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

U.S. Department of Labor

For Calendar Year 19 1987 Page 1 of 15

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 Oil Corp.
Establishment Name: Beaumont Refinery
Establishment Address: Beaumont, Tx

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)	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)	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)
1	1-8-87		Asst. Operator	No. Plt. Opers	Burn rt. arm		✓	✓	1	7								
~~2~~	~~1-7-87~~		~~Operator A~~	~~Lube Plt.~~	Bruised lt. shoulder		✓	✓	3	0								
2	1-7-87		Machinist 1st	South Plt. Mt.	Tendonitis, lt. shoulder		✓	✓	10	0								
3	1-8-87		Asst Operator	South Plt. Op.	Burns to face.						✓							
4	1-9-87		Boilermaker 1st	Op. Svs.	Cut left knee						✓							
5	1-12-87		Op. Trainee	South Plt. Op.	Chem. burns to head						✓							
6	1-13-87		Welder	Op. Svs.	Upper back discomfort						✓							
7	1-13-87		Machinist 1st	Op. Svs.	Abrasions lt. shin						✓							
8	1-15-87		Secretary	Complex	Contusion rt. knee						✓							
9	1-19-87		Mech. Helper	North Plt Mt.	Muscle strain, rt. wrist						✓							
10	1-19-87		Welder	Op. Svs.	Welder's burn.													✓
11	1-19-87		Utilityman	Hull U.S.	Back strain		✓	✓	4	0								
12	1-23-87		Janitor	Op. Svs.	Back strain						✓							
13	1-24-87		Machinist 1st	Complex Mt.	Crushed lt. thumb		✓	✓	25	1								
14	1-28-87		Mech Helper	So. Plt. Mt.	Lt. shoulder strain		✓			2								
15	1-30-87		Mech. Helper	No. Plt. Mt.	Contusion rt. shin						✓							
16	2-3-87		Mech Helper	No. Plt. Mt.	Strain rt knee		✓	✓	2	0								
17	2-3-87		Pipefitter	Complex Mt.	Cut right hand						✓							
							6	5	42	10	10							1

Certification of Annual Summary Totals By _____ Title _____ Date _____

OSHA No. 200

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06002

447773

PLAINTIFF'S EXHIBIT
MBL-50

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

U.S. Department of Labor

For Calendar Year 19 82 Page 2 of 15

Company Name: Mobil Oil Corp.
Establishment Name: Beaumont Refinery
Establishment Address: Beaumont, Tx

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 (1)	Injuries With Lost Workdays (2)	(3)	(4)	(5)	Injuries Without Lost Workdays (6)	Type of Illness (7)							Illness Related (8)	Illnesses With Lost Workdays (9)	(10)	(11)	(12)	Illnesses Without Lost Workdays (13)
[redacted]							6	5	42	10	10					1								1
18	2-1-87		Mech. Helper	Complex Mt.	Broken incisors		✓	✓	7	0														
19	2-9-87		Mech. Helper	So. Plt. Mt.	Chem. burns - face, knee						✓													
20	2-11-87		Asst. Oper.	Op. Sus.	Backstrain						✓													
21	2-11-87		Pipefitter 1st	Op. Sus.	Trapezius strain						✓													
22	2-12-87		Rigger 1st	Op. Sus.	Laceration - lt. [illegible] finger						✓													
23	2-16-87		Machinist 1st	Op. Sus.	Low back strain		✓	✓	3	0														
24	2-16-87		Machinist 1st	Op. Sus.	Chem. burns rt. hand						✓													
25	2-6-87		Electrician 1st	Op. Sus.	Sprain right knee						✓													
26	2-19-87		Mech. Helper	Op. Sus.	Fracture - lt. index finger		✓	✓	16	0														
28	2-19-87		Pkg. Op. 4	B & P	Neck sprain		✓	✓	23	11														
27	2-20-87		Asst. Opr.	North Plant	Trapezius strain						✓													
28	2-21-87		Pipefitter	No. Plt. Mt.	Tuff fracture, rt. thumb		✓	✓	14	0														
29	2-19-87		Whseman.	Op. Sus.	Back discomfort						✓													
32	2-23-87		Pkg Op. 4	B & P	Bruise - rt. index finger						✓													
30	2-25-87		Welder 1st	Op. Sus.	Burn - rt. ear						✓													
31	2-24-87		Opr. Trainee	No. Plant	Back strain						✓													
32	2-26-87		Machinist 1st	No. Plt. Mt.	Laceration rt. Leg						✓													
33	2-27-87		Mech. Helper	So. Plt. Mt.	Chem. irritation lt. arm						✓													
[redacted]							10	9	82	10	22					1								1

Certification of Annual Summary Totals By _____ Title _____ Date _____

OSHA No. 200

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447774

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

U.S. Department of Labor

For Calendar Year 19 87 Page 2 of 15

Company Name: Mobil Oil Corp.
Establishment Name: Beaumont Refinery
Establishment Address: Beaumont, Tx

