each recordable occupational injury and occupational illness must be timely entered on the log. Logs must be kept current 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.

DEFINITIONS

Column 9A - LOST WORKDAYS-DAYS AWAY FROM WORK
Enter the number of workdays (consecutive or not) on which the employee would have worked but could not be-

NOTE: 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 schedule the day of injury or onset of illness or any days on which the employees would not have worked even though able to work.

Column 9B - **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

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 perform all duties normally connected with it.

work.

Column 10 - NONFATAL CASES WITHOUT LOST WORKDAYS

Enter a check for any recordable case which does not

Column II - TERMINATIONS OR PERMANENT TRANSFERS

Enter a check if the entry in columns 9 or 10 represents a termination of employment or permanent transfer.

The entire entry for a case should be lined out if the case is later found to be nonreducible. Examples are: A case which is later determined not to be work related, or a case which is initially thought to involve medical treatment but later was determined to have involved only first aid.

organic solvents; poisoning by insecticide sprays such as para thion, lead acetate; poisoning by other chemicals such as formaldehyde, plastics and resins; etc.

Examples: heartstroke, sunstroke, heat exhaustion and effects of effects of environmental heat; freezing, frostbite and effects of exposure to low temperatures; carbon dioxide; effects of ionizing radiation (isotopes, X-rays, radium); effects of nonionizing radiation.

Disorders Associated With Repeated Trauma
Examples: Noise-induced hearing loss; synovitis, tenosynovitis, tendon (welding flash, ultraviolet rays, microwave, sunburn); etc.

and basilar; Raynaud's phenomena; and other conditions due to repeated motion, vibration or pressure.

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 registered professional personnel in the handling orders of a physician. Medical treatment does NOT include first aid, first aid kits, first aid training, or the use of first aid kits or minor stretches, cuts, burns, splinters, and so forth, which do not usually require medical care (even though provided by a physician or registered professional personnel).

For firms engaged in activities such as agriculture, construction, transportation, communications, and electric, gas and sanitary services, physical establishment.

Records for personnel who do not primarily report or work at a

shall be maintained at the location from which they are paid or the from which personnel operate to carry out their activities.

work environment is composed of the physical environment, 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.

• • • • •

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).

Injury Code	Illness Codes
10 All occupational injuries	
21 Occupational skin disorders or disorders of the eye	25 Disorders due to physical agents (other than those due to heat)
22 Disorders of the eye	26 Disorders associated with repeated trauma
23 Respiratory conditions due to toxic agents	29 All other occupational illnesses
24 Poisoning (systemic effects of toxic material)	

Company Name _____
Establishment Name _____
Establishment Address _____

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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).

More complete definitions appear on the other side of this form.

Injury Code	10 All occupational injuries	11 All occupational illnesses
01 Occupational risk diseases or disorders		
02 Disorders due to physical agents (other than vibration)	25 Disorders due to physical agents (other than vibration)	
03 Disorders due to the use of tools or equipment		
04 Respiratory conditions due to toxic agents	26 Disorders associated with repeated trauma	
05 Poisoning (systemic effects of toxic materials)	27 Disorders associated with vibration	
06 Poisoning (systemic effects of toxic materials)	28 All other occupational illnesses	
07 All other occupational diseases or disorders		
08 All other occupational diseases or disorders		
09 All other occupational diseases or disorders		
10 All occupational injuries		
11 All occupational illnesses		

NOTE: This is NOT a report form. Keep it in the establishment for 5 years.

Company Name _____
 Establishment Name _____
 Establishment Address _____

LOG 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 log must be kept in a separate file, and must be available for inspection and copying by representatives of the Department of Labor, or the Department of Health, Education and Welfare, or State selected jurisdiction under the Act.

INSTRUCTIONS FOR COMPLETING LOG OF OCCUPATIONAL INJURIES AND ILLNESSES

- Column 1 - CASE OR FILE NUMBER**
Enter a number which will facilitate comparison with supplementary records. Any series of nonduplicating numbers may be used.
- Column 2 - 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 on the same day, enter the date of the absence attributable to the illness which was later diagnosed or recognized.
- Column 3 - EMPLOYEE'S NAME**
Enter regular job title, not the specific activity being performed at time of injury or illness. In the absence of a regular job title, enter a brief description of the duties of the employee.
- Column 4 - OCCUPATION**
Enter regular job title, not the specific activity being performed at time of injury or illness. In the absence of a regular job title, enter a brief description of the duties of the employee.
- Column 5 - DEPARTMENT**
Enter the department or division in which the injured person is regularly employed, even though temporarily working in another department at the time of injury or illness. In the absence 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 case, as shown in the instructions on the back of the log. A most complete description of recordable occupational injuries and illnesses appears in "DEFINITIONS."
- Column 8 - DEATHS**
If the occupational injury or illness resulted in death, enter date of death.
- Column 9 - LOST WORKDAY CASES**
Enter a check for each case which involves days away from work, or days of restricted work activity, or both. Each lost workday case also requires an entry in column 9A or column 9B, or both.
- Column 10 - NONFATAL CASES WITHOUT LOST WORKDAYS**
Enter a check for any recordable case which does not involve a fatality or lost workdays.
- Column 11 - TERMINATIONS OR PERMANENT TRANSFERS**
Enter a check if the entry in column 9 or 10 represented a termination of employment or permanent transfer.
- Column 9A - 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 on which the employee was injured or the day on which the employee would not have worked even though able to work.
- NOTE:** 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 if or injured, working in the department and/or occupation of the ill or injured employee.
- Column 9B - 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;
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 illness or any days on which the employee would not have worked even though able to work.

CHANGES IN EXTENT OF OR OUTCOME OF INJURY OR ILLNESS

If during the 30 days period the injury or illness, death, or change in extent which affects column 9 or 10, 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 required hospitalization, the original entry should be lined out and a new entry made. If an employee's injury or illness was initially thought to involve medical treatment but later was determined to have involved only first aid.

DEFINITIONS

- RECORDABLE OCCUPATIONAL INJURIES AND ILLNESSES are:**
1) OCCUPATIONAL DEATHS, regardless of the time between injury and death, or the length of the illness; or
2) 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).
- NOTE:** Any case which involves lost workdays must be recorded since it always involves one or more of the criteria for recordability.
- 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 a laceration or bite, are not recordable unless the animal was a domesticated animal or the injury was caused by a wild animal.
- OCCUPATIONAL ILLNESS is any illness of an employee, i.e., 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 entered for the purposes of classifying recordable cases. The listing is not intended to be exhaustive. Other occupational illnesses and disorders are those listed in column 7 of the log. The listing is not intended to be exhaustive. Other occupational illnesses and disorders are those listed in column 7 of the log. The listing is not intended to be exhaustive. Other occupational illnesses and disorders are those listed in column 7 of the log.**
- (21) Occupational Skin Diseases or Disorders**
Example: Contact dermatitis, eczema, or rash caused by petroleum products, solvents, acids, alkalis, or other chemicals, or by ultraviolet radiation from sunbathing or tanning beds.
- (22) Dust Diseases of the Lungs (Pneumoconiosis)**
Example: Silicosis, asbestosis, coal worker's pneumoconiosis, byssinosis, and other pneumoconioses.
- (23) Respiratory Conditions Due to Toxic Agents**
Example: Pneumonitis, pharyngitis, rhinitis or sinus congestion caused by inhalation of toxic gases, vapors, or dusts.
- (24) Poisoning (Systemic Effect) (Toxic Material)**
Example: 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 insecticides, pesticides, or herbicides.
- MECHANICAL TREATMENT includes treatment other than first aid administered by a physician or other health care professional 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.**
EXAMPLES: A single physical location where treatment is conducted. A factory, mill, store, hotel, restaurant, home theater, farm, ranch, bank, sales office, warehouse, or central administrative office. Where multiple 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 location.
- For cases entered in categories such as asphyxiation, constriction, transportation, communication, 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 physically 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 they are assigned.
- WORK ENVIRONMENT is comprised of the physical, chemical, biological, and psychosocial factors in the work environment which may affect the health of the employee.**

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RECORDABLE CASES. You are required to record information about every 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).

