

Authored By: Keri Pomatto	Catlettsburg Refining, LLC Marathon Petroleum Company LP Injury/Illness Reporting	Doc No.: RSW-EP-AS-SWI-02- CB Rev No: 03
Doc Custodian: Safety Professionals		Safe Work Instruction
Approved By: Safety Supervisor		
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Overview

Purpose

The purpose of the Injury and Illness Reporting procedure is to document all information concerning work-related injuries and illnesses. Injury and illness reporting is required to establish a written record of factors that cause injuries, illnesses and occurrences that might have resulted in work-related injury or illness. With accurate data, incidents and events can be promptly investigated so corrective and/or preventive action can be implemented, reducing the likelihood of reoccurrence.

Scope

This document applies to all incidents at Catlettsburg Refinery, LLC, including near miss events. It addresses general management of injuries and illnesses for MPC employees or Contract personnel performing work at the Catlettsburg Refinery, LLC.

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1.0 References

Description	Number
OSHA's Recordkeeping Standard	29 CFR 1904
OSHA's Bloodborne Pathogens	29 CFR 1910.1330

2.0 Responsibilities

2.1 Employee and Direct Supervised Employee

- 2.1.1 Report immediately (regardless of time or day) to the Medical Department for treatment of all injuries/illnesses.
- 2.1.2 Report all work-related injuries or illnesses to their Supervisor or Shift Foreman as soon after the injury as possible, no later than the end of shift.
- 2.1.3 Aid in completing the Occupational Injury & Illness Report (Form 191) with their Supervisor or Shift Foreman.
- 2.1.4 Notify the Medical Department immediately prior to outside treatment, when treatment is sought for an occupational injury/illness. Refer to Attachment B.1 for phone contacts.
- 2.1.5 Report all work-related injuries or illnesses as shown in the flow chart, Injury/Illness Reporting & Classification (see Attachment B.8), as soon as possible or no later than the end of shift.

2.2 Supervisor

- 2.2.1 Complete, using the electronic form, the Occupation Injury & Illness Report (Form 191) with the injured personnel. The 191 Form can be found on the Catlettsburg Refinery's Safety home page listed as "Form 191 – Occupational Injury & Illness Reporting" and a hard copy can be found in Attachment B.2. The Form 191 is to be completed as soon as possible following an injury/illness.
- 2.2.2 Notify the Medical Department immediately of any injury. If the injury occurs on an off-shift, notify the on-call Medical Professional. (Refer to Attachment B.1 for phone contacts)
- 2.2.3 Forward the electronically completed (Form 191) to the Safety Department. This is accomplished by clicking on the "E-Mail" button on the top right hand corner of the Supervisor/Direct Report section of the webpage.
- 2.2.4 Follow reporting requirements in attachment B.8 - Injury/Illness Reporting & Classification.

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2.3 Area Team

- 2.3.1 Review the Occupational Injury & Illness Report (Form 191) and make any needed corrections or additions.
- 2.3.2 Work with medical personnel on restricted duty cases.
- 2.3.3 Actively participate in the Root Cause Analysis (Tap Root) for all OSHA recordable injuries.

2.4 Medical Personnel

- 2.4.1 Determine the level of medical care that is required for injured MPC employees and Directly Supervised Contractors.
- 2.4.2 Will complete the Injury Incident/Medical Visit Report - Form 6154 (see Attachment B.3) for all work-related injuries, illnesses or exposures. Careful attention should be given to documenting the incident as well as treatment.
- 2.4.3 If an occupational injury or illness requires subsequent visits to the Medical Department for medical treatment or observation, each visit shall be documented on the Physical Abilities Form (see Attachment B.4) stating whether the employee can return to work with or without limitations.
- 2.4.4 Before a Medical Professional prescribe's temporary restricted work or motion as a result of an occupational injury or illness, they will promptly contact the appropriate Area Supervisor to ascertain if a work restriction is required.
- 2.4.5 Attend all emergency room visits when the visits are associated with work related injuries or illnesses.
- 2.4.6 Maintain the SHARPS injury log (see Attachment B.5) for the records of percutaneous injuries from contaminated sharps.
- 2.4.7 Notify the Safety Department of any work related injury or illness as soon as possible.
- 2.4.8 Notifies Safety Department of physical ability after initial and ongoing follow-up treatments until Maximum Medical Improvement (MMI) is reached.
- 2.4.9 Sends email notification/s of treatment given to the Safety Department.
- 2.4.10 Determines work relatedness for any alleged injury or illness and reports in writing to the Safety Department.

2.5 Safety Department

- 2.5.1 Review and evaluate all available injury and medical information.
- 2.5.2 The Safety Department will review open case injuries once per week for employees who have visited the Medical Department for treatment or observation of a work-related injury or illness.

