Attachment B. Telephone Questionnaire

Interviewer: \_\_\_\_\_\_\_\_

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. Verify that the introductory letter was received. If it was not, read the statement in the box below before proceeding:*

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. This survey is being conducted under OMB Control Number 1220-0141.

Thank you for agreeing to participate in our study of workplace injury and illness recordkeeping. We are talking with people about how companies gather, record, and use information about workplace injuries and illnesses. We will use the information you provide us to improve the national survey of injuries and illnesses. The information you provide us today is very important. You are part of a small randomly-selected sample of companies. 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 your company and the business location identified for this survey:**

1. The location we selected for this survey is (unit description and/or address). We show the (2011/2012) annual average employment at this location is (employment). Does that sound correct? [ ]  YES [ ]  NO, specify:
2. Are all the workers at (sampled unit description/address) or does this number include workers at other locations? [ ]  SAMPLED UNIT DESCRIPTION/ADDRESS [ ]  OTHER/MULTIPLE LOCATIONS
3. Do you have additional locations in [state name]? [ ]  YES [ ]  NO
4. Do you have locations in other states? [ ]  YES [ ]  NO
5. Does your company use temporary workers hired through a temp help agency? [ ]  YES [ ] NO [ ]  NOT NOW, BUT HAS IN PAST [ ]  DK
	1. [IF YES] Are they normally supervised by staff within your company? [ ]  YES [ ]  NO [ ]  DK
6. Does your company lease workers? [ ]  YES [ ]  NO [ ]  NOT NOW, BUT HAS IN PAST [ ]  DK
	1. [IF YES] Are they normally supervised by staff within your company? [ ]  YES [ ]  NO [ ]  DK
7. Are any workers covered by a union or collective bargaining agreement? [ ]  YES [ ]  NO [ ]  DK
	1. [IF YES] Approximately what percent of workers are covered?

[ ]  LESS THAN 25% [ ]  25-49% [ ]  50-74% [ ]  75% OR MORE [ ]  DK

1. Does your company compete or apply for contracts or subcontracts? [ ]  YES [ ]  NO [ ]  DK
	1. [IF YES]Are any of the following injury or illness measures included in any bid submissions or applications for contracts/subcontracts?
		1. OSHA total recordable injury rate or DART rate [ ]  YES [ ]  NO [ ]  DK
		2. WC experience factor/modifier [ ]  YES [ ]  NO [ ]  DK
		3. Do you include any other measures? [ ]  YES [ ]  NO [ ]  DK Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Who provides workers’ compensation insurance for your company? (CHECK ONE) [ ]  INDIVIDUAL SELF-INSURANCE [ ]  GROUP SELF-INSURANCE [ ]  STATE FUND/ASSIGNED RISK PLAN [ ]  PRIVATE INSURANCE CO. [ ]  LEASING CO. [ ]  OTHER, specify: \_\_\_\_\_\_\_\_\_ [ ]  DK
3. Does a Third Party Administrator assist with your company’s workers’ compensation claims management? [ ] YES [ ]  NO [ ]  DK
4. OPTIONAL: Do you have on-site medical staff available to treat injuries that require more than first aid? [ ]  YES [ ]  NO [ ]  DK
5. OPTIONAL: Do you recommend a specific clinic, facility, or treatment provider to your employees? [ ]  YES [ ]  NO [ ]  DK (not asking in MN)

**EMPLOYEE ROLES**

**Now, let’s move on to the people who deal with workplace injury and illness reporting for this location:**

1. First, I have a question about your role in workplace injury and illnesses reporting. Do you typically complete or assist with the:
	1. OSHA 300 log? [ ]  YES [ ]  NO
	2. Workers compensation claims? [ ]  YES [ ]  NO
	3. BLS survey of occupational injuries and illnesses? [ ]  YES [ ]  NO
	4. Any other injury or illness recordkeeping? [ ]  YES [ ]  NO

Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. WA) Do you have access to information about employees’ workers’ compensation claims? (worker name, date of injury, description of injury, time loss days) [ ]  YES [ ]  NO
1. Do other persons complete or assist with the:
	1. OSHA 300 log? [ ]  YES [ ]  NO [ ]  DK
	2. Workers compensation claims? [ ]  YES [ ]  NO [ ]  DK
	3. BLS survey of occupational injuries and illnesses? [ ]  YES [ ]  NO [ ]  DK
	4. Any other injury or illness recordkeeping? [ ]  YES [ ]  NO [ ]  DK
2. [IF YES on 14a]: Who has primary responsibility for completing the OSHA 300 log? CHECK ONE.

[ ]  RESPONDENT

[ ]  OTHER COMPANY SAFETY AND HEALTH EMPLOYEE, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  TPA, OTHER EXTERNAL CLAIMS MGR

[ ]  OTHER, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. [IF NOT TPA/EXTERNAL]: Are you/Is that individual located at the (sampled location) work site?

 [ ]  YES [ ]  NO [ ]  MOVES FROM SITE TO SITE

* 1. [WA only-if not answered above] Does that person have access to specific information about individual workers’ compensation claims? [ ]  YES [ ]  NO [ ]  DK
1. Did you keep an OSHA log during (2011/2012)? [ ]  YES [ ]  NO [ ]  DK
2. When you are not participating in the BLS survey, do you keep an OSHA log? [ ]  YES [ ]  NO [ ]  DK
3. How long have you been an OSHA record keeper? \_\_\_\_\_\_\_\_\_\_\_YEARS
4. Have/has (you/person with primary responsibility from 15) received formal training on OSHA recordkeeping, such as classes, seminars, or on-line courses? [ ] YES [ ] NO (GO TO Q22) [ ]  DK (GO TO Q22)
5. [IF YES], When did (you/person with primary responsibility from 15) last receive OSHA recordkeeping training?

[ ]  Within the past 12 months [ ]  1-3 years ago [ ]  4-5 years ago [ ]  more than 5 years ago? [ ]  DK

1. Who provided that OSHA recordkeeping training to (you/person with primary responsibility from 15)? (CHECK ONE)

[ ]  COMPANY STAFF [ ]  OSHA [ ]  STATE/LOCAL GOVERNMENT AGENCY [ ]  TPA/INSURANCE COMPANY/RETRO [ ]  TRADE ASSOCIATION [ ]  COLLEGE/UNIVERSITY [ ]  PRIVATE COMPANY/CONSULTANT [ ]  DK [ ]  OTHER, specify:\_\_\_\_\_\_\_\_\_

**INJURY REPORTING AND PROCESSING**

**Now I have a few questions on how your company keeps track of injuries:**

1. What do you track your workplace injuries and illnesses on? (CHECK ALL THAT APPLY)

[ ]  PAPER FORM

[ ]  ELECTRONIC SPREADSHEET

[ ]  SPECIALIZED INJURY SOFTWARE PROGRAM

[ ]  OTHER, SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  DON’T TRACK

[ ]  DK

1. [IF INJURY SOFTWARE PROGRAM in Q22 above]:
	1. What injuries/illnesses are entered into the program? (CHECK ONE) [ ]  ALL INJURIES [ ]  ALL WC CLAIMS [ ]  CASES WITH MEDICAL CARE [ ]  OSHA log [ ]  OTHER, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. Do (you/person with primary responsibility from 15) or does the program determine if an injury/illness is recordable on the OSHA log? [ ]  YOU/OTHER PERSON [ ]  PROGRAM

**[IF PROGRAM determines recordability: ]**

* + 1. Do you ever over-ride the computer’s decision? [ ] Yes [ ] No
1. INTERVIEWER CHECKPOINT: [ ]  CHECK BOX IF NO LOG IS KEPT IN Q16/17, **THEN SKIP TO Q33**