More complete definitions appear on the other side of this form.

Injury Code	Injury Code
10 All occupational injuries	25 Disorders due to physical agents (other than work materials)
	26 Disorders associated with repeated trauma
	27 All other occupational illnesses
	21 Occupational skin diseases or disorders
	22 Respiratory conditions due to toxic agents
	23 Respiratory conditions due to toxic agents
	24 Poisoning (systemic effects of toxic materials)

NOTE: This is NOT a report form. Keep it in the establishment for 5 years.

LOG OF OCCUPATIONAL INJURIES AND ILLNESSES

Each employer who is subject to the recordkeeping requirements of the Act must maintain a log of all recordable occupational injuries and illnesses. This form (OSHA No. 100) may be used for this purpose. A log is not required for employers with fewer than 10 employees, or for employers who are not subject to the Act as defined in the Act and enforceable at the OSHA No. 100.

INSTRUCTIONS FOR COMPLETING LOG OF OCCUPATIONAL INJURIES AND ILLNESSES

- Column 1 - CASE OR FILE NUMBER**
Enter a number which will facilitate comparison with supplementary records. Any series of nonduplicating numbers may be used.
- Column 2 - 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.
- Column 3 - EMPLOYEE'S NAME**
Column 4 - OCCUPATION
Enter regular job title, not the specific activity being performed at 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 or division in which the employee was working at the time of injury or illness. If the employee was working in a department which is not normally working in another department at the time of injury or illness, in the absence of a 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 case. A list of the codes appears at the bottom of the log. A more complete description of recordable occupational injuries and illnesses appears in "DEFINITIONS."
- Column 8 - DEATHS**
If the occupational injury or illness resulted in death, enter date of death.
- Column 9 - LOST WORKDAY CASES**
Enter a check for each case which involves days away from work, job transfer or restriction, or medical treatment. Each lost workday case also requires an entry in column 9A or column 9B, or both.

Column 9A - 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, i.e., certain truck drivers, construction workers, farm laborers, etc., the time of day of injury or illness may be necessary to estimate the number of lost workdays. Enter the number of lost workdays 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 9B - 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.

Column 10 - NONFATAL CASES WITHOUT "LOST WORKDAYS"
Enter a check for any recordable case which does not involve a fatality or lost workdays.

Column 11 - TERMINATIONS OR PERMANENT TRANSFERS
Enter a check if the entry in columns 9 or 10 represented a termination of employment or permanent transfer.

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 the extent of or outcome of an injury or illness, the employer should enter the change in the log. The change should be entered in the log on the date of the change. The change should be entered in the log on the date of the change. The change should be entered in the log on the date of the change.

DEFINITIONS

- RECORDABLE OCCUPATIONAL INJURIES AND ILLNESSES ARE:**
1) OCCUPATIONAL DEATHS, regardless of the time between injury and death, on the length of the illness or
2) OCCUPATIONAL ILLNESSES or
3) 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).
- NOTE:** Any case which involves lost workdays must be recorded in the log. It is always handwritten on one of the criteria for recordability.
- OCCUPATIONAL INJURY** is an 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 over-exposure to chemicals are considered to be occupational injuries.
- OCCUPATIONAL ILLNESS** is an illness, such as a chronic respiratory disease, which results from exposure to a chemical, physical, or biological agent in the work environment. It includes acute and chronic illnesses or disorders which may be caused by inhalation, absorption, ingestion, or direct contact, and disorders that will be utilized for the purpose of classifying recordable illnesses. The following listing gives the categories of occupational recordable illnesses. The identifying codes are those to be used in column 7 of the log. For purposes of this definition, exposure to a chemical or physical agent in the work environment must be a significant factor in the complete listing of the types of illnesses and disorders that are to be counted under each category.
- (1) Occupational Skin Diseases or Disorders
Examples: Contact dermatitis, eczema, or rash caused by physical irritants and irritants or poisonous plants, oil, tar, chrome, and other chemicals.
Dust Diseases of the Lung (Pneumoconiosis)
Examples: Silicosis, asbestosis, and worker's pneumoconiosis, byssinosis, and other pneumoconiosis.
- (2) Respiratory Conditions Due to Toxic Agents
Examples: Pneumonitis, pharyngitis, laryngitis or acute congestion due to chemicals, acids, gases, or fumes, fumes, fumes, etc.
- (3) Poisoning
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

OSHA NO. 100

LOG OF OCCUPATIONAL INJURIES AND ILLNESSES

RECORDABLE CASES: You are required to record information about every occupational injury or illness that results in one of the following: loss of consciousness, restriction of work or motion, transfer to another job, or medical treatment (other than first aid).
Note: Complete conditions appear at the bottom of this form.

Form Approved
OMB No. 4811-0047

CASE OR FILE NUMBER	DATE OF INJURY OR ONSET OF ILLNESS	EMPLOYEE'S NAME (First name or initials, middle initial, last name)	OCCUPATION (For each injury or illness, enter the activity employee was performing at the time of the incident or onset of illness)	DEPARTMENT (Leave equipment in use, if applicable, and regularly employed)	DESCRIPTION OF INJURY OR ILLNESS	EXTENT OF AND OUTCOME OF CASES					TERMINATIONS OR PERMANENT DISABILITIES (Enter a check if the injury or illness resulted in a permanent disability or termination of employment. If not, enter the date of termination or permanent disability.)	
						DEATHS (Enter a check if the injury or illness resulted in a death.)	LOST WORKDAYS (Enter number of days away from work due to injury or illness.)	RESTRICTED (Enter number of days away from work due to injury or illness.)	LOST WORKDAYS (Enter number of days away from work due to injury or illness.)	TERMINATIONS OR PERMANENT DISABILITIES (Enter a check if the injury or illness resulted in a permanent disability or termination of employment. If not, enter the date of termination or permanent disability.)		
111	No Injury											
48	7-2-77	WILLIAM ACULAGUA	BOILERMAKER	STEAM PIT	RIGHT HAND BETWEEN SHARPENING BIT AND RIVET							
49	7-7-77	DAVID H. BUEGE	MECHANIC	WIRE PIT	BIT OF FLUORIDE							
50	7-7-77	WILLIAM A. HUNT	MECHANIC	WIRE PIT	BIT OF FLUORIDE							
51	7-15-77	WILLIAM A. HUNT	MECHANIC	WIRE PIT	BIT OF FLUORIDE							
52	7-24-77	DAVID H. BUEGE	MECHANIC	WIRE PIT	BIT OF FLUORIDE							
53	7-25-77	DAVID H. BUEGE	MECHANIC	WIRE PIT	BIT OF FLUORIDE							
54	7-24-77	DAVID H. BUEGE	MECHANIC	WIRE PIT	BIT OF FLUORIDE							
55	7-28-77	DAVID H. BUEGE	MECHANIC	WIRE PIT	BIT OF FLUORIDE							
56	7-28-77	DAVID H. BUEGE	MECHANIC	WIRE PIT	BIT OF FLUORIDE							
57	7-28-77	DAVID H. BUEGE	MECHANIC	WIRE PIT	BIT OF FLUORIDE							
58	7-28-77	DAVID H. BUEGE	MECHANIC	WIRE PIT	BIT OF FLUORIDE							

Company Name: _____
Address: _____
Establishment Address: _____

NOTE: This is a report form. Keep it in the establishment for 5 years.

10 All occupational injuries
11 All occupational injuries
12 All occupational injuries
13 All occupational injuries
14 All occupational injuries
15 All occupational injuries
16 All occupational injuries
17 All occupational injuries
18 All occupational injuries
19 All occupational injuries
20 All occupational injuries
21 Occupational this disease or disorder
22 Data source of the injury (personnel)
23 Data source of the injury (personnel)
24 Following (systemic effects of toxic material)

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LOG 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. 100) may be used for that purpose. A substitute for the OSHA No. 100 is acceptable if it is as detailed, easily readable and understandable as the OSHA No. 100.

