

24 A 92



INTERNAL CORRESPONDENCE

AGRICULTURAL PRODUCTS COMPANY, INC.

P.O. BOX 2831, CHARLESTON, WEST VIRGINIA 25300

INSTITUTE PLANT

To (Name) L. R. Noble, 511-2149
Division Location 512
Location
Floor Number

Date 12 August 80
Originating Dept. Medical Department - 512
Floor Number

Copy to Charles W. Carman, 725-105, Loc. 511
E. C. Shipley, 511-2009, Loc. 512
D. R. Paugh, 511-2009, Loc. 512

Answering letter date
Subject Medical Surveillance for Asbestosis - 1980
936 and 938 Employees

Commencing on 23 April 1980 and ending today, a total of 147 active construction employees were offered medical surveillance for asbestosis according to the OSHA standard. There were 4 construction employees who refused to be examined and there were 10 retired construction employees who accepted the Medical Department's offer to be examined.

Up until 1980 the New York Legal Department has recommended that Corporation employees with medical evidence of asbestosis not be entered on OSHA Log 200 because these employees were not ill and did not require treatment even though they had medical evidence of asbestosis. Suddenly in late 1979, they recommended that any employee of the Corporation showing evidence of asbestosis be entered on the OSHA Log 200. As an attachment to this letter, I am listing names of those active employees who obviously have pneumoconiosis with asbestosis or in several sand-blasters, silicosis. I suggest that these names be entered on the OSHA Log 200 as recommended by the New York Legal Department.

Very truly yours,

R. J. Sexton, M.D.
Plant Medical Director

RJS:jfc
Attachment

F												MONTH												UNSAFE ACT (USAS 216.2 A1.8)												HAZARDOUS COND.											
A B LWD 0 MINOR INJURY CATEGORY												1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20												1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20												0 1 2 3 4 5 6 7 8 9											
EMPLOYEE INJURY REPORT												NATURE OF INJURY												IF SHIFTER WORKER												DEPARTMENT NUMBER											
PART OF BODY AFFECTED (PER USAS 216.2 A1.2)												UNION CARBIDE CORPORATION												DATE REPORTED: 26 Aug 80												OPN./MAINT. COMPLEX											
CHEMICALS AND PLASTICS												INSTITUTE PLANT - LOCATION 512												CIRCLE SHIFT WORKING WHEN INJURY OCCURRED												N											
SAL												PAYROLL NUMBER 43645												CIRCLE COMPLEX IN WHICH EMPLOYEE WAS WORKING WHEN INJURY OCCURRED												1											
TIME (CIRCLE ONE)												SOC SEC. NO.												LABORATORY												2											
INJURY												DATE REPORTED: 26 Aug 80												ENGINEERING												3											
DESCRIPTION OF INJURY: Amended Collection Mod. Unit												OFFICE												MAT'L MGMT												4											
CAUSE: 11 yrs experience												CHECK YES OR NO IN PROVIDED SPACE WHETHER OR NOT SAFETY EQUIPMENT WAS BEING USED:												SHIFT UTILITY MECH.												5											
												YES NO												YES NO												6											
												SAFETY GLASSES												RESPIRATOR												7											
												COVERALL GOGGLES												AIR LINE												8											
												FACE SHIELD												SELF-CONTAINED												9											
												PVC CLOTHING												CHEMICAL CARTRIDGE												10											
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												BOOTS												EXPENDABLE												12											
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INFORMATION FOR OSHA LOG 200

Extent of and Outcome of INJURY

Fatalities

Nonfatal Injuries

Injury Related

Injuries With Lost Workdays

Injuries Without Lost Workdays

Enter DATE
of death

Enter a
CHECK
if injury
involves
days away
from
work, or
days of
restricted
work
activity,
or both.

Enter a
CHECK if
injury in-
volves days
away from
work.

Enter num-
ber of
DAYS away
from work.

Enter num-
ber of
DAYS of
restricted
work activ-
ity.

Enter a CHECK
if no entry was
made in col-
umns 1 or 2
but the injury
is recordable
as defined
above.

Mo./day/yr.

(1)

(2)

(3)

(4)

(5)

(6)

LOST WORK DAYS

(A)

DAYS AWAY FROM WORK

(B)

DAYS OF RESTRICTED WORK ACTIVITY

Date

START

RETURN

START

RETURN

No. of
Days

LOST (A):

LOST (B):

Type, Extent of, and Outcome of ILLNESS

Type of Illness

Fatalities

Nonfatal Illnesses

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

Illness Related

Illnesses With Lost Workdays

Illnesses Without Lost Workdays

Enter DATE
of death

Enter a
CHECK
if illness
involves
days away
from
work, or
days of
restricted
work
activity,
or both.

Enter a
CHECK if
illness in-
volves days
away from
work.

Enter num-
ber of
DAYS away
from work.

Enter num-
ber of
DAYS of
restricted
work activ-
ity.

Enter a CHECK
if no entry was
made in col-
umns 8 or 9.

Mo./day/yr.

(8)

(9)

(10)

(11)

(12)

(13)

Occupational skin
diseases or disorders

Dust diseases of
the lung

Respiratory conditions
due to toxic agents

Poisoning (systemic ef-
fects of toxic materials)

Disorders due to
physical agents

Disorders associated
with repeated trauma

All other occupa-
tional illnesses

(7)

(a)

(b)

(c)

(d)

(e)

(f)

(g)

Was a preliminary investigation held? _____ When? _____

Who attended? _____

Comments

OSHA 301 (Rev. 10-95) Form for recording workplace injuries and illnesses. Includes sections for: Employee Report, Nature of Injury, Date Reported, Description of Injury, Cause, Supervisor, Building Number, Unsafe Act, and Hazardous Conditions. Includes checkboxes for various injury types and safety equipment used.

UCC 017168

A B LWD O MINOR OSHA INJURY CATEGORY		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 MULTIPLE																				520 515 513 511 450 440 430 420 410 340 330 320 315 313 311 200 150 140 130 120		10 20 30 50 60 80 100 120 130 150 181 182 183 200 300 899 999		10 20 30 50 60 80 100 120 130 150 181 182 183 200 300 899 999		10 20 30 50 60 80 100 120 130 150 181 182 183 200 300 899 999		10 20 30 50 60 80 100 120 130 150 181 182 183 200 300 899 999		10 20 30 50 60 80 100 120 130 150 181 182 183 200 300 899 999		10 20 30 50 60 80 100 120 130 150 181 182 183 200 300 899 999		10 20 30 50 60 80 100 120 130 150 181 182 183 200 300 899 999		10 20 30 50 60 80 100 120 130 150 181 182 183 200 300 899 999		10 20 30 50 60 80 100 120 130 150 181 182 183 200 300 899 999		10 20 30 50 60 80 100 120 130 150 181 182 183 200 300 899 999		10 20 30 50 60 80 100 120 130 150 181 182 183 200 300 899 999		10 20 30 50 60 80 100 120 130 150 181 182 183 200 300 899 999		10 20 30 50 60 80 100 120 130 150 181 182 183 200 300 899 999		10 20 30 50 60 80 100 120 130 150 181 182 183 200 300 899 999		10 20 30 50 60 80 100 120 130 150 181 182 183 200 300 899 999		10 20 30 50 60 80 100 120 130 150 181 182 183 200 300 899 999		10 20 30 50 60 80 100 120 130 150 181 182 183 200 300 899 999		10 20 30 50 60 80 100 120 130 150 181 182 183 200 300 899 999		10 20 30 50 60 80 100 120 130 150 181 182 183 200 300 899 999		10 20 30 50 60 80 100 120 130 150 181 182 183 200 300 899 999		10 20 30 50 60 80 100 120 130 150	
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ACCIDENT TYPE (PER USAS Z 16.2 A1.4)												SOURCE OF INJURY												SEX SHIFT			
PART OF BODY AFFECTED (PER USAS Z 16.2 A1.2)												UNION CARBIDE CORPORATION CHEMICALS AND PLASTICS INSTITUTE PLANT - LOCATION 512												SAL. HR. (CIRCLE ONE)			
NATURE OF INJURY												DATE REPORTED: 26 Aug 80												DATE INJURY OCCURRED:			
ABRASION												DESCRIPTION OF INJURY: 19 years exposure												CAUSE: 19 years exposure			
SUPERVISOR WHEN INJURY OCCURRED:												IF SHIFTER WORKER: CIRCLE SHIFT WORKING WHEN INJURY OCCURRED: A B C D												BUILDING NUMBER: 1 2 3 4 5 6 7 8			
IF OTHER DEPARTMENT: CIRCLE LOCATION WHERE INJURY OCCURRED:												OFFICE ENGINEERING DISTRIBUTION LABORATORY MAT'L MGMT SHIFT UTILITY MECH.												CHECK YES OR NO IN PROVIDED SPACE WHETHER OR NOT SAFETY EQUIPMENT WAS BEING USED:			
SAFETY GLASSES												YES NO												RESPIRATOR: YES NO			
COVERALL GOGGLES												SAFETY SHOES												AIR LINE			
FACE SHIELD												INSTEP GUARD												SELF-CONTAINED			
PVC CLOTHING												PLASTIC, LEATHER OR RUBBER GLOVES												CHEMICAL CARTRIDGE			
COVERALLS												HARD HAT												DUST CARTRIDGE			
BOOTS												EAR PROTECTION												EXPENDABLE AIR CAPSULE OR SKA-PAR			
SIGNATURE OF EMPLOYEE: [Signature]												ATTENDING NURSE: [Signature]												WITNESS:			
DISTRIBUTION OF REPORT: WHITE COPY IS FOR THE SAFETY DEPT.; YELLOW FOR DEPT. HEAD AND SHIFT SUPT. 1ST AND 2ND COPIES ARE TO BE GIVEN TO THE INJURED EMPLOYEE BEFORE HE LEAVES THE MEDICAL DEPARTMENT. HE WILL DELIVER THEM TO HIS SUPERVISOR WHO IS TO COMPLETE THE INJURY INVESTIGATION REPORT ON THE REVERSE												DEPARTMENT NUMBER												OPN./MAINT. COMPLEX			
HAZARDOUS COND.												UNSAFE ACT (USAS Z16.2 A1.8)												MONTH			
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UCC 017170

