

OSHA Form 300

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 20 12

Department of Consumer & Business Services
Oregon Occupational Safety & Health Division (OR-OSHA)

You must record information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity, job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related 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 OAR 437-001-0700. Use more lines for each case if needed. You must complete an Injury and Illness Incident Report (DCBS form 801) 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 OR-OSHA office for help.

Establishment name: NC Sturgeon

City: Midland State: Texas

Identify the person		Describe the case				Classify the case				Enter the number of days the injured / worker was:		Enter "1" in the "injury" column or choose one type of illness:* (M)						
(A) Case no.	(B) Employee's name	(C) Job title (e.g., "welder")	(D) Date of injury or illness	(E) Where the event occurred (e.g., "loading dock - north end")	(F) Describe Injury/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")	Using these 4 categories, enter "1" in only the most serious result for each case:*		Job transfer or restriction		Other recordable cases (J)	Away from work (K)	On job transfer or restriction (L)	Injury (1)	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	Hearing Loss (5)	All other illnesses (6)
						Death (G)	Days away from work (H)	Remained at work (I)										
01	Samual Palanko	Lead	06/02	Roof	Employee Slipped and fell off the roof, fracturing his jaw.	0	1	0	0		15 days	0 days	1	0	0	0	0	0
						0	0	0	0		days	days	0	0	0	0	0	0
						0	0	0	0		days	days	0	0	0	0	0	0
						0	0	0	0		days	days	0	0	0	0	0	0
						0	0	0	0		days	days	0	0	0	0	0	0
						0	0	0	0		days	days	0	0	0	0	0	0
						0	0	0	0		days	days	0	0	0	0	0	0
						0	0	0	0		days	days	0	0	0	0	0	0
						0	0	0	0		days	days	0	0	0	0	0	0
						0	0	0	0		days	days	0	0	0	0	0	0
						0	0	0	0		days	days	0	0	0	0	0	0
						0	0	0	0		days	days	0	0	0	0	0	0
Page Totals						0	1	0	0		15 days	0 days	1	0	0	0	0	0

Be sure to transfer these totals to the Summary (OSHA Form 300A) before you post it
* Using "1" instead of an "x" allows the columns to total automatically.

OSHA Form 300A

Summary of Work-Related Injuries and Illnesses

Year 20 12

Department of Consumer & Business Services
Oregon Occupational Safety &
Health Division (OR-OSHA)

Form approved OMB no. 1218-0176

All establishments covered by OAR 437-001-0700 must complete this Summary, even if no work-related 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, write the totals below, make sure you've added the entries from every page of the Log. If you haven't had any 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 DCBS Form 801 or its equivalent. See OAR 437-001-0700(20)

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
<u>0</u> (G)	<u>1</u> (H)	<u>0</u> (I)	<u>0</u> (J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
<u>15</u> (K)	<u>0</u> (L)

Injury and Illness Types

Total number of...	(1) Injuries	(2) Skin disorders	(3) Respiratory conditions	(4) Poisonings	(5) Hearing Loss	(6) All other illnesses
(M)	<u>1</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

Establishment Information

Your establishment name NC Sturgeon

Street 2800 Windecker Street

City Midland State TX ZIP 79711

Industry description (e.g., *Manufacturer of motor truck trailers*)
General Contractor, Steel Erection

Standard Industrial Classification (NAICS), if known
(e.g., 336212)
23 62 20

Employment Information (If you don't have these figures, see the worksheet on the back of this page to estimate.)

Annual average number of employees 46

Total hours worked by all employees last year 234,266

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.

Russ Poster HS&E Manager
Company Executive *Title*

Phone: (903) 521-8825 Date: 1 / 17 / 2013

Keep this Summary posted from February 1 to April 30 of the year following the year covered by this form.

OSHA Form 300

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 20 13
 Department of Consumer & Business Services
 Oregon Occupational Safety & Health Division (OR-OSHA)

You must record information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity, job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related 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 OAR 437-001-0700. Use more lines for each case if needed. You must complete an Injury and Illness Incident Report (DCBS form 801) 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 OR-OSHA office for help.

