TO THE MARITIME COMMISSION

WASHINGTON, D. C.

INDUSTRIAL HEALTH SURVEY

of the

SOUTH PORTLAND SHIPBUILDING CORPORATION

and the

TODD - BATH IRONWORKS

SOUTH PORTLAND, MAINE

September 18, 19, 22, 1942.

Philip Drinker, Harvard School of Public Health
H. K. Sessions, Lt. Cmdr., (MC) U.S.N.
T. P. Connelly, Lt., (MC) U.S.N.
Kenneth W. Nelson, Ensign H-V(S) U.S.N.R.
Warwick Ross, Ensign H-V(S) U.S.N.R.
L. H. Woodman, Ensign H-V(S) U.S.N.R.

PLAINTIFF'S EXHIBIT
567
ALL-STATE LEGAL SUPPLY CO.

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GENERAL RECOMMENDATIONS

The medical facilities serving the South Portland Shipbuilding Corporation are inadequate for the number of employees applying for treatment. Personnel manning the first aid station is adequate, but space and equipment are far short of actual needs. The waiting room and treatment room are much too small to handle the volume of work and results in considerable confusion and needless lost time. No space is available where seriously injured patients can be given preliminary treatment without gravely interfering with the normal routine. Bed space is not available for patients who should be kept under observation for a period of hours. There is no office space for the yard physicians where patients can be examined in privacy and no space in the first aid station for making pre-employment examinations.

Medical facilities at T.B.I. are similar to those of the S.P.S.C. including personnel, equipment, and space and have the same defects.

The conversion of an abandoned two story dwelling into a Field Hospital has been proposed to alleviate the load on the first aid stations. This plan would be acceptable if the proposed building were adequate, but lack of space is here again a serious problem. The plan, if carried out, will not go very far toward the solution of the problem. Treatment rooms will not be of sufficient size and patients who need observation will have to be carried up two flights of stairs to the second floor which at the present time are not constructed to accommodate a stretcher. Waiting room facilities are small and passage way for patients, without passing through treatment rooms, is not available due to lack of space. This building could be considered nothing more than an auxiliary first aid station.

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In addition, female employees are soon to be hired in the yards. Present medical facilities are not equipped to handle this situation and no space could be made available for them in the proposed Field Hospital.

However, an addition is very seriously needed in these yards and merits immediate consideration. Twenty-six to twenty-seven thousand employees are using facilities which because of limited space should only handle about one-fifth this number.

While pre-employment examinations are conducted, periodic examinations of those engaged in occupations hazardous to themselves and others are not done. These should be performed.

Eye injuries constitute about 25% of the total injuries. Cases are not broken down as to whether they are due to foreign bodies or flashes from arc welding. The number of eye cases, however, show that protective eye equipment is not being utilized to the fullest advantage throughout the yard.

First aid supplies for air raid casualties are meager and would not be sufficient to treat the number of injuries which must be anticipated. Supplies at present are also housed in one storeroom which could easily be destroyed by a direct bomb hit or local fire. It is to be noted that the first aid rooms are not protected in any way against bomb fragments, while such protection has been placed around essential mechanical and electrical machinery. This situation is in notable contrast to that in U. S. Navy yards along the Atlantic coast where first aid stations and main dispensaries are protected.

Only air-line hoods and respirators approved by the U. S. Bureau of Mines should be used in spray-painting operations. The respirators should be used only for the tasks for which they were designed.

Anti-flash goggles should be supplied to welders for wear under their helmets and to men working in the vicinity of arc welding.

Portable welding screens of opaque, non-inflammable material should be procured and used wherever practicable.

As in most yards we have inspected, there is no supervision at all over paint ingredients, paint thinners, fluids for cleaning spray guns and the like. The management is urged strongly to require vendors of such materials to state whats they contain with their chemical names and to hold the medical department and the insurance carrier responsible for safety regulations in the use of these materials.

As in other yards, the supervision of the departments handling asbestos pipe and breeching coverings are inadequate. Asbestos dust is dangerous to breathe, but the work can be made perfectly safe by means of proper ventilation.

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Insurance, Turnover, Labor-relations, and Health: The set-up in these two yards is being changed gradually by merging the two into one under the management of Mr. Pinkham. At present, the SPSC union is CIO, while TBI is AFL. It seems likely that there will be but one union after the yards have merged.

Mr. Pinkham and his assistant, Mr. Robert, gave us the total separations for SPSC as being 423 for the week ending September 4th, and 487 for the week ending September 11th. The number of new employees was approximately the same and the total about 12,000.

At TBI, the turnover for the week ending July 11th was 223 with a working population of 14,000. According to the management, the turnover in the two yards varies from about 200 to 400 in each yard.

There are no women at present working in either yard, other than office jobs, but soon they expect to employ women.

In the near future, both yards will be building merchant ships exclusively for the MC, but at present are building EC-2s for the MC and are finishing up some merchant ships, not unlike our EC-2s for the British Government.

The agreement between SPSC and the AFL contains the following statement:

> "When employees are requested to work in spaces that are inadequately ventilated, on burning, welding, paint spraying or other jobs that produce obnoxious fumes, they shall report the condition to their foreman or leadingman, and if found that this condition exists the employees shall be entitled to time and one-half their hourly rate."

The implication is that conditions are very difficult to control and that the cure is time and one-half pay rather than good ventilation.

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We do not believe for a moment that either management or labor had any such thought but the wording seems very unfortunate. We saw no evidence that management failed to understand the problem, and if conditions are not always all they should be, we believe the cure is well understood.

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MEDICAL FACILITIES

The medical facilities are provided by the company except for the building space which is furnished by the Maritime Commission.