[illegible]

OSHA 101-106 (Rev. 10-1-80)

ACCIDENT TYPE (PER USAS Z 16.2 A1.4)

SOURCE OF INJURY

SEX SHIFT

PART OF BODY AFFECTED (PER USAS Z 16.2 A1.2)

UNION CARBIDE CORPORATION
CHEMICALS AND PLASTICS
INSTITUTE PLANT - LOCATION 512

DATE REPORTED: 26 Aug 80

DESCRIPTION OF INJURY: Amputated Right Index Finger

CAUSE: 27 gpm self

IF SHIFTER WORKER:
CIRCLE SHIFT WORKING WHEN INJURY OCCURRED: A B C D

BUILDING NUMBER:
AREA OR UNIT WHERE INJURY OCCURRED: 1 2 3 4 5 6 7 8

IF OTHER DEPARTMENT:
CIRCLE LOCATION WHERE INJURY OCCURRED: A B C D

CHECK YES OR NO IN PROVIDED SPACE WHETHER OR NOT SAFETY EQUIPMENT WAS BEING USED:

SAFETY GLASSES YES NO
COVERALL GOGGLES YES NO
FACE SHIELD YES NO
PVC CLOTHING YES NO
COVERALLS YES NO
BOOTS YES NO

SAFETY SHOES YES NO
INSTEP GUARD YES NO
PLASTIC, LEATHER OR RUBBER GLOVES YES NO
HARD HAT YES NO
EAR PROTECTION YES NO

RESPIRATOR: YES NO
AIR LINE YES NO
SELF-CONTAINED YES NO
CHEMICAL CARTRIDGE YES NO
DUST CARTRIDGE YES NO
EXPENDABLE YES NO
AIR CAPSULE OR SKA-PAK YES NO

WITNESS: M. P. [Signature]

DISTRIBUTION OF REPORT: WHITE COPY IS FOR THE SAFETY DEPT.; YELLOW FOR DEPT. HEAD AND SHIFT SUPT
1ST AND 2ND COPIES ARE TO BE GIVEN TO THE INJURED EMPLOYEE BEFORE HE LEAVES THE MEDICAL DEPARTMENT HE
WILL DELIVER THEM TO HIS SUPERVISOR WHO IS TO COMPLETE THE INJURY INVESTIGATION REPORT ON THE REVERSE

OPN./MAINT. COMPLEX

DEPARTMENT NUMBER

UNSAFE ACT (USAS Z16.2 A1.8)

HAZARDOUS COND.

UCC 017172

UCC 017173

HAZARDOUS COND. UNSAFE ACT (USAS 216.2 A1.8)

MONTH

EMPLOYEE INJURY REPORT

OSHA INJURY CATEGORY

ABRASIION AMPUTATION BURN (TEMP) BURN (CHEM) CONTUSION DERMATITIS DISLOCATION ELEC SHOCK FRACTURE FREEZING HEARING LOSS HEAT STROKE HERNIA LACERATION POISONING PNEUMOCOINOSIS RADIATION SCALDCHES SPRAIN MULTIPLE

NATURE OF INJURY

DATE INJURY OCCURRED: 27 Aug 80

DATE REPORTED: 27 Aug 80

DESCRIPTION OF INJURY: Ground Chatterer Mch. Serv.

CAUSE: 15' gpo step.

WORK RESTRICTIONS

IF SHIFT WORKER, CIRCLE SHIFT WORKING WHEN INJURY OCCURRED: A B C D

SUPERVISOR WHEN INJURY OCCURRED:

BUILDING NUMBER, AREA, OR UNIT WHERE INJURY OCCURRED: 1 2 3 4 5 6 7 8

IF OTHER DEPARTMENT, CIRCLE LOCATION WHERE INJURY OCCURRED: OFFICE ENGINEERING DISTRIBUTION LABORATORY MAT'L MGMT SHIFT UTILITY MECH.

CHECK YES OR NO IN PROVIDED SPACE WHETHER OR NOT SAFETY EQUIPMENT WAS BEING USED:

SAFETY GLASSES YES NO

COVERALL GOGGLES YES NO

FACE SHIELD YES NO

PVC CLOTHING YES NO

COVERALLS YES NO

BOOTS YES NO

SAFETY SHOES YES NO

INSTEP GUARD YES NO

PLASTIC, LEATHER OR RUBBER GLOVES YES NO

HARD HAT YES NO

EAR PROTECTION YES NO

RESPIRATOR: YES NO

AIR LINE YES NO

SELF-CONTAINED YES NO

CHEMICAL CARTRIDGE YES NO

DUST CARTRIDGE YES NO

EXPENDABLE YES NO

AIR CAPSULE OR SKA-PAK YES NO

SIGNATURE OF EMPLOYEE: M. P. P.

ATTENDING NURSE

DISTRIBUTION OF REPORT: WHITE COPY IS FOR THE SAFETY DEPT.; YELLOW FOR DEPT. HEAD AND SHIFT SUPT

1ST AND 2ND COPIES ARE TO BE GIVEN TO THE INJURED EMPLOYEE BEFORE HE LEAVES THE MEDICAL DEPARTMENT HE WILL DELIVER THEM TO HIS SUPERVISOR WHO IS TO COMPLETE THE INJURY INVESTIGATION REPORT ON THE REVERSE

OPN./MAINT. COMPLEX

DEPARTMENT NUMBER

ACCIDENT TYPE (PER USAS Z 16.2 A1.4)

SOURCE OF INJURY

SEX SHIFT

UNION CARBIDE CORPORATION

CHEMICALS AND PLASTICS

INSTITUTE PLANT - LOCATION 512

DISABLING NO

OSHA NO

SOC. SEC. NO.

PAYROLL NUMBER 93255 4601

SAL (CIRCLE ONE)

10 20 30 50 60 80 100 120 130 150 181 182 183 200 300 899 999

1 4 5 6 7 9 13 15 17 19 20 22 23

25 26 28 30 41 44 46 49 50 54 56 57 58

M F A B C D

033 035 041 044 047 059 061 086 095 106 127 135 140 146 156 157 158 161 162 165 166 167 220 227 229 308 327 342 355 391 010 938