**OSHA RECORDKEEPING**

**Now I have a few questions about OSHA recordkeeping.**

1. How do you decide whether to record a worker injury on your OSHA log? (CHECK ALL THAT APPLY)

Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  ALL INJURIES

[ ]  ALL FILED WC CLAIMS

[ ]  ALL ACCEPTED WC CLAIMS

[ ]  ALL injuries and illnesses that require MEDICAL VISITS

[ ]  FOLLOW OSHA CRITERIA

[ ]  COMPUTER SOFTWARE DECIDES

[ ]  OTHER, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Where do you get the information needed to complete an OSHA log entry?: (CHECK ALL THAT APPLY) [ ] COMPANY REPORT COMPLETED BY EMPLOYEE/SUPERVISOR [ ] WC REPORT OF ACCIDENT OR OTHER CLAIM/INSURER INFORMATION (INCLUDING INFO FROM TPA) [ ]  DOCTOR’S REPORT [ ]  OTHER, specify

1. Do you get any information for the OSHA log from your [insurance company, TPA, or WC]?

[ ] YES [ ] NO

a. [IF YES] What information is provided (CHECK ALL THAT APPLY)?

[ ]  DATE OF INJURY [ ]  NUMBER OF DAYS AWAY FROM WORK [ ]  INJURY TYPE [ ]  WORKER NAME [ ]  INJURY LOCATION [ ]  TREATMENT LOCATION [ ] NONE

1. How long after the injury or illness do you record it on the OSHA log? (CHECK ONE) [ ] WITHIN 1 DAY OF INJURY [ ] WITHIN 1 WEEK OF INJURY [ ] WITHIN 1 MONTH OF INJURY [ ] END OF YEAR [ ]  WHEN CLAIM DECISION IS MADE [ ]  WHEN CLAIM IS FILED [ ]  OTHER, specify:\_\_\_\_\_\_
2. Where do you usually get the number of days away from work for the OSHA log? (CHECK ONE) [ ]  PAYROLL DATA [ ]  WC TIME LOSS DATA [ ]  CALENDAR (PAPER OR COMPUTER) [ ]  SUPERVISOR [ ]  OTHER, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	1. Does the number of days away from work include all calendar days or is it limited to days of missed work or scheduled shifts? CHECK ONE. [ ] CALENDAR DAYS [ ]  SCHEDULED SHIFTS/DAYS [ ] DK [ ]  OTHER, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

30) Now, I have a few questions on differences between the OSHA log and workers’ compensation reporting.

a. Have you ever put any cases on the OSHA log that are not workers’ compensation claims?

[ ] YES [ ] NO [ ]  DK

* + 1. [IF YES] Can you give me an example? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	1. Have you ever put any cases on the OSHA log that are denied by your workers’ compensation carrier? [ ] YES [ ] NO [ ]  DK [ ]  NO DENIED CLAIMS
		1. [IF YES] Can you give me an example? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. Have you ever had an accepted WC claim for your company that was not included on your OSHA log? [ ] YES [ ] NO [ ]  DK

 i [IF YES] Can you give me an example? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Have you ever added cases to a previous year’s OSHA log? [ ]  YES [ ]  NO
	1. [IF YES] Can you give me an example?
2. Have you ever updated the number of days away from work on a previous year’s log? [ ] YES [ ]  NO
	1. [IF NO], why not? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Have you ever been notified of an injury or illness occurrence at your company at a much later date? (if prompted by respondent: more than 3 months)

[ ] YES [ ] NO

* 1. [IF YES] What was the reason for late notification?
1. Have you used any of the following recordkeeping resources or contacts? (CHECK ALL THAT APPLY) [ ]  OSHA state contact [ ]  OSHA federal contact [ ]  OSHA recordkeeping website [ ]  BLS contact or hotline [ ]  Insurer/TPA [ ]  other, specify:\_\_\_\_\_\_\_\_\_\_\_\_\_

**SOII RECORDKEEPING**

**Now I have a few questions on the BLS Survey of Occupational Injuries and Illnesses.**

1. Was (SURVEY YEAR) the first time you’ve personally completed the BLS Survey of Occupational Injuries and Illnesses? [ ]  YES [ ]  NO [ ]  DID NOT COMPLETE SOII [ ] DK [ ]  OTHER, specify
2. [IF MULTI-UNIT]: Are you responsible for completing the survey for any other company location? [ ]  YES [ ]  NO
3. How do you decide what cases to include on the BLS survey (CHECK ONE)?

