oyee Name	MCB Supervisor Report	CO 4298 Medical Treatment	CO 3915 Industrial Injury/Accident	Foreman's First Report Of Injury	Employer's Supplemental Report Of Injury	OSHA Log (Employee Relations Secretary's Off	Date Of Injury	Surgeons Report To Forum Insurance	Treatme Medical/ FA
G 82-1	1-17-82	1-22-82		1-27-82			1-7-82		First Aid
JA 82-2	1-19-82	1-20-82					1-[illegible]-82		[illegible]
[illegible] 82-3	1-25-82	1-22-82		1-25-82			12-7-81		[illegible]
M 82-4	1-25-82	1-25-82	2-1-82	1-26-82	2-1-82	2-1-82	1-21-82	✓	Lost Time Eyes
JF 82-5	1-26-82	1-26-82					1-25-82		First Aid Leg
GT 82-6	2-8-82	2-11-82					2-8-82		First Aid Eye
BJ 82-7	2-8-82	[illegible]					2-8-82		First Aid Back
NH 82-8	2-16-82	2-17-82		2-16-82			2-16-82		First Aid Finger
[illegible] 82-9	2-17-82	2-17-82					2-16-82		First Aid [illegible]
[illegible] 82-10	2-22-82	2-22-82	Delete ~~2-23-82~~	~~2-23-82~~	82-2 2-23-82		2-9-82	✓	Med Treat Rib
[illegible] 82-11	2-23-82	2-23-82	Delete [illegible]	~~2-24-82~~	82-3 ~~2-24-82~~		2-18-82		Med Treat [illegible]
[illegible] 82-12	[illegible]	2-18-82					[illegible]		First Aid [illegible]
[illegible] 82-13	[illegible]	[illegible]					3-26-82		First Aid Toe
[illegible] 82-14	3-30-82	3-29-82					3-24-82		First Aid Eye
[illegible]	4-7-82	[illegible]					[illegible]		[illegible]
MH 82-16	4-13-82	4-15-82					4-13-82		First Aid Finger
RJ 82-17	4-16-82	4-20-82					4-15-82		First Aid Ankle
ME 82-18	4-23-82	—					4-21-82		First Aid Knee
JL 82-19	4-27-82	4-27-82					4-20-82		First Aid Back
[illegible] 82-20	4-27-82	4-28-82					4-23-82		First Aid Back
WT 82-21	4-29-82	4-30-82					4-26-82		First Aid Eye
[illegible] BC 82-22	5-24-82	5-26-82	5-27-82	5-27-82	82-4 5-27-82		5-23-82	✓	Med Treat Finger
JC 82-23	5-25-82	5-26-82					5-24-82		First Aid Leg
GD 82-24	5-26-82	5-27-82					5-26-82		First Aid Back
[illegible] 82-25	6-1-82	6-10-82		6-7-82			5-28-82		F/A [illegible]
[illegible] 82-26	6-7-82	6-7-82					5-7-82		FA Elbow

PLAINTIFF'S EXHIBIT

MBL-29

249289

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

U.S. Department of Labor

For Calendar Year 19 82

Page 1 of 1

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: Okefins Aromatic Unit
Establishment Address: Po Box 3868 77704

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

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)	Extent of and Outcome of INJURY: Fatalities — Injury Related (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)	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.) (7): 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)	Fatalities — Illness Related (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)
82-1	1-21-82	M.A. Comeaux	Maintenance Mech	Maintenance	Abrasion to face Hemorrage to eyes		✓	✓	6															
* ~~82-2~~	~~2-18-82~~	~~[illegible]~~	Delete - Late Report - Alledged DAB ~~Process operator~~	~~Production~~	Fracture ~~Right 11th rib~~		✓			5														
* ~~82-3~~	~~2-18-82~~	~~R.W. Schweitzer~~	Delete - OFF Premises DAB ~~Maintenance mech~~	~~Maintenance~~	Fracture ~~Left distal 3rd plantar~~	✓					✓													
82-4	5-23-82	B.G. Barclay	Process operator	Production	Laceration Third finger Left hand						✓													
82-5	6-25-82	M.E. Connor	Process operator	Production	Amputation of ring finger - Left Hand				38															
82-6	6-28-82	J.E. Woods	Maintenance Mech	Maintenance	Contusion - Possible Fracture Lower Mid-Sacrum		✓	✓	17															
82-7	8-4-82	James A Young	Maintenance mech	Maintenance	Burn Left Shoulder and Left Arm		✓	✓	59															
82-8	8-24-82	Ben J Torres	Production operator	Production	Laceration of hand						✓													
82-9	9-21-82	Robert L Case	Maintenance mech	Maintenance	Mash Index Finger						✓													
82-10	12-3-82	Harry Doyle	Maintenance Mech	Maintenance	Avulsed Anterior Teeth # 9-10						✓													
											✓													
							3	3	100	15	6	0	0	0	0	0	0	0	0					

INJURIES

ILLNESSES

Certification of Annual Summary Totals By [illegible] Title Safety [illegible]

OSHA No. 200

POST ONLY THIS PORTION OF THE LAST PAGE NO LATER [illegible]

1982

249290