LOUISVILLE PLANT

1988 OSHA RECORDABLE INCIDENTS

REDACTED

YEAR-END TOTALS BY DEPARTMENT

	Medical Treatment	Restricted Duty	Lost Time	Occupational Illness	Total
Accounting	0	0	1	0	1
Compound	2	1	1	0	4
Geon Latex	1	0	1	0	2
Hycar	6	1	1	1	9
Laboratory	1	0	0	0	1
LPA	0	0	0	0	0
Maintenance-Area 1	2	0	0	1	3
Maintenance-Area 2	2	0	0	0	2
Maintenance-Area 3	2	1	0	0	3
Maintenance-Area 4	1	0	0	0	1
Maintenance-Area 5	2	0	1	0	3
TempRite	3	1	0	1	5
Utilities	0	0	0	0	0
Whse/Shipping	1	0	0	0	1
Louisville Totals	23	4	5	3	35

Case No.	Date	Name	Department	Class.	Description
-2257 (35)	12-28-88		Whse/Shipping	MT	Cut left eyebrow when raising up into a guard rail after picking up a dropped pencil -- sutures.
R-2255 (34)	12-14-88		Hycar	MT	Cut hand while cleaning the National Dryer cooling conveyor - sutures.
R-2252 (33)	12-7-88		TempRite	MT	2° thermal burn on left mid-calf to ankle when splashed with hot water while observing a pipefitter unplug a drain.
R-2246 (32)	10-17-88		Maint.(Area 3)	MT	2° thermal burn on left forearm while fabricating hot pipe in a vise.
R-2245 (31)	10-5-88		Compound	MT	Strained left elbow while removing ladder from railcar -- (prescription medication).
R-2243 (30)	8-29-88		Hycar	LT	Strained back lifting 50 lb. bags -- (Prescription Medication).

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REDACTED

R-2241 (29)	8-21-88	Hycar	MT	1° chemical burn to neck and chest when sprayed with hot condensate containing VCN - (Prescription ointment).
R-2236 (28)	7-24-88	Hycar	MT	Powdered HAS contacted feet causing irritation. (Prescription Medication)
R-2235 (27)	7-20-88	Hycar	OI	Severe rash following work inside a blowdown tank.
R-2232 (26)	7-15-88	Maint.(Area 1)	MT	Cut hand installing an emergency light -- (Sutures).
R-2233 (25)	7-14-88	Laboratory	MT	Mashed finger moving scrap latex -- (Prescription med.).
R-2231 (24)	7-14-88	Hycar	RD	Sprained right ankle after slipping off ladder -- (Prescription med.).
R-2230 (23)	7-12-88	Compound	RD	Pulled left hamstring when foot slipped getting on a lift truck. (Prescription Medication)
R-2227 (22)	6-17-88	Maint.(Area 1)	MT	Cut on bridge of nose while removing TempRite plug from chopper. (Steri-Strip)
R-2226 (21)	6-3-88	Compound	LT	Foot slipped on cubes while replacing the bottom tube on a railcar.
R-2225 (20)	5-29-88	Hycar	MT	2° burn to right lower leg while cleaning Pieco plates with hot water.
R-2220 (19)	5-5-88	Maint.(Area 3)	RD	Bumped right wrist while sealing. (Pres. Med.)
R-2218 (18)	4-21-88	Compound	MT	Multiple contusions and abrasions from fall when removable manhead to Dense Phase Feed Tank flipped up on employee. (Prescription Medication)