 [ ]  SAME AS OSHA 300 LOG

[ ]  ALL INJURIES

[ ]  ALL FILED WC CLAIMS

[ ]  ALL ACCEPTED WC CLAIMS

[ ]  ALL injuries and illnesses requiring MEDICAL VISITS

[ ]  FOLLOW OSHA CRITERIA

[ ]  COMPUTER SOFTWARE DECIDES

[ ]  OTHER, specify

1. Where do you get the injury and illness information needed to complete the BLS Survey? (CHECK ALL THAT APPLY) [ ]  OSHA 300 LOG [ ]  OSHA 301 FORM [ ]  COMPANY REPORT COMPLETED BY EMPLOYEE/SUPERVISOR [ ]  WC REPORT OF ACCIDENT OR OTHER CLAIM INFORMATION (INCLUDING INFO FROM TPA) [ ]  DOCTOR’S REPORT [ ]  OTHER SOURCE, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_
2. Are days away from work on the BLS survey the same as what was reported on the OSHA log?

[ ] YES [ ]  NO

* 1. [IF NO] What information or source do you use to determine the number of days away from work for the BLS survey? (CHECK ONE) [ ]  PAYROLL DATA [ ]  WC TIME LOSS DATA [ ]  CALENDAR (PAPER OR COMPUTER) [ ]  OTHER, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. Have you ever been notified of an injury or illness that was reported too late to include in the BLS survey?

 [ ]  YES [ ]  NO [ ] DK

[IF YES] Can you give me an example? \_\_\_\_\_\_\_\_\_\_\_\_\_

1. [IF YES IN Q5,] Would you ever include a temp agency worker on your:
	1. OSHA log? [ ] YES [ ] NO [ ] DK
	2. BLS survey? [ ] YES [ ] NO [ ]  DK
2. [IF YES IN Q6,] Would you ever include a leased worker on your:
	1. OSHA Log [ ] YES [ ] NO [ ]  DK
	2. BLS survey? [ ] YES [ ] NO [ ]  DK

**WORKPLACE PRACTICES AND RECORDING QUESTIONS**

**We’re almost done. We have a few more questions on your company’s workplace performance practices.**

1. Does your company use any safety incentives or rewards? [ ] YES [ ] NO [ ] DK
	1. [IF YES AND OPTIONAL] Can you tell me a little about your programs (general description, award/prize, and approximate value):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. How is safety performance measured for these programs? (CHECK ALL THAT APPLY) [ ]  OSHA RECORDABLE CASES [ ]  WC CLAIM [ ] ANY INJURY [ ] HAZARD IDENTIFICATION/MITIGATION [ ]  OTHER, specify:
2. a. Are worker safety performance measures used in rating **Your** job performance?: [ ] YES [ ] NO [ ] DK
	* 1. [IF YES]What isperformance based on? (CHECK ALL THAT APPLY)

[ ]  OSHA RECORDABLE CASES [ ]  WC CLAIMS (TL CASES, CLAIM $, EXP. FACTOR)

 [ ] OTHER:\_\_\_\_\_\_\_\_

* 1. Are worker safety performance measures used in rating **Frontline Supervisor** job performance? [ ] YES [ ] NO [ ] DK
		1. [IF YES] What is performance based on?

[ ]  OSHA RECORDABLE CASES [ ]  WC CLAIMS (TL CASES, CLAIM $, EXP. FACTOR) [ ] OTHER:\_\_\_\_\_\_\_\_

* 1. [IF MULTI-UNIT]: Are worker safety performance measures used to compare worksites?