0 1 2 3 4 5 6 7 9

10 20 30 50 60 80 100 120 130 150 181 182 183 200 300 899 999

50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66

0 1 2 3 4 5 6 7 9

OSHA 301 (Rev. 10-1-80)
UNSAFE ACT (USAS 216.2 A1.8)
HAZARDOUS COND.
F LWD O MINOR NAT.
A B C
EMPLOYEE INJURY REPORT
OSHA INJURY CATEGORY
NATURE OF INJURY
ABRASIION AMPUTATION BURN (TEMP) BURN (CHEM) CONTUSION DERMATITIS DISLOCATION ELEC SHOCK FRACTURE FREEZING HEARING LOSS HEAT STROKE HERNIA LACERATION POISONING PNEUMOCOONOSIS RADIATION SCRATCHES SPRAIN MULTIPLE
PART OF BODY AFFECTED (PER USAS Z 16.2 A1.2)
UNION CARBIDE CORPORATION
CHEMICALS AND PLASTICS
INSTITUTE PLANT - LOCATION 512
DISABLING NO
OSHA NO
SAL. (CIRCLE ONE)
PAYROLL NUMBER: 93263 4336
SOC SEC. NO.
DATE REPORTED: 27 Aug 80
DATE INJURY OCCURRED:
DESCRIPTION OF INJURY: Amended Carbide Prod. Area
CAUSE: 11 yrs. experience
SUPERVISOR WHEN INJURY OCCURRED:
IF SHIT WORKER:
CIRCLE SHIT WORKING WHEN INJURY OCCURRED:
BUILDING NUMBER:
AREA OR UNIT WHERE INJURY OCCURRED:
IF OTHER DEPARTMENT:
CIRCLE LOCATION WHERE INJURY OCCURRED:
CHECK YES OR NO IN PROVIDED SPACE WHETHER OR NOT SAFETY EQUIPMENT WAS BEING USED.
SAFETY GLASSES SAFETY SHOES SAFETY GLASSES SAFETY SHOES
COVERALL GOGGLES INSTEP GUARD COVERALL GOGGLES INSTEP GUARD
FACE SHIELD PLASTIC, LEATHER OR RUBBER GLOVES HARD HAT EAR PROTECTION
PVC CLOTHING RUBBER GLOVES HARD HAT EAR PROTECTION
COVERALLS
BOOTS
SIGNATURE OF EMPLOYEE
ATTENDING NURSE
DISTRIBUTION OF REPORT: WHITE COPY IS FOR THE SAFETY DEPT. YELLOW FOR DEPT. HEAD AND SHIT SUPT
1ST AND 2ND COPIES ARE TO BE GIVEN TO THE INJURED EMPLOYEE BEFORE HE LEAVES THE MEDICAL DEPARTMENT. HE WILL DELIVER THEM TO HIS SUPERVISOR WHO IS TO COMPLETE THE INJURY INVESTIGATION REPORT ON THE REVERSE
DEPARTMENT NUMBER
OPN./MAINT. COMPLEX
ACCIDENT TYPE (PER USAS Z 16.2 A1.4)
SOURCE OF INJURY
SEX SHIT
UCC 017174

[illegible]

A B C D 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20		21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58		M F A B C D							
						SEX SHIFT					
ACCIDENT TYPE (PER USAS Z 16.2 A1.2)						SOURCE OF INJURY					
PART OF BODY AFFECTED (PER USAS Z 16.2 A1.2)						UNION CARBIDE CORPORATION CHEMICALS AND PLASTICS INSTITUTE PLANT - LOCATION 512					
NAME: <u>Landers, B.D.</u>						PAYROLL NUMBER: <u>93642-1211</u> HR. (CIRCLE ONE)					
DATE INJURY OCCURRED: <u>27 Aug 80</u>						DATE REPORTED: <u>27 Aug 80</u>					
DESCRIPTION OF INJURY: <u>Annular Carb Med Swell</u>						CAUSE: <u>18 yrs exposure</u>					
SUPERVISOR WHEN INJURY OCCURRED:						IF SHIFT WORKER, CIRCLE SHIFT WORKING WHEN INJURY OCCURRED: A B C D					
BUILDING NUMBER, AREA, OR UNIT WHERE INJURY OCCURRED:						CIRCLE COMPLEX IN WHICH EMPLOYEE WAS WORKING WHEN INJURY OCCURRED: 1 2 3 4 5 6 7 8					
IF OTHER DEPARTMENT, CIRCLE LOCATION WHERE INJURY OCCURRED:						OFFICE ENGINEERING DISTRIBUTION LABORATORY MAT'L MGMT SHIFT UTILITY MECH.					
CHECK YES OR NO IN PROVIDED SPACE WHETHER OR NOT SAFETY EQUIPMENT WAS BEING USED:						YES NO YES NO					
SAFETY GLASSES						RESPIRATOR					
COVERALL GOGGLES						AIR LINE					
FACE SHIELD						SELF-CONTAINED					
PVC CLOTHING						CHEMICAL CARTRIDGE					
COVERALLS						DUST CARTRIDGE					
BOOTS						EXPENDABLE					
SIGNATURE OF EMPLOYEE: <u>[Signature]</u>						SIGNATURE OF WITNESS: <u>[Signature]</u>					
DISTRIBUTION OF REPORT: WHITE COPY IS FOR THE SAFETY DEPT.; YELLOW FOR DEPT. HEAD AND SHIFT SUPT. 1ST AND 2ND COPIES ARE TO BE GIVEN TO THE INJURED EMPLOYEE BEFORE HE LEAVES THE MEDICAL DEPARTMENT. HE WILL DELIVER THEM TO HIS SUPERVISOR WHO IS TO COMPLETE THE INJURY INVESTIGATION REPORT ON THE REVERSE.						DEPARTMENT NUMBER:					
OPN./MAINT. COMPLEX						DEPARTMENT NUMBER:					

OSHA 301 (Rev. 10-1980) Form for recording workplace injuries and illnesses. Includes sections for: Employee Information, Nature of Injury, Date Reported, Description of Injury, Cause, Supervisor, Building Number, Location, Distribution, Engineering, Office, Safety Equipment, and Department. Includes checkboxes for various injury types and equipment used.

UCC 017176

OSHA 301 (REV. 10-1980)
UNION CARBIDE CORPORATION
CHEMICALS AND PLASTICS
INSTITUTE PLANT - LOCATION 512
PART OF BODY AFFECTED (PER USAS Z 16.2 A1.2)
ACCIDENT TYPE (PER USAS Z 16.2 A1.4)
SOURCE OF INJURY
SEX SHIFT
DATE REPORTED: 27 Aug 80
DATE INJURY OCCURRED:
DESCRIPTION OF INJURY:
CAUSE:
SUPERVISOR WHEN INJURY OCCURRED:
BUILDING NUMBER:
AREA OR UNIT WHERE INJURY OCCURRED:
IF OTHER DEPARTMENT:
CIRCLE LOCATION WHERE INJURY OCCURRED:
OFFICE ENGINEERING DISTRIBUTION LABORATORY MAT'L MGMT SHIFT UTILITY MECH.
CHECK YES OR NO IN PROVIDED SPACE WHETHER OR NOT SAFETY EQUIPMENT WAS BEING USED:
SAFETY GLASSES COVERALL GOGGLES FACE SHIELD PVC CLOTHING COVERALLS BOOTS
SAFETY SHOES INSTEP GUARD PLASTIC, LEATHER OR RUBBER GLOVES HARD HAT EAR PROTECTION
RESPIRATOR: AIR LINE SELF-CONTAINED CHEMICAL CARTRIDGE DUST, CARTRIDGE EXPENDABLE AIR CAPSULE OR SKA-PAK
SIGNATURE OF EMPLOYEE:
SIGNATURE OF ATTENDING NURSE:
DISTRIBUTION OF REPORT: WHITE COPY IS FOR THE SAFETY DEPT.; YELLOW FOR DEPT. HEAD AND SHIFT SUPT. 1ST AND 2ND COPIES ARE TO BE GIVEN TO THE INJURED EMPLOYEE BEFORE HE LEAVES THE MEDICAL DEPARTMENT. HE WILL DELIVER THEM TO HIS SUPERVISOR WHO IS TO COMPLETE THE INJURY INVESTIGATION REPORT ON THE REVERSE.
OPN./MAINT. COMPLEX DEPARTMENT NUMBER

UCC 017177

[illegible]

OSHA 301 (Rev. 10-1980)
UNION CARBIDE CORPORATION
CHEMICALS AND PLASTICS
INSTITUTE PLANT - LOCATION 512
PART OF BODY AFFECTED (PER USAS Z 16.2 A1.2)
ACCIDENT TYPE (PER USAS Z 16.2 A1.4)
SOURCE OF INJURY
SEX SHIFT
DATE REPORTED: 27 Aug 80
DATE INJURY OCCURRED:
DESCRIPTION OF INJURY: Chemical Inhalation Med. Injury
CAUSE: 18 yrs exp.
SUPERVISOR:
BUILDING NUMBER:
IF OTHER DEPARTMENT:
CHECK YES OR NO IN PROVIDED SPACE WHETHER OR NOT SAFETY EQUIPMENT WAS BEING USED:
SIGNATURE OF EMPLOYEE:
ATTENDING NURSE:
DISTRIBUTION OF REPORT:
OPN./MAINT. COMPLEX:
HAZARDOUS COND.:

UCC 017179

OSHA 101-106 (Rev. 10-1-80)

