OSHA NO. 100

LOG OF OCCUPATIONAL INJURIES AND ILLNESSES

DECEMBER 1974

Form Approved
OMB NUMBER 44R 1453

Case or file no.	Date of injury or initial diagnosis of illness. If diagnosis of illness was made after first day of absence enter first day of absence. (mo./day/yr.)	Employee's Name (First name, middle initial, last name)	Occupation of injured employee at time of injury or illness	Department to which employee was assigned at time of injury or illness	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)	DESCRIPTION OF INJURY OR ILLNESS: Injury or illness code See codes at bottom of page.	EXTENT OF AND OUTCOME OF INJURY OR ILLNESS: Fatalities: Enter date of death (mo./day/yr.)	Lost Workday Cases: Enter workdays lost due to injury or illness (see instructions on back.)	Lost Workday Cases: If, after lost workdays, the employee was permanently transferred to another job or was terminated, enter a check in the column below	Nonfatal Cases Without Lost Workdays: If no entry was made in columns 8 or 9, but the injury or illness did result in: Transfer to another job or termination, or; medical treatment, other than first aid, or; diagnosis of occupational illness, or; loss of consciousness, or; restriction of work or motion; Enter a check in the column below	If a check is entered in column 11 representing a transfer or termination, enter another check in column 12	
1	2	3		4	5	6		7	8	9	10	11	12
3393-295	12-02-74			OPERATOR	OPERATIONS	1° AND 2° BURNS FACE (THERMAL) CONTUSIONS - KNEES		10		19 (1)				PA
5299-296	12-06-74			PIPEFITTER	MAINTENANCE	LACERATION LEFT BROW		10				✓ 2		PE
6447-297	12-10-74			MACHINIST	MAINTENANCE	LACERATION LEFT INDEX FINGER		10				✓ 2		DB
5017-298	12-17-74			INSTRUMENT REPAIR-MAN	MAINTENANCE	FRACTURE LEFT LITTLE FINGER		10				✓ 2		PB
5106-299	12-30-74			OPERATOR	OPERATIONS	IMBEDDED FOREIGN BODY RT EYE		10				✓ 2		RD
1752-661				Insulator	Maintenance	Asbestosis		22				✓		CEU

Company Name Union Carbide Corporation

Establishment Name Group #1

Establishment Location Texas City, Texas

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 due to repeated trauma
29 All other occupational illnesses

UCTC 08167

PLAINTIFF'S EXHIBIT
UC-4637

Union Carbide trial exhibit UC-4637: Union Carbide Texas City OSHA Log of Occupational Injuries and Illnesses, In...
ACL Doc 19185 · Page 1 of 2
Published by AsbestosClaims.Law
asbestosclaims.law/library/19185/1

Published by AsbestosClaims.Law
asbestosclaims.law/library/19185/2