[ ] YES [ ] NO [ ] DK

* + 1. What is used to evaluate or compare worksites?

[ ]  OSHA RECORDABLE CASES [ ]  WC CLAIMS (TL CASES, CLAIM $, EXP. FACTOR) [ ] OTHER: \_\_\_\_\_\_\_\_\_\_\_

1. Does your company have a policy or practice of disciplining workers for unsafe practices

[ ] YES [ ] NO [ ] DK

1. Does your company have a policy or practice of testing workers for alcohol or drugs after their involvement in injury-causing incidents (aside from any driving accidents)?

[ ] YES [ ] NO [ ] DK

1. What OSHA recordkeeping decisions would you make in the following situations:.
	1. An employee injured his ribs at work, and went to have an X-ray. The rib was not broken and he had no further medical care.

Is this an OSHA-recordable injury? [ ] YES [ ] NO [ ] DK

* 1. 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.

Is this an OSHA-recordable injury? [ ] YES [ ] NO [ ] DK

* + 1. [IF YES] Would you record any days away from work? [ ] YES [ ] NO [ ] DK
		2. [IF YES] How many? \_\_\_\_\_\_\_
	1. A worker was engaged in horseplay at work while stacking some boxes of lutefisk and fell, resulting in days away from work.

Is this an OSHA-recordable injury? [ ] YES [ ] NO [ ] DK

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

Is this an OSHA-recordable injury? [ ] YES [ ] NO [ ] DK

* + 1. 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
1. OPTIONAL: Is there anything you would like to comment on that would add to my understanding of how your company tracks workplace injuries and illnesses?

**Washington-specific questions**

**WA1)**  Are you or a co-worker employed as an Occupational Safety & Health professional?

[ ]  Respondent [ ]  Co-worker [ ]  Both [ ]  No-one [ ]  DK

1. Is this person located on site (of the sampled establishment)?

 [ ]  Yes [ ]  No [ ]  MOVES FROM SITE TO SITE [ ]  DK

**WA2)** [IF TEMP] You indicated earlier that your company uses temporary workers. I just have a few extra questions on that topic**:**

1. How often does your company use temp workers?

[ ]  Daily [ ]  Weekly [ ]  Monthly [ ]  Regularly throughout the year (<monthly, >once a year)

[ ]  Once a year [ ]  For special projects (<1/yr)

b. What is the maximum number of temporary workers that your company would use at one time?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

c. How often does the company hire temp workers on as permanent employees? Would you say

[ ]  It’s the primary means of hiring permanent employees

[ ]  Not the primary means of hiring permanents but do consider it on a case by case basis

[ ]  Never

d. Are temp employees and new permanent employees assigned the same tasks? [ ]  Yes [ ]  No

i. [IF YES] What tasks do they usually do? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ii. [IF NO] How are their Tasks different? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WA3)** How likely would you be to use an electronic system for injury and illness recordkeeping that was compatible with OSHA recordkeeping regulations?

 [ ]  Very likely [ ]  Likely [ ]  Unlikely [ ]  Very unlikely [ ]  Already using such a system

 a. [IF V. LIKELY OR LIKELY] Would you prefer a web-based application or a stand-alone program?

 [ ]  Web-based [ ]  Stand-alone [ ]  No Preference

**WA4)** Do you find the OSHA log useful? [ ]  Yes [ ]  No

a. [If yes] how is it useful?

**Minnesota-specific questions**

**MN1)** Have you had an outside safety consultant visit your facility within the past two years? [ ] Yes [ ] No [ ] DK

**MN2)** Does your facility collect information on near-misses? [ ] Yes [ ] No [ ] DK

**MN3)** Do you think your OSHA 300 log is an accurate indicator of worker safety at your facility? [ ] Yes [ ] No [ ] DK

 Why? or Why not?

Ok, I think that covers it. Thank you so much for your time. Do you have any questions? If we have any questions, we might call you back briefly for a clarification.