REDACTED

R-2217 (17)	4-19-88	Maint.(Area 5)	MT	Bumped right knee on door jam to Hot Room during clean-up. (Prescription Medication)
R-2215 (16)	4-13-88	Maint.(Area 2)	MT	Hot welding slag fell into right glove while assisting a welder out of a manlift basket causing 3° burn to hand.
R-2212 (15)	4-6-88	TempRite	RD	Back strain when pushing a dumpster.
R-2213 (14)	4-1-88	Accounting	LT	Strained left knee when climbing down from a skid during off-site inventory. (Prescription medication--Arthroscopic surgery performed 6-28-88.
R-2214 (13)	4-4-88	Maint.(Area 5)	MT	Fractured left ring finger between shaft and housing at pump.
R-2211 (12)	3-22-88	Maint.(Area 1)	OI	Welding flash while assisting a welder.
2210 (11)	3-16-88	Maint.(Area 3)	MT	2° chemical burn on right forearm when sprayed with ammonia when working on relief valve.
R-2208 (10)	3-4-88	Hycar	MT	Smashed right small finger while engaging dryer clutch with a cheater. (Steri-Strips)
R-2207 (9)	2-18-88	Maint.(Area 2)	MT	Jammed right middle finger while tightening ground strap on drum rack. (Prescription Med.)
R-2206 (8)	2-10-88	Geon Latex	MT	Strained back closing poly sewer valve. (Prescription Med.)
R-2204 (7)	2-5-88	Maint.(Area 4)	MT	Strained right hand/forearm while working on a rotary valve at the ash silo. (Prescription Med.)

R-2203 (6)	2-6-88	TempRite	MT	Struck in mouth by plastic strip. (Sutures)
R-1600 (5)	2-3-88	TempRite	MT	Cut right forearm on mill guideknife. (Butterflies)
R-1598 (4)	1-26-88	Maint.(Area 5)	LT	Slipped on ice fracturing left ankle.
R-1595 (3)	1-17-88	Geon Latex	LT	Right inquinal hernia while opening valves under #40 poly.
R-1597 (2)	1-11-88	TempRite	OI	Tenosynovitis of left forearm while weighing pigments.
R-1594 (1)	1-9-88	Hycar	MT	2° burn on left wrist from contacting unlagged steam tracer.

D. C. Hicks

sjm
8010DCH
Distribution:
G. E. Higby
Department Managers
M. B. Duffy
R. J. Grahek
W. E. Lawrence
J. O. Nacke
K. Peters
H. Waltemate

OSHA No. 102

Form Approved
OMB No. 44R 1453

Summary

Occupational Injuries and Illnesses

7-1-71 through 12-31-71

Establishment Name and Address: B.F.Goodrich Chemical Company, Louisville, Kentucky

Injury and Illness Category		Fatalities	Lost Workday Cases			Nonfatal Cases Without Lost Workdays*	
			Number of Cases	Number of Cases Involving Permanent Transfer to Another Job or Termination of Employment	Number of Lost Workdays	Number of Cases	Number of Cases Involving Transfer to Another Job or Termination of Employment
Code 1	Category 2	3	4	5	6	7	8
10	Occupational Injuries	0	1	0	* 52	52	0
	Occupational Illnesses						
21	Occupational Skin Diseases or Disorders	0	0	0	0	0	0
22	Dust diseases of the lungs (pneumoconioses)	0	0	0	0	0	0
23	Respiratory conditions due to toxic agents	0	0	0	0	3	0
24	Poisoning (systemic effects of toxic materials)	0	0	0	0	0	0
25	Disorders due to physical agents (other than toxic materials)	0	0	0	0	0	0
26	Disorders due to repeated trauma	0	0	0	0	0	0
29	All other occupational illnesses	0	0	0	0	0	0
	Total—occupational illnesses (21-29)	0	0	0	0	3	0
	Total—occupational injuries and illnesses	0	1	0	* 52	55	0

*Nonfatal Cases Without Lost Workdays—Cases resulting in: Medical treatment beyond first aid, diagnosis of occupational illness, loss of consciousness, restriction of work or motion, or transfer to another job (without lost workdays).

* Actual No Workdays Lost Was - 36.
No. of days off Including off days was 52.

