

VII. FORMS PREPARATION INSTRUCTIONS

Introduction

The Forms Preparation Instructions describe the procedures to be used in filling out the National Occupational Exposure Survey (NOES) forms (Figures 1 through 3). These forms provide a means for quantifying and recording the results of the management interview, facility walk-through, and surveyor activity report. The Part I - Management Interview form structures the interview questions, and the Part II - Exposure Data form facilitates organization of the detailed potential exposure observations made during the walk-through portion of the survey.

The NOES forms have several parts:

The Preface (Figure 1A) identifies the establishment (plant, facility, etc.) surveyed. After confirmation of the geographical, industrial type, and employment size characteristics, the Preface is destroyed to assure confidentiality of facility-specific data.

The Part I form (Figure 1B) consists of 66 questions regarding management's policy relevant to employee safety and health.

The Part II form (Figure 2) is used to record the results of the walk-through survey of a facility. Information is recorded on the potential exposures observed, the occupational titles of the people exposed, the duration (full and part time) of the potential exposure, the intended control utilized in connection with the exposures, and whether or not these controls are functioning.

The Part III form (Figure 3) is used to record information about each individual survey, including an accounting of the surveyor time expended.

The instructions provided in the following sections appear in the order in which the survey forms are completed in the field. Section VII-A provides explanations and interpretations for each item in Part I, and illustrates the correct procedure for its use. Section VII-B provides general instructions and guidelines for completing Part II forms. Section VII-C provides examples of Part II coding of observed work-related exposures. Section VII-D illustrates the Part III form and provides guidance on its correct use.

The following general rules apply to the preparation of all survey forms.

Data Recording Conventions

Since the information recorded on the survey forms will be converted to an automated data processing medium, certain conventions should be followed in data recording.

E. Numerical coded values, as opposed to numerical quantities (i.e. an identification number for a manufacturer, distributor, or tradename in the Special Instructions columns) must be completely written out.

Example:

Manufacturer #1 =

M	V	G	0	0	Z
---	---	---	---	---	---

Under no circumstances can a zero be inferred.

Example:

CAR WAX NO. 0123 must be written as:

C	A	R		W	A	X		N	O	.		0	1	2	3		
---	---	---	--	---	---	---	--	---	---	---	--	---	---	---	---	--	--

F. Alphabetical coded values should be left-justified, if the code does not require all the spaces in the coding field.

Examples:

A	B	C															
A	B	C	D	E	F	G	H	I	J	K							

G. Any erasure necessary on a Part II form must be accomplished by a complete blackout. No single-line strikeouts or writeovers are permitted.

Example:

EN	G	I	N	E	R												

H. Facility identification numbers are assigned to each sampled facility. All six digits must be entered in the proper location on all survey forms.

Example:

Facility Number					
12					17
201348					

Examples of completed Part II survey forms, employing the conventions discussed here are contained in Section VII-B.

A. Part I Survey Form Preparation

The procedures to be followed in completing the Preface and Part I (Figures 1A and 1B) portions of the the NOES survey form are detailed in this section. The procedures for entering Preface information, and the instructions for the Part I form are organized in the following manner:

Question: Repeats the question and possible responses, as shown on the survey form.

Intent: The purpose of the question.

Definition: The explanation of the key terms or concepts involved in the question.

Inclusions: Explanations and/or examples of situations, conditions, events, etc. to be included as the possible response(s).

Exclusions: Explanations and/or examples of situations, conditions, events, etc. to be excluded as the possible response(s).

Procedure: Under this optional heading will be found detailed instructions that may be necessary to properly fill out portions of the Survey Form.

Note: If the Procedure is not given, the survey information is to be completed in accordance with one of these applicable alternatives:

1. Coded value assigned to the possible responses:

Circle the code attached to the applicable response(s).

Example: Part I, question #57

57. Do you have a regularly scheduled formal safety training program for your employees?⁴⁸

- ① Yes
2 No

Example: Part I, question #32

32. Do you have a program under which you regularly or periodically monitor the presence of physical agents such as heat, vibration, radiation, noise, and magnetic fields? "

- 1 No (Skip to Question 34)
② Yes (Circle yes or no for each physical agent listed below:)

	<u>Yes</u>	<u>No</u>
1. Heat "	①	2
2. Vibration "	1	②
3. Radiation "	①	2
4. Noise "	①	2
5. Magnetic fields "	1	②
6. Other "	1	②

If the correct response is "other (specify)", then also print the additional information requested, as determined by management's response to the question.

