

# Appendix E: Survey Report Form and Instructions



U.S. Department of Labor  
Bureau of Labor Statistics

**YOUR RESPONSE IS REQUIRED IN 30 DAYS.**

A large, empty rectangular box with a thin black border, intended for the survey response. It is positioned on the left side of the page, with a grey vertical bar to its right.

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.**

The Bureau of Labor Statistics, its employees, agents, and partner statistical agencies, will use the information you provide for statistical purposes only and will hold the information in confidence to the full extent permitted by law. In accordance with the Confidential Information Protection and Statistical Efficiency Act of 2002 (Title 5 of Public Law 107-347) and other applicable Federal laws, your responses will not be disclosed in identifiable form without your informed consent.

OMB No. 1220-0045  
Approval expires 08-31-07  
BLS-9300 N06



# 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:
 

<input type="checkbox"/> Strike or lockout	<input type="checkbox"/> Shorter work schedules or fewer pay periods than usual
<input type="checkbox"/> Shutdown or layoff	<input type="checkbox"/> Longer work schedules or more pay periods than usual
<input type="checkbox"/> Seasonal work	<input type="checkbox"/> Other reason: _____
<input type="checkbox"/> Natural disaster or adverse weather conditions	<input type="checkbox"/> 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).

**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
_____	_____	_____	_____
(G)	(H)	(I)	(J)

**Number of Days**

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

**Injury and Illness Types**

Total number of ...			
(M)			
(1) Injuries	_____	(4) Poisonings	_____
(2) Skin disorders	_____	(5) Hearing loss	_____
(3) Respiratory conditions	_____	(6) All other illnesses	_____

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...

In this pay period	Acme paid this many employees
1	10
2	0
3	15
↓	↓
25	15
26	<u>10</u>
	830 (sum of employees)

**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	+ <u>2,715</u>
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.

OSHA's Form 300 (REV. 10/2005)  
**Log of Work-Related Injuries and Illnesses**

**Identify the person**

| OSHA Case # |
|-------------|-------------|-------------|-------------|-------------|
| 1           | 2           | 3           | 4           | 5           |
| 6           | 7           | 8           | 9           | 10          |
| 11          | 12          | 13          | 14          | 15          |
| 16          | 17          | 18          | 19          | 20          |
| 21          | 22          | 23          | 24          | 25          |
| 26          | 27          | 28          | 29          | 30          |
| 31          | 32          | 33          | 34          | 35          |
| 36          | 37          | 38          | 39          | 40          |
| 41          | 42          | 43          | 44          | 45          |
| 46          | 47          | 48          | 49          | 50          |
| 51          | 52          | 53          | 54          | 55          |
| 56          | 57          | 58          | 59          | 60          |
| 61          | 62          | 63          | 64          | 65          |
| 66          | 67          | 68          | 69          | 70          |
| 71          | 72          | 73          | 74          | 75          |
| 76          | 77          | 78          | 79          | 80          |
| 81          | 82          | 83          | 84          | 85          |
| 86          | 87          | 88          | 89          | 90          |
| 91          | 92          | 93          | 94          | 95          |
| 96          | 97          | 98          | 99          | 100         |

**Classify the case**

| OSHA Case # |
|-------------|-------------|-------------|-------------|-------------|
| 1           | 2           | 3           | 4           | 5           |
| 6           | 7           | 8           | 9           | 10          |
| 11          | 12          | 13          | 14          | 15          |
| 16          | 17          | 18          | 19          | 20          |
| 21          | 22          | 23          | 24          | 25          |
| 26          | 27          | 28          | 29          | 30          |
| 31          | 32          | 33          | 34          | 35          |
| 36          | 37          | 38          | 39          | 40          |
| 41          | 42          | 43          | 44          | 45          |
| 46          | 47          | 48          | 49          | 50          |
| 51          | 52          | 53          | 54          | 55          |
| 56          | 57          | 58          | 59          | 60          |
| 61          | 62          | 63          | 64          | 65          |
| 66          | 67          | 68          | 69          | 70          |
| 71          | 72          | 73          | 74          | 75          |
| 76          | 77          | 78          | 79          | 80          |
| 81          | 82          | 83          | 84          | 85          |
| 86          | 87          | 88          | 89          | 90          |
| 91          | 92          | 93          | 94          | 95          |
| 96          | 97          | 98          | 99          | 100         |

Section 3 asks about injuries or illnesses with a check in Column H, days away from work, of your Log.

