INTERNAL
CORRESPONDENCE

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A. A. LANG, M.D.

UNION CARBIDE CORPORATION P.O. BOX 670, BOUND BROOK, NEW JERSEY 08805
SPECIALTY CHEMICALS DIVISION

To (Name) Dr. A. A. Lang - DB/P-2
Division Dr. H. Lewinsohn - DB
Location
Area

Date May 18, 1983

Originating Dept. SCD/R&D

Area

Copy to Dr. L. M. Baker - DB/K-3
Mr. P. A. Schultz - BB/11
Dr. G. Strum - BB/15

Subject Asbestosis

At your suggestion several representatives of SCD visited Dr. Culpepper of the duPont Medical Department for the purpose of viewing their film on asbestosis. The group from Bound Brook included Dr. Strum, Ms. Manupella, plant ER manager, Mr. Schultz, plant SHARE manager, and myself. The film runs about 30 minutes and has been shown to all duPont sites where asbestosis is a concern. It deals objectively with the disease and the current best approaches for treatment. It includes several interviews with duPont workers who have confirmed diagnoses. It is a straightforward treatment of a difficult problem.

Dr. Culpepper provided us with a copy of duPont's Health Manual Section on Guidelines for Diagnosis and Classification of Asbestosis-Related Medical cases. All three classes have been and are reported on the OSHA 200 form by duPont where the individual also has a confirmed history of work exposure.

I have discussed our visit with John Cornell, Health Manager of SUI. John informs me that he is urging Corporate Medical to prepare a comparable film for use by Union Carbide locations. I add my support to his request. A candid film on the subject would be very useful for many sites including Bound Brook.

Very truly yours,

W. F. Gorham
Manager, SHARE, SCD

WFG/fp

Att.

PLAINTIFF'S EXHIBIT
UC-4192

UCC 009933

A. Guidelines for the Diagnosis and Classification of Asbestos-Related Medical Cases

This guideline supplements the Guidelines for the Management of Chronic Occupational Illnesses. (See Section 3.2)

It also covers those asbestos-related conditions listed below. Use of this classification should be restricted to those cases in which there is evidence of probable asbestos exposure.

- **Benign Asymptomatic Abnormalities:**
  Pleural thickening and/or plaques and/or calcification with no evidence of parenchymal disease
- **Benign Symptomatic Illnesses:**
  Presumptive asbestosis
  Confirmed asbestosis
  Exudative pleural thickening
  Pleural effusion
- **Malignant Illnesses:**
  Mesothelioma of the pleura or peritoneum
  Carcinoma of the lung, larynx, or gastrointestinal tract (stomach, colon)

A presumptive diagnosis of asbestosis is one in which there is good evidence of parenchymal disease due to asbestos exposure even though there is no interstitial fibrosis noted on x-ray. Such a case would include pleural x-ray changes, symptoms, abnormal spirometry and/or abnormal blood gases. Accepted medical practice and NIOSH guidelines suggest that a confirmed diagnosis of asbestosis should be made only with the presence of x-ray changes of interstitial fibrosis, symptoms (dyspnea, cough, etc.), physical findings (rales, etc.), impaired pulmonary function (abnormal spirometry or blood gases), and a positive exposure history (1, 2).

A comprehensive history of probable exposure to asbestos and other pulmonary irritants should be obtained by the physician from the patient at the time of the examination. (This history will assist in the determination of causality as well as aiding in the diagnosis.) The history should include all possible pre-DuPont occupational exposure and off-the-job asbestos-related exposure (3). A detailed evaluation of smoking habits should be made.

All employees who have been exposed to asbestos should be informed of their greatly increased risk of developing lung cancer if they continue to smoke. They should be strongly advised to stop smoking. This should be documented in the medical record.

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A supplemental work history should be prepared by site management listing all periods and/or circumstances of possible asbestos exposure. If the employee was not assigned to a job that involved handling asbestos-containing materials, an attempt should be made to determine whether the employee could have incurred exposure by working near an operation where asbestos dust was released. In determining when and whether causal exposure could have occurred, it should be borne in mind that asbestos-related disorders can result not only from long-term moderate exposure but also from short-term massive exposure.

In all cases where the tentative diagnosis is a benign symptomatic illness or a malignant illness and in other cases if the evaluation is inconclusive, the tentative diagnosis should be discussed with the Medical Division. The site should use an approved medical specialist to carry out the additional testing or evaluation required to establish a diagnosis. The scope of further testing will normally be determined by the specialist, but should include certain minimum tests. A suggested referral letter indicating these tests is attached.

Where an asbestos-related lung abnormality of Du Pont causality has been established, the follow-up should at a minimum, include a posterior-anterior chest x-ray, and pulmonary function tests done annually. If the pulmonary specialist recommends more frequent examinations, this should be done. If the employee refuses, this fact should be documented in the employee's medical record.

Those employees with confirmed asbestosis, presumptive asbestosis, exudative pleural thickening, pleural effusion or malignant illnesses should be excluded from tasks with potential for exposure to asbestos. Those with benign asymptomatic abnormalities need not be excluded. All employees with asbestos-related abnormalities should be instructed to discontinue smoking and this fact should be documented in their medical record.

References

(1) Preger, L., et al, "Asbestos-Related Disease", published Grune & Stratton, New York, 1978.

(2) NIOSH, "A Guide to the Work-Relatedness of Disease", Rev. Edition, January 1979.

(3) National Cancer Institute, "Asbestos: An Information Resource", May 1978.

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DUPONT'S

Reporting of asbestos related abnormalities

5/5/83

TO: DR. HILTON C. LEWINSOHN
ASST. CORPORATE MEDICAL DIRECTOR
UNION CARBIDE CORP.
OLD RIDGEBURY RD. P-2590
DANBURY, CT 06817

FROM: BURFORD W. CULPEPPER, M.D.
Employee Relations Dept.
Medical Division N-11400
E. I. du Pont de Nemours & Co.
Wilmington, Delaware 19898
Phone: 77-45226

Hilton:

Enclosed is a copy of our guidelines from S&F ref. p. 7. "Benign asymptomatic" asbestos cases refer to pleural thickening only. "Benign symptomatic" cases would include asbestosis.

I hope this helps.

Burf

BWC/mch
enc.

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CLASSIFYING AND REPORTING OCCUPATIONAL INJURIES AND ILLNESSES

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Report forms may be obtained by sending a Stationery & Forms Requisition (Form G-352) to the General Services Department, Wilmington, Delaware.

An extra copy of this section may be obtained from Graphic Communications Division, General Services Department, Wilmington, Delaware. Persons who obtain copies in this manner will not receive revisions or new issues. To receive this guideline and future revisions, persons must be on the mailing list as a complete guideline book holder. (See Section 2.1)

1. FOREWORD

When occupational injuries or illnesses occur (or are alleged), this Guideline will assist those who prepare the reports needed to monitor Du Pont's continuing efforts to improve safety and health performance and to comply with government regulations.

Although this revised Guideline, effective July 1, 1982, clarifies problem areas, the priorities in Du Pont's safety and health program remain the same:

Du Pont's goal continues to be the elimination of all occupational injuries and illnesses.

When an injury or illness does occur, however, the first concern should be that the employee is given prompt and proper medical treatment and rehabilitation.

Thereafter, the injury or illness should be investigated, classified and reported in a manner consistent with Du Pont's worldwide system to provide the data needed to evaluate effectiveness of the safety activities of units, departments, and subsidiaries.

This system became effective for Du Pont record-keeping purposes January 1, 1977, and replaced a system based on A.N.S.I. Z16.1.

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2.8 First Aid Case (FAC) — Any occupational injury or illness involving one time treatment which does not require a medical professional. (See 3)

2.9 Application of Definitions — Careful application of these definitions will determine if an injury/illness is tabulatable (i.e., is counted in corporate statistics).