The space allotted for medical services consists of three rooms, a waiting, treatment, and storage room. The safety office is adjacent to the treatment room. This arrangement provides close contact between the safety and first aid activities, and is in conformity with the company precedent of supervision of first aid by the safety department. The space allotted, while ample in the beginning when the number of employees was low, is wholly inadequate for the present number of employees(about 13,000). Even though there is no anticipated increase in number of personnel, more space for first aid activities should be provided.

The first aid station is equipped only for minor first aid. Any injury that requires special examinations, or injury of any consequence, is sent to the State Street Hospital in Portland, which is about ten minutes away by ambulance.

Transportation of the injured is by means of an ambulance furnished by the Maritime Commission.

The medical facilities including personnel, equipment, supplies, space and transportation at the Todd-Bath Ironworks are similar to those of the South Portland Shipbuilding Corporation. These yards are adjacent and both will soon be building for the Maritime Commission.

Personnel: The company has contracted Dr. J. B. Drummond to furnish medical services for the yard. Associated with Dr. Drummond are Dr. Monkhouse and Dr. Rowe who are active at the first aid station, and

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Dr. Logan, who does the necessary roentgenological work at the State Street Hospital. Dr. Drummond does the surgical work sent in to the Hospital from the first aid station. Dr. Monkhouse is on duty at the yard in the afternoons and Dr. Rowe in the mornings, while the opposite is true at the Todd-Bath first aid station. There are five nurses at the yard with three on the day shift and one on the swing and graveyard shifts. In addition, there is a nurse on duty day and night at the State Street Hospital to take care of patients that report in for treatment or re-treatments while away from the yard.

There is no visiting nurse service.

Records: 1. A record is made of all cases reporting to the first aid station, even though it is seemingly an insignificant injury.

2. A form "First Aid Pass" is filled out by the foreman or leadman which authorizes the worker to report to the first aid station for treatment. It is the opinion of the doctors and safety director that the institution of this form has resulted in a decrease in the number of men reporting unnecessarily to the first aid station, but has not deterred those with seemingly insignificant injuries, which should be treated, from reporting for first aid.

3. At the first aid station, a record is made on a mimeographed form of the injury as to whether or not it is compensable, date and time of occurrence, nature and extent of the injury, and how it occurred. This information is transferred to a card for a permanent record of the case. A form "Employer's First Report of Injury" is accomplished and forwarded to the State Industrial Accident Commission. A "Surgeon's Report" is accomplished and forwarded to the claim department of the insurance

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carrier, the Hartford Accident and Indemnity Company in the case of the South Portland yard, and the American Mutual Liability Insurance Company for the Todd-Bath yard.

4. Should a revisit be necessary, the patient is given the necessary instructions on the "First Aid Pass".

5. According to the nature and extent of the injury, the patient is returned to work (indicated on "First Aid Pass") sent home, or hospitalised at the State Street Hospital. If it is necessary for him to leave the yard, he is given a "Pass Out" slip which is presented to the gateman.

6. No record is kept of non-industrial illness. If a worker reports to the first aid station complaining of a personal illness which necessitates the loss of time, he is given a "Pass Out" slip and referred to a private physician. If he can be returned to work by simple treatment, this is given in order that absenteeism from this cause may be kept at a minimum.

7. There is no standard nomenclature of diseases and conditions in use.

Examinations: 1. Pre-employment examinations are made in a room in the personnel building. This room is ample in size, but it is too noisy to enable one to do stethoscopic examinations satisfactorily.

2. No periodic examinations have been undertaken of those workmen engaged in occupations potentially hazardous to themselves or others.

3. Special examinations such as X-ray and serology are done in the individual case only as indicated. These examinations are done at the State Street Hospital.

Absenteeism: No record is kept of absenteeism due to personal illness. It is the opinion of the yard physicians that absenteeism due tb this cause is not of great importance. Absenteeism due to alcoholism could not be estimated by the doctors and no record of it is kept.

Cases: 1. During the months of June, July and August 1942, there were 3995, 4156, and 4034 new injuries treated. There are about 10,000 treatments and new treatments handled monthly which is a great burden on the first aid station because of the small space available.

2. Records are broken down as to cause but not as to effect. They are, however, broken down as to eye injuries(recorded as particles in the eye). These constitute about 25% of the total injuries. It is stated that about one-half of these injuries are due to actinic rays of the welding arc. These accidents could be reduced by the enforcement of the proper use of eye protective equipment and screening of welding operations.

3. Dr. Monkhouse states that there have been four cases of lead poisoning among those engaged in spray painting with red lead. These are the only cases of industrial disease that have occured. Without periodic examinations with special attention being paid to the occupation of the men, early cases of lead poisoning may easily pass unnoticed.

Venereal Disease: No records of venereal disease are kept and it is believed that they would not report to the first aid station anyway. However, a few cases of gonorrhea are seen by the yard physicians in individuals who are not aware of the nature of their complaint. Absenteeism from this cause cannot be estimated. There is no educational program from this standpoint at the yard.

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Collaboration with the Safety Section: The medical records are made available to the safety section for their information in order that investigations may be made and for statistical purposes. The safety office is adjacent to the first aid station, and the work of each is easily and closely correlated.

Dispersion of Material and Personnel: Twenty-four small first aid kits have been secured but have not been dispersed throughout the yard. No provisions have been made for dispersal of first aid station personnel in case of hostile attack from the air. Over one hundred men have been given the American Red Cross Standard First Aid Course, but they will be handicapped due to the lack of first aid material.

It is noted that no provisions have been made to protect the buildings housing the first aid facilities from splinters and concussion due to exploding bombs. Some provision along this line should be made.

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Water Supply: The water supply of the city of Portland is furnished to both of these yards. An elevated tank containing city water is provided for fire protection. No health hazards are involved.

