E. I. du Pont de Nemours & Company
INCORPORATED
Wilmington, Delaware 19898

POLYMER PRODUCTS DEPARTMENT

cc: J. C. Besperka/J.
W. R. DeGraw
J. T. Nolen
S. P. Foster
N. J. Irsch
N. C. Jackson
R. E. Jackson
R. T. Murrill
E. E. Woodacre/M.R. Debrunner
C. L. Perry, PAD

PERSONAL AND CONFIDENTIAL

November 21, 1980

SITE MANAGERS - FOR ACTION

S. S. LORD - BEAUMONT
H. F. CANFIELD - CIRCLEVILLE
M. R. HARADON - CLINTON
R. P. HADEN - FAYETTEVILLE
R. D. PRUETT - FLORENCE
J. F. GLEITZ - GERMAY PARK
W. E. EGAN - LOUISVILLE
P. E. OTTO - PENCADER/WB
H. L. DEY - PONTCHARTRAIN
C. F. RIDDICK - SABINE
J. B. SHAFER - SPRUANCE
J. A. WILSON - TECUMSEH
C. R. DEWEY - TULSA
J. C. LEITINGER - WASH. WORKS
J. D. SPANGLER - YERKES
G. K. WALKER - AKRON

SITE MANAGERS - FOR INFORMATION

K. L. SELIGMAN - CHAMBERS WORKS
D. B. SCHIEWETZ - GLASGOW
R. H. HAHNFELD - HOUSTON
R. D. INGALLS - SENECA
W. E. HURST - WAYNESBORO
W. D. HOUSEHOLDER - WURTLAND

LOGGING ASBESTOS-RELATED LUNG ABNORMALITIES

The attached communication from N. K. Walters is self-explanatory and defines an expansion of OSHA logging activity for cases of benign asymptomatic lung abnormalities which are deemed occupationally related to service with Du Pont. This logging step carries with it the determination of implied Du Pont responsibility for the condition. My purpose in reminding you of this is that we should be sensitive to the need to include all appropriate organizations in that decision-making step.

H. E. SERENBETZ
ENERGY & ENVIRONMENTAL AFFAIRS
MANUFACTURING DIVISION

HES/ls
Attachment

DUP 0962196

E. I. DU PONT DE NEMOURS & COMPANY
INCORPORATED
WILMINGTON, DELAWARE 19898

EMPLOYEE RELATIONS DEPARTMENT

cc: EQC Members

November 19, 1980

RECORDING ASBESTOS-RELATED CONDITIONS ON OSHA FORM 200

In light of an intensified medical detection program to identify asbestos-related conditions, additional cases of asbestos-related abnormalities and illnesses will probably be revealed.

Safety & Fire Protection Guideline 11.1, "Classifying and Reporting Occupational Injuries and Illnesses", Section 2.3, describes conditions which must be met for tabulating and logging on OSHA Form 200 (U.S. only) occupational illnesses. In applying this paragraph, all Du Pont work-related instances of asbestos-related abnormalities, whether judged "benign asymptomatic", "benign symptomatic", or "malignant", should be considered tabulatable and recorded on Form 200 (U.S. only). Tabulating and recording the benign asymptomatic abnormality is a change in practice.

Du Pont's Medical Division does not regard the Benign Asymptomatic Abnormality as an illness, and thus, our practice has been that of not logging. OSHA, however, maintains that this condition is loggable and has issued citations for failure to log.

The change in logging practice is an administrative procedural change to avoid future citations, and does not reflect a change in Medical Division's position on the significance of the benign asymptomatic condition.

The attached Guidelines "For the Management of Chronic Occupational Illnesses" and "For the Diagnosis and Classification of Asbestos-Related Medical Cases", published by the Medical Division are provided as background information materials.

The past practice of submitting Non-Tabulatable G-105's for benign asymptomatic asbestos-related cases should be discontinued. Accounting for medical expenses is described in Part 10 of the Service Manual.

Questions on logging and classifying injuries and illnesses should be referred to D. G. Windsor, 774-5050, or J. I. Weir, 774-2234.

