Union Carbide trial exhibit UC-1107: OSHA No. 100 Log of Occupational Injuries and Illnesses, Union Carbide Texa...
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OSHA NO. 100

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).
More complete definitions appear on the other side of this form

Form Approved
OMB No 44R 1453

LOG OF OCCUPATIONAL INJURIES AND ILLNESSES

NOVEMBER 1975

CASE OR FILE NUMBER (1)	DATE OF INJURY OR ONSET OF ILLNESS Mo./day/yr. (2)	EMPLOYEE'S NAME (First name or initial, middle initial, last name) (3)	OCCUPATION (Enter regular job title, not activity employee was performing when injured or at onset of illness.) (4)	DEPARTMENT (Enter department in which the employee is regularly employed.) (5)	DESCRIPTION OF INJURY OR ILLNESS: Nature of Injury or Illness and Part(s) 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) (6)	DESCRIPTION OF INJURY OR ILLNESS: Injury or Illness Code. See codes at bottom of page. (7)	EXTENT OF AND OUTCOME OF CASES: DEATHS (Enter date of death.) Mo./day/yr. (8)	EXTENT OF AND OUTCOME OF CASES: LOST WORKDAY CASES: Enter a check if case involved lost workdays. (9)	LOST WORKDAYS: Enter number of days AWAY FROM WORK due to injury or illness. (9A)	LOST WORKDAYS: Enter number of days of RESTRICTED WORK ACTIVITY due to injury or illness. (9B)	NONFATAL CASES WITHOUT LOST WORKDAYS (Enter a check if no entry was made in columns 8 or 9 but the case is recordable, as defined above.) (10)	TERMINATIONS OR PERMANENT TRANSFERS (Enter a check if the entry in column 8 or 10 represented a termination or permanent transfer.) (11)
2014-365	11-3-75		GUARD	SECURITY	FRACTURE RT. FOOT	10		✓		25		
3940-366	11-13-75		AUTO MECHANIC	MAINTENANCE	LACERATION 5th LT DIGIT	10		✓		8		
2786-367	11-19-75		INSULATOR	MAINTENANCE	ASBESTOSIS (PULMONARY)	22		✓		61		
0387-368	11-20-75		OPERATOR	OPERATIONS	ACUTE BACK STRAIN	10		✓		7		
5952-369	11-20-75		IRON WORKER	MAINTENANCE	LACERATION UPPER LIP	10					✓	
4688-370	11-21-75		OPERATOR	OPERATIONS	2° THERMAL BURN BOTH THIGHS	10					✓	

Company Name UNION CARBIDE CORP.
Establishment Name GROUP #1
Establishment Address TEXAS CITY, TEX.

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

Injury Code
10 All occupational injuries

Illness Codes
21 Occupational skin diseases or disorders
22 Dust diseases of the lungs (pneumoconioses)
23 Respiratory conditions due to toxic agents
24 Poisoning (systemic effects of toxic materials)
25 Disorders due to physical agents (other than toxic materials)
26 Disorders associated with repeated trauma
29 All other occupational illnesses

UCTC 08166

PLAINTIFF'S EXHIBIT
UC-1107

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