Sewerage: All sewage from the yards is disposed of by discharge directly into the ocean. The city of Portland disposes of its wastes in this manner, and the yards merely follow suit. Adequate toilet facilities, conveniently located, are provided for both yards.

Cafeteria: The major defect in both of the cafeterias was the entire lack of control of flies. They were extremely numerous in all parts of the cafeterias. A detailed inspection of the South Portland Yard's cafeteria has been made by the Maine State Health Department officials, and the report shown to us. It is planned to have the cafeteria at the Todd-Bath yard inspected also.

Housing: There is a housing shortage, but apparently it is gradually being solved without involving any health hazards.

Mosquito Control: No mosquito control program for health reasons is necessary.

Housekeeping: The general housekeeping in these two yards was poor. The ships were especially dirty with chippings, shavings, nuts, bolts, etc. all over the decks. The appearance of the yard grounds was also messy.

Pipe Covering Shop: Both yards had shops where asbestos coverings were made for the pipes in the ships. The work involved was the cutting and pounding of the asbestos matting into the desired shapes. The process

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created a very real asbestos hazard, as the dust and fibers were found all over the shops on rafters, machines, benches, and on the workmen's clothing. The most dusty processes should be segregated into a well ventilated room and periodic examinations of the worker's chests should be made.

Rubbish and Garbage Disposal: The yards incinerate all rubbish while the garbage is collected and hauled away by an outside contractor. Perhaps an inadequate number of rubbish containers contribute to the poor housekeeping in the yards.

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Welding: Eye injury figures kept at the first aid stations of both the yards are not broken down into foreign body cases and those due to actinic ray ophthalmia. Estimates on the basis of an attending nurse's report would place the ophthalmia cases at about 500 per month.

Goggles are distributed to the workmen without charge, but recent orders for goggles have not been filled by the manufacturers. The percentage of men wearing goggles is small.

According to the safety department welders are required to wear No. 2 anti-flash goggles beneath their helmets to protect them from nearby area. Careful observation disclosed that no welders were wearing the prescribed goggles, and it is clear that enforcement of the goggle rule has been weak. Workers whose duties keep them in the vicinity of welding operations do not have tinted goggles. Some have procured sun glasses as a substitute.

Welding screens, of a semi-permanent type, are used in several shops, but screening of area in the shops, especially in the pre-fabrication shop, is far from adequate. None is used aboard ship. Screening is notably better in the Todd-Bath yard.

Spray-Painting: The records of the medical department show four cases, one unconfirmed, of early lead poisoning among spray painters. DeVilbiss air-line hoods are supplied them when work is in confined spaces. American Optical Company "Duplex" respirators, non-approved, are worn when hoods are unnecessary. The South Portland yard also has MSA "Comfo" chemical cartridge respirators for protection against solvent vapors.

During our tour of the South Portland yard, we observed a painter

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spraying red lead on the combing of a ship's hold without any protection, in spite of safety instructions and available protective equipment. Clouds of red lead spray enveloped the painter and his helper, and it is certain that both were inhaling lead pigment.

Similarly in the Todd-Bath yard spray painters were observed applying anti-fouling paint, the vapors of which are irritating, and battleship gray to the hulls of ships under construction. Since the hulls are built in basins, the work space is somewhat confined and it is possible for higher concentrations of vapor to accumulate than would be probable if the work were entirely in the open. The men had respirators hanging at their belts, but were not using them. The respirators, even though they had been worn, would have offered little protection against solvent vapors for they were simple filter types, not approved by the U. S. Bureau of Mines for any purpose.

The care of respirators in both yards is not satisfactory. In many cases, filters and face pieces were filthy.

Protective Equipment: In both yards, goggles are issued from the tool room. Respirators, other than those used by painters, are handled in the same manner. By presenting his prescription to the safety office, a workman may obtain corrected safety goggles at cost.

Safety stores are maintained in each yard, being operated by an outside party. A complete supply of goggles, welders' equipment, safety shoes, gloves, and hard hats is stocked. It was noted that very few workmen are wearing skull guards.

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Ventilation (South Portland Shipbuilding Corporation): The ventilation department is the responsibility of the welding department, and has as its supervisor, Mr. B. J. Cogan. The ventilating crew has seven men working under Mr. Cogan, all of whom work on the day shift. Ten more crew men have been requested for ventilation work, but this request has not yet been granted.

The ventilation equipment which the yard has at its disposal is entirely inadequate for the job to be done - the ventilation of six hulls on the ways, and three or four at the outfitting docks. The inadequacy of the ventilation equipment is due to slowness of delivery by the manufacturer, according to Mr. Cogan. Sixty-five fans were ordered from the Buffalo Forge Company several months ago, of which twenty-one have so far been delivered. In addition to these fans, the inventory of equipment includes: twelve Coppus blowers, twelve Master Sawyer blowers, and a quantity of three and one half inch flexible metal tubing which Mr. Cogan stated was sufficient for his needs. The Buffalo Forge and Sawyer fans are adaptable for use with four fifty foot lengths each of the flexible metal tubing for local exhaust.

Usual procedure of operation of the ventilation department calls for one crew man on each ship under construction during the day shift. By constantly patrolling the ship, the ventilation man is assumed to discover ventilation needs and to set up blower equipment accordingly. Special requests for fans are telephoned to the welding department and relayed back to the ship by Mr. Cogan.

Maintenance of equipment is taken care of at the yard by the electrical department.

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Due to the inadequacy of equipment, and to some extent to the unfamiliarity of the ventilation crew men with standard ventilation practices, the ventilation aboard the ships under construction is very poor.