2.9.1 The evidence to be considered should include, but not necessarily be limited to:

- Facts resulting from investigation of the employee's work activities and work environment to which the injury or illness might be related.
- Statements of the employee, fellow employees, witnesses and supervisors.
- Medical reports and opinions.
- Facts concerning the employee's work activity for other employers, and other off-the-job activities, injuries and illnesses.

Written substantiation should be readily available to support decisions made.

2.9.2 The authority to determine if an injury/illness is tabulatable is the employee's management.

2.9.3 The Classification Committee of the Safety and Fire Protection Division is the final authority on all injury/illness classifications and interpretation of this Guideline. They should be consulted on any matter which is unclear.

3. CLASSIFICATION

3.1 Lost Workday Case (LWC) — If, because of an occupational injury or illness, an employee is unable to work on a scheduled shift of work, the case is a Lost Workday Case.

3.1.1 Deaths of employees (not pensioners) resulting from occupational injuries or illnesses are LWC's regardless of the time between injury and death or length of illness. (See 4.2.1.1)

3.1.2 LWC's should be submitted on Form G-105. They should be recorded on OSHA Log 200 (U.S. only) and the Monthly Safety Record Summary G-110 (U.S. only) as an LWC with days away from work or as Item G on telex (international only). (See appendices) The shift of the injury and the shift employee returns to work are not counted. Vacation days, holidays or days of rest are not counted. Days away from work include only full scheduled work days.

3.1.3 Exceptions

3.1.3.1 For Accounting Only Cases (FAO) — FAO cases are those where there was a work related injury or illness but it was not of "lost workday" severity (employee stays away from work voluntarily or on advice of national health or personal physician). Also, in the U.S., FAO cases are filed when there is permanent disability judged compensable by a state workers' compensation agency for a medical treatment case or a restricted workday case. The case remains in the records as its original classification (First Aid, Medical Treatment or Restricted Workday). Such cases are not to be included as LWC's on the Monthly Safety Record Summary G-110 (U.S. only) or on telex (international only), or the Safety Performance Charts. They are to be submitted on Lost Workday Injury Report G-105, but the LWC number should be followed with the letters FAO. (See 7) Indicate original classification under the LWC number.

3.1.3.2 Non-tabulatable Cases (NT) — NT reports cover those cases alleged by the employee as being work related, but denied by the company. Such cases would not be included on the Monthly Safety Record Summary G-110 (U.S. only), telex (international only), the Safety Performance Charts or on the OSHA Log 200 (U.S. only), but would be submitted on LWC Report G-105. (See 7) (See exceptions under illness reporting 3.6)

3.1.3.2.1 Fatal Heart Attack (U.S. Only) — The occurrence of a fatal heart attack on company property should be reported on LWC Report G-105 as non-tabulatable. Although, normally, no workers' compensation claim is made, the facts surrounding the incident are recorded against the possibility of a future claim. Such cases would not be included on the Monthly Safety Record Summary (G-110), or the Monthly Safety Performance Charts or on the OSHA Log 200.

3.1.3.2.2 Intentionally Self-inflicted Injuries — Intentionally self-inflicted injuries and suicides should be reported on LWC Report G-105 as non-tabulatable.

3.1.3.2.3 Pensioners — Injuries/illnesses claimed by pensioners should be reported on LWC Report G-105 as non-tabulatable.

3.1.3.3 Not for Record Cases (NFR) — NFR is a new term and covers illness cases logged for legal purposes only when Du Pont accepts causality but the latency period has not been satisified. (See 3.6.5.1 and 3.6.6.1 for exceptions)

NFR cases are not tabulated in corporate statistics. When workers' compensation payments are required for NFR cases, use LWC Report G-105 and mark NFR after the LWC number. (U.S. only) (See 7)

3.1.3.4 A statement giving the reason for FAO, NT or NFR classification should be included on such reports in Description of Incident Section.

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3.3.2 Loss of consciousness due to an injury or exposure in the work environment is always at least MTC. It must be recorded on the OSHA 200 Log (U.S. only) as an MTC unless it meets the requirements of an LWC or RWC.

3.3.3 Prescription Medication — Use of prescription medication to treat an occupational injury or illness normally constitutes medical treatment. A *single* dose of prescription medication *given for situations other than pain* is medical treatment. More than one dose of prescription medication taken for relief of pain or as preventive treatment is medical treatment, however, a single dose for this reason is first aid. (See 3.4)

3.3.4 Treatments that are at least medical treatment cases:

3.3.4.1 Abrasions — Includes treatment of abrasions that occur to full skin depth and removal of imbedded foreign material, multiple soakings, whirlpool treatment, and treatment of infection.

3.3.4.2 Bruises — Includes multiple soakings, draining of collected blood, or other extended care beyond observation.

3.3.4.3 Burns, Thermal and Chemical (resulting in destruction of tissue by direct contact) — Includes a series of treatments including soaks, whirlpool, and surgical debridement (cutting away dead skin). Most second and all third degree burns are at least MTC's.

3.3.4.4 Casts — Application of a cast or other means of immobilizing an injured part of the body.

3.3.4.5 Cuts and Lacerations — Includes the application of butterfly closures, suture(s) (stitches), surgical debridement (cutting away dead skin), and treatment of infection.

3.3.4.6 Debridement — Surgical removal of dead or damaged skin.

3.3.4.7 Eye Injuries — Involves removal of imbedded foreign objects, and treatment of lacerations, abrasions and chemical burns. If no foreign body is found, but treatment with prescription medication is given, it would be an MTC.

3.3.4.8 Food Ingestion — Injuries resulting from ingestion of food on company property (i.e., fishbone, or piece of food lodged in throat) are generally not tabulatable. However, if improper *on-site preparation* of food served (sold or given) contributes to the injury (i.e., glass or metal object served in food) the injury is tabulatable. (See 3.5.6.7) Injuries caused by foreign objects in prepackaged food available in vending machines such as candy, potato chips or beverages are not tabulatable.

3.3.4.9 Fractures — Whether or not there is treatment involved, fractures (including teeth) are at least MTC's.

3.3.4.10 Infections — Treatment of infection arising out of an injury.

3.3.4.11 Inhalation of Toxic or Corrosive Gases — Professional treatment beyond that mentioned under first aid and all cases involving loss of consciousness. (See 3.5.6.3 & 3.4.6.4)

3.3.4.12 Reactions — Treatment of reaction to a preventive shot administered because of an occupational injury. (See 3.4.1.11)

3.3.4.13 Splinters and Puncture Wounds — Consists of removal of foreign object(s) by physician due to depth of imbedment, size or shape of object(s) or location of wound.

3.3.4.14 Sprains and Strains — Includes a series (more than one) of hot and cold soaks, use of whirlpools, diathermy treatment, or other professional treatment.

3.4 First Aid Cases (FAC) — This includes one time treatment and subsequent observation of minor scratches, cuts, burns, splinters, and so forth, which do not ordinarily require medical care even though it may be provided by a physician or registered professional personnel. Administration of a non-prescription medication to relieve pain or for treatment of minor injury is first aid. Administration of one dose of a prescription medication merely to alleviate pain or for preventive treatment is first aid. (See 3.3.3)

3.4.1 Treatments for certain types of injuries that are first aid cases:

3.4.1.1 Abrasions — Limited to cleaning wound, soaking, applying antiseptic and non-prescription medication and bandaging on first visit. Follow-up visits limited to observation including changing dressing and bandage. Additional cleaning and application of antiseptic permissible as first aid where it is required by work duties that are likely to soil the bandage. Non-prescription ointments can be added on follow-up visits to prevent infection of skin.

