YOUR RESPONSE IS REQUIRED IN 30 DAYS.

Please correct your company address as needed.

For your convenience, you can submit your survey response on our website at https://idcf.bls.gov.
See the brochure inside this booklet for more information!

We estimate it will take you an average of 24 minutes to complete this survey (ranging from 10 minutes to 5 hours per package), including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing this information. If you have any comments regarding the estimates or any other aspect of this survey, including suggestions for reducing this burden, please send them to the Bureau of Labor Statistics, Occupational Safety and Health Statistics (1220-0045), 2 Massachusetts Avenue, N.E., Washington, DC 20212. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. DO NOT SEND THE COMPLETED FORM TO THIS ADDRESS.
Steps to Complete this Survey

This survey asks employers to provide information about occupational injuries and illnesses based upon the information you have maintained for Calendar Year 2005 on your OSHA Forms for Recording Work-Related Injuries and Illnesses. Copies of these forms were mailed to you in late 2004. Under Public Law 91-596, all establishments that receive this survey must complete and return it within 30 days, even if they had no work-related injuries and illnesses during 2005. The instructions below outline the steps to complete the survey regardless of whether your establishment did or did not have injuries or illnesses in 2005.

Step 1: Check the Reporting Site referred to on the front cover. Complete this survey only for the establishment(s) noted on the front cover under Reporting Site. If you are unsure, please call the number listed on the label as ‘For Help Call’.

Step 2: Check Your Company Address printed on the front cover. Make any necessary corrections directly on the front cover.

Step 3: Refer to your establishment’s Occupational Safety and Health Administration (OSHA) Forms for Recording Work-Related Injuries and Illnesses. Copies of these forms were mailed to you in late 2004:

- If you had no work-related injuries and illnesses during 2005, complete section 1 of the survey
- If you had at least one work-related injury or illness during 2005, complete sections 1 and 2 of the survey.
- For any work-related injuries or illnesses with days away from work during 2005, also complete Section 3.

Step 4: Write the name of the person who completed this survey in case we have questions in Section 4: Contact Information on the back cover of this survey.

Step 5: Return this survey and any attachments in the enclosed envelope within 30 days of the date your establishment received it. Alternative methods of reporting, such as E-mail or the Internet, are explained in a brochure in the middle of this booklet.
Section 1: Establishment Information

Instructions: Using your completed Calendar Year 2005 Summary of Work-Related Injuries and Illnesses (OSHA Form 300A), copy the establishment information into the boxes. If these numbers are not available on your OSHA Form 300A, or if your establishment does not keep records needed to answer (1) and (2) below, you can estimate using the steps that follow on the next page.

1. Enter your temporary user ID from the front cover.

2. Enter the annual average employment for 2005.

3. Enter the total hours worked for 2005.

4. Check any conditions that might have affected your answers to questions 2 and 3 above during 2005:
   - Strike or lockout
   - Shutdown or layoff
   - Seasonal work
   - Natural disaster or adverse weather conditions
   - Shorter work schedules or fewer pay periods than usual
   - Longer work schedules or more pay periods than usual
   - Other reason: _________________________________
   - Nothing unusual happened to affect our employment or hours figures.

5. Did you have ANY occupational injuries or illnesses during 2005?
   - Yes. Go to Section 2: Summary of Work-Related Injuries and Illnesses, 2005, directly below.
   - No. Go to Section 4: Contact Information on the back cover.

Section 2: Summary of Work-Related Injuries and Illnesses, 2005

Instructions:

1. Refer to your Reporting Site’s OSHA Forms for Recording Work-Related Injuries and Illnesses. If you prefer, you may enclose a photocopy of your Summary of Work-Related Injuries and Illnesses (OSHA Form 300A).

2. If more than one establishment is noted on the front cover under Reporting Site, be sure to include the OSHA Form 300A for all of the specified establishments.

3. If any total is zero on your OSHA Form 300A, write “0” in that total’s space below.

4. The total Number of Cases recorded in G + H + I + J must equal the total Injury and Illness Types recorded in M (1 + 2 + 3 + 4 + 5 + 6).