HAZARDOUS COND. UNSAFE ACT (USAS 216.2 A1.8)

UCC 017180

NAME: *Shamshir D C* JOB CLASSIFICATION: *Insulator* SAL: *1218*

DATE INJURY OCCURRED: *30 Aug 80* DATE REPORTED: *27 Aug 80* RX: *Emergency Med Serv.*

DESCRIPTION OF INJURY: *30 year exposure*

CAUSE: *30 year exposure*

WORK RESTRICTIONS:

IF SHIFT WORKER, CIRCLE SHIFT WORKING WHEN INJURY OCCURRED: A B C D

BUILDING NUMBER: *1* CIRCLE COMPLEX IN WHICH EMPLOYEE WAS WORKING WHEN INJURY OCCURRED: *2*

IF OTHER DEPARTMENT, CIRCLE LOCATION WHERE INJURY OCCURRED: OFFICE ENGINEERING DISTRIBUTION LABORATORY MAT'L MGMT SHIFT UTILITY MECH

CHECK YES OR NO IN PROVIDED SPACE WHETHER OR NOT SAFETY EQUIPMENT WAS BEING USED:

SAFETY GLASSES YES NO SAFETY SHOES YES NO RESPIRATOR YES NO

COVERALL GOGGLES YES NO INSTEP GUARD YES NO AIR LINE YES NO

FACE SHIELD YES NO PLASTIC, LEATHER OR RUBBER GLOVES YES NO SELF-CONTAINED YES NO

PVC CLOTHING YES NO HARD HAT YES NO CHEMICAL CARTRIDGE YES NO

COVERALLS YES NO EAR PROTECTION YES NO DUST CARTRIDGE YES NO

BOOTS YES NO EXPENDABLE YES NO AIR CAPSULE OR SKA-PAK YES NO

SIGNATURE OF EMPLOYEE: *M. P. [Signature]* ATTENDING NURSE: *[Signature]* WITNESS: *[Signature]*

DISTRIBUTION OF REPORT: WHITE COPY IS FOR THE SAFETY DEPT.; YELLOW FOR DEPT. HEAD AND SHIFT SUPT 1ST AND 2ND COPIES ARE TO BE GIVEN TO THE INJURED EMPLOYEE BEFORE HE LEAVES THE MEDICAL DEPARTMENT HE WILL DELIVER THEM TO HIS SUPERVISOR WHO IS TO COMPLETE THE INJURY INVESTIGATION REPORT ON THE REVERSE.

OPN./MAINT. COMPLEX DEPARTMENT NUMBER

EMPLOYEE INJURY REPORT

ABRASION 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

AMPUTATION 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

BURN (TEMP) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

BURN (CHEM) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

CONTUSION 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

DERMATITIS 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

DISLOCATION 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

ELEC SHOCK 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

FRACTURE 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

FREEZING 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

HEARING LOSS 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

HEAT STROKE 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

HERNIA 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

LACERATION 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

POISONING 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

PNEUMONIOSIS 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

RADIATION 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

SCRATCHES 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

SPRAIN 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

MULTIPLE 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

ACCIDENT TYPE (PER USAS Z 16.2 A1.4)

SOURCE OF INJURY

SEX SHIFT

DEPARTMENT NUMBER

OPN./MAINT. COMPLEX

HAZARDOUS COND. UNSAFE ACT (USAS 216.2 A1.8)

UCC 017180

HAZARDOUS COND.										UNSAFE ACT (USAS 216.2 A1.8)										MONTH									
0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99										F L M A M J J A S O N D										F L M A M J J A S O N D									
OPN./MAINT. COMPLEX										DEPARTMENT NUMBER										SEX SHIFT									
9 8 7 6 5 4 3 2 1										004 003 033 035 041 044 047 059 061 086 095 106 127 135 140 146 156 157 158 161 162 165 166 167 220 227 229 308 327 342 355 391 010 938										M F A B C D									
SIGNATURE OF EMPLOYEE										SIGNATURE OF SUPERVISOR										WITNESS									
DISTRIBUTION OF REPORT: WHITE COPY IS FOR THE SAFETY DEPT.; YELLOW FOR DEPT. HEAD AND SHIFT SUPT										DISTRIBUTION OF REPORT: WHITE COPY IS FOR THE SAFETY DEPT.; YELLOW FOR DEPT. HEAD AND SHIFT SUPT										DISTRIBUTION OF REPORT: WHITE COPY IS FOR THE SAFETY DEPT.; YELLOW FOR DEPT. HEAD AND SHIFT SUPT									
1ST AND 2ND COPIES ARE TO BE GIVEN TO THE INJURED EMPLOYEE BEFORE HE LEAVES THE MEDICAL DEPARTMENT										1ST AND 2ND COPIES ARE TO BE GIVEN TO THE INJURED EMPLOYEE BEFORE HE LEAVES THE MEDICAL DEPARTMENT										1ST AND 2ND COPIES ARE TO BE GIVEN TO THE INJURED EMPLOYEE BEFORE HE LEAVES THE MEDICAL DEPARTMENT									
WILL DELIVER THEM TO HIS SUPERVISOR WHO IS TO COMPLETE THE INJURY INVESTIGATION REPORT ON THE REVERSE										WILL DELIVER THEM TO HIS SUPERVISOR WHO IS TO COMPLETE THE INJURY INVESTIGATION REPORT ON THE REVERSE										WILL DELIVER THEM TO HIS SUPERVISOR WHO IS TO COMPLETE THE INJURY INVESTIGATION REPORT ON THE REVERSE									
SOURCE OF INJURY										ACCIDENT TYPE (PER USAS Z 16.2 A1.4)										SOURCE OF INJURY									
25 26 28 30 41 44 46 49 50 54 56 57 58										1 4 5 6 7 9 13 15 17 19 20 22 23										25 26 28 30 41 44 46 49 50 54 56 57 58									
SUPERVISOR WHEN INJURY OCCURRED:										IF SHIFT WORKER, CIRCLE SHIFT WORKING WHEN INJURY OCCURRED:										SUPERVISOR WHEN INJURY OCCURRED:									
BUILDING NUMBER, AREA, OR UNIT WHERE INJURY OCCURRED:										CIRCLE COMPLEX IN WHICH EMPLOYEE WAS WORKING WHEN INJURY OCCURRED:										BUILDING NUMBER, AREA, OR UNIT WHERE INJURY OCCURRED:									
IF OTHER DEPARTMENT, CIRCLE LOCATION WHERE INJURY OCCURRED:										OFFICE ENGINEERING DISTRIBUTION LABORATORY MAT'L'S MGMT SHIFT UTILITY MECH.										IF OTHER DEPARTMENT, CIRCLE LOCATION WHERE INJURY OCCURRED:									
CHECK YES OR NO IN PROVIDED SPACE WHETHER OR NOT SAFETY EQUIPMENT WAS BEING USED:										CHECK YES OR NO IN PROVIDED SPACE WHETHER OR NOT SAFETY EQUIPMENT WAS BEING USED:										CHECK YES OR NO IN PROVIDED SPACE WHETHER OR NOT SAFETY EQUIPMENT WAS BEING USED:									
SAFETY GLASSES										SAFETY SHOES										RESPIRATOR:									
COVERALL GOGGLES										INSTEP GUARD										AIR LINE									
FACE SHIELD										PLASTIC, LEATHER OR RUBBER GLOVES										SELF-CONTAINED									
PVC CLOTHING										HARD HAT										CHEMICAL CARTRIDGE									
COVERALLS										EAR PROTECTION										DUST CARTRIDGE									
BOOTS																				EXPENDABLE									
																				AIR CAPSULE OR SKA-PAK									
DATE INJURY OCCURRED:										DATE REPORTED:										DATE INJURY OCCURRED:									
27 Aug 80										27 Aug 80										27 Aug 80									
DESCRIPTION OF INJURY:										DESCRIPTION OF INJURY:										DESCRIPTION OF INJURY:									
18 yrs old										18 yrs old										18 yrs old									
CAUSE:										CAUSE:										CAUSE:									
18 yrs old										18 yrs old										18 yrs old									
NATURE OF INJURY										NATURE OF INJURY										NATURE OF INJURY									
ABRASION										ABRASION										ABRASION									
AMPUTATION										AMPUTATION										AMPUTATION									
BURN (TEMP)										BURN (TEMP)										BURN (TEMP)									
BURN (CHEM)										BURN (CHEM)										BURN (CHEM)									
CONTUSION										CONTUSION										CONTUSION									
DERMATITIS										DERMATITIS										DERMATITIS									
DISLOCATION										DISLOCATION										DISLOCATION									
ELEC. SHOCK										ELEC. SHOCK										ELEC. SHOCK									
FRACTURE										FRACTURE										FRACTURE									
FREEZING										FREEZING										FREEZING									
HEARING LOSS										HEARING LOSS										HEARING LOSS									
HEAT STROKE										HEAT STROKE										HEAT STROKE									
HERNIA										HERNIA										HERNIA									
LACERATION										LACERATION										LACERATION									
POISONING										POISONING										POISONING									
PNEUMOCOCCUS										PNEUMOCOCCUS										PNEUMOCOCCUS									
RADIATION										RADIATION										RADIATION									
SCALDS										SCALDS										SCALDS									
SPRAIN										SPRAIN										SPRAIN									
MULTIPLE										MULTIPLE										MULTIPLE									
PART OF BODY AFFECTED (PER USAS Z 16.2 A1.2)										PART OF BODY AFFECTED (PER USAS Z 16.2 A1.2)										PART OF BODY AFFECTED (PER USAS Z 16.2 A1.2)									
UNION CARBIDE CORPORATION										UNION CARBIDE CORPORATION										UNION CARBIDE CORPORATION									
CHEMICALS AND PLASTICS										CHEMICALS AND PLASTICS										CHEMICALS AND PLASTICS									
INSTITUTE PLANT - LOCATION 512										INSTITUTE PLANT - LOCATION 512										INSTITUTE PLANT - LOCATION 512									
SOC. SEC. NO.										SOC. SEC. NO.										SOC. SEC. NO.									
PAYROLL NUMBER										PAYROLL NUMBER										PAYROLL NUMBER									
2842										2842										2842									
SAL. (CIRCLE ONE)										SAL. (CIRCLE ONE)										SAL. (CIRCLE ONE)									
2842										2842										2842									
DISABLING NO.										DISABLING NO.										DISABLING NO.									
OSHA NO.										OSHA NO.										OSHA NO.									
1842										1842										1842									

