

## 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
  - a. [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
  - a. [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
- a. [IF YES] Approximately what percent of workers are covered?  
 LESS THAN 25%  25-49%  50-74%  75% OR MORE  DK
- 8) Does your 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?
- i. OSHA total recordable injury rate or DART rate  YES  NO  DK
- ii. WC experience factor/modifier  YES  NO  DK
- iii. Do you include any other measures?  YES  NO  DK  
 Specify: \_\_\_\_\_
- 9) 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
- 10) Does a Third Party Administrator assist with your company's workers' compensation claims management?  YES  NO  DK
- 11) OPTIONAL: Do you have on-site medical staff available to treat injuries that require more than first aid?  YES  NO  DK
- 12) 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:**

- 13) First, I have a question about your role in workplace injury and illnesses reporting. Do you typically complete or assist with 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: \_\_\_\_\_
- e. 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
- 14) Do other persons complete or assist with the:
- a. OSHA 300 log?  YES  NO  DK
- b. Workers compensation claims?  YES  NO  DK
- c. BLS survey of occupational injuries and illnesses?  YES  NO  DK

d. Any other injury or illness recordkeeping?  YES  NO  DK

15) [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: \_\_\_\_\_

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

YES  NO  MOVES FROM SITE TO SITE

b. [WA only-if not answered above] Does that person have access to specific information about individual workers' compensation claims?  YES  NO  DK

16) Did you keep an OSHA log during (2011/2012)?  YES  NO  DK

17) When you are not participating in the BLS survey, do you keep an OSHA log?  YES  NO  DK

18) How long have you been an OSHA record keeper? \_\_\_\_\_ YEARS

19) 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)

20) [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

21) 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:

22) 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

23) [IF INJURY SOFTWARE PROGRAM in Q22 above]:

- a. What injuries/illnesses are entered into the program? (CHECK ONE)  ALL INJURIES  
 ALL WC CLAIMS  CASES WITH MEDICAL CARE  OSHA log   
 OTHER, specify: \_\_\_\_\_
- b. 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: ]**

- i. Do you ever over-ride the computer's decision?  Yes  No

24) 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.

25) 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 \_\_\_\_\_

26) 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 \_\_\_\_\_

27) 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

28) 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: \_\_\_\_\_

29) 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: \_\_\_\_\_

a. 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

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

b. Have you ever put any cases on the OSHA log that are denied by your workers' compensation carrier?  YES  NO  DK  NO DENIED CLAIMS

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

c. 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? \_\_\_\_\_

31) Have you ever added cases to a previous year's OSHA log?  YES  NO

a. [IF YES] Can you give me an example?

32) Have you ever updated the number of days away from work on a previous year's log?  YES  NO

a. [IF NO], why not? \_\_\_\_\_

33) 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

a. [IF YES] What was the reason for late notification?

34) 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.

35) 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

36) [IF MULTI-UNIT]: Are you responsible for completing the survey for any other company location?  YES  NO

37) 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

38) 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: \_\_\_\_\_

39) Are days away from work on the BLS survey the same as what was reported on the OSHA log?

YES  NO

a. [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:

\_\_\_\_\_

40) 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? \_\_\_\_\_

41) [IF YES IN Q5,] Would you ever include a temp agency worker on your:

a. OSHA log?  YES  NO  DK

b. BLS survey?  YES  NO  DK

42) [IF YES IN Q6,] Would you ever include a leased worker on your:

a. OSHA Log  YES  NO  DK

b. 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.

43) Does your company use any safety incentives or rewards?  YES  NO  DK

a. [IF YES AND OPTIONAL] Can you tell me a little about your programs (general description, award/prize, and approximate value): \_\_\_\_\_

b. How is safety performance measured for these programs? (CHECK ALL THAT APPLY)  
 OSHA RECORDABLE CASES  WC CLAIM  ANY INJURY   
HAZARD IDENTIFICATION/MITIGATION  OTHER, specify: \_\_\_\_\_

44) a. Are worker safety performance measures used in rating **Your** job performance?:  YES  NO  DK

i. [IF YES] What is performance based on? (CHECK ALL THAT APPLY)

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

OTHER: \_\_\_\_\_

b. Are worker safety performance measures used in rating **Frontline Supervisor** job performance?  YES  NO  DK

i. [IF YES] What is performance based on?

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

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

YES  NO  DK

i. What is used to evaluate or compare worksites?

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

45) Does your company have a policy or practice of disciplining workers for unsafe practices

YES  NO  DK

46) 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

47) What OSHA recordkeeping decisions would you make in the following situations:

a. 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

b. 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

i. [IF YES] Would you record any days away from work?  YES  NO  DK

ii. [IF YES] How many? \_\_\_\_\_

c. 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

d. 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

i. 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

48) 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

a. 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:

a. 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.