<table>
<thead>
<tr>
<th>Number of Cases</th>
<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Total number of deaths</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(G)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total number of cases</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>with days away from work</td>
<td>(H)</td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>with job transfer or</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>restriction</td>
<td>(I)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total number of other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>recordable cases</td>
<td>(J)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number of Days</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of days</td>
<td></td>
<td></td>
</tr>
<tr>
<td>away from work</td>
<td>(K)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>of job transfer or</td>
<td></td>
<td></td>
</tr>
<tr>
<td>restriction</td>
<td>(L)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Injury and Illness Types</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>…</td>
<td>(M)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(1) Injuries</td>
<td></td>
<td>(4) Poisonings</td>
<td></td>
</tr>
<tr>
<td>(2) Skin disorders</td>
<td></td>
<td>(5) Hearing loss</td>
<td></td>
</tr>
<tr>
<td>(3) Respiratory conditions</td>
<td></td>
<td>(6) All other illnesses</td>
<td></td>
</tr>
</tbody>
</table>

If you had any work-related deaths in 2005, please tell us on the line below where you assigned/classified each death within the list of items (M1) through (M6) provided under Injury and Illness Types above (e.g., “fatal case was due to injury resulting from fall” or “death resulted from respiratory conditions”)______________________________
Steps to estimate annual average employment for 2005:

**Step 1:** Add the number of employees your establishment paid in every pay period during calendar year 2005. Include all paid employees: full-time, part-time, temporary, seasonal, salaried, and hourly.

*Example:*
Acme Construction pays its employees 26 times each year (26 pay periods).

During 2005…

<table>
<thead>
<tr>
<th>In this pay period</th>
<th>Acme paid this many employees</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>10</td>
</tr>
<tr>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>2</td>
<td>15</td>
</tr>
<tr>
<td>3</td>
<td>15</td>
</tr>
<tr>
<td>25</td>
<td>10</td>
</tr>
<tr>
<td>26</td>
<td></td>
</tr>
<tr>
<td><strong>830</strong></td>
<td><strong>830</strong> (sum of employees)</td>
</tr>
</tbody>
</table>

**Step 2:** Divide the sum of the number of employees by the number of pay periods your establishment had during 2005. Be sure to count any pay periods when you had no employees.

*Example:*
Because Acme Construction has 26 pay periods, it would divide its sum by 26.

830 divided by 26 = 31.92.

**Step 3:** Round your answer to the next highest whole number. Write the rounded number in the box following question 2 on the previous page.

*Example:*
Acme would round 31.92 to 32 and write that number in the box following question 2.

Steps to estimate total hours worked for 2005:

**Step 1:** Find the number of full-time employees in your establishment for 2005.

*Example:*
Acme had 28 full-time employees during 2005.

**Step 2:** Multiply this number by the number of hours generally worked by a full-time employee in a year. This is equal to the number of full-time hours worked.

*Example:*
Acme’s 28 full-time employees worked an average of 1,760 hours per year after excluding vacation, sick leave, holidays, and other non-work time. (The hours worked by a full-time employee in a year may be different for your company.)

28 full-time employees multiplied by 1,760 hours worked in a year equals 49,280 full-time hours.

**Step 3:** Add the number of overtime hours and the number of hours worked by non-full-time employees (part-time, temporary, seasonal) to the number you calculated in step 2 above.

*Example:*
Acme’s 28 full-time employees worked a total of 2,800 hours of overtime during the year. Acme’s 4 part-time employees worked a total of 2,715 hours during 2005.

| Full-time hours from step 2: | 49,280 |
| Overtime hours               | + 2,800 |
| Part-time hours              | + 2,715 |
| **Total hours worked by all employees in 2005** | **54,795** | Acme would write that number in the box following question 3.
Section 3: Reporting Cases with Days Away from Work

Instructions:

1. If you had NO cases with days away from work in Column H, you are finished with the survey.
   Go to Section 4: Contact Information on the back cover.
2. If you had cases with days away from work in Column H, please complete this section.
3. You should only report cases with days away from work. To identify the individual cases to report, follow these steps:

   Step 1: Go to your completed OSHA Form 300.
   Mark each case that has a check in column (H).
   These are the only cases you should report.
   See the sample in Step 3.

