U.S. Department of Labor, Bureau of Labor Statistics

# Survey of Occupational Injuries and Illnesses, 2008

## FAX Response Form
## Complete and FAX to us at (573) 751-2319

Employers selected for the BLS Survey of Occupational Injuries and Illnesses are required by Federal law to respond. The complete survey may be accessed via the Internet at **https://idcf.bls.gov.** If there were few or no work-related injuries and illnesses at this establishment in calendar year 2008, you can complete and fax this form, along with forms for any cases with days away from work. If you respond via this FAX, **do not mail in your survey form or reply by the Internet or e-mail**.

### Section 1: Establishment Information

**Establishment ID Number** (from cover of survey booklet) 29- _____ – _____

**COMPANY NAME** and **REPORT FOR THIS LOCATION** (from cover of survey booklet) **Today's Date** / /

**Contact Name and Title** (please print) **Telephone Number (ext)** ( ) - **FAX Number** ( ) -

1 Enter the annual average number of employees for 2008. → _____

2. Enter the total hours worked by all employees for 2008. → _____

3. Did you have ANY work-related injuries or illnesses during 2008?
   ❑ Yes. → **Complete Section 2 below.** ❑ No. → **You are done. (Please FAX form to (573) 751-2319.)**

### Section 2: Summary of Work-Related Injuries and Illnesses

1. Refer to the OSHA *Forms for Recording Work-Related Injuries and Illnesses* for the location referenced on the front cover of the survey under Report for this Location. 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 of this survey, 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) |

**NOTE:** → **If any cases are recorded in Column H, you must complete a Case with Days Away from Work form for each case and include with your FAX return.**

#### *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) | | (M) |
|---|---|---|---|
| (1) Injuries | _____ | (4) Poisonings | _____ |
| (2) Skin disorders | _____ | (5) Hearing loss | _____ |
| (3) Respiratory conditions | _____ | (6) All other illnesses | _____ |

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# Case with Days Away from Work

Tell us about a 2008 work-related 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*** in the complete survey booklet.

### *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) |
|---|---|---|---|---|
| | | ___/___/**08** *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 gender:**

- ❑ 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 |
|---|---|---|---|---|---|
| | | | | | |