INSTRUCTIONS FOR COMPLETING LOG OF OCCUPATIONAL INJURIES AND ILLNESSES

Column 1 - CASEOR FILE NUMBER
Enter a number which will facilitate comparison with supplementary records. Any series of nonduplicating numbers may be used.

Column 2 - 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.

Column 3 - EMPLOYEE'S NAME
Column 4 - OCCUPATION
Enter regular job title, not the specific activity being performed at 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 or division in which the injured person is regularly employed, even though temporarily working in another department at the time of injury or illness. 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

Column 7 - INJURY OR ILLNESS CODE
Enter the one code which most accurately describes the case. A list of the codes appears at the bottom of the log. A more complete description of recordable occupational injuries and illnesses appears in "DEFINITIONS."

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

Column 9 - LOST WORKDAY CASES
Enter a check for each case which involves days away from work, or days of restricted work activity, or both. Each lost workday case also requires an entry in column 9A or column 9B, or both.

Each recordable occupational injury and occupational illness must be timely entered on the log. Logs must be kept current and must be 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.

Column 9A - 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, i.e., certain truck-drivers, construction workers, farm laborers, 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.

Column 9B - 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

CHANGES IN EXTENT OF OR OUTCOME OF INJURY OR ILLNESS

[illegible]

DEFINITIONS

RECORDABLE OCCUPATIONAL INJURIES AND ILLNESSES ARE:

- 1) OCCUPATIONAL DEATHS, regardless of the time between injury and death, or the length of the illness; or

- 2) OCCUPATIONAL ILLNESSES; or

NOTE- Any case which involves lost workdays must be recorded since it always involves one or more of the criteria for recordability.

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 occupational.

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

The following listing gives the categories of occupational illnesses and disorders that will be utilized for the purpose of classifying recording codes. 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 acne, chemical burns of 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 nasal congestion due to chemicals, dusts, gases, or fumes from a fuming acid.
- (24) **Respiratory Effects of Toxic Agents**
Examples: Pulmonary edema, pulmonary hemorrhage, or other results, poisoning by carbon monoxide, hydrogen sulfide, or other agents, poisoning by carbon monoxide, hydrogen sulfide, or other agents, poisoning by carbon monoxide, hydrogen sulfide, or other agents.

organic solvent; poisoning by insecticide sprays such as pirathion, lead arsenate; poisoning by other chemicals such as formaldehyde, plastics and resins, etc.

- | | | |
|-----|--|-----|
| 235 | <p>Exposures Due to Physical Agents (Other Than Toxic Materials)</p> <p>Examples: Heatstroke, sunstroke, heat exhaustion and other effects of environmental heat; freezing, frostbite and effects of exposure to low temperatures; carbon dioxide; effects of ionizing radiation (diagnosis, x-rays, radium); effects of nonionizing radiation (welding flash, ultraviolet rays, microwave, submilli);</p> | |
| 260 | <p>Examples: Associated With Repeated Trauma</p> <p>Examples: Noise-induced hearing loss; sprains, lacerations, and bruising; Raynaud's phenomenon; and other conditions due to repeated motion, vibration or pressure.</p> | |
| 295 | <p>All Other Occupational Illnesses</p> <p>Examples: Anthrax, brucellosis, infectious hepatitis, malaria and brucella typhus, food poisoning, histoplasmosis, eosinophilic alveolitis,</p> | 10- |

MEDICAL TREATMENT includes treatment (other than first aid) 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, 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, firm, research, bank, sales office, warehouse, or central administrative office). Where distinctly separate activities are performed at a single physical location (such as construct construction activities operated from the same physical location as a lumber yard), such activity shall be treated as a separate establishment.

For firms engaged in activities such as agriculture, construction, transportation, communications, and electric, gas and military services, which may be physically dispersed, records may be maintained at a place other than the principal place of business 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, and inspectors, may be maintained at the place where they are paid or the place from which they are dispatched, or at the place where the records will be most convenient to maintain at the location from which they are paid or the place from which personnel operate to carry out their activities.

WORK ENVIRONMENT is comprised of the physical 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.

RECORDABLE CASES: You are required to record information about every 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).
Please complete definitions appear on the other side of this form.

[illegible]

Injury Code	Injury Code
21 Occupational but direct or disorders	25 Disorders due to physical agents (other than toxic materials)
22 Distal (not in hand or forearm)	26 Disorders associated with repeated trauma
23 Respiratory conditions due to toxic agent	27 All other occupational ailments
24 Poisoning (systemic effects of toxic materials)	
	10 All occupational injuries
	11 All occupational injuries
	12 All occupational injuries
	13 All occupational injuries
	14 All occupational injuries
	15 All occupational injuries
	16 All occupational injuries
	17 All occupational injuries
	18 All occupational injuries
	19 All occupational injuries
	20 All occupational injuries

Injury Code
Occupational Injuries
Illness Codes

NOTE: This is NOT a report form. Keep it in the establishment for 5 years.

Company Name _____
Establishment Name _____
Establishment Address _____

LOG OF OCCUPATIONAL INJURIES AND ILLNESSES

Each employee who is subject to the recordkeeping requirements of the Occupational Safety and Health Act of 1970 must maintain a log of all recordable occupational injuries and illnesses which occur in the calendar year for which the log is maintained. The log is to be maintained for the purpose of the OSHA No. 100 is receivable if it is as detailed, easily readable and understandable as the OSHA No. 100.

INSTRUCTIONS FOR COMPLETING LOG OF OCCUPATIONAL INJURIES AND ILLNESSES

- Column 1 - CASE OR FILE NUMBER
Enter a number which will facilitate comparison with supplementary records. Any series of nonuplicating numbers may be used.
- Column 2 - 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 onset of the illness. If the illness is a chronic disease, enter the date of first diagnosis of the illness which was later determined to be attributable to the illness which was later diagnosed or recognized.
- Column 3 - EMPLOYEE'S NAME
Enter regular job title, not the specific activity being performed and enter the employee's name as it appears on a formal occupational title, enter a brief description of the duties of the employee.
- Column 4 - DEPARTMENT
Enter the name of the department or division in which the injured person is regularly employed, even though temporarily working in another department at the time of injury or illness. In the absence of formal department titles, enter a brief description of normal workplace to which employee is assigned.
- Column 5 - NATURE OF INJURY OR ILLNESS AND PARTS OF BODY AFFECTED
Enter a brief description of the injury or illness and indicate the parts of the body affected. Here enter the body is affected, the entry "body" can be used.
- Column 6 - INJURY OR ILLNESS CODE
Enter the code which most accurately describes the case. A list of the codes and their meanings is on the back. A more complete description of recordable occupational injuries and illnesses appears in "DEFINITIONS."
- Column 7 - DEATHS
If the occupational injury or illness resulted in death, enter date of death.
- Column 8 - LOST WORKDAY CASES
Enter a check for each case which involves days away from work, or days of restricted work activity, or both. Each lost workday case also requires an entry in column 9A or column 9B, or both.

Each recordable occupational injury and occupational illness must be timely entered on the log. Log must be kept current and revised for the (1) year following the calendar year to which the log applies. The log must be maintained for the purpose of the OSHA No. 100 is receivable if it is as detailed, easily readable and understandable as the OSHA No. 100.

- Column 9A - 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 the occupational injury or illness. The number of lost workdays should not include the day of the injury or illness or any day on which the employee would not have worked even though able to work.
- NOTE: For employees not having a regularly scheduled shift, i.e., craft, 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 all or none, working in the department and/or occupation of the ill or injured employee.
- Column 9B - 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.
- Column 10 - NONFATAL CASES WITHOUT LOST WORKDAYS
Enter a check for each case which does not involve a fatality or lost workday.
- Column 11 - TERMINATIONS OR PERMANENT TRANSFERS
Enter a check if the entry in columns 9 or 10 represented a termination of employment or permanent transfer.

