

## SafeOCS

### INTERVIEW TOOL

Confirmation Number: 0000000000 (mmddy, 4 random digits)

Incident Number:

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

Time of interview: \_\_\_\_\_ am pm (will be converted to 24 hr format in system)

Interviewer Name: \_\_\_\_\_(this is a BTS employee)

Interviewee Name: \_\_\_\_\_(to be deleted once the interview is completed)

Interviewee Phone Numbers: \_\_\_\_\_(to be deleted once the interview is completed)

Received Confirmation Call: Yes  No

Participating Company:

Reported Before:

#### INTRODUCTION:

Hello, this is (First, Last);  
I would like to speak with Mr/Ms (First, Last).

*(When you have the person on the line) Hi, (name again), I am a member of the SafeOCS Interview Team located in Washington, DC. You had indicated on your report that this would be a good time to contact you for an interview. (Pause, there may be a response) The interview may take 30-60 minutes; do you have that much time available now?*

*(If yes, proceed with the interview)*

*(If no, ask for another time to conduct the interview) When would be the best time to reschedule the interview call? Record Below:*

**Time:** \_\_\_\_\_

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

**Ph #:** \_\_\_\_\_

Before we proceed with the interview, I want to provide you with a little background and go over a few ground rules. There is an agreement between the Bureau of Safety and Environmental Enforcement, and the agency I represent, the Bureau of Transportation Statistics, which outlines the benefits of near-miss reporting. The purpose of the project is to gather data related to near-misses that may not be available following traditional incident investigation procedures. The information you are sharing with me will be kept strictly confidential. I will be asking you several questions that initially may seem unrelated to your incident, but the information you will provide is necessary to fully develop the circumstances of the incident, the safety culture environment and provide the summary data which may be useful in identifying the root causes of incidents and, thereby, improve safety.

.....

**Proceed with interview –**

I have reviewed your near-miss report, but before going into the interview I would like to ask you to give me a verbal account of the incident so I can better understand how the incident occurred.

**Description of Incident –** Have individual describe the events leading up to including the incident and what happened afterwards. (In their description listen to see if the following are mentioned):

- **How long had this crew worked together?**
- **What kind of harm could have occurred?**
- **How and when did you communicate safety concerns related to the incident on which you are reporting?**
- **What was your supervisor’s response?**
- **What was your follow up on the incident with your supervisor?**
- **Ask follow up questions to fill-in details to understand the incident and have individual provide explanation of any instructions, procedures or processes referenced.**

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**Comment field:**

**Text From Written Report (to be uploaded automatically from the database) –**

**Oral Report -**

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Before we begin the interview, would you please share the following information with our research team?

Gender: Male  Female

Age: \_\_\_\_\_ (in years)

Height: \_\_\_\_\_ (feet) \_\_\_\_\_(inches)

Weight: \_\_\_\_\_ (in lbs.)

Identify interviewee's job category:

Work experiences (in years): Oil and Gas Industry \_\_\_\_\_ Craft \_\_\_\_\_

Comments field:

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**Incident information**

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_ Time Zone: \_\_\_\_\_

Incident Type: \_\_\_\_\_ Incident Category: \_\_\_\_\_

Weather: Clear  Cloudy  Fog  Slight Rain  Intense Rain  Snow (on ground)  Snowing

High Winds  Lightning  Hail Storm  Conditions in Transition  Cold  Hot

Light Condition: \_\_\_\_\_ Visibility: \_\_\_\_\_ Temperature: \_\_\_\_\_

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**3-Day Work/Sleep History Information**

**(Please use military time (24-Hour clock) for work and sleep periods)**

3-Day Work Shift History	Shift Start Time	Incident Time	Shift End Time
Incident Shift Day			
Day before Incident			
2 Days before Incident			
3-Day Sleep History	Sleep Start Time	Sleep End Time	Nap – Yes/No
Last Sleep before Incident Shift			
Sleep Period the Day Before			
Sleep Period 2 Days Before			

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**Defective Equipment:**

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Yes (Describe)

No

N/A

When did you become aware of the defective equipment?

