

Survey of Occupational Injuries and Illnesses, 2007



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 in the center of the page.

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 xx-xx-xx
BLS-9300 N06

Steps to Complete this Survey

This survey requires employers to provide information about work-related injuries and illnesses based upon the information you have maintained for Calendar Year 2007 on your Occupational Safety and Health Administration (OSHA) *Forms for Recording Work-Related Injuries and Illnesses*. Copies of these forms were mailed to you in late 2006. Under Public Law 91-596, all establishments that receive this **mandatory** survey must complete and return it within 30 days, even if they had **no** work-related injuries and illnesses during 2007. The instructions below outline the steps to complete the survey regardless of whether your establishment did or did not have injuries or illnesses in 2007.

- Step 1:** Complete this survey only for the establishment(s) noted on the front cover under **“Report for this Location.”** If you are unsure, please call the number listed on the front of this form as **“For Help Call:”**
- Step 2:** Check **“Your Company Address”** printed on the front cover. Make any necessary corrections directly on the front cover.
- Step 3:** Refer to your establishment’s OSHA *Forms for Recording Work-Related Injuries and Illnesses*. Copies of these forms were mailed to you in late 2006.

OSHA's Form 300A (Rev. 01/2004)
Summary of Work-Related Injuries and Illnesses
 Year 20__

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
(C)	(D)	(E)	(F)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
(G)	(H)

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

Establishment Information

Your establishment name _____
 Street _____
 City _____ State _____ Zip _____
 Industry description (e.g., Manufacturer 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, use 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

Knowing 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 _____ Date _____
 Agent _____ Date _____

Copy this information to Section 2 of this survey.

Copy this information to Section 1 of this survey.

- If you had no work-related injuries and illnesses in 2007, answer all questions in Section 1 of the survey.
- If you had at least one work-related injury or illness in 2007, answer all questions in Sections 1 and 2 of the survey.
- For any work-related injuries or illnesses with days away from work which occurred in 2007, also complete Section 3.

STATE DEPT OF LABOR
 1234 MY STREET
 MY CITY, ST 12345-6789

Address for Return Envelope:
 [Barcode]

STATE DEPT OF LABOR
 1234 MY STREET
 MY CITY, ST 12345-6789

Report for this Location:
 SAME AS YOUR COMPANY ADDRESS

For Help Call: (555) 111-1234

Permanent User ID:
 302123456789

Temporary Password:
 ansU9876

99-123456789-4
 2006 238162 123 P 50 00

Your Establishment ID:
 99-123456789-4

Your Company Address:
 YOUR COMPANY
 9876 YOUR STREET
 YOUR CITY, ST 12345-6789

[Barcode]

Copy your permanent user ID from the label to Section 1.

- Step 4:** Write the name of the person who completed this survey in case we have questions in Section 4: Contact Information on the back cover of this survey.
- Step 5:** Return this survey and any attachments in the enclosed envelope within 30 days of the date your establishment received it. Alternative methods of reporting, such as e-mail or the Internet, are explained in a brochure in the middle of this booklet.

Section 1: Establishment Information

Instructions: Using your completed Calendar Year 2007 *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 (2) and (3) below, you can estimate using the steps that follow on the next page.

1. Enter your permanent user ID from the front cover. →
2. Enter the annual average number of employees for 2007. →
3. Enter the total hours worked by all employees for 2007. →
4. Check any conditions that might have affected your answers to questions 2 and 3 above during 2007:

<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 work-related injuries or illnesses during 2007?
 - Yes. Go to Section 2: Summary of Work-Related Injuries and Illnesses, 2007, directly below.
 - No. Go to Section 4: Contact Information, on the back cover.

Section 2: Summary of Work-Related Injuries and Illnesses, 2007

Instructions:

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)

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 2007, 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 number of employees for 2007:

Step 1:

To calculate the annual average number of employees your establishment paid during 2007, you must calculate the total number of employees your establishment paid for all periods. Add the number of employees your establishment paid in every pay period during calendar year 2007. Count all employees that you paid at any time during the year and include full-time, part-time, temporary, seasonal, salaried, and hourly workers. Note that pay periods could be monthly, weekly, bi-weekly, etc.

Example:

Acme Construction paid its employees in 12 pay periods during 2007:

<u>Pay Period</u>	<u>Number of Employees Paid</u> <u>Per Pay Period</u>
1	30
2	0
3	35
4	37
5	37
6	40
7	43
8	42
9	37
10	35
11	30
12	<u>+26</u>
	392 (total number of employees paid over all pay periods)

Step 2:

Divide the total number of employees (from step 1) by the number of pay periods your establishment had in 2007. Be sure to count any pay periods when you had no (zero) employees.

Example:

Acme Construction had 12 pay periods and paid a total of 392 employees during these pay periods.

392 divided by 12 = 32.67

Step 3:

Round the answer you computed in step 2 to the next highest whole number. Write that number in the box for Section 1, question 2 on the previous page.

