OSHA NO. 200

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

Form Approved
OMB No. 44R 1453

CASE OR FILE NUMBER	DATE OF INJURY OR ONSET OF ILLNESS	EMPLOYEE'S NAME	OCCUPATION	DEPARTMENT	DESCRIPTION OF INJURY OR ILLNESS		EXTENT OF AND OUTCOME OF CASES					
								LOST WORKDAY CASES				
									LOST WORKDAYS			
		(First name or initial, middle initial, last name)	(Enter regular job title, not activity employee was performing when injured or at onset of illness.)	(Enter department in which the employee is regularly employed.)	Nature of Injury or Illness and Part(s) of Body Affected (Typical entries for this column might be: Amputation of 1st joint right forefinger, Strain of lower back, Contact dermatitis on both hands, Electrocution—body)	Injury or Illness Code (See codes at bottom of page.)	DEATHS (Enter date of death.)	Enter a check if case involved lost workdays.	Enter number of days AWAY FROM WORK due to injury or illness.	Enter number of days of RESTRICTED WORK ACTIVITY due to injury or illness.	NONFATAL CASES WITHOUT LOST WORKDAYS (Enter a check if no entry was made in columns 8 or 9 but the case is recordable, as defined above.)	TERMINATIONS OR PERMANENT TRANSFERS (Enter a check if the entry in columns 9 or 10 represented a termination or permanent transfer.)
(1)	Mo./day/yr. (2)	(3)	(4)	(5)	(6)	(7)	Mo./day/yr. (8)	(9)	(9A)	(9B)	(10)	(11)
	4-14-				Picked up 50# [illegible] belt while sharp pain in	14/0		14	320	72	12	
37	3-22-[illegible]	Christopher Francesca ✓	Apt #2	Lube	Rt. groin	10		✓	10	5		
38	4-24-	Richard A. Danna ✓	Laborer	Anydex	[illegible] through [illegible] burned eye	25		✓	1			
24	4-27-	Phillip A. Watkins ✓	Laborer	Lube	Carrying 2-6' sec. of scaffold Pain Hurt Back	10		✓	2			
3"	4-26-	Veronica Lauker ✓	Labor	Lube	Cleaning up with a Hot water Hose water got on left lower leg	10		✓	18			
						17/1		18	351	77	12	

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 injuries
Illness Codes

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
29 All other occupational illnesses

PLAINTIFF'S EXHIBIT
MBL-362

003380

249432

LOG OF OCCUPATIONAL INJURIES AND ILLNESSES

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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.

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 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 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 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 illness lost workdays, returned to work, and then died of the illness, the entries in columns 9, 9A, and/or 9B should be lined out and the date of death entered in column 8.

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 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 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 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; chrome ulcers; chemical burns or inflammations, etc.

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

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

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

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

(26) 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.

(29) *All Other Occupational Illnesses*
Examples: Anthrax, brucellosis, infectious hepatitis, malignant and benign tumors, food poisoning, histoplasmosis, coccidioidomycosis, etc.

MEDICAL TREATMENT includes treatment (other than first aid) administered by a physician or by registered professional personnel under 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, farm, ranch, bank, sales office, warehouse, or central administrative office). Where distinctly separate activities are performed at a single physical location (such as contract construction activities operated from the same physical location as a lumber yard), each activity shall be treated as a separate establishment.

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

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

WORK ENVIRONMENT is composed of the physical locations, 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.

OSHA NO. 200

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(See definitions on the other side of this form.)

Form Approved
OMB No 44R 1453

CASE OR FILE NUMBER	DATE OF INJURY OR ONSET OF ILLNESS	EMPLOYEE'S NAME	OCCUPATION	DEPARTMENT	DESCRIPTION OF INJURY OR ILLNESS		EXTENT OF AND OUTCOME OF CASES					
		(First name or initial, middle initial, last name)	(Enter regular job title, not activity employee was performing when injured or at onset of illness.)	(Enter department in which the employee is regularly employed)	Nature of Injury or Illness and Part(s) of Body Affected (Typical entries for this column might be: Amputation of 1st joint right forefinger; Strain of lower back; Contact dermatitis on both hands; Electrocution—body)	Injury or Illness Code (See codes at bottom of page.)	DEATHS (Enter date of death.)	LOST WORKDAY CASES: Enter a check if case involved lost workdays.	LOST WORKDAYS: Enter number of days AWAY FROM WORK due to injury or illness.	LOST WORKDAYS: Enter number of days of RESTRICTED WORK ACTIVITY due to injury or illness.	NONFATAL CASES WITHOUT LOST WORKDAYS (Enter a check if no entry was made in columns 8 or 9 but the case is recordable, as defined above.)	TERMINATIONS OR PERMANENT TRANSFERS (Enter a check if the entry in columns 9 or 10 represented a termination or permanent transfer.)
(1)	Mo./day/yr. (2)	(3)	(4)	(5)	(6)	(7)	Mo./day/yr. (8)	(9)	(9A)	(9B)	(10)	(11)
					Speeder fell hit ground	11/0		7	165	72	8	
16	3-1-78	Mark S. Twiage ✓	Pipefitter Trainee	South Plt.	Caustic Splash in Rt. Eye	10					✓	
17	3-1-78	James D. Sweringen ✓	Machinist	South Plt.	Dropped tool hit ground Caustic Splash in Rt. eye	10		✓	3			
18	3-1-78	Alvin E. McCrackin ✓	Welder Trainee	Open. Service	Using grinding F.B. got in Rt. eye	18					✓	
19	3-3-78	L.W. Stimack ✓	Painter	Lube	Standing on a ladder... hurt back	18		✓	15			
20	3-1-78	Harvey J. Berry ✓	Rigger	Open. Service	Pushing line back using board... struck face from letter foot	10		✓	4			
21	3-8-78	A. C. Clark Jr. ✓	Unit Truck Driver	Open. Service	Putting tire Repair ring on tire came off - struck Rt. in mouth	10		✓	9			
22	3-13-78	Jack T. Lee ✓	Pipe Fitter	Complex	Cutting metal with Chisel, piece blew off struck Left eye	10					✓	
23	3-13-78	James T. Sparks ✓	Machinist	Open. Service	a Toe Clamp fell off boring mill on to toe left	18					✓	
24	3-21-78	Christopher C. Scott ✓	Pipe Fitter	North Plt.	Pipe Broke loose Caustic went over body	10		✓	33			
25 ✓	3-21-78	Fenton Walker Sr.	Pipe Helper	North Plt.	Pipe Broke Caustic on body	10		✓	83			
26	3-2-78	Thomas E. Sanford ✓	Painter	Open. Service	Picked up on 20' 4" pipe hurt left side	10		✓	8			
27	3-23-78	Christopher Francois	Operator #2 B.P.	Lube	Pick up of 5 lb. Conveyor Belt material hurt groin	10						
						14/0		14	320	72	12	

Company Name ____________________
Establishment Name ____________________
Establishment Address ____________________

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Injury Code
10 All occupational injuries

Illness Codes
21 Occupational skin diseases or disorders
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003382

249434

LOG OF OCCUPATIONAL INJURIES AND ILLNESSES

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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

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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.