**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.

# 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.

<b>Employee's name</b> (column B)	<b>Job title</b> (column C)	<b>Date of injury or onset of illness</b> (column D)	<b>Number of days away from work</b> (column K)	<b>Number of days of job transfer or restriction</b> (column L)
_____	_____	_____/_____/05 <small>month day year</small>	_____	_____

## Tell us about the Employee

1. Check the category which *best* describes the employee's regular type of job or work: (optional)

- |   |   |
|---|---|
| <input type="checkbox"/> Office, professional, business, or management staff    | <input type="checkbox"/> Healthcare   |
| <input type="checkbox"/> Sales  | <input type="checkbox"/> Delivery or driving  |
| <input type="checkbox"/> Product assembly, product manufacture                  | <input type="checkbox"/> Food service   |
| <input type="checkbox"/> Repair, installation or service of machines, equipment | <input type="checkbox"/> Cleaning, maintenance of building, grounds                         |
| <input type="checkbox"/> Construction   | <input type="checkbox"/> Material handling (e.g. stocking, loading/unloading, moving, etc.) |
| <input type="checkbox"/> Other: _____   | <input type="checkbox"/> 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

**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.

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# 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.

<b>Employee's name</b> (column B)	<b>Job title</b> (column C)	<b>Date of injury or onset of illness</b> (column D)	<b>Number of days away from work</b> (column K)	<b>Number of days of job transfer or restriction</b> (column L)
_____	_____	____/____/05 <small>month day year</small>	_____	_____

## Tell us about the Employee

1. Check the category which *best* describes the employee's regular type of job or work: (optional)

- |   |   |
|---|---|
| <input type="checkbox"/> Office, professional, business, or management staff    | <input type="checkbox"/> Healthcare   |
| <input type="checkbox"/> Sales  | <input type="checkbox"/> Delivery or driving  |
| <input type="checkbox"/> Product assembly, product manufacture                  | <input type="checkbox"/> Food service   |
| <input type="checkbox"/> Repair, installation or service of machines, equipment | <input type="checkbox"/> Cleaning, maintenance of building, grounds                         |
| <input type="checkbox"/> Construction   | <input type="checkbox"/> Material handling (e.g. stocking, loading/unloading, moving, etc.) |
| <input type="checkbox"/> Other: _____   | <input type="checkbox"/> 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

**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.

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# 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.

<b>Employee's name</b> (column B)	<b>Job title</b> (column C)	<b>Date of injury or onset of illness</b> (column D)	<b>Number of days away from work</b> (column K)	<b>Number of days of job transfer or restriction</b> (column L)
		____ / ____ / <b>05</b> <small>month day year</small>	_____	_____

## Tell us about the Employee

1. Check the category which *best* describes the employee's regular type of job or work: (optional)

- |   |   |
|---|---|
| <input type="checkbox"/> Office, professional, business, or management staff    | <input type="checkbox"/> Healthcare   |
| <input type="checkbox"/> Sales  | <input type="checkbox"/> Delivery or driving  |
| <input type="checkbox"/> Product assembly, product manufacture                  | <input type="checkbox"/> Food service   |
| <input type="checkbox"/> Repair, installation or service of machines, equipment | <input type="checkbox"/> Cleaning, maintenance of building, grounds                         |
| <input type="checkbox"/> Construction   | <input type="checkbox"/> Material handling (e.g. stocking, loading/unloading, moving, etc.) |
| <input type="checkbox"/> Other: _____   | <input type="checkbox"/> 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

**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.

N	P	S	E	SS	OCC
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# 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.