   Step 2: Fill out one Case with Days Away from Work form for each case that you identified in Step 1. You can find most of the information on a supplementary document such as the Injury and Illness Incident Report (OSHA Form 301), a workers’ compensation report, an accident report, or an insurance form.

   Step 3: If more than one establishment is noted on the front cover under Reporting Site, be sure to look at all your OSHA Form 300’s to find which cases to report.

   Step 4: We have designed this survey to ensure that you do not have to report more than approximately 30 cases. If you have significantly more than 30 cases, please go to Section 5: If You Need Help . . . at the back of this booklet and call the phone number listed for your State for assistance. If you need more Case with Days Away from Work forms, you may either photocopy a blank form or go to Section 5: If You Need Help . . . at the back of this booklet and call the phone number listed for your State.

   Step 5: When you are finished, proceed to Section 4: Contact Information on the back cover of this booklet.
**Tell us about the Case**

Go to your completed OSHA Form 300. Copy the case information from that form into the spaces below.

<table>
<thead>
<tr>
<th>Employee’s name (column B)</th>
<th>Job title (column C)</th>
<th>Date of injury or onset of illness (column D)</th>
<th>Number of days away from work (column K)</th>
<th>Number of days of job transfer or restriction (column L)</th>
</tr>
</thead>
<tbody>
<tr>
<td>__________________________</td>
<td>____________________</td>
<td>/05 month day year</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Tell us about the Employee**

1. Check the category which best describes the employee's regular type of job or work: (optional)
   - [] Office, professional, business, or management staff
   - [] Sales
   - [] Product assembly, product manufacture
   - [] Repair, installation or service of machines, equipment
   - [] Construction
   - [] Healthcare
   - [] Delivery or driving
   - [] Food service
   - [] Cleaning, maintenance of building, grounds
   - [] Material handling (e.g., stocking, loading/unloading, moving, etc.)
   - [] Farming

2. **Employee’s race or ethnic background:** (optional-check one or more)
   - [] American Indian or Alaska Native
   - [] Asian
   - [] Black or African American
   - [] Hispanic or Latino
   - [] Native Hawaiian or Other Pacific Islander
   - [] White
   - [] Not available

**Tell us about the Incident**

Answer the questions below or attach a copy of a supplementary document that answers them.

6. **Time employee began work:** ________ am pm

7. **Time of event:** ________ am pm OR [ ] Check if time cannot be determined
   - [ ] before
   - [ ] during
   - [ ] after work shift

8. **What was the employee doing just before the incident occurred?** Describe the activity as well as the tools, equipment, or material the employee was using. Be specific. **Examples:** “climbing a ladder while carrying roofing materials”; “spraying chlorine from hand sprayer”; “daily computer key-entry.”

9. **What happened?** Tell us how the injury or illness occurred. **Examples:** “When ladder slipped on wet floor, worker fell 20 feet”; “Worker was sprayed with chlorine when gasket broke during replacement”; “Worker developed soreness in wrist over time.”

10. **What was the injury or illness?** Tell us the part of the body that was affected and how it was affected; be more specific than “hurt,” “pain,” or “sore.” **Examples:** “strained back”; “chemical burn, hand”; “carpal tunnel syndrome.”

11. **What object or substance directly harmed the employee?**
    **Examples:** “concrete floor”; “chlorine”; “radial arm saw.” If this question does not apply to the incident, leave it blank.
Tell us about the Case
Go to your completed OSHA Form 300. Copy the case information from that form into the spaces below.