Example: Part I, question #48

48. Who provides personal protective devices? "

- 1 individual employees
2 employer
3 both
④ other (specify) THE EMPLOYEES' UNION

2. Numerical value:

Fill in the applicable number in the space provided. The number should be right-justified, and leading zeroes are not necessary.

Examples: Part I, question #11 and question #20

11. How many people are on your payroll for all shifts at the present time?

Males $\underline{\underline{32075}}$

Females $\underline{\underline{1493}}$

Total $\underline{\underline{33568}}$

20. How many registered nurses and licensed practical nurses are on the payroll at this facility?

RN $\underline{\underline{12}}$

LPN $\underline{\underline{0}}$

3. Uncoded information:

Print the names, identifying numbers, comments, and other miscellaneous information in the space provided.

Example: Part I, question #5

5. What is your major activity? MANUFACTURING

Examples: Preface, B and C

B	Address 1605 S. SIMPSON AVENUE				
C	City CODY	State WY	Zip Code 82401		

Compatibility With NOHS - An explanation of the compatibility of each question to the questions asked in the National Occupational Hazard Survey (NOHS). Statement examples include "fully compatible with question #6", "this is a new question", "clarification of question #24".

Preface Survey Form Instructions

The Preface serves as the cover sheet for the Part I form. Unlike the other parts of the NOES Survey Form, the information contained in the Preface will not be converted to an automated data processing medium. Rather, the information is used to document the contact made by a surveyor. Following verification of the name, geographical location, industry type (by 4-digit Standard Industrial Classification), and employment size group of the facility, the Preface data is destroyed to preserve confidentiality, and the facility-specific data is accessed only by an assigned NOES serial number (item A on the Preface, item 4 in the Part I and recorded appropriately on all Part II and III forms).

The instructions on the following pages are related to items A through H of the Preface. The information obtained is to be printed in the spaces provided in accordance with the general instructions.

A	DUPLICATE INTO EACH CARD												
	ID START DATE FACILITY ID												
	0	1	0	M	M	D	D	Y	Y				
	2	4	5	6	11	12							17
	Facility Name												

Intent

To enter the date the survey began, the NOES 6-digit identification number, and the name of the facility being surveyed.

FIGURE 1A. Preface-Part I-Questionnaire

NATIONAL OCCUPATIONAL EXPOSURE SURVEY

Preface

DUPLICATE INTO EACH CARD

ID START DATE FACILITY ID																
0	1	0	M	M	D	D	Y	Y								
2	4	5	6	11	12	17										

A
1

Facility Name

18 52

B
1

Address

18 52

C
1

City State Zip Code

18 41 42 44 48 49 52

D
1

Legal Owner(s)

18 52

Area Code Telephone Number

33 35 36 38 39 42

Survey End Date

M M D D Y Y

63 65 67

IF MAILING ADDRESS OR PERSON TO CONTACT CONCERNING INFORMATION ABOUT THE SURVEY IS DIFFERENT FROM THAT INDICATED ABOVE, LIST THE CORRECT MAILING ADDRESS AND CONTACT BELOW.

E
1

Facility Name

18 52

F
1

Address

18 52

G
1

City State Zip Code

18 41 42 44 48 49 52

H
1

Attention

18 52

Area Code Telephone Number

33 35 36 38 39 42

Definitions

The ID is a single alphabetical character identifying a specific NOES surveyor. The ID is assigned by NIOSH. The start date is the month, day, and year of the facility survey. If the survey takes several days, the first day is to be entered as the date. This sample date should be used on Parts I, II, and III where the date of the survey is to be recorded. The facility ID is the 6-digit unique NOES identification number assigned to the facility by NIOSH. The 6-digit number is used to assure that data from the survey of a specific facility can be tracked to the industrial type, employment size group, and geographical location characteristics of the facility once the Preface narrative information is destroyed. This data field always begins with a "2", to denote a NOES facility number, and the final five digits are sequential across the NOES survey sample universe. Programmed gaps of unassigned numbers allow for the inclusion of "shadow" or "subsample" numbers during the course of the survey. The facility name is the legally accepted name of the facility being surveyed and is supplied to the surveyor by NIOSH.

Inclusions

This data is to be entered for all surveys.

Exclusions

Do not enter the date of initial telephone contact with the facility unless that date is the same as the date the survey started.