Ventilation practices in this yard call for the use of local exhaust hoses for all ventilation needs. Even if used properly, this would not be adequate, but since the welders and burners are not familiar with the proper use of local exhaust hoses, their use in confined quarters is almost purposeless. In ventilating the fore and after peaks, it is essential that air be introduced for general ventilation in addition to the discharge of fumes obtained from the use of the local exhaust. This is not practiced at this yard, and as a result, both the fore and after peaks are foul with welding fumes. The condition could be bettered by using some of the fans now in stock as blowers, and introducing air into these quarters through eight inch diameter flexible canvas or rubberized ducts, owned but not used by the ventilation department.

The ventilation crew men, although they are constantly on board the ship to which they are assigned, are not identifiable through any distinguishing mark. Unless a worker is able to pick him out from his personal features therefore, the worker is unable to take advantage of the presence of the ventilation man on the ship. We recommend that the ventilation department furnish its men with hard hats, suitably marked, so that the ventilation man will be readily distinguishable.

We recommend that in addition to the local exhaust now used exclusively, air be introduced into the unventilated spaces. Standard ventilation practices should be devised, with the assistance of a ventilation engineer, and these should be made familiar to all men in the department.

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Since this yard (and the adjacent Todd-Bath yard) is soon to be building EC-2 ships exclusively, it would be eminently practicable to devise one method of ventilation and apply it in both yards.

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Ventilation (Todd-Bath Yard): The ventilation department is a part of the welding department and ventilation crew men are taken from that department. Seven men on each of the three shifts have been assigned to ventilation work. A ventilation man is detailed to a ship on the way and has that ship his responsibility during construction.

Equipment available to the ventilation department is inadequate to the point of being almost non-existant. This is due partly to the fact that deliveries on equipment ordered have been slow, and partly to the fact that of the small amount which the department has, part is undergoing repair in the electrical maintenance shop. Equipment on order is: fifteen Buffalo Forge blowers, thirty Coppus blowers. Equipment on hand is: fifteen Buffalo Forge blowers and one Coppus blower. The Buffalo Forge blowers are adapted for the use of five three inch flexible metal hose for local exhaust, but only three or occasionally four are practicable.

As at the SPSC yard, no general ventilation is used in conjunction with the local exhausts, and, as a result, working conditions in confined spaces such as the fore and after peaks are poor. We recommend that steps be taken to provide the yard with more blowers, and that the ventilation be amended to include general ventilation.

Identifying marks on the ventilation crew men is lacking in this yard as in the SPSC. We suggest that steps be taken to provide the men with hard hats labelled "ventilation" so they will be easily distinguishable to workmen aboard the ships.

Although the present labor set-up makes it difficult to effect an interchange of men and material between the two yards, we feel it would be to the advantage of all concerned to have the two yards collaborate on

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problems of ventilation. Both yards will soon be constructing the same ship, will be under the same directorship, and will have problems common to one another in the natural course of events. An experienced safety engineer is already in charge of both yards' safety departments. We recommend therefore, that a ventilation engineer be appointed who will be in charge of ventilation for both yards. Such an arrangement will provide the much needed tie-up between the departments of the two yards, will provide a means of standardising ventilation practices in the two yards, and finally will be the means of exchanging equipment between the two yards as needed.

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INSPECTION SCHEDULE

We arrived at Portland Thursday evening, September 17th, and the next morning were taken to the yard by the MC car and met Mr. Pinkham, the General Manager, and his assistant, Mr. Robert. Mr. Drinker returned to Portland with Mr. Mullin, the Safety Engineer, to attend the second day of the joint meetings of the Maine Medical Society and State Safety Conference. Dr. Drummond of Portland and Dr. Fuller of Bath had prominent parts in one program of the several scheduled for the morning so Mr. Drinker attended the sessions, of which the relevant program is attached. (Dr. Drummond is medical director at SPSC and Dr. Fuller at Bath).

Drs. Sessions and Connelly and Messrs. Nelson, Ross, and Woodman went through the yard and all were joined by Mr. Mullin and Mr. Drinker after lunch, and the party went to the Todd-Bath yard adjoining. All returned in the late afternoon, and Dr. Drummond joined Dr. Sessions and Dr. Connelly and Mr. Drinker for dinner that evening.

On the 18th of September, the party went again to the yard and Dr. Sessions and Dr. Connelly, and Messrs. Drinker, Mullin, and Eskilson went to the State Street Hospital to show Dr. Drummond the plans of the proposed field hospital which were given him by the MC resident engineer, Mr. Wall. In the afternoon, Drs. Drummond, Sessions, and Connelly met at the proposed building and examined it with Mr. Mullin, Mr. Drinker returning to Boston for Sunday. Messrs. Woodman, Ross and Nelson continued the inspections on Saturday morning. Drs. Sessions and Connelly met with Dr. Drummond at his house on September 21st.

On September 22nd, Mr. Drinker, Dr. Connelly, and Mr. Woodman interviewed Mr. Pinkham regarding their findings and projected report and then returned to Boston.

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Form [illegible]

South Portland Shipbuilding Corp.

Date _____

Please pass out _____

Dept. No. _____ Clock No. _____

at _____

_____ man

Give This Slip to Gateman.

This pass does not permit the removal of any materials.

Form [illegible]

FOREMEN OR LEADMEN FILL THIS HALF

FIRST AID PASS

Name of Employee _____

Dept. Badge No.