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

Case No.	Date of Injury or Onset of Illness	Employee's Name	Occupation	Department	Description of Injury or Illness	Injuries Without Lost Workdays	Type of Illness	Illness Without Lost Workdays
[redacted]						10 9 82 10 22	1	1
34	3-5-87		Machinist 1st	Lube Pll. Mt.	Splinter - ll hand	✓		
35	3-2-87		Insulator 1st	Lube Pll. Mt.	Muscle strain - abdomen	✓		
36	3-9-87		Rigger 1st	Op. Svs.	Contusion - left hand	✓		
37	3-9-87		Engineer	No. Pll. Mt.	Burns - left hand	✓		
41	3-10-87		~~Pkg. Opr. 2~~	~~OTP~~	Conjunctivitis - ll eye	✓ 0		
38	3-10-87		Prect Engr. Sp.	Opr. Engrg.	Rt. shoulder strain	✓		
39	3-12-87		Operator A	South Plant	Cut right shin	✓		
40	3-11-87		Mech. Helper	Lube Pll. Mt.	Back strain	✓		
41	3-14-87		Asst Oper.	Complex	Fracture rt. little finger	✓ ✓ 3 0		
42	3-20-87		Machinist 1st	Complex Mt.	Strain Rt. Knee	✓ 0 18		
43	3-27-87		Mech. Helper	Op. Svs.	Trapezius strain	✓		
44	2-17-87		Pipefitter	No. Pll. Mt.	Contusion - ll. knee	✓ ✓ 17 0		
45	3-10-87		Inst Man 1st	Op. Svs.	Laceration - ll. elbow	✓ ✓ 13 0		
46	3-30-87		Safety Insp.	Safety	Back strain	✓ ✓ 29 0		
47	4-1-87		Mech. Helper	Op. Svs.	Puncture - left foot	✓		
48	4-7-87		Mech. Helper	Lube O. Mt.	Abrasions - left hand arm	✓		
49	4-8-87		Machinist 1st	Op. Svs.	Burn rt. hand	✓		
50	4-10-87		Machinist 1st	Lt. O. Mt.	Lacerations - hands	✓		
[redacted]						15 13 144 28 34	1	1

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06004

447775

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

U.S. Department of Labor

For Calendar Year 19 82 Page 4 of 15

Company Name: Mobil Oil Corp.
Establishment Name: Beaumont Refinery
Establishment Address: Beaumont, Tx

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)	Injuries Without Lost Workdays (G)	Injuries With Lost Workdays (H)	Injuries With Lost Workdays (I)	Injuries With Lost Workdays (J)	Injuries With Lost Workdays (K)	Type of Illness (L)	Type of Illness (M)	Type of Illness (N)	Type of Illness (O)	Type of Illness (P)	Type of Illness (Q)	Type of Illness (R)	Type of Illness (S)	Type of Illness (T)	Type of Illness (U)	Type of Illness (V)	Type of Illness (W)	Type of Illness (X)	Type of Illness (Y)	Type of Illness (Z)	Type of Illness (Z1)	Type of Illness (Z2)	Type of Illness (Z3)	Type of Illness (Z4)	Type of Illness (Z5)	Type of Illness (Z6)	Type of Illness (Z7)	Type of Illness (Z8)	Type of Illness (Z9)	Type of Illness (Z10)	Type of Illness (Z11)	Type of Illness (Z12)	Type of Illness (Z13)
[redacted]							15	13	144	28	34						1																						1
51	4-13-87		Mech. Helper	Op. Svs. Mt.	Abrasion - rt. arm						✓																												
~~56~~	~~4-4-87~~		~~Asst. Opr.~~	~~Hvy Oils~~	~~Burn - rt shin~~						✓																												
52	4-13-8		Electrician 1st	Op. Svs. Mt.	Contusion - lt. shoulder						✓																												
[illegible]	3-21-87		Asst Opr.	Light Oils	Epicondylitis - lt. elbow						✓																												
54	4-14-8		Carpenter 1st	Op. Svs. Mt.	Low back discomfort						✓																												
~~59~~	~~4-15-8~~		~~Asst. Opr.~~	~~Lube Oils~~	~~Back pain~~		✓	✓	1 OPS																														
55	4-17-8		Asst. Opr.	Light Oils	Bruised lt. little toe						✓																												
~~60~~	~~4-22-87~~		~~Asst. Opr.~~	~~Lube Oil~~	~~Burn - left forearm~~						✓																												
56	4-22-8		Mech. Helper	Op. Svs. Mt.	Burn lt. wrist hand						✓																												
57	4-24-8		Wrk M Helper	Lub Oil	Steam burn - chest						✓																												
58	4-22-8		Mech. Helper	Op. Svs. Mt.	Laceration - lt. thumb						✓																												
~~65~~	~~4-14-8~~		Mech. Helper	Op. Svs. Mt.	Low back pain						✓																												
59	4-27-8		Asst. Opr.	Hvy Oils	Back strain						✓																												
60	4-29-8		Machinist 1st	Hvy Oils Mt	Laceration - rt. index finger						✓																												
61	4-30-8		Machinist	Op. Svs. Mt.	Left fracture lt. ring finger						✓																												
62	5-1-8		Pipefitter	Op. Svs. Mt.	Puncture - left foot						✓																												
~~63~~	~~5-1-8~~		~~Janitor~~	~~Lube Oils~~	~~Laceration - rt. hand~~						✓																												
63	4-24-8		Op. Trainee	Lube Oils	Back strain		✓	✓	3	0																													
[redacted]							16	14	147	28	46						1																						1

Certification of Annual Summary Totals By _____ Title _____ Date _____

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06005

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

U.S. Department of Labor

For Calendar Year 19 87 Page 5 of 15

Company Name: Mobil Oil Corp.
Establishment Name: Beaumont Refinery
Establishment Address: Beaumont, TX