Procedure

If, at the time of survey, the facility name supplied by NIOSH is different than the facility name as supplied by facility management, the management response should be entered in item A.

Compatibility With NOHS

Replaces and updates Question #1, #7, and #8 of the NOHS Preface.

Address

B		32
---	--	----

Intent

To describe the geographical location of the facility being surveyed.

Definition

Address refers to the physical location of the facility based on the best available geographic description.

Inclusions

Use the address supplied by NIOSH.

Exclusions

Do not use the post office box number or other address used primarily as a mail collection point. Do not use the corporate headquarters address unless the headquarters is located at the same site as the facility surveyed.

Procedure

If, at the time of initial telephone contact, the NIOSH-supplied address is incorrect, contact headquarters for a verification of the correct address. If authorized to proceed with the survey, enter the updated address as item [B] of the Preface.

Compatibility With NOHS

Replaces and updates Question #2 of the NOHS Preface.

[C]	City	State	Zip Code
1	18	41 42 44	48 49

Intent

To provide further geographic information on the facility being surveyed.

Definitions

City means the municipality, county, township or other specific incorporated or unincorporated area as defined by the state or federal possession. State refers to one of the 50 United States or the District of Columbia. Zip Code is the 5-digit code used by the U. S. Postal Service.

Inclusions

Enter the city and state names as provided by NIOSH.

Exclusions

Do not record local descriptors as the city name unless it is commonly used. Evidence of common usage includes the use of the local descriptor by the telephone company, post office, etc. For example, Bethesda, Maryland is a local, unincorporated area of Montgomery County, Maryland which is recognized as an identifier by the telephone company, the post office and businesses.

Procedure

If, at the time of survey, the NIOSH-supplied city and state names and zip code are not accurate, follow the procedure outlined in [B], and if authorized, enter the updated information in [C].

Question:

5. What is your major activity? _____
18

Intent

To describe the general activity of the facility from the viewpoint of the management personnel being interviewed. This response also serves as a verification of the SIC code established for the facility in the sample screening process.

Definitions

SIC means Standard Industrial Classification and includes the codes contained in the Standard Industrial Classification Manual 1972 prepared by the Executive Office of the President - Office of Management and Budget.

Inclusions

Such general terms as construction, manufacturing, furniture manufacturing, chemical production, transportation equipment, transportation, wholesale trade, retail trade, etc. should be used.

Exclusions

Do not describe the specific product(s). This is done in Question #6.

Procedure

Print the response given by management in reply to this question.

Compatibility With NOHS

Fully compatible with Question #5.

Question:

CARD 2
1

6. What are your chief products, services, lines of trade, etc? _____
18

Intent

To describe the product(s) or service(s) which is (are) produced or provided.

Definition

The products, services, or lines of trade refer to the major outputs of normal business operation.

Inclusion

Include all major product or service lines.

Procedure

Print major products or service lines in list form in the space provided (i.e. fiberglass batting and loose-fill insulation materials).

Compatibility With NOHS

This is compatible with the description portion of Question #56.

Question:

CARD **3**
1

7. SIC codes (observed)

Intent

To classify the activity(ies) of the facility by the SIC codes derived from management response to Questions #5 and #6 and surveyor observation of the facility.

Definitions

SIC has been previously defined.

Inclusion

Include all (up to three) major product or service line SIC codes at the 4-digit level. A 4-digit SIC code describing the major activity will be provided for each facility by NIOSH. After the survey is complete, refer to the 1972 Standard Industrial Classifications Manual to determine if the brief description of the given SIC code corresponds with the observed major activity of the facility. If in agreement, the NIOSH-provided SIC code should be entered in the first of the lines provided. Where multiple SIC code-definable activities are observed, appropriate codes should be entered in the spaces provided, rank-ordered to correspond with surveyor observations, and management response to this question and Questions #5 and #6.

Ideally, the principal product or service and/or a rank-ordering of multiple activities should be determined by reference to "value added." In practice, however, it is rarely possible to obtain this information for individual products or services, and other criteria which approximate the same results must be used. It is recommended, therefore, that, when possible, the following characteristics be used for major economic sectors in determining an appropriate rank-ordering of SIC code-defined activity.

