

February 4, 2013

TO THE REVIEWER OF:                    OMB NO. 1220-0141  
Cognitive and Psychological Research

FROM:                                        Polly Phipps  
Senior Survey Methodologist  
Office of Survey Methods Research

SUBJECT:                                    Submission of materials for testing on  
reporting days away from work injuries and illnesses  
in the Survey of Occupational Injuries and Illnesses  
(SOII) and Workers' Compensation claims data

Please accept the enclosed materials for approval under the OMB clearance package number 1220-0141 "Cognitive and Psychological Research." In accordance with our agreement with OMB, we are submitting a brief description of the research, and the materials to be used in the research at least two weeks prior to the beginning of the study.

Four state partners will be testing a telephone questionnaire with establishment respondents who complete the SOII. The questionnaire explores reasons for differences in reporting of days away from work illnesses and injuries in the Survey of Occupational Illnesses and Injuries and Workers' compensation claim data.

We plan to test the questionnaire with respondents from up to 80 establishments (20 per state). The maximum number of burden hours is estimated to be 40 hours.

If there are any questions regarding this project, please contact Polly Phipps at (202) 691-7513.

Attachments

# **Testing a Questionnaire Exploring Differences in the Survey of Occupational Injuries and Illnesses (SOII) and Workers' Compensation claims data**

## **I. Purpose**

The goal of this study is to test a telephone instrument that explores possible reasons for differences in reporting days away from work injuries and illness between the SOII and State Workers' Compensation claims data. Studies comparing the two data sources suggest that there are differences, and the differences may be associated with a lower count of injuries and illnesses in the SOII. Since SOII respondents are requested to complete the survey using Occupational Safety and Health Administration (OSHA) logs and supplemental reports, we focus on both OSHA forms and the SOII in our protocol.

## **II. Methodology & Participants**

The proposed test will be conducted via telephone interviews by four state partners who will be testing a telephone questionnaire with establishment respondents who complete the SOII. The state partners will review and summarize the results. In cooperation with OSMR staff, a final questionnaire will be developed based on test responses.

SOII respondents from the States of Minnesota, New York, Oregon, and Washington will be selected into the test based on employment size, industry, and multi-establishment status.

- Employment Size (1-10, 11-49, 50-249, 250-999, 1000+)
- Industry (natural resources and mining; construction; mining; trade, transportation, and utilities; information; financial activities; professional and business services; education and health services; leisure and hospitality; other services, public administration )
- Multi-establishment or not

The instrument (Attachment 2) has been designed to question respondents about general company background and workplace practices, the role of persons involved in injuries and illness recordkeeping, and OSHA and SOII recordkeeping practices. Potential respondents will be recruited by telephone (Attachment 1).

## **III. Subject and Burden Hours**

The BLS estimates that the total burden will be 40 hours. Testing will begin in February and continue through April 2013. We expect that the telephone interviews will take approximately 30 minutes.

## **IV. Confidentiality**

Respondents will be informed as to the voluntary nature of the study. Information related to this study will not be released to the public in any way that would allow identification of individuals except as prescribed under the conditions of the Confidential Information Protection and Statistical Efficiency Act of 2002 (Title 5 of Public Law 107-347) and other applicable Federal laws.

## **V. Attachments**

1. Telephone solicitation protocol
2. Draft employer test instrument

## Attachment 1. Telephone Solicitation Protocol

1. Call person completing the SOII survey for the reference year.

2. Suggested Script

Hello, my name is (NAME). I am calling for the Bureau of Labor Statistics and (State agency). Is (INITIAL CONTACT NAME) there? Our records show that you are the person that completed the 2010 Survey of Occupational Injuries and Illnesses. Are you the person who prepares this report?

- YES
- NO

We need your help to make our data better. We are interested in talking to you about your experiences with the BLS survey, OSHA recordkeeping, and your thoughts on differences between the BLS, OSHA, and Worker's Compensation reporting and recordkeeping. This study is not part of any type of enforcement action and we are not conducting an OSHA inspection. Per federal law, we will not and cannot share any information with OSHA.

The BLS, 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.

We estimate it will take you an average of 30 minutes to participate in this research.