Time

Date

Signed _____

Foreman-Leadman

NURSE CHECK THIS HALF

Report for: Treatment ☐ Doctor ☐ Claim Dept. ☐

Today ☐ Tomorrow ☐ A. M. ☐ P. M. ☐

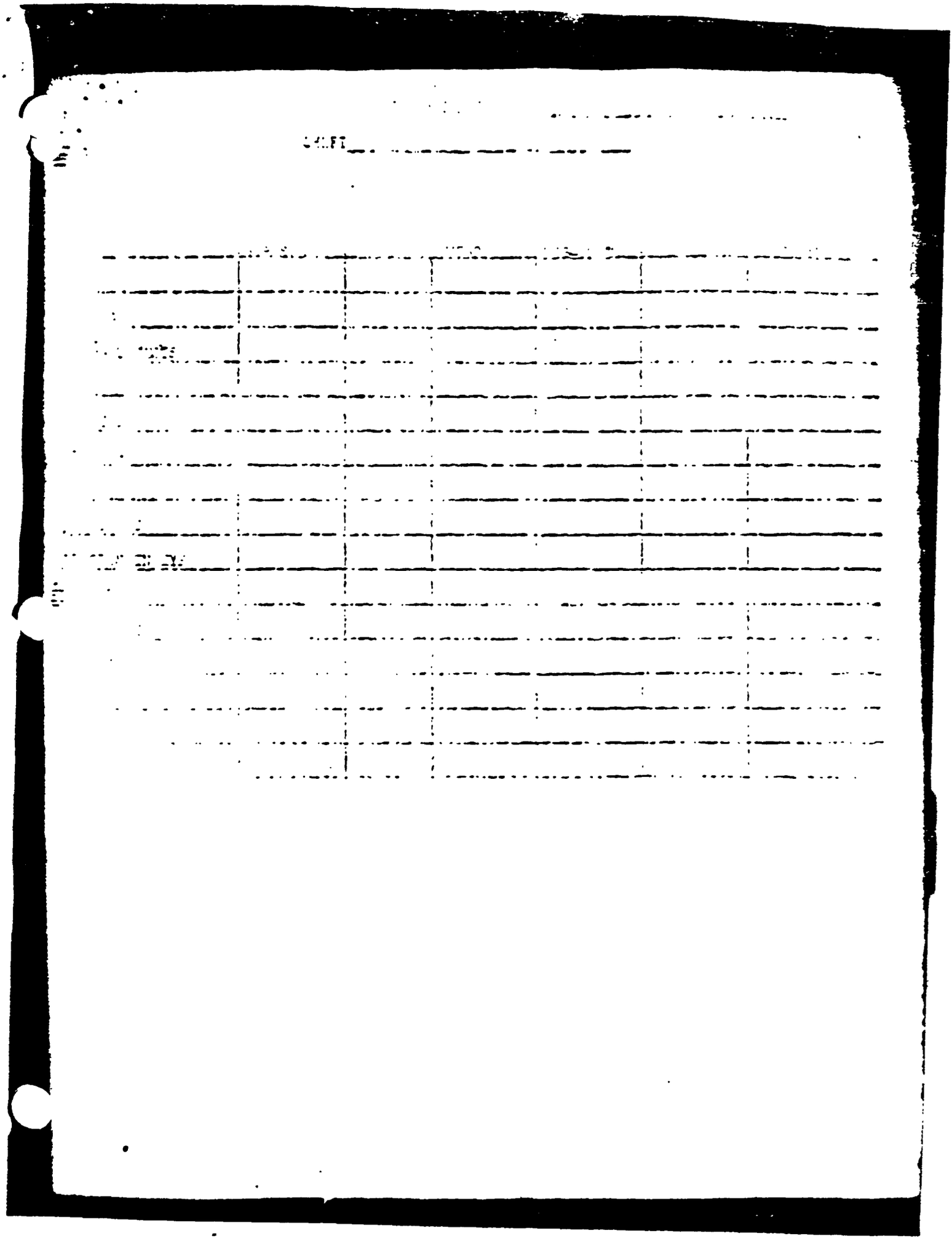
Is Patient Discharged: Yes ☐ No ☐

Remarks: _____

Signed:

Return to Dept.

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INDUSTRIAL ACCIDENT COMMISSION
AUGUSTA, MAINE

Employer's First Report of Injury

To be filed in cases where employee loses a day's work, or requires the services of a physician. The filing of this Report is not to be considered an admission of a compensable injury.

EMPLOYER

Employer's Name .....

Office Address ..... (Street and number, city or town)

Kind of business, goods produced, work done or service rendered .....

Location of plant or place of work where accident occurred ..... (Street and number, city or town and county)

Name of Insurance Carrier .....

EMPLOYEE

Full Name of Injured Employee .....

Address ..... (Street and number, city or town)

Sex ..... Age ..... Married or single? ..... Speak English? .....

Occupation when injured .....

Was injured employee doing his regular work? ..... If not, what work? .....

THE ACCIDENT

Date of Accident ....., 194 ....; hour of day ..... 外出

Did accident happen on premises? ..... If away from plant, state where .....

Did incapacity begin at once? ..... If not, when? .....

Describe in full how the accident occurred .....

THE INJURY

Nature and extent of injury ..... (If amputation was necessary, state what part was amputated)

WAGES

How many Working Days per Week ..... Hours per Day? .....

Cash Wages per Day at time of Accident ..... Per Week ..... (Per cent basis)

Was board, or room and board, furnished in addition? .....

Was employee ..... per diem or ..... piece worker? (Check which)

How long has employee received above rate of wages? .....

How long in your employ? .....

Did this employment or job (the work itself) continue for 200 working days during your preceding accident? .....

Were weekly earnings irregular? .....

MEDICAL ATTENDANCE

Was medical attendance provided by you? ..... If so, when? .....

Name and Address of Physician .....

Are you still providing medical attendance? .....

To what hospital was employee sent? .....

If not sent to hospital, where is employee?

What will be the probable length of disability? (Give your best estimate)

NOTICE OR KNOWLEDGE OF INJURY

Were you notified by the injured employee of his accident? If so, when?