SAFETY & FIRE PROTECTION DIVISION

Ned K. Walters, Director

Attachments

TO: DEPARTMENT HEADS
OSH COORDINATORS
PRODUCTION/PLANT MANAGERS
LABORATORY DIRECTORS
SAFETY SUPERVISORS

GUIDELINES FOR THE MANAGEMENT OF CHRONIC OCCUPATIONAL ILLNESSES

When a medical examination of an employee or pensioner suggests a chronic illness which might have arisen out of and in the course of Du Pont employment, the site physician and site management should implement the procedure stated below. Medical Division guidelines for specific causal agents should be consulted as appropriate.

1. DIAGNOSIS

The site physician should establish the diagnosis and degree of disability, if any, by a review of all pertinent data and consultation with the Medical Division. The diagnosis and degree of disability should be verified by appropriate medical specialists.

2. CAUSALITY

A comprehensive work history for the employee should be prepared by the site physician and site management and examined for a causal agent. Non-Du Pont exposures should also be identified where possible. It is the responsibility of site and departmental management, with advice from the Medical Division and appropriate consultants, to determine causality as promptly as possible.

This determination and the exposure history should be made a permanent part of the employee's medical record.

3. EMPLOYEE NOTIFICATION

The Du Pont Guidelines to Physicians on Informing Employees of Abnormal Findings should be followed and the employee or pensioner should be promptly notified of Du Pont's determination of causality. If there is an unavoidable delay in determining causality, employee notification of the known facts should not be postponed. Employee notification should be documented in the medical record.

4. MEDICAL MANAGEMENT AND COSTS

If the causality is related to Du Pont employment, and if a preempting national health plan is not in place, the site should accept the responsibility for costs of appropriate medical evaluation, follow up, and treatment.

In those cases in which causality has not been determined, site management may choose to assume the costs for appropriate medical evaluation by a medical specialist approved by site management.

If the causality is non-Du Pont, the case should be treated as any other non-occupational illness. The employee should be notified as stated above and assisted in seeking and receiving appropriate medical follow up with a private physician.

5. RECORDING REQUIREMENTS

A. U.S. - Recording in OSHA Log

An illness with a Du Pont causality should be logged in the OSHA log; an illness with a non-Du Pont causality should not be logged. Regulations require logging within

six working days of site management's receipt of information that a recordable illness has occurred (i.e., that the diagnosed illness has been determined to be occupationally related). The date of "onset of illness" on the OSHA Form 200 should be the date of medical diagnosis, not the date of determination of causality.

If there is a question as to whether a medical finding constitutes an "illness", the Medical Division should be consulted.

B. Non-U.S.

Applicable local regulations for reporting/recording should be determined and a procedure established by Subsidiary management. In the absence of any regulations, a logical recording system should be established in consultation with the Safety and Fire Protection and Medical Divisions.

6. DU PONT S&F TABULATION

Tabulation of work-related illnesses for purposes of Du Pont safety records should follow Safety and Fire Protection Division Guidelines.

7. EMPLOYEE COMPENSATION

When Du Pont causality has been established and disability exists, site management should promptly assist the employee in

obtaining workers' compensation or other state or federal disability benefits to which the employee may be entitled. Matters of employee compensation should be reviewed with Employee Relations and Legal through normal channels. Site job transfer and pay practices should be followed when an employee is temporarily or permanently placed on another job.

9/13/79

GUIDELINES FOR THE DIAGNOSIS AND CLASSIFICATION OF ASBESTOS-RELATED MEDICAL CASES

This guideline supplements the Guidelines for the Management of Chronic Occupational Illnesses (1).

This guideline covers those asbestos-related conditions listed below. Use of this classification should be restricted to those cases in which there is evidence of probable asbestos exposure.