BFG67272

OSHA No. 102

Form Approved
OMB No. 44R 1453

Summary

Occupational Injuries and Illnesses

1-1-72 through 12-31-72

Establishment Name and Address: B.F.Goodrich Chemical Company, Louisville, Kentucky

Injury and Illness Category		Fatalities	Lost Workday Cases			Nonfatal Cases Without Lost Workdays*	
			Number of Cases	Number of Cases Involving Permanent Transfer to Another Job or Termination of Employment	Number of Lost Workdays	Number of Cases	Number of Cases Involving Transfer to Another Job or Termination of Employment
Code 1	Category 2	3	4	5	6	7	8
10	Occupational Injuries	0	2	0	42	81	0
	Occupational Illnesses						
21	Occupational Skin Diseases or Disorders	0	0	0	0	0	0
22	Dust diseases of the lungs (pneumoconioses)	0	0	0	0	0	0
23	Respiratory conditions due to toxic agents	0	3	0	4	4	0
24	Poisoning (systemic effects of toxic materials)	0	0	0	0	0	0
25	Disorders due to physical agents (other than toxic materials)	0	0	0	0	0	0
26	Disorders due to repeated trauma	0	0	0	0	0	0
29	All other occupational illnesses	0	0	0	0	0	0
	Total—occupational illnesses (21-29)	0	3	0	4	4	0
	Total—occupational injuries and illnesses	0	5	0	46	85	0

*Nonfatal Cases Without Lost Workdays—Cases resulting in: Medical treatment beyond first aid, diagnosis of occupational illness, loss of consciousness, restriction of work or motion, or transfer to another job (without lost workdays).

Posted: 2-1-73
To be removed: 3-2-73

BFG67273

OSHA No. 102

Form Approved
OMB No. 44R 1453

Summary

Occupational Injuries and Illnesses
1-1-73 through 12-31-73

Establishment Name and Address: B.F.Goodrich Chemical Company, Louisville, Ken

Injury and Illness Category		Fatalities	Lost Workday Cases			Nonfatal Cases Without Lost Workdays*	
			Number of Cases	Number of Cases Involving Permanent Transfer to Another Job or Termination of Employment	Number of Lost Workdays	Number of Cases	Number of Cases Involving Transfer to Another Job or Termination of Employment
Code 1	Category 2	3	4	5	6	7	8
10	Occupational Injuries	0	4	0	100	69	0
	Occupational Illnesses						
21	Occupational Skin Diseases or Disorders	0	0	0	0	0	0
22	Dust diseases of the lungs (pneumoconioses)	0	0	0	0	0	0
23	Respiratory conditions due to toxic agents	0	0	0	0	0	0
24	Poisoning (systemic effects of toxic materials)	0	0	0	0	0	0
25	Disorders due to physical agents (other than toxic materials)	0	0	0	0	0	0
26	Disorders due to repeated trauma	0	0	0	0	0	0
29	All other occupational illnesses	0	0	0	0	0	0
	Total—occupational illnesses (21-29)	0	0	0	0	0	0
	Total—occupational injuries and illnesses	0	4	0	100	69	0

*Nonfatal Cases Without Lost Workdays—Cases resulting in: Medical treatment beyond first aid, diagnosis of occupational illness, loss of consciousness, restriction of work or motion, or transfer to another job (without lost workdays).