3.4.1.2 Bruises — Limited to a single soaking or application of cold compresses and any follow-up visits for observation of the injury.

3.4.1.3 Burns, Thermal and Chemical (Resulting in destruction of tissue by direct contact) — Limited to cleaning or flushing the surface, soaking, applying cold compresses, antiseptics and/or non-prescription medications and bandaging on first visit. Follow-up

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3.5.6.1 Occupational Skin Diseases or Disorders — Examples: Contact dermatitis, eczema, or rash caused by primary irritants and sensitizers or poisonous plants; oil and chlorocarbon acne; chrome ulcers; chemical burns or inflammations.

3.5.6.2 Dust Diseases of the Lungs (Pneumoconioses) — Examples: Silicosis and asbestosis. (See 3.6.5)

3.5.6.3 Respiratory Conditions Due to Toxic Agents — Examples: Pneumonitis, pharyngitis, rhinitis or acute congestion due to chemicals, dusts, gases, or fumes.

3.5.6.4 Poisoning (systemic effects of toxic materials) — Examples: Poisoning by metals, metal fumes, gases, organic solvents, insecticides, or by other chemicals.

3.5.6.5 Disorders Due to Physical Agents (other than toxic materials) Examples: Heatstroke, sunstroke, sunburn, heat exhaustion and other effects of environmental heat; freezing, frostbite and effects of exposure to low temperatures; caisson disease; effects of ionizing radiation (isotopes, X-rays, radium); effects of nonionizing radiation (welding flash, ultra-violet rays, microwaves).

3.5.6.6 Disorders Associated with Repeated Trauma — Examples: Noise-induced hearing impairment, synovitis, tenosynovitis, and bursitis; and other conditions due to repeated motion, vibration, or pressure. Hearing impairment is when the loss exceeds an average of 25 dB (reference audiometric zero) in the worst ear at 500, 1000, 2000, and 3000 Hz (ANSI S3.6) or an average of 15 dB in the worst ear at 500, 1000, and 2000 Hz (ASA Z 24.5). (See 3.6.6.1 and 3.6.6.2)

3.5.6.7 Food Poisoning — Any illness which is demonstrated to have been caused by tainted food prepared (sold or given) and ingested on company property is tabulatable. This excludes edibles brought into the site by employees. (See 3.3.4.8)

3.5.6.8 Other Possible Occupational Illnesses — Examples: Malignant and benign tumors.

3.6 Occupational Illnesses (Logging Is U.S. Only)

3.6.1 OSHA recordkeeping was legally required in the United States beginning July 1, 1971. This is the date generally accepted by major U.S. companies to "begin" recordkeeping under the OSHA system. Only illnesses for which Du Pont accepts causality should be logged. (See 3.5.1.1) OSHA regulations require logging (See Appendix, OSHA Log 200) within six days of a site's receipt of information that a recordable illness has occurred (i.e., the date that management determines after examining medical reports and work histories that an illness is occupationally related). Note that under Log 200 column entitled "date of onset of illness," the date of medical diagnosis should be entered, not the date causality was determined.

3.6.2 NFR illnesses are to be logged on OSHA Log 200, and designated NFR-MTC, -RWC or -LWC as appropriate. (See 3.1.3.3) If loss of time is necessitated or workers' compensation will be paid, an LWC Report G-105 designated NFR should be filed.

3.6.3 Logs must be retained for a five-year period. Thus, if an illness originally logged as an MTC results in an RWC or LWC, the log should be amended if the date of medical diagnosis was during any one of the previous five years.

If an employee originally diagnosed as a Tabulatable or NFR MTC or RWC is pensioned and needs hospitalization within five years of the diagnosis, no change shall be made to the OSHA Log 200. (See 3.5.5)

3.6.4 LWC Report G-105 should be filed when workers' compensation will be paid. (See 7)

If no time is lost and there is acceptance of Du Pont causality, the report should be designated FAO (tabulatable) or NFR. If Du Pont causality is denied but workers' compensation is awarded, the report should be designated NT.

3.6.5 **Asbestos Only** — Benign asymptomatic, benign symptomatic and malignant asbestos-related cases with accepted Du Pont causality should be logged.

3.6.5.1 Asbestos-related illnesses are tabulated in corporate safety statistics if, in management's opinion, the only significant potential Du Pont exposure which could have been a determining factor occurred *after* July 1, 1971 *and* the latency period has been satisfied since initial exposure. If Du Pont accepts causality, but either of the other criteria are not met, the case is logged and designated NFR.

3.6.5.2 A benign asymptomatic asbestos-related case is to be logged as "asbestos-related abnormality," benign symptomatic as "asbestos-related illness" and carcinoma of the lungs as "asbestos-related malignancy." **Although the Medical Division does not regard benign asymptomatic cases as "illnesses", they are being logged because OSHA maintains these cases are recordable.**

3.6.6 Hearing Impairment — As defined in 3.5.6.6, a hearing impairment with accepted Du Pont causality should be logged.

3.6.6.1 Hearing impairments are to be logged and tabulated as MTC's in corporate statistics if, in management's opinion, the *only* significant potential

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return. Normal travel includes travel at irregular hours due to late shifts, overtime, special, or emergency work. If an employee is asked to report to a location other than his regular work site, and is not required to live away from home, he is considered to be in the course of employment from the time he leaves home property until he returns.

3.9.2 Travel — Employees who travel on company business shall be considered in the course of employment all the time they spend in the interest of the company, including, but not limited to, travel to and from customer contacts, entertaining or being entertained for the purpose of transacting, discussing or promoting business. However, an injury/illness would not be tabulatable if it occurred during normal living activities (eating, sleeping, recreation); or if the employee deviates from a reasonably direct route of travel, (side trip for vacation or other personal reasons). He would again be in the course of employment when he returned to the normal route of travel. If an employee establishes a home-away-from-home (hotel, motel, etc.), injuries sustained during travel to/from the temporary work site are considered off the job.

A home away from home is established when employee enters hotel or motel property.

3.9.3 Sales personnel may establish only one office (home or company office). A sales person with his home as an office is considered at work when he leaves his premises in the interest of the company.

3.10 Employees — Special Cases

3.10.1 Temporary or Limited Service Employees (LSE) — These are people placed on the company roll to provide a service on a part-time or temporary basis. They are paid directly by the company and their hours and injuries/illnesses are to be recorded by the unit in which they are employed.

3.10.2 Loaned Employees (Personnel working at a location other than their own) — An injury/illness to an employee occurring at a site other than his normal work site is generally charged to the organization with administrative control of the injured unless the "lender" and "borrower" have established a different agreement prior to any injury/illness.

Examples of this are employees at locations other than their own for the purpose of providing technical assistance, start up assistance, and receiving or providing training. Assignments of this nature are generally of short duration; usually less than six months. Injuries incurred during relocation in such situations are also charged to the organization with administrative control of the injured.

In special situations an employee of one organization may be assigned to another unit for extended training or other purposes. In these cases, the exposure hours and injuries may be assumed by the location to which the employee is assigned. The "acceptance" of safety responsibility in the above cases should be recorded for both parties at the onset of the assignment.

3.10.3 Contract Labor — People who work for the company through an outside agency, e.g., Kelly Services, Workforce, Olstens, are not considered Du Pont employees. Their injuries, illnesses and exposure hours are not tabulated by Du Pont.

3.10.4 Pensioner — Pensioners are not considered employees. Occupational injuries or illnesses sustained by them while employed, but not brought to the attention of the employer until after pensioning, are not to be charged to injury history records. In the U.S. an LWC Report G-105 designated NT should be submitted to cover possible workers' compensation costs.