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

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Column 10 - NONFATAL CASES WITHOUT LOST WORKDAYS

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CHANGES IN EXTENT OF OR OUTCOME OF INJURY OR ILLNESS

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

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

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

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

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

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

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

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OSHA NO. 200

LOG OF OCCUPATIONAL INJURIES AND ILLNESSES

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Form Approved
OMB No. 44R 1453

CASE OR FILE NUMBER (1)	DATE OF INJURY OR ONSET OF ILLNESS Mo./day/yr. (2)	EMPLOYEE'S NAME (First name or initial, middle initial, last name) (3)	OCCUPATION (Enter regular job title, not activity employee was performing when injured or at onset of illness.) (4)	DEPARTMENT (Enter department in which the employee is regularly employed) (5)	DESCRIPTION OF INJURY OR ILLNESS: Nature of Injury or Illness and Part(s) of Body Affected (Typical entries for this column might be: Amputation of 1st joint right forefinger; Strain of lower back; Contact dermatitis on both hands; Electrocution—body) (6)	Injury or Illness Code (See codes at bottom of page.) (7)	DEATHS (Enter date of death) Mo./day/yr. (8)	EXTENT OF AND OUTCOME OF CASES — LOST WORKDAY CASES: Enter a check if case involved lost workdays. (9)	LOST WORKDAYS: Enter number of days AWAY FROM WORK due to injury or illness. (9A)	LOST WORKDAYS: Enter number of days of RESTRICTED WORK ACTIVITY due to injury or illness. (9B)	NONFATAL CASES WITHOUT LOST WORKDAYS (Enter a check if no entry was made in columns 8 or 9 but the case is recordable, as defined above.) (10)	TERMINATIONS OR PERMANENT TRANSFERS (Enter a check if the entry in columns 9 or 10 represented a termination or permanent transfer.) (11)
						4/0		4	134	72	5	
10	2-1-78	Ray Allen Dean	Laborer	Open Service	Pulling on wrench, slipped struck mouth hurt teeth	10					✓	
11	2-3-78	Jerry L. Plaster	Machinist	Open Service	Twisted left ankle going out Tunnel of both hands	1.0		✓	10			
12	2-8-78	N. B. Woodside	Electrician	Open Service	Struck finger (left) on scaffold Board Erecting	10					✓	
13 ✓	2-13-78	Phillip D. Hurley	Open Furnace	Complex	Looking into furnace liquid Came out burned Rt. Hand	10		✓	17			
14	2-15-78	David T. Burge	Machinist	Lube Pl.	Cleaning machine with steam hose Hose broke burned arm	10		✓	4			
15	2-23-78	Sylvester Chambers Jr.	Helper	Lube	Standing on cardboard to remove dummy, scale fell cut eye	10					✓	
						17/0		7	165	72	8	

Company Name ______________________
Establishment Name ______________________
Establishment Address ______________________

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Injury Code
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Illness Codes
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LOG OF OCCUPATIONAL INJURIES AND ILLNESSES

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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 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 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 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 illness lost workdays, returned to work, and then died of the illness, the entries in columns 9, 9A, and/or 9B should be lined out and the date of death entered in column 8.

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 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 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 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, chrome ulcers, chemical burns or inflammations; etc.

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

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

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

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

(26) 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.

(29) All Other Occupational Illnesses
Examples: Anthrax, brucellosis, infectious hepatitis, malignant and benign tumors, food poisoning, histoplasmosis, coccidiomycosis, 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 registered professional personnel.

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

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

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

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

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OSHA NO.

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

Form Approved
OMB No. 44R 1453

CASE OR FILE NUMBER	DATE OF INJURY OR ONSET OF ILLNESS (Mo/day/yr)	EMPLOYEE'S NAME (First name or initial, middle initial, last name)	OCCUPATION (Enter regular job title, not activity employee was performing when injured or at onset of illness)	DEPARTMENT (Enter department in which the employee is regularly employed)	DESCRIPTION OF INJURY OR ILLNESS: Nature of Injury or Illness and Part(s) of Body Affected (Typical entries for this column might be: Amputation of 1st joint right forefinger; Strain of lower back; Contact dermatitis on both hands; Electrocution—body)	Injury or Illness Code (See codes at bottom of page)	EXTENT OF AND OUTCOME OF CASES: DEATHS (Enter date of death) Mo/day/yr	LOST WORKDAY CASES: Enter a check if case involved lost workdays	LOST WORKDAYS: Enter number of days AWAY FROM WORK due to injury or illness	LOST WORKDAYS: Enter number of days of RESTRICTED WORK ACTIVITY due to injury or illness	NONFATAL CASES WITHOUT LOST WORKDAYS (Enter a check if no entry was made in columns 8 or 9 but the case is recordable, as defined above)	TERMINATIONS OR PERMANENT TRANSFERS (Enter a check if the entry in columns 9 or 10 represented a termination or permanent transfer)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(9A)	(9B)	(10)	(11)
1	1-12-78	Charles E. Gregory	Pipe Fitter	North Plant	Wrecking lever something blew into left eye.	10					✓	
2	1-13-78	Donald R. [illegible]	Welder	North Plant	Working with other workers injured eye [illegible] T-4	25					✓	
3	1-17-78	W. DUNAWAY	MACHINIST	SOUTH PLT.	Holding a back up wrench slipped hurt finger	10					✓	
11	1-12-78	Jerry T. Oglesby	[illegible]	Oper. Serv.	Slipped on oil slick metal plate hurt Rt. ankle	10		✓		7		
~~3~~	~~1-23-78~~	~~Sammy L. Bell~~	~~Light Equipment~~	~~Lube Plt~~	~~Loading boards on forklift, truck shifted, board dislodged, struck mouth cracked tooth~~	~~10~~						
6 ✓	1-24-78	Emmett A Rackford	Carpenter	Lube Plt	Mounting rigging truck foot slipped leg went under wheel causing injury to lt. leg.	10		✓	72	65x		
7	1-25-78	Wendell D. [illegible]	#4 Operator	Lube Plt.	Crushed [illegible] on Rt. hand middle finger	10					✓	
8	1-24-78	Steven W. Clark	Oper. #2	Lube Plt.	Dropped 5 gal bucket on left hand	10					✓	
9	1-3-78	Sid E. [illegible] Jr.	Welder	South Plt.	Pulling cable [illegible] Self	10		✓	35			
5	1-25-78	William H. [illegible] Jr.	Elect 1st	Oper. Ser.	Pulling on board (light) hurt knee	11		✓	27			
						4/0		4	134	72	5	

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 injuries
Illness Codes
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
29 All other occupational illnesses

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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.

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.

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 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 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 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 illness lost workdays, returned to work, and then died of the ess, the entries in columns 9, 9A, and/or 9B should be lined out and the date of death entered in column 8.

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 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 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 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; chrome ulcers; chemical burns or inflammations; etc.

(22) *Dust Diseases of the Lungs (Pneumoconioses)*
Examples: Silicosis, asbestosis, coal worker's pneumoconiosis, byssinosis, and other pneumoconioses

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

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

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

(26) 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.

(29) All Other Occupational Illnesses
Examples: Anthrax, brucellosis, infectious hepatitis, malignant and benign tumors, food poisoning, histoplasmosis, coc *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 *registered professional personnel.*

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

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

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

WORK ENVIRONMENT is comprised of the physical on, 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.

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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.