Posted 1-14-74
To be removed 2-18-73

Prepared By.
Maurice Schaack

BFG67274

OSHA No. 102

Form Approved
OMB No. 44R 1459

Summary

Occupational Injuries and Illnesses

1-1-74 THROUGH 12-31-74

Establishment Name and Address: B.F. GOODRICH CHEMICAL CO. LOUISVILLE, KENTUCKY

Injury and Illness Category		Fatalities	Lost Workday Cases			Nonfatal Cases Without Lost Workdays*	
			Number of Cases	Number of Cases Involving Permanent Transfer to Another Job or Termination of Employment	Number of Lost Workdays	Number of Cases	Number of Cases Involving Transfer to Another Job or Termination of Employment
Code 1	Category 2	3	4	5	6	7	8
10	Occupational Injuries	0	11	0	361	76	0
	Occupational Illnesses						
21	Occupational Skin Diseases or Disorders	0	0	0	0	1	0
22	Dust diseases of the lungs (pneumoconioses)	0	0	0	0	0	0
23	Respiratory conditions due to toxic agents	0	1	0	2	0	0
24	Poisoning (systemic effects of toxic materials)	0	26	0	2790	0	0
25	Disorders due to physical agents (other than toxic materials)	0	0	0	0	0	0
26	Disorders due to repeated trauma	0	0	0	0	0	0
29	All other occupational illnesses	2	0	0	0	0	0
	Total—occupational illnesses (21-29)	0	27	0	2792	1	0
	Total—occupational injuries and illnesses	2	38	0	3153	77	0

*Nonfatal Cases Without Lost Workdays—Cases resulting in: Medical treatment beyond first aid, diagnosis of occupational illness, loss of consciousness, restriction of work or motion, or transfer to another job (without lost workdays).

BFG67275

B.F.Goodrich

500 SOUTH MAIN STREET
AKRON, OHIO 44318

REPORT OF INJURY AT WORK

L-1639

I EMPLOYEE'S RECORD

EMPLOYEES DEPT. (PREFIX) AND PAYROLL NO.: 5762-1086 | LOCATION OF PLANT, STORE, WAREHOUSE, ETC.: Louisville Kentucky | CASE NO.: 74-02

NAME OF INJURED | SOCIAL SECURITY NUMBER

ADDRESS (STREET AND NUMBER) | (CITY): New Middletown | (STATE): Ind. | (ZIP CODE): 476

☒ MALE ☐ FEMALE ☒ MARRIED ☐ SINGLE

BIRTH DATE | SERVICE DATE: 9-9-54 | AGE OF EACH CHILD UNDER 21

EMPLOYEES JOB TITLE: Chemical Operator | DEPARTMENT (NAME): P.V.C.

PIECE WORK ☐ TIME ☒ | HOURS WORKED PER DAY: 8 | DAYS WORKED PER WEEK: 5

WAGES PER HOUR: 5.16 | PER WEEK: $206.40 | AVG. WEEKLY | P/A RATE

II ACCIDENT

DATE OF ~~ACCIDENT OR~~ ILLNESS | HOUR OF THE DAY A.M. ☐ P.M. ☐ | DID ACCIDENT OCCUR AT YOUR LOCATION? YES ☐ NO ☒ IF NO, GIVE LOCAT

LAST DAY WORKED: 2/22/74 | WAS INJURED PAID IN FULL FOR THIS DAY? YES ☒ NO ☐

CAUSE AND EXPLANATION OF ACCIDENT OR ILLNESS

REDACTED

EMPLOYEES ACKNOWLEDGMENT | DATE

HOW COULD IT HAVE BEEN PREVENTED?

WAS INJURY CAUSED BY INJURED'S FAILURE TO USE SAFETY APPLICANCE OR OBSERVE SAFETY REGULATIONS?

NO ☐ YES ☐ IF YES, EXPLAIN WHY

PART OF BODY INJURED: Lower

TYPE OF INJURY OR ILLNESS: Contusion and Lacerations

DOCTOR (NAME): John L. Creech M.D. (ADDRESS): 802 Medical Towers Louisville Ky

HOSPITAL: St. Anthony

III STATUS

HAS INJURED RETURNED TO WORK?

YES ☐ DATE - NO ☒ GIVE APPROX. DATE: Unknown

DID EMPLOYEE DIE? YES ☐ NO ☒

IS THIS EMPLOYEE COVERED BY UNION CONTRACT? YES ☒ NO ☐

WILL YOU PAY SALARY DURING DISABILITY? NO ☐ YES ☒ IF YES, HOW LONG?

IV REMARKS

REMARKS

BFG67276

DATE OF REPORT: 3/4/74 | IMMEDIATE SUPERVISOR | APPROVED BY: Costagnaro | DATE: 3-4-74

BFG 6074-B 8/71

FIELD DIST.—PLANT DIST.