<table>
<thead>
<tr>
<th>Employee’s name (column B)</th>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>/ 05</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Tell us about the Employee

1. Check the category which best describes the employee’s regular type of job or work:  (optional)
   - Office, professional, business, or management staff
   - Sales
   - Product assembly, product manufacture
   - Repair, installation or service of machines, equipment
   - Construction
   - Healthcare
   - Delivery or driving
   - Food service
   - Cleaning, maintenance of building, grounds
   - Material handling (e.g., stocking, loading/unloading, moving, etc.)
   - Farming
   - Other: ______________________

2. Employee’s race or ethnic background:  (optional-check one or more)
   - American Indian or Alaska Native
   - Asian
   - Black or African American
   - Hispanic or Latino
   - Native Hawaiian or Other Pacific Islander
   - White
   - Not available

NOTE: You may either answer questions (3) to (11) or attach a copy of a supplementary document that answers them.

3. Employee’s age: _______ OR date of birth: __________ / __________ / __________

4. Employee’s date hired: __________ / __________ / __________
   OR check length of service at establishment when incident occurred:
   - Less than 3 months
   - From 3 to 11 months
   - From 1 to 5 years
   - More than 5 years

5. Employee’s sex:
   - Male
   - Female

Tell us about the Incident

Answer the questions below or attach a copy of a supplementary document that answers them.

6. Time employee began work: __________ __________ am __________ pm

7. Time of event: _______ __________ am __________ pm OR _______ Check if time cannot be determined
   Event occurred: _______ before _______ during _______ after _______ work shift

8. What was the employee doing just before the incident occurred?
   Describe the activity as well as the tools, equipment, or material the employee was using. Be specific. Examples: “climbing a ladder while carrying roofing materials”; “spraying chlorine from hand sprayer”; “daily computer key-entry.”

9. What happened? Tell us how the injury or illness occurred. Examples: “When ladder slipped on wet floor, worker fell 20 feet”; “Worker was sprayed with chlorine when gasket broke during replacement”; “Worker developed soreness in wrist over time.”

10. What was the injury or illness? Tell us the part of the body that was affected and how it was affected; be more specific than “hurt,” “pain,” or “sore.” Examples: “strained back”; “chemical burn, hand”; “carpal tunnel syndrome.”

11. What object or substance directly harmed the employee? Examples: “concrete floor”; “chlorine”; “radial arm saw.” If this question does not apply to the incident, leave it blank.
Case with Days Away from Work

Tell us about a 2005 occupational injury or illness only if it resulted in days away from work. To find out which case(s) you should report, read the instructions at the beginning of Section 3: Reporting Cases with Days Away from Work.

Tell us about the Case

Go to your completed OSHA Form 300. Copy the case information from that form into the spaces below.

<table>
<thead>
<tr>
<th>Employee’s name (column B)</th>
<th>Job title (column C)</th>
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<th>Number of days away from work (column K)</th>
<th>Number of days of job transfer or restriction (column L)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>/05</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Tell us about the Employee

1. Check the category which best describes the employee's regular type of job or work: (optional)
   - Office, professional, business, or management staff
   - Sales
   - Product assembly, product manufacture
   - Repair, installation or service of machines, equipment
   - Construction
   - Healthcare
   - Delivery or driving
   - Food service
   - Cleaning, maintenance of building, grounds
   - Material handling (e.g., stocking, loading/unloading, moving, etc.)
   - Farming
   - Other: ______________________

2. Employee’s race or ethnic background: (optional-check one or more)
   - American Indian or Alaska Native
   - Asian
   - Black or African American
   - Hispanic or Latino
   - Native Hawaiian or Other Pacific Islander
   - White
   - Not available

NOTE: You may either answer questions (3) to (11) or attach a copy of a supplementary document that answers them.

3. Employee’s age: _____ OR date of birth: month / day / year
4. Employee’s date hired: / month / day / year
   OR check length of service at establishment when incident occurred:
   - Less than 3 months
   - From 3 to 11 months
   - From 1 to 5 years
   - More than 5 years
5. Employee’s sex:
   - Male
   - Female

Tell us about the Incident

Answer the questions below or attach a copy of a supplementary document that answers them.