OSHA 301 (Rev. 10-1980)
UNION CARBIDE CORPORATION
CHEMICALS AND PLASTICS
INSTITUTE PLANT - LOCATION 512
PART OF BODY AFFECTED (PER USAS Z 16.2 A1.2)
NATURE OF INJURY
ABRASION, BURN (TEMP), BURN (CHEM), CONTUSION, DERMATITIS, DISLOCATION, ELEC SHOCK, FRACTURE, FREEZING, HEARING LOSS, HEAT STROKE, HERNIA, LACERATION, POISONING, PNEUMONOMOIOSIS, RADIATION, SCRATCHES, SPRAIN, MULTIPLE
DATE REPORTED: 27 Aug 80
DATE INJURY OCCURRED:
DESCRIPTION OF INJURY: Chemical Asbestos Med Lung
CAUSE: 25 yrs exp
SUPERVISOR:
BUILDING NUMBER:
AREA OR UNIT WHERE INJURY OCCURRED:
IF OTHER DEPARTMENT:
CIRCLE LOCATION WHERE INJURY OCCURRED:
CIRCLE SHIFT WORKING WHEN INJURY OCCURRED:
CIRCLE COMPLEX IN WHICH EMPLOYEE WAS WORKING WHEN INJURY OCCURRED:
CIRCLE SHIFT WORKING WHEN INJURY OCCURRED:
UNSAFE ACT (USAS Z16.2 A1.8)
HAZARDOUS COND.
ACCIDENT TYPE (PER USAS Z 16.2 A1.4)
SOURCE OF INJURY
SEX
SHIFT
DEPARTMENT NUMBER
OPN./MAINT. COMPLEX

UCC 017182

OSHA 301 (REV. 10-1980)
UNSAFE ACT (USAS Z16.2 A1.8)
HAZARDOUS COND.
F LWD O MINOR
A B
OSHA INJURY CATEGORY
EMPLOYEE INJURY REPORT
NATURE OF INJURY
ABRASION AMPUTATION BURN (TEMP) BURN (CHEM) CONTUSION DERMATITIS DISLOCATION ELEC SHOCK FRACTURE FREEZING HEARING LOSS HEAT STROKE HERNIA LACERATION POISONING PNEUMONIOSIS RADIATION SCRATCHES SPRAIN MULTIPLE
PART OF BODY AFFECTED (PER USAS Z 16.2 A1.2)
UNION CARBIDE CORPORATION
CHEMICALS AND PLASTICS
INSTITUTE PLANT - LOCATION 512
DISABLING NO
OSHA NO
SOC. SEC. NO.
PAYROLL NUMBER 93642-4077 (HR)
SAL (CIRCLE ONE)
NAME: DE Sunderland
JOB CLASSIFICATION: Inspector
DATE REPORTED: 27 Aug 80
DATE INJURY OCCURRED:
DESCRIPTION OF INJURY: Arson Inhaler Med Device
CAUSE: 21 gas leak
SUPERVISOR:
WHEN INJURY OCCURRED:
BUILDING NUMBER:
AREA OR UNIT WHERE INJURY OCCURRED:
IF OTHER DEPARTMENT:
CIRCLE LOCATION WHERE INJURY OCCURRED:
OFFICE ENGINEERING DISTRIBUTION LABORATORY MAT'L MGMT SHIFT UTILITY MECH.
CHECK YES OR NO IN PROVIDED SPACE WHETHER OR NOT SAFETY EQUIPMENT WAS BEING USED:
SAFETY GLASSES SAFETY SHOES SAFETY RESPIRATOR:
COVERALL GOGGLES INSTEP GUARD AIR LINE
FACE SHIELD PLASTIC, LEATHER OR RUBBER GLOVES CHEMICAL CARTRIDGE
PVC CLOTHING HARD HAT DUST CARTRIDGE
COVERALLS EAR PROTECTION EXPENDABLE
BOOTS AIR CAPSULE OR SKA-PAK
SIGNATURE OF EMPLOYEE: M. Carter
ATTENDING NURSE:
DISTRIBUTION OF REPORT: WHITE COPY IS FOR THE SAFETY DEPT.; YELLOW FOR DEPT. HEAD AND SHIFT SUPT
1ST AND 2ND COPIES ARE TO BE GIVEN TO THE INJURED EMPLOYEE BEFORE HE LEAVES THE MEDICAL DEPARTMENT HE WILL DELIVER THEM TO HIS SUPERVISOR WHO IS TO COMPLETE THE INJURY INVESTIGATION REPORT ON THE REVERSE
OPN./MAINT. COMPLEX DEPARTMENT NUMBER
HAZARDOUS COND.
UNSAFE ACT (USAS Z16.2 A1.8)
MONTH
UCC 017183

OSHA 301 (Rev. 10-1980)
EMPLOYEE INFORMATION: J.A. Williams, Job Classification: Laborer, Date Reported: 27 Aug 80, Location: Institute Plant - Location 512.
ACCIDENT TYPE: (PER USAS Z 16.2 A1.2)
SOURCE OF INJURY: IF SHIFT WORKER, CIRCLE SHIFT WORKING WHEN INJURY OCCURRED: A B C D. BUILDING NUMBER: 1 2 3 4 5 6 7 8.
NATURE OF INJURY: ABRASION, BURN (TEMP), BURN (CHEM), CONTUSION, DERMATITIS, DISLOCATION, ELEC SHOCK, FRACTURE, FREEZING, HEARING LOSS, HEAT STROKE, HERNIA, LACERATION, POISONING, PNEUMONIOSIS, RADIATION, SCRATCHES, SPRAIN.
UNSAFE ACT (USAS 216.2 A1.8) and HAZARDOUS COND. sections are present at the bottom.

UCC 017184

OSHA 101-106 (Rev. 10-1-80)

UNSAFE ACT (USAS 216.2 A1.8)

HAZARDOUS COND.

ACCIDENT TYPE (PER USAS Z 16.2 A1.4)

SOURCE OF INJURY

SEX SHIFT

DATE INJURY OCCURRED: 27 Aug 80

DESCRIPTION OF INJURY: Chemicals and Plastics

CAUSE: 19 ggs exp

SUPervisor WHEN INJURY OCCURRED: A B C D

BUILDING NUMBER: 1 2 3 4 5 6 7 8

IF OTHER DEPARTMENT: OFFICE ENGINEERING DISTRIBUTION LABORATORY MAT'L MGMT SHIFT UTILITY MECH.

CHECK YES OR NO IN PROVIDED SPACE WHETHER OR NOT SAFETY EQUIPMENT WAS BEING USED:

SIGNATURE OF EMPLOYEE: [Signature]

ATTENDING NURSE: [Signature]

DISTRIBUTION OF REPORT: WHITE COPY IS FOR THE SAFETY DEPT.; YELLOW FOR DEPT. HEAD AND SHIFT SUPT. 1ST AND 2ND COPIES ARE TO BE GIVEN TO THE INJURED EMPLOYEE BEFORE HE LEAVES THE MEDICAL DEPARTMENT. HE WILL DELIVER THEM TO HIS SUPERVISOR WHO IS TO COMPLETE THE INJURY INVESTIGATION REPORT ON THE REVERSE.