<u>Economic Sector</u>	<u>Characteristics</u>
Agriculture forestry, and fisheries	Value of production
Mining	Value of production
Contract construction	Value of work done
Manufacturing	Value of production
Transportation, communication, electric, gas, and sanitary services	Value of receipts
Wholesale and retail trade	Value of sales
Finance, insurance, and real estate	Value of receipts
Services	Value of receipts

Occasionally, in cases of mixed businesses, the above characteristics cannot be determined or estimated for each product or service, and less frequently a classification based upon the recommended characteristic will not adequately represent the process or activity of the establishment. In such cases the primary activity should be determined by the activity in which the greatest number of employees work.

The chief product or service of an organization may have changed from that which had been reported earlier or the reporting may have been incorrect. In cases where there is disagreement between the description of the product or service and the SIC code given, a new SIC code will be assigned by the surveyor in consultation with survey Headquarters.

Exclusions

A facility is out-of-scope of the survey and should not be visited if the major activity(ies) cannot be defined within the listed SIC codes in Appendix B. When the surveyor becomes aware of this possibility during the initial telephone contact, he/she should immediately consult with the team leader or survey Headquarters for further instructions.

Procedure

Enter the SIC codes in 4-digit form in the spaces provided and rank-order from greatest to smallest proportion of the facility business activity. In most cases, business activity can be adequately defined using one 4-digit code.

Compatibility With NOHS

Replaces the SIC code portion of Question #5b.

Question:

8. Approximately how many years has this facility been involved in this activity?

$\frac{\quad}{38} - \frac{\quad}{32}$ Years (If "unknown" code "UK")

Intent

To determine the length of time that this facility has been used for the same basic type of work.

Definitions

"Activity" is not restricted to that item specified as the major activity in response to Question #5, but refers to all activities at the facility.

Inclusions

In the situation where information is not available as to how long this activity has been carried out in this facility, use the earliest date indicated by the person who is being interviewed.

This is a multiple part question and should be answered by considering a series of decisions. First, a determination should be made as to the inception of the activity; then it should be determined from what date that activity has been carried out at the facility. If they are different, the latter is to be recorded. For example, if the New York Central Iron Works has been manufacturing seamless train wheels since 1911 but the facility itself was completed in 1947, the date to use is 1947. On the other hand, if the facility was built in 1900, and in 1949 the current production activity was initiated, the 1949 date should be recorded. In those instances where the individual buildings at the facility were constructed during different periods, the date recorded should be that date which represents the initiation of products or services at the facility where the major production work is taking place. For example, if an office building has been in continuous use from 1874, but a new plant was opened in 1955 and the production takes place in that plant, use the 1955 date since it best represents the production facility. Changes in legal ownership or name of the organization should be disregarded unless there is an associated change in product or service.

Procedures

Enter the response, in years, to the nearest year. When midway between two years, round off to the even year. For example, if the response is given as 3-1/2 years, enter the number "4."

Compatibility With NOHS

Fully compatible with Question #6.

Question:

9. How many shifts do you have at present?

Intent

To determine the number of employees engaged in production activities at different times in the facility. The purpose is to bring this fact to the surveyor's attention to ensure that all potential employee exposures are surveyed.

Definition

Shift is defined as the working period for the employees and may be more or less than eight hours in length per day.

Inclusions

Include the total number of shifts. For example, in continuous process industries, five shifts may exist to operate the facility.

Exclusions

Do not included shifts when no production employees are present. For example, if all production work is performed on the first shift and if the second and/or third shifts of a facility is composed entirely of maintenance or janitorial personnel, enter the number "1."

Procedure

For those facilities that have unusual shifts (e.g. four-day work week or three-day work week) enter the number of shifts, but explain irregularities in the comments in Part III. If shift schedules are so varied that the number of shifts cannot be easily determined, the total number of people on the payroll should be divided by the average number of people in the facility at any given time.

Compatibility With NOHS

Fully compatible with Question #9.

Question:

10. How many hours per shift?

34 31 (If irregular, code "99").

Intent

To determine the number of hours per shift in this facility at the time of the survey. There may be regional differences in shift lengths, or some facilities may be working four-day weeks. The purpose of this question is to bring the number of hours per shift to the surveyor's attention, since he must account for all employees (regardless of shift) on the Part II form.

Inclusions

Include all shifts in considering this question.

Procedure

For those facilities which have shifts of varying lengths, code "99."

Compatibility With NOHS

This is a new question.

Question:

11. How many people are on your payroll for all shifts at the present time?

Males

Females

Intent Total

To determine the total number of employees working in the facility being surveyed, and to determine the number of males and females.

Definition

People, as used in this question, refers to the term "employees".