3.11 Reclassifications

3.11.1 If the classification of an injury or illness changes, the Safety and Fire Protection Division should be notified promptly. If the injury/illness is reclassified from an RWC to LWC, file an LWC Report G-105 giving details for reclassification and referencing the former case number. The date of occurrence is the date to be used on LWC Report G-105 regardless of date of reclassification.

If the injury/illness is an RWC and should be an MTC, a revised Monthly Safety Record Summary G-110 (U.S. only) or a telex (international only) should be submitted giving reasons for change.

If the injury/illness is an MTC and should be an RWC or LWC, a revised Monthly Safety Record Summary G-110 (U.S. only) or a telex (international only) should be submitted along with the RWC Report G-111 or LWC Report G-105. If a First Aid case becomes an MTC, a revised Monthly Safety Record Summary G-110 (U.S. only) or a telex (international only) should be submitted for the month the injury/illness occurred.

4. REPORTING INJURIES AND ILLNESSES

4.1 A report should be written in a clear, concise style so that anyone unfamiliar with the accident site and work conditions can readily understand what happened, the circumstances involved and the conclusions reached. Photographs, sketches and copies of special rules or instructions which might clarify the incident further or which are referred to in the report should be enclosed. Report facts, not conjectures. (See Appendices)

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summarize the major recordkeeping concepts and provide additional information to aid in keeping records accurately.

6.1 Posting Requirements — From February 1 to March 1, each establishment must post in areas where notices to employees are customarily posted, a copy of the year's totals and information following the fold line of the last page of OSHA Log 200. An OSHA Log 200 with only the yearly totals, establishment identification, and certification may be used for this purpose.

Establishments having no injuries or illnesses during the year must enter zeros on the total line and post the form.

The person responsible for the annual summary totals shall certify that the totals are true and sign the form.

6.2 The Occupational Injuries and Illnesses Annual Survey Form 200S. The form will be mailed to each unit selected to participate in the Bureau of Labor Statistics' Annual Survey of Occupational Injuries and Illnesses. Upon receipt, the unit shall promptly complete and return the form in accordance with the instructions.

6.3 Record Maintenance, Retention, and Access — Recordkeeping forms must be retained for 5 years after the end of the calendar year to which they relate. Additionally, logs (OSHA No. 200) must be maintained for the same period; i.e., changes in extent of and outcome of cases must be made directly to the original case entries, even though the entries were dated in prior years.

All recordkeeping forms (current and retained) must be available at the location for inspection and copying by representatives of the Department of Labor, the Department of Health and Human Services, or states accorded jurisdiction under the OSH Act. The OSHA Log 200, shall upon request, be made available to any employee, former employee, and to their representatives for examinations and copying in a reasonable manner and at reasonable times. Access to the log shall be for any establishment in which the employee is or has been employed and covers all logs required to be maintained or retained by the company. OSHA forms can be obtained from Regional or Area OSHA Offices (For addresses and telephone numbers, see Recordkeeping Requirements under the Occupational Safety and Health Act of 1970 in Appendix.)

6.4 Annual Summary of Injuries and Illnesses (OSHA Log 200) — One copy sent to Safety Fire Protection Division and one copy posted at unit site by February 1.

7. WORKERS' COMPENSATION

(Applicable to U.S. Sites only.) Injury and illness classification under Du Pont guidelines is entirely independent of workers' compensation laws.

Because there will be alleged cases and cases judged compensable by state workers' compensation agencies, use of FAO, NT and NFR designations will be necessary on LWC Reports G-105.

Forms necessary for reporting to local state workers' compensation agencies can be obtained from local state agencies.

Details on compensability are covered in Part 10 of the E. I. du Pont de Nemours and Company Service Manual.

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G-105 REV. 1-77

DUPONT

LOST WORKDAY INJURY REPORT

P. I. NO. 1

EMPLOYING UNIT (NAME PLANT, LAB., WHSE., SALES OFF., ETC.)	DATE OF INJURY OR ILLNESS DIAGNOSIS	DAY OF WEEK	HOUR
ABC Site	11/19/81	Wednesday	1:30 A.M. ___ P.M.

MAIL ADDRESS AND LOCATION (IF DIFFERENT FROM MAIL ADDRESS)

Anywhere USA

NAME AND NO. OF BUILDING IN OR NEAR WHICH INCIDENT OCCURRED (IF OFF PREMISES, GIVE ADDRESS OR LOCATION)

South of Building NO. 1927, Resin manufacturing

NAME OF INJURED, SOCIAL SECURITY NO. AND HOME ADDRESS

Joe Worker, Anywhere, USA SS: 100-00-1000

OCCUPATION	MARITAL STATUS	☒ MALE ☐ FEMALE	DATE OF BIRTH
1st Cl. Process Oper.	Married		2/20/34
SECTION OF EMPLOYING UNIT	**LENGTH OF COMPANY SERVICE**	**RATE PER HOUR**	**WORKING HOURS PER WEEK**
P&P	ASD 1-18-59	$7.01	40

NATURE OF INJURY OR ILLNESS, AND PART OF BODY AFFECTED

Third degree burns on hands; second degree burns around neck, ears & forehead

WHAT FIRST AID	DATE	HOUR
Burned clothing removed and man removed to hospital by ambulance for treatment	11-19-81	1:39 A.M. ___ P.M.
WHERE GIVEN / **BY WHOM (NAME AND ADDRESS)**		**EST. LOST WORKDAYS**
St. Peters Hospital / Physician on duty		8 wks.

WHERE SENT ☐ HOSPITAL (NAME AND ADDRESS) ☐ HOME ☐ OTHER (SPECIFY)	NAME AND ADDRESS OF ATTENDING PHYSICIAN
St. Peters Hospital Anywhere USA	Dr. D. Docktor Anywhere USA

DESCRIPTION OF INCIDENT (GIVE FULL DETAILS BEING PARTICULAR TO DESCRIBE CONDITIONS PRECEDING THE INCIDENT, WORK IN PROGRESS, STAGE OF PROCESS, ACTUAL ACTS OF INJURED AND FELLOW WORKMEN, ETC., SO THAT A CLEAR PICTURE OF THE INCIDENT IS GIVEN – USE ANOTHER SHEET OF PAPER IF NECESSARY, PICTURES OR DIAGRAMS ARE DESIRABLE)

RC-3902-431346, a Lucite dispersion resin, was being manufactured in reactor No. 4, located outside 1927 building. Immediately following the first addition of initiator, the reactor became uncontrollable (exotherm) and the increase in pressure permitted heated vapors and liquid to escape through the condenser vent. The reactor rupture disc, rated at 24 PSI, ruptured shortly thereafter and material was blown to a 300 gallon catch tank. The catch tank breathing and emergency vents permitted additional material to escape since the tank was unable to retain the blow of about 900 gallons.

The building was evacuated and two employees reentered to open windows and doors and to check for cooling water on the reactor and condenser. As they left the building, the injured employee crossed about 20 feet south of reactor No. 4 when an undetermined source of ignition ignited vapors and material spilled from the catch tank vents and condenser vent. Personal clothing and the Scott Air Pak face mask he was wearing limited burns to hands and facial areas described above.

DO STATEMENTS OF INJURED AND WITNESSES AGREE WITH ABOVE? ■ YES ☐ NO IF NOT, STATE WHEREIN THEY DIFFER.

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DUPONT

LOST WORKDAY INJURY REPORT

P. I. NO. 2 NFR

EMPLOYING UNIT (NAME PLANT, LAB., WHSE., SALES OFF., ETC.)	DATE OF INJURY OR ILLNESS DIAGNOSIS	DAY OF WEEK	HOUR
ABC Site	10/20/81		____ A.M. ____ P.M.