CHANGES IN EXTENT OF OR OUTCOME OF INJURY OR ILLNESS

If during the 5-year period the extent of an injury or illness changes in a case which affects either column 9A or 9B, the entry should be amended and a new entry made. For example, if an injured employee is first required only medical treatment but later requires hospitalization, the log should be amended to reflect this change. If an employee is initially determined to be work related or a case which would be thought to involve medical treatment but later is determined to have involved only first aid.

DEFINITIONS

RECORDABLE OCCUPATIONAL INJURIES AND ILLNESSES ARE:

- 1) OCCUPATIONAL DEATHS, regardless of the time between injury and death, or the length of the illness; or
 - 2) OCCUPATIONAL ILLNESSES; or
 - 3) 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).
- NOTE: Any case which involves lost workdays must be recorded since it affects either one or more of the criteria for recordability.
- 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, from on-time exposure to chemicals are considered to be injuries.
- OCCUPATIONAL ILLNESS is any illness which is an 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, 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.
- These types of occupational illnesses, however, and are not to be considered to be the complete listing of the types of illnesses and disorders that are to be covered under each category.

- (1) Occupational Skin Diseases or Disorders
Examples: Contact dermatitis, eczema, or rash caused by irritants or allergens; occupational poisoning from acids, alkalis, or other chemical agents; occupational poisoning from heavy metals.
- (2) Dust Diseases of the Lungs (Pneumoconiosis)
Examples: Silicosis, asbestosis, coal worker's pneumoconiosis, byssinosis, and other pneumoconiosis.
- (3) Respiratory Conditions Due to Toxic Agents
Examples: Pneumonia, pharyngitis, tracheitis or acute congestion due to chemical, dust, gases, or fumes (fumes from burning, etc.).
- (4) Other Occupational Illnesses
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

- (21) Disorders Due to Physical Agents (Other Than Toxic Materials)
Examples: Headaches, muscle, joint, and vibration and other effects of environmental heat, noise, ionizing and non-ionizing radiation (including X-ray, gamma rays, microwaves, ultraviolet, etc.) (including dust, ultraviolet rays, microwaves, ultraviolet, etc.)
- (22) Disorders Associated With Repeated Trauma
Examples: Noise-induced hearing loss; tendonitis, tenosynovitis, and bursitis; Raynaud's phenomenon and other conditions due to repeated motion, vibration or pressure.
- (23) All Other Occupational Illnesses
Examples: Infectious diseases; infectious hepatitis, salmonellosis, and other diseases; food poisoning; leptospirosis; rickettsiosis; mycoses, etc.

MEDICAL TREATMENT includes treatment (other than first aid) administered by a physician or other licensed health care professional under the supervision 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 are performed by employees of an employer. A factory, shop, store, hotel, restaurant, movie theater, firm, branch, 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 cases involving occupational injuries or illnesses, occupational injury or illness, and occupational illness, 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 are compensated or from which they are paid.

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

RECORDABLE CASES: You are required to record information about every occupational injury, illness, or death that results in lost work time or restriction of work or transfer to another job, or medical treatment (other than first aid).
 More complete information report on the back side of this form.