- Benign Asymptomatic Abnormalities:

  Pleural thickening and/or plaques and/or calcification with no evidence of parenchymal disease

- Benign Symptomatic Illnesses:

  Presumptive asbestosis
  Confirmed asbestosis
  Exudative pleural thickening
  Pleural effusion

- Malignant Illnesses:

  Mesothelioma of the pleura or peritoneum
  Carcinoma of the lung, larynx, or gastrointestinal tract (stomach, colon)

A presumptive diagnosis of asbestosis is one in which there is good evidence of parenchymal disease due to asbestos exposure even though there is no interstitial fibrosis noted on x-ray. Such a case would include pleural x-ray changes, symptoms, abnormal spirometry and/or abnormal blood gases. Accepted medical practice and NIOSH guidelines suggest that a confirmed diagnosis of asbestosis should be made only with the presence of x-ray changes of interstitial fibrosis, symptoms (dyspnea, cough, etc.), physical

findings (rales, etc.), impaired pulmonary function (abnormal spirometry or blood gases), and a positive exposure history (2, 3).

A comprehensive history of probable exposure to asbestos and other pulmonary irritants should be obtained by the physician from the patient at the time of the examination. (This history will assist in the determination of causality as well as aiding in the diagnosis.) The history should include all possible pre-Du Pont occupational exposure and off-the-job asbestos-related exposure(4). A detailed evaluation of smoking habits should be made.

A supplemental work history should be prepared by site management listing all periods and/or circumstances of possible asbestos exposure. If the employee was not assigned to a job that involved handling asbestos-containing materials, an attempt should be made to determine whether the employee could have incurred exposure by working near an operation where asbestos dust was released. In determining when and whether causal exposure could have occurred, it should be borne in mind that asbestos-related disorders can result not only from long-term moderate exposure but also from short-term massive exposure.

In all cases where the tentative diagnosis is a benign symptomatic illness or a malignant illness and in other cases if the evaluation is inconclusive, the tentative diagnosis should be discussed with the Medical Division. Where appropriate, the site should use an approved medical specialist to carry out the additional testing or evaluation required to establish a diagnosis.

The scope of further testing will normally be determined by the specialist, but should include certain minimum tests. A suggested referral letter indicating these tests is attached.

Where an asbestos-related lung abnormality of Du Pont causality has been established, the follow up should at a minimum include a semi-annual posterior-anterior and lateral chest x-ray, and pulmonary function tests. If the employee refuses, this fact should be documented in the employee's medical record.

Those employees with confirmed asbestosis, exudative pleural thickening, pleural effusion or malignant illnesses should be excluded from tasks with potential for exposure to asbestos. Those with benign asymptomatic abnormalities need not be excluded. Those with presumptive asbestosis should be handled on an individual basis.

REFERENCES

1. Medical Division, Du Pont Employee Relations Department, "Guidelines for Physicians", Section T.

2. Preger, L., et al, "Asbestos-Related Disease", publisher Grune & Stratton, New York, 1978.

3. NIOSH, "A Guide to the Work-Relatedness of Disease", Rev. Edicion, January 1979.

4. National Cancer Institute, "Asbestos: An Information Resource", May 1978.

Dear Dr. _____:

_____, an employee of the Du Pont _____, is referred for pulmonary evaluation. Chest x-ray findings have been interpreted as containing some abnormalities.

In your evaluation, the following minimums are requested:

- A detailed history of occupational and non-occupational exposures, including smoking history.
- Examination of the lungs.
- Review of recent chest x-rays that include right and left oblique views.
- Complete ventilatory function testing without and with a bronchodilator.
- Measurement of arterial blood gases at rest, and after exercise.
- A statement of your evaluation of the respiratory impairment, if any.
- The etiology of the condition.

Please send your bill for this service (examination, testing, and x-rays) and the report to me.

If the employee requests that a copy of your report be sent to his or her personal physician, please ask that this request be submitted in writing to me. A copy of your report will then be sent from our office.

Please return our x-rays by certified mail.