MAIL ADDRESS AND LOCATION (IF DIFFERENT FROM MAIL ADDRESS)
E. I. du Pont de Nemours & Co., Inc.
Anywhere
USA

NAME AND NO. OF BUILDING IN OR NEAR WHICH INCIDENT OCCURRED (IF OFF PREMISES, GIVE ADDRESS OR LOCATION)

NAME OF INJURED, SOCIAL SECURITY NO. AND HOME ADDRESS
Joe Worker, EC-Salary SS#100-00-1000 Address: Anywhere, USA

OCCUPATION	MARITAL STATUS	☒ MALE ☐ FEMALE	DATE OF BIRTH
Mechanic	Married		1/28/24
SECTION OF EMPLOYING UNIT	**LENGTH OF COMPANY SERVICE**	**RATE PER HOUR**	**WORKING HOURS PER WEEK**
Mechanical Crafts	ASD 2/23/43	Salary	40

NATURE OF INJURY OR ILLNESS, AND PART OF BODY AFFECTED
Asbestos-related benign symptomatic illness

WHAT FIRST AID	DATE	HOUR
None		____ A.M. ____ P.M.
WHERE GIVEN — BY WHOM (NAME AND ADDRESS)		EST. LOST WORKDAYS

WHERE SENT ☐ HOSPITAL (NAME AND ADDRESS), ☐ HOME ☐ OTHER (SPECIFY)	NAME AND ADDRESS OF ATTENDING PHYSICIAN
D. Specialist Anywhere USA	Dr. D. Docktor Anywhere USA

DESCRIPTION OF INCIDENT (GIVE FULL DETAILS BEING PARTICULAR TO DESCRIBE CONDITIONS PRECEDING THE INCIDENT, WORK IN PROGRESS, STAGE OF PROCESS, ACTUAL ACTS OF INJURED AND FELLOW WORKMEN, ETC., SO THAT A CLEAR PICTURE OF THE INCIDENT IS GIVEN – USE ANOTHER SHEET OF PAPER IF NECESSARY, PICTURES OR DIAGRAMS ARE DESIRABLE)

NOT FOR RECORDS (no exposure after 4/28/71)

This 57-year-old employee was identifed as having x-ray abnormalities consisting of bilateral pleural thickening.

These changes have been confirmed by a radiology specialist review and by pulmonary specialist consultation. This case is compatible with the Du Pont Classification of Benign Symptomatic Illness (presumptive Asbestosis).

During his predominant lifetime job classification as a Boilermaker, he had the probability of exposure to asbestos. By personal interview and historical recount with this man, his asbestos exposure was stated to be both *non*-Du Pont and Du Pont. The potential initial exposure period began prior to 1943. The exposure duration does satisfy the latency period for asbestos exposure effects.

The pulmonary specialist feels this man has restrictive lung disease with a total impairment of 10% attributable to asbestos. He smoked cigars for 36 years. He has documented Coronoary Artery Disease which partially contributes to his symptomatology.

Injury date is based on date of administrative diagnosis, 10/20/81.

DO STATEMENTS OF INJURED AND WITNESSES AGREE WITH ABOVE? ☐ YES ☐ NO IF NOT, STATE WHEREIN THEY DIFFER.

03888

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DUPONT

LOST WORKDAY INJURY REPORT

P. I. NO. 3 FAO

In Records as RWC #2

EMPLOYING UNIT (NAME PLANT, LAB., WHSE., SALES OFF., ETC.)	DATE OF INJURY OR ILLNESS DIAGNOSIS	DAY OF WEEK	HOUR
ABC Site	10/28/81	Friday	___ A.M. 3:00 P.M.

MAIL ADDRESS AND LOCATION (IF DIFFERENT FROM MAIL ADDRESS)

Anywhere
USA

NAME AND NO. OF BUILDING IN OR NEAR WHICH INCIDENT OCCURRED (IF OFF PREMISES, GIVE ADDRESS OR LOCATION)

Shipping Area

NAME OF INJURED, SOCIAL SECURITY NO. AND HOME ADDRESS

Joe Worker - 100-00-1000 Anywhere, USA

OCCUPATION	MARITAL STATUS	☐ MALE ☒ FEMALE	DATE OF BIRTH
Shipping Operator	Married		8/10/33
SECTION OF EMPLOYING UNIT	**LENGTH OF COMPANY SERVICE**	**RATE PER HOUR**	**WORKING HOURS PER WEEK**
Shipping Department	25 years	$7.11	40

NATURE OF INJURY OR ILLNESS, AND PART OF BODY AFFECTED

Fractured left foot

WHAT FIRST AID	DATE	HOUR
Cast	10/28/81	___ A.M. X P.M.
WHERE GIVEN **BY WHOM (NAME AND ADDRESS)**		**EST. LOST WORKDAYS**
Moore Clinic, Anywhere USA		*2

WHERE SENT ☐ HOSPITAL (NAME AND ADDRESS), ☐ HOME ☐ OTHER (SPECIFY)	NAME AND ADDRESS OF ATTENDING PHYSICIAN
	Dr. D. Docktor Anywhere, USA

DESCRIPTION OF INCIDENT (GIVE FULL DETAILS BEING PARTICULAR TO DESCRIBE CONDITIONS PRECEDING THE INCIDENT, WORK IN PROGRESS, STAGE OF PROCESS, ACTUAL ACTS OF INJURED AND FELLOW WORKMEN, ETC., SO THAT A CLEAR PICTURE OF THE INCIDENT IS GIVEN – USE ANOTHER SHEET OF PAPER IF NECESSARY, PICTURES OR DIAGRAMS ARE DESIRABLE)

Boxes of product had been moved with a lift truck from storage location into a work area. Injured was changing identification labels in these boxes. Another operator using a lift truck was relocating other boxes of product within the work area. Lift truck operator set down a load of product and was backing away and turning lift truck to get into position to pick up another load. Injured had his back turned to the lift truck operator performing his re-labeling task. The back of the lift truck struck the injured on left heel forcing foot against box of product resulting in injury.

*Classified as FAO(RWC) because in plant physician's opinion, employee could have performed part of his normal job assignment.

DO STATEMENTS OF INJURED AND WITNESSES AGREE WITH ABOVE? ☐ YES ☐ NO IF NOT, STATE WHEREIN THEY DIFFER.

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DUPONT

LOST WORKDAY INJURY REPORT

P. I. NO. 4 (NT)

EMPLOYING UNIT (NAME PLANT, LAB., WHSE., SALES OFF., ETC.)	DATE OF INJURY OR ILLNESS DIAGNOSIS	DAY OF WEEK	HOUR
ABC Site	1/9/82	Saturday	11:30 A.M. ___ P.M.

