Survey of Occupational Injuries and Illnesses, 2004

U.S. Department of Labor
Bureau of Labor Statistics

Please correct your company address as needed

Dear Employer:

This survey asks employers to provide information about occupational injuries and illnesses based upon the information you have maintained for Calendar Year 2004 on your *OSHA Forms for Recording Work-Related Injuries and Illnesses*. Copies of these forms were mailed to you in late 2003. Although participation in this survey is mandatory under Public Law 91-596, we have made every effort to reduce the amount of time required wherever possible and still collect the necessary information. To the full extent permitted by law, this information will be held in confidence and be used only for statistical purposes. Contact information is included for each State to provide you with assistance in completing this survey.

For your convenience, you can submit your survey response online at **https://idcf.bls.gov**

Bureau of Labor Statistics
U.S. Department of Labor

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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

Who must complete the Survey of Occupational Injuries and Illnesses?

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 2004.

What do you need to do?

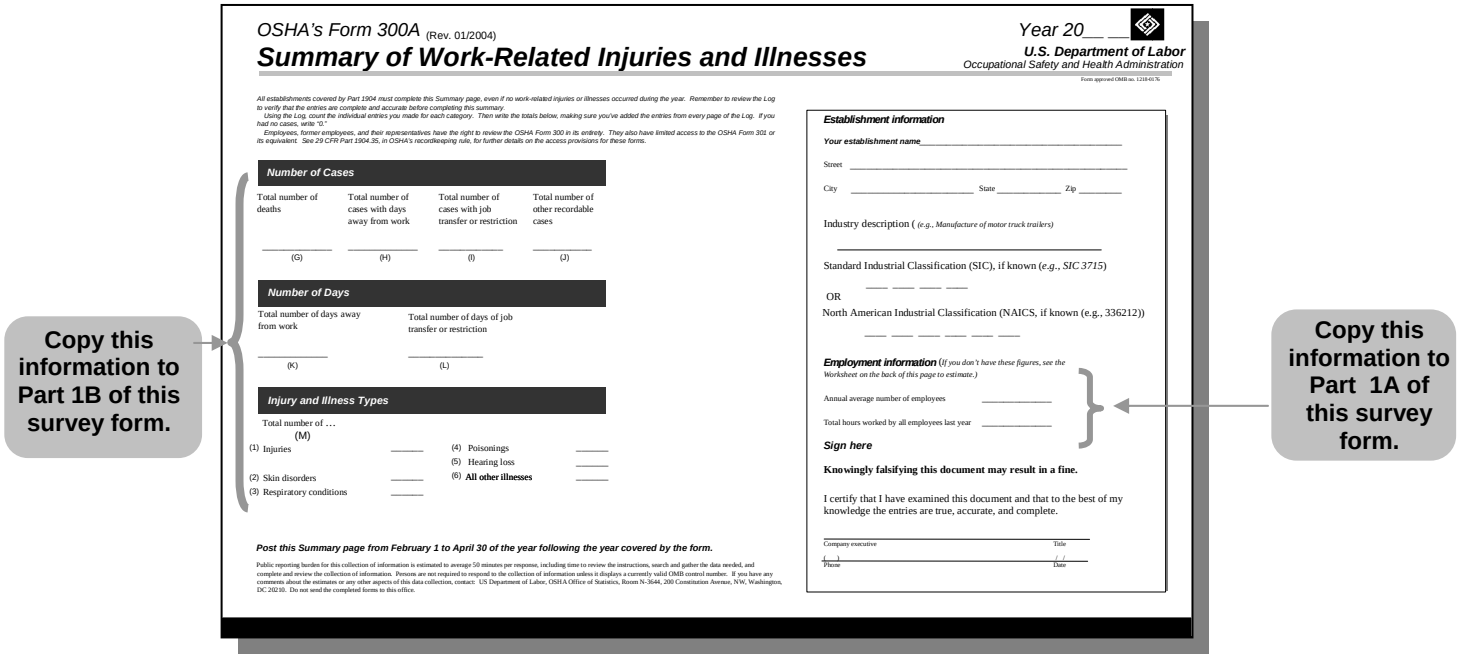
- **Identify the *Reporting Site*** referred to on the front cover. Complete this survey **only** for the establishment(s) noted on the front cover under ***Reporting Site***.