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

Case or File Number	Date of Injury or Onset of Illness	Employee's Name	Occupation	Department	Description of Injury or Illness	Injuries With Lost Workdays: Enter a CHECK if injury involves days away from work, or days of restricted work activity, or both.	Injuries With Lost Workdays: Enter a CHECK if injury involves days away from work.	Injuries With Lost Workdays: Enter number of DAYS away from work.	Injuries With Lost Workdays: Enter number of DAYS of restricted work activity.	Injuries Without Lost Workdays: Enter a CHECK if no entry was made in col. 7 or 8 but the injury is recordable as defined above.	Type of Illness: CHECK Only One Column for Each Illness (See other side of form for combinations or permanent transfers.)	Fatalities: Illness Related: Enter DATE of death.	Illnesses With Lost Workdays: Enter a CHECK if illness involves days away from work, or days of restricted work activity, or both.	Illnesses With Lost Workdays: Enter a CHECK if illness involves days away from work.	Illnesses With Lost Workdays: Enter number of DAYS away from work.	Illnesses With Lost Workdays: Enter number of DAYS of restricted work activity.	Illnesses Without Lost Workdays: Enter a CHECK if no entry was made in col. 9 or 10.
						16	14	147	28	46							1
64	5-4-87		Asst. Ope.	Op. Svc. Ops.	Twisted right ankle.					✓							
65	5-6-87		Machinist 1st	Op. Svc. Maint	Broken front teeth					✓							
66	5-7-87		Carpenter 1st	Hvy Oils Mt.	Bruised rt. 5th toe	✓	✓	28	0								
67	4-20-87		Asst. Ope.	Op Svc. Ops.	Back strain					✓							
68	5-11-87		Asst. Op	Op. Svc. Ops.	Puncture rt. hand					✓							
69	4-13-87		Safety Insp.	Safety Div.	Sprain rt. wrist					✓							
70	5-21-87		Mech. Hlpr.	Lube Oils Mt.	Laceration rt. arm					✓							
71	5-22-87		Mech. Hlpr.	Op Svc Mt.	F.B. left eye					✓							
72	5-21-87		Asst. Ope.	Lube Oils	Fracture rt. 5th toe					✓							
73	5-11-87		Carpenter 1st	Op. Svc. Mt.	Sprain rt. ankle	✓	✓	7	0								
74	5-26-87		Insulator 1st	Op. Svc. Mt.	Back strain	✓	✓	98	0								
75	6-1-87		Inst. Mech 1st	Op Svc Mt	Burn left leg					✓							
76	6-2-87		Asst Ope.	Op. Svc. Ops.	F.B. left eye					✓							
77	6-2-87		Asst Ope.	B & P	FB rt thumb	—	—	—	—	—							
77	5-30-87		Pipefitter	Op Svc Mt.	Bruised chest					✓							
78	6-1-87		Machinist 1st	Op. Svc Mt.	Trapezius strain					✓							
79	6-1-87		Asst. Ope.	Heavy Oils	Irritation left eye	✓	✓	1	0								
80	6-4-87		Welder 1st	LL Oils Mt.	Strain - left leg					✓							
						20	18	281	28	59							1

Certification of Annual Summary Totals By _____ Title _____ Date _____

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447777

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

U.S. Department of Labor

For Calendar Year 19 87

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

Company Name: Mobil Oil Corp.
Establishment Name: Beaumont Refinery
Establishment Address: Beaumont, Tx

Case or File Number	Date of Injury or Onset of Illness	Employee's Name	Occupation	Department	Description of Injury or Illness	Nature of and Outcome of INJURY: Fatalities	Nonfatal Injuries: Injuries With Lost Workdays: Enter DATE of death.	Enter a CHECK if injury involved days away from work, or days of restricted work activity, or both.	Enter number of DAYS away from work.	Enter number of DAYS of restricted work activity.	Injuries Without Lost Workdays: Enter a CHECK if no entry was made in col. 12 or 13 but the injury is recordable as defined above.	Type and Extent of ILLNESS: Type of Illness: CHECK Only One Column for Each Illness	Fatalities: Illness Related: Enter DATE of death.	Nonfatal Illnesses: Illnesses With Lost Workdays: Enter a CHECK if illness involved days away from work, or days of restricted work activity, or both.	Enter a CHECK if illness involved days away from work.	Enter number of DAYS away from work.	Enter number of DAYS of restricted work activity.	Illnesses Without Lost Workdays: Enter a CHECK if no entry was made in col. 9 or 8.
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)
							20	18	281	28	59							1
81	6-4-87		Prof. Mec. Ist	Op. Svc. Mt.	F.B. left eye		✓	✓	6	0								
82	5-5-87		Insulator-Mist	Op. Svc. Mt.	Back strain		✓	✓	9	0								
83	5-27-87		Util. Serv. Asst	Op. Svc.	Infection left little finger						✓							
84	6-3-87		Mech. Helper	Light Oils Mt.	Back strain						✓							
85	6-4-87		Machinist Ist	Light Oils Mt.	Contusion rt. hand						✓							
86	6-4-87		Electrician Ist	Lube Oils Mt.	Back strain						✓							
87	6-8-87		Mech. Helper	Op Svc. Mt.	Back strain						✓							
88	6-9-87		Mech. Helper	Hvy Oils Mt.	Contusion to chest						✓							
89	6-7-87		Helper	Laboratory	Cut left Thumb						✓							
90	6-11-87		Tester	Laboratory	Chem. burn left arm						✓							
91	6-19-87		Op. Trainee	Hvy Oils	Abrasions knees						✓							
92	6-15-87		Machinist	Op. Svc. Mt.	Abrasion rt. thumb						✓							
100	~~6-5-87~~		~~Welder Ist~~	Op. Svc. Mt.	Chem. injury to eye		✓	✓			9							
100	~~6-11-87~~		~~Pkg. Operator~~	~~B+P~~	~~Back strain~~			✓	4	0								
93	6-17-87		Painter Ist	Op. Svc. Mt.	Sprain rt. wrist						✓							
94	6-18-87		Mech. Helper	Lube Oils Mt.	Burn rt. wrist						✓							
95	6-18-87		Mech. Helper	Op. Svc. Mt.	Back strain						✓							
96	6-17-87		Machinist Ist	Op Svc Mt.	Heat exhaustion							✓						✓
					TOTALS (Transfer to other side of form)		22	20	296	28	72	2						2