Establishment name: NC Sturgeon
 City: Midland State: Texas

Identify the person		Describe the case				Classify the case				Enter the number of days the injured / worker was:		Enter "1" in the "injury" column or choose one type of illness:* (M)					
(A) Case no.	(B) Employee's name	(C) Job title (e.g., "welder")	(D) Date of injury or illness	(E) Where the event occurred (e.g., "loading dock - north end")	(F) Describe Injury/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")	Using these 4 categories, enter "1" in only the most serious result for each case:*				Away from work (K)	On job transfer or restriction (L)	Injury (1)	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	Hearing Loss (5)	All other illnesses (6)
						Death (G)	Days away from work (H)	Remained at work (I)	Job transfer or restriction Other recordable cases (J)								
n/a	n/a	n/a	n/a	n/a	n/a	0	0	0	0	0 days	0 days	0	0	0	0	0	0
						0	0	0	0	days	days	0	0	0	0	0	0
						0	0	0	0	days	days	0	0	0	0	0	0
						0	0	0	0	days	days	0	0	0	0	0	0
						0	0	0	0	days	days	0	0	0	0	0	0
						0	0	0	0	days	days	0	0	0	0	0	0
						0	0	0	0	days	days	0	0	0	0	0	0
						0	0	0	0	days	days	0	0	0	0	0	0
						0	0	0	0	days	days	0	0	0	0	0	0
						0	0	0	0	days	days	0	0	0	0	0	0
						0	0	0	0	days	days	0	0	0	0	0	0
						0	0	0	0	days	days	0	0	0	0	0	0
						0	0	0	0	days	days	0	0	0	0	0	0
Page Totals						0	0	0	0	0 days	0 days	0	0	0	0	0	0

Be sure to transfer these totals to the Summary (OSHA Form 300A) before you post it
 * Using "1" instead of an "x" allows the columns to total automatically.

OSHA Form 300A

Summary of Work-Related Injuries and Illnesses

Year 20 13

Department of Consumer & Business Services
Oregon Occupational Safety &
Health Division (OR-OSHA)

Form approved OMB no. 1218-0176

All establishments covered by OAR 437-001-0700 must complete this Summary, even if no work-related 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, write the totals below, make sure you've added the entries from every page of the Log. If you haven't had any 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 DCBS Form 801 or its equivalent. See OAR 437-001-0700(20)

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
<u>0</u> (G)	<u>0</u> (H)	<u>0</u> (I)	<u>0</u> (J)

Number of Days

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

Injury and Illness Types

Total number of...			
(M)			
(1) Injuries	<u>0</u>	(4) Poisonings	<u>0</u>
(2) Skin disorders	<u>0</u>	(5) Hearing Loss	<u>0</u>
(3) Respiratory conditions	<u>0</u>	(6) All other illnesses	<u>0</u>

Keep this Summary posted from February 1 to April 30 of the year following the year covered by this form.

Establishment Information

Your establishment name NC Sturgeon

Street 2800 Windecker Street

City Midland State TX ZIP 79711

Industry description (e.g., *Manufacturer of motor truck trailers*)
General Contractor, Steel Erection

Standard Industrial Classification (NAICS), if known
(e.g., 336212)
23 62 20

Employment Information (If you don't have these figures, see the worksheet on the back of this page to estimate.)

Annual average number of employees 54

Total hours worked by all employees last year 186,160

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.

Russ Poster HS&E Manager
Company Executive *Title*

Phone: (903) 521-8825 Date: 1 / 21 / 2014

OSHA Form 300

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 20 14
 Department of Consumer & Business Services
 Oregon Occupational Safety & Health Division (OR-OSHA)

You must record information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity, job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related 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 OAR 437-001-0700. Use more lines for each case if needed. You must complete an Injury and Illness Incident Report (DCBS form 801) 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 OR-OSHA office for help.