When did you or your managing superintendent in charge of the work of injured employee at time of accident, first have actual knowledge of injury?

Do you think this case questionable?

Signed this day of ....., 194 at

Employer's Name .....

Signed by ..... (Representative capacity and signature)

Official Title .....

[redacted]

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Form No. CD 46

UNITED STATES MARITIME COMMISSION
Production Division
Summary of Accidents

South Portland Shipbuilding Corporation — Name of Shipyard
South Portland, Maine — Location
Month of _____ 1942

1. Total man-hours worked for month [illegible]
2. Total man-days worked for month [illegible]
3. Number of full working days [illegible]
4. Average number of full time workers (Item 2 ÷ 3) [illegible]
5. Total number of accidents for month [illegible]
6. Total number of lost time accidents for month [illegible]
7. Time lost due to this month's accidents [illegible]
8. Time lost this month due to accidents previous [illegible]
9. Number of accidents per man (Item 5 ÷ 4) [illegible]
10. Number of days lost per man (Item 7 + 8 ÷ 4) [illegible]
11. Number of accidents in which lives were lost [illegible]
12. Number of lives lost in each [illegible]
13. Kind of accidents in which lives were lost [illegible]
14. Remarks: [illegible]

Department of Shop and Class of Work	Average Number of Men	FALLS			HANDLING			Falling Objects From Scaffolds, Floors, Etc.	Burns from Steam, Flame, Etc.	Machinery Operation of -	Hand Tools Use of -	Stepped on Nails, Scrap	Struck against Nails, Projections, Etc.	Particles in Eye	Splinters	Hospital Cases		Totals
		From Ladders, Scaffolds, Etc.	Into Opening Pit or Holes	On Level, by Slip or Trip	Dropped on Foot, Etc.	Mashed Fingers, Etc.	Lifting Strains											
June	1,236,225		109		1745		157	704	66	94	13	48	794	52	19			3993
July	2,174,962	97			2119		144	562	29	63	24	64	918	106	52			4156
Aug.	2,175,330	147			194	1450	177	672	72	144	52	103	717	174	33			4034

Form 21 S

INDUSTRIAL ACCIDENT COMMISSION

AUGUSTA, MAINE

EMPLOYER'S SUPPLEMENTAL REPORT

Name of Injured Employee _____

Address _____ Injured _____, 194__

1. Has injured employee fully recovered? _____ On what date? _____
   From whom is above information obtained? _____

2. Has he returned to work for you? _____ On what date? _____
   What is present wage? _____ Is decrease, if any, due to injury? _____

3. Has he accepted other employment? _____ On what date? _____
   If so, where now employed and at what wage? _____
   Why did he not return to your employ? _____

Fill out either 2 or 3. If employee has died, give date _____

Employer: _____

Signed: _____
(Typewritten signature not acceptable)