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- 2.5.3 The Safety Department will recommend an appropriate injury/illness classification for each occupational injury or illness and keep a running list of those incidents on the Injury/Illness Classification Log (see Attachment B.6).
- 2.5.4 The Safety Department shall enter those injuries deemed recordable on the appropriate OSHA 300 Log. If additional information is subsequently obtained that negates the classification of an injury as OSHA recordable, that entry shall be lined out or removed from the OSHA 300 Log.
- 2.5.5 Complete OSHA's Form 300A and make sure that it is signed by the Refinery's Division Manager and post by February 1st of each calendar year.
- 2.5.6 Immediately notify the ES&S Manager, the affected Department Manager and appropriate Area Supervisor of all recordable injuries/illnesses.
- 2.5.7 Review and make necessary revisions to the Occupational Injury & Illness Report (Form 191).
- 2.5.8 Submit all alleged injuries/illnesses of MPC and contract employees into Marathon Petroleum Company's Refining Environmental, Safety & Security Department's computer system, DataPipe, communicating information of the incident.
- 2.5.9 Coordinate/complete a Root Cause Analysis (Tap Root) for all OSHA recordable injuries within 60 working days of recordability determination.
- 2.5.10 Create an OSHA Recordable Bulletin for all OSHA Recordable injuries and illnesses that occur at the Catlettsburg Refining, LLC which will be submitted to Marathon Petroleum Company's Refining Environmental, Safety & Security Department Sharepoint site and distributed throughout the refinery.
- 2.5.11 Notify the Security Department when to reset the "Number of Days Since the Last OSHA Recordable Injury Occurred" sign to zero and assure that the number posted on the sign is the correct number of days since the last OSHA Recordable Injury.
- 2.5.12 Follow reporting requirements in attachment B.8 - Injury/Illness Reporting & Classification.

2.6 Management

- 2.6.2 The Division Manager will sign the OSHA 300A Summary Form prior to posting February 1 yearly.

2.7 Contractors

- 2.7.1 Report all work-related injuries or illnesses as shown in the flow chart, Contractor Injury Notification (see Attachment B.7), as soon as possible or no later than the end of shift.

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- 2.7.2 Report to Nursing Corps, located at England Hill, for evaluation and any necessary treatment for all work related injuries or illnesses.
- 2.7.3 Draft the information of the work-related injury or illness on the Catlettsburg Refining, LLC's Occupational Injury and Illness Report (see Attachment B.2) and fax to 606-921-2028 no later than 6 a.m. of the following day in which the work-related injury or illness was reported.
 - 2.7.3.1 The final report will be completed once all initial treatment is given and a classification has been determined for the reported work-related injury or illness.
- 2.7.4 Will provide the Safety Department with follow-up information of work-related injury or illness cases until Maximum Medical Improvement (MMI) is reached.

3.0 Requirements

- 3.1 All employees are required to notify their Supervisor or Shift Foreman of a work related injury or illness as soon as possible, but no later than the end of shift. See Attachment B.8 for a decision logic diagram flow chart of Injury Illness Reporting and Classification.
- 3.2 All employees are required to report to the Medical Department if an injury/illness occurs. If the injury/illness occurs during an off-shift, the Area Shift Foreman is required to notify the on-call Medical Professional.
- 3.3 If an employee visits the Medical Department for initial medical or first aid treatment, they must complete the top portion of the Injury Incident/Medical Visit Form 6154 (see Attachment B.3).
- 3.4 Notification shall be made to the Medical Department prior to visiting an outside physician for any work related injury or illness. Refer to Attachment B.1 for phone contacts.
- 3.5 All employees will keep the Medical Department informed of their status and/or treatment as well as subsequent visits to an outside physician for work-related injuries/illnesses.

4.0 Near Miss

- 4.1 MPC employees and contract personnel shall report all Near Miss incidents to the Safety Department.
 - 4.1.1 MPC employees and contract personnel will communicate information of the Near Miss by completing and submitting the Refinery Near Miss Reporting Form (see Attachment B.9) to the Safety Department.
 - 4.1.2 The Safety Department will report all Catlettsburg Refining, LLC's near miss submissions to Marathon Petroleum Company's Refining Environmental, Safety & Security Department electronically.

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Appendix A: Terms and Definitions