PLANT DISTRIBUTION - FOR PERSONNEL/SAFETY FILE

form for posting requirements and instructions.

OMB No. 44R 1453

SUMMARY OF OCCUPATIONAL INJURIES AND ILLNESSES FOR CALENDAR YEAR 19[illegible]

Use previous edition of this form for summarizing your 1974 cases. This edition is for summarizing your cases for 1975 and subsequent years.

Establishment:
NAME B.F.Goodrich Chemical Company
ADDRESS P. O. Box [illegible]
[illegible], Kentucky [illegible]

INJURY AND ILLNESS CATEGORY	CODE	TOTAL CASES	DEATHS	LOST WORKDAY CASES				NONFATAL CASES WITHOUT LOST WORKDAYS	TERMINATIONS OR PERMANENT TRANSFERS
				Total Lost Workday Cases	Cases Involving Days Away From Work	Days Away From Work	Days of Restricted Work Activity		
CATEGORY		Number of entries in Col. 7 of the log. (1)	Number of entries in Col. 8 of the log. (2)	Number of checks in Col. 9 of the log. (3)	Number of entries in Col. 9A of the log. (4)	Sum of entries in Col. 9A of the log. (5)	Sum of entries in Col. 9B of the log. (6)	Number of checks in Col. 10 of the log. (7)	Number of checks in Col. 11 of the log. (8)
OCCUPATIONAL INJURIES	10	69	0	16	1[illegible]	[illegible]97	133	53	
Occupational Skin Diseases or Disorders	21	0	0	0	0	0	0	0	0
Diseases of the Lungs	22	0	0	0	0	0	0	0	0
Respiratory Conditions Due to Toxic Agents	23	0	0	0	0	0	0	0	
Poisoning (Systemic Effects of Toxic Materials)	24	0	0	0	0	0	0	0	
Disorders Due to Physical Agents	25	0	0	0	0	0	0	0	0
Disorders Associated with Repeated Trauma	26	0	0	0	0	0	0	0	
All Other Occupational Illnesses	29	0	0	0	0	0	0	0	0
TOTAL—OCCUPATIONAL ILLNESSES Sum of codes 21 through code 29	30	0	0	0	0	0	0	0	
TOTAL—OCCUPATIONAL INJURIES AND ILLNESSES Sum of code 10 and code 30	31	69	0	16	1	[illegible]97	133	53	

This is NOT a report form. Keep it in the establishment for 5 years.

I certify that this Summary of Occupational Injuries and Illnesses is true and complete, to the best of my knowledge.

Signature [illegible]
Title [illegible]
Date [illegible]

BFG67277

OSHA No. 102

Complete no later than one month after close of calendar year. See back of this form for posting requirements and instructions.

Form Approved
OMB No. 44R 1455

SUMMARY OF OCCUPATIONAL INJURIES AND ILLNESSES FOR CALENDAR YEAR 1976

Use previous edition of this form for summarizing your 1974 cases. This edition is for summarizing your cases for 1975 and subsequent years.

Establishment:
NAME B.F.Goodrich Chemical Company
ADDRESS P. O. Box 954
Louisville, Kentucky 40201