Form Approved
 OMB No. 4011-003

CASE OR FILE NUMBER	DATE OF INJURY OR ONSET OF ILLNESS	EMPLOYEE'S NAME (Print name or initials, include initials, last name)	OCCUPATION (Enter occupation in which employee was performing activity at time of injury or onset of illness)	DEPARTMENT (Enter department in which employee was regularly employed)	DESCRIPTION OF INJURY OR ILLNESS	EXTENT OF AND OUTCOME OF CASES				TERMINATIONS OCCUPATIONAL ILLNESSES (Enter check if the injury or illness was due to a permanent condition)
						DEATHS (Enter check if employee died as a result of injury or illness)	LOST WORKDAYS (Enter number of workdays lost due to injury or illness)	LOST WORKDAYS (Enter number of workdays lost due to injury or illness)	LOST WORKDAYS (Enter number of workdays lost due to injury or illness)	
(1)	No Injury									(11)
3534	5-22-77	KIRBY, E. H.	OPER. #2	LUBE PIT	DRUM SLIPPED IN MEDIUM PLATE FRAGMENT OF R.T.		✓	13		
3535	5-22-77	TRAY, R. SHAW	OPER. #2	LUBE PIT	PLATE FRAGMENT OF R.T.		✓	13		
3536	5-22-77	TRAY, R. SHAW	OPER. #2	LUBE PIT	PLATE FRAGMENT OF R.T.		✓	13		
3537	5-22-77	TRAY, R. SHAW	OPER. #2	LUBE PIT	PLATE FRAGMENT OF R.T.		✓	13		
3538	5-22-77	TRAY, R. SHAW	OPER. #2	LUBE PIT	PLATE FRAGMENT OF R.T.		✓	13		
3539	5-22-77	TRAY, R. SHAW	OPER. #2	LUBE PIT	PLATE FRAGMENT OF R.T.		✓	13		
3540	5-22-77	TRAY, R. SHAW	OPER. #2	LUBE PIT	PLATE FRAGMENT OF R.T.		✓	13		
3541	5-22-77	TRAY, R. SHAW	OPER. #2	LUBE PIT	PLATE FRAGMENT OF R.T.		✓	13		
3542	5-22-77	TRAY, R. SHAW	OPER. #2	LUBE PIT	PLATE FRAGMENT OF R.T.		✓	13		
3543	5-22-77	TRAY, R. SHAW	OPER. #2	LUBE PIT	PLATE FRAGMENT OF R.T.		✓	13		
3544	5-22-77	TRAY, R. SHAW	OPER. #2	LUBE PIT	PLATE FRAGMENT OF R.T.		✓	13		
3545	5-22-77	TRAY, R. SHAW	OPER. #2	LUBE PIT	PLATE FRAGMENT OF R.T.		✓	13		
3546	5-22-77	TRAY, R. SHAW	OPER. #2	LUBE PIT	PLATE FRAGMENT OF R.T.		✓	13		
3547	5-22-77	TRAY, R. SHAW	OPER. #2	LUBE PIT	PLATE FRAGMENT OF R.T.		✓	13		
3548	5-22-77	TRAY, R. SHAW	OPER. #2	LUBE PIT	PLATE FRAGMENT OF R.T.		✓	13		
3549	5-22-77	TRAY, R. SHAW	OPER. #2	LUBE PIT	PLATE FRAGMENT OF R.T.		✓	13		
3550	5-22-77	TRAY, R. SHAW	OPER. #2	LUBE PIT	PLATE FRAGMENT OF R.T.		✓	13		
3551	5-22-77	TRAY, R. SHAW	OPER. #2	LUBE PIT	PLATE FRAGMENT OF R.T.		✓	13		
3552	5-22-77	TRAY, R. SHAW	OPER. #2	LUBE PIT	PLATE FRAGMENT OF R.T.		✓	13		
3553	5-22-77	TRAY, R. SHAW	OPER. #2	LUBE PIT	PLATE FRAGMENT OF R.T.		✓	13		
3554	5-22-77	TRAY, R. SHAW	OPER. #2	LUBE PIT	PLATE FRAGMENT OF R.T.		✓	13		
3555	5-22-77	TRAY, R. SHAW	OPER. #2	LUBE PIT	PLATE FRAGMENT OF R.T.		✓	13		
3556	5-22-77	TRAY, R. SHAW	OPER. #2	LUBE PIT	PLATE FRAGMENT OF R.T.		✓	13		
3557	5-22-77	TRAY, R. SHAW	OPER. #2	LUBE PIT	PLATE FRAGMENT OF R.T.		✓	13		
3558	5-22-77	TRAY, R. SHAW	OPER. #2	LUBE PIT	PLATE FRAGMENT OF R.T.		✓	13		
3559	5-22-77	TRAY, R. SHAW	OPER. #2	LUBE PIT	PLATE FRAGMENT OF R.T.		✓	13		
3560	5-22-77	TRAY, R. SHAW	OPER. #2	LUBE PIT	PLATE FRAGMENT OF R.T.		✓	13		
3561	5-22-77	TRAY, R. SHAW	OPER. #2	LUBE PIT	PLATE FRAGMENT OF R.T.		✓	13		
3562	5-22-77	TRAY, R. SHAW	OPER. #2	LUBE PIT	PLATE FRAGMENT OF R.T.		✓	13		
3563	5-22-77	TRAY, R. SHAW	OPER. #2	LUBE PIT	PLATE FRAGMENT OF R.T.		✓	13		
3564	5-22-77	TRAY, R. SHAW	OPER. #2	LUBE PIT	PLATE FRAGMENT OF R.T.		✓	13		
3565	5-22-77	TRAY, R. SHAW	OPER. #2	LUBE PIT	PLATE FRAGMENT OF R.T.		✓	13		
3566	5-22-77	TRAY, R. SHAW	OPER. #2	LUBE PIT	PLATE FRAGMENT OF R.T.		✓	13		
3567	5-22-77	TRAY, R. SHAW	OPER. #2	LUBE PIT	PLATE FRAGMENT OF R.T.		✓	13		
3568	5-22-77	TRAY, R. SHAW	OPER. #2	LUBE PIT	PLATE FRAGMENT OF R.T.		✓	13		
3569	5-22-77	TRAY, R. SHAW	OPER. #2	LUBE PIT	PLATE FRAGMENT OF R.T.		✓	13		
3570	5-22-77	TRAY, R. SHAW	OPER. #2	LUBE PIT	PLATE FRAGMENT OF R.T.		✓	13		
3571	5-22-77	TRAY, R. SHAW	OPER. #2	LUBE PIT	PLATE FRAGMENT OF R.T.		✓	13		
3572	5-22-77	TRAY, R. SHAW	OPER. #2	LUBE PIT	PLATE FRAGMENT OF R.T.		✓	13		
3573	5-22-77	TRAY, R. SHAW	OPER. #2	LUBE PIT	PLATE FRAGMENT OF R.T.		✓	13		
3574	5-22-77	TRAY, R. SHAW	OPER. #2	LUBE PIT	PLATE FRAGMENT OF R.T.		✓	13		
3575	5-22-77	TRAY, R. SHAW	OPER. #2	LUBE PIT	PLATE FRAGMENT OF R.T.		✓	13		
3576	5-22-77	TRAY, R. SHAW	OPER. #2	LUBE PIT	PLATE FRAGMENT OF R.T.		✓	13		
3577	5-22-77	TRAY, R. SHAW	OPER. #2	LUBE PIT	PLATE FRAGMENT OF R.T.		✓	13		
3578	5-22-77	TRAY, R. SHAW	OPER. #2	LUBE PIT	PLATE FRAGMENT OF R.T.		✓	13		
3579	5-22-77	TRAY, R. SHAW	OPER. #2	LUBE PIT	PLATE FRAGMENT OF R.T.		✓	13		
3580	5-22-77	TRAY, R. SHAW	OPER. #2	LUBE PIT	PLATE FRAGMENT OF R.T.		✓	13		
3581	5-22-77	TRAY, R. SHAW	OPER. #2	LUBE PIT	PLATE FRAGMENT OF R.T.		✓	13		
3582	5-22-77	TRAY, R. SHAW	OPER. #2	LUBE PIT	PLATE FRAGMENT OF R.T.		✓	13		
3583	5-22-77	TRAY, R. SHAW	OPER. #2	LUBE PIT	PLATE FRAGMENT OF R.T.		✓	13		
3584	5-22-77	TRAY, R. SHAW	OPER. #2	LUBE PIT	PLATE FRAGMENT OF R.T.		✓	13		
3585	5-22-77	TRAY, R. SHAW	OPER. #2	LUBE PIT	PLATE FRAGMENT OF R.T.		✓	13		
3586	5-22-77	TRAY, R. SHAW	OPER. #2	LUBE PIT	PLATE FRAGMENT OF R.T.		✓	13		
3587	5-22-77	TRAY, R. SHAW	OPER. #2	LUBE PIT	PLATE FRAGMENT OF R.T.		✓	13		
3588	5-22-77	TRAY, R. SHAW	OPER. #2	LUBE PIT	PLATE FRAGMENT OF R.T.		✓	13		
3589	5-22-77	TRAY, R. SHAW	OPER. #2	LUBE PIT	PLATE FRAGMENT OF R.T.		✓	13		
3590	5-22-77	TRAY, R. SHAW	OPER. #2	LUBE PIT	PLATE FRAGMENT OF R.T.		✓	13		
3591	5-22-77	TRAY, R. SHAW	OPER. #2	LUBE PIT	PLATE FRAGMENT OF R.T.		✓	13		
3592	5-22-77	TRAY, R. SHAW	OPER. #2	LUBE PIT	PLATE FRAGMENT OF R.T.		✓	13		
3593	5-22-77	TRAY, R. SHAW	OPER. #2	LUBE PIT	PLATE FRAGMENT OF R.T.		✓	13		
3594	5-22-77	TRAY, R. SHAW	OPER. #2	LUBE PIT	PLATE FRAGMENT OF R.T.		✓	13		
3595	5-22-77	TRAY, R. SHAW	OPER. #2	LUBE PIT	PLATE FRAGMENT OF R.T.		✓	13		
3596	5-22-77	TRAY, R. SHAW	OPER. #2	LUBE PIT	PLATE FRAGMENT OF R.T.		✓	13		
3597	5-22-77	TRAY, R. SHAW	OPER. #2	LUBE PIT	PLATE FRAGMENT OF R.T.		✓	13		
3598	5-22-77	TRAY, R. SHAW	OPER. #2	LUBE PIT	PLATE FRAGMENT OF R.T.		✓	13		
3599	5-22-77	TRAY, R. SHAW	OPER. #2	LUBE PIT	PLATE FRAGMENT OF R.T.		✓	13		
3600	5-22-77	TRAY, R. SHAW	OPER. #2	LUBE PIT	PLATE FRAGMENT OF R.T.		✓	13		

21 Occupational skin diseases or disorders
 22 Dual causes of the lung (pneumoconiosis)
 23 Disorders due to physical agents (other than toxic materials)
 24 Poisoning (systemic effects of toxic materials)
 25 All other occupational illnesses

10 All occupational injuries
 Illness Codes

NOTE: This is a report form. Keep it in the establishment for 5 years.

Company Name
 Establishment Name
 Establishment Address

LOG OF OCCUPATIONAL INJURIES AND ILLNESSES

CASE OR FILING NUMBER	DATE OF INJURY OR ONSET OF ILLNESS	EMPLOYEE'S NAME (First name or initial, middle initial, last name)	OCCUPATION (Enter regular job title, not including when injured or at death of illness)	DEPARTMENT (Enter department in which the employee is usually employed)	Nature of injury or illness and period of absence (Enter in plain English, not in legalese. State date of injury or onset of illness, and both hands if applicable.)	Injury or illness occurred at bottom of page.	EXTENT OF AND OUTCOME OF CASES				NONFATAL CASES - LOST WORKDAYS (Enter number of workdays lost due to injury or illness.)	TERMINATION OR TRANSFER (Enter date of termination or transfer, or date of last workday if employee is still working.)
							DEATHS (Enter date of death)	LOST WORKDAY CASES				
								(9)	(10)	(11)		
	No day/yr. (12)	(13)	(14)	(15)	(16)	(17)	No day/yr. (18)	(19)	(20)	(21)	(22)	(23)
2-298	4/11	DANIEL J. JONES	MAINTENANCE	MAINTENANCE	MAINTENANCE							
2-299	4/12	TOMAS T. HENDERSON	MAINTENANCE	MAINTENANCE	MAINTENANCE							
2-300	4/13	WILLIAM R. BAKER	MAINTENANCE	MAINTENANCE	MAINTENANCE							
2-301	4/14	BURTON R. BAKER	MAINTENANCE	MAINTENANCE	MAINTENANCE							
2-302	4/15	WILLIAM R. BAKER	MAINTENANCE	MAINTENANCE	MAINTENANCE							
2-303	4/16	D. L. WILSON	MAINTENANCE	MAINTENANCE	MAINTENANCE							

Injury Code
10 All occupational injuries

NOTE: This is NOT a report form. Keep it in the establishment for 5 years.

