January 13, 2015

MEMORANDUM FOR: Reviewer of OMB NO. 1220-0045

FROM: Matthew Gunter

Economist

Office of Safety, Health, and Working Conditions

Office Compensation and Working Conditions

Bureau of Labor Statistics

SUBJECT: Request for Non-substantive Change for conducting the Survey of Occupational Injuries and Illnesses follow back survey on workplace injury and illness recordkeeping procedures and recording of late cases

Attached is a telephone questionnaire (Attachment A) to be administered to a small, national subsample of 2013 Survey of Occupational Injuries and Illnesses (SOII) respondents.

We will be asking establishments selected for their voluntary participation in a telephone questionnaire developed by BLS and Westat. BLS has contracted with Westat to conduct this survey. We hope to learn more about how employers track and record injuries and illnesses, particularly “late cases,” and whether they follow the recordkeeping criteria established by the Occupational Safety and Health Administration (OSHA). BLS will use the results of this study to improve the SOII. BLS will not be publishing the results of this study.

Westat will conduct the phone questionnaire from January to August of 2015. Westat will contact 3,588 establishments for interviews, selected from among the 50 states and District of Columbia. The interviews are expected to last about 20 minutes. There will be 25 pre-test interviews lasting approximately 40 minutes each. Thus, the maximum number of burden hours is estimated to be 1213 hours.

If you have any questions about this request, please contact Matthew Gunter at (202) 691-6211 or e-mail at gunter.matt@bls.gov.

Attachments

Attachment A – Telephone Questionnaire

Attachment B – OSHA 300 Form Request Script

# Introduction and Purpose

### National estimates of nonfatal occupational injuries and illnesses are currently generated by SOII, which is a comprehensive statistical program covering injuries and illnesses to workers in private industry and State and local government establishments. The survey information is unique and of great value to the safety and health community in allocating injury and illness prevention resources among several hundred diverse industries and occupations, across which workers’ risks of injury and illness vary widely.

### In response to outside research that pointed to an undercount of occupational injuries and illnesses, BLS established an ongoing research program to investigate the completeness of the SOII injury and illness counts. Recent research conducted by BLS indicated employer misunderstanding of injury and illness recordkeeping rules promulgated by OSHA, including issues related to employer recording of “late cases.” Late cases include injuries and illnesses that occur late in the calendar year, cases reported or discovered after the establishment has responded to the SOII, and injuries or illnesses that are initially not recordable but become recordable at a later date. Results from past BLS undercount research also indicate that injuries and illnesses occurring late in the calendar year may not be added to an employer’s OSHA 300 log before SOII data collection occurs early in the following calendar year. Therefore, SOII would not capture these injuries and illnesses during the course of regular data collection.

### In addition to late cases, a number of other factors may contribute indirectly to an undercount, such as recordkeeping practices, knowledge of OSHA recordkeeping rules, use of temporary help workers, and other establishment characteristics. Thus, we will also ask questions about these topics and other issues related to the undercount.

At the conclusion of the interview, Westat will request that respondents forward them their 2013 OSHA 300 log, or other recordkeeping materials used during the year to track injuries and illnesses (Attachment B). The log information will be entered into a database, along with the survey results, and delivered to BLS for analysis.

The goal of this study is to investigate reasons for and the scope of underreporting due to late cases as well as other factors that may contribute to an undercount of injuries and illnesses in the SOII. Similar past work has been conducted at the state level, but this study will provide BLS reliable estimates at the national level. Since SOII respondents are requested to complete the survey using their OSHA logs and other supplemental reports, we are also requesting employers send us their OSHA 300 form. If the results of this project indicate that respondents add or update information after SOII data collection, BLS could evaluate changes to future SOII data collection processes that would improve the accuracy of the SOII estimates.

# Respondents

There will be 3,588 reporting units contacted for this study with an expected time burden of 20 minutes per interview. There were a total of 3,703 sampled units, but 115 of these unites will be coded as refusals and will not be contacted for this survey based on consultation with staff in our Office of Field Operations. This sample size is set to ensure that BLS will be able to collect reliable data across 45 total strata (15 industry sectors and 3 size classes). There will also be 25 pre-test units contacted with an expected time burden of 40 minutes per interview. All respondents will be contacted by telephone asking for their voluntary participation. Respondents will be informed of the purpose of the phone interview and the expected time burden. Although SOII is used to collect data on state and local government establishments, as well as private sector employers, the focus of this study will be on establishments in the private sector.