- A.1 Contractor** – Any non-Marathon entity providing labor, materials and/or services relating to the construction, maintenance, operation, renovation, or specialty work on Marathon property and includes without limitation, prime contractors as well as subcontractors. The term contractor excludes vendors, visitors, couriers, sales representatives, consultants, and members of the public. Any individual not on the Company payroll, whose exposure hours occur on Marathon-owned or leased site or under Marathon’s operational control.
- A.2 Days Away from Work Incident** – Work-related injuries that result in the employee or contractor being away from work for at least one calendar day after the day of the injury as determined by a physician or other licensed health care professional. This is an abridged version of the definition used to report days away from work injuries for OSHA.
- A.3 Directly Supervised Contractor (DSC)** - A contractor under the day-to-day supervision of a Catlettsburg Refining, LLC employee. Day-to-day supervision occurs when, in addition to specifying the output, product or result to be accomplished by the person’s work, the employer supervises the details, means, methods and processes by which is to be accomplished.
- A.4 Exposure** - The reasonable likelihood that a worker is or was subjected to some effect, influence, or safety hazard or in contact with a hazardous chemical or physical agent at a sufficient concentration and duration to produce a health effect.
- A.5 First Aid** – A first aid case is an exposure or event that results in an injury or illness that does not meet the definition for OSHA recordability. The following is OSHA’s list of treatments that are defined as first aid. Any procedure beyond first aid is considered medical treatment for the purposes of this SWI. Additional interpretations and updates may apply (see OSHA’s Recordkeeping Related Letters of Interpretations).
- A. Using a nonprescription medication at nonprescription strength (for medications available in both prescription and nonprescription form, a recommendation by a physician or other licensed health care professional to use a nonprescription medication at prescription strength is considered medical treatment).
 - B. Administering tetanus immunizations (other immunizations, such as Hepatitis B vaccine or rabies vaccine, are considered medical treatment).
 - C. Cleaning, flushing or soaking wounds on the surface of the skin.
 - D. Using wound coverings such as bandages, Band-Aids™, gauze pads, etc.; or using butterfly bandages or Steri-Strips™ (other wound closing devices such as sutures, staples, etc., are considered medical treatment).
 - E. Using hot or cold therapy.
 - F. Using any non-rigid means of support, such as elastic bandages, wraps, non-rigid back belts, etc. (devices with rigid stays or other systems designed to immobilize parts of the body are considered medical treatment for recordkeeping purposes).

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- G. Using temporary immobilization devices while transporting an accident victim (e.g., splints, slings, neck collars, back boards, etc.).
- H. Drilling of a fingernail or toenail to relieve pressure or draining fluid from a blister.
- I. Using eye patches.
- J. Removing foreign bodies from the eye using only irrigation or a cotton swab.
- K. Removing splinters or foreign material from areas other than the eye by irrigation, tweezers, cotton swabs or other simple means.
- L. Using finger guards.
- M. Using massages (physical therapy or chiropractic treatment are considered medical treatment for recordkeeping purposes).
- N. Drinking fluids for relief of heat stress.

A.6 Physical Abilities Form - The form documents when an employee may return to work after a work-related injury or illness and any limitations that were given to the employee. A new form is required for each subsequent visit. Refer to Form 6492 ER in Attachment B.4.

A.7 Incident - Any unplanned event that negatively impacts or could have impacted safety, the environment, regulatory compliance, reliability or security of an asset.

A.8 Injury/Illness Classification - Decisions on recordable cases (recordable, first aid, restricted duty or lost time) will be based on the applicable definitions and interpretations contained in the Bureau of Labor Statistics' Recordkeeping Guidelines for Occupational Injury and Illness.

A.9 Injury/Illness Classification Log - The report form used by the Safety Department that outlines their recommendations concerning the classification of injuries and illnesses. (Attachment B.6)

A.10 Injury Incident/Medical Visit Report - The Report Form 6154 (Attachment B.3) on which the pertinent facts obtained by the Medical Personnel at Medical Department at the time of the injured employee's initial visit are recorded and transmitted to the Safety Department. This is only filled out at the top portion and gets placed into their file. Medical submits the rest of the information into 191 system and no form is passed on.

A.11 Medical Treatment - Treatment of a work-related injury or illness that is beyond first aid. (See First Aid) Medical treatment does not include:

- A. Visits to a physician or other licensed health care professional solely for observation or counseling.
- B. The conduct of diagnostic procedures, such as x-rays and blood tests, including the administration of prescription medications used solely for diagnostic purposes (e.g., eye drops to dilate pupils).

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- A.12 Near Miss** – An unplanned event or sequence of events which could have, but actually did not result in adverse consequences.
- A.13 Occupational Illness** - Any abnormal condition or disorder, other than one resulting from an injury caused by occupational exposure to environmental factors associated with employment.
- A.14 Occupational Injury** - Any cut, fracture, sprain, repetitive trauma/motion or other trauma to the body, that results from a work-related incident or from an exposure involving a single incident in the work environment.
- A.15 Occupational Injury/Illness Report (Form 191)** – The preliminary investigation report that is completed by the injured employee’s immediate Supervisor or Shift Foreman and forwarded to the Safety Department. It is a requirement for an actual or alleged work related injury or illness. (Attachment B.2)
- A.16 OSHA’s 300 Log** - The OSHA Recordkeeping form used to list each recordable case and to note the extent of injuries and illnesses.
- A.17 OSHA’s Form 300A** – The OSHA Recordkeeping form used to summarize the work-related injuries and illness that occurred at an establishment for a calendar year.
- A.18 Recordable Injury or Illness Incident** – A work related injury or illness that results in any of the following: death, days away from work, restricted work activity or transfer to another job, medical treatment beyond first aid, loss of consciousness, or a significant injury or illness diagnosed by a physician or other licensed health care professional. This is an abridged version of the OSHA definition.
- A.19 Restricted Work** - Occurs when, as a result of work-related injury or illness, you keep the employee from performing one or more of the routine functions of his or her job, or from working the full workday that he or she would otherwise have been scheduled to work, or a physician or other licensed health care professional recommends that the employee not perform one or more of the routine functions of his or her job, or not work the full workday that he or she would otherwise have been scheduled to work.
- A.20 Routine Functions** - For recordkeeping purposes, an employee's routine functions are those work activities the employee regularly performs at least once per week.