Establishment name: NC Sturgeon
 City: Midland State: Texas

Identify the person		Describe the case				Classify the case				Enter the number of days the injured / worker was:		Enter "1" in the "injury" column or choose one type of illness:* (M)					
(A) Case no.	(B) Employee's name	(C) Job title (e.g., "welder")	(D) Date of injury or illness	(E) Where the event occurred (e.g., "loading dock - north end")	(F) Describe Injury/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")	Using these 4 categories, enter "1" in only the most serious result for each case:*				Away from work (K)	On job transfer or restriction (L)	Enter "1" in the "injury" column or choose one type of illness:* (M)					
						Death (G)	Days away from work (H)	Remained at work (I)	Job transfer or restriction Other recordable cases (J)			Injury (1)	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	Hearing Loss (5)	All other illnesses (6)
n/a	n/a	n/a	n/a	n/a	n/a	0	0	0	0	0 days	0 days	0	0	0	0	0	0
						0	0	0	0	days	days	0	0	0	0	0	0
						0	0	0	0	days	days	0	0	0	0	0	0
						0	0	0	0	days	days	0	0	0	0	0	0
						0	0	0	0	days	days	0	0	0	0	0	0
						0	0	0	0	days	days	0	0	0	0	0	0
						0	0	0	0	days	days	0	0	0	0	0	0
						0	0	0	0	days	days	0	0	0	0	0	0
						0	0	0	0	days	days	0	0	0	0	0	0
						0	0	0	0	days	days	0	0	0	0	0	0
						0	0	0	0	days	days	0	0	0	0	0	0
						0	0	0	0	days	days	0	0	0	0	0	0
Page Totals						0	0	0	0	0 days	0 days	0	0	0	0	0	0

Be sure to transfer these totals to the Summary (OSHA Form 300A) before you post it
 * Using "1" instead of an "x" allows the columns to total automatically.

OSHA Form 300A

Summary of Work-Related Injuries and Illnesses

Year 20 14

Department of Consumer & Business Services
Oregon Occupational Safety & Health Division (OR-OSHA)

Form approved OMB no. 1218-0176

All establishments covered by OAR 437-001-0700 must complete this Summary, even if no work-related 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, write the totals below, make sure you've added the entries from every page of the Log. If you haven't had any cases, write "0".

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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
<u>0</u> (G)	<u>0</u> (H)	<u>0</u> (I)	<u>0</u> (J)

Number of Days

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

Injury and Illness Types

Total number of...			
(M)			
(1) Injuries	<u>0</u>	(4) Poisonings	<u>0</u>
(2) Skin disorders	<u>0</u>	(5) Hearing Loss	<u>0</u>
(3) Respiratory conditions	<u>0</u>	(6) All other illnesses	<u>0</u>

Establishment Information

Your establishment name NC Sturgeon

Street 2800 Windecker Street

City Midland State TX ZIP 79711

Industry description (e.g., *Manufacturer of motor truck trailers*)
General Contractor, Steel Erection

Standard Industrial Classification (NAICS), if known
(e.g., 336212)
23 62 20

Employment Information (If you don't have these figures, see the worksheet on the back of this page to estimate.)

Annual average number of employees 69

Total hours worked by all employees last year 177,421

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.

Russ Poster HS&E Manager
Company Executive *Title*

Phone: (903) 521-8825 Date: 1 / 7 / 2015

Keep this Summary posted from February 1 to April 30 of the year following the year covered by this form.

OSHA Form 300A

Summary of Work-Related Injuries and Illnesses

Year 20 15

Department of Consumer & Business Services
Oregon Occupational Safety & Health Division (OR-OSHA)

Form approved OMB no. 1218-0176

All establishments covered by OAR 437-001-0700 must complete this Summary, even if no work-related 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, write the totals below, make sure you've added the entries from every page of the Log. If you haven't had any cases, write "0".

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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
<u>0</u> (G)	<u>0</u> (H)	<u>0</u> (I)	<u>0</u> (J)

Number of Days

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

Injury and Illness Types

Total number of...	(1) Injuries	(2) Skin disorders	(3) Respiratory conditions	(4) Poisonings	(5) Hearing Loss	(6) All other illnesses
(M)	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

Establishment Information

Your establishment name NC Sturgeon

Street 2800 Windecker Street

City Midland State TX ZIP 79711

Industry description (e.g., *Manufacturer of motor truck trailers*)
General Contractor, Steel Erection

Standard Industrial Classification (NAICS), if known
(e.g., 336212)
23 62 20

Employment Information (If you don't have these figures, see the worksheet on the back of this page to estimate.)