Inclusions

Include full-time and part-time personnel who are paid directly by the facility. Include maintenance and repair personnel and janitorial staff. Include individual consultants working directly for the facility. Include those personnel who may work solely on a commission basis.

In the special case of a survey in the construction industry involving a construction job site, the question above should be understood to read, "How many people in the direct employ (even if temporarily) of the firm being surveyed are on this job site today?" In this special case, only persons being paid directly by the surveyed facility are to be included. Include construction workers who are retained on a job-specific basis, such as carpenters hired through contact with their local union for the duration of a construction job. Include office personnel, if any, but exclude truck drivers who are merely making deliveries, and inspectors employed by governmental agencies.

Exclusions

Do not include contract or sub-contractor personnel employed by another enterprise, even if they are continually on site. For example, the maintenance or cleaning services provided by a contract organization or temporary secretaries hired from an agency on a short-term basis, or construction workers employed by a sub-contractor are excluded.

Compatibility With NOHS

Fully compatible with Question #7. Number of males and number of females has been added for two purposes:

- (1) To validate the surveyor's Part II observations.
- (2) To preserve the capability to develop estimates of the number of women potentially exposed to occupational health hazards, and the number of men potentially exposed. Many chemical and physical agents are suspected of having different effects on the two sexes.

Question:

12. Of this total number, how many are normally in the work areas as opposed to the administrative or other areas?

51 --- 88

Intent

To determine the number of employees in the facility working in those locations where production or service work is conducted.

Definition

Work area is defined as service area or areas where major activities are conducted.

Inclusions

Include personnel clerks, secretaries, maintenance people, etc. who are located in the production or service areas or areas where the major activity is being conducted. Examples are: Iron works - those people who work in the raw material storage, fabricating, and warehouse areas; transportation - those who maintain and repair equipment within the facility. Include a cab driver in a cab company and a truck driver in a trucking company. Include field service personnel in a service industry.

Exclusions

Do not include outside salesmen, erectors, administrative personnel and clerical personnel whose place of work is outside the production or service area. An example is: wholesale and retail -- those clerical, administrative, or sales personnel who are geographically separated from the area where the wholesale and/or retail trade occurs. Example: traveling salesmen. Exclude truckers in manufacturing.

Compatibility With NOHS

Fully compatible with Question #8.

Question:

13. Are there any labor unions operating in this facility? ²⁰

- 1 No**
- 2 Yes; list complete union names and acronyms (initials)**

<u>Union Names</u>	CARD 4 <u>Acronym</u>
_____	18 ----- 24
_____	25 ----- 31
_____	32 ----- 38
_____	39 ----- 45
_____	46 ----- 52
_____	53 ----- 59
_____	60 ----- 66

Intent

To determine the prevalence of unions in the facilities included in the survey population.

Definition

A union is any organization in which any of the facility's employees participate as members, which exists for the purpose of dealing with the employer concerning grievances, wages, working hours, and conditions. Unions are voluntary organizations and need no license from the government to operate.

Inclusions

Any organization which may be called a trade union, labor union, labor organization, etc., whose purpose is as defined above.

Exclusions

Organizations such as credit unions, fraternal associations, or social groups which may consist solely of the facility's employees, but whose purpose is not as stated in the above definition.

Compatibility With NOHS

Compatible with Question #40.

Question:

CARD **5**

14. Is there a formally established health unit at this facility? ,₁₈

- 1 Yes, physician in charge
- 2 Yes, registered nurse in charge
- 3 Yes, licensed practical nurse in charge
- 4 Yes, other in charge
- 5 No

Intent

To determine if there is a company policy to provide basic health resources or capabilities at the facility site.

Definitions

Health unit suggests that a specific work area or portion of the facility has been reserved solely for the examination and/or treatment of employees and that there is a permanent staff (either full-time or part-time) responsible for operating this unit.

Physician refers to a person who possesses a state or federal government-recognized medical degree, such as an M.D. or D.O., and is licensed to diagnose and treat diseases and disorders of the human body or a particular disease, age, or occupation group.

Registered Nurse (RN) is a person meeting the educational, legal, and training requirements to practice as required by a state board of nursing.

Licensed Practical Nurse (LPN) is a person who meets the requirements of the state for such a designation, and is licensed by the state.

Inclusions

When more than one response applies, use the lowest applicable code number. For example, if a physician is in charge two days a week and a nurse is in charge the other days, code the response as "1".