Appendix B: Attachments

- B.1 Physician Visit Reminder
- B.2 MPC & Contractor Occupational Injury/Illness Incident Report
- B.3 Injury Incident/Medical Visit Report
- B.4 Physical Abilities Report
- B.5 SHARPS Injury Log
- B.6 Injury/Illness Classification Log
- B.7 Contractor Injury Notification
- B.8 Injury/Illness Reporting & Classification
- B.9 MPC Refinery Personal Safety Near Miss Report

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B.1 Physician Visit Reminder

You have reported to the Catlettsburg Refining, LLC Medical Professional that you have sustained an injury or accident at work. **Prior to seeking any additional medical treatment, please contact the Medical Department.**

Business Hours (M-F 8_{am}-5_{pm}): **H-Coal Medical Department**
606-921-6805
606-921-6806

Off Hours and Weekends: **Refinery Medic On-Call via Guard House**
606-921-6821

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B.2 MPC & Contractor Occupational Injury/Illness Incident Report

Reference: For the most up-to-date, working copy of this form go to [RSW-FORM#SAF084-CB](#)

MPC & Contractor Occupational Injury/Illness Incident Report

Catlettsburg Refining, LLC



I. This Section to be completed ASAP, but not later than 24 hours by the Employee's/Contractor's immediate supervisor.

A. Injured or Ill Employee/Contractor:

Name: _____ Employee No. (if MPC): _____

Home Address: _____

Home Phone: _____ Sex: M F

Date of Birth: _____ Date you began this occupation: _____

Occupation/Job Title: _____ Date Hired (with MPC or Contracting Company): _____

Company: _____ Supervisor: _____

Office Phone: _____ Supervisor Phone: _____

B. Description of Injury or Illness

1. Date of Incident: _____ Time: _____ am pm Check if time cannot be determined

2. Time you began work day of incident: _____ am pm Were you working your normal hours? YES NO

3. Place: _____ Occurred on Company premises? YES NO

4. Reported to: _____ Date: _____ Time: _____ am pm

5. Describe what you were doing just before the incident occurred. Describe the activity, as well as the tools, equipment or material being used. (Be Specific):

6. Describe in detail how the injury/illness occurred (use additional page if needed):

7. Describe in detail the injury/illness, part of body affected and how (be more specific than "hurt" or "sore") and any symptoms:

8. Witness(es) to the incident: _____

9. I have answered the above questions to the best of my knowledge: _____

Signature

Date

10. Completed by (if other than the above person):

Name

Title

Phone

Date

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B.2 MPC & Contractor Occupational Injury/Illness Incident Report (cont.)

MPC & Contractor Occupational Injury/Illness Incident Report

Catlettsburg Refining, LLC



II. This section is to be completed by Employee's/Contractor's immediate Supervisor or designee and forwarded to the Safety Department within 3 calendar days of the incident.

A. Incident Investigation

1. Is there any additional information about the incident? _____

2. Agree with above information? YES NO If NO, indicate which numbered item(s) you believe are incorrect and explain:

3. Object or substance causing injury/illness (specify): _____

4. Check the protective equipment being "worn" and equipment "required" for task:

Goggles	Face Shield	Hard Hat	Safety Glasses	Fall Protection	Fire Resistant Clothing
<input type="checkbox"/> Worn	<input type="checkbox"/> Worn	<input type="checkbox"/> Worn	<input type="checkbox"/> Worn	<input type="checkbox"/> Worn	<input type="checkbox"/> Worn
<input type="checkbox"/> Required	<input type="checkbox"/> Required	<input type="checkbox"/> Required	<input type="checkbox"/> Required	<input type="checkbox"/> Required	<input type="checkbox"/> Required
Safety Shoes	Seat Belt	Respirator	H₂S Monitor	Gloves	Other
<input type="checkbox"/> Worn	<input type="checkbox"/> Worn	<input type="checkbox"/> Worn	<input type="checkbox"/> Worn	<input type="checkbox"/> Worn	<input type="checkbox"/> Worn
<input type="checkbox"/> Required	<input type="checkbox"/> Required	<input type="checkbox"/> Required	<input type="checkbox"/> Required	<input type="checkbox"/> Required	<input type="checkbox"/> Required

5. Were proper work procedures being followed? YES NO If NO, explain: _____

6. Was employee experienced and trained in task? YES NO If NO, explain: _____

7. Were unsafe tools or equipment involved? YES NO If YES, explain: _____

8. Did an unsafe act contribute to this incident? YES NO If YES, explain: _____

9. Contributing factors (weather, emergency, etc.) _____

B. Corrective Action

1. What steps were taken to prevent recurrence of this type of incident? _____

Completed by:

_____ Name _____ Title _____ Phone _____ Date _____

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MPC & Contractor Occupational Injury/Illness Incident Report

Catlettsburg Refining, LLC



III. Treatment – To be completed by Supervisor or Designee

1. Describe on-site first aid treatment: _____

 Provided by: _____

2. Did the employee receive treatment from an outside Physician? YES NO

Injured/Ill employee received off-site treatment from:

Doctor? Name: _____ Phone No.: _____
 Address: _____ Transported by: _____

ER? Name: _____ Phone No.: _____
 Address: _____ Transported by: _____

Other? Name: _____ Phone No.: _____
 Address: _____ Transported by: _____

3. Was employee hospitalized overnight as an in-patient? YES NO

4. Was medication administered or prescribed? YES NO

If YES, what was administered or prescribed: _____

5. Describe treatment (attach any documentation).

Completed by:

Name	Title	Phone	Date

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B.2 MPC & Contractor Occupational Injury/Illness Incident Report (cont.)

MPC & Contractor Occupational Injury/Illness Incident Report

Catlettsburg Refining, LLC



IV. HES Department – Complete and enter into DataPipe system within 7 calendar days.

A. OSHA Information

- Recordable? YES NO
- Fatal? YES NO If YES, date and time of death: _____
- Days Away From Work? YES NO Days Away: Estimated _____ Actual _____
- Days of Restricted Duty? YES NO Restricted Days: Estimated _____ Actual _____
- Permanent Transfer? YES NO
- Loss of Consciousness? YES NO
- Medical Treatment? YES NO Other than first aid: _____
- Is this a privacy concern case? YES NO
- Occupational Illness? (Check one) Skin Disorder Respiratory Condition Poisoning Hearing Loss All other illnesses
- Is this considered a SIF (serious injury or fatality) incident? YES NO
- OSHA Log Number: _____ Assigned Case Number: _____ Date/Time entered into DataPipe: _____
- Description of incident AND part(s) of body affected (limited to 80 characters): _____

B. Injury/Illness Classification Codes

- Nature of Injury: _____
- Part of Body: _____
- Source of Injury: _____
- Accident Type: _____
- Hazardous Condition: _____
- Unsafe Act: _____

Additional Comments: _____

Completed by:

Name	Title	Phone	Date

V. Management Review

Comments: _____

Name	Title	Phone	Date

Comments: _____

Name	Title	Phone	Date

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B.3 Injury Incident/Medical Visit Report


Reference: For the most up-to-date, working copy of this form contact the Medical Department.

Employee Info.	EMPLOYEE NAME		EMPLOYEE NO.	DATE	TIME	AM PM
	SUPERVISOR NAME	REFINERY <input type="checkbox"/> NE CONTRACTOR <input type="checkbox"/> SE	<input type="checkbox"/> OTHER	UNIT	CRAFT	
Medical (Including Non-Work Injury)	NATURE OF PROBLEM/WORK OR NON-WORK RELATED INJURY					
	WORK RELATED <input type="checkbox"/> NON-WORK RELATED <input type="checkbox"/>					
B. Injury (Work Related Only)	DESCRIPTION OF WHAT HAPPENED				INJURY DATE /TIME	AM PM
	WHAT WORK AREA	NATURE OF INJURY		SUPERVISOR AT TIME OF INJURY		
	DID ANYONE ELSE <input type="checkbox"/> YES IF YES, WHO? SEE THE INCIDENT <input type="checkbox"/> NO			HAVE YOU REPORTED THIS <input type="checkbox"/> YES INJURY TO YOUR SUPERVISOR? <input type="checkbox"/> NO		
Employee Signature	THE ABOVE INFORMATION IS ACCURATE <input checked="" type="checkbox"/>				DATE	
MEDICAL SECTION						
Subjective	BODY PART	REASON			CASE NUMBER	
Objective						
Assessment						
Plan						
					SIGNATURE	DATE

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B.4 Physical Abilities Form

Reference: For the most up-to-date, working copy of this form contact the Medical Department.



PHYSICAL ABILITIES FORM

Name	Employee ID	SSN	Date of Injury/Illness
Occupation	Location	Supervisor	

May RTW with no limitations on _____

May RTW with limitations from _____ to _____

The limitations are: Permanent Temporary
If temporary, what is the duration? _____

If limitations cannot be met at work, then injured worker is recommended to be off work.
Estimated Return to Work date _____

List ICD-9 code(s) for the conditions being treated:

PHYSICAL ABILITIES				
% of workday (8 hr) Repetitions per hr	None 0%	Occasional 1-33% 1-4	Frequent 34-66% 5-8	Continuous 67-100% 9-12
Lift/Carry				
Up to 10 lbs.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11-20 lbs.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21-50 lbs.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51-100 lbs.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climb.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bend.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Twist/Turn.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reach below knee.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Push/Pull.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Squat/Kneel.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stand/Walk.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sit.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Vocational Rehabilitation

Check if vocational rehabilitation return to work services are indicated.