- **Check *Your Company Address*** printed on the front cover. Make any necessary corrections directly on the front cover.

- **Refer to your *Reporting Site's*** *OSHA Forms for Recording Work-Related Injuries and Illnesses.* Copies of these forms were mailed to you in late 2003.

  - your 2004 *Log of Work-Related Injuries and Illnesses* (OSHA Form 300),
  - your 2004 *Summary of Work-Related Injuries and Illnesses* (OSHA Form 300A), and
  - your supplemental records of cases with days away from work (OSHA Form 301 or an equivalent).

- **Complete Part 1A and Part 1B**. You can either photocopy your OSHA Form 300A or you can transcribe the entries noted below from your OSHA Form 300A to this survey form.



OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20__ __

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

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 _____
(2) Skin disorders _____
(3) Respiratory conditions _____
(4) Poisonings _____
(5) Hearing loss _____
(6) **All other illnesses** _____

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

Public reporting burden for this collection of information is estimated to average 50 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about the estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Establishment information

Your establishment name _____

Street _____

City _____ State _____ Zip _____

Industry description (*(e.g., Manufacture of motor truck trailers)*

_____

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

___ ___ ___ ___

OR

North American Industrial Classification (NAICS, if known (e.g., 336212))

___ ___ ___ ___ ___ ___

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

Annual average number of employees _____

Total hours worked by all employees last year _____

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

_____
Company executive — Title

( ) _____
Phone — / / Date

- **Complete Part 2*: Reporting Cases with Days Away from Work*** if your establishment had any worker injuries or illnesses that resulted in days away from work in 2004.

- **Write the name of the contact person** we should call with questions in ***Contact Information*** on the back cover of this booklet.

- **Return this survey booklet** and any attachments in the enclosed envelope within 30 days of the date your establishment received it.

Part 1A. Establishment Information

Using your completed Calendar Year 2004 *Summary of Work-Related Injuries and Illnesses (OSHA Form 300A)*, copy the establishment information into the boxes below. If more than one establishment is noted on the front cover under ***Reporting Site***, add together the total lines from each specified establishment's OSHA Form 300A to complete the 2004 totals for all establishments. Then copy those totals into the corresponding spaces below. 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.

1. For the reporting site identified on the cover: Enter the annual average employment for 2004.
(*You can copy this from your OSHA Form 300A.*)

Annual average number of employees for 2004

If needed: Steps to estimate employment

STEP 1: Add the number of employees your establishment paid in every pay period during 2004. **Include all employees:** full-time, part-time, temporary, seasonal, salaried, and hourly**.**

Acme Construction pays its employees 26 times each year. During 2004,

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

STEP 2: Divide the sum by the number of pay periods your establishment had in 2004. **Include** any pay periods when you had **no** employees.

Because Acme has 26 pay periods, it would divide its sum by 26. 830 divided by 26 = 31.92

STEP 3: Round the answer to the next highest whole number. Write the rounded number in the box marked Annual average number of employees.

Acme would round 31.92 to 32 and write that number in the box marked *Annual average number of employees.*

2. For the reporting site identified on the cover: Enter the total hours worked for 2004.
(*You can copy this from your OSHA Form 300A.)*

Total hours worked by all employees in 2004

Note: *Total Hours Worked* should exclude vacation, sick leave, holidays, and other non-work time.

If needed: Steps to estimate total hours worked

STEP 1: Find the number of full-time employees in your establishment for 2004.

ABC Company had 15 full-time employees during 2004.

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

ABC Company's 15 full-time employees worked an average of about 1,760 hours each per year after excluding vacation, sick leave, holidays, and other non-work time. *(The hours worked for a full-time employee in a year may be different at your reporting site.)*

15 (full-time employees) times 1,760 (hours worked by a full-time employee in a year) equals 26,400 full-time hours.