6. Time employee began work: _______ am pm
7. Time of event: _______ am pm OR Check if time cannot be determined
   Event occurred: before during after work shift
8. What was the employee doing just before the incident occurred? Describe the activity as well as the tools, equipment, or material the employee was using. Be specific. Examples: “climbing a ladder while carrying roofing materials”; “spraying chlorine from hand sprayer”; “daily computer key-entry.”
9. What happened? Tell us how the injury or illness occurred. Examples: “When ladder slipped on wet floor, worker fell 20 feet”; “Worker was sprayed with chlorine when gasket broke during replacement”; “Worker developed soreness in wrist over time.”
10. What was the injury or illness? Tell us the part of the body that was affected and how it was affected; be more specific than “hurt,” “pain,” or “sore.” Examples: “strained back”; “chemical burn, hand”; “carpal tunnel syndrome.”
11. What object or substance directly harmed the employee? Examples: “concrete floor”; “chlorine”; “radial arm saw.” If this question does not apply to the incident, leave it blank.
Case with Days Away from Work

Tell us about a 2005 occupational injury or illness only if it resulted in days away from work. To find out which case(s) you should report, read the instructions at the beginning of Section 3: Reporting Cases with Days Away from Work.

Tell us about the Case
Go to your completed OSHA Form 300. Copy the case information from that form into the spaces below.

Employee’s name (column B)  Job title (column C)  Date of injury or onset of illness (column D)  Number of days away from work (column K)  Number of days of job transfer or restriction (column L)  

/05

month  day  year

Tell us about the Employee
1. Check the category which best describes the employee's regular type of job or work: (optional)
   - Office, professional, business, or management staff
   - Sales
   - Product assembly, product manufacture
   - Repair, installation or service of machines, equipment
   - Construction
   - Other: ____________________

2. Employee’s race or ethnic background: (optional-check one or more)
   - American Indian or Alaska Native
   - Asian
   - Black or African American
   - Hispanic or Latino
   - Native Hawaiian or Other Pacific Islander
   - White
   - Not available

Tell us about the Incident
Answer the questions below or attach a copy of a supplementary document that answers them.

6. Time employee began work: __________  am  pm

7. Time of event: __________  am  pm or  Check if time cannot be determined
   Event occurred: before  during  after  work shift

8. What was the employee doing just before the incident occurred?
   Describe the activity as well as the tools, equipment, or material the employee was using. Be specific. Examples: “climbing a ladder while carrying roofing materials”; “spraying chlorine from hand sprayer”; “daily computer key-entry.”

9. What happened? Tell us how the injury or illness occurred.  
   Examples: “When ladder slipped on wet floor, worker fell 20 feet”; “Worker was sprayed with chlorine when gasket broke during replacement”; “Worker developed soreness in wrist over time.”

10. What was the injury or illness? Tell us the part of the body that was affected and how it was affected; be more specific than “hurt,” “pain,” or “sore.” Examples: “strained back”; “chemical burn, hand”; “carpal tunnel syndrome.”

11. What object or substance directly harmed the employee?
   Examples: “concrete floor”; “chlorine”; “radial arm saw.” If this question does not apply to the incident, leave it blank.
Tell us about a 2005 occupational injury or illness only if it resulted in days away from work. To find out which case(s) you should report, read the instructions at the beginning of Section 3: Reporting Cases with Days Away from Work.

Tell us about the Case

Go to your completed OSHA Form 300. Copy the case information from that form into the spaces below.

<table>
<thead>
<tr>
<th>Employee’s name (column B)</th>
<th>Job title (column C)</th>
<th>Date of injury or onset of illness (column D)</th>
<th>Number of days away from work (column K)</th>
<th>Number of days of job transfer or restriction (column L)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>/ /05</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Tell us about the Employee

1. Check the category which best describes the employee's regular type of job or work: (optional)
   - Office, professional, business, or management staff
   - Sales
   - Product assembly, product manufacture
   - Repair, installation or service of machines, equipment
   - Construction
   - Healthcare
   - Delivery or driving
   - Food service
   - Cleaning, maintenance of building, grounds
   - Material handling (e.g., stocking, loading/unloading, moving, etc.)
   - Farming
   - Other: _____________________

2. Employee’s race or ethnic background: (optional-check one or more)
   - American Indian or Alaska Native
   - Asian
   - Black or African American
   - Hispanic or Latino
   - Native Hawaiian or Other Pacific Islander
   - White
   - Not available

3. Employee’s age: ______ OR date of birth: ______ / ______ / ______

4. Employee’s date hired: ______ / ______ / ______
   OR check length of service at establishment when incident occurred:
   - Less than 3 months
   - From 3 to 11 months
   - From 1 to 5 years
   - More than 5 years

5. Employee’s sex:
   - Male
   - Female

Tell us about the Incident

Answer the questions below or attach a copy of a supplementary document that answers them.