Your participation in this research project is voluntary, and you can decline to answer any questions. This survey is being conducted under OMB Control Number 1220-0141. This control number expires on February 28, 2015. Without OMB approval and this number, we would not be able to conduct this study.

I realize you are probably very busy, but would you have a little time to assist us with this study? There is nothing you need to do to prepare.

3. IF RESPONDENT AGREES:

- Begin with telephone questionnaire, if possible.
- Otherwise schedule an appointment.
- Which day between [DATE] and [DATE] would be best for you?

APPT DAY: \_\_\_\_\_

- What might be the best time of day?

APPT TIME: \_\_\_\_\_ (ABOUT 30 MINUTES)

- I called [PHONE NUMBER]. Is this the best phone number to use to reach you?

- YES
- NO → CORRECT THE INFORMATION HERE: \_\_\_\_\_

- We'll give you a reminder call or email about our appointment a day or two before the interview.
- Confirm mailing address. Also get, email for possible reminder.

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Email: \_\_\_\_\_

- If you need to reach me for any reason, you can call me at [NUMBER]. Again, my name is [NAME]. Do you have any questions for me? Thank you very much for your time. We look forward to talking with you.

## Attachment 2. Employer Questionnaire

Date: \_\_\_\_\_

*First, the caller establishes contact with the person who completes the SOII and makes sure it's a good time to conduct the interview using the telephone solicitation script.*

Thank you for agreeing to participate in the BLS study of workplace injury and illness processing. Our goal is to learn more about how companies handle recordkeeping for the OSHA Log and the BLS Survey of Injuries and Illnesses, as well as WC claims, since sometimes these are different things.

Everything we discuss today is strictly confidential and your participation is voluntary. If at any point you don't understand a question, feel free to ask for clarification. Do you have any questions for me before we get started?

### COMPANY

**Ok, first I have a few questions about the company:**

- 1) The unit we selected for this survey is (unit description and/or address). We show the (2011/2012) annual average employment of this unit as (employment). Does that sound about right?  Yes  No, specify:
- 2) Are the employees all located at (sampled unit description/address) or does the employment number cover other locations?  (unit description/addresses) GO TO Q4  Other/multiple locations
- 3) IF OTHER/MULTIPLE IN Q2: Can you tell me a little about the locations, including the approximate number of employees?

Location	Number of employees	Description
Selected unit description/address		
Additional location		
Additional location		

- 4) Do you have additional locations in (state name)?  Yes  No
- 5) Do you have locations in other states?  Yes  No
- 6) Thinking about the employees at (sampled location), approximately what percent are full time? \_\_\_\_\_ Part-time? \_\_\_\_\_  DK  Other, specify:
- 7) Does your company employ temporary workers through a temporary staffing agency?  Yes  No  Not now, but has in past  DK
  - a. IF YES, Are they normally supervised by staff within the company?  Yes  No  DK
- 8) Does your company lease employees?  Yes  No  Not now, but has in past  DK

- a. IF YES, Are they normally supervised by staff within the company?  Yes  No  DK
- 9) Are any employees covered by a union or collective bargaining agreement?  Yes  No  DK
- a. IF YES, approximately what percent of employees are covered? \_\_\_\_\_
- 10) Does the company compete or apply for contracts or subcontracts?  Yes  No  DK
- a. **[IF YES]** Are any of the following injury or illness measures included in any bid submissions or applications for contracts/subcontracts?
- OSHA total recordable injury rate or DART
- WC experience factor
- Other: \_\_\_\_\_
- No
- DK

## EMPLOYEE ROLES

**Ok, thank you. Now, let's move on to employees that deal with workplace injury and illness reporting, starting with your position:**

