Log and Summary of Occupational Injuries and Illnesses

For Calendar Year 19 91 Page ___ of ___

Form Approved O.M.B. No. 1220-0029

NOTE: This form is required by Public Law 91-596 and must be kept in the establishment for 5 years. Failure to maintain and post can result in the issuance of citations and assessment of penalties. *(See posting requirements on the other side of form.)*

RECORDABLE CASES: You are required to record information about every occupational death; every nonfatal occupational illness; and those nonfatal occupational injuries which involve one or more of the following: loss of consciousness, restriction of work or motion, transfer to another job, or medical treatment (other than first aid). *(See definitions on the other side of form.)*

Company Name: Mobil Chemical Co
Establishment Name: Olefins/Aromatics
Establishment Address: Box 3968 Beaumont Texas 77704

Case or File Number	Date of Injury or Onset of Illness	Employee's Name	Occupation	Department	Description of Injury or Illness
Enter a nonduplicating number which will facilitate comparisons with supplementary records.	Enter Mo./dev.	Enter first name or initial, middle initial, last name.	Enter regular job title, not activity employee was performing when injured or at onset of illness. In the absence of a formal title, enter a brief description of the employee's duties.	Enter department in which the employee is regularly employed or a description of normal workplace to which employee is assigned, even though temporarily working in another department at the time of injury or illness.	Enter a brief description of the injury or illness and indicate the part or parts of body affected. Typical entries for this column might be: Amputation of 1st joint right forefinger; Strain of lower back; Contact dermatitis on both hands; Electrocution—body.
(A)	(B)	(C)	(D)	(E)	(F)
91-1	1-19-91	Jerry Drake	Process operator	Production	Fracture Left Lower arm
91-2	1-20-91	R.A. Covarrubias	Process operator	Production	Burn Right Forearm
91-3	1-4-91	C.E. Kessler	Maintenance Mechanic	Maintenance	Hernia Left Groin
91-4	1-27-91	J.D. Stapan	Process operator	Production	Laceration Left Ring Finger
91-5	8-2-91	P.C. Sallaes	Loss Prevention Specialist	Employee Relations	Bruised spinal cord
91-6	8-2-91	W.T. Sparks	Process operator	Production	Shoulder Injury
91-6	8-2-91	W.T. Sparks	Process operator	Production	shoulder injury

Extent of and Outcome of INJURY

Fatalities: Injury Related — Enter DATE of death. Mo./dev/yr. (1)	Nonfatal injuries: Injuries With Lost Workdays — Enter a CHECK if injury involves days away from work, or days of restricted work activity, or both. (2)	Enter a CHECK if injury involves days away from work. (3)	Enter number of DAYS away from work. (4)	Enter number of DAYS of restricted work activity. (5)	Injuries Without Lost Workdays — Enter a CHECK if no entry was made in columns 1 or 2 but the injury is recordable as defined above. (6)
					✓
					✓
	✓		45		
					✓
	✓		87		
			102		
	✓				
0	3	0	234	0	3

Type, Extent of, and Outcome of ILLNESS

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

Occupational skin diseases or disorders (a)	Dust diseases of the lungs (b)	Respiratory conditions due to toxic agents (c)	Poisoning (systemic effects of toxic materials) (d)	Disorders due to physical agents (e)	Disorders associated with repeated trauma (f)	All other occupational illnesses (g)
0	0	0	0	0	0	0

Fatalities: Illness Related — Enter DATE of death. Mo./dev/yr. (8)

Nonfatal Illnesses — Illnesses With Lost Workdays

Enter a CHECK if illness involves days away from work, or days of restricted work activity, or both. (9)	Enter a CHECK if illness involves days away from work. (10)	Enter number of DAYS away from work. (11)	Enter number of DAYS of restricted work activity. (12)	Illnesses Without Lost Workdays — Enter a CHECK if no entry was made in columns 8 or 9. (13)
0	0	0	0	0

Certification of Annual Summary Totals By D.A. Bruns Sr. Title Loss Prevention Supervisor Date 1-9-92

OSHA No. 200

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OSHA No. 200

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

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PLAINTIFF'S EXHIBIT MBL-8

Employee Name	MCB Supervisor Report	CO 4298 Medical Treatment	Foreman's First Report Of Injury (Incident Report)	Employer's Supplemental Report Of Injury	OSHA 200 Log	Date Of Injury (Employee Relations Secretary's Of	Surgeons Report Forum Insuranc	Treatm Medical / FA
[illegible]	1-7-91	—	1-9-91	—	—	—	—	Elbow EA
[illegible]	1-22-91	1-22-91	1-22-91	1-[illegible]-91		1-[illegible]		[illegible]
[illegible]	[illegible]-91	1-22-91	1-[illegible]-91	[illegible]		1-[illegible]		Forearm Bacterial
[illegible]	2-26-91	—	2-26-91	—		2-[illegible]		Left Knee EA
[illegible]	3-18-91	3-19-91	3-19-91			3-[illegible]-91		Knee [illegible] EA
[illegible]	4-8-91	4-9-91	4-8-91			[illegible]		Wrist EA
[illegible]	5-17-91	5-20-91	[illegible]-91			[illegible]		Left Foot EA
[illegible]	5-[illegible]	6-6-91	6-[illegible]-91	[illegible]		[illegible]		Groin Lacerated
[illegible]	6-24-91	6-24-91	6-28-91	[illegible]		[illegible]		Left [illegible] Radiation
[illegible]	7-5-91	—	7-3-91			7-2-91		Rt Thumb EA
[illegible]	8-2-91	—	8-2-91	[illegible]		8-[illegible]-91		Rt [illegible] Lost Time
[illegible]	[illegible]	—	8-[illegible]-91	8-5-91		8-5-91		Right Lt Time
[illegible]	[illegible]	—	[illegible]			[illegible]		Rt [illegible]
[illegible]	[illegible]	—	[illegible]			[illegible]		Left [illegible]
[illegible]	[illegible]	10-7-91	[illegible]			[illegible]		[illegible]
[illegible]	[illegible]	12-[illegible]-91	11-5-91			[illegible]		Chemical First Aid
[illegible]	11-15-91	—	11-[illegible]-91			[illegible]		Right [illegible] First Aid
[illegible]	12-9-91	—	12-[illegible]			[illegible]		Chemical Burn First Aid
[illegible]	12-16-91	—	12-[illegible]-91			[illegible]		Multiple Insect First Aid

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