STEP 3: Add the number of any overtime hours and the number of hours worked by other employees (part-time, temporary, seasonal) to the amount in Step 2:

ABC Company's full-time employees worked a total of 1,500 hours of overtime. In addition, 3 part-time employees worked a total of 2,715 hours during 2004. Adding these hours to those from Step 2:

Full-time hours from Step 2		26,400
Overtime hours	+	1,500
Part-time hours	+	2,715
Total hours worked by all employees in 2004	=	30,615

3. Check any conditions that might have affected your annual average number of employees or total hours worked during 2004:

- ❑ 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.

Did you have ANY occupational injuries or illnesses during 2004?

- ❑ Yes. Go to ***Part 1B: Summary of Work-Related Injuries and Illnesses, 2004*** directly below.
- ❑ No. Go to ***Contact Information*** on the back cover.

Part 1B: Summary of Work-Related Injuries and Illnesses, 2004

Using your completed Calendar Year 2004 *Summary of Work-Related Injuries and Illnesses (OSHA Form 300A)*, copy the establishment summary information into the spaces below. **Note:** If an employee is still away from work because of the injury or illness when you prepare the annual summary, estimate the total number of calendar days (up to 180) you expect the employee to be away from work, and use this number to calculate the total for the annual summary.

❶ If more than one establishment is noted on the front cover under ***Reporting Site***, add together the total lines from each specified establishment's OSHA Form 300A to complete the 2004 totals for all establishments. Then copy those totals into the corresponding spaces below.

❷ If you prefer, you may enclose a photocopy of your *Summary of Work-Related Injuries and Illnesses (OSHA Form 300A).* 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.

❸ If any total is zero on your OSHA Form 300A, write "0" in that total's space below.

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	_____

- The total **Number of Cases** recorded above in G + H + I + J must equal the total **Injury and Illness Types** recorded above in M (1 + 2 + 3 + 4 + 5 + 6).
- **If you had any work-related deaths in 2004**, please tell us on the lines below where you assigned/classified each death within the list of items (M1) through (M6) provided under section **Injury and Illness Type** above (e.g., "fatal case was due to injury resulting from fall" or "death resulted from respiratory conditions").

_____

_____

Before you continue…

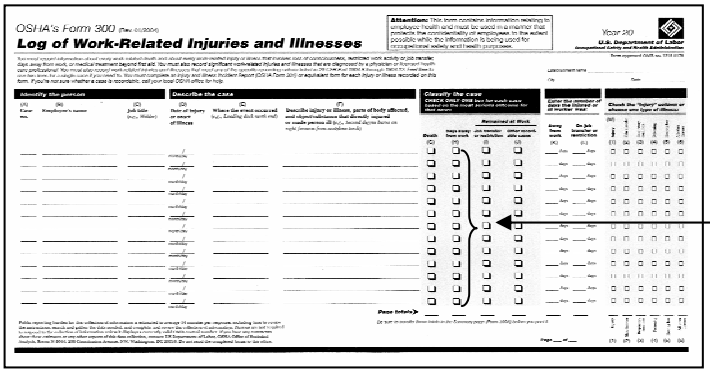
Look at the total ***Number of Cases*** you entered in Column H above.

- ➤ If you had **NO** cases in Column H, you are finished with the survey. Go to ***Contact Information*** on the Back Cover.
- ➤ If you had cases in Column H, go to ***Part 2: Reporting Cases with Days Away from Work.***

Part 2: Reporting Cases with Days Away from Work

This part of the survey asks you about individual injuries and illnesses that resulted in an employee being away from work. Several copies of the form ***Case with Days Away from Work*** are included. To answer the questions on this form, you'll need:

- your completed copy of the 2004 *Log* (OSHA Form 300)



Part 2 asks about injuries or illnesses with a check in **Column H** of your *Log.*

- your completed copies of supplementary documents about the case, such as a workers' compensation report, an accident report, an insurance form, or the *Injury and Illness Incident Report* (OSHA Form 301).