Certification of Annual Summary Totals By _____ Title _____ Date _____

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

U.S. Department of Labor

For Calendar Year 19 87 Page 7 of 15

Company Name: Mobil Oil Corp.
Establishment Name: Beaumont Refinery
Establishment Address: Beaumont, Tx

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

Date 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)	Injuries Without Lost Workdays (G)	Injuries With Lost Workdays (H)	Injuries With Lost Workdays (I)	Injuries With Lost Workdays (J)	Injuries With Lost Workdays (K)	Type of Illness (L)	Type of Illness (M)	Type of Illness (N)	Type of Illness (O)	Type of Illness (P)	Type of Illness (Q)	Type of Illness (R)	Type of Illness (S)	Type of Illness (T)	Illness Without Lost Workdays (U)	Illness With Lost Workdays (V)	Illness With Lost Workdays (W)	Illness With Lost Workdays (X)	Illness With Lost Workdays (Y)	Illness With Lost Workdays (Z)	Illness Without Lost Workdays (Z)
[redacted]			[redacted]				22	20	296	28	72					2										2
97	6-24-87		Mech. Helper	Opr. Sus. Mt.	Laceration - lt. hand						✓															
98	6-25-87		Machinist 1st	Lube Oils Mt.	Avulsion - lt. index finger		✓	✓	16	0																
99	6-26-87		Opr. Trainee	Oil Movements	Sprain lt. ankle		✓	✓	27	0																
100	6-29-87		Operator A	Lube Oils	Contusion rt. knee						✓															
101	6-26-87		Spec. Tester	Laboratory	Multiple Abrasions, Contusions						✓															
102	6-30-87		Mech. Helper	Hvy Oils Mt.	Laceration lt. index finger						✓															
103	7-6-87		Spec. Tester	Laboratory	Laceration rt. index finger						✓															
104	7-7-87		Mech. Helper	Hvy Oils Mt.	Whiplash						✓															
~~113~~	~~7-8-87~~		Asst. Operator	Lube Oils MP	Multiple contusions, Lacerations		✓	✓	75	0																
105	7-8-87		Carpenter 1st	Op. Sv. Mt.	Burn - left forearm						✓															
106	7-8-87		Opr. Trainee	Hvy Oils	Burn - rt. arm						✓															
107	7-10-87		Carpenter 1st	Op. Sus. Mt.	Burn lt. shoulder						✓															
108	7-11-87		Mech. Helper	Lt. Oils Mt.	Burn - rt. elbow						✓															
109	7-11-87		Pipefitter 1st	Hvy Oils Mt.	Burn - lt. arm						✓															
110	7-11-87		Mech. Helper	Op. Sus. Mt.	Fracture - rt. great toe		✓	✓	18	0																
111	7-11-87		Asst. Opr.	Hvy Oils	Puncture - left hand						✓															
112	7-10-87		Operator A	Lt. Oils	Rt. shoulder strain		✓	✓	2	0																
113	7-14-87		Painter 1st	Op. Sus. Mt.	Chem. conjunctivitis eyes						✓															
[redacted]			[redacted]				26	24	359	28	85					2										2

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06008

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

U.S. Department of Labor

For Calendar Year 19 87 Page 8 of 15

Company Name: Mobil Oil Corp.
Establishment Name: Beaumont Refinery
Establishment Address: Beaumont, Tx

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)	Extent of and Outcome of INJURY: Fatalities (1)	Nonfatal Injuries: Injuries With Lost Workdays (2)	(3)	(4)	(5)	Injuries Without Lost Workdays (6)	Type, Extent of, and Outcome of ILLNESS: Type of Illness (7)	Fatalities (8)	Nonfatal Illnesses: Illnesses With Lost Workdays (9)	(10)	(11)	(12)	Illnesses Without Lost Workdays (13)
[redacted]							26	24	359	28	85			2				2
114	7-20-87		Insulator 1st	Op. Sus. Mt.	Steam burns - back arms						✓							
115	7-21-87		Asst. Oper.	Light Oils	Scratches, burn elbows						✓							
116	7-21-87		Inst Man 1st	Hvy Oils Mt.	Burns - left arm						✓							
[illegible]	7-17-87		Machinist 1st	Lube Oils Mt.	Burn - rt. arm						✓							
127	7-17-87		Machinist 1st	Op. Sus. Mt.	Nerve irritation - back		✓	✓	5		✓							
118	7-19-87		Lt. I. Syman	Yd. Utilities	Burns - right leg						✓							
119	7-20-87		Safety Insp.	Safety	Back strain						✓							
120	7-21-87		Maint. Foreman	Op. Sus. Mt.	Back strain						✓							
121	7-19-87		Night Supt.	Operations	Torn muscle - lt. calf		✓	✓	29	0								
122	7-2-87		Asst. Oper.	Op. Sus.	Back strain						✓							
123	5-14-87		Asst. Oper.	Lube Oils	Acid burns - rt. arm						✓							
124	7-15-87		Mech. Hlpr.	Op. Sus. Mt.	Sprain right ankle						✓							
125	7-24-87		Oper. Supv.	Light Oils	Laceration - rt thumb						✓							
126	7-28-87		Pipefitter 1st	Op. Sus. Mt.	Contusion - hands		✓	✓	2	0								
127	7-28-87		Pipefitter	Op. Sus. Mt.	Burn - left arm						✓							
128	7-29-87		Machinist 1st	Op. Sus. Mt.	Burn - rt. hand						✓							
129	7-29-87		Safety Engr.	Safety	Burn - lt. arm						✓							
130	7-10-87		Mech. Helper	Hvy Oils Mt	Burn - lt. knee						✓							
[redacted]							28	26	390	28	100			2				2