LOG OF OCCUPATIONAL INJURIES AND ILLNESSES

EMPLOYEE'S NAME (name or initial, middle initial, last name)	OCCUPATION (Enter regular job title, not activity employee was performing when injured or at onset of illness)	DEPARTMENT (Enter department in which the employee is regularly employed)	DESCRIPTION OF INJURY OR ILLNESS: Nature of injury or illness and Part(s) of Body Affected (Typical entries for this column might be, Amputation of 1st joint right forefinger; Strain of lower back; Contact dermatitis on both hands; Electrocution–body)	Injury or Illness Code (See codes at bottom of page.)	EXTENT OF AND OUTCOME OF C: DEATHS (Enter date of death)	LOST WORKDAY CASES: Enter a check if case involved lost workdays.	LOST WORKDA: Enter number of days AWAY FROM WORK due to injury or illness.	Enter of da REST WOR ITY d or illn
(3)	(4)	(5)	(6)	(7)	Mo./day/yr. (8)	(9)	(9A)	
[illegible]	[illegible]	[illegible]	55 gal DRUM FELL STRUCK RT. FINGER Compound FRACTURE	10				
[illegible]	[illegible]	[illegible]	PULLING ON WRENCH HURT BACK	10		–	7	
[illegible]	[illegible]	[illegible]	Sitting on Back of welding Truck hurt leg.	10		–	3	

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

Injury Code
10 All occupational injuries

Illness Codes
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
29 All other occupational illnesses

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.

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.

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 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 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 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 illness lost workdays, returned to work, and then died of the ... ss, the entries in columns 9, 9A, and/or 9B should be lined out and the date of death entered in column 8.

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 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 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 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; chrome ulcers; chemical burns or inflammations; etc.

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

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

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

(25) Disorders Due to Physical Agents (Other Than Toxic Materials)
Examples. Heatstroke, sunstroke, heat exhaustion and other effects of environmental heat; freezing, frostbite and effects of exposure to low temperatures; caisson disease; effects of ionizing radiation (isotopes, X-rays, radium); effects of nonionizing radiation (welding flash, ultraviolet rays, microwave, sunburn), etc.

(26) 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.

(29) All Other Occupational Illnesses
Examples: Anthrax, brucellosis, infectious hepatitis, malignant and benign tumors, food poisoning, histoplasmosis, coccidiomycosis, 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 registered professional personnel.

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

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

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

WORK ENVIRONMENT is comprised of the physical ... ns, 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.

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OSHA NO. 100

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

Form Approved
OMB No. 44R 1453

CASE OR FILE NUMBER (1)	DATE OF INJURY OR ONSET OF ILLNESS Mo./day/yr. (2)	EMPLOYEE'S NAME (First name or initial, middle initial, last name) (3)	OCCUPATION (Enter regular job title, not activity employee was performing when injured or at onset of illness.) (4)	DEPARTMENT (Enter department in which the employee is regularly employed.) (5)	DESCRIPTION OF INJURY OR ILLNESS: Nature of Injury or Illness and Part(s) of Body Affected (Typical entries for this column might be Amputation of 1st joint right forefinger; Strain of lower back; Contact dermatitis on both hands; Electrocution—body) (6)	DESCRIPTION OF INJURY OR ILLNESS: Injury or Illness Code (See codes at bottom of page.) (7)	EXTENT OF AND OUTCOME OF CASES: DEATHS (Enter date of death.) Mo./day/yr. (8)	LOST WORKDAY CASES: Enter a check if case involved lost workdays. (9)	LOST WORKDAYS: Enter number of days AWAY FROM WORK due to injury or illness. (9A)	LOST WORKDAYS: Enter number of days of RESTRICTED WORK ACTIVITY due to injury or illness. (9B)	NONFATAL CASES WITHOUT LOST WORKDAYS (Enter a check if no entry was made in columns 8 or 9 but the case is recordable, as defined above.) (10)	TERMINATIONS OR PERMANENT TRANSFERS (Enter a check if the entry in columns 9 or 10 represented a termination or permanent transfer.) (11)
	8-5-77				SLIPPED AND FELL HURT RT. KNEE	11/1		✓	144	77	6	
92	11-8-77	FRANK LUIS ✓	HELPER	COMPLEX		10		✓	9			
93	11-7-77	D.P ROBERTS ✓	MACHINIST	LUBE	FELL AND HURT HURT HIS BACK	10		✓	39			
94	11-9-77	MATTHEW R. ELLSWORTH ✓	PIPE HELPER	SOUTH PIT	STEPPED ON PIPE HURT HURT RT. FOOT	10		✓	12			
OC	11-8-77	MICHAEL MAYFIELD ✓	MACHINIST	AREA SERV.	PICKED UP PIPE HURT BACK	10		✓	13			
94	11-17-77	DAVID T. CASSEL JR ✓	PIT OPER	LUBE	STEPPED IN HOT WATER TRAPPED IN SEWER	10		✓	31			

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 injuries

Illness Codes
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
29 All other occupational illnesses

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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.

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.

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 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 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 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 illness lost workdays, returned to work, and then died of the illness, the entries in columns 9, 9A, and/or 9B should be lined out and the date of death entered in column 8.

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 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 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 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, chrome ulcers; chemical burns or inflammations; etc.

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

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

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

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

(26) 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.

(29) All Other Occupational Illnesses
Examples: Anthrax, brucellosis, infectious hepatitis, malignant and benign tumors, food poisoning, histoplasmosis, coccidiomycosis, 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 registered professional personnel.

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

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

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

WORK ENVIRONMENT is comprised of the physical [illegible], 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.

OSHA NO. 100

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

Form Approved
OMB No. 44R 1453

CASE OR FILE NUMBER	DATE OF INJURY OR ONSET OF ILLNESS Mo./day/yr.	EMPLOYEE'S NAME (First name or initial, middle initial, last name)	OCCUPATION (Enter regular job title, not activity employee was performing when injured or at onset of illness)	DEPARTMENT (Enter department in which the employee is regularly employed)	DESCRIPTION OF INJURY OR ILLNESS: Nature of Injury or Illness and Part(s) of Body Affected (Typical entries for this column might be: Amputation of 1st joint right forefinger; Strain of lower back; Contact dermatitis on both hands; Electrocution—body)	DESCRIPTION OF INJURY OR ILLNESS: Injury or Illness Code (See codes at bottom of page.)	EXTENT OF AND OUTCOME OF CASES: DEATHS (Enter date of death) Mo./day/yr.	LOST WORKDAY CASES: Enter a check if case involved lost workdays.	LOST WORKDAYS: Enter number of days AWAY FROM WORK due to injury or illness.	LOST WORKDAYS: Enter number of days of RESTRICTED WORK ACTIVITY due to injury or illness.	NONFATAL CASES WITHOUT LOST WORKDAYS (Enter a check if no entry was made in columns 8 or 9 but the case is recordable, as defined above.)	TERMINATIONS OR PERMANENT TRANSFERS (Enter a check if the entry in columns 9 or 10 represented a termination or permanent transfer.)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(9A)	(9B)	(10)	(11)
83	10-5-77	FRANCES M. CLARK	LABORER	NORTH PIT.	COMMING DOWN LADDER FROM SURGE DRUM. TURNED ANKLE FRACTURE	10		✓	42			
84	10-6-77	Douglas J. Sam Jr.	WELDER	NORTH PIT.	WELDING SLAG BURNED LEFT LEG	10		✓	5	5		
85	10-11-77	ROBERT W. STREEPER	ASST. OPER.	OPER. SERV.	TRIPPED OVER HOSE HURT LEFT KNEE	10		✓	3	22		
86	10-17-77	JOSEPH W. PRAVA JR.	PIPE FITTER	Con. n' Ex	PICKED UP 4" VALVE HURT BACK	10		✓	7	5		
87	10-20-	Philip Rideau Jr.	PIPE FITTER	OPER. SERV.	~~Dropped~~ PIPE FLANGE FELL ON R. LITTLE FINGER	10		✓		30		
88	10-28	William L. Sanford	Machinist	Oper. Serv.	Was lifting Manhole Cover it slipped landing on R-Great toe fracturing same	10		✓	30			
89	10-29	Roland J. Blanchard	Elect. trainee	Oper. Serv.	Attempting to find Grease fitting on fan, stuck finger in moving fan blades	10		✓		5		
90	10-31	Bonner G. Horn	Pipefitter	South Plt.	Removing Regulator reached up to pull wrench. Noticed discomfort in lower back	10		✓		5		
91	10-31	Mary C. Mickle	Electrician	N.P. Loaned Oper. Serv.	Threading pipe [illegible] felt pain in mid-back [illegible] felt more pain in back	10		✓		2		