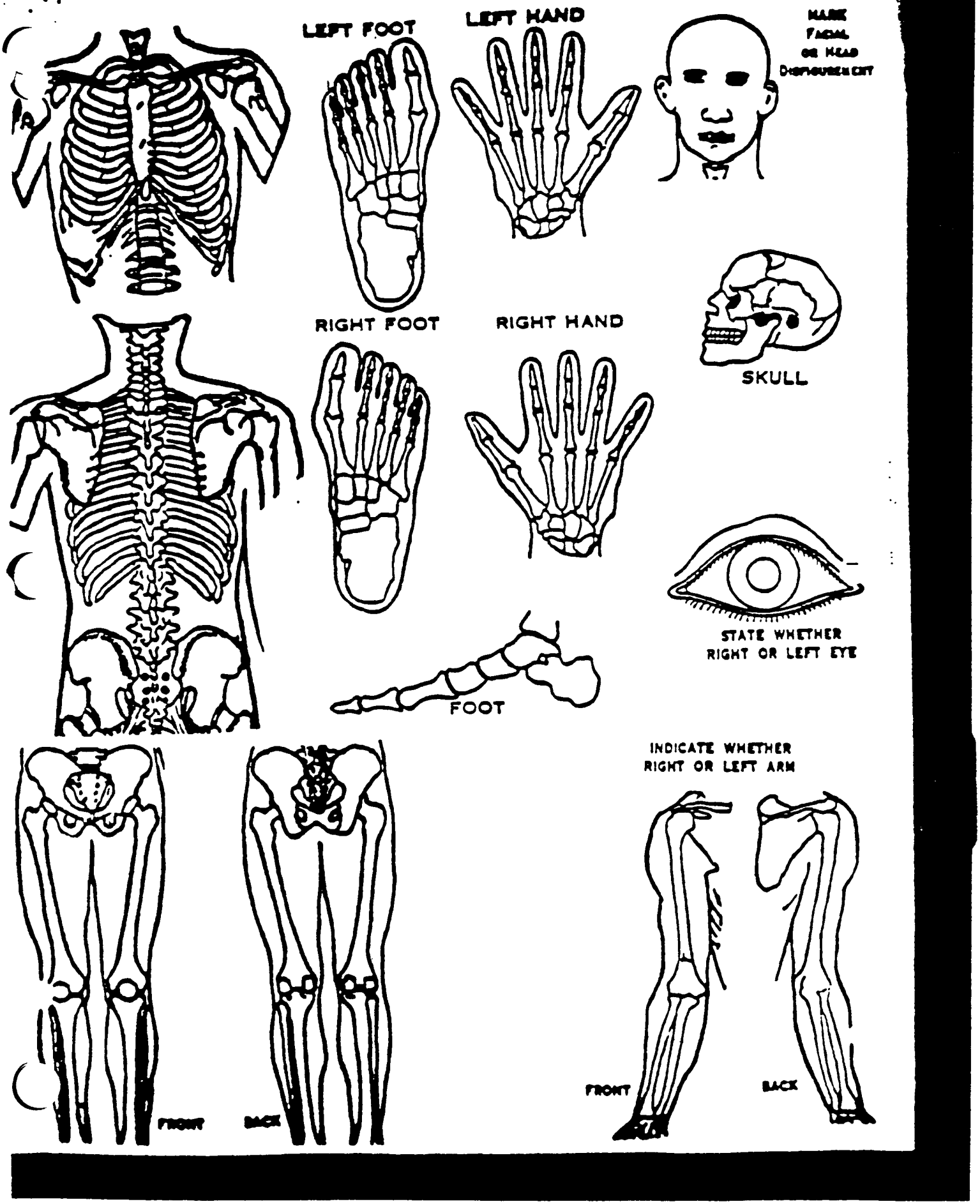
Address: _____

Dated _____, 194__

Supplemental Reports are required of employers promptly whenever, following Employer's First Report of Injury, employee returns to work, or is fully recovered. Report should also be made if incapacity recurs, or if employee dies.

The Commission necessarily relies very largely upon the employer for this information. Please fill out this report carefully.

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Industrial Accident Commission, Augusta, Maine.

INDUSTRIAL ACCIDENT COMMISSION

AUGUSTA, MAINE

Claim Department

Employer's No.....

Claim No.....

Accident No .....

DO NOT FILL IN

EMPLOYER'S SUPPLEMENTAL REPORT OF INJURY

(Use Ink or Typewriter)

NOTICE

Sec. 11 provides—All assenting employers shall make prompt reports to the Commission of all accidents to their employees in the course of employment, with the average weekly wages or earnings of such employees, and together with such other particulars as the Commission may require AND SHALL ALSO REPORT WHENEVER THE INJURED EMPLOYEE SHALL RESUME HIS EMPLOYMENT AND THE AMOUNT OF HIS WAGES OR EARNINGS.

Name of injured employee. ....

Address. .... Injured... 19

Has injured employee fully recovered? . . ..On what date? .. . .

Has he / she returned to work for you?..... .... On what date? .. . .

What is present wage?..... . .. .

Has he / she accepted other employment?. .... On what date? .. ....

If so, where now employed and at what wage?. . ...

Has he / she died? ... .if so, when? ....

...

Signed ..... .

Address.. .. .

Date ... . 19 .. .

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Forward without delay after accident. Send original to Industrial Accident Commission, Augusta, Maine—Send two copies to

AMERICAN MUTUAL LIABILITY INSURANCE COMPANY

119 Exchange Street, Portland, Maine

INDUSTRIAL ACCIDENT COMMISSION — AUGUSTA, MAINE

Form 21

EMPLOYER'S FIRST REPORT OF INJURY

To be filed in cases where employee loses a day's work, or requires the services of a physician. The filing of this Report is not to be considered an admission of a compensable injury.

EMPLOYER

Employer's Name.....

Office Address.....
(Street and number, city or town)

Kind of business, goods produced, work done or service rendered.....

.....

Location of plant or place of work where accident occurred.....

.....
(Street and number, city or town and county)

Name of Insurance Carrier AMERICAN MUTUAL LIABILITY INSURANCE COMPANY

EMPLOYEE

Full Name of Injured Employee.....

Address.....
(Street and number, city or town)

Sex.....Age.....Married or Single?.....Speak English?.....

Occupation when injured.....

Was injured employee doing his regular work?.....If not, what work?.....

THE ACCIDENT

Date of Accident....., 19.....; hour of day..... P.M. A.M.

Did accident happen on premises?.....If away from plant, state where

.....

Did incapacity begin at once?.....If not, when?.....

Describe in full how the accident occurred.....

.....

.....

.....

THE INJURY

Nature and extent of injury.....
(If amputation was necessary, state what part was amputated)

.....

.....

.....

WAGES

How many Working Days per Week.....Hours per Day?.....

Cash Wages per Day at time of Accident.....Per Week.....
(Pill out both)

Was board, or room and board, furnished in addition?.....

Was employee.....per diem or.....piece worker? (Check which)

How long has employee received above rate of wages?.....

How long in your employ?.....

Did this employment or job (the work itself) continue for 200 working days during year preceding accident?.....

Were weekly earnings irregular?.....

MEDICAL ATTENDANCE

Was medical attendance provided by you?.....If so, when?.....

Name and Address of Physician.....

.....

Are you still providing medical attendance?.....

To what hospital was employee sent?.....

If not sent to hospital, where is employee?.....

What will be the probable length of disability?.....

NOTICE OR KNOWLEDGE OF INJURY
(Give your best estimate)

Were you notified by the injured employee of his accident?.....If so, when?.....

When did you or your managing superintendent in charge of the work of injured employee at time of accident, first have actual knowledge of injury?.....

Do you think this case questionable?.....

Signed this.....day of.....19.....at.....

Employer's Name.....

Signed by.....Official Title.....

(Give your best estimate)

Co. PORTLAND Me.

Job No.....

Policy No. W.C.....

Mo. and Year of Issue.....

Policy No. W.C.....

Acc'dt No.....

Co. PORTLAND State MAINE

RESERVE						DIARY FOR
KIND	COMP.	MED.	EXPENSE	DATE	INITIAL	
DATE CLOSED						
HOW CLOSED						
DATE RET'D WORK						

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Form No. S. P. 8

STANDARD FORM FOR
SURGEON'S REPORT

Approved by I. A. I. A. B. C.

