

DECEMBER

Case or file no.	Date of injury or date of diagnosis of illness. If diagnosis was made within first day of absence enter first day of absence. (mm./day/yr.)	Employer's Name (Print Name, address, initials, last name)	Occupation of injured employee at time of injury or illness	Department to which employee assigned at time of injury or illness	DESCRIPTION OF INJURY OR ILLNESS Nature of injury or illness and part(s) of body affected (Typical entries for this column might be: Sprain of left hand, right forefinger; Contact dermatitis on both hands; Electrocution—body)	Illness Code	EXTENT OF AND OUTCOME OF INJURY OR ILLNESS
3393-295	12-02-74				1" and 2" Burns FACE, THUMB, FINGERS	190	12
5299-296	12-06-74				CONTUSIONS - KNEES	10	11
6447-297	12-10-74				LACERATION LEFT BROW	10	10
5017-298	12-17-74				MAINTENANCE LASERATION LEFT INDEX FINGER	10	10
5106-299	12-30-74				MAINTENANCE FRACTURE LEFT LITTLE FINGER	10	10
1752-661					OPERATIONS THUMB AND INDEX FINGER	10	10
					Maintenance Asbestosis	22	10

Company Name Union Concrete Corporation

Establishment Name Group #1

Establishment Location Texas City, Texas

Injury Code
10 All occupational injuries

Illness Codes

21 Occupational skin diseases or disorders
22 Occupational eye injuries (conjunctivitis)
23 Respiratory conditions due to repeated trauma
24 Poisoning (Systemic effects of toxic materials)
35 Diseases due to physical agents (other than toxic materials)
36 Diseases due to repeated trauma
37 All other occupational illnesses