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 injuries
Illness Codes
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
29 All other occupational illnesses

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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.

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.

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 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 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 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 illness lost workdays, returned to work, and then died of the illness, the entries in columns 9, 9A, and/or 9B should be lined out and the date of death entered in column 8.

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 involved only first aid.

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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.

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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.

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

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

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

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

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

(26) 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.

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

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

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

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

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

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OSHA NO. 100

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

Form Approved
OMB No. 44R 1453

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 activity employee was performing when injured or at onset of illness)	DEPARTMENT (Enter department in which the employee is regularly employed)	DESCRIPTION OF INJURY OR ILLNESS: Nature of Injury or Illness and Part(s) of Body Affected (Typical entries for this column might be: Amputation of 1st joint right forefinger; Strain of lower back; Contact dermatitis on both hands; Electrocution—body)	Injury or Illness Code (See codes at bottom of page.)	EXTENT OF AND OUTCOME OF CASES: DEATHS (Enter date of death)	LOST WORKDAY CASES: Enter a check if case involved lost workdays.	LOST WORKDAYS: Enter number of days AWAY FROM WORK due to injury or illness.	LOST WORKDAYS: Enter number of days of RESTRICTED WORK ACTIVITY due to injury or illness.	NONFATAL CASES WITHOUT LOST WORKDAYS (Enter a check if no entry was made in columns 8 or 9 but the case is recordable, as defined above.)	TERMINATIONS OR PERMANENT TRANSFERS (Enter a check if the entry in columns 9 or 10 represented a termination or permanent transfer.)
(1)	(2) Mo./day/yr.	(3)	(4)	(5)	(6)	(7)	(8) Mo./day/yr.	(9)	(9A)	(9B)	(10)	(11)
71	9-1-77	Larry W. Hughes	Carpenter Trainee	Lube	Running down stairs slipped hurt back	10		✓	14	29		
72	9-2-77	James M. Stinson	Operator	South Pit	Stepped on rubber hose turned ankle	10		✓	4			
73	9-6-77	Joseph R. Ruben ✓	Oper. Trainee	Lube R&P	2 cases of oil fell on left foot	10		✓	3			
74	9-10-77	R.M. Clampitt ✓	Machinist Helper	Oper. Serv.	Struck head on truck	10					✓	
75	9-14-77	Kenneth W. Drake ✓	Pipe Fitter Trainee	Lube	Using 36" pipe wrench slipped struck lt finger (fracture)	10					✓	
76	(9-8-77) 8-3-77	Christopher Francois ✓	Oper #2	Lube R&P	Pushing 55 gal. drums pain in rt. groin	10		✓	56			
77	9-15-77	Robert Salazar ✓	Laborer	South Pit. ~~Lube~~	Fell through railing at 8 ipth hurt head	10					✓	
78	9-26-77	Stephen E. Judkins ✓	Mach. Helper	Oper. Serv.	Struck rt. middle finger with lead	10					✓	
79	9-29-77	Paul A. Powers ✓	Labor	North Pit.	Rolled drum onto rt. big toe	10		✓	5			
80	9-22-77	Eric N. Perkins ✓	Operator	Lube	Bleeding pump boots soaked rash on feet	21		✓	5			
81	9-28-77	Gabriel LeBlanc ✓	Mech. Helper	Lube	Carrying pipe struck left finger little (fracture)	10		✓	52			
82	(7-19-77) 9-28-77	Kim M. Jackson ✓	Laborer	Oper. Serv. ~~[illegible]~~	Fire watching burned eyes.	25					✓	

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 injuries
Illness Codes
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
29 All other occupational illnesses

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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.

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.

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 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 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 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 illness lost workdays, returned to work, and then died of the illness, the entries in columns 9, 9A, and/or 9B should be lined out and the date of death entered in column 8.

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 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 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 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; chrome ulcers; chemical burns or inflammations; etc.

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

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

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

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

(26) 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.

(29) All Other Occupational Illnesses
Examples: Anthrax, brucellosis, infectious hepatitis, malignant and benign tumors, food poisoning, histoplasmosis, coccidiomycosis, 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 registered professional personnel.

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

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

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

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

LOG OF OCCUPATIONAL INJURIES AND ILLNESSES

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.

EMPLOYEE'S NAME (first name or initial, middle initial, last name)	OCCUPATION (Enter regular job title, not activity employee was performing when injured or at onset of illness)	DEPARTMENT (Enter department in which the employee is regularly employed.)	DESCRIPTION OF INJURY OR ILLNESS: Nature of Injury or Illness and Part(s) of Body Affected (Typical entries for this column might be: Amputation of 1st joint right forefinger; Strain of lower back; Contact dermatitis on both hands; Electrocution—body)	Injury or Illness Code (See codes at bottom of page.)	DEATHS (Enter date of death.) Mo./day/yr.	EXTENT OF AND OUTCOME O[F] — LOST WORKDAY CASE: Enter a check if case involved lost workdays.	LOST WORK[DAYS]: Enter number of days AWAY FROM WORK due to injury or illness.
(3)	(4)	(5)	(6)	(7)	(8)	(9)	(9A)
[..]RALD HENRY	UTILITIES SERVICEMAN	OPER. SER.	WORKING AT #3 WATER WASP STING	10			
[..]ENGA PHILLIPS JR.	LABOR	OPER. SER.	PUTTING WATER KEG INTO TRUCK SET KEG ON FINGER	10			
[..]ED B. GREEN JR.	SPECIAL TESTER	LAB.	HOLDING DISTILLATION RECEIVER RE. BROKE CUTTING HAND	10		✓	[illegible]
[..]ALD N. ROY	RIGGER TRAINEE	SOUTH PIT.	SET FAN BLADE ON LEFT FINGER	10		✓	
[..]RAY T. VIATOR	WELDER TRAINEE	OPER. SER.	PICKED UP PIPE LOWER BACK STRAIN	10		✓	31
[..]NEST L. GRAZIANA	INSULATOR	NORTH PIT.	REACHING TO SUPPORT SELF CAUGHT LT HAND ON RETAINER RO[D]	10		✓	
[..]E TERRY WILSON	LABORER	OPER. SERV.	STEPPED OFF OF BACK OF TRUCK HURT HEAD	10			
[..]EPH T. WILSON	SHIFT FOREMAN	COMPLEX	H2 LEAK BURNED BACK OF LEGS	10		✓	41
E[..]RD S. GARCIA	OPER. #4	LUBE	LOADING BOXES FROM CONVEYER END OF BOX STRUCK FACE	10		✓	
[..]NIS A. GIRAUARD	OPER #2	LUBE	LIFTING CASES OF MOTOR OIL HURT BACK	10		✓	
[..]RON BATES	WELDER	LUBE	FITTING PIPE FELT LEFT EYE SCRATCH	10			
[Wi]lliam B. YARBOUGH	SUB FOREMAN	LUBE BLP	FELLOW WORKER BACKED INTO HIM WITH FORK LIFT HURT BACK	10		✓	[illegible]