OPN./MAINT. COMPLEX

DEPARTMENT NUMBER

UNION CARBIDE CORPORATION

CHEMICALS AND PLASTICS

INSTITUTE PLANT - LOCATION 512

DISABLING NO. 93555

OSHA NO. 4081

SAL. (HR) 4081

TIME (COMPLETE)

INJURY

WORK RESTRICTIONS

NATURE OF INJURY

ABRASION

BURN (TEMP)

BURN (CHEM)

CONTUSION

DERMATITIS

DISLOCATION

ELEC SHOCK

FRACTURE

FREEZING

HEARING LOSS

HEAT STROKE

HERNIA

LACERATION

POISONING

PNEUMOCOCCUS

RADIATION

SCRATCHES

SPRAIN

MULTIPLE

EMPLOYEE INJURY REPORT

OSHA INJURY CATEGORY

LWD O

A B

F

MONTH

UNSAFE ACT (USAS 216.2 A1.8)

HAZARDOUS COND.

OPN./MAINT. COMPLEX

DEPARTMENT NUMBER

DISTRIBUTION OF REPORT: WHITE COPY IS FOR THE SAFETY DEPT.; YELLOW FOR DEPT. HEAD AND SHIFT SUPT. 1ST AND 2ND COPIES ARE TO BE GIVEN TO THE INJURED EMPLOYEE BEFORE HE LEAVES THE MEDICAL DEPARTMENT. HE WILL DELIVER THEM TO HIS SUPERVISOR WHO IS TO COMPLETE THE INJURY INVESTIGATION REPORT ON THE REVERSE.

SIGNATURE OF EMPLOYEE

ATTENDING NURSE

UNION CARBIDE CORPORATION

CHEMICALS AND PLASTICS

INSTITUTE PLANT - LOCATION 512

DISABLING NO. 93555

OSHA NO. 4081

SAL. (HR) 4081

TIME (COMPLETE)

INJURY

WORK RESTRICTIONS

NATURE OF INJURY

ABRASION

BURN (TEMP)

BURN (CHEM)

CONTUSION

DERMATITIS

DISLOCATION

ELEC SHOCK

FRACTURE

FREEZING

HEARING LOSS

HEAT STROKE

HERNIA

LACERATION

POISONING

PNEUMOCOCCUS

RADIATION

SCRATCHES

SPRAIN

MULTIPLE

EMPLOYEE INJURY REPORT

OSHA INJURY CATEGORY

LWD O

A B

F

MONTH

UNSAFE ACT (USAS 216.2 A1.8)

HAZARDOUS COND.

OPN./MAINT. COMPLEX

DEPARTMENT NUMBER

UCC 017185

HAZARDOUS COND. UNSAFE ACT (USAS 216.2 A1.8)		OPN./MAINT. COMPLEX DEPARTMENT NUMBER		SEX SHIFT		SOURCE OF INJURY		ACCIDENT TYPE (PER USAS Z 16.2 A1.4)		OSHA INJURY CATEGORY EMPLOYEE INJURY REPORT		DATE INJURY OCCURRED: DATE REPORTED:		NAME: JOB CLASSIFICATION		SOC SEC NO. PAYROLL NUMBER		DISABLING NO. OSHA NO.		PART OF BODY AFFECTED (PER USAS Z 16.2 A1.2)	
												TIME OF INJURY: TIME (COMPLETE)		HR (CIRCLE ONE)		UNION CARBIDE CORPORATION INSTITUTE PLANT - LOCATION 512		120 130 140 150 200 311 313 315 320 330 340 410 420 430 440 450 511 513 515 520			
HAZARDOUS COND. UNSAFE ACT (USAS 216.2 A1.8)		OPN./MAINT. COMPLEX DEPARTMENT NUMBER		SEX SHIFT		SOURCE OF INJURY		ACCIDENT TYPE (PER USAS Z 16.2 A1.4)		DATE INJURY OCCURRED: DATE REPORTED:		NAME: JOB CLASSIFICATION		SOC SEC NO. PAYROLL NUMBER		DISABLING NO. OSHA NO.		PART OF BODY AFFECTED (PER USAS Z 16.2 A1.2)			
										TIME OF INJURY: TIME (COMPLETE)		HR (CIRCLE ONE)		UNION CARBIDE CORPORATION INSTITUTE PLANT - LOCATION 512		120 130 140 150 200 311 313 315 320 330 340 410 420 430 440 450 511 513 515 520					
HAZARDOUS COND. UNSAFE ACT (USAS 216.2 A1.8)		OPN./MAINT. COMPLEX DEPARTMENT NUMBER		SEX SHIFT		SOURCE OF INJURY		ACCIDENT TYPE (PER USAS Z 16.2 A1.4)		DATE INJURY OCCURRED: DATE REPORTED:		NAME: JOB CLASSIFICATION		SOC SEC NO. PAYROLL NUMBER		DISABLING NO. OSHA NO.		PART OF BODY AFFECTED (PER USAS Z 16.2 A1.2)			
										TIME OF INJURY: TIME (COMPLETE)		HR (CIRCLE ONE)		UNION CARBIDE CORPORATION INSTITUTE PLANT - LOCATION 512		120 130 140 150 200 311 313 315 320 330 340 410 420 430 440 450 511 513 515 520					
HAZARDOUS COND. UNSAFE ACT (USAS 216.2 A1.8)		OPN./MAINT. COMPLEX DEPARTMENT NUMBER		SEX SHIFT		SOURCE OF INJURY		ACCIDENT TYPE (PER USAS Z 16.2 A1.4)		DATE INJURY OCCURRED: DATE REPORTED:		NAME: JOB CLASSIFICATION		SOC SEC NO. PAYROLL NUMBER		DISABLING NO. OSHA NO.		PART OF BODY AFFECTED (PER USAS Z 16.2 A1.2)			
										TIME OF INJURY: TIME (COMPLETE)		HR (CIRCLE ONE)		UNION CARBIDE CORPORATION INSTITUTE PLANT - LOCATION 512		120 130 140 150 200 311 313 315 320 330 340 410 420 430 440 450 511 513 515 520					

OSHA 301 (Rev. 10-1980)
EMPLOYEE INFORMATION: NAME Campbell, C.K., JOB CLASSIFICATION Supervisor, PAYROLL NUMBER 46985468, HR. SAL. (CIRCLE ONE)
NATURE OF INJURY: ABRASION, BURN (TEMP), BURN (CHEM), CONCUSSION, DERMATITIS, DISLOCATION, ELEC. SHOCK, FRACTURE, FREEZING, HEARING LOSS, HEAT STROKE, HERNIA, LACERATION, POISONING, PNEUMOCOCCUS, RADIATION, SCRATCHES, SPRAIN, MULTIPLE
PART OF BODY AFFECTED (PER USAS Z 16.2 A1.2): 520, 515, 513, 511, 450, 440, 430, 420, 410, 340, 320, 315, 313, 311, 200, 150, 140, 130, 120
UNION CARBIDE CORPORATION, CHEMICALS AND PLASTICS, INSTITUTE PLANT - LOCATION 512
DATE INJURY OCCURRED: 27 Aug 80
DATE REPORTED: 27 Aug 80
DESCRIPTION OF INJURY: Annual Carbide Med. Surv.
CAUSE: 15 yds exp
SUPERVISOR WHEN INJURY OCCURRED: IF SHIFT WORKER, CIRCLE SHIFT WORKING WHEN INJURY OCCURRED: A B C D
BUILDING NUMBER: CIRCLE COMPLEX IN WHICH EMPLOYEE WAS WORKING WHEN INJURY OCCURRED: 1 2 3 4 5 6 7 8
IF OTHER DEPARTMENT, CIRCLE LOCATION WHERE INJURY OCCURRED: OFFICE ENGINEERING DISTRIBUTION LABORATORY MAT'L MGMT SHIFT UTILITY MECH.
CHECK YES OR NO IN PROVIDED SPACE WHETHER OR NOT SAFETY EQUIPMENT WAS BEING USED: YES NO
SAFETY GLASSES, SAFETY SHOES, COVERALL GOGGLES, INSTEP GUARD, FACE SHIELD, PLASTIC, LEATHER OR RUBBER GLOVES, PVC CLOTHING, RUBBER GLOVES, HARD HAT, EXPENDABLE, AIR CAPSULE OR SKA-PAK, BOOTS, EAR PROTECTION
SIGNATURE OF EMPLOYEE: [Signature]
SIGNATURE OF ATTENDING NURSE: [Signature]
DISTRIBUTION OF REPORT: WHITE COPY IS FOR THE SAFETY DEPT., YELLOW FOR DEPT. HEAD AND SHIFT SUPT.
1ST AND 2ND COPIES ARE TO BE GIVEN TO THE INJURED EMPLOYEE BEFORE HE LEAVES THE MEDICAL DEPARTMENT. HE WILL DELIVER THEM TO HIS SUPERVISOR WHO IS TO COMPLETE THE INJURY INVESTIGATION REPORT ON THE REVERSE
OPN./MAINT. COMPLEX: 9 8 7 6 5 4 3 2 1
HAZARDOUS COND.: 0 1 2 3 4 5 6 7 8 9
UNSAFE ACT (USAS 216.2 A1.8): 66 65 64 63 62 61 60 59 58 57 56 55 54 53 52 51 50 49 48 47 46 45 44 43 42 41 40 39 38 37 36 35 34 33 32 31 30 29 28 27 26 25
ACCIDENT TYPE (PER USAS Z 16.2 A1.4): 10 20 30 40 50 60 70 80 90 100 110 120 130 140 150 160 170 180 190 200 210 220 230 240 250 260 270 280 290 300 310 320 330 340 350 360 370 380 390 400 410 420 430 440 450 460 470 480 490 500 510 520 530 540 550 560 570 580 590 600 610 620 630 640 650 660 670 680 690 700 710 720 730 740 750 760 770 780 790 800 810 820 830 840 850 860 870 880 890 900 910 920 930 940 950 960 970 980 990
SOURCE OF INJURY: SEX SHIFT
DEPARTMENT NUMBER: 156, 157, 158, 161, 162, 165, 166, 167, 220, 227, 229, 308, 327, 342, 355, 391, 010, 938