Exclusions

Do not count, as a health unit, a resting room that is reserved for female employees as required under certain Federal and/or state regulations. Exclude the situation where a room is used to store first-aid supplies and no one is assigned the responsibility for providing health care to employees. Do not include situations where rooms are reserved for specific purposes other than basic health care (for example, a room used only for audiometric testing).

Procedures

If a "paramedic" is in charge, then "4" should be coded.

Compatibility With NOHS

Fully compatible with Question #15.

Question:

15. Do you have an employee at this facility with formal first-aid training, who has been formally designated to provide emergency medical treatment?

- 1 Yes, full-time
- 2 Yes, part-time
- 3 No

Intent

To determine if a specific individual (or individuals) who is not a physician or nurse has been formally assigned the responsibility for providing emergency first-aid to the employees.

Definitions

Physician: See Question #14.

Nurse: See Question #14.

Full-time: At least one individual on duty at all times during which the facility is operating.

Part-time: At least one individual is designated, but such individuals are not on duty during all hours of operation of the facility.

Inclusions

Include paramedics and other employees (who are not physicians or nurses) who have been formally assigned this responsibility.

Exclusions

Exclude physicians and nurses. Exclude all informal arrangements.

Compatibility With NOHS

Fully compatible with Question #21.

Question:

16. Do you have on your payroll one or more on-site physicians to give your employees medical care? ²⁰
- 1 Yes, full-time
 - 2 Yes, part-time
 - 3 No

Intent

To determine if the facility employs a physician for the purpose of providing the employees with access to the care of a physician.

Definitions

Physician: See Question #14.

Full-time: Defined in Question #15.

Part-time: Defined in Question #15.

Exclusions

Exclude all physicians who are not engaged in the direct provision of medical services to the employees. Do not include any physicians whose primary responsibility is research. Exclude all physicians provided by a third-party provider under contract to the facility.

Compatibility with NOHS

Partially compatible with Question #16.

Question:

17. Do you have a formal arrangement with any outside source (physicians or clinics) to give your employees access to the care of a physician?

- 1 Yes, physician will travel to this facility on call**
- 2 Yes, at clinic (not at this facility)**
- 3 Yes, physician is based at this facility either full or part-time**
- 4 No**

Intent

To determine if formal arrangements for medical care are provided for facility employees and the type of arrangements used in the provision of such care.

Definition

Physician: See Question #14.

Inclusions

Include only those arrangements made by the facility's management. If more than one arrangement was made, use the arrangement with the lowest coding number. For example, if it is determined that a physician will travel to the facility on call and that formal arrangements exist with an outside clinic, the proper response is "1." A medical center should be considered a clinic.

Exclusions

Do not include medical service arrangements provided by unions, associations or other groups unless a formal arrangement exists with the facility's management. Exclude third-party payment plans, e.g., Blue Cross/Blue Shield insurers.

Procedure

If the facility has no direct formal arrangement with a physician (codes 1, 2, or 3), but does, as a policy, pay medical bills incurred by employees at a physician of the employee's choice, then code "2" (yes, at clinic) is the proper response.

Compatibility With NOHS

Partially compatible with Question #16.

Question:

18. Estimate the average number of physician hours that are devoted to your facility per week.

$\frac{\quad}{12} = \frac{\quad}{12}$ hours per week

Intent

To determine the aggregate level of physician effort provided to the facility.

Definition

Physician: See Question #14.

Inclusions

When Question #16 is answered by code 1 or 2, include an average weekly figure based upon the last 12 months or the best available estimate.

Include the physician hours, if available, spent with the employees when the response to Question #17 is either code 1, 2, or 3. If the response to Question #17 is code 2 due to a facility policy of paying the medical bills incurred by an employee with a physician of the employee's choice, the company is at least indirectly aware of physician hours devoted to the employees of the facility, and should be able to provide an estimate in response to this question.

Exclusions

Do not include time spent by physicians in the facility, other than time spent caring for the employees. For example, physicians involved in medical research would not be counted.

Compatibility With NOHS

Fully compatible with Question #17.

Question:

19. Does this facility have one or more nurses on the payroll to provide care for employees? ²⁵

- 1 Yes**
- 2 No (Skip to Question 21)**

Intent

To determine if nursing services are available to employees on a regular basis through direct employment of a nurse or nurses.

Definitions

Nurse (RN and LPN): Defined in Question #14. Regular basis refers only to situations where a nurse is scheduled to be on duty at periodic intervals throughout the week.