6. Time employee began work: ______ am pm

7. Time of event: ______ am pm OR □ Check if time cannot be determined
   Event occurred: □ before □ during □ after work shift

8. What was the employee doing just before the incident occurred? Describe the activity as well as the tools, equipment, or material the employee was using. Be specific. Examples: “climbing a ladder while carrying roofing materials”; “spraying chlorine from hand sprayer”; “daily computer key-entry.”

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Tell us about a 2005 occupational injury or illness only if it resulted in days away from work. To find out which case(s) you should report, read the instructions at the beginning of Section 3: Reporting Cases with Days Away from Work.

Tell us about the Case

Go to your completed OSHA Form 300. Copy the case information from that form into the spaces below.

Tell us about the Employee

1. Check the category which best describes the employee's regular type of job or work: (optional)
   - Office, professional, business, or management staff
   - Sales
   - Product assembly, product manufacture
   - Repair, installation or service of machines, equipment
   - Construction
   - Other:____________________

2. Employee’s race or ethnic background: (optional-check one or more)
   - American Indian or Alaska Native
   - Asian
   - Black or African American
   - Hispanic or Latino
   - Native Hawaiian or Other Pacific Islander
   - White
   - Not available

NOTE: You may either answer questions (3) to (11) or attach a copy of a supplementary document that answers them.

3. Employee's age: ______ OR date of birth: month / day / year

4. Employee’s date hired: month / day / year
   OR check length of service at establishment when incident occurred:
   - Less than 3 months
   - From 3 to 11 months
   - From 1 to 5 years
   - More than 5 years

5. Employee’s sex:
   - Male
   - Female

Tell us about the Incident

Answer the questions below or attach a copy of a supplementary document that answers them.

6. Time employee began work: ______ am pm

7. Time of event: ______ am pm OR [ ] Check if time cannot be determined
   Event occurred: [ ] before [ ] during [ ] after work shift

8. What was the employee doing just before the incident occurred? Describe the activity as well as the tools, equipment, or material the employee was using. Be specific. Examples: “climbing a ladder while carrying roofing materials”; “spraying chlorine from hand sprayer”; “daily computer key-entry.”

9. What happened? Tell us how the injury or illness occurred. Examples: “When ladder slipped on wet floor, worker fell 20 feet”; “Worker was sprayed with chlorine when gasket broke during replacement”; “Worker developed soreness in wrist over time.”

10. What was the injury or illness? Tell us the part of the body that was affected and how it was affected; be more specific than “hurt,” “pain,” or “sore.” Examples: “strained back”; “chemical burn, hand”; “carpal tunnel syndrome.”

11. What object or substance directly harmed the employee? Examples: “concrete floor”; “chlorine”; “radial arm saw.” If this question does not apply to the incident, leave it blank.
Section 4: Contact Information

Fill in the name, title, and phone number of the person we should call with questions about the survey.

<table>
<thead>
<tr>
<th>Printed name</th>
<th>Telephone number</th>
<th>Ext.</th>
<th>Fax number</th>
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</table>

Use the return envelope to send us the entire package -- everything that we sent you -- within 30 days of the date your establishment received it. If the return envelope is missing, send the entire package to the return address on the front cover (look for Address for Return Envelope).

Section 5: If You Need Help . . .

If you have any questions or if you need help completing this survey, call the phone number that is listed below for your State. The phone number may be for an office outside your State, but they will be able to help you. If you prefer to write, send your letter to the return address on the front of this package.