Certification of Annual Summary Totals By _____ Title _____ Date _____

OSHA No. 200

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

06009

447780

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 15

Company Name: Mobil Oil Corp.
Establishment Name: Beaumont Refinery
Establishment Address: Beaumont, Tx

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

Date of File Number	Date of Injury or Onset of Illness	Employee's Name	Occupation	Department	Description of Injury or Illness	Extent of and Outcome of Injury: Fatalities	Nonfatal Injuries: Injuries With Lost Workdays				Injuries Without Lost Workdays	Type of Illness: Enter Only One Column for Each Illness							Fatalities	Nonfatal Illnesses: Illnesses With Lost Workdays				Illnesses Without Lost Workdays
(A)	(B)	(C)	(D)	(E)	(F)	(1)	(2)	(3)	(4)	(5)	(6)	(7)							(8)	(9)	(10)	(11)	(12)	(13)
							28	26	390	28	100					2								2
141	7-11-87		Operator A	Lube Oils Bldg	Back discomfort																			
131	7-11-87		Mech. Helper	Op. Sv. Mt.	Burn - left eye						✓													
132	8-3-87		Mech. Helper	Op. Sus. Mt.	Contusion - rt. thigh						✓													
1	8-3-87		Safety Insp.	Safety Div.	Back strain						✓													
134	8-4-87		Safety Insp.	Safety Div.	Back strain						✓													
135	8-7-87		Mech. Helper	Op. Sus. Mt.	Burn rt. heel						✓													
136	8-10-87		Inst. Mn. 1st	Op. Sv. Mt.	Chem. burn - left arm						✓													
137	8-7-87		Insulator 1st	Op. Sus. Mt.	Chip fracture - left little finger		✓		20	0														
149	8-5-87		Mech. Helper	Hvy Oils Mt.	Sunburn - neck											✓								✓
138	8-6-87		Welder 1st	Op. Sus. Mt.	Welder's irritation											✓								✓
150	8-10-87		Sub Foreman	B&P	Rt. knee strain		✓	✓	176															
139	8-10-87		Asst. Opr.	Light Oils	F.B. both eyes		✓	✓	1	0														
140	8-12-87		Sp Tester	Laboratory	Back strain		✓	✓	9	0														
141	8-15-87		Mech Helper	Op. Sus Mt.	Back strain		✓	✓	4	0														
142	8-16-87		Mech. Helper	Light Oils Mt.	Cut right wrist						✓													
143	8-17-87		Machinist 1st	Op. Sus. Mt.	Laceration - scalp						✓													
144	8-17-87		Asst. Operator	Light Oils	Abrasion - left eye						✓													
145	8-17-87		Mech. Helper	Lube Oils Mt.	Fracture - lt. little finger		✓	✓	2	0														
							33	31	426	28	109					3								3

Certification of Annual Summary Totals By _____ Title _____ Date _____

OSHA No. 200

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06010

447781

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

U.S. Department of Labor

For Calendar Year 19 87 Page 10 of 16

Company Name: Mobil Oil Corp.
Establishment Name: Beaumont Refinery
Establishment Address: Beaumont, TX

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)	Injuries Without Lost Workdays (1)	Injuries With Lost Workdays (2)	Injuries With Lost Workdays (3)	Injuries With Lost Workdays (4)	Injuries With Lost Workdays (5)	Injuries Without Lost Workdays (6)	Type of Illness (7)							Illness Related (8)	Illness With Lost Workdays (9)	Illness With Lost Workdays (10)	Illness With Lost Workdays (11)	Illness With Lost Workdays (12)	Illness Without Lost Workdays (13)
[redacted]							33	31	426	28	109					3								3
146	8-19-87		Asst Opr.	Lube Oils	Chem. burns, ammonia		✓	✓	22	0														
147	8-20-87		Machinist 1st	Lube Oils Mt.	Burn - right hand						✓													
148	8-17-87		Electrician 1st	Lube Oils Mt.	Fracture - ring finger						✓													
149	8-21-87		Asst. Opr.	Hvy Oils	Steam burn - lt. calf				0	5														
150	8-19-87		Machinist	Op. Sus. Mt.	Abrasion - back		✓	✓	3	0														
151	8-26-87		Electrician 1st	Op. Sus. Mt.	Muscle spasm - back		✓	✓	129E	0														
152	8-24-87		Painter	Op. Sus. Mt.	F.B. left knee						✓													
153	8-28-87		Mech. Helper	Op. Sus. Mt.	Lumbar Strain						✓													
154	8-9-87		Mech. Helper	Op. Sus. Mt.	Low back discomfort		✓	✓	16	0														
155	8-28-87		Welder 1st	Op. Sus. Mt.	Burn - rt. forearm						✓													
156	9-1-87		Pipefitter	Op. Sus. Mt.	Chem. Burn - Arm						✓													
157	8-27-87		Mech. Helper	Op. Sus. Mt.	F.B. right eye						✓													
171	9-4-87		Planner	Lube Oils Mt.	Back Strain						✓													
158	9-5-87		Pipefitter	Op. Sus. Mt.	Burn - right arm						✓													
159	9-7-87		Asst Opr.	Light Oils	Back strain		✓	✓	10	0														
160	9-3-87		Operator A	Op. Sus.	Inhalation						✓													
161	9-9-87		Mt. Foreman	Op. Sus. Mt.	Contusion - buttock						✓													
[redacted]							39	36	606E	33	119					3								3