UCC 017187

OSHA 301 (Rev. 10-1980)
UNSAFE ACT (USAS 216.2 A1.8)
HAZARDOUS COND.
F LWD O MINOR NAT.
A B C D
OSHA INJURY CATEGORY
EMPLOYEE INJURY REPORT
NATURE OF INJURY
ABRASION, BURN (TEMP), BURN (CHEM), CONTUSION, DERMATITIS, DISLOCATION, ELEC SHOCK, FRACTURE, FREEZING, HEARING LOSS, HEAT STROKE, HERNIA, LACERATION, POISONING, PNEUMONCONIOSIS, RADIATION, SCRATCHES, SPRAIN, MULTIPLE
PART OF BODY AFFECTED (PER USAS Z 16.2 A1.2)
UNION CARBIDE CORPORATION
CHEMICALS AND PLASTICS
INSTITUTE PLANT - LOCATION 512
DISABLING NO.
OSHA NO.
SOC. SEC. NO.
PAYROLL NUMBER 469-9148
DATE REPORTED: 27 Aug 80
DATE INJURY OCCURRED:
DESCRIPTION OF INJURY: Chemical Carb. Mech. Injury
CAUSE: 51 yrs exp
SUPERVISOR WHEN INJURY OCCURRED:
BUILDING NUMBER:
AREA, OR UNIT WHERE INJURY OCCURRED:
IF OTHER DEPARTMENT:
CIRCLE LOCATION WHERE INJURY OCCURRED:
CHECK YES OR NO IN PROVIDED SPACE WHETHER OR NOT SAFETY EQUIPMENT WAS BEING USED:
SAFETY GLASSES, COVERALL GOGGLES, FACE SHIELD, PVC CLOTHING, COVERALLS, BOOTS, SAFETY SHOES, INSTEP GUARD, PLASTIC, LEATHER OR RUBBER GLOVES, HARD HAT, EAR PROTECTION
RESPIRATOR: AIR LINE, SELF-CONTAINED, CHEMICAL CARTRIDGE, DUST CARTRIDGE, EXPENDABLE, AIR CAPSULE OR SKA-PAK
SIGNATURE OF EMPLOYEE
ATTENDING NURSE
DISTRIBUTION OF REPORT: WHITE COPY IS FOR THE SAFETY DEPT.; YELLOW FOR DEPT. HEAD AND SHIFT SUPT. 1ST AND 2ND COPIES ARE TO BE GIVEN TO THE INJURED EMPLOYEE BEFORE HE LEAVES THE MEDICAL DEPARTMENT. HE WILL DELIVER THEM TO HIS SUPERVISOR WHO IS TO COMPLETE THE INJURY INVESTIGATION REPORT ON THE REVERSE
OPN./MAINT. COMPLEX
DEPARTMENT NUMBER
SEX
SHIFT
ACCIDENT TYPE (PER USAS Z 16.2 A1.4)
SOURCE OF INJURY

UCC 017188

F										A B C D										1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20										MULTIPLE										20 19 18 17 16 15 14 13 12 11 10 9 8 7 6 5 4 3 2 1										ABRASION										AMPUTATION										BURN (TEMP)										BURN (CHEM)										CONTUSION										DERMATITIS										DISLOCATION										ELEC SHOCK										FRACTURE										FREEZING										HEARING LOSS										HEAT STROKE										HERNIA										LACERATION										POISONING										PNEUMONIOSIS										RADIATION										SCRATCHES										SPRAIN										20 19 18 17 16 15 14 13 12 11 10 9 8 7 6 5 4 3 2 1										NATURE OF INJURY										PART OF BODY AFFECTED (PER USAS Z 16.2 A1.2)										UNION CARBIDE CORPORATION CHEMICALS AND PLASTICS INSTITUTE PLANT - LOCATION 512										DISABLING NO OSHA NO										SAL HR (CIRCLE ONE)										PAYROLL NUMBER 469 33185										TIME OF INJURY										SOC. SEC. NO.										DATE INJURY OCCURRED: 27 Aug 80										DATE REPORTED: 27 Aug 80										RX										DESCRIPTION OF INJURY: Chemicals Ash. Med. Shred										CAUSE: 32 yrs exp										WORK RESTRICTIONS										SUPERVISOR WHEN INJURY OCCURRED:										IF SHIFT WORKER: CIRCLE SHIFT WORKING WHEN INJURY OCCURRED: A B C D										BUILDING NUMBER: AREA OR UNIT WHERE INJURY OCCURRED:										CIRCLE COMPLEX IN WHICH EMPLOYEE WAS WORKING WHEN INJURY OCCURRED: 1 2 3 4 5 6 7 8										IF OTHER DEPARTMENT: CIRCLE LOCATION WHERE INJURY OCCURRED:										CHECK YES OR NO IN PROVIDED SPACE WHETHER OR NOT SAFETY EQUIPMENT WAS BEING USED:										YES NO										SAFETY GLASSES										COVERALL GOGGLES										FACE SHIELD										PVC CLOTHING										COVERALLS										BOOTS										SAFETY SHOES										INSTEP GUARD										PLASTIC, LEATHER OR RUBBER GLOVES										HARD HAT										EAR PROTECTION										RESPIRATOR										AIR LINE										SELF-CONTAINED										CHEMICAL CARTRIDGE										DUST CARTRIDGE										EXPENDABLE										AIR CAPSULE OR SKA-PAK										YES NO										YES NO										MAT'L MGMT										LABORATORY										SHIFT UTILITY MECH.										DEPARTMENT NUMBER										OPN./MAINT. COMPLEX										HAZARDOUS COND.										UNSAFE ACT (USAS Z16.2 A1.8)										MONTH										UCC 017189									
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OSHA 101-106 (Rev. 10-1-80)

UNSAFE ACT (USAS 216.2 A1.8)

HAZARDOUS COND.

ACCIDENT TYPE (PER USAS Z 16.2 A1.4)

SOURCE OF INJURY

SEX SHIFT

EMPLOYEE INJURY REPORT

OSHA INJURY CATEGORY

ABRASION

AMPUTATION

BURN (TEMP)

BURN (CHEM)

CONTUSION

DERMATITIS

DISLOCATION

ELEC. SHOCK

FRACTURE

FREEZING

HEARING LOSS

HEAT STROKE

HERNIA

LACERATION

POISONING

PNEUMONICONSIS

RADIATION

SCRATCHES

SPRAIN

MULTIPLE

NATURE OF INJURY

DATE INJURY OCCURRED

DATE REPORTED

DESCRIPTION OF INJURY

CAUSE

SUPERVISOR WHEN INJURY OCCURRED

BUILDING NUMBER

IF OTHER DEPARTMENT

CIRCLE LOCATION WHERE INJURY OCCURRED

OFFICE

ENGINEERING

DISTRIBUTION

LABORATORY

MAT'L'S MGMT

SHIFT UTILITY MECH.