INJURY AND ILLNESS CATEGORY	CODE	TOTAL CASES	DEATHS	LOST WORKDAY CASES				NONFATAL CASES WITHOUT LOST WORKDAYS	TERMINATIONS OR PERMANENT TRANSFERS
				Total Lost Workday Cases	Cases Involving Days Away From Work	Days Away From Work	Days of Restricted Work Activity		
CATEGORY		Number of entries in Col. 7 of the log. (1)	Number of entries in Col. 8 of the log. (2)	Number of checks in Col. 9 of the log. (3)	Number of entries in Col. 9A of the log. (4)	Sum of entries in Col. 9A of the log. (5)	Sum of entries in Col. 9B of the log. (6)	Number of checks in Col. 10 of the log. (7)	Number of checks in Col. 11 of the log. (8)
OCCUPATIONAL INJURIES	10	47	0	35	21	955	444	12	0
OCCUPATIONAL ILLNESSES:									
Occupational Skin Diseases or Disorders	21	0	0	0	0	0	0	0	0
Dust Diseases of the Lungs	22	0	0	0	0	0	0	0	0
Respiratory Conditions Due to Toxic Agents	23	0	0	0	0	0	0	0	0
Poisoning (Systemic Effects of Toxic Materials)	24	0	0	0	0	0	0	0	0
Disorders Due to Physical Agents	25	0	0	0	0	0	0	0	0
Disorders Associated With Repeated Trauma	26	0	0	0	0	0	0	0	0
All Other Occupational Illnesses	29	0	0	0	0	0	0	0	0
TOTAL—OCCUPATIONAL ILLNESSES (Sum of codes 21 through code 29)	30	0	0	0	0	0	0	0	0
TOTAL—OCCUPATIONAL INJURIES AND ILLNESSES (Sum of code 10 and code 30)	31	47	0	35	21	955	444	12	0

This is NOT a report form. Keep it in the establishment for 5 years.

I certify that this Summary of Occupational Injuries and Illnesses is true and complete, to the best of my knowledge.

Signature Maurice A. Schmidt
Title Senior Safety Engineer
Date 1-26-77

BFG67278

OSHA No. 102

Complete no later than one month after close of calendar year. See back of this form for posting requirements and instructions.

Form Approved
OMB No. 44R 1453

SUMMARY OF OCCUPATIONAL INJURIES AND ILLNESSES FOR CALENDAR YEAR 1977

Use previous edition of this form for summarizing your 1974 cases. This edition is for summarizing your cases for 1975 and subsequent years.

Establishment:
NAME BFGoodrich Chemical Division
ADDRESS P. O. Box 32950
Louisville, Kentucky 40232

INJURY AND ILLNESS CATEGORY		CODE	TOTAL CASES	DEATHS	LOST WORKDAY CASES				NONFATAL CASES WITHOUT LOST WORKDAYS	TERMINATIONS OR PERMANENT TRANSFERS
					Total Lost Workday Cases	Cases Involving Days Away From Work	Days Away From Work	Days of Restricted Work Activity		
	CATEGORY		Number of entries in Col. 7 of the log. (1)	Number of entries in Col. 8 of the log. (2)	Number of checks in Col. 9 of the log. (3)	Number of entries in Col. 9A of the log. (4)	Sum of entries in Col. 9A of the log. (5)	Sum of entries in Col. 9B of the log. (6)	Number of checks in Col. 10 of the log. (7)	Number of checks in Col. 11 of the log. (8)
OCCUPATIONAL INJURIES		10	39	0	28	7	189	595	12	0
OCCUPATIONAL ILLNESSES	Occupational Skin Diseases or Disorders	21	1	0	0	0	0	0	0	1
	Dust Diseases of the Lungs	22	0	0	0	0	0	0	0	0
	Respiratory Conditions Due to Toxic Agents	23	0	0	0	0	0	0	0	0
	Poisoning (Systemic Effects of Toxic Materials)	24	0	0	0	0	0	0	0	0
	Disorders Due to Physical Agents	25	0	0	0	0	0	0	0	0
	Disorders Associated With Repeated Trauma	26	0	0	0	0	0	0	0	0
	All Other Occupational Illnesses	29	0	0	0	0	0	0	0	0
	TOTAL—OCCUPATIONAL ILLNESSES (Sum of codes 21 through code 29)	30	1	0	0	0	0	0	0	1
TOTAL—OCCUPATIONAL INJURIES AND ILLNESSES (Sum of code 10 and code 30)		31	40	0	28	7	189	595	12	1

This is NOT a report form. Keep it in the establishment for 5 years.

I certify that this Summary of Occupational Injuries and Illnesses is true and complete, to the best of my knowledge.

Signature Maurice D. Schrader
Title Senior Safety Engineer
Date 1-10-78

Posted 1-12-78
To be removed 3-1-78

BFG67279