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

Injury Code
10 All occupational injuries

Illness Codes
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 traum[a]
29 All other occupational illnesses

LOG OF OCCUPATIONAL INJURIES AND ILLNESSES

Each employer who is subject to the record keeping 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.

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.

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 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 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 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 illness lost workdays, returned to work, and then died of the illness, the entries in columns 9, 9A, and/or 9B should be lined out and the date of death entered in column 8.

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 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 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 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; chrome ulcers; chemical burns or inflammations; etc.

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

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

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

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

(26) 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.

(29) All Other Occupational Illnesses
Examples: Anthrax, brucellosis, infectious hepatitis, malignant and benign tumors, food poisoning, histoplasmosis, coccidiomycosis, 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 registered professional personnel.

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

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

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

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

OSHA NO. 100

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

Form Approved
OMB No. 44R 1453

CASE OR FILE NUMBER (1)	DATE OF INJURY OR ONSET OF ILLNESS Mo./day/yr. (2)	EMPLOYEE'S NAME (First name or initial, middle initial, last name) (3)	OCCUPATION (Enter regular job title not activity employee was performing when injured or at onset of illness) (4)	DEPARTMENT (Enter department in which the employee is regularly employed.) (5)	DESCRIPTION OF INJURY OR ILLNESS: Nature of Injury or Illness and Part(s) of Body Affected (Typical entries for this column might be: Amputation of 1st joint right forefinger, Strain of lower back, Contact dermatitis on both hands, Electrocution—body) (6)	Injury or Illness Code See codes at bottom of page. (7)	EXTENT OF AND OUTCOME OF CASES: DEATHS (Enter date of death) Mo./day/yr. (8)	LOST WORKDAY CASES: Enter a check if case involved lost workdays. (9)	LOST WORKDAYS: Enter number of days AWAY FROM WORK due to injury or illness. (9A)	LOST WORKDAYS: Enter number of days of RESTRICTED WORK ACTIVITY due to injury or illness. (9B)	NONFATAL CASES WITHOUT LOST WORKDAYS (Enter a check if no entry was made in columns 8 or 9 but the case is recordable, as defined above.) (10)	TERMINATIONS OR PERMANENT TRANSFERS (Enter a check if the entry in columns 9 or 10 represented a termination or permanent transfer.) (11)
48	7-7-77	Charlie Bevilacqua	Boilermaker	South Pit	Caught hand between impact and concrete	10		✓		5		
49	7-7-77	David L. Burge	Machinist	Lube Pit	Sharping pocket knife cut rt. finger	10		✓		5		
50	6-30-77 (7-1-77 struck out)	Andrew C. Hunt	Machinist	North Pit	Lifting tool box hurt back	10		✓	14	4		
51	7-15-77	W. E. Jones	Welder	Oper. Serv.	Burning plate F.B. flew in left eye	10					✓	
52	7-20-77	Gary L. Whitmick	Mach Trainee	Oper. Serv.	Fell on fork lift cut left hand	10		✓		5		
53	7-25-77	David H. Quick	Electrician	Complex	Oper. conductor (hydraulic) lift left hand caught	10		✓		5		
54	7-28-77	Terry T. English	Eq. Oper.	North Pit	Pulling grating from truck struck mouth	10					✓	
55	7-28-77	Karyl L. Dunson	Packer #4	Lube	Step through roller fell hurt rt. arm	10					✓	
56	7-29-77	Douglas S. Bryant	Safety Engr.	Safety Dept.	Stepped from 800 fire tk turned left ankle	10		✓		5		
57	7-29-77	James M. Morgan	Inst. Man	South Pit	Opened car door struck upper lip	10					✓	
58	7-30-77	A. T. Baggett	Operator	Oper. Service	Chemical spray from pump in eyes	21 10					✓	

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 injuries
Illness Codes
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
29 All other occupational illnesses

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LOG OF OCCUPATIONAL INJURIES AND ILLNESSES

Each employer who is subject to the record-keeping 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.

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 afforded 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 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.

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 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 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 illness lost workdays, returned to work, and then died of the illness, the entries in columns 9, 9A, and/or 9B should be lined out and the date of death entered in column 8.

The entire entry for a case should be lined out if the case is later found to be nonrecordable. Examples are: A case which at later determined not to be work related, or a case which 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 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 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, chrome ulcers; chemical burns or inflammations; etc.

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

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

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

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

(26) 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.

(29) All Other Occupational Illnesses
Examples: Anthrax, brucellosis, infectious hepatitis, malignant and benign tumors, food poisoning, histoplasmosis, coccidiomycosis, 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 registered professional personnel.

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

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

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

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

OSHA NO. 100

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

Form Approved
OMB No. 44R 1453

CASE OR FILE NUMBER	DATE OF INJURY OR ONSET OF ILLNESS	EMPLOYEE'S NAME	OCCUPATION	DEPARTMENT	DESCRIPTION OF INJURY OR ILLNESS		EXTENT OF AND OUTCOME OF CASES					
								LOST WORKDAY CASES			NONFATAL CASES WITHOUT LOST WORKDAYS	TERMINATIONS OR PERMANENT TRANSFERS
									LOST WORKDAYS			
					Nature of Injury or Illness and Part(s) of Body Affected	Injury or Illness Code	DEATHS	Enter a check if case involved lost workdays.	Enter number of days AWAY FROM WORK due to injury or illness.	Enter number of days of RESTRICTED WORK ACTIVITY due to injury or illness.		
(1)	Mo./day/yr. (2)	(3)	(4)	(5)	(6)	(7)	Mo./day/yr. (8)	(9)	(9A)	(9B)	(10)	(11)
4641	6-4-77	CHARLES E. GRZYBOWSKI	PIPE FITTER	SOUTH PIT	PUSHING WITH RT. FOOT WHILE TIGHTENING FLANGE HURT BACK	10		✓		2		
4642	6-1-77	REGAN L. NEIDIGH	INST. TRAINEE	OPER. SERVICES	WORKING GROUND LEVEL ON PIPE RLW FOOT SLIPPED HURT BACK	10		✓	56			
4643	6-21-77	GREG B ADAMS	LABOR	NORTH PIT	LOADING H.P. BOTTLE ON TRAILER SLIPPED WHILE PUTTING ON	10		✓		15		
4644	6-20-77	S. M. HOLCOMB	MILLWRIGHT	OPER. SERVICES	GETTING OUT OF LINEMAN BUCKET SLIPPED HURT KNEE	10		✓		29		
4645	6-27-77	ZANE L. ELLIOTT	PIPE FITTER	NORTH PIT	STEAM BLEW IN EYES. BEHIND FRESHMIA MASK. PULLING BLIND AT FCC	10					—	
4646	6-28-77	F.R. HARVILL III	OPER. TRAINEE	SOUTH PIT	STEAMING IN VALVE ON LINE AND SEAL LINE BLEW ON FACE	10					—	
4647	6-29-77	BRIAN BATES	WELDER TRAINEE	LUBE PIT	WAS WEARING GLASSES + SHIELD WHILE USING GRINDER DUST GOT INTO	10		✓		2		
4648	6-30-77											

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 injuries

Illness Codes
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
29 All other occupational illnesses

003400

249452

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.