If yes, list recommendations (i.e., Physical therapy/work conditioning)

List length of time required for services:

No use of: Left Right

Arm

Hand

Finger _____

Other _____

Hand Limitations: Left Right

No lifting greater than _____ lbs.

Must wear splint

No repetitive activity

No work with hot/cold substances.

Change positions every _____

Work activity as splint/bandage permits

Avoid driving

Keep wound clean/dry

Limit work to _____ Hrs./Day

Physician name and address (please print, type or stamp)

I

Date of this exam	Follow-up appointment	Physician signature (mandatory)
/ /	Date: / /	

FORM 6492 ER Rev. 8/10

FORM 6492 ER Rev. 8/10

Marathon Petroleum Company LLC	Catlettsburg Refining, LLC	
Title: Injury/Illness Reporting	Doc Number: RSW-EP-AS-SWI-02-CB	Rev No: 03

B.5 SHARPS Injury Log
 (Record of Percutaneous Injury from Contaminated Sharps)

Reference: For the most up-to-date, working copy of this form go to [RSW-FORM#SAF083-CB](#)

SHARPS Injury Log
 (Record of Percutaneous Injury from Contaminated Sharps)



Date of Incident	Name	Employee #/ SS Number	Description of Incident	Type & Brand of Device	Body Part Injured	Dept. Where Exposure Occurred	Treatment	Form 191 Y/N

This Confidential Form must be maintained in a secured location for 5 year following the end of the year to which it relates.

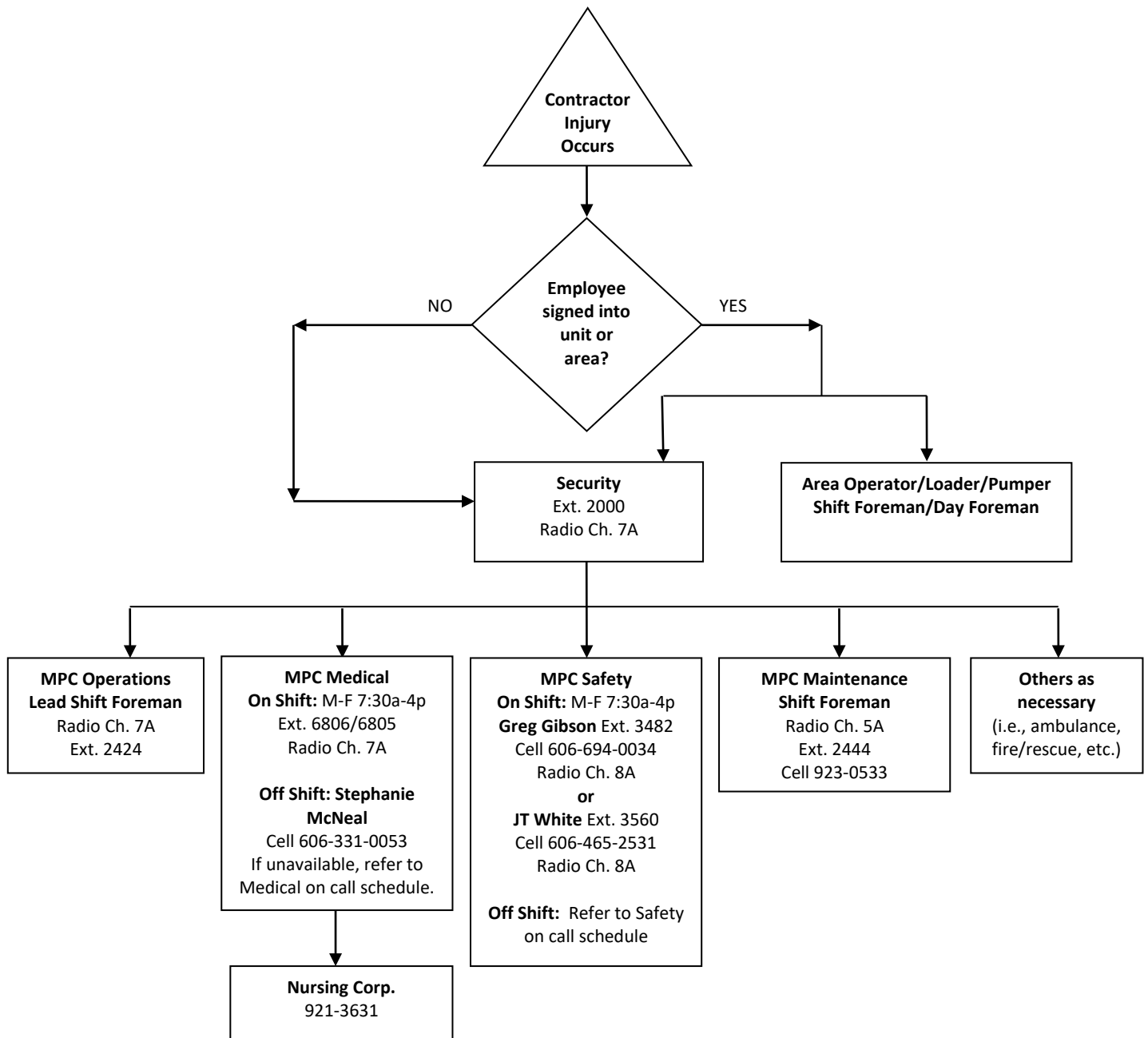
References: 29 CFR 1904.6
 29 CFR 1910.1030 (H)