MAIL ADDRESS AND LOCATION (IF DIFFERENT FROM MAIL ADDRESS)

E. I. du Pont de Nemours & Co.
Anywhere
USA

NAME AND NO. OF BUILDING IN OR NEAR WHICH INCIDENT OCCURRED (IF OFF PREMISES, GIVE ADDRESS OR LOCATION)

19 Building - Wet Grinding Area

NAME OF INJURED, SOCIAL SECURITY NO. AND HOME ADDRESS

Joe Worker Soc Sec No 100-00-100 Anywhere, USA

OCCUPATION	MARITAL STATUS	☒ MALE ☐ FEMALE	DATE OF BIRTH
Senior Mechanic-Pipefitter	Married		8/10/46
SECTION OF EMPLOYING UNIT	**LENGTH OF COMPANY SERVICE**	**RATE PER HOUR**	**WORKING HOURS PER WEEK**
Mechanical	14 yrs. 3 months	$10.52	40

NATURE OF INJURY OR ILLNESS, AND PART OF BODY AFFECTED

Lumbar Sacral strain

WHAT FIRST AID	DATE	HOUR
Heat treatments and muscle relaxants	1/9/82	11:45 A.M. ___ P.M.
WHERE GIVEN / **BY WHOM (NAME AND ADDRESS)**		**EST. LOST WORKDAYS**
Plant Dispensary — Jane Doe, R.N. Anywhere USA		

WHERE SENT ☐ HOSPITAL (NAME AND ADDRESS), ☐ HOME ☐ OTHER (SPECIFY)	NAME AND ADDRESS OF ATTENDING PHYSICIAN
N/A	Dr. D. Docktor Anywhere USA

DESCRIPTION OF INCIDENT (GIVE FULL DETAILS BEING PARTICULAR TO DESCRIBE CONDITIONS PRECEDING THE INCIDENT, WORK IN PROGRESS, STAGE OF PROCESS, ACTUAL ACTS OF INJURED AND FELLOW WORKMEN, ETC., SO THAT A CLEAR PICTURE OF THE INCIDENT IS GIVEN – USE ANOTHER SHEET OF PAPER IF NECESSARY. PICTURES OR DIAGRAMS ARE DESIRABLE)

At approximately 11:30 a.m., on January 9, 1982, employee was in the process of removing a diaphragm top cover plate from a Dorr Oliver air pump in the Wet Grinding Area. The plate weighed approximately 25 pounds. As he was lifting the pump plate, he felt pain in his back and reported to Plant Medical. Subsequent to the injury, he was given heat treatments and muscle relaxants through Plant Medical.

The employee's condition did not improve and he was hospitalized for further treatment on February 26, 1982.

This injury was classified as non-tabulatable as the work performed at the time of injury was within capability of employee and did not involve slipping, tripping, falling, sudden effort, or overexertion.

DO STATEMENTS OF INJURED AND WITNESSES AGREE WITH ABOVE? ☐ YES ☐ NO IF NOT, STATE WHEREIN THEY DIFFER.

03820

UCC 009948

G-103 REV. 1-77

DUPONT

FINAL LOST WORKDAY INJURY REPORT

(Submit for all Lost Workday Cases, including Non-Tab and FAO)

EMPLOYING UNIT ABC Site (name plant, lab, whse, sales off., etc.) P. I. NUMBER #1

Injured employee Joe Worker Date of injury 11/19/81

Returned to work? (part or full time) ☒ yes ☐ no On what date? 3/5/82 (limited duty)

Loss of time 11/20/81 (first calendar day unable to work) through 11/3/82 (last calendar day unable to work full day)

Award granted for permanent disability? ☒ yes ☐ no What % of what part of body?

60 % of Body as a whole

Transferred (permanent basis) because of injury? ☐ yes ☒ no

Terminated? ☐ yes ☒ no

SUMMARY OF EXPENSE

Compensation:				
Temp. disability	$ 1,802.00 representing	15-1/7	weeks at $ 119.00	per week
Perm. disability	$ 13,200.00 representing	330	weeks at $ 40.00	per week
Medical Expense:	$ 25,550.48			
Professional $ 16,552.00				
Institutional $ 8,664.00				
Sundries $ 334.48				
Contingent Expense	$ 419.46 representing	Clothing(119.87), legal (170) mileage to rehabilitation center (129.60)		
Total Expense	$ 40,971.94			

Joseph J. Plant 2/15/82

MANAGER DATE

CONCLUDING REPORT OF PHYSICIAN

Date discharged by attending physician 2/11/82

Date employee able to work full day 11/4/82

Did permanent disability result? ☐ yes ☒ no

If yes, nature and extent:–

If amputation, specify exact anatomical site _____

If loss of function, give per cent and part of body _____

Other _____

David D. Docktor M.D. 2/15/82

Signature of Company physician* Date

*or physician authorized or recognized by the Company to treat the case

UCC 009949

G-111 REV. 1-77

DUPONT

RESTRICTED WORKDAY INJURY REPORT

R. W. NO. 5

EMPLOYING UNIT (NAME PLANT, LAB., WHSE., SALES OFF., ETC.)	DATE OF INJURY OR ILLNESS DIAGNOSIS	DAY OF WEEK	HOUR
ABC Site	9/28/82	Saturday	1:30 A.M. ___ P.M.

MAIL ADDRESS AND LOCATION (IF DIFFERENT FROM MAIL ADDRESS)
Anywhere USA

NAME AND NO. OF BUILDING IN OR NEAR WHICH INCIDENT OCCURRED (IF OFF PREMISES, GIVE ADDRESS OR LOCATION)
Tyvek Plant

NAME OF INJURED, SOCIAL SECURITY NO. AND HOME ADDRESS
Joe Worker 100-00-1000 Anywhere USA

OCCUPATION	MARITAL STATUS	☒ MALE ☐ FEMALE	DATE OF BIRTH
Millwright Trainee	Married		4/2/43

SECTION OF EMPLOYING UNIT	LENGTH OF COMPANY SERVICE
Field Maintenance	ASD 8/27/63

NATURE OF INJURY OR ILLNESS, AND PART OF BODY AFFECTED
Amputation of tip of left ring finger and half of left middle finger

WHAT FIRST AID	DATE	HOUR
Cold packs, bandage, pressure	9/28/81	___ A.M. ___ P.M.

WHERE GIVEN	BY WHOM (NAME AND ADDRESS)	EST. RESTRICTED WORKDAYS
Plant Medical	Jane Doe, RN	30

WHERE SENT ☐ HOSPITAL (NAME AND ADDRESS), ☐ HOME ☐ OTHER (SPECIFY)	NAME AND ADDRESS OF ATTENDING PHYSICIAN	RETURNED TO WORK
Anywhere USA	D. Doctor Anywhere USA	9/28/81 (DATE) _____ (HOUR)

DESCRIPTION OF INCIDENT (GIVE FULL DETAILS BEING PARTICULAR TO DESCRIBE CONDITIONS PRECEDING THE INCIDENT, WORK IN PROGRESS, STAGE OF PROCESS, ACTUAL ACTS OF INJURED AND FELLOW WORKMEN, ETC., SO THAT A CLEAR PICTURE OF THE INCIDENT IS GIVEN – USE ANOTHER SHEET OF PAPER IF NECESSARY. PICTURES OR DIAGRAMS ARE DESIRABLE)

Field Maintenace crew was in the process of a major shutdown to replace the belt on Tyvek bonder No. 2. After reinstalling the No. 18 box beam, four millwrights attempted to manually remove the handling track (14-1/2 inches x 17 feet long, weighing 436 pounds). As they lifted up on the track, the load unexpectedly shifted and fell, pinning the injured's fingers against a roll 32 inches below.

ASSIGNMENT OF NEW WORK (BE SPECIFIC)
Distribution of supplies and equipment from tool crib

ESTIMATED DATE ABLE TO RETURN TO PREVIOUS ASSIGNMENT: 1/5/82

DO STATEMENTS OF INJURED AND WITNESSES AGREE WITH ABOVE? YES ■ NO ☐ IF NOT, STATE WHEREIN THEY DIFFER.

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G-113 REV. 1-77

MEDICAL TREATMENT/FIRST AID INJURY REPORT

EMPLOYING UNIT (NAME PLANT, LAB, WHSE., SALES OFF., ETC.)
ABC Site

MAIL ADDRESS AND LOCATION (IF DIFFERENT FROM MAIL ADDRESS)
E. I. du Pont de Nemours & Co., Inc.
Anywhere
USA

INJURY NUMBER
81-2

DATE OF INJURY OR ILLNESS DIAGNOSIS
February 24, 1981

TIME OF INJURY
_____ A.M. 1:30 P.M.

REPORTED FOR MEDICAL ATTENTION
2/24/81 DATE ____ A.M. 2:30 P.M.