- 11) First, I have a question about your role in workplace injury and illnesses reporting. Do you complete (or oversee the completion of) the:
- a. OSHA 300 log  Yes  No
- b. Workers compensation claims  Yes  No
- c. BLS survey of occupational injuries and illnesses  Yes  No
- d. Any other injury or illness recordkeeping  Yes  No
- Specify: \_\_\_\_\_
- 12) Do other persons complete (or assist in completing) the:
- a. OSHA 300 log  Yes  No
- b. Workers compensation claims  Yes  No
- c. BLS survey of occupational injuries and illnesses  Yes  No
- d. Any other injury or illness recordkeeping  Yes  No
- 13) Who has primary responsibility for completing the OSHA 300 log?
- Respondent
- Other company safety and health employee, specify title: \_\_\_\_\_
- TPA, claims mgr
- Other, specify: \_\_\_\_\_
- a. Is that individual located at the (sampled location) work site?  Yes  No
- 14) Do employees dealing with injury and illness reporting received formal training on OSHA recordkeeping, such as classes, seminars, or on-line courses?  Yes  No (GO TO Q17)  DK (GO TO Q17)

15) About how long ago did any employees receive OSHA recordkeeping training?  Within the past 12 months  1-3 years ago  4-5 years ago  More than 5 years ago?  DK

16) Who conducts the OSHA recordkeeping training that your employees have attended?   
Company staff  OSHA  State/local government agency  TPA/Insurance  
Company/Retro  Trade association  College/university  Private company/consultant  
 Other \_\_\_\_\_

## INJURY REPORTING AND PROCESSING

**Ok, thank you. Now I have a few questions on how your company keeps track of injuries:**

17) When you are not participating in the BLS survey, do you keep an OSHA 300 log?  Yes  No  DK

18) How do you track your workplace injuries and illnesses?

- Paper/pencil
- Electronic spreadsheet
- Specialized injury software program
- Other, specify: \_\_\_\_\_
- None of above/don't track
- DK

19) IF INJURY SOFTWARE PROGRAM:

- a. What injuries/illnesses are entered into the program?  WC  OSHA 300  Other \_\_\_\_\_
- b. Does the program determine when an injury/illness is recordable on the OSHA log?  Yes  No
- c. IF YES, do you or anyone else ever override the program's decision?  Yes  No

20) What type of workers' compensation insurance does your company have?  Self-insured with Third Party Administrator  (SAIF/list other state funds)  Private insurance co.  Other \_\_\_\_\_

## OSHA RECORDKEEPING

Thank you – I think we've covered everything for that area. Now I have a few questions about OSHA recordkeeping.

- 21) Are any of the following sources of information used to complete an OSHA 300 log entry?:  company report completed by employee/supervisor  WC report of accident or other claim information  Doctor's report  Other, specify:
- 22) Are any of the following OSHA 300 log items provided by a TPA/WC manager or by using WC sources  Date of injury  Number of days away from work  Injury type  Worker name  None
- 23) When are injuries/illnesses recorded on the OSHA 300 log?  Within 1 day of injury  Within 1 week of injury  Within 1 month of injury  End of year  When claim decision is made  Other, specify:
- 24) Who is involved in determining whether an injury or illness is OSHA-recordable?  Respondent  Supervisor  Company risk management  Insurer  TPA  Computing system  Other, specify:
- 25) Now, I have a few questions on differences between the OSHA log and workers' compensation reporting.

- a. Do you put any cases on the OSHA log that are not workers' compensation claims?  Yes  No  DK  
 i. IF YES, can you give me an example of one case?
- b. Would you ever have an accepted WC claim for your company that was not included on your OSHA 300 log?  Yes  No  DK  
 i. IF YES, can you give me an example of one case?
- c. Do you include any cases denied by your workers' compensation carrier on the OSHA 300 log?  Yes  No  DK  
 i. IF YES, can you give me an example of one case?

Now I have a few more questions on the OSHA log.

- 26) IF YES IN Q7, If a temporary worker hired through a temp-help agency was injured, would you include them on your OSHA 300 log?  Yes  No  DK
- 27) IF YES IN Q8, would you include injuries of leased employees on your OSHA 300 log?  Yes  No  DK
- 28) Do you ever go back and add cases to a previous year's OSHA log?  Yes  No  
 a. IF YES, can you give me one example of a case?
- 29) Do you ever go back and update the number of days on a previous year's log?  Yes  No  
 a. IF NO, why not? \_\_\_\_\_
- 30) Have you ever been notified of an injury or illness occurrence at your company at a much later date?  Yes  No



- a. IF YES, Was there a reason for the late notification?  Yes  No
- b. What was the reason for late notification?