Inclusions

Include registered and licensed practical nurses specifically assigned to provide nursing services to the facility's employees on a regular basis.

Exclusions

Do not include nurses on the facility's payroll whose job function does not involve taking care of the facility's employees. Example: Nurses working in a hospital or research capacity; or as medical secretaries or receptionists.

Do not include student nurses, or other paramedic personnel undergoing on-the-job training. Do not include visiting nurses from corporate headquarters even if "detailed" or "assigned" to this facility for long periods of time. Do not include visiting nurses from city, county, state, and other government agencies.

Compatibility With NOHS

Fully compatible with Question #18.

Question:

20. How many registered nurses and licensed practical nurses are on the payroll at this facility?

RN $\frac{\quad}{27} - \frac{\quad}{28}$

LPN $\frac{\quad}{30} - \frac{\quad}{32}$

Intent

To determine the number of nurses employed at this facility.

Definition

Nurses (RN and LPN): Defined in Question #14.

Inclusions

Include all categories specified in Question #19.

Include all nurses and supervisory nurses who are employed by the facility and are giving nursing aid to employees. This also includes nurses who may not be present at the facility.

Exclusions

Do not include nurses who may be employed by the facility but do not perform nursing services for employees.

Do not include visiting nurses from city, county, state, and other government agencies. Do not include visiting nurses from corporate headquarters even in those circumstances where the nurses have been "detailed" or "assigned" to this facility for long periods of time.

Do not include nurses supplied under contract with a third party provider, or through an arrangement not made by management.

Compatibility With NOHS

Fully compatible with Question #19.

Question:

21. Estimate the average number of nursing hours that are devoted to your facility per week.

 hours

Intent

To determine the aggregate level of medical nursing effort provided to the facility.

Definition

Nurse: Defined in Question #14.

Inclusions

Include the hours spent by all categories of nurses. Include nurses who provide nursing services on a contract basis. Include nurses from corporate headquarters who are assigned to provide nursing services to this facility.

Include other nurses providing care to employees if the facility, as a policy, pays for such nursing service. This may occur regardless of the response to Question #19.

Exclusions

Do not include nursing hours that may be devoted to facility employees by nurses employed by a government agency.

Exclude nurses who do not spend time in the provision of medical care.
Example: full-time nurse who is assigned to teach sanitation techniques to neighborhood improvement group.

Do not include visiting nurses from city, county, state, and other government agencies.

Compatibility With NOHS

Fully compatible with Question #20.

Question:

22. Do you provide the following examinations or tests to all or to selected groups of employees on a periodic basis?

	<u>No</u>	<u>Yes, All</u>	<u>Yes, All Exec. & Mgmt Only</u>	<u>Yes, All Production Workers Only</u>	<u>Yes, for Selected Mgmt and/or Production Workers</u>
Ophthalmology ¹⁷	1	2	3	4	5
Audiometric ²⁰	1	2	3	4	5
Blood tests ²⁰	1	2	3	4	5
Urine tests ²⁰	1	2	3	4	5
Pulmonary function ²¹	1	2	3	4	5
Chest X-rays ²²	1	2	3	4	5
Allergy/Sensitization ²³	1	2	3	4	5
Immunizations (flu, etc.) ²⁴	1	2	3	4	5

Intent

To determine the number of facilities that have a preventive medical program for their employees, and the types of examinations or test provided.

Definitions

All: When an employer provides an examination to each employee of a designated type (every employee, executive and management, production workers) without regard to that employee's exposure to potential occupational safety and health hazards.

Selected: When an employer provides an examination to some, but not all of the employees.

NOTE that these definitions apply equally to the responses for Question #22 through #26.

Inclusions

As listed.

Procedure

Facilities employing truck drivers in interstate commerce and operating under Interstate Commerce Commission (Department of Transportation) regulations pay for, but may not be aware of the exact nature of the examination provided. Review of the pertinent examination form and Department of Transportation requirement indicated that these drivers minimally receive ophthalmology, audiometric, urine, and pulmonary function tests or examinations. At the doctor's discretion, they may also receive blood tests and x-ray examinations. Therefore, Question #22 should be coded 2 or 5 (as applicable) for all the tests or examinations listed here for truck drivers subject to this Department of Transportation medical examination.

Compatibility With NOHS

Question #22 replaces and supplements Question #25 through #32. The question remains fully compatible with NOHS.