Very truly yours,

DUP 0962206

DU 041660

CLASSIFYING AND REPORTING OCCUPATIONAL INJURIES AND ILLNESSES

CONTENTS

APPENDICES

1. FOREWORD

Du Pont's system for classifying and reporting occupational injury and illness experience for worldwide use is based on the requirements of the U.S. Occupational Safety and Health Act of 1970 (OSHA). This system became effective for our recordkeeping and Board of Directors' Safety Award purposes January 1, 1977 and replaced a system based on A.N.S.I. Z16.1. The OSHA based system provides a uniform method for comparing occupational injury and illness experience worldwide among all company sites, as well as all other organizations using a similar system. For some international locations it will be necessary, because of governmental requirements, to keep two classifying systems and two sets of records. The OSHA system permits Du Pont to report statistics to the U.S. National Safety Council and the U.S. Chemical Manufacturers' Association. Experience with this system based on the January, 1977 Guideline indicates a need for a more consistent approach to classification within the company. This revised Guideline, effective September 1, 1980, clarifies problem areas and points out more clearly the relative need for intensified prevention programs based on the occupational injury and illness experience of a unit. It is a means of evaluating the effectiveness of the safety activities among all units, departments, and subsidiaries. No changes have been made which would alter classification under the previous Guideline.

Du Pont's goal continues to be the elimination of all occupational injuries and illnesses. However, when an accident or illness does occur, the *first concern* should be to see that the affected employee is given prompt and proper medical treatment and rehabilitation. Only after these priorities have been observed should the classification and record be considered.

2. DEFINITIONS

2.1 Work Environment — The work environment is comprised of the physical location, equipment, materials processed or used, and the kind of operations performed in the course of an employee's work, whether on or off company premises. Any injury sustained on company property is considered as occurring in the work environment unless specifically exempted elsewhere in this Guideline.

2.2 Occupational Injury — Any injury such as a cut, fracture, sprain, amputation, etc., which results from a work related incident or from an exposure involving an incident in the work environment is an occupational injury. Conditions resulting from animal bites, such as insect or snake, or from one time exposure to chemicals are considered injuries. Also, chemical burns resulting from one time exposure are considered injuries, not illnesses.

[redacted] normal condi- [redacted] incident.

[redacted] or

2.3.1 Only illnesses with Du Pont accepted causality are to be tabulated.

2.3.2 Illnesses with the only exposure prior to April 28, 1971 (effective date of OSHA) will *not* be considered tabulatable but will be logged on the OSHA 200 (U.S. only) designated as "NT" (Non-Tabulatable).

2.3.3 A Non-Tab (NT) Lost Workday Case Injury report (G-105) (U.S. only) will be filed using the date of last possible exposure to cover possible future legal, medical or workers' compensation costs.

2.3.4 Illnesses with exposure prior to *and* after April 28, 1971 but latency period not expended from April 28, 1971, will *not* be considered tabulatable but will be logged on the OSHA 200 (U.S. only) designated a "NT". A Non-Tab (NT) Lost Workday Injury report (G-105) will be filed using the date of diagnosis.

2.3.5 Illnesses with exposure after April 28, 1971 and latency period expended *will be* considered tabulatable and will be logged (LWC - RWC - MTC). The date of diagnosis will be used on the appropriate form. (If workers' compensation is paid, but no time is lost, an LWC-FAO must be filed - U.S. only).

2.3.6 [redacted]

2.3.7 Occupational illnesses may include, but are not limited to the following categories:

2.3.7.1 Occupational skin diseases or disorders — Examples: Contact dermatitis, eczema, or rash caused by primary irritants and sensitizers or poisonous plants; oil and chlorocarbon acne; chrome ulcers; chemical burns or inflammations.

2.3.7.2 Dust diseases of the lungs (Pneumoconioses) — Examples: Silicosis, and asbestosis.

2.3.7.3 Respiratory [redacted]
Examples: Pneumonia, [redacted]
congestion due to chemicals.

2.3.7.4 Poisoning (systemic effects of toxic materials) — Examples: Poisoning by metals, metal fumes, gases, organic solvents, insecticides, or by other chemicals.

2.3.7.5 Disorders due to physical agents (other than toxic materials) — Examples: Heatstroke, sunstroke, sunburn, 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, ultra-violet rays, microwaves)

2.3.7.6 Disorders associated with repeated trauma — Examples: Noise-induced hearing loss; synovitis, tenosynovitis, and bursitis; and other conditions due to repeated motion, vibration, or pressure.

2.3.7.7 Food poisoning — Any illness which is demonstrated to have been caused by tainted food served (sold or given) and ingested on company property is tabulatable. This excludes edibles brought into the site by employees.