## SOII RECORDKEEPING

31) Now I have a few questions on the BLS Survey of Injuries and Illnesses. Was (SURVEY YEAR) the first time you've personally completed the BLS Survey of Occupational Injuries and Illnesses?

Yes  No  Did not complete SOII

32) IF MULTI-UNIT: Are you responsible for completing the survey for any other company location?

Yes  No

33) Which injuries and illnesses do you include in the BLS survey?

- All injuries
- All claims
- All medical visits
- Follow OSHA criteria
- Computer software decides
- Other, specify

34) Which of the following sources of information are used to complete the BLS Survey?

- OSHA 300 log  OSHA 301 form  Company report completed by employee/supervisor  WC report of accident or other claim information  Other source, specify: \_\_\_\_\_

35) Have you ever had an injury and illness case that occurred during the BLS survey timeframe that was unknown to you until after you have sent in the survey?  Yes  No

a. Can you give me one example? \_\_\_\_\_

36) Have you used any of the following recordkeeping resources or contacts?  OSHA contact

OSHA recording keeping website  BLS contact  BLS survey hotline  other, specify: \_\_\_\_\_

a. Was it helpful?  Yes  No  other, specify: \_\_\_\_\_

## WORKPLACE PRACTICES AND RECORDING QUESTIONS

37) Now I have a few questions on your company's workplace performance practices. Does your company use any incentives or reward programs to promote employee safety?  Yes  No  DK

a. IF YES, what workplace injury and illness counts or rates are used to measure performance?

OSHA recordable cases     WC claim     any injury     Hazard identification/mitigation     Other, specify:

38) Are workplace injury and illness rates included as a measure of performance in:

a. **Your** performance reviews or evaluations  Yes  No

DK

i. **[IF YES]** Is performance based on:

OSHA recordable cases     WC claims (TL cases, claim \$, exp. factor)

Other: \_\_\_\_\_

b. **Frontline supervisor** performance reviews or evaluations?  Yes  No

DK

i. **[IF YES]** Is performance based on:

OSHA recordable cases     WC claims (TL cases, claim \$, exp. factor)

Other: \_\_\_\_\_

c. IF MULTI-UNIT: Are they used to evaluate individual worksites or compare them to each other?  Yes  No  DK

i. **[IF YES]** Are worksites compared using:

OSHA recordable cases     WC claims (TL cases, claim \$, exp. factor)

Other: \_\_\_\_\_

39) Does your establishment have a policy or practice of disciplining employees for certain unsafe practices (for example, not wearing protective gear or not notifying management of near-miss incidents?)  Yes  No  DK

40) Does your establishment have a policy or practice of testing employees for alcohol or drugs after their involvement in injury-causing incidents (aside from any driving accidents, as required by law)?  Yes  No  DK

41) Ok, here are a few hypothetical cases to think about. This is not a test! We just want to see the different decisions made in recording cases on the OSHA 300 log.

a. An employee cut his arm at work on Friday. His doctor recommended he take two days off from work. He was not scheduled to work the weekend, and he returned to work on Monday.

Would you record this on the OSHA log?  Yes  No  DK

IF YES, would you record any days away from work?  Yes  No  DK

IF YES, How many? \_\_\_\_\_

b. A worker was engaged in horseplay at work while stacking some boxes and fell, resulting in days away from work. A month later, the workers' compensation claim was denied.

Would you record this on the OSHA log?  Yes  No  DK

c. A worker cut her thumb and had stitches, but did not miss any time away from work.

Would you record this on the OSHA log?  Yes  No  DK

d. A week later, the same worker ended up missing 7 days when the thumb became infected. Would you?  Record as new injury  Update old injury  Not record

DK

e. An employee injured his ribs at work, and went to have an X-ray. The rib was not broken.

Would you record this on the OSHA log? Yes No DK

Ok, I think that covers it. Thank you so much for your time. Do you have any questions? We will process your responses within the next ### days and if we have any questions, we might call you back briefly for a clarification.