Certification of Annual Summary Totals By _____ Title _____ Date _____

OSHA No. 300

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06011

447782

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

U.S. Department of Labor

For Calendar Year 19 87 — Page 11 of 15

Company Name: Mob. Oil Co.
Establishment Name: Beaumont Refinery
Establishment Address: Beaumont, TX

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

Case or File Number	Date of Injury or Onset of Illness	Employee's Name	Occupation	Department	Description of Injury or Illness	Injuries With Lost Workdays: Enter a CHECK if injury involved days away from work, or days of restricted work activity, or both	Injuries With Lost Workdays: Enter a CHECK if injury involved days away from work	Injuries With Lost Workdays: Enter number of DAYS away from work	Injuries With Lost Workdays: Enter number of DAYS of restricted work activity	Injuries Without Lost Workdays: Enter a CHECK if no entry was made in col. 1 or 2 but the injury is recordable as defined above	Type of Illness: CHECK Only One Column for Each Illness	Illnesses With Lost Workdays: Enter a CHECK if illness involved days away from work, or days of restricted work activity, or both	Illnesses With Lost Workdays: Enter a CHECK if illness involved days away from work	Illnesses With Lost Workdays: Enter number of DAYS away from work	Illnesses With Lost Workdays: Enter number of DAYS of restricted work activity	Illnesses Without Lost Workdays: Enter a CHECK if no entry was made in col. 8 or 9
(1A)	(1B)	(2)	(3)	(4)	(5)	(8)	(9)	(10)	(11)	(12)	(7a) (7b) (7c) (7d) (7e) (7f) (7g)	(13)	(14)	(15)	(16)	(17)
[redacted]						39	36	606	33	119						3
162	9-9-87		Pipefitter	Op. Svc. Mt.	Burn - left arm					✓						
163	9-9-87		Pipefitter	Op. Svc. Mt.	Burn - rt. elbow					✓						
164	9-11-87		Op. Trainee	Op. Svc.	Cut - right knee					✓						
165	9-15-87		Mech. Helper	Lube Oils Mt.	Burn - left thigh					✓						
139	8-11-87		Mech. Helper	Op. Svc. Mt.	Fracture - rt. foot	✓	✓	106		3						YES
166	9-16-87		Op. Trainee	Ops. Svc.	Abrasions - knees					✓						
167	9-18-87		Asst. Op.	Ops. Svc.	Back strain					✓						
168	9-21-87		Mech. Helper	Light Oils Mt.	Fracture - left ankle	✓	✓	34	12							
169	9-21-87		Junction / Int	Op. Svc. Mt.	Back strain					✓						
170	9-23-87		Purchg. Supv.	Purchasing	Otitis - rt. ear					✓						
84	9-25-87		Pipefitter Ast	Op. Svc. Mt.	Insect sting - chest					✓						
171	9-25-87		Mech. Helper	Op. Svc. Mt.	Puncture - left leg					✓						
172	9-21-87		Hvy Equip. Op.	Op. Svc. Mt.	Low back strain					✓						
173	10-4-87		Op. Trainee	Oil Movement	Contusion - lt. great toe	✓	✓	5	0							
174	10-7-87		Op. Trainee	Hvy Oils	Cut rt. great toe					✓						
175	10-12-87		Mech. Helper	Op. Svc. Mt.	F.B. left eye					✓						
176	10-12-87		Pipefitter Ast	Lube Oils Mt.	Burn rt. shoulder					✓						
177	10-19-87		Hvy Equip. Op.	Op. Svc. Mt.	Back Pain	✓	1	216	0							
[redacted]						42	39	861	45	132						3

Certification of Annual Summary Totals By: _____ Title: _____ Date: _____

OSHA No. 200

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06012

447783

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

U.S. Department of Labor

For Calendar Year 19 87 Page 12 of 15

Company Name: Mobil Oil Corp.
Establishment Name: Beaumont Refinery
Establishment Address: Beaumont, TX