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.

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 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 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 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 illness lost workdays, returned to work, and then died of the illness, the entries in columns 9, 9A, and/or 9B should be lined out and the date of death entered in column 8.

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 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 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 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; chrome ulcers; chemical burns or inflammations; etc.

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

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

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

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

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

(29) All Other Occupational Illnesses
Examples. Anthrax, brucellosis, infectious hepatitis, malignant and benign tumors, food poisoning, histoplasmosis, coccidiomycosis, 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 registered professional personnel.

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

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

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

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

OSHA NO. 100

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

Form Approved
OMB No. 44R 1453

CASE OR FILE NUMBER	DATE OF INJURY OR ONSET OF ILLNESS Mo/day/yr.	EMPLOYEE'S NAME (First name or initial, middle initial, last name)	OCCUPATION (Enter regular job title, not activity employee was performing when injured or at onset of illness.)	DEPARTMENT (Enter department in which the employee is regularly employed)	DESCRIPTION OF INJURY OR ILLNESS: Nature of Injury or Illness and Part(s) of Body Affected (Typical entries for this column might be: Amputation of 1st joint right forefinger; Strain of lower back; Contact dermatitis on both hands; Electrocution—body)	Injury or Illness Code (See codes at bottom of page.)	DEATHS (Enter date of death.) Mo/day/yr.	LOST WORKDAY CASES: Enter a check if case involved lost workdays.	LOST WORKDAYS: Enter number of days AWAY FROM WORK due to injury or illness.	LOST WORKDAYS: Enter number of days of RESTRICTED WORK ACTIVITY due to injury or illness.	NONFATAL CASES WITHOUT LOST WORKDAYS (Enter a check if no entry was made in columns 8 or 9 but the case is recordable, as defined above.)	TERMINATIONS OR PERMANENT TRANSFERS (Enter a check if the entry in columns 9 or 10 represented a termination or permanent transfer.)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(9A)	(9B)	(10)	(11)
~~35~~ 34	5-2-77	Kathy Ellis ✓	Oper. #2	Lube Pit	Drum slipped on wooden floor & fracture of Rt. large toe	10		✓	10			
~~36~~	~~5-2-77~~	~~[illegible]~~	~~[illegible] Pumper~~	~~Oper. Serv.~~	~~Picked up wooden box pinched in left index finger~~	~~10~~						
35 ~~[illegible]~~	5-3-77	Terry R. Shaw ✓	Welder Trainee	South Pit	Working around welders received flash burn	25		✓		1		
~~[illegible]~~	~~5-[illegible]-77~~	~~Douglas [illegible] Jr.~~	~~Welder Trainee~~	~~North Pit~~	~~Working around welder received flash burn~~	~~25~~						
36 ~~[illegible]~~	5-5-77	Rogers Como ✓	Machinist	Oper. Serv.	Working on pump, [illegible] pump moved [illegible] hand on steam [illegible]	10		✓	[illegible]	10		
37 ~~[illegible]~~	5-10-77	E. G. Sanchez ✓	Lineman	Oper. Serv.	Fell, chipped bone in Lt. middle finger	10					✓	
38 ~~4239~~		C. Bevilaqua ✓	Boiler Maker	South Pit	Burner backfired burned face	11		✓		3		
39 ~~[illegible]~~	5-27-77	E. Willis ✓	Asst. Oper.	North Pit	Struck thumb against valve	10		✓		25		
40 ~~[illegible]~~	5-31-77	Thomas Lopez ✓	Oper. #2	Lube Pit	Stencil lid slipped [illegible] Lt. thumb under steel lid	10		✓		8		

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 injuries

Illness Codes
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
29 All other occupational illnesses

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249454

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.

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

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 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 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 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 illness lost workdays, returned to work, and then died of [illegible] the entries in columns 9, 9A, and/or 9B should be lined out and the date of death entered in column 8.

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

DEFINITIONS

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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 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; chrome ulcers; chemical burns or inflammations; etc.

(22) Dust Diseases of the Lungs (Pneumoconioses)
Examples. Silicosis, asbestosis, coal *worker's pneumoconiosis*, byssinosis, and other pneumoconioses.

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

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

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

(26) *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.

(29) All Other Occupational Illnesses
Examples: Anthrax, brucellosis, infectious hepatitis, malignant and benign tumors, food poisoning, histoplasmosis, coccidomycosis, 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* registered professional personnel.

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

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

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

WORK ENVIRONMENT is comprised of the physical [illegible]an, 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.

OSHA NO. 100

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.

Form Approved
OMB No. 44R 1453

LOG OF OCCUPATIONAL INJURIES AND ILLNESSES

CASE OR FILE NUMBER (1)	DATE OF INJURY OR ONSET OF ILLNESS Mo /day/yr. (2)	EMPLOYEE'S NAME (First name or initial, middle initial, last name) (3)	OCCUPATION (Enter regular job title, not activity employee was performing when injured or at onset of illness) (4)	DEPARTMENT (Enter department in which the employee is regularly employed) (5)	DESCRIPTION OF INJURY OR ILLNESS: Nature of Injury or Illness and Part(s) of Body Affected (Typical entries for this column might be, Amputation of 1st joint right forefinger; Strain of lower back; Contact dermatitis on both hands; Electrocution—body) (6)	Injury or Illness Code. See codes at bottom of page. (7)	EXTENT OF AND OUTCOME OF CASES: DEATHS (Enter date of death) Mo /day/yr. (8)	LOST WORKDAY CASES: Enter a check if case involved lost workdays. (9)	LOST WORKDAYS: Enter number of days AWAY FROM WORK due to injury or illness. (9A)	LOST WORKDAYS: Enter number of days of RESTRICTED WORK ACTIVITY due to injury or illness. (9B)	NONFATAL CASES WITHOUT LOST WORKDAYS (Enter a check if no entry was made in columns 8 or 9 but the case is recordable, as defined above.) (10)	TERMINATIONS OR PERMANENT TRANSFERS (Enter a check if the entry in columns 9 or 10 represented a termination or permanent transfer.) (11)
2928	4/11	Domingo Torres	Motor Mixer	North Pit	Going up on scaffold foot slipped stuck left elbow	12		✓		4		
2929	4/12	James T. Blankenship	Laborer	Open Shop	Pulling on wrench hurt lower back	10		✓	9	5		
2930	4/27	Walter R. Baker	Pipefitter	Oper. Serv.	Boiler burner fell on rt. knee knocking out cap and opening a valve	10		✓		5		
2931	4/29	Curtis Powell	Operator	South Pit	Stumbled fell on unsupported hose unsnuffed	10		✓	31			
2932	4/26	Joseph R. Baumgraus	Shiftman		Both hose flew off and struck	10					✓	
2933	4/30	D. L. Wilson	Machinist	South Pit	using crowbar wrench holding socket wrench stuck	10		✓	12	1		

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 injuries

Illness Codes
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
29 All other occupational illnesses

003404

249456

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.