Which cases should you report?

To identify the individual cases to report, follow these steps:

❶ Go to your completed 2004 OSHA Form 300. 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.

❷ Mark each case that has a check in **column (H) on the Log** (OSHA Form 300). These are the **only** cases you should report.

❸ 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 ***If You Need Help . . .*** at the back of this booklet and call the phone number listed for your State for assistance.

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

(If you need more ***Case with Days Away from Work*** forms, you may either photocopy a blank one or go to ***If You Need Help . . .*** at the back of this booklet and call the phone number listed for your State).

❺ When you have finished, proceed to ***Contact Information*** on the back cover of this booklet.

Case with Days Away from Work

Tell us about a 2004 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 ***Part 2: 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)
_____	_____	____/____/**04** (*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:_____
- ❑ 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

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

Case with Days Away from Work

Tell us about a 2004 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 ***Part 2: 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)
_____	_____	____/____/**04** (*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:_____
- ❑ 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

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

Case with Days Away from Work

Tell us about a 2004 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 ***Part 2: 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)
_____	_____	____/____/**04** (*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:_____
- ❑ 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

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

Case with Days Away from Work

Tell us about a 2004 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 ***Part 2: 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)
_____	_____	____/____/**04** (*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:_____
- ❑ Healthcare
- ❑ Delivery or driving
- ❑ Food service
- ❑ Cleaning, maintenance of building, grounds
- ❑ Material handling (*e.g.* stocking, loading/unloading, moving, etc.)
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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

Case with Days Away from Work

Tell us about a 2004 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 ***Part 2: 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)
_____	_____	____/____/**04** (*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:_____
- ❑ 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

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

Case with Days Away from Work

Tell us about a 2004 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 ***Part 2: 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)
_____	_____	____/____/**04** (*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:_____
- ❑ 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

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

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***).

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
(816) 426-7774 fax

Connecticut
(860) 566-4380
(860) 566-1731 fax

Delaware
(302) 761-8221
(302) 761-6605 fax

District of Columbia
(202) 442-5920, 5923
(202) 442-4833 fax

Florida
(850) 413-1611
(800) 219-8953 (in FL)
(850) 922-0024 fax

Georgia
(404) 679-1746, 1747
(404) 679-5818 fax

Guam
(671) 647-6521
(671) 647-6516 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) 296-5642
(785) 291-3612 fax

Kentucky
(502) 564-3070
ext. 277
(502) 564-1682 fax

Louisiana
(225) 342-3126
(225) 342-3269 fax

Maine
(207) 624-6453
(207) 624-6450 fax

Maryland
(410) 767-2371, 2373
(410) 333-7909 fax

Massachusetts
(617) 727-3593
(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) 751-2719, 2663, 3802
(573) 751-2319 fax

Montana
(800) 541-3904

Nebraska
(402) 471-3547
(800) 599-5155
(402) 742-2352 fax

Nevada
(775) 684-7081, 7083
(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) 827-4230 ext. 116, 118, 120
(505) 476-8566 fax

New York
(212) 352-6688, 6690, 6691, 6707

North Carolina
(919) 733-2758
(919) 733-2186 fax

North Dakota
(312) 353-7253
(312) 353-7230 fax

Ohio
(312) 353-7253
(312) 353-7230 fax

Oklahoma
(405) 528-1500 ext. 236, 257
(405) 528-3412 fax

Oregon
(503) 947-7030
(503) 378-3134 fax

Pennsylvania
(215) 861-5637, 5638
(215) 861-5736 fax

Puerto Rico
(787) 754-2467
(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
(312) 353-7230 fax

Tennessee
(800) 778-3966
(615) 741-1748
(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) 902-5529 fax

West Virginia
(304) 558-3322
(800) 652-9033
(304) 558-0301 fax

Wisconsin
(800) 884-1273
(608) 266-3058 fax

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