CONFIDENTIAL

OSHA's Form 300 (Rev. 01/2004)

Log of Work-Related Injuries and Illnesses

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Year 2007

U.S. Department of Labor
Occupational Safety and Health Administration
Form approved OMB no. 1218-0176

You must record information about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an injury and illness incident report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.

Establishment name Chevron Products Company - Richmond Refinery

City Richmond State California

(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of injury or onset of illness (mo./day)	(E) Where the event occurred (e.g. Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)	CHECK ONLY ONE box for each case based on the most serious outcome for that case: Death (G)	Days away from work (H)	Job transfer or restriction (I)	Other recordable cases (J)	Enter the number of days the injured or ill worker was: Away From Work (days) (K)	On job transfer or restriction (days) (L)	Check the "Injury" column or choose one type of illness: (M) Injury (1)	Skin Disorder (2)	Respiratory Condition (3)	Poisoning (4)	Hearing Loss (5)	All other illnesses (6)
E 01-2007	REDACTED	Operator	3/30/2007	North Isomax	At start up of the K714 overhead compressor an H2S monitor alarmed on both work stations. During the opening of the suction valve the area operator felt light headed. he immediately proceeded to remove himself from the area. At 35 feet from the area the operator felt dizzy and went down bruising left cheek and chin area.				✓			✓					
E 02-2007		Operator	5/12/2007	South Isomax	Employee was changing out discharge pressure gauge when hot De asphalted oil came in contact with his left arm. Plant protection responded and the employee was sent to Kaiser.				✓			✓					
E 03-2007		Operator	12/25/2007	#3213 Tank	Employee taking sample at tank, missed step while descending sample platform (stairs) Fell on left knee fracturing tibia and damaging knee		✓			180		✓					
					Page totals	0	1	0	2	180	0	3	0	0	0	0	0

Be sure to transfer these totals to the Summary page (Form 300A) before you post it.

Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instruction, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Ave, NW, Washington, DC 20210. Do not send the completed forms to this office.

CUSA-CSB-0080006
EPA

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 2007

U.S. Department of Labor
Occupational Safety and Health Administration
Form approved OMB no. 1218-0176

All establishments covered by Part 1904 must complete this Summary page, even if no injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the log. If you had no cases write "0."

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR 1904.35, in OSHA's Recordkeeping rule, for further details on the access provisions for these forms.

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	2
(G)	(H)	(I)	(J)

Total number of days away from work	Total number of days of job transfer or restriction
180	0
(K)	(L)

Total number of...

	(M)		
(1) Injury	3	(4) Poisoning	0
(2) Skin Disorder	0	(5) Hearing Loss	0
(3) Respiratory Condition	0	(6) All Other Illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form

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Establishment Information

Your establishment name Chevron Products Company Richmond Refinery

Street 841 Chevron Way

City Richmond State CA Zip 94801

Industry description (e.g., Manufacture of motor truck trailers)
Petroleum Refining

Standard Industrial Classification (SIC), if known (e.g., SIC 3715)
2 9 1 1

OR North American Industrial Classification (NAICS), if known (e.g., 336212)
3 2 4 1 1 0

Employment Information

Annual average number of employees 1236

Total hours worked by all employees last year 2,676,352

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Original signed by Mike Coyle	General Manger, Rich Ref
Company executive	Title
510-242-4400	1/24/2008
Phone	Date

7A

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OSHA's Form 300 (Rev. 01/2004)

Log of Work-Related Injuries and Illnesses

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Year 2008

U.S. Department of Labor
Occupational Safety and Health Administration
Form approved OMB no. 1218-0176

You must record information about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an Injury and Illness Incident Report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.

Establishment name Chevron Products Company - Richmond Refinery

City Richmond State California

(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of injury or onset of illness (mo./day)	(E) Where the event occurred (e.g. Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)	CHECK ONLY ONE box for each case based on the most serious outcome for that case: Death (G)	Days away from work (H)	Job transfer or restriction (I)	Other recordable cases (J)	Enter the number of days the injured or ill worker was: Away From Work (days) (K)	On job transfer or restriction (days) (L)	Check the "injury" column or choose one type of illness: (M) Injury (1)	Skin Disorder (2)	Respiratory Condition (3)	Poisoning (4)	Hearing Loss (5)	All other illnesses (6)
E 01-2008	REDACTED	Machinist	3/4/2008	D&R PenHex area P-4512	Injured arm falling backwards. EE stepped back and lost his balance when he stepped on a steam hose, this caused him to fall. When trying to stop his fall with his hand he injured his wrist.		✓			97		✓					
E 02-2008		Operator	8/29/2008	LPG Racks Sample shack	While exiting the LPG Racks Sample shack, an EE made a left turn and folded his right ankle at the bottom of the stairs. His left knee area was also skinned up from the impact when his right leg failed.		✓			26	67	✓					
E 03-2008		Material Coordinator	9/23/2008	#8 Warehouse	Employee was cleaning warehouse of debris. While pulling up on a piece of plastic wrapping, a piece of cardboard flew up into employee's eye.		✓			1		✓					
E 04-2008		Operator	11/26/2008	B&S Control Room	Cutting a loose piece of heel on his work boot. Knife slipped, cut left pinky finger. Stitches required				✓			✓					
E 05-2008		Operator	11/27/2008	South Isomax - Pump area	Sewing through tag fix, blade slipped and cut left middle finger. Stitches required				✓			✓					
E 06-2008		Electrician	12/14/2008	D&R Area	Replacing an electrical cover when it slipped down pinching his middle finger & ring finger between the edge of the panel cover & the floor, and caused a laceration/tear that required 3 stitches.				✓			✓					
					Page totals	0	3	0	3	124	67	6	0	0	0	0	0

Be sure to transfer these totals to the Summary page (Form 300A) before you post it.