Example:

Acme would round 32.67 to 33.

Steps to estimate total hours worked by all employees for 2007:

Step 1:

Determine the number of full-time employees at your establishment.

Example:

Of Acme's 33 employees in 2007, 28 were full-time.

Step 2:

Determine the number of hours generally worked by a full-time employee for a year. Multiply the number of full-time employees you calculated in step 1 by this number. This total number of full-time hours worked should exclude vacation, sick leave, holidays, and any other non-work time.

Example:

Each of Acme's 28 full-time employees worked an average of 2,000 hours per year after excluding vacation, sick leave, holidays, and other non-work time. This works out to 40 hours per week for 50 weeks of the year.

28	full-time employees
<u>X 2,000</u>	hours per year
56,000	total full-time hours

Step 3:

Determine the number of hours of overtime worked by your full-time employees.

Determine the number of regular hours worked by your non-full-time employees. (Non-full-time employees include part-time, seasonal, and temporary employees.)

Add these numbers to the number you calculated in step 2 above. This is the estimated number of hours worked by all of your employees – full-time and non-full-time – during 2007. Write this number in Section 1, question 3 on the previous page.

Example:

Acme's 28 full-time employees worked a total of 2,800 hours of overtime during 2007 and 56,000 regular hours. Acme's 5 part-time employees worked a total of 2,715 hours during 2007.

56,000	full-time hours from step 2
2,800	over time hours
<u>+ 2,715</u>	part-time hours
61,515	total hours worked

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 of this booklet and provide information for the person who completed this survey.
2. If you had cases with days away from work in Column H, please complete this Section 3.
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.
Note 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 "**Report for this Location,**" be sure to look at all your OSHA Form 300's to find which cases to report.

OSHA's Form 300 (Rev. 10/2016)
Log of Work-Related Injuries and Illnesses

Identify the premises

Year	Employer's name	Job title	Part of injury or illness	When the case occurred	Describe injury or illness, date of onset, and days away from work	Classification of injury or illness	Days away from work	Job transfer or restriction	Medical treatment beyond first aid	Lost workdays	Days of restricted work	Job transfer or restriction	Medical treatment beyond first aid	Lost workdays	Days of restricted work

Classify the case

Check the "Type" of injury or illness in Column H.

Type	Column H	Column I	Column J	Column K	Column L	Column M	Column N	Column O	Column P
1. Skin									
2. Burns									
3. Falls									
4. Struck by									
5. Caught in/between									
6. Repetitive trauma									
7. Other									

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 and provide information for the person who completed this survey.

Case with Days Away from Work

Tell us about a 2007 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**.

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)
_____	_____	____/____/07 <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 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.

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Case with Days Away from Work

Tell us about a 2007 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**.

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)
_____	_____	____/____/07 <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 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.

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Case with Days Away from Work

Tell us about a 2007 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**.

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)
_____	_____	____/____/07 <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 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
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Case with Days Away from Work

Tell us about a 2007 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**.

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)
_____	_____	_____/_____/07 <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 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
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Case with Days Away from Work

Tell us about a 2007 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**.

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)
_____	_____	_____/_____/07 <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 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
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Case with Days Away from Work

Tell us about a 2007 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**.

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)
_____	_____	____/____/07 <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 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
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Section 4: Contact Information

Fill in the name, title, and phone number of the person who completed this survey in case we have questions.

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) 242-3462
(334) 240-3417 fax

Alaska

(907) 465-4539
(800) 325-9872 fax

Arizona

(602) 542-3739
(602) 542-6360 fax

Arkansas

(501) 682-4542

California

(415) 703-3020
(415) 703-3029 fax

Colorado

(816) 426-2483

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
(850) 922-0024 fax

Georgia

(404) 679-1746
(404) 679-0520 fax

Guam

(671) 475-7056
(671) 475-7063 fax

Hawaii

(808) 586-9001

Idaho

(415) 975-4473

Illinois

(217) 524-2098
(217) 558-4122 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
(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
(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

Missouri

(573) 751-2719, 2663, 3802
(573) 751-2319 fax

Montana

(800) 541-3904
(406) 444-2638 fax

Nebraska

(402) 471-3547, 1545
(800) 599-5155
(402) 742-2352 fax

Nevada

(775) 684-7083, 7081
(775) 687-3826 fax

New Hampshire

(617) 565-2302
(617) 565-3847 fax

New Jersey

(609) 292-8999
(609) 633-0618 fax

New Mexico

(505) 476-8740
(505) 476-8735 fax

New York

(212) 621-9382
(212) 621-9328 fax

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. 257, 236
(405) 528-3412 fax

Oregon

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

Pennsylvania

(215) 861-5638, 5625
(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) 896-7659, 7683
(803) 896-7670 fax

South Dakota

(312) 353-7253
(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