Union Carbide trial exhibit UC-4777: OSHA Form 200 Log of Occupational Injuries and Illnesses, Texas City Plant...
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Bureau of Labor Statistics
Log and Summary of Occupational Injuries and Illnesses

U.S. Department of Labor

For Calendar Year 19 83 Page 7 of 9

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

NOTE: 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
Establishment Name: Solvents & Coatings Materials Division, Texas City Plant
Establishment Address: P.O. Box 471, Texas City, TX 77590

Case or File Number	Date of Injury or Onset of Illness	Employee's Name	Occupation	Department	Description of Injury or Illness	Extent of and Outcome of INJURY: Fatalities — Injury Related: Enter DATE of death.	Nonfatal Injuries: Injuries With Lost Workdays: 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.	Type of Illness: CHECK Only One Column for Each Illness (See other side of form for exemptions or permanent transfers.): 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	Fatalities — Illness Related: Enter DATE of death.	Nonfatal Illnesses: Illnesses With Lost Workdays: 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.	Illnesses Without Lost Workdays: Enter a CHECK if no entry was made in col. 8 or 9
Enter a nonduplicating number which will facilitate comparisons with supplementary records. (A)	Enter Mo./day. (B)	Enter first name or initial, middle initial, last name. (C)	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. (D)	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. (E)	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 (F)	Mo./day/yr. (1)	(2)	(3)	(4)	(5)	(6)	(7a)	(7b)	(7c)	(7d)	(7e)	(7f)	(7g)	Mo./day/yr. (8)	(9)	(10)	(11)	(12)	(13)
[redacted]						1	35	14	652	1346	54	7		1			9									17
7063	9-27-83		Engineer	Energy Sys.	Broken tooth						✓															
6864	10-11-83		Insulator	Maintenance	Asbestosis								✓													✓
6505	10-13-83		Pipefitter	Maintenance	Poss. Strain to back						✓															
5147	10-18-83		Electrician	Maintenance	Laceration, right thumb		✓			23																
6442	10-20-83		Laborer	Maintenance	Laceration to chin						✓															
8340	10-20-83		Operator	Operator	2° thermal burn, rt. leg						✓															
6376	10-23-83		Prod. Handler	Distribution	Chem. exp., both eyes						✓															
0425	10-25-83		Carpenter	Maintenance	Hearing Loss												✓									✓
7056	10-25-83		Operator	Operations	Amp., tip rt. mid. finger						✓															
8141	11-4-83		Prod. Handler	Marine Term.	Contusion, right thumb						✓															
2269	11-4-83		Laborer	Laboratory	Noise-induced hearing loss												✓									✓
7671	11-4-83		Laborer	Maintenance	Chem-exp - face, arms, chest						✓															
6853	11-7-83		Machinist	Maintenance	Strain, left wrist		✓			11																
6748	11-8-83		Insulator	Maintenance	Laceration - eyebrow						✓															
8038	11-16-83		Operator	Operations	Cont., left finger						✓															
4496	11-19-83		Chief Operator	Operations	Muscle spasm, back						✓															
6955	11-22-83		Machinist	Maintenance	Lac., palm left hand						✓															
[redacted]						1	37	14	652	1380	66	7	1	1	0	0	11	0	0	0	0	0	0	0	20

Certification of Annual Summary Totals By _____ Title _____ Date _____

OSHA No. 200

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PLAINTIFF'S EXHIBIT
UC-4777

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