<b>Employee's name</b> (column B)	<b>Job title</b> (column C)	<b>Date of injury or onset of illness</b> (column D)	<b>Number of days away from work</b> (column K)	<b>Number of days of job transfer or restriction</b> (column L)
_____	_____	____/____/05 <small>month day year</small>	_____	_____

## Tell us about the Employee

1. Check the category which *best* describes the employee's regular type of job or work: (optional)

- |   |   |
|---|---|
| <input type="checkbox"/> Office, professional, business, or management staff    | <input type="checkbox"/> Healthcare   |
| <input type="checkbox"/> Sales  | <input type="checkbox"/> Delivery or driving  |
| <input type="checkbox"/> Product assembly, product manufacture                  | <input type="checkbox"/> Food service   |
| <input type="checkbox"/> Repair, installation or service of machines, equipment | <input type="checkbox"/> Cleaning, maintenance of building, grounds                         |
| <input type="checkbox"/> Construction   | <input type="checkbox"/> Material handling (e.g. stocking, loading/unloading, moving, etc.) |
| <input type="checkbox"/> Other: _____   | <input type="checkbox"/> 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

**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.

N	P	S	E	SS	OCC
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# 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.

<b>Employee's name</b> (column B)	<b>Job title</b> (column C)	<b>Date of injury or onset of illness</b> (column D)	<b>Number of days away from work</b> (column K)	<b>Number of days of job transfer or restriction</b> (column L)
		/ / <b>05</b> <small>month day year</small>		

## Tell us about the Employee

1. Check the category which *best* describes the employee's regular type of job or work: (optional)

- |   |   |
|---|---|
| <input type="checkbox"/> Office, professional, business, or management staff    | <input type="checkbox"/> Healthcare   |
| <input type="checkbox"/> Sales  | <input type="checkbox"/> Delivery or driving  |
| <input type="checkbox"/> Product assembly, product manufacture                  | <input type="checkbox"/> Food service   |
| <input type="checkbox"/> Repair, installation or service of machines, equipment | <input type="checkbox"/> Cleaning, maintenance of building, grounds                         |
| <input type="checkbox"/> Construction   | <input type="checkbox"/> Material handling (e.g. stocking, loading/unloading, moving, etc.) |
| <input type="checkbox"/> Other: _____   | <input type="checkbox"/> 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

**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."

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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.

N	P	S	E	SS	OCC
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# 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.

<b>Employee's name</b> (column B)	<b>Job title</b> (column C)	<b>Date of injury or onset of illness</b> (column D)	<b>Number of days away from work</b> (column K)	<b>Number of days of job transfer or restriction</b> (column L)
_____	_____	_____/_____/05 <small>month day year</small>	_____	_____

## Tell us about the Employee

1. Check the category which *best* describes the employee's regular type of job or work: (optional)

- |   |   |
|---|---|
| <input type="checkbox"/> Office, professional, business, or management staff    | <input type="checkbox"/> Healthcare   |
| <input type="checkbox"/> Sales  | <input type="checkbox"/> Delivery or driving  |
| <input type="checkbox"/> Product assembly, product manufacture                  | <input type="checkbox"/> Food service   |
| <input type="checkbox"/> Repair, installation or service of machines, equipment | <input type="checkbox"/> Cleaning, maintenance of building, grounds                         |
| <input type="checkbox"/> Construction   | <input type="checkbox"/> Material handling (e.g. stocking, loading/unloading, moving, etc.) |
| <input type="checkbox"/> Other: _____   | <input type="checkbox"/> 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

**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.

N	P	S	E	SS	OCC
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## Section 4: Contact Information

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

\_\_\_\_\_  
*Printed name*

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
*Telephone number*                      *Ext.*                      *Fax number*

\_\_\_\_\_  
*Title*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*Today's date*

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) 442-5923, 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) 975-4473  
(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) 564-3070  
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

(617) 565-2302  
(617) 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

(312) 353-7253  
(800) 861-3804, ext. 411  
(312) 353-7230 fax

### Ohio

312) 353-7253  
(800) 86131-3804, ext. 411  
(312) 353-7230 fax

### Oklahoma

(405) 528-1500 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, 5737, 2467,  
(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

312) 353-7253  
(800) 861-3804, ext. 411  
(312) 353-7230 fax

### Tennessee

(615) 741-1748  
(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

(866) 518-6680  
(307) 473-3863 fax