2.3.7.8 Other possible occupational illnesses — Examples: malignant and benign tumors.

2.4 Lost Workday Case (LWC) — Any work related injury or illness which prevents the employee from reporting to work on any subsequent scheduled shift. (See paragraph 3 for further clarifications).

2.5 Restricted Workday Case (RWC) — Any work related injury or illness which prevents the employee from doing any part of his regularly scheduled job on any subsequent scheduled shifts. (See paragraph 3 for further clarification).

2.6 Medical Treatment Case (MTC) — Any work related injury or illness which requires treatment by a physician or by registered professional personnel under the standing orders of a physician. (See paragraph 3 for further clarification).

2.7 First Aid Case (FAC) — Any work related injury or illness involving one time treatment which does not require a medical professional. (See paragraph 3 for further clarification).

2.8 Employees - Special Cases

2.8.1 Temporary or Limited Service Employees (LSE) — These are people placed on the company roll to provide a service on a part-time or temporary basis. They are paid directly by the company and their hours and injuries are to be recorded by the unit in which they are employed.

2.8.2 Loaned Employees (Personnel working at a location other than their own) — An injury to an employee occurring at a site other than his normal work site is generally charged to the organization with administrative control of the injured unless the "lender" and "borrower" have established a different agreement *prior* to any injury. Administrative control is considered to reside with the organization which exercises control over salaries and other personnel administrative matters.

Examples of this are employees at locations other than their own for the purpose of providing technical assistance, start up assistance, and receiving or providing training. Assignments of this nature are generally of short duration; usually less than one year. Injuries incurred during travel in such situations are charged to the organization with administrative control of the injured.

DUP 0962210

Columns
6 and 13 – INJURIES OR ILLNESSES WITHOUT LOST WORKDAYS. Self-explanatory.

Columns 7a
through 7g – TYPE OF ILLNESS.
Enter a check in only *one* column for each illness.

TERMINATION OR PERMANENT TRANSFER—Place an asterisk to the right of the entry in columns 7a through 7g (type of illness) which represented a termination of employment or permanent transfer.

Totals

Add number of entries in columns 1 and 8.
Add number of checks in columns 2, 3, 6, 7, 9, 10, and 13.
Add number of days in columns 4, 5, 11, and 12.
Yearly totals for each column (1-13) are required for posting. Running or page totals may be generated at the discretion of the employer.

If an employee's loss of workdays is continuing at the time the totals are summarized, estimate the number of future workdays the employee will lose and add that estimate to the workdays already lost and include this figure in the annual totals. No further entries are to be made with respect to such cases in the next year's log.

Definitions

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.

[redacted]

The following listing gives the categories of occupational illnesses and disorders that will be utilized for the purpose of classifying recordable illnesses. For purposes of information, examples of each category are given. These are typical examples, however, and are not to be considered the complete listing of the types of illnesses and disorders that are to be counted under each category.

7a 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.

7b Dust Diseases of the Lungs (Pneumoconioses)
Examples: Silicosis, asbestosis, coal worker's pneumoconiosis, byssinosis, siderosis, and other pneumoconioses.

7c Respiratory Conditions Due to Toxic Agents
Examples: Pneumonitis, pharyngitis, rhinitis or acute congestion due to chemicals, dusts, gases, or fumes; farmer's lung, etc.

7d. Poisoning (Systemic Effect of Toxic Materials)
Examples: Poisoning by lead, mercury, cadmium, arsenic, or other metals; poisoning by carbon monoxide, hydrogen sulfide, or other gases; poisoning by benzol, carbon tetrachloride, or other organic solvents; poisoning by insecticide sprays such as parathion, lead arsenate; poisoning by other chemicals such as formaldehyde, plastics, and resins, etc.

7e. 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.

7f. 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.

7g. 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 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 which may be physically dispersed, such as agriculture, construction, transportation; communications, and electric, gas, and sanitary services, 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 in the course of an employee's work, whether on or off the employer's premises.

DUP 0962211

DU 041663

Bureau of Labor Statistics
Log and Summary of Occupational
Injuries and Illnesses

U.S.