RESPIRATOR

AIR LINE

SELF-CONTAINED

CHEMICAL CARTRIDGE

DUST CARTRIDGE

EXPENDABLE

AIR CAPSULE OR SKA-PAK

SIGNATURE OF EMPLOYEE

ATTENDING NURSE

DISTRIBUTION OF REPORT

WHITE COPY IS FOR THE SAFETY DEPT.

YELLOW FOR DEPT. HEAD AND SHIFT SUPT

1ST AND 2ND COPIES ARE TO BE GIVEN TO THE INJURED EMPLOYEE BEFORE HE LEAVES THE MEDICAL DEPARTMENT

HE WILL DELIVER THEM TO HIS SUPERVISOR WHO IS TO COMPLETE THE INJURY INVESTIGATION REPORT ON THE REVERSE

OPN./MAINT. COMPLEX

DEPARTMENT NUMBER

UNION CARBIDE CORPORATION

CHEMICALS AND PLASTICS

INSTITUTE PLANT - LOCATION 512

SOC. SEC. NO.

PAYROLL NUMBER

HR. SAL.

DISABLING NO.

OSHA NO.

WORK RESTRICTIONS

UCC 017190

OSHA INJURY REPORT

UNSAFE ACT (USAS 216.2 A1.8)

HAZARDOUS COND.

ACCIDENT TYPE (PER USAS Z 16.2 A1.4)

SOURCE OF INJURY

SEX SHIFT

UNION CARBIDE CORPORATION

CHEMICALS AND PLASTICS

INSTITUTE PLANT - LOCATION 512

NAME: Clark, R. M.

JOB CLASSIFICATION: Reg'd

DATE REPORTED: 12 Dec 80

DESCRIPTION OF INJURY: Asbestosis

CAUSE: Asbestosis - 30 yrs history - working with asbestos

WORK RESTRICTIONS

SUPERVISOR WHEN INJURY OCCURRED: A B C D

BUILDING NUMBER, AREA, OR UNIT WHERE INJURY OCCURRED: 1 2 3 4 5 6 7 8

IF OTHER DEPARTMENT, CIRCLE LOCATION WHERE INJURY OCCURRED: OFFICE ENGINEERING DISTRIBUTION LABORATORY MAT'L'S MGMT SHIFT UTILITY MECH.

CHECK YES OR NO IN PROVIDED SPACE WHETHER OR NOT SAFETY EQUIPMENT WAS BEING USED:

SIGNATURE OF EMPLOYEE

ATTENDING NURSE

DISTRIBUTION OF REPORT: WHITE COPY IS FOR THE SAFETY DEPT.; YELLOW FOR DEPT. HEAD AND SHIFT SUPT. 1ST AND 2ND COPIES ARE TO BE GIVEN TO THE INJURED EMPLOYEE BEFORE HE LEAVES THE MEDICAL DEPARTMENT HE WILL DELIVER THEM TO HIS SUPERVISOR WHO IS TO COMPLETE THE INJURY INVESTIGATION REPORT ON THE REVERSE.

OPN./MAINT. COMPLEX

DEPARTMENT NUMBER

UNSAFE ACT (USAS 216.2 A1.8)

HAZARDOUS COND.

OSHA INJURY REPORT

UNION CARBIDE CORPORATION

CHEMICALS AND PLASTICS

INSTITUTE PLANT - LOCATION 512

NAME: Clark, R. M.

JOB CLASSIFICATION: Reg'd

DATE REPORTED: 12 Dec 80

DESCRIPTION OF INJURY: Asbestosis

CAUSE: Asbestosis - 30 yrs history - working with asbestos

WORK RESTRICTIONS

SUPERVISOR WHEN INJURY OCCURRED: A B C D

BUILDING NUMBER, AREA, OR UNIT WHERE INJURY OCCURRED: 1 2 3 4 5 6 7 8

IF OTHER DEPARTMENT, CIRCLE LOCATION WHERE INJURY OCCURRED: OFFICE ENGINEERING DISTRIBUTION LABORATORY MAT'L'S MGMT SHIFT UTILITY MECH.

CHECK YES OR NO IN PROVIDED SPACE WHETHER OR NOT SAFETY EQUIPMENT WAS BEING USED:

SIGNATURE OF EMPLOYEE

ATTENDING NURSE

DISTRIBUTION OF REPORT: WHITE COPY IS FOR THE SAFETY DEPT.; YELLOW FOR DEPT. HEAD AND SHIFT SUPT. 1ST AND 2ND COPIES ARE TO BE GIVEN TO THE INJURED EMPLOYEE BEFORE HE LEAVES THE MEDICAL DEPARTMENT HE WILL DELIVER THEM TO HIS SUPERVISOR WHO IS TO COMPLETE THE INJURY INVESTIGATION REPORT ON THE REVERSE.

OPN./MAINT. COMPLEX

DEPARTMENT NUMBER

UCC 017191

OSHA INJURY CATEGORY: MINOR, MAJOR, FATAL, LETHAL, FATALITY. MONTH: 1-12. EMPLOYEE INJURY/ILLNESS REPORT. NAME: JORDAN, L.L. JOB CLASSIFICATION: Sheet Metal. DATE OF INJURY: 7 Mar 86. DATE REPORTED: 7 Mar 86. PAYROLL NUMBER: 13652-462. SAL. (CIRCLE ONE): 520. PART OF BODY AFFECTED (PER USAS Z 16.2 A1.2): 520. UNION CARBIDE CORPORATION, AGRICULTURAL PRODUCTS CO., INSTITUTE PLANT - LOCATION 512. DISABLING NO.: 512. OSHA NO.: 512. NATURE OF INJURY OR ILLNESS: ABRASION, AMPUTATION, BURN (TEMP), BURN (CHEM), CONTUSION, DERMATITIS, DISLOCATION, ELEC. SHOCK, FRACTURE, FREEZING, HEARING LOSS, HEAT STROKE, HERNIA, LACERATION, POISONING, PNEUMONOSIS, RADIATION, SCRATCHES, SPRAIN, MULTIPLE. DESCRIPTION OF INJURY: Celestos Mediated - Chemical Burn. CAUSE: (USD) 1962 - Insulator 4 yrs - Operator. Laborer - 2 - Metal Fab Shop - 18 yrs. SUPERVISOR WHEN INJURY OCCURRED: A B C D. BUILDING NUMBER: 1 2 3 4 5 6 7 8. IF OTHER THAN OPERATIONS OR MAINTENANCE, CIRCLE LOCATION WHERE INJURY OCCURRED: 1 2 3 4 5 6 7 8. IF SHIFT WORKER, CIRCLE SHIFT WORKING WHEN INJURY OCCURRED: A B C D. WORK RESTRICTIONS: 1 2 3 4 5 6 7 8. SOURCE OF INJURY: RESPIRATOR, AIR LINE, SELF-CONTAINED, CHEMICAL CARTRIDGE, DUST CARTRIDGE, DISPOSABLE, AIR CAPSULE OR SKA-PAK. CHECK YES OR NO IN PROVIDED SPACE WHETHER OR NOT SAFETY EQUIPMENT WAS BEING USED: YES NO. SAFETY GLASSES, COVERALL GOGGLES, FACE SHIELD, PVC CLOTHING, COVERALLS, BOOTS, SAFETY SHOES, INSTEP GUARD, PLASTIC, LEATHER OR RUBBER GLOVES, HARD HAT, HEARING PROTECTION. SIGNATURE OF EMPLOYEE: Larry L. Jordan. SIGNATURE OF SUPERVISOR: M. Chambers. ATTENDING NURSE: M. Chambers. DISTRIBUTION OF REPORT: WHITE COPY IS FOR THE SAFETY DEPT.; YELLOW FOR DEPT. HEAD AND SHIFT SUPT. 1ST AND 2ND COPIES ARE TO BE GIVEN TO THE INJURED EMPLOYEE BEFORE HE LEAVES THE MEDICAL DEPARTMENT. HE WILL DELIVER THEM TO HIS SUPERVISOR WHO IS TO COMPLETE THE INJURY INVESTIGATION REPORT ON THE REVERSE.

ACCIDENT TYPE (PER USAS Z 16.2 A1.4): 10. SOURCE OF INJURY: 25-58. SEX: M. SHIFT: A. DEPARTMENT NUMBER: 220. OPN./MAINT. COMPLEX: 1. HAZARDOUS COND. 0-9. UNSAFE ACT (USAS Z16.2 A1.8): 35. UCC 017192.