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CUSA-CSB-0080008
EPA

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 2008

U.S. Department of Labor
Occupational Safety and Health Administration
Form approved OMB no. 1218-0176

All establishments covered by Part 1904 must complete this Summary page, even if no injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the log. If you had no cases write "0."

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR 1904.35, in OSHA's Recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	3	0	3
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
124	67
(K)	(L)

Injury and Illness Types

Total number of...

	(M)		
(1) Injury	6	(4) Poisoning	0
(2) Skin Disorder	0	(5) Hearing Loss	0
(3) Respiratory Condition	0	(6) All Other Illnesses	0

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Establishment Information

Your establishment name: Chevron Products Company Richmond Refinery

Street: 841 Chevron Way

City: Richmond State: CA Zip: 94801

Industry description (e.g., Manufacture of motor truck trailers): Petroleum Refining

Standard Industrial Classification (SIC), if known (e.g., SIC 3715): 2 9 1 1

OR North American Industrial Classification (NAICS), if known (e.g., 336212): 3 2 4 1 1 0

Employment Information

Annual average number of employees: 1313

Total hours worked by all employees last year: 3,075,182

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Orginal Signed by Mike Coyle	General Manger, Rich Ref
Company executive	Title
510-242-4400	1/28/2009
Phone	Date

3B

CONFIDENTIAL

OSHA's Form 300 (Rev. 01/2004)

Log of Work-Related Injuries and Illnesses

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Year 2009

U.S. Department of Labor
Occupational Safety and Health Administration
Form approved OMB no. 1218-0176

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Establishment name Chevron Products Company - Richmond Refinery

City Richmond State California

Identify the person			Describe the case			Classify the case											
(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of injury or onset of illness (mo./day)	(E) Where the event occurred (e.g. Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)	CHECK ONLY ONE box for each case based on the most serious outcome for that case:				Enter the number of days the injured or ill worker was:		Check the "injury" column or choose one type of illness:					
						Death (G)	Days away from work (H)	Job transfer or restriction (I)	Other recordable cases (J)	Away From Work (days) (K)	On job transfer or restriction (days) (L)	(M) Injury (1)	Skin Disorder (2)	Respiratory Condition (3)	Poisoning (4)	Hearing Loss (5)	All other illnesses (6)
5-01-2009	REDACTED	Operator	3/4/2009	Hydroprocessing - RLOP	~~Operator was in the process of tracing lines around P-1401 feed pump. The operator stumbled over uneven asphalt paving near the base of the pump and fell. As he tried to catch himself his left hand struck a near by support.~~												
E 02-2009		Operator	3/10/2009	D&R	While closing a valve in fresh air under the platform on K-3950 the operator tripped while lifting his leg over a pipe. This caused him to fall on th ground hurting his rib cage area.				X			X					
E 03-2009		Operator	2/20/2009	Long Wharf	Operator was assisting tying up the vessel Colorado Voyager in berth #2. Another operator was pulling on the messenger line when the mooring line splice got near the mooring hook. The operator reached down to put the eye of the mooring line over the hook and felt a sudden pain in his right shoulder area and bicep. The operator injured thought at the time he would be ok and failed to report it to his H/O or supervisor and he would ice it later. He completed the next set of four shifts with mild discomfort. on Monday March 2nd he was throwing a heaving line back to the barge in berth #3 and again felt some discomfort again and again did not report the incident. After a few days his right arm turned black and blue. After that he decided to report this to the supervisor on duty.		X					X					
E 04-2009		Operator	4/8/2009	B&S #22 Pump station	Operator was descending stairs at 22 pump station to switch jet transfer lines. He was carrying a large persuader and a clipboard in his right hand. When stepping down onto the next to last step he lost his footing and slipped off the step. He lost his balance and fell backwards hitting his back on the wooden stairs and sustained a bruised rib.			X				X					

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 2009

U.S. Department of Labor
Occupational Safety and Health Administration
Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	4	2	3
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)

(1) Injury	8	(4) Poisoning	0
(2) Skin Disorder	0	(5) Hearing Loss	0
(3) Respiratory Condition	0	(6) All Other Illnesses	0

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Establishment Information

Your establishment name Chevron Products Company Richmond Refinery

Street 841 Chevron Way

City Richmond State CA Zip 94801

Industry description (e.g., Manufacture of motor truck trailers)
Petroleum Refining

Standard Industrial Classification (SIC), if known (e.g., SIC 3715)
2 9 1 1

OR North American Industrial Classification (NAICS), if known (e.g., 336212)
3 2 4 1 1 0

Employment Information

Annual average number of employees _____

Total hours worked by all employees last year _____

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive _____ Title General Manger, Rich Ref

Phone 510-242-4400 Date _____

3C