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.)*

[redacted]

Company Name
Establishment Nam
Establishment Addr

Case or File Number	Date of Injury or Onset of Illness	Employee's Name	Occupation	Department	Description of Injury or Illness	Extent of and Outc	
						Fatalities	Nonfa
Enter a nonduplicating number which will facilitate comparisons with supplementary records.	Enter Mo./day.	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	Injury Related Enter DATE of death Mo./day/yr	Injuri Ente CHEC if inj involv days a from work days restric work activi or bo
(A)	(B)	(C)	(D)	(E)	(F)	(1)	(2)
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	PREVIOUS PAGE TOTALS →		
[redacted]	[redacted]	[redacted]	[redacted]		TOTALS (Instructions on other side of form.) →		

OSHA No. 200

FOLD

Certification o

OSHA No 20

DUP 0962212

DU 041664

ent of Labor

For Calendar Year 19 _____ Page ____ of ____

Form Approved
O.M.B. No 44R 1453

IY			Type, Extent of, and Outcome of ILLNESS												
			Type of Illness							Fatalities	Nonfatal Illnesses				
orkdays		Injuries Without Lost Workdays	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 number of DAYS away from work.	Enter number of DAYS of restricted work activity.	Enter a CHECK if no entry was made in columns 1 or 2 but the injury is recordable as defined above.	Occupational skin diseases or disorders	Dust diseases of the lungs	Respiratory conditions due to toxic agents	Poisoning (systemic effects of toxic materials)	Disorders due to physical agents	Disorders associated with repeated trauma	All other occupational illnesses	Enter DATE of death Mo./day/yr.	Enter a CHECK if illness involves days away from work, or days of restricted work activity, or both.	Enter a CHECK if illness involves days away from work.	Enter number of DAYS away from work.	Enter number of DAYS of restricted work activity.	Enter a CHECK if no entry was made in columns 8 or 9.
(4)	(5)	(6)	(7)							(8)	(9)	(10)	(11)	(12)	(13)
			(a)	(b)	(c)	(d)	(e)	(f)	(g)						

ILLNESSES

DUP 0962213

ary Totals By _____ Title _____ Date _____

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

DU 041665

Columns
6 and 13 – INJURIES OR ILLNESSES WITHOUT LOST WORKDAYS. Self-explanatory.

Columns 7a
through 7g – TYPE OF ILLNESS.
Enter a check in only *one* column for each illness.

TERMINATION OR PERMANENT TRANSFER—Place an asterisk to the right of the entry in columns 7a through 7g (type of illness) which represented a termination of employment or permanent transfer.

Totals

Add number of entries in columns 1 and 8.
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Definitions

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

7a 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.

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

7c Respiratory Conditions Due to Toxic Agents
Examples: Pneumonitis, pharyngitis, rhinitis or acute congestion due to chemicals, dusts, gases, or fumes, farmer's lung, etc.

7d. Poisoning (Systemic Effect of Toxic Materials)
Examples: Poisoning by lead, mercury, cadmium, arsenic, or other metals; poisoning by carbon monoxide, hydrogen sulfide, or other gases; poisoning by benzol, carbon tetrachloride, or other organic solvents; poisoning by insecticide sprays such as parathion, lead arsenate; poisoning by other chemicals such as formaldehyde, plastics, and resins; etc.

7e. 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.

7f. 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.

7g. 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.

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For firms engaged in activities which may be physically dispersed, such as agriculture, construction, transportation, communications, and electric, gas, and sanitary services, 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 in the course of an employee's work, whether on or off the employer's premises.

- Help in formulating effective preventive measures through an objective analysis of injury or illness causes.
- Pinpoint injury and illness trends and patterns.
- Permit performance evaluation.

A report should be written in a clear, concise style so that anyone unfamiliar with the accident site and work conditions can readily understand what happened, the circumstances involved and the conclusions reached. Photographs, sketches and copies of special rules or instructions which might clarify the incident further or which are referred to in the report should be enclosed. Report facts, not conjectures.

5.2 Reports To Be Submitted and When — Reports of fatalities, lost workday and restricted workday cases are to be submitted to the Safety and Fire Protection Division, Employee Relations Department, Wilmington, Delaware. These reports are to be signed by the plant manager, laboratory director, field project manager, warehouse supervisor or person in charge of the reporting unit.