The questionnaire will be conducted by Westat under a contract with BLS. SOII respondents from survey year 2013 will be divided into 45 strata by industry sector and size class and then randomly sampled. . Under the guidance of BLS, Westat will conduct the employer interviews, collect occupational injury and illness records from participating establishments, enter the data into a database, and send BLS a final database and codebook at the close of the project.

The following table shows the expected workload burden for the SOII phone interviews between January and August 2015.

|  |  |
| --- | --- |
| Expected Workload Burden | |
| Pre-test |  |
| Number of respondents | 25 |
| Minutes needed for interview | 40 |
| Total minutes | 1,000 |
| Total hours | 16.67 |
| Survey |  |
| Number of respondents | 3,588 |
| Minutes needed for interview | 20 |
| Total Minutes | 71,760 |
| Total hours | 1,196 |
| Total expected burden hours | 1,212.67 |

The estimate of costs to respondents based on burden hours to participate in this survey is $30,034. This estimate is based on a mean hourly cost of compensation of $24.76 for office and administrative support workers by the BLS from September 2014 and was multiplied by the 1,213 total expected burden hours.

# 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.

# Payments to Respondents

There are no payments made to the respondents for this survey.

Attachment A

**Introduction**

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 start out by discussing your company’s general recordkeeping practices, and then ask some questions specifically about recordkeeping during the 2013 calendar year and the 2013 BLS Survey of Occupational Injuries and Illnesses (SOII). We will use the information you provide us to improve the BLS survey. The information you provide us today is very important.

Everything we discuss today is strictly confidential and your participation is voluntary. The Bureau of Labor Statistics, 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 1220-0045. We estimate it will take an average of 20 minutes to complete this study.

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?

Our records show that you are the person that completed the 2013 BLS Survey. Could you confirm with me your job title and department so we can verify our records?

* Job title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Background and Company Demographics**

First, I have a few questions on your company location, employees, and workplace injury compensation practices.

1. The location we selected for this survey is (sample unit description/address). We show the 2013 annual average employment at this location is \_\_\_\_. Does that sound correct?
   * Yes
   * No, specify: \_\_\_\_\_\_\_\_\_\_
   * DK

(Probe to see if they have a clear understanding of the unit we are asking about.)

1. Are all the (# ABOVE) employees at (Sampled Unit Description/Address) or does this number also include employees at other locations?
   * Sampled Unit Description/Address
   * Other/Multiple locations
   * DK

(Probe for what other locations are and how different they are from location selected.)

1. Do you have other locations in (state name of sampled unit)?
   * Yes
   * No
   * DK
2. Do you have locations in other states?
   * Yes
   * No
   * DK
3. Does your company have part-time employees at this location?
   * Yes
   * No
   * DK

a. (If yes), How many/what proportion of workers were part-time?

#\_\_\_\_\_\_\_\_\_\_

%\_\_\_\_\_\_\_\_\_

1. Are any employees covered by a union or collective bargaining agreement at this location?
   * Yes
   * No
   * DK
2. Does your company use temporary workers hired through a temp help or staffing agency at this location?
   * Yes
   * No
   * Not now, but has in past
   * DK
3. Can you tell me who completes or assists with WC claims for your company at (sample unit description/address)? (CHECK ALL THAT APPLY)
   * You (respondent)
   * Other company employees
   * WC insurer
   * TPA
   * Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_
   * DK

(Probe for whether there is a “primary” person for this.)

(Definition: TPA is an individual or firm hired by an employer to handle insurance claims processing)

**Recordkeeping and Recordkeepers**

Great, thank you. Next I have some questions on workplace injury and illness tracking and recordkeeping in your company.