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 associated with repeated trauma	
29 All other occupational illnesses	
30 All occupational injuries	

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LOG OF OCCUPATIONAL INJURIES AND ILLNESSES

[illegible]

RESTRICTIONS FOR COMPETING LOG OF OCCUPATIONAL INJURIES AND ILLNESSES

Column 1 - CASEOR FILE NUMBER
Enter a number which will facilitate comparison with supplementary records. Any series of nonduplicating numbers may be used.

Column 2 - 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 absent from work occurred before diagnosis, enter the first day of the absence attributable to the illness which was later diagnosed as occupational.

Column 3 - EMPLOYEE'S NAME

Column 4 - OCCUPATION
Enter regular job title, not the specific activity being performed at 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 or division in which the injured person is regularly employed, even though temporarily working in another department at the time of injury or illness. 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 case. A list of the codes appears at the bottom of the log. A more complete description of recordable occupational injuries and illnesses appears in "DEFINITIONS."

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

Column 9 - LOST WORKDAY CASES
Enter a check for each case which involves days away from work, or days of restricted work activity, or both. Each lost workday case also requires an entry in column 9A or column 9B, or both.

Column 9A - 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, 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 ill or injured, working in the department and/or occupation of the ill or injured employees.

Column 9B - 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

- 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.

Column 10 - NONFATAL CASES WITHOUT LOST WORKDAYS

Enter a check for any recordable case which does not involve a fatality or lost workdays.

Column 11 - TERMINATIONS OR PERMANENT TRANSFERS

Enter a check if the entry in columns 7 or 10 represents a termination of employment or permanent transfer.

CHANGES IN EXTENT OF OR OUTCOME OF INJURY OR ILLNESS

different workweek, returned to work, and then died of the disease. The number of cases that died of the disease in the entities in years 9A, and 9B should be listed and the date of death entered in column 2.

For cases that were not listed in the previous workweek, the number of cases should be listed and the date of death entered to be nonredundant. Examples are: "A case of diphtheria was reported on 12/12/97, but the patient was not listed in the last week because he was not yet hospitalized. The patient was hospitalized on 12/13/97 and died on 12/14/97. The case was initially thought to be another potential treatment but this was determined to be a case of diphtheria." The number of workweeks that the patient was hospitalized should be entered in column 9A, and 9B, and the date of death entered in column 2.

DEFINITIONS

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

2) OCCUPATIONAL ILLNESSES; or
3) 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.)

NOTE: Any case which involves lost workdays must be recorded since it always involves one or more of the criteria for recordability.

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 illnesses.

OCCUPATIONAL ILLNESS of an employee is any abnormal condition or disorder, other than one resulting from an occupational

The following listing gives the categories of occupational illnesses and disorders that will be utilized for the purpose of classifying recordable occupational 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.

121) Occupational Skin Diseases of Duodectis
Examples: Contact dermatitis, eczema, or rash caused by primary irritants and sensitizers or poisonous plants; iodine; chlorine
ulcers; chemical burns or inflammations, etc.

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, trinititis or acute congestion due to chemicals dusts, gases, or fumes; farmer's lungs; etc.

(74) **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 formaldehyde, plastics and resins; etc.

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; calcium disease; effects of ionizing radiation (isotopes, X-rays, radium); effects of nonionizing radiation (microwaves, radio waves, heat, etc.).

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.

All Other Occupational Illnesses
Examples: Anthrax, brucellosis, infectious hepatitis, malignant and benign tumors, food poisoning, histoplasmosis, coc-

MEDICAL TREATMENT includes treatment (other than first aid) administered by a physician or by registered professional personnel.

the standing orders of a physician. Medical treatment does NOT include first aid treatment (one-time treatment and subsequent observation) for minor scratches, cuts, burns, splinters, and so forth, which do not require medical care. It also does not include treatment that is usually provided by a physician or other nonphysician 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, bank, sales office, warehouse, or central administrative office.

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

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

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

RECORDABLE CASES: You are required to record information about every occupational injury or illness that results in one of the following conditions: death, loss of consciousness, restriction of work or motion, transfer to another job, or medical treatment (other than first aid).
Note: Complete definitions appear on the other side of this form.

LOG OF OCCUPATIONAL INJURIES AND ILLNESSES

CASE OR FILE NUMBER	DATE OF INJURY OR ONSET OF ILLNESS	EMPLOYEE'S NAME (First name or initial, middle initial, last name)	OCCUPATION (Enter regular job title, not including when injured or ill; omit if illness)	DEPARTMENT (Enter department in which the employee is employed)	DESCRIPTION OF INJURY OR ILLNESS (Specify injury or illness and Part of Body Affected. If the injury or illness is a skin condition, specify the body part affected. If the injury or illness is a respiratory condition, specify the organ affected.)	EXTENT OF AND OUTCOME OF CASES				TERMINATION OF EMPLOYMENT (If terminated, enter date of termination and reason for termination.)
						DEATHS (Enter number of deaths resulting from this injury or illness.)	LOST WORKDAYS (Enter number of days away from work or restriction of work activities due to injury or illness.)	NONFATAL CASES (Enter number of nonfatal cases resulting from this injury or illness.)	LOST WORKDAYS (Enter number of days away from work or restriction of work activities due to injury or illness.)	
(1)	No Injury	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
16	3-1-77	B. M. PARKS	MACHINIST	MAINT. DEPT.	MUSCLE AND BONE SLIPPED ON STEPS OUT MUSCLES AND BONE TORN	10	✓	✓	✓	✓
17	3-1-77	S. O. HOPKINS	OPER. TRUCK	MAINT. DEPT.	TORN BONE TORN BONE	10				
18	3-1-77	A. W. MARCUS	HELPER	MAINT. DEPT.	TORN BONE TORN BONE	10				
19	3-1-77	DAVID T. LITTLETON	HELPER	MAINT. DEPT.	TORN BONE TORN BONE	10				
20	3-1-77	ALFRED J. LARSEN	OPER. TRUCK	MAINT. DEPT.	TORN BONE TORN BONE	10				
21	3-1-77	ALFRED J. LARSEN	OPER. TRUCK	MAINT. DEPT.	TORN BONE TORN BONE	10				
22	3-1-77	ALFRED J. LARSEN	OPER. TRUCK	MAINT. DEPT.	TORN BONE TORN BONE	10				
23	3-1-77	ALFRED J. LARSEN	OPER. TRUCK	MAINT. DEPT.	TORN BONE TORN BONE	10				
24	3-1-77	ALFRED J. LARSEN	OPER. TRUCK	MAINT. DEPT.	TORN BONE TORN BONE	10				
25	3-1-77	ALFRED J. LARSEN	OPER. TRUCK	MAINT. DEPT.	TORN BONE TORN BONE	10				
26	3-1-77	ALFRED J. LARSEN	OPER. TRUCK	MAINT. DEPT.	TORN BONE TORN BONE	10				
27	3-1-77	ALFRED J. LARSEN	OPER. TRUCK	MAINT. DEPT.	TORN BONE TORN BONE	10				
28	3-1-77	ALFRED J. LARSEN	OPER. TRUCK	MAINT. DEPT.	TORN BONE TORN BONE	10				
29	3-1-77	ALFRED J. LARSEN	OPER. TRUCK	MAINT. DEPT.	TORN BONE TORN BONE	10				
30	3-1-77	ALFRED J. LARSEN	OPER. TRUCK	MAINT. DEPT.	TORN BONE TORN BONE	10				

NOTE: This is NOT a report form. Keep it in the establishment for 5 years.