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

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 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 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 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 illness lost workdays, returned to work, and then died of the illness, the entries in columns 9, 9A, and/or 9B should be lined out and the date of death entered in column 8.

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 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 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 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; chrome ulcers; chemical burns or inflammations, etc.

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

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

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

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

(26) 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.

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

MEDICAL TREATMENT includes treatment (other than first aid) administered by a physician or by registered professional personnel under 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, farm, ranch, bank, sales office, warehouse, or central administrative office). Where distinctly separate activities are performed at a single physical location (such as contract construction activities operated from the same physical location as a lumber yard), each activity shall be treated as a separate establishment.

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

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

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

OSHA NO. 100

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

Form Approved
OMB No. 44R 1453

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 activity employee was performing when injured or at onset of illness.)	DEPARTMENT (Enter department in which the employee is regularly employed.)	DESCRIPTION OF INJURY OR ILLNESS: Nature of Injury or Illness and Part(s) of Body Affected (Typical entries for this column might be: Amputation of 1st joint right forefinger; Strain of lower back; Contact dermatitis on both hands; Electrocution—body)	Injury or Illness Code (See codes at bottom of page.)	DEATHS (Enter date of death.)	LOST WORKDAY CASES: Enter a check if case involved lost workdays.	LOST WORKDAYS: Enter number of days AWAY FROM WORK due to injury or illness.	LOST WORKDAYS: Enter number of days of RESTRICTED WORK ACTIVITY due to injury or illness.	NONFATAL CASES WITHOUT LOST WORKDAYS (Enter a check if no entry was made in columns 8 or 9 but the case is recordable, as defined above.)	TERMINATIONS OR PERMANENT TRANSFERS (Enter a check if the entry in columns 9 or 10 represented a termination or permanent transfer.)
(1)	Mo./day/yr. (2)	(3)	(4)	(5)	(6)	(7)	Mo./day/yr. (8)	(9)	(9A)	(9B)	(10)	(11)
16	3-1-77	B. M. Parsons	Mech Helper	Lube Pit	Pulling on wrench pulled muscle in chest	10		✓		5		
17	3-1-77	S. C. Hopkins	Oper. Trainee	South Pit	Slipped on stairs cut chin hurt neck	10					✓	
18	3-3-77	A. L. Marcus	Helper	Oper. Serv.	Mashed finger on turbine tap.	10					✓	
19	3-6-77	David T. Littleton	Welder	Lube Pit	Chipping weld slag in left eye	10					✓	
~~20~~	~~3-8-77~~	~~Gerald T. Giardina~~	~~Oper.~~	~~Lube Pit~~	~~Opening box car mashed left little finger~~	10						
20	3-10-77	Clyde W. Bkholey	Pipe Helper	North Pit	Working with welders in water box flash burn to eyes	25 10					✓	
21	3-11-77	Andy R. Foote	Welder Trainee	South Pit	Chipping slag on weld hot slag in left eye	10					✓	
22	3-12-77	N. Johnson	Rigger	South Pit	Chain block came out of sling cut near left eye	10						
23	3-15-77	Paul E. Byerly	Machinist	Lube Pit	Hit left little finger with hammer bursting & fracture	10						
~~24~~	~~3-16-77~~	~~Walter Morse~~	Pipe Fitter	Oper. Ser.	Working on pipe R/W that night at home noticed left eye hurting	10						
24	3-18-77	Jeffey L. Coffey	Machinist Helper	South Pit	Handle of back up wrench kicked up hit chin	10					✓	
25	3-20-77	Danny L. Boyd	Welder	Oper. Ser.	Cleaning weld, hot slag popped into left eye	10		✓	2			
~~26~~	~~3-24-77~~	~~Martie Wyatt Jr.~~	~~Oper. #2~~	~~Lube~~	~~Loading van & cases of oil hurt back~~	~~11~~						
26	3-31-77	E. G. Coussou	Pipe Fitter	Oper. Service	Removing bolt from plug plug came out of vise hurt left finger	10					✓	
27	3-30-77	Raymond E. Squires	Pipe Fitter	North Pit	Pulling on wrench, wrench slipped struck lt. finger	10					✓	

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 injuries

Illness Codes
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
29 All other occupational illnesses

003406

249458

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.

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.

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 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 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 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 illness lost workdays, returned to work, and then died of the [illegible], the entries in columns 9, 9A, and/or 9B should be lined out and the date of death entered in column 8.

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 involved only first aid.

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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.

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

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

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

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

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

(26) 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.

(29) All Other Occupational Illnesses
Examples: Anthrax, brucellosis, infectious hepatitis, malignant and benign tumors, food poisoning, histoplasmosis, coc[illegible]domycosis, 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 registered professional personnel.

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

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WORK ENVIRONMENT is comprised of the physical l[illegible]on, equipment, materials processed or used, and the kinds of ope[illegible]ons performed by an employee in the performance of his work, whether on or off the employer's premises.

OSHA NO. 100

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

Form Approved
OMB No. 44R 1453

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 activity employee was performing when injured or at onset of illness)	DEPARTMENT (Enter department in which the employee is regularly employed)	DESCRIPTION OF INJURY OR ILLNESS: Nature of Injury or Illness and Part(s) of Body Affected (Typical entries for this column might be: Amputation of 1st joint right forefinger; Strain of lower back; Contact dermatitis on both hands; Electrocution—body)	Injury or Illness Code (See codes at bottom of page.)	EXTENT OF AND OUTCOME OF CASES: DEATHS (Enter date of death.)	LOST WORKDAY CASES: Enter a check if case involved lost workdays.	LOST WORKDAYS: Enter number of days AWAY FROM WORK due to injury or illness.	LOST WORKDAYS: Enter number of days of RESTRICTED WORK ACTIVITY due to injury or illness.	NONFATAL CASES WITHOUT LOST WORKDAYS (Enter a check if no entry was made in columns 8 or 9 but the case is recordable, as defined above.)	TERMINATIONS OR PERMANENT TRANSFERS (Enter a check if the entry in columns 9 or 10 represented a termination or permanent transfer.)
(1)	Mo./day/yr. (2)	(3)	(4)	(5)	(6)	(7)	Mo./day/yr. (8)	(9)	(9A)	(9B)	(10)	(11)
6	2-2-77	Vernon R. Hawkins ✓	Laborer	Lube	Breaking wax on top of pit foot slipped, hurt left knee	10		✓	59	72		
7	2-3-77	Patrick G. Lorusso	Asst Oper	North Pit	Deicing vapor lines F.B. in left eye	10					✓	
8	1-28-77	Brenda C. Kuhl ✓	Labor	South Pit	Loading shell from wagon barrow, hurt lt. shoulder	10		✓		5	[	
9	2-11-77	William J. Rawls ✓	Machinist	Oper. Serv.	Washing parts in chlorothene splashed in both eyes	21					✓	
10	2-15-77	Duane E. Sparks ✓	Machinist	Oper. Serv.	Pulling bearing from pump shaft, rig broke fracture 2 rt. fingers	10					✓	
11	2-17-77	Robert L. Norton ✓	Carpenter Trainee	Oper. Serv.	Putting board through jointer board kicked back cut left middle ring finger	10		✓	1			
12	2-15-77	Katherine S. Ellis ✓	Pkg. Oper. #4	Lube Pit	Picked up 130 to put back on pallet hurt back	11		✓		4		
13	2-22-77	Bonnie Palmer ✓	Mech. Help	North Pit	Level cont. fell on hand fracture left ring finger	10					✓	
14	2-22-77	Joel E. Alston Jr. ✓	Welder Trainee	North Pit	Walking enroute to truck F.B. blew into rt. eye	11		✓		1		
15	2-12-77	B.T. Washington ✓	Helper (Lab)	Eng.	Slipped going down into levey of tk hurt tailbone	10		✓	564 *	76		