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

Case or File Number	Date of Injury or Onset of Illness	Employee's Name	Occupation	Department	Description of Injury or Illness	Injuries With Lost Workdays: Enter a CHECK if injury involved days away from work, or days of restricted work activity, or both	Injuries With Lost Workdays: Enter a CHECK if injury involved days away from work	Injuries With Lost Workdays: Enter number of DAYS away from work	Injuries With Lost Workdays: Enter number of DAYS of restricted work activity	Injuries Without Lost Workdays: Enter a CHECK if no entry was made in col. 1 or 2 but this injury is recordable as defined above	Type of Illness: Skin Disorders	Type of Illness: Dust Diseases of the Lungs	Type of Illness: Respiratory Conditions due to Toxic Agents	Type of Illness: Poisoning	Type of Illness: Disorders due to Physical Agents	Type of Illness: All Other Occupational Illnesses	Illnesses With Lost Workdays: Enter a CHECK if illness involved days away from work, or days of restricted work activity, or both	Illnesses With Lost Workdays: Enter a CHECK if illness involved days away from work	Illnesses With Lost Workdays: Enter number of DAYS away from work	Illnesses With Lost Workdays: Enter number of DAYS of restricted work activity	Illnesses Without Lost Workdays: Enter a CHECK if no entry was made in col. 8 or 9
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)	(U)	(V)
[redacted]						42	39	861	45	132					3						3
178	10-17-87		Mech. Helper	Hvy Oils Mt.	Contusion - abdomen	✓	✓	3	0												
179	10-19-87		Asst. Foreman	Op. Svc. Mt.	Twisted left ankle					✓											
180	10-26-87		Mech. Helper	Op. Svc. Mt.	Burn - R. arm					✓											
181	10-22-87		Instr. Mech 1st	Op. Svc. Mt.	Muscle strain - back					✓											
182	10-28-87		Mech. Helper	Op. Svc. Mt.	Steam burn - left leg					✓											
183	10-28-87		Carpenter 1st	Op. Svc. Mt.	Contusion - back					✓											
184	10-28-87		Welder 1st	Op. Svc. Mt.	Puncture - left thumb					✓											
185	10-29-87		Mech. Helper	Lube Oils Mt.	Burn - left calf					✓											
186	11-1-87		Mech. Helper	Op. Svc. Mt.	Fracture finger middle	✓	✓	14	0												
187	11-6-87		Mech. Helper	Op. Svc. Mt.	Chem. burn - face					✓											
188	11-9-87		Asst. Op.	Lube Oils	Fracture lt. thumb	✓	✓	13	0												
189	11-8-87		Mech. Helper	Op. Svc. Mt.	Back strain					✓											
190	10-29-87		Tester	Laboratory	Swelling, lt. Thumb					✓											
191	11-2-87		Asst Op.	Oil Movements	Congestion								✓								✓
192	11-9-87		Instrument 1st	Lube Oils Mt.	Laceration - finger					✓											
193	11-8-87		Asst. Op.	Heavy Oils	Swelling - right foot	✓	✓	88													
194	9-26-87		Pipefitter 1st	Lt. Oils Mt.	Shoulder strain					✓											
195	11-[illegible]-87		Warehouseman 1st	Op. Svc. Mt.	Back strain					✓											
[redacted]						46	43	979	45	145			1		3						4

* Revised

Certification of Annual Summary Totals By _____ Title _____ Date _____

OSHA No. 200

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06013

447784

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

U.S. Department of Labor

For Calendar Year 19 87

Page 11 of 15

Company Name: Mobil Oil Corp.
Establishment Name: Beaumont Refinery
Establishment Address: Beaumont, TX

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

Case or File Number	Date of Injury or Onset of Illness	Employee's Name	Occupation	Department	Description of Injury or Illness	Injuries With Lost Workdays: Enter DATE of death	Injuries With Lost Workdays: Enter a CHECK if injury involved days away from work, or days of restricted work activity, or both	Injuries With Lost Workdays: Enter a CHECK if injury involved days away from work	Injuries With Lost Workdays: Enter number of DAYS away from work	Injuries With Lost Workdays: Enter number of DAYS of restricted work activity	Injuries Without Lost Workdays: Enter a CHECK if no entry was made in col. 8 or 9 but the injury is recordable as defined above	Type of Illness: CHECK Only One Column for Each Illness	Illness Related: Enter DATE of death	Illnesses With Lost Workdays: Enter a CHECK if illness involved days away from work, or days of restricted work activity, or both	Illnesses With Lost Workdays: Enter a CHECK if illness involved days away from work	Illnesses With Lost Workdays: Enter number of DAYS away from work	Illnesses With Lost Workdays: Enter number of DAYS of restricted work activity	Illnesses Without Lost Workdays: Enter a CHECK if no entry was made in col. 8 or 9
[redacted]							46	41	979	45	145			1		3		4
196	11-10-87		Safety Insp.	Safety	Back strain						✓							
197	11-11-87		Util. Foreman	Utilities Yd	Back strain						✓							
198	11-9-87		Mech. Helper	Op. Svc. Mt.	Cut lt. index finger		✓	✓	9	6								
199	11-15-87		Pipefitter	Lube Oils Mt.	Cut lip						✓							
200	11-16-87		Lineman 1st	Op. Svc. Mt.	Back strain						✓							
201	11-16-87		Mech. Helper	Lube Oils Mt.	Abrasion - lt. forearm						✓							
202	11-22-87		Tester	Lab.	Burns - both arms						✓							
203	11-17-87		Equip. Opr.	Op. Svc. Mt.	Bruised left heel						✓							
204	11-11-87		Equip. Opr.	Op. Svc. Mt.	Contusion - right heel		✓	✓	87									
205	11-21-87		Mech. Helper	Op. Svc. Mt.	Bruise - lower right leg						✓							
206	11-25-87		Opr. Trainee	Lt. Oils Oper.	Sprain - Rt. Ankle						✓							
207	11-15-87		Mech. Oper.	Lt. Oils Oper.	Contusion - [illegible]						✓							
208	12-1-87		Welder	Op. Svc. Mt.	Burn - lt. eyelids						✓							
[illegible]	12-2-87		Machinist	Lube Oils Mt.	Bruise Strain		---	---			✓							
209	12-4-87		Welder 1st	Op. Svc. Mt.	FB left eye		✓		0	1								
210	12-8-87		Insul. 1st	Op. Svc. Mt.	Lac. left middle finger						✓							
211	12-9-87		Machinist 1st	Op. Svc. Mt.	Puncture right leg						✓							
[redacted]							49	45	1,075	46	168			1		3		4