Prior to the incident  
occurring

At the time the  
incident occurred

After the incident  
occurred

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4. Do you feel that fatigue or lack of alertness contributed to this incident?

No    If no, go to next question.

Yes    Go to drop down box.

**Drop down box to collect on fatigue and alertness information:**

4a. Did you have trouble sleeping during the 3-days prior to the incident?

Yes

No

4b. On a scale of 1-5, with 5 being “the best”, how would you rate yourself on?

4b1. The quality of your sleep during your last rest period (1 - 5):

4b2. How rested you felt when you got up: (1 - 5):

4b3. How alert you felt just prior to the incident (1 - 5):

4c. If you were tired, did you attempt to Lay-Off when called for the incident shift?

Yes

No    If no, why:

4d. Did you do anything to enhance your alertness prior to this incident?

No

Eat/Chew something

Drink/Splash water

Caffeinated beverage

Talk

Other (Describe)

Stand/walk around

Fresh air

5. Were there any issues that affected the quality of your sleep?

No    If no, go to next question.

Yes    Go to drop down box.

**Drop down box to collect information on potential issues related to sleeping:**

5a. Were they personal?

- Yes  No

5b. Were they work related?

- Yes  No

If yes, describe:

5c. Have you ever been diagnosed with any type of sleeping disorder?

- Yes  No

5d. Describe condition:

5e. Describe treatment:

5f. Is the treatment effective?

- Yes  No

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6. Were there any issues that affected your ability to concentrate?

- No If no, go to next question.  Yes

**Drop down box for issues related to ability to concentrate:**

6a. Were they personal?

- Yes (no description required)  No

6b. Were they work related?

- Yes  No

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7. Was the paperwork a problem?

- No    If no, go to next question.                       Yes

**Drop down box for paperwork issues:**

7a. What were the problems with the paperwork?

- Out-of-date                       Incomplete                       Other (describe)  
 Inaccessible                       Not prioritized

7b. Did the paperwork problem have an effect on this incident?

- Yes                       No

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8. Was a job/safety briefing conducted at the beginning of your shift and/or prior to the incident task?

- No    If no, go to next question.                       Yes

**Drop down box for job briefing questions:**

8a. Who conducted the job briefing?

Job title: \_\_\_\_\_

8b. All members of the crew attended?

- Yes                       No

8c. Discussion of what was to be done and how to do it?

- Yes (Describe)                       No

8d. Did you discuss what might go wrong and what to do then?

- Yes (Describe)                       No

8e. Did you discuss the incident task?

- Yes                       No

8f. Were all questions about the incident task answered and understood?

- Yes                       No

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9. On the incident day, did you have any job dissatisfaction issues?

Yes    If yes, describe.

No

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10. How well did the crew getting along? Rate on a scale of 1 to 5, with 5 being “the best”.

Rating: \_\_\_\_\_

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11. Performing assigned duties:

11a. Did you neglect to complete your work correctly?

Yes    If yes, describe.

No

11b. Did anyone on the crew neglect to complete their assigned duties correctly?

Yes    If yes, describe.

No

11c. Did anyone else in the working environment neglect to complete their assigned duties correctly?

Yes    If yes, describe.

No

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12. What form of communication was being used during the task just prior to the incident? (Mark all that apply)

Verbal direct

Hand signals

Radio

Other (Describe)

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13. Communication when the incident occurred. (Mark all that apply)

Verbal direct

Hand signals

Radio

Other (Describe)

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14. Was there any confusion or misunderstanding leading up to the incident?

No    If no, go to next question.

Yes

14a. In your experience, what was the cause of the confusion or misunderstanding?

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15. How frequently do you do the incident job or task?

- |  |  |
|--|--|
| <input type="checkbox"/> Several times a shift | <input type="checkbox"/> Once or twice a month   |
| <input type="checkbox"/> Daily                 | <input type="checkbox"/> Not very often (Ask the subject if he can remember the last time he performed this task.) |
| <input type="checkbox"/> Weekly                |  |

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16. What rule(s) applied in this incident?

