PLAINTIFF'S EXHIBIT
Union Carbide– 591A

591A

U.S. Department of Labor

For Calendar Year 19 81 — Page 2 of 3

Company Name: Union Carbide Corporation, Solvents & Intermediates
Establishment Name: Texas City Plant
Establishment Address: P.O. Box 471, Texas City, Texas 77590

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

Extent of and Outcome of INJURY						Type, Extent of, and Outcome of ILLNESS												
Fatalities	Nonfatal Injuries					Type of Illness							Fatalities	Nonfatal Illnesses				
	Injuries With Lost Workdays				Injuries Without Lost Workdays	CHECK Only One Column for Each Illness (See other side of form for terminations or permanent transfers.)							Illness Related	Illnesses With Lost Workdays				Illnesses Without Lost Workdays
Enter DATE of death. Mo./day/yr.	Enter a CHECK if injury involves days away from work, or days of restricted work activity, or both.	Enter a CHECK if injury involves days away from work.	Enter number of DAYS away from work.	Enter number of DAYS of restricted work activity.	Enter a CHECK if no entry was made in columns 1 or 2 but the injury is recordable as defined above.	Occupational skin diseases or disorders	Dust diseases of the lungs	Respiratory conditions due to toxic agents	Poisoning (systemic effects of toxic materials)	Disorders due to physical agents	Disorders associated with repeated trauma	All other occupational illnesses	Enter DATE of death. Mo./day/yr.	Enter a CHECK if illness involves days away from work, or days of restricted work activity, or both.	Enter a CHECK if illness involves days away from work.	Enter number of DAYS away from work.	Enter number of DAYS of restricted work activity.	Enter a CHECK if no entry was made in columns 8 or 9
(1)	(2)	(3)	(4)	(5)	(6)	(7) (a)	(b)	(c)	(d)	(e)	(f)	(g)	(8)	(9)	(10)	(11)	(12)	(13)
0	3	1	92	69	11													
					✓													
					✓													
	✓	✓	10															
							✓											✓
	✓	✓	98															
					✓													
					✓													
	✓	✓	60															
					✓													
					✓													
					✓													
	✓			32														
					✓													
	✓			55														
0	8	4	260	156	19	0	1	0	0	0	0	0	0	0	0	0	0	1

INJURIES

ILLNESSES

Certification of Annual Summary Totals By _____ Title _____ Date _____

UCTC 08176

Union Carbide trial exhibit Union Carbide 591A: OSHA Form 200 Log and Summary of Occupational Injuries and Ill...
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Published by AsbestosClaims.Law
asbestosclaims.law/library/201671

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

E: **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 a) ***(See definitions on the other side of form.)***

Case or File Number	Date of Injury or Onset of Illness	Employee's Name	Occupation	Department	Description of Injury or Illness
Enter a nonduplicating number which will facilitate comparisons with supplementary records.	Enter Mo./day.	Enter first name or initial, middle initial, last name.	Enter regular job title, not activity employee was performing when injured or at onset of illness. In the absence of a formal title, enter a brief description of the employee's duties.	Enter department in which the employee is regularly employed or a description of normal workplace to which employee is assigned, even though temporarily working in another department at the time of injury or illness.	Enter a brief description of the injury or illness and indicate the part or parts of body affected. Typical entries for this column might be: Amputation of 1st joint right forefinger; Strain of lower back; Contact dermatitis on both hands; Electrocution—body.
(A)	(B)	(C)	(D)	(E)	(F)
					PREVIOUS PAGE TOTALS →
5943-591	7-1-81		Machinist	Maintenance	Laceration, right cheek
359-592	7-17-81		Gen. Helper	Maintenance	Laceration, right knee
711-593	7-22-81		Ch. Operator	Operations	2° burn, right foot
-594	7-23-81		Painter	Maintenance	Possible early asbestos.
69-595	8-14-81		Pipefitter	Maintenance	Fracture, lower right leg
715-596	8-13-81		Product Handler	Distribution	Muscle Spasm - R/mid Lumbar Region
313-597	9-15-81		Chief Operator	Operations	Contusion, laceration, left thu
583-598	9-17-81		Chief Operator	Operations	Fracture, upper left arm
322-599	9-23-81		Operator	Operations	Laceration, ankle
504-600	10-8-81		Pipefitter	Maintenance	Laceration, rt. index finger
127-601	11-2-81		Operator	Operations	Laceration above left eye
548-602	11-10-81		Ironworker-Rigger	Maintenance	Fracture little finger, rt. ha
163-603	11-25-81		Operator	Operations	¾" laceration, right jaw
267-604	11-5-81		Machinist	Maintenance	Fracture 3rd finger, right ha
9-87					TOTALS (Instructions on other side of form.) →

OSHA No. 200

UCTC 08177