Annual average number of employees 72

Total hours worked by all employees last year 176,586

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.

Russ Poster HS&E Manager
Company Executive *Title*

Phone: (903) 521-8825 Date: 1 / 24 / 2016

Keep this Summary posted from February 1 to April 30 of the year following the year covered by this form.

OSHA Form 300

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 20 16

Department of Consumer & Business Services
Oregon Occupational Safety & Health Division (OR-OSHA)

You must record information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity, job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related 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 OAR 437-001-0700. Use more lines for each case if needed. You must complete an Injury and Illness Incident Report (DCBS form 801) 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 OR-OSHA office for help.

Establishment name: NC Sturgeon

City: Midland State: Texas

Identify the person		Describe the case				Classify the case				Enter the number of days the injured / worker was:		Enter "1" in the "injury" column or choose one type of illness:* (M)						
(A) Case no.	(B) Employee's name	(C) Job title (e.g., "welder")	(D) Date of injury or illness	(E) Where the event occurred (e.g., "loading dock - north end")	(F) Describe Injury/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")	Using these 4 categories, enter "1" in only the most serious result for each case:*		Job transfer or restriction		Other recordable cases (J)	Away from work (K)	On job transfer or restriction (L)	Injury (1)	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	Hearing Loss (5)	All other illnesses (6)
						Death (G)	Days away from work (H)	Remained at work (I)										
n/a	n/a	n/a	n/a	n/a	n/a	0	0	0	0	0	0 days	0 days	0	0	0	0	0	0
						0	0	0	0	0	days	days	0	0	0	0	0	0
						0	0	0	0	0	days	days	0	0	0	0	0	0
						0	0	0	0	0	days	days	0	0	0	0	0	0
						0	0	0	0	0	days	days	0	0	0	0	0	0
						0	0	0	0	0	days	days	0	0	0	0	0	0
						0	0	0	0	0	days	days	0	0	0	0	0	0
						0	0	0	0	0	days	days	0	0	0	0	0	0
						0	0	0	0	0	days	days	0	0	0	0	0	0
						0	0	0	0	0	days	days	0	0	0	0	0	0
						0	0	0	0	0	days	days	0	0	0	0	0	0
						0	0	0	0	0	days	days	0	0	0	0	0	0
Page Totals						0	0	0	0	0	0 days	0 days	0	0	0	0	0	0

Be sure to transfer these totals to the Summary (OSHA Form 300A) before you post it
* Using "1" instead of an "x" allows the columns to total automatically.

OSHA Form 300A

Summary of Work-Related Injuries and Illnesses

Year 20 16

Department of Consumer & Business Services
Oregon Occupational Safety &
Health Division (OR-OSHA)

Form approved OMB no. 1218-0176

All establishments covered by OAR 437-001-0700 must complete this Summary, even if no work-related 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, write the totals below, make sure you've added the entries from every page of the Log. If you haven't had any 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 DCBS Form 801 or its equivalent. See OAR 437-001-0700(20)

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
<u>0</u> (G)	<u>0</u> (H)	<u>0</u> (I)	<u>0</u> (J)

Number of Days

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

Injury and Illness Types

Total number of...	(1) Injuries	(2) Skin disorders	(3) Respiratory conditions	(4) Poisonings	(5) Hearing Loss	(6) All other illnesses
(M)	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

Establishment Information

Your establishment name NC Sturgeon

Street 2800 Windecker Street

City Midland State TX ZIP 79711

Industry description (e.g., *Manufacturer of motor truck trailers*)
General Contractor, Steel Erection

Standard Industrial Classification (NAICS), if known
(e.g., 336212)
23 62 20

Employment Information (If you don't have these figures, see the worksheet on the back of this page to estimate.)

Annual average number of employees 45

Total hours worked by all employees last year 100,855

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.

Russ Poster HS&E Manager
Company Executive *Title*

Phone: (903) 521-8825 Date: 1 / 25 / 2017

Keep this Summary posted from February 1 to April 30 of the year following the year covered by this form.