Company Name _____
Establishment Name _____
Establishment Address _____

10 All Occupational Injuries
11 All Occupational Illnesses
12 Occupational Injuries and Illnesses
13 Occupational Injuries and Illnesses
14 Occupational Injuries and Illnesses
15 Occupational Injuries and Illnesses
16 Occupational Injuries and Illnesses
17 Occupational Injuries and Illnesses
18 Occupational Injuries and Illnesses
19 Occupational Injuries and Illnesses
20 Occupational Injuries and Illnesses
21 Occupational Injuries and Illnesses
22 Occupational Injuries and Illnesses
23 Occupational Injuries and Illnesses
24 Occupational Injuries and Illnesses
25 Occupational Injuries and Illnesses
26 Occupational Injuries and Illnesses
27 Occupational Injuries and Illnesses
28 Occupational Injuries and Illnesses
29 Occupational Injuries and Illnesses
30 Occupational Injuries and Illnesses

CHANGES IN EXTENT OF OR OUTCOME OF INJURY OR ILLNESS

Each recordable occupational injury and occupational illness must be timely entered on the log. Logs must be kept current and retained for five (5) years following the end of the calendar year in 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.

DEFINITIONS

Column 9A - 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 the injury.

3) 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).

OCCUPATIONAL INJURY is any injury such as a cut, fracture,

NOTE: Conditions resulting from animal bites, such as insect or snake bites, or from one-time exposure to chemicals are considered to be injuries.

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 this log. For purposes of information, examples of each category are given. These are typical examples, however, and are not to be considered exhaustive. The complete listing of the types of illnesses and disorders that are to be counted under each category.

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 many irritants and sensitizers of poisonous plants, oil sores; chrome ulcers; chemical burns or tattooing (tattoo), 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: Pneumonia, pharyngitis, rhinitis or acute congestion
due to chemical agents, irritant gases, fumes, dusts, etc.

(24) Poisoning (Systemic Effects of Toxic Materials)

Examples: poisoning of lead, mercury, cyanide, arsenic, or other metals, poisoning by carbon monoxide, hydrogen sulfide or other gases, poisoning by benzol, carbon tetrachloride, or other

The entire entry for a case should be lined out if the case is later found to be nonrecordable. Examples are: A case which is later determined not to be work related, or a case which was initially thought to involve medical treatment but later was determined to have been caused by the work.

•

organic solvents; poisoning by insecticide sprays such as parathion, lead arsenate; poisoning by other chemicals such as formaldehyde, plastics and resins; etc.

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

repeated motion, vibration or pressure.

All Other Occupational Illnesses
 Examples: Anthrax, warts, infectious hepatitis, malignant and benign tumors, food poisoning, histoplasmosis, toxic mycosis, etc.

ESTABLISHMENT. A single physical location where incidents or investigations are performed. Examples include a factory, mill, store, hotel, restaurant, movie theater, jail, school, bank, sales office, warehouse, or central administrative office. Where multiple secure activities are performed at a single physical location, the location is not an establishment.

name physical location as a bomb site), each activity shall be treated as a separate establishment.

For firms engaged in activities such as agriculture, construction, transportation, communications, and electric, gas and utility services, in 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 to 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 place from which personnel operate in carrying out their activities.

WORK ENVIRONMENT is comprised of the physical environment, 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

CASE OR FILE NUMBER	DATE OF INJURY OR ONSET OF ILLNESS	EMPLOYEE'S NAME (First name or initial, middle initial, last name)	OCCUPATION (Enter regular job title, not including any temporary or contract work, or other assignment)	DEPARTMENT (Enter department in which the employee is regularly employed)	DESCRIPTION OF INJURY OR ILLNESS			EXTENT OF AND OUTCOME OF CASES				NONFATAL CASES WITHOUT WORKDAYS LOST (Enter a check if employee was absent for 1 or more workdays. If employee was absent for 1 or more workdays, enter the number of workdays lost.)	TERMINATIONS OR TRANSFERS (Enter a check if employee was terminated or transferred. If employee was terminated or transferred, enter the date of termination or transfer.)
					Body Affected (Type injury or illness and specify body part affected. If injury or illness involves both hands, specify both hands.)	IB	TI	DEATHS (Enter number of deaths resulting from this case.)	(B)	LOST WORKDAYS (Enter number of days away from work due to injury or illness.)	(DAI)		
1	3-2-77	VERNON B. BARKER	Welder		Back injury on left side, right arm	IB	TI		✓	59	72		
2	4-2-77	ROBERT C. BURRESS	Welder		Back injury on left side, right arm	IB	TI		✓	59	72		
3	4-2-77	ROBERT C. BURRESS	Welder		Back injury on left side, right arm	IB	TI		✓	59	72		
4	4-2-77	ROBERT C. BURRESS	Welder		Back injury on left side, right arm	IB	TI		✓	59	72		
5	4-2-77	ROBERT C. BURRESS	Welder		Back injury on left side, right arm	IB	TI		✓	59	72		
6	4-2-77	ROBERT C. BURRESS	Welder		Back injury on left side, right arm	IB	TI		✓	59	72		
7	4-2-77	ROBERT C. BURRESS	Welder		Back injury on left side, right arm	IB	TI		✓	59	72		
8	4-2-77	ROBERT C. BURRESS	Welder		Back injury on left side, right arm	IB	TI		✓	59	72		
9	4-2-77	ROBERT C. BURRESS	Welder		Back injury on left side, right arm	IB	TI		✓	59	72		
10	4-2-77	ROBERT C. BURRESS	Welder		Back injury on left side, right arm	IB	TI		✓	59	72		
11	4-2-77	ROBERT C. BURRESS	Welder		Back injury on left side, right arm	IB	TI		✓	59	72		
12	4-2-77	ROBERT C. BURRESS	Welder		Back injury on left side, right arm	IB	TI		✓	59	72		
13	4-2-77	ROBERT C. BURRESS	Welder		Back injury on left side, right arm	IB	TI		✓	59	72		
14	4-2-77	ROBERT C. BURRESS	Welder		Back injury on left side, right arm	IB	TI		✓	59	72		
15	4-2-77	ROBERT C. BURRESS	Welder		Back injury on left side, right arm	IB	TI		✓	59	72		

Injury Code	Disease Code
10 All occupational injuries	
	25 Disorders due to physical agents (other than toxic materials)
	26 Disorders associated with repeated trauma
	29 All other occupational ailments
	31 Occupational skin diseases or disorders
	32 Dust diseases of the lungs (pneumoconiosis)
	33 Respiratory conditions due to toxic agents
	40 Poisoning (systemic effects of toxic materials)

Injury Code
Occupational Injuries
Illness Codes

NOTE: This is NOT a report form. Keep it in the establishment for 5 years.

Company Name _____
Establishment Name _____
Establishment Address _____

LOG 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 a log of occupational injuries and illnesses occurring in the workplace. This form (OSHA No. 100) is acceptable for that purpose. A substitute for the OSHA No. 100 is acceptable if it is as detailed, easily readable and understandable as the OSHA No. 100.

INSTRUCTIONS FOR COMPLETING LOG OF OCCUPATIONAL INJURIES AND ILLNESSES

Column 1 - CASE OR FILE NUMBER
Enter a number which will facilitate comparison with other records. Any series of nonrepeating numbers may be used.

Column 2 - DATE OF INJURY OR ONSET OF ILLNESS
Enter the date of the occupational injury or illness. If the injury or illness occurred on a date other than the date of the report, 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.

Column 3 - EMPLOYEE'S NAME
Column 4 - OCCUPATION
Enter the name of the employee, not the specific activity being performed at 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 or division in which the injured person is regularly employed, even though temporary assignments may occur. Enter the name of the department or division in the absence of a formal 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 case. A list of the codes appears at the bottom of the log. A more complete description of recordable occupational injuries and illnesses appears in DEFINITIONS.