NAME OF INJURED, SOCIAL SECURITY NO., HOME ADDRESS
Joe Worker 100-00-1000
Anywhere, USA

☒ MALE ☐ FEMALE

DEPARTMENT	SECTION OF EMPLOYING UNIT	OCCUPATION	DATE OF BIRTH	LENGTH OF COMPANY SERVICE
C&P	Maintenance	Mechanic	11/18/43	12/29/69

NATURE OF INJURY OR ILLNESS, AND PART OF BODY AFFECTED
Laceration and burn on left thigh

TREATMENT
3 Sutures plus burn ointment

CHECK ONE: ☐ FIRST AID ONLY ☒ MEDICAL TREATMENT

SIGNATURE OF MEDICAL ATTENDANT
D. Doctor

LOCATION (NEAR OR IN WHAT BUILDING)
Highland Wet Mill

DESCRIPTION OF INCIDENT
Injured was burning an 18" long piece from the end of a feedline pipe. The pipe was 3' above the deck. When the burned off section fell, it struck a section of handrail chain and then hit his leg.

Classified MTC as 3 sutures required to close wound

WHAT SPECIFIC INSTRUCTIONS HAD HE BEEN GIVEN? BY WHOM (TITLE)?
Replace end on feedline pipe - Field Maintenance Supervisor

WHAT PROTECTIVE EQUIPMENT WAS USED?
Leather gloves, burning goggles, hard hat, safety shoes

UNDERLYING CAUSES OF INJURY

BASIC CAUSE
Employee was standing where the pipe would probably fall and didn't recognize the hazardous position

WHAT IS BEING DONE TO PREVENT SIMILAR INJURY SITUATIONS?
1) Publicize incident

INVESTIGATED BY
Safety supervisor, A&H Investigating Committee

DATE
March 1, 1981

Joseph J. Plant
AUTHORIZED SIGNATURE

UCC 009951

G 110 REV. 1-73

MONTHLY SAFETY RECORD SUMMARY

MAIL TO: SAFETY AND FIRE PROTECTION DIVISION
EMPLOYEE RELATIONS DEPARTMENT
E. I. DU PONT DE NEMOURS AND COMPANY
WILMINGTON, DELAWARE 19898

EMPLOYING UNIT ABC Site MONTH 1 YEAR 82

TOTAL HOURS WORKED* 100,000 NO. EMPLOYEES 735

*TO BE BASED UPON CALENDAR MONTH. IF ACTUAL FIGURES ARE NOT AVAILABLE, ESTIMATE AS CLOSELY AS POSSIBLE AND SO INDICATE.

LIST ALL INJURIES OCCURRING (OR RECLASSIFIED) DURING THE MONTH

LOST WORKDAY

F. I. NO.	INJURY DATE	NAME
2	1/2/82	Jim Jones

RESTRICTED WORKDAY

R. W. NO.	INJURY DATE	NAME
5	1/6/82	John Doe

NO. MEDICAL TREATMENT INJURIES 2

NO. LOST WORKDAYS THIS MONTH 3

NO. RESTRICTED WORKDAYS THIS MONTH 5

PREPARED BY J. J. Plant DATE 2/2/82

THIS REPORT IS DUE IN THE SAFETY AND FIRE PROTECTION DIVISION BY THE FIFTH (5TH) OF THE SUCCEEDING MONTH.

03211

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International Monthly Summary Telex

Code: AA

To:

Safety & Fire Protection Division
Employee Relations Department
Wilmington, DE

A — Unit Name

B — Month

C — Number of Employees

E — Actual Hours On The Job

G — Lost Workday Cases

H — Restricted Workday Cases

I — Medical Treatment Cases

*W — Number of Off-The-Job Injuries

X — Number of Days Lost for Off-Job Injuries

*(NOTE) For Fatalities, Please Give Brief Description.

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RECORDING AND MEASURING OFF-THE-JOB INJURY EXPERIENCE

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1. FOREWORD

For many years the measurement of the Du Pont Company's off-the-job injury experience has been based on the American National Standard — Method of Recording and Measuring the Off-the-Job Disabling Accidental Injury Experience of employees (ANSI Z.16.3 — 1973). Because of the varying interpretations of this standard and the adoption of Guideline Section 3.5 concerning work injuries, there is a need to revise off-the-job injury recordkeeping requirements. This guideline is designed to produce uniform off-the-job injury classification and reliable frequency rates and other measures which will be helpful in identifying factors which cause these injuries. Originally issued June 1, 1979, it replaced Safety Bulletin No. 495 and ANSI Z.16.3 — 1973.

It is management's responsibility to determine the initial injury classification after gathering all the facts pertaining to each case. For purposes of uniformity, the Classification Committee of the Safety and Fire Protection Division is the final authority on injury classification.

2. DEFINITIONS

2.1 Off-the-Job Injury

Any harm or damage to the body, or body systems, resulting from *violence, poisoning* or *other external causes* which does not arise out of and in the course of employment, and results in death or the inability of the employee to report for work as scheduled or requested.

2.2 Violence

Forcible contact with any external object. Includes drowning, electric shock, animal and insect bites and external disasters such as forces of nature (lightning, tornadoes, hurricanes and floods).

2.3 Poisoning

Harm to any part of the body arising from inhalation, absorption or ingestion of a toxic substance.

2.3.1 Skin Irritations and Infections — Contact with toxic vegetation, such as poison ivy or poison oak, or with chemical compounds.

2.3.2 Contaminated Food — Any illness *proven* to have been caused by tainted food, eaten while off-the-job, shall be counted as an injury in accordance with 2.1.

2.4 Employee

Any person on the company payroll at the time of injury. This includes Limited Service Employees (LSE) and persons employed on a part-time "on call" basis who are paid directly by the company. A part-time "on call" employee who experiences an off-the-job injury and cannot report to work when called, shall be counted because the injury interferes with the work schedule. Temporary or part-time agency persons who are paid directly by an outside agency are not considered company employees.

2.5 Exposure Hours

03626

The total monthly exposure hours are calculated by multiplying 312 by the total number of employees on the roll as of the last working day of the month. 312 is

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succeeding month. Copies can be ordered by sending a G-352 Stationery & Forms Requisition to the Stationery & Forms Section, General Services Department, Wilmington, DE 19898. Injuries and days of disability occurring in another report period are to be counted, but the injury itself is not counted again. For specific instructions see the reverse side of Form G-412.

6. SPECIAL CASES

6.1 Exposure to Temperature Extremes

Sunburn, frostbite, heat stroke are counted as injuries if they result in days of disability or death.

6.2 Overexertion

6.2.1 Hernia (inguinal or other) is counted as an off-the-job injury if precipitated by overexertion or forcible contact with an external object.

EXAMPLE 1: An employee lifts a sink while remodeling a kitchen and develops a hernia. If the available information indicates that this hernia was precipitated by overexertion, the hernia *would be counted* as an off-the-job injury.

EXAMPLE 2: An employee discovers he has a hernia during a physical examination, but cannot relate the condition to any specific event, activity, or overexertion. This *would be not counted* as an injury.

6.2.2 Back Condition. An injury to the back is counted only if it resulted from a definite slip, trip, fall, sudden effort or blow to the back.

EXAMPLE 1: An employee injures his back when he steps in a hole in his yard and falls. The available information indicates the back injury resulted from the fall. He did not report for his next shift. This would be an off-the-job injury.

EXAMPLE 2: An employee was painting his house and the following day did not report to work because of a sore back. This would not be counted as an off-the-job injury because there was no definite slip, trip, fall, sudden effort or blow to the back.

6.2.3 Preexisting Physical Deficiency. Injuries resulting from aggravation of an existing physical deficiency are counted only if the aggravation was caused by an accident.

