Union Carbide trial exhibit UC-4660: Union Carbide Texas City Plant OSHA Form 200 Injury and Illness Log, Solven...
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ureau of Labor Statistics
og and Summary of Occupational
juries and Illnesses

U.S. Department of Labor

For Calendar Year 19 82 — Page 6 of 8

Form Approved O.M.B. No. 1220-0029

OTE: 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 aid). *(See definitions on the other side of form.)*

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

ase 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)
361	8-31-82		Operator	Operations	Contusion, rt. elbow
291	8-31-82		Prod. Handler	Marine Term.	Chem. exp., left eye
188	9-1-82		Laborer	Maintenance	Muscle strain, abdomen/back
168	9-10-82		Machinist	Maintenance	Muscle strain, low back
928			Prod. Handler	Distribution	Allergic chem. reaction
671	9-12-82		Laborer	Maintenance	Muscle strain, low back
880	9-16-82		Insulator	Maintenance	Frac., 5th Metacarpal, rt. hand
226	9-17-82		Operator	Operations	Frac., lac., lt. little finger
505	9-18-82		Pipefitter	Maintenance	Muscle strain, upper back
490	9-20-82		Laborer	Maintenance	Muscle strain, low back
4004	9-24-82		Operator	Operations	Laceration, lt. elbow
3046	10-5-82		Operator	Operations	Cont., rt. 5th toe
726	10-7-82		Insulator	Maintenance	Asbestosis
1376	10-7-82		Insulator	Maintenance	Asbestosis
7529	10-11-82		Rigger	Maintenance	Muscle strain, right arm
4717	10-11-82		Electrician	Maintenance	Muscle strain, lower abdomen
403	10-13-82		Rigger	Maintenance	Embedded FB, rt. eye
11	10-13-82		Machinist	Maintenance	Cont., Knees & hands

Extent of and Outcome of INJURY: Fatalities	Nonfatal Injuries: Injuries With Lost Workdays — Injury Related	Enter DATE of death.	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.	Injuries Without Lost Workdays: Enter a CHECK if no entry was made in columns 1 or 2 but the injury is recordable as defined above.
	(1)	Mo./day/yr.	(2)	(3)	(4)	(5)	(6)
			22	18	808	290	63
							✓
							✓
			✓	✓	63		
							✓
			✓				
			✓				
							✓
							✓
			✓	✓	12	24	
							✓
							✓
							✓
							✓
			✓			5	
							✓
			✓	✓	23		
			28	22	930	324	72

Type of Illness — CHECK Only One Column for Each Illness (See other side of form for terminations or permanent transfers.)	(a) Occupational skin diseases or disorders	(b) Dust diseases of the lungs	(c) Respiratory conditions due to toxic agents	(d) Poisoning (systemic effects of toxic materials)	(e) Disorders due to physical agents	(f) Disorders associated with repeated trauma	(g) All other occupational illnesses (7)
	3						1
	✓						
		✓					
		✓					
	4	2	0	0	0	0	1

Fatalities: Illness Related — Enter DATE of death. Mo./day/yr. (8)	Nonfatal Illnesses: Illnesses With Lost Workdays — Enter a CHECK if illness involves days away from work; or days of restricted work activity, or both. (9)	Enter a CHECK if illness involves days away from work. (10)	Enter number of DAYS away from work. (11)	Enter number of DAYS of restricted work activity. (12)	Illnesses Without Lost Workdays: Enter a CHECK if no entry was made in columns 8 or 9. (13)
					4
					✓
					✓
					✓
0	0	0	0	0	7

Certification of Annual Summary Totals By _____ Title _____ Date _____

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POST ONLY THIS PORTION OF THE LAST PAGE NO LATER THAN FEBRUARY 1.

UCTC 08170

PLAINTIFF'S EXHIBIT
UC-4660

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