

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.