Certification of Annual Summary Totals By _____ Title _____ Date _____

OSHA No. 200

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447785

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

U.S. Department of Labor

For Calendar Year 19 87 Page 14 of 15

This form is required by Public Law 91-596 and must be kept in the establishment for 5 years. Failure to maintain and post the results 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
Establishment Name
Establishment Address

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

Date of 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)	Nature of and Outcome of INJURY: Fatalities — Injury Related — Enter DATE of death. Mo./day/yr. (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 cols. 1 or 2 but the injury is recordable as defined above. (6)	Type of Illness — CHECK Only One Column for Each Illness (See other side of form for combinations or permanent transfers.) (7)	Fatalities — Illness Related — Enter DATE of death. Mo./day/yr. (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 cols. 8 or 9. (13)
[redacted]							49	45	1075	46	158			1		3		4
212	12-7-87		Mach. 1st	Lube Oils Maint.	Lac. - Rt. Index Finger													
213	12-15-87		Painter 1st	Opr. Svs. - Maint.	Loss Bone of Skull - left ear						✓							
214	12-16-87		Mech. Hlpr.	Lt. Oils - Maint.	Contr. - Rt. Elbow		✓	✓	4	0								
215	12-17-87		Asst. Opr.	Hvy Oils - Opr.	Contr. - Rt. Middle Finger		✓		0	201								
216	12-17-87		Electr.	Light Oils - Maint.	Bruise - Left Foot		✓		117	0								
217	12-17-87		Welder 1st	Light Oils - Maint.	Lac. - Rt. Index Finger						✓							
218	12-18-87		Machinist 1st	Lube Oils Mt.	Shoulder strain						✓							
219	12-20-87		[illegible] Opr.	Hvy Oil [illegible]	Lac. - Rt. Thumb						✓							
220	12-21-87		Mech. Hlpr.	Opr. Svs. - Maint.	Bar [illegible] - Lower Middle		✓		0	10								
221	12-[illegible]-87		Mech. Hlpr.	Hvy Oils - Maint.	Strain - [illegible]		✓		10									
222	3-3-87		Welder 1st	Op. Servs.	Hearing Loss											✓		✓
223	10-1-87		Welder 1st	Op. Svs. Mt.	CTS - Caddal Tunnel Syndrome - hands											✓		✓	✓	46**	
224	8-10-87		Unk. Mtd. Helper	Lube Oils	Edema to right knee		✓	✓	2	0								
225	1-12-87		Mech. Helper	North Pll. Mt.	Foreign bodies H. eye						✓							
226	2-25-87		Equip. Opr.	Complex Mt.	Back strain						✓							
227	4-9-87		Inst. Man	Lt. Oils Mt.	Lacerating - right little finger						✓							
228	9-28-87		Switchman 1st	Op. Svs. Mt.	Torn meniscus right knee		✓	✓	11	0								
229	9-28-87		Mech. Helper	Lube Maint.	Chem. burn left leg						✓							
[redacted]							56	49	1452	76	167**			1		3	29*	5*

INJURIES

ILLNESSES

OSHA No. 200

** Added per letter DRD/JWB 5-24-88

* Added [illegible]

Certification of Annual Summary Totals By _____ Title _____ Date _____

OSHA No. 200

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06015

447786

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

U.S. Department of Labor

For Calendar Year 19 ____ Page 15 of 15

Case or File Number	Date of Injury or Onset of Illness	Employee's Name	Occupation	Department	Description of Injury or Illness	Injuries: Enter DATE of death	Injuries: Enter a CHECK if injury involves days away from work, or days of restricted work activity, or both	Injuries: Enter a CHECK if injury involves days away from work	Injuries: Enter number of DAYS away from work	Injuries: Enter number of DAYS of restricted work activity	Injuries: Enter a CHECK if no entry was made in cell 1 or 2 but the injury is recordable as defined above	Type, Extent of, and Outcome of ILLNESS: Enter DATE of death	Type of Illness	Type of Illness	Type of Illness	Type of Illness	Type of Illness	Type of Illness	Type of Illness	Type of Illness	Type of Illness	Type of Illness	Type of Illness	Type of Illness	Type of Illness	Type of Illness	Type of Illness	Type of Illness
(A)	(B)	(C)	(D)	(E)	(F)	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)
[redacted]	[redacted]		[redacted]	[redacted]	[redacted]		56	49	1452	76	167			1		3	2			1	1	46		5
230	10-27-1		Machinist 1st	Op. Sur. Mt.	Cut left index finger						✓													
231	12-9-1		Welder 1st	Op. Sur. Mt.	Strain abdomen						✓													
** 232	3-28-1				Asbestos related disease								✓											✓
** 233	1-16-1				Asbestos related disease								✓											✓
233	5-5-1		Night Supt.	Operations									✓											✓
[redacted]	[redacted]		[redacted]	[redacted]	[redacted]		56	49	1452	76	169		3	1		3	2			1	1	46		8

INJURIES

ILLNESSES

Certification of Annual Summary Totals By _____ Title _____ Date _____

OSHA No. 200

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

** Entered per letter GWC/JWB 12-19-89

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