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

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: Death (G)	Days away from work (H)	Remained at work: Job transfer or restriction (I)	Remained at work: 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	63213 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-0080236
EPA

E 04-2009	V·	REDACTED	Maintenance	5/10/2009	North Isomax	Equipment operator drove the boom truck up to the platform & put down the out riggers. He swing the boom over and picked up the turbine. He swung the boom over to the back of the bed of the truck. The turbine started to swing so he reached out to stop it and got his thumb on his left hand pinched between the truck & the turbine.		X			105	0	X					
E 05-2009	F		Maintenance	6/20/2009	South Isomax	Chevron EE was working on the compressor K-930 when he dropped a nut under the deck. When the EE went to retrieve the nut he reached to get the nut bumping his head against the discharge pipe. When he stood up he felt a sharp pain in his neck.				X			X					
E 06-2009	i		Operator	7/8/2009	RLOP	As the operator began to descend the ladder of the deck at V-1304b the right foot lost traction and cause them to slip		X			180		X					
E 07-2009			Operator	9/10/2009	Long Wharf	While towing oil spill boom with 25ft line schakle that was connected to the boom failed and recoiled back to the vessel striking the employee in the arm. Tow line was made off to towing post at rear of vessel. Employee was standing near towing post.		X			180		X					
E 08-2009			Operator	10/27/2009	South Isomax	Operator was performing housekeeping after a job at T900 in South Isomax. He was placing locks back into the lock box. The lock box was on a platform at the top of 4 stairs from grade. The operator was standing on those stairs when they fell, they broke their wrist		X			180		X					
						Page totals	0	5	1	2	825	3	8	0	0	0	0	0
													Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses
													(1)	(2)	(3)	(4)	(5)	(6)

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-0080238
EPA