Form SAF083; Rev. 0, 08/2/2016

B.6 Injury/Illness Classification Log

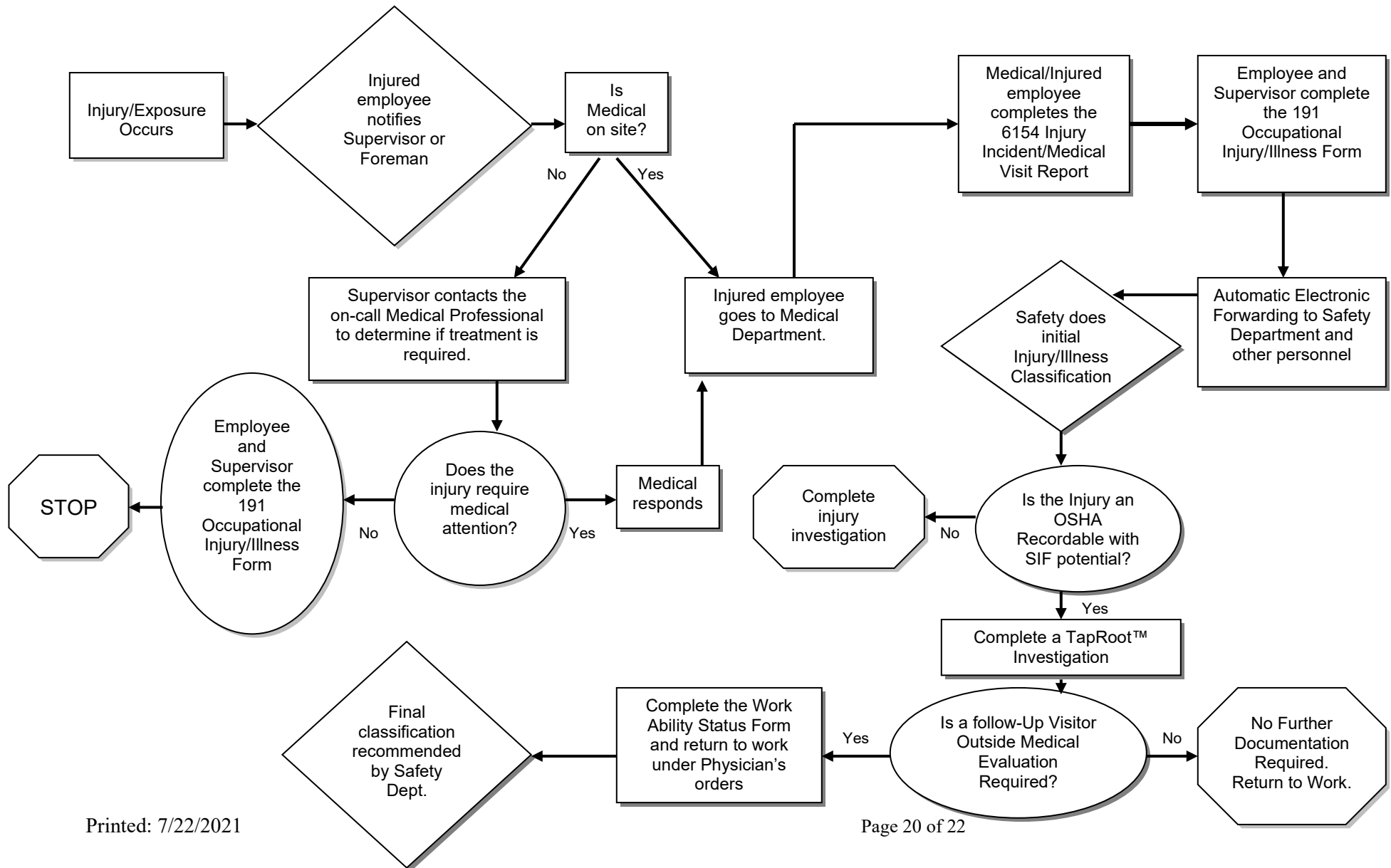
Incident # Data Pipe #	Name/Responsible Manager	Date Injured	Date Reported	Group	Injury Description	Classification	Treatment	Rationale

B.7 Contractor Injury Notification




Printed copies should be used with caution. The user of this document must ensure the current approved version of the document is being used.