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17. Were there any recent changes in the rules or work practices associated with the incident work task?

- Yes    If yes, describe.                       No

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18. Do you have any suggestions for changes to the rules or practices? (The scribe should fill in based on the subject's response. Some potential responses are listed below.)

- Eliminate
- Revise (Describe)
- Add to the rule or modify the practice (Describe)
- Other (Describe)

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19. In your opinion, were any rules violated?

- No    If no, go to next question.                       Yes

**Drop down box for rules questions:**

19a. Why do you think the rules were violated in this manner?

19b. Is this type of rule violation uncommon for you?

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20. Can you think of any factors in your work environment that promote or contribute to bending the rules?



Yes

No

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21. When was the last time you received training on your job or the rules applicable to your job?

Month: \_\_\_\_\_ Year: \_\_\_\_\_

21a. When were you certified/recertified? \_\_\_\_\_

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22. What type of training do you think was most effective for learning you job?

On-the-job (OJT)

Simulator

Classroom

Some other type of training procedures  
(Describe)

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23. Were there any recent changes at the incident location (equipment configuration, etc.)?

Yes If yes, describe.

No

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24. Do you think the weather was a factor in the incident?

Yes If yes, describe.

No

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24a. What were the weather conditions at the time of the incident? (*Some typical responses could be: Clear, cloudy, light rain/snow, heavy rain/snow, hot, cold, fog, bright sunlight/moonlight, etc.*)  
Time of day: (*AM/PM and light/dark*).

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25. Were there any other physical factors (noise, vibration, lighting, walking conditions, etc.) that may have contributed to the incident?

Yes If yes, describe.

No

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26. Was there any new technology involved with the incident?

No If no, go to next question.

Yes

26a. Do you feel that you were sufficiently familiar with equipment or new technology?

Yes

No (Describe)

26b. Were you provided any training on the equipment or new technology?

Yes

No

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27. How safe did you feel working with the other member(s) of your crew?

Very safe

Slightly safe (Describe)

Safe

Not safe (Describe)

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28. Was your immediate supervisor aware of the incident?

No    If no, go to next question.

Yes

28a. In the context of this incident, did your immediate supervisor behave inappropriately in any way?

Yes    (Describe)

No

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29. Is there anything management/company should or could have done to prevent this incident?

Yes (Describe what they should/could have done:

No

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30. What method(s) does your immediate supervisor use to monitor rules compliance?

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31. On a scale of 1 to 5, with 5 being “the best”, how do you rate your immediate supervisor with respect to the following knowledge, skill, and ability factors?

	Ranking (1-5)	Don't know
General knowledge of operating and safety rules		<input type="checkbox"/>
Building effective relationships with you and your crew		<input type="checkbox"/>
Clear communication of job tasks and instructions		<input type="checkbox"/>
Coaching/Mentoring		<input type="checkbox"/>
Consistent enforcement of rules and requirements		<input type="checkbox"/>
Problem solving		<input type="checkbox"/>



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**We are just about finished with the interview; just two more questions.**

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37. In your opinion, what prevented this from becoming or causing a more serious incident?

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38. Is there anything that could have been done differently to have prevented this incident?

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**39. This space is reserved for the interviewer to comment on the level of risk associated with this incident with respect to:** (H = High, M = Moderate, L = Low)

- |  |          |          |          |
|--|----------|----------|----------|
| <input type="checkbox"/> <b>The people (employees) directly involved in the incident</b> | <b>H</b> | <b>M</b> | <b>L</b> |
| <input type="checkbox"/> <b>Other employees</b>  | <b>H</b> | <b>M</b> | <b>L</b> |
| <input type="checkbox"/> <b>Public Safety</b>  | <b>H</b> | <b>M</b> | <b>L</b> |
| <input type="checkbox"/> <b>Damage to equipment and/or property</b>                      | <b>H</b> | <b>M</b> | <b>L</b> |
| <input type="checkbox"/> <b>The environment</b>  | <b>H</b> | <b>M</b> | <b>L</b> |

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**End of Interview**

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