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

Column 9 - LOST WORKDAY CASES
Enter the number of lost workdays resulting from the occupational injury or illness. Enter the number of lost workdays from work, or days of restricted work activity, or both. Each lost workday case also requires an entry in column 9A or column 9B, or both.

Each recordable occupational injury and occupational illness must be timely entered on the log. Lost must be kept current and entered for the 13th year following the date of the occupational injury or illness. The log must be maintained in a safe place accessible to the public for inspection and copying by representatives of the Department of Labor, or the Department of Health, Education and Welfare, or States affected jurisdiction under the Act.

Column 9A - 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 workday, lost workdays should be based on prior work history of the employee. For example, if an employee is injured on a day which is a Friday, and the employee's normal workday is from 8:00 a.m. to 4:00 p.m., the employee would be considered to have lost one workday.

Column 9B - 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 as a permanent job less than full time, or
3) the employee worked as 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.

Column 10 - NONFATAL CASES WITHOUT LOST WORKDAYS
Enter a check for any recordable case which does not involve a fatality or lost workdays.

Column 11 - TERMINATIONS OR PERMANENT TRANSFERS
Enter a check if the entry in columns 9 or 10 represented a termination of employment or permanent transfer.

CHANGES IN EXTENT OF OUTCOME OF INJURY OR ILLNESS

If during the 5-year period the extent of the injury or illness changes in a case which affects entries in columns 9 or 10, the first entry should be checked and a new entry made. For example, if an employee is injured on a day which is a Friday, and the employee's normal workday is from 8:00 a.m. to 4:00 p.m., the employee would be considered to have lost one workday. If the employee is later found to be nonrecoverable, the entry in column 9 should be checked, entered in column 9, and the number of lost workdays entered in column 9A and/or 9B.

In another example, if an employee with an occupational injury is later found to be nonrecoverable, the entry in column 9 should be checked, entered in column 9, and the number of lost workdays entered in column 9A and/or 9B.

DEFINITIONS

RECORDABLE OCCUPATIONAL INJURIES AND ILLNESSES ARE:
1) OCCUPATIONAL DEATHS, regardless of the time between injury and death, or
2) OCCUPATIONAL ILLNESSES, or
3) 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).

NOTE: Any case which involves lost workdays must be recorded. If it always involves one or more of the criteria for recordability, it is a recordable case. If it involves one or more of the criteria for recordability, it is a recordable case. If it involves one or more of the criteria for recordability, it is a recordable case.

OCCUPATIONAL INJURY is any injury such as cut, fracture, sprain, strain, bruise, burn, laceration, abrasion, or other injury, or a condition resulting from a work-related event, which is not a personal injury or illness.

OCCUPATIONAL ILLNESS is any illness of an employee which is not a personal illness, but which is caused by exposure to a physical, chemical, or biological agent, or by a condition of the work environment, or by a condition of the work environment, or by a condition of the work environment.

NOTE: Conditions resulting from alcohol abuse, such as intoxication or blackout, 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 a physical, chemical, or biological agent, or by a condition of the work environment, or by a condition of the work environment, or by a condition of the work environment.

NOTE: Conditions resulting from alcohol abuse, such as intoxication or blackout, 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 a physical, chemical, or biological agent, or by a condition of the work environment, or by a condition of the work environment, or by a condition of the work environment.

NOTE: Conditions resulting from alcohol abuse, such as intoxication or blackout, 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 a physical, chemical, or biological agent, or by a condition of the work environment, or by a condition of the work environment, or by a condition of the work environment.

NOTE: Conditions resulting from alcohol abuse, such as intoxication or blackout, 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 a physical, chemical, or biological agent, or by a condition of the work environment, or by a condition of the work environment, or by a condition of the work environment.

NOTE: Conditions resulting from alcohol abuse, such as intoxication or blackout, or from one-time exposure to chemicals are considered to be injuries.

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).

Some complete definitions appear on the other side of this form.

LOG OF OCCUPATIONAL INJURIES AND ILLNESSES

[illegible]

Injury Code	Illness Code
10 All occupational injuries	

NOTE: This is **NOT** a report form. Keep it in the establishment for 5 years.

Company Name _____
Establishment Name _____
Establishment Address _____

- 21 Occupational skin diseases or disorders
- 22 Dust diseases of the lungs (pneumoconioses)
- 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 associated with repeated trauma
- 27 All other occupational ailments

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LOG 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. 100) may be used for that purpose. A substitute for the OSHA No. 100 is acceptable if it is as defined, easily readable and understandable as the OSHA No. 100.

INSTRUCTIONS FOR COMPLETING LOG OF OCCUPATIONAL INJURIES AND ILLNESSES

Column 1 - CASEOR FILE NUMBER

Enter a number which will facilitate comparison with supplementary records. Any series of nonduplicating numbers may be used.

Column 2 - DATE OF INJURY OR ONSET OF ILLNESS

For occupational injuries enter the date of the 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.

Column 3 - EMPLOYEE'S NAME

Column 3 - EMPLOYEE'S NAME

Column 4 - OCCUPATION
Enter regular job title, not the specific activity being performed at 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 or division in which the injured person is regularly employed, even though temporarily working in another department at the time of injury or illness. 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

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

Column 7 - INJURY OR ILLNESS CODE
Enter the one code which most accurately describes the case. A list of the codes appears at the bottom of the log. A more complete description of recordable occupational injuries and illnesses appears in "DEFINITIONS."

Column 8 - DEATHS

Column 6 - DEATHS
If the occupational injury or illness resulted in death, enter date of death.

Column 9 • LOST WORKDAY CASES

Enter a check for each case which involves days away from work, or days of restricted work activity, or both. Each lost workday case also requires an entry in column 9A or column 9B, or both.

CHANGES IN EXTENT OF OR OUTCOME OF INJURY OR ILLNESS

If, during the 3 year period the log must be retained, there is a change in a case which affects entries in columns 9 or 10, 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 10 should be lined out, a check entered in column 9, and the number of lost workdays entered in columns 9A and/or 9B.

In another example, if an employee with an occupational

DISCUSSION

RECORDABLE OCCUPATIONAL INJURIES AND ILLNESSES are:

- 1) OCCUPATIONAL DEATHS, regardless of the time between injury and death, or the length of the illness; or
 - 2) OCCUPATIONAL ILLNESSES; or
- the following: loss of consciousness, restriction of work or motion, transfer to another job, or medical treatment (other than first aid)

NOTE: Any case which involves lost workdays must be recorded since it always involves one or more of the criteria for recordability.

OCCUPATIONAL INJURY AND ILLNESS SURVEILLANCE

OXFORD **INDUSTRIAL 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 as employee is not abnormal

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. 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
Example(s): Contact dermatitis, eczema, a rash caused by poisonous plants and sealants or polishes; plant dermatitis; throat ulcers; chemical burns or inhalation injuries.
- (22) Drug Diseases of the Lung (Pneumonoses)
Example(s): Silicosis, asbestosis, coal worker's pneumoconiosis, berylliosis, and other pneumoconiosis.
- (23) Respiratory Conditions Due to Toxic Agents
Example(s): Pneumoconiosis, pharyngitis, rhinitis or acute conjunctivitis due to chemicals, dusts, gases, or fumes; foreign body's lung; etc.
- (24) Poisoning (Systemic Effects of Toxic Materials)
Example(s): Strychnine, lead, mercury, cadmium, arsenic, or other metals; poisoning by carbon monoxide, hydrogen sulfide, or other gases; poisoning by carbon tetrachloride, or other

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LOG OF OCCUPATIONAL INJURIES AND ILLNESSES

[illegible]

Injury Code	All occupational injuries
10 All occupational injuries	

NOTE: This is NOT a report form. Keep it in the establishment for 5 years.

Company Name _____
Establishment Name _____
Establishment Address _____

- 21 Occupational skin diseases or disorders
- 22 Dust diseases of the lung (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 associated with repeated trauma
- 27 All other occupational illnesses

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