B.8 Employee or Direct Supervised Employee Injury/Illness Reporting & Classification



B.9 MPC Refinery Personal Safety Near Miss Report Catlettsburg Refining, LLC

Reference: For the most up-to-date, working copy of this form go to **RSW-FORM#SAF080-CB**



MPC REFINERY PERSONAL SAFETY NEAR MISS REPORT - Catlettsburg

REPORTING PARTY:

DATE OF NEAR MISS: _____

TIME OF NEAR MISS: _____ AM PM

MPC Employee Contractor
 Operations
 Maintenance
 Product Control/Lab
 Staff/Administration

LOCATION OF NEAR MISS (Required) _____

AREA (check one)

<input type="checkbox"/> Crude #3	<input type="checkbox"/> Alkylation Production	<input type="checkbox"/> Cumene Production
<input type="checkbox"/> Crude #5	<input type="checkbox"/> Kerosene Hydrotreater	<input type="checkbox"/> Tank Farm
<input type="checkbox"/> C5/C6 Isom	<input type="checkbox"/> Distillate Hydrotreater	<input type="checkbox"/> WWTP
<input type="checkbox"/> Naphtha Hydrotreater (CG)	<input type="checkbox"/> LP Gas Oil Hydrotreater	<input type="checkbox"/> Maintenance Shop:
<input type="checkbox"/> Naphtha Hydrotreater (NPT)	<input type="checkbox"/> HP Gas Oil Hydrotreater	<input type="checkbox"/> Sulfur Plant
<input type="checkbox"/> LP Reformer #1	<input type="checkbox"/> Solvent DeAsphalter (SDA)	<input type="checkbox"/> Laboratory
<input type="checkbox"/> HP Reformer #2	<input type="checkbox"/> Aromatics Desulf (ADS)	<input type="checkbox"/> Office Building
<input type="checkbox"/> FCCU (Cat Cracker)	<input type="checkbox"/> Sulfolane	<input type="checkbox"/> Parking Lot:
<input type="checkbox"/> Other - Location: _____		

NATURE OF NEAR MISS (check all that apply - Required):

<u>Work Area Conditions</u>	<u>Tools/Equipment/Objects</u>	<u>Chemicals/Materials</u>	<u>Body Position</u>
<input type="checkbox"/> Slippery	<input type="checkbox"/> Sharp Edges	<input type="checkbox"/> Hot/Cold	<input type="checkbox"/> Twisting
<input type="checkbox"/> Holes	<input type="checkbox"/> Falling/Flying	<input type="checkbox"/> Corrosive	<input type="checkbox"/> Heavy Lifting
<input type="checkbox"/> Obstructions	<input type="checkbox"/> Excessive Force	<input type="checkbox"/> Biological/Radiation	<input type="checkbox"/> Tight Quarters
<input type="checkbox"/> Protrusions	<input type="checkbox"/> Moving Parts	<input type="checkbox"/> Flammable	<input type="checkbox"/> Reaching
<input type="checkbox"/> Fall Hazard	<input type="checkbox"/> Energized Parts	<input type="checkbox"/> Uncontained	<input type="checkbox"/> Pinch Points
<input type="checkbox"/> Other Personnel	<input type="checkbox"/> Pressure	<input type="checkbox"/> Under Pressure	<input type="checkbox"/> Line of Fire
<input type="checkbox"/> Lighting/Visibility	<input type="checkbox"/> Other :	<input type="checkbox"/> Toxic/O2	<input type="checkbox"/> Other :
<input type="checkbox"/> Uneven Surfaces		<input type="checkbox"/> Engulfment	
<input type="checkbox"/> Other :		<input type="checkbox"/> Particles/Debris	
		<input type="checkbox"/> Other :	

BRIEF DESCRIPTION OF NEAR MISS (Required):

ACTIONS TAKEN / SUGGESTIONS FOR PREVENTING A FUTURE NEAR MISS (Optional):

I want someone to follow up with me on this near miss: Yes* No

*Name: _____

*Telephone: _____

*E-Mail: _____

Form SAF080; Rev. 1, 05/06/13

Fax completed form to: 606-921-2028

Printed copies should be used with caution. The user of this document must ensure the current approved version of the document is being used.

Marathon Petroleum Company LLC	Catlettsburg Refining, LLC	
Title: Injury/Illness Reporting	Doc Number: RSW-EP-AS-SWI-02-CB	Rev No: 03

Revision History

Complete the following table for each document revision.

Rev. No.	Description of Change	Author	Approved By	Rev. Date	Effective Date
1	Changed SME	Greg Gibson	RMT	06/28/06	06/28/06
	Changed wording on pg's 5,7 and 17	Greg Gibson	RMT	06/28/06	06/28/06
	Updated Header , Language	Greg Gibson	RMT	06/28/06	06/28/06
	Changed date	Darin Barber	RMT	06/28/06	06/28/06
	Changed to 2.8 5 physically impossible	Jonathan Scott	RMT	06/28/06	06/28/06
	Changes made	Mike Stapleton	RMT	09/23/08	09/23/08
2	Added Revision history	Dee Hill	Greg Gibson	07/18/14	09/23/08
3	Changed the following: - Near Miss information - Terms & Definitions - Modified Forms - Directly Supervised Contractors information - Combined contractor injury notification procedure with this document. - Updated flow charts - Additional clarification to responsibilities	Keri Pomatto	Greg Gibson	12/12/17	12/12/17

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