☞ Complete and send immediately to
CLAIM DEPARTMENT
AMERICAN MUTUAL LIABILITY INSURANCE CO.
118 EXCHANGE STREET
PORTLAND, MAINE

State's Number For:	File: Carrier: Employer:
Carrier's File No.	

(The spaces above not to be filled in by Employer)

The Patient

1. Name of Injured Person: Age: Sex
2. Address: No. and St. City or Town State
3. Name and Address of Employer:

The Accident

4. Date of accident: Hour M. Date disability began
5. State in patient's own words where and how accident occurred:

The Injury

6. Give accurate description of nature and extent of injury and state your objective findings:
7. Will the injury result in (a) Permanent defect? If so, what?
   (b) Facial or head disfigurement?
   (Permanent disability such as loss of vision or parts of fingers, facial or head disfigurement, etc., must be accurately checked on chart on reverse side of this report.)
8. Is accident above referred to the only cause of patient's condition? If not, state contributing causes:
9. Is patient suffering from any disease of the heart, lungs, brain, kidneys, blood, vascular system or any other disabling condition not due to this accident? Give particulars:
10. Has patient any physical impairment due to previous accident or disease? Give particulars
11. Has normal recovery been delayed for any reason? Give particulars

Treatment

12. Date of your first treatment: Who engaged your services?
13. Describe treatment given by you:
14. Were X-Rays taken? By whom? (Name and Address) When?
15. X-Ray diagnosis:
16. Was patient treated by anyone else? By whom? (Name and Address) When?
17. Was patient hospitalized? Name and address of hospital:
18. Date of admission to hospital: Date of discharge:
19. Is further treatment needed? For how long?

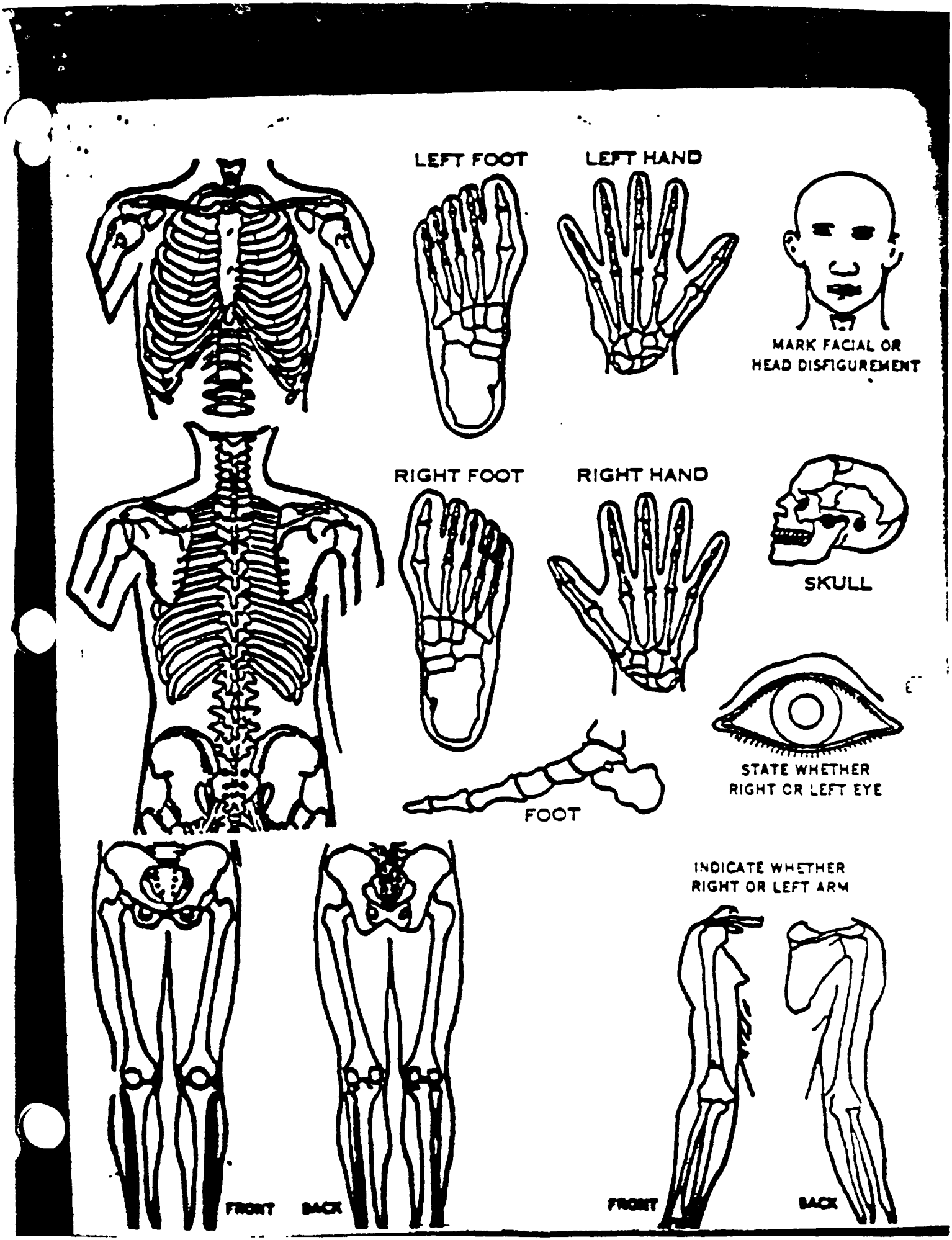
Disability

20. Patient was / will be able to resume regular work on:
21. Patient was / will be able to resume light work on:
22. If death ensued give date:

REMARKS: (Give any information of value not included above)

I am a duly licensed physician in the State of
I was graduated from Medical School in the year
Date of this report: (Signed)
This report must be signed personally by physician. Address: Telephone

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