EXAMPLE 1: An employee with a "trick" knee reinjures it by tripping over first base while playing baseball. This *would* be an off-the-job injury.

EXAMPLE 2: An employee's "trick knee" collapses during a walk home from a store, causing a fall that reinjures the knee. This *would not* be counted as an off-the-job injury because there was no accident.

EXAMPLE 3: An employee suffers an epileptic seizure and fractures an arm. Neither the seizure nor the fractured arm would be tabulated because there was no specific accident.

6.3 Muscular and Skeletal Disabilities

Disabilities such as bursitis or tenosynovitis shall be considered injuries if the available information indicates a probability that the condition resulted from a *particular activity, incident* or *exposure.*

6.4 Intentionally Self Inflicted Injuries or Attempted Suicide, Heart Attacks and Strokes.

These are *not* tabulated as off-the-job injuries.

6.5 Therapeutic Misadventure

Complications during the course of treatment of an existing injury will not be considered injuries in themselves, but as complications of the existing injury. Any resulting days of disability shall be counted. This includes improper diagnosis or treatment; adverse reaction to antitoxin, vaccine or drug; or the development of infection in an existing injury.

6.6 Moonlighting and Voluntary Work

Any injury experienced while performing work for another employer for financial gain or while conducting personal business for profit, shall *not* be counted. Any injury experienced while performing voluntary work for which there is no financial gain shall be counted.

EXAMPLE: If an employee sells farm produce as a profitable part-time enterprise, it qualifies as moonlighting and any injury sustained during such operation would *not* be tabulatable. If *most* produce is for home consumption but some is sold, this would not qualify as moonlighting.

6.7 Purposely Inflicted Injuries

Injuries resulting from fights, assaults, robberies, etc., are counted. But, injuries experienced while resisting arrest, attempting to escape from an officer of the law or from the commission of a felony are not counted.

6.8 Alcoholism and Drug Addiction

Both are considered to be diseases and any days of disability resulting from their treatment shall not be counted, but any traumatic injuries experienced while under the influence of alcohol or drugs shall be counted.

7. DISABILITY WAGES

Off-the-job injury classification is independent of eligibility for disability wages, accident insurance, and workers' compensation, etc.

8. FATALITIES

Refer to from G-412.

9. PERMANENT DISABILITY CASES

Injuries resulting in permanent-total disability shall be counted until such time it is determined that the employee will not be able to return to some form of gainful employment, in accordance with 2.6.

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INSTRUCTIONS

NUMBER OF EMPLOYEES — Use same data as on Monthly Safety Record Summary (Form G-110)—total number employed on last working day of month.

EXPOSURE HOURS — Number of employees multiplied by 312.

OFF-THE-JOB INJURIES — All injuries, exclusive of Du Pont employment, which result in employee's loss of one or more full working days. Fatal injuries are to be included.

FATALITIES — Injuries during current month which have resulted in death. If employee dies from injury previously reported, indicate the classification of injury and month of occurrence in the form below.

SCHEDULED WORK DAYS LOST — Any full days or shifts following an injury an employee is scheduled or requested to work and doesn't because of the injury. Include actual days lost from work. Include not only days lost because of injuries of current month, but also those of injuries in previous months.

REPORT DUE — In the Safety and Fire Protection Division, Wilmington, on or before the fifth (5th) of the succeeding month.

Put "X" here if previously reported (and omit description of cause).

	INJURY DATE	SCHEDULED WORK DAYS LOST THIS MONTH	CATEGORY T – H – P	INCIDENT–BRIEFLY INDICATE CAUSE OF INCIDENT. FOR AUTO CASES, ALSO INDICATE ① DRIVER OR PASSENGER ② SEATBELTS OR NOT.

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BOARD OF DIRECTORS' SAFETY AWARDS

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1. FOREWORD

The company's "Awards for No-Accident Records" plan, replacing the original "President's Prize Plan" of April 1, 1923, was adopted January 1, 1928. It has been revised in 1931, 1942, 1951, 1956, 1969 and 1974, including name change to "Awards for No-Injury Records" and extension to cover all employees. Effective January 1, 1977 this Section 3.7 replaced Safety Bulletins 409 and 409(A). This revision changes the name to "Board of Directors' Safety Award" and updates the permissable expenditures.

The word "unit" as used in this Guideline shall mean a plant, laboratory, construction project, or all employees in a department whose exposure hours are now included under the heading "Administration and Marketing" on the Safety Performance chart.

The Guideline is written for U.S. departments, but could be utilized by subsidiaries.

2. AWARDS

One award is made available and is known as the "Board of Directors' Safety Award".

3. UNIT CLASSES AND TIME REQUIREMENTS

New units, either recently started or recognized as independent units for safety purposes, will start the first no-lost workday case record period as of the date of start-up or the date of recognition. As date of start-up new plants will use the first calendar day of the month during which wageroll employees start to work.

When two or more units combine, the record of the unit having the most employees will continue.

The eligibility goals on which the award is based are determined by a unit's attaining a definite length of time, as established in the following table, without a tabulatable lost workday case (with days away from work) as defined in Safety and Fire Protection Guidelines, Section 3.5. The classes are determined by the number of exposure hours (combined wage and salary rolls) per month. Each class requirement is the operation of a certain number of consecutive calendar days in order to become eligible for the award. Units which change from one classification to another will be credited with the proper proportion of the record achieved in each class.

The following table shows the classes and calendar-day* requirements:

Exposure Hours** per Month	Class	Calendar-Day* Goals
to 25,000	1	912
25,001 to 50,000	2	861
50,001 to 75,000	3	809
75,001 to 100,000	4	756
100,001 to 130,000	5	609
130,001 to 160,000	6	477
160,001 to 200,000	7	396
200,001 to 250,000	8	321
250,001 to 300,000	9	273
300,001 to 350,000	10	249
350,001 to 400,000	11	237
400,001 to 500,000	12	225
500,001 to 750,000	13	219
750,001 to 1,000,000	14	213
1,000,001 to 1,500,000	15	201
1,500,001 to 2,000,000	16	189
2,000,001 to 2,500,000	17	177
2,500,001 to 3,000,000	18	165
3,000,001 to 3,500,000	19	153
3,500,001 to 4,000,000	20	141
4,000,001 and up	21	129

*Calendar day = midnight to midnight **Total wage and salary rolls

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Chronologically, the sequence is shown as follows:

January 10, 1977	—	Lost workday injury occurred.
September 16, 1977	—	Board of Directors' Award won by working 249 calendar days from January 10, 1977.
January 4, 1978	—	Physician reported need for surgery requiring loss of a workday in a case which occurred June 20, 1977.
June 21, 1977	—	New starting date for lost workday free period; award must be re-earned from this date (249 calendar days).
February 24, 1978	—	Award re-earned; no awards distributed
October 31, 1978	—	Award won; awards distributed.

6. FINANCING

The cost of the awards will be borne by the departments involved. Recommended average expenditure per employee for awards is $14.00 each. This will be $15.00 effective 1982-09-01. The expenditures should be held as near as practicable to these amounts. Increase in the expenditures for awards because of repeated winning is not approved, nor is pyramiding of awards.

7. TYPE OF AWARDS

The selection of awards is coordinated by the Energy & Materials Department through an agreement with Clyde A. Short., Inc., 4205 East Dixon Blvd., Shelby, N.C. 28150. These awards are to promote the safety activity and the safety image of the unit. Additional items (not to exceed 10% of the total) of local interest may be added. If another arrangement is considered, it should be reviewed with the appropriate buying office.

Awards should be items of recall value and not cash, trading stamps, gift certificates, etc.

The Safety and Fire Protection Division, with concurrence of Department Heads, will act as judge of any question under controversy.

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