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

U.S. Department of Labor

For Calendar Year 19 87 — Page 9 of 9

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: UNION CARBIDE CORPORATION
Establishment Name: Solvents & Coatings Materials Division
Establishment Address: 3301 - 5th Avenue South, P. O. Box 471, Texas City, TX 77592-0471

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

Case or File Number (A)	Date of Injury or Onset of Illness (B)	Employee's Name (C)	Occupation (D)	Department (E)	Description of Injury or Illness (F)	Injury Related: Enter DATE of death. (1)	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)	Illness Related: Enter DATE of death. (8)	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)
						Mo./day/yr.						Mo./day/yr.					
[redacted]						0	56	4	165	1198	39		3	1	13	7	16
7941	7-01-87		Operator	Operations	Hearing Loss												✓
3097	7-09-87		Inst. Liftperson	Maintenance	Hearing Loss												✓
1687	8-05-87		Laborer Admn.	Maintenance	Hearing Loss												✓
5556	8-17-87		Pipefitter	Maintenance	Hearing Loss												✓
8092	9-04-87		Operator	Operations	Hearing Loss												✓
5466	9-04-87		Machinist	Maintenance	Hearing Loss												✓
6164	9-08-87		Painter	Maintenance	Hearing Loss												✓
5565	9-09-87		Instrument	Maintenance	Hearing Loss												✓
6170	9-11-87		Machinist	Maintenance	Hearing Loss												✓
5128	9-14-87		Machinist	Maintenance	Hearing Loss												✓
7264	9-29-87		Operator	Operations	Hearing Loss												✓
4-92-9605			Insulator	Maintenance	Asbestos Related Pleural Changes												✓
3-66-2011			Insulator	Maintenance	Asbestos Related Pleural Changes												✓
5-34-3334			Insulator	Maintenance	Asbestosis												✓
2-36-6248			Painter	Maintenance	Asbestos Related Pleural Changes												✓
[redacted]						0	56	4	165	1198	39		3	1	13	7	31

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

Case or File Number	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)
[redacted]	5	1	1	0	2	10	0
7941						✓	
3097						✓	
1687						✓	
5556						✓	
8092						✓	
5466						✓	
6164						✓	
5565						✓	
6170						✓	
5128						✓	
7264						✓	
4-92-9605		✓					
3-66-2011		✓					
5-34-3334		✓					
2-36-6248		✓					
[redacted]	5	5	1		2	21	

INJURIES

ILLNESSES

Certification of Annual Summary Totals By T.C. Phinney Title Safety Director Date 1/29/88

OSHA No. 200

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

OSHA No 200

UCTC 08172

PLAINTIFF'S EXHIBIT UC-4370