5.2.1 Fatality and Lost Workday Cases (LWC) —

A. Brief summary by wire or telephone within 24 hours of the incident.

B. Detailed report, in duplicate on Form G-105, within one week. To establish a Personal Injury (P.I.) number for form G-105, follow the sequence of numbers to match the sequence of dates. If more than one person is injured in a single incident, continue to use the established pattern followed by letters of the alphabet. (Example: 1-A, 1-B, 1-C). Use fractional numbers if it is necessary to issue a report for a case which occurred prior to a case already reported so that the sequence of numbers matches the sequence of dates (Example: 1-1/2, 1-1/4, 1-1/8, etc.)

C Final injury report (U.S. only), in duplicate on Form G-108, when costs are known and the case is considered closed.

D If additional details develop, a corrected report should be submitted.

5.2.2 Restricted Workday Cases (RWC) — Detailed report, single copy, on form G-111 within at least two weeks of incident. To establish an RWC number, follow same rules as stated for Lost Workday Cases.

5.2.3 Monthly Summary — One copy on Form G-110 (U.S. only) and by telex (International Units) due before fifth calendar day of succeeding month (data to include injury and illness experience of calendar month)

5.2.4 Guideline and Report Copies — Extra copies of this Guideline may be obtained by sending a Stationery & Forms Requisition (Form G-352) to the General Services Department, Wilmington, Delaware. This order form can also be used to obtain the following company accident and illness reports: Lost Workday (G-105), Restricted Workday (G-111), Medical Treatment (G-113), Monthly Safety Record Summary (G-110).

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(Applicable to U.S. Sites only.)

Basic recordkeeping concepts and guidelines are included with instructions on the back of form OSHA No. 200. (APPENDIX A). These paragraphs summarize the major recordkeeping concepts and provide additional information to aid in keeping records accurately.

6.1 Posting Requirements — From February 1 to March 1, each establishment must post in areas where notices to employees are customarily posted, a copy of the year's totals and information following the fold line of the last page of form OSHA No. 200. An OSHA No. 200 with only the yearly totals, establishment identification, and certification may be used for this purpose.

Establishments having no injuries or illnesses during the year must enter zeros on the total line and post the form.

The person responsible for the annual summary totals shall certify that the totals are true and sign the form.

6.2 The Occupational Injuries and Illnesses Annual Survey Form 200S — The form will be mailed to each unit selected to participate in the Bureau of Labor Statistics' Annual Survey of Occupational Injuries and Illnesses. Upon receipt, the unit shall promptly complete and return the form in accordance with the instructions.

6.3 Record Maintenance, Retention, and Access

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All recordkeeping forms (current and retained) must be available at the establishment for inspection and copying by representatives of the Department of Labor, the Department of Health and Human Services, or States accorded jurisdiction under the act.

The log, form OSHA No. 200, shall upon request, be made available to any employee, former employee, and to their representatives for examinations and copying in a reasonable manner and at reasonable times. Access to the log shall be for any establishment in which the employee is or has been employed and covers all logs

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required to be maintained or retained by the company. OSHA forms can be obtained from Regional or Area OSHA Offices (See addresses and telephone numbers in the first appendix (Recordkeeping Requirements under the Occupational Safety and Health Act of 1970).

6.4 Annual Summary of Injuries and Illnesses (OSHA-200S) — One copy sent to Safety & Fire Protection Division and one copy posted at unit site by February 1.

7. WORKERS' COMPENSATION (Applicable to U.S. Sites only.) — Injury and illness classification under Du Pont guidelines is entirely independent of worker's compensation laws.

Because there will be alleged cases and cases judged compensable by state workers' compensation agencies, use of For Accounting Only (FAO) and Non-Tabulatable (NT) reports will be necessary on Form G-105 - Lost Workday Cases.

Forms necessary for reporting to local state worker's compensation agencies can be obtained from local state agencies.

Details on compensability are covered in Part 10 of the E. I. du Pont de Nemours and Company Service Manual.