Alabama  (334) 242-3460  (334) 240-3417 fax
Alaska  (907) 465-4539  (907) 465-2101 fax
Arizona  (602) 542-3739  (602) 542-6360 fax
Arkansas  (501) 682-4542  (501) 682-4754 fax
California  (415) 703-3020  (415) 703-3029 fax
Colorado  (816) 426-2483, ext. 126, 128  (816) 426-7774 fax
Connecticut  (860) 263-6941  (860) 263-6950 fax
Delaware  (302) 761-8221  (302) 761-6605 fax
District of Columbia  (202) 442-5902, 5920  (202) 442-4833 fax
Florida  (850) 413-1611  (800) 219-8953 (in FL)  (850) 922-0024 fax
Georgia  (404) 679-1746  (404) 679-0520 fax
Guam  (671) 475-7056  (671) 475-7063 fax
Hawaii  (808) 586-9001  (808) 586-9022 fax
Idaho  (415) 975-4073  (415) 975-4472 fax
Illinois  (217) 524-2098  (217) 557-5152 fax
Indiana  (317) 232-2668  (317) 233-3790 fax
Iowa  (515) 281-3618  (515) 242-5076 fax
Kansas  (785) 296-1640  (785) 296-2151 fax
Kentucky  (502) 577-3070 ext. 276, 277, 278, 279  (502) 564-1682 fax
Louisiana  (225) 342-3126  (225) 342-3269 fax
Maine  (207) 624-6447  (207) 624-6450 fax
Maryland  (410) 767-2371, 2373  (410) 333-7909 fax
Massachusetts  (617) 727-3593 ext. 125  (617) 727-5726 fax
Michigan  (517) 322-1848  (517) 322-5117 fax
Minnesota  (651) 284-5428  (888) 589-6322  (651) 284-5726 fax
Mississippi  (404) 562-2518  (404) 562-2542 fax
Missouri  (573) 751-3802, 2719, 2663  (573) 751-2319 fax
Montana  (800) 541-3904
Nebraska  (402) 471-3547, 1545  (800) 599-5155  (402) 742-2352 fax
Nevada  (775) 684-7081  (775) 687-3826 fax
New Hampshire  (603) 565-2302  (603) 565-3847 fax
New Jersey  (609) 633-0755  (609) 633-0618 fax
New Mexico  (505) 476-8740  (505) 476-8735 fax
New York  (212) 621-9370, 9371, 9380, 9387  (212) 621-9328 fax
North Carolina  (919) 733-2758  (919) 733-2186 fax
North Dakota  (701) 732-7523  (800) 861-3804, ext. 411  (312) 353-7230 fax
Ohio  (614) 466-8680  (614) 466-8766 fax
Oklahoma  (405) 579-1500 ext. 257, 236  (405) 528-3412 fax
Oregon  (503) 947-7030  (503) 378-3134 fax
Pennsylvania  (215) 861-5637, 5638  (215) 861-5736 fax
Puerto Rico  (787) 754-5343, 5377, 2467, 787  (787) 756-1172  (787) 756-1116 fax
Rhode Island  (401) 462-8820  (401) 462-8766 fax
South Carolina  (803) 896-7683, 7659  (803) 896-7670 fax
South Dakota  (605) 335-7253  (800) 861-3804, ext. 411  (312) 353-7230 fax
Tennessee  (615) 741-1746  (800) 778-3966  (615) 253-5501 fax
Texas  (866) 237-6405  (512) 804-4652 fax
Utah  (801) 530-6926, 6823  (801) 536-7906 fax
Vermont  (802) 828-5076  (802) 828-2195 fax
Virgin Islands  (340) 776-3700 ext. 2135  (340) 777-4803 fax
Virginia  (804) 786-8011  (804) 786-8418 fax
Washington  (360) 902-5640  (360) 902-4249 fax
West Virginia  (304) 558-3322  (800) 652-9033  (304) 558-0301 fax
Wisconsin  (800) 884-1273  (608) 221-6297 fax
Wyoming  (307) 518-6680  (307) 473-3863 fax