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 injuries

Illness Codes
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
29 All other occupational illnesses

003408

249460

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

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 afforded 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 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.

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 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 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 illness lost workdays, returned to work, and then died of the illness, the entries in columns 9, 9A, and/or 9B should be lined out and the date of death entered in column 8.

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 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 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 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; chrome ulcers; chemical burns or inflammations; etc.

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

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

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

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

(26) 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.

(29) All Other Occupational Illnesses
Examples: Anthrax, brucellosis, infectious hepatitis, malignant and benign tumors, food poisoning, histoplasmosis, coccidomycosis, 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 registered professional personnel.

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

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

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

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

LOG OF OCCUPATIONAL INJURIES AND ILLNESSES

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.

Form Approved
OMB No. 44R 1453

CASE OR FILE NUMBER (1)	DATE OF INJURY OR ONSET OF ILLNESS Mo /day/yr. (2)	EMPLOYEE'S NAME (First name or initial, middle initial, last name) (3)	OCCUPATION (Enter regular job title, not activity employee was performing when injured or at onset of illness) (4)	DEPARTMENT (Enter department in which the employee is regularly employed) (5)	DESCRIPTION OF INJURY OR ILLNESS: Nature of Injury or Illness and Part(s) of Body Affected (Typical entries for this column might be: Amputation of 1st joint right forefinger; Strain of lower back; Contact dermatitis on both hands; Electrocution—body) (6)	Injury or Illness Code See codes at bottom of page. (7)	EXTENT OF AND OUTCOME OF CASES: DEATHS (Enter date of death) Mo /day/yr. (8)	LOST WORKDAY CASES: Enter a check if case involved lost workdays. (9)	LOST WORKDAYS: Enter number of days AWAY FROM WORK due to injury or illness. (9A)	LOST WORKDAYS: Enter number of days of RESTRICTED WORK ACTIVITY due to injury or illness. (9B)	NONFATAL CASES WITHOUT LOST WORKDAYS (Enter a check if no entry was made in columns 8 or 9 but the case is recordable, as defined above) (10)	TERMINATIONS OR PERMANENT TRANSFERS (Enter a check if the entry in columns 9 or 10 represents a termination or permanent transfer) (11)
~~1~~	~~1-18-77~~	~~ALLEN P. SUAREZ~~	~~ASST. COOK~~	~~NORTH PIT~~	~~STRAIN OF LOWER BACK~~	10						
1	1-18-77	G. W. RICHARDS	ASST. COOK	COMPLEX	VANE WRENCH SLIPPED MASHED LEFT RING FINGER	12					✓	
2	1-19-77	Brad Geo. Phillips	Laborer	Lube	SHOVELING DIRT INTO HOPPER	10					✓	
3	1-20-77	Wesley P. Rongead	Rigger	Lube	FLY OWNED RT. EYE. STRUCK IN MOUTH BY HANDLE	10					✓	
4	1-24-77	James M. Richards	Laborer	North Pit	KNOCKED TOOTH OUT. FIRE WHICHING WELDERS	225					✓	
5	1-24-77	Clyde L. Drake	Pipe Fitter	South Pit	BURN TO EYES. PUSHING ROCKER AT LEAD	10		✓	48			

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 injuries

Illness Codes
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
29 All other occupational illnesses

003410

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.

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.

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 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 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 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 illness lost workdays, returned to work, and then died of the ..ss, the entries in columns 9, 9A, and/or 9B should be lined out and the date of death entered in column 8.

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 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 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 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; chrome ulcers; chemical burns or inflammations; etc.

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

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

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

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

(26) 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.

(29) All Other Occupational Illnesses
Examples: Anthrax, brucellosis, infectious hepatitis, malignant and benign tumors, food poisoning, histoplasmosis, coccidiomycosis, 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 registered professional personnel.

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

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

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

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

003411

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OSHA NO. 100

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 a first aid).
More complete definitions appear on the other side of this form.

Form Approved
OMB No. 44R 1453

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 activity employee was performing when injured or at onset of illness)	DEPARTMENT (Enter department in which the employee is regularly employed)	DESCRIPTION OF INJURY OR ILLNESS		EXTENT OF AND OUTCOME OF CASES					
					Nature of Injury or Illness and Part(s) of Body Affected (Typical entries for this column might be: Amputation of 1st joint right forefinger; Strain of lower back; Contact dermatitis on both hands; Electrocution—body)	Injury or Illness Code. See codes at bottom of page	DEATHS (Enter date of death)	LOST WORKDAY CASES			NONFATAL CASES WITHOUT LOST WORKDAYS (Enter a check if no entry was made in columns 8 or 9 but the case is recordable, as defined above.)	TERMINATIONS OR PERMANENT TRANSFERS (Enter a check if the entry in columns 9 or 10 represented a termination or permanent transfer.)
								Enter a check if case involved lost workdays.	LOST WORKDAYS: Enter number of days AWAY FROM WORK due to injury or illness.	LOST WORKDAYS: Enter number of days of RESTRICTED WORK ACTIVITY due to injury or illness.		
	Mo./day/yr.						Mo./day/yr.					
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(9A)	(9B)	(10)	(11)
2491	12-2-76	L. C. HERSCHAP	PIPE FITTER	COMPLEX	Plug BLEW OUT OF 3" LINE IN PT. REMOVED DEVICE IN PIPE & REPAIR	11		✓	62E 2			
2512	12-3-76	ROSS S. HENLIGHT	MACHINIST	OPEN SHOP	Grinding chip out of pump cut Rt. Hand	10					✓	

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 injuries

Illness Codes
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
29 All other occupational illnesses

003412

249464

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.

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.

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 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 be*cause 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 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 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 illness lost workdays, returned to work, and then died of the *the entries in columns 9, 9A, and/or 9B should be lined out* and the date of death entered in column 8.

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 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 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 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 pri*mary irritants and sensitizers or poisonous plants, oil acne; chrome ulcers; chemical burns or inflammations; etc.

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

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

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

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

(26) 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.

(29) All Other Occupational Illnesses
Examples: Anthrax, brucellosis, infectious hepatitis, malignant and benign tumors, food poisoning, histoplasmosis, coc[illegible]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 registered professional personnel.

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

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

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

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