1. Injury and illness recordkeeping sometimes involves use of the Occupational Safety and Health Administration Log of Work-Related Injuries and Illnesses, Form 300. In 2013, did your company use, maintain, or have the capacity to electronically generate the OSHA 300 log?
   * Yes (go to 10)
   * No (go to 9a)
   * DK (go to 9a)

(Definition: The OSHA 300 log is a form that includes information on the employee name and job title, type, date and location of injury, and whether the employee lost days of work or was assigned different work tasks due to the injury).

a. (If no or DK) Does your company (keep records/keep track of information/record any information) about your employees’ workplace injuries and illnesses?

* + Yes (go to 10)
  + No (go to 11)
  + DK (go to 11)

10.) Can you tell me more about how your company keeps track of workplace injuries and illnesses? How is the information tracked/recorded? Does your company use… [CHECK ALL THAT APPLY]

a. A specialized injury software program?

* + Yes
  + No (Go to 10b)

i. (If yes) Do you know the name of the software?

* + - * Yes
      * No (Go to 10b)

ii. (If yes) What is the name of the software? Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

b. Do you use paper forms?

* + Yes
  + No

(Probe: Sometimes companies use individual files on employees, state forms, WC forms, or injury report forms, do you use any of those?)

(Probe: Are any of these forms supplied by OSHA?)

c. Do you use any electronic forms or spreadsheets?

* + Yes
  + No

(Probe: Do you have your own system using Excel or other electronic spreadsheets?)

(Probe: Are the electronic forms or spreadsheets supplied by OSHA?)

[If yes to any of 10a, 10b, 10c, skip to 12]

11.) The OSHA 300 log includes information on the employee name and job title, type, date and location of injury, and whether the employee lost days of work or was assigned different work tasks due to the injury. Did your company maintain records or information during 2013 that could be used to complete the OSHA 300 log?

* + Yes
  + No
  + DK

12.) Thank you. Now I have a few questions on company recordkeepers. Some companies have one and others have multiple persons to help with workplace injuries and illnesses reporting. From the following list, can you tell me who typically completes or assists with the (OSHA 300 log / injury and illness) recordkeeping at (sample unit description/address)? (CHECK ALL THAT APPLY)

* + You (respondent)
  + Other company employees, specify: \_\_\_\_\_\_\_\_\_\_
  + WC insurer
  + TPA
  + Someone else, specify: \_\_\_\_\_\_\_\_\_\_\_\_
  + No one (Go to 14)
  + DK (Go to 14)

a. (If more than 1 in Question 12) Can you tell me who has primary responsibility for the (OSHA 300 log / injury and illness) recordkeeping at this location? (CHECK ONE)

* + Respondent
  + Other company employees
  + WC insurer
  + TPA
  + Someone else
  + DK (Go to 14)

b. How long have (you/other person) been (an OSHA recordkeeper/kept track of workplace injuries and illnesses)?

\_\_\_\_\_\_\_Years

13.) (If yes to 9) Have/has (you/person with primary responsibility) received formal training on OSHA recordkeeping, such as classes, seminars, or online courses?

* + Yes (Go to 13a)
  + No (Go to 14)
  + DK (Go to 14)

a. (If yes to question 13) Do you recall when (you/person with primary responsibility) last received formal OSHA recordkeeping training? (CHECK ONE)

* + Within the past 12 months
  + 1-5 years ago
  + 6-10 years ago
  + 10+ years ago
  + DK

14.) Also focusing on recordkeepers, the 2013 BLS Survey of Occupational Injuries and Illnesses was completed for this location in (month, 2014). Can you tell me who completed or assisted with submitting the BLS survey? (CHECK ALL THAT APPLY)

* + You (respondent)
  + Other company employees, specify: \_\_\_\_\_\_\_\_\_\_
  + WC Insurer
  + TPA
  + Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_
  + Don’t know or recall (Go to 15)

a. (If more than 1 in question 14) Can you tell me who had primary responsibility

for completing the BLS survey? (CHECK ONE)

* + Respondent
  + Other company employees
  + WC Insurer
  + TPA
  + Other, specify: \_\_\_\_\_\_\_\_\_\_
  + DK

1. (If yes to Q3 or Q4) Are (you/other person in 14) responsible for completing the BLS Survey for any other company locations?
   * Yes
   * No
2. Was 2013 the first time (you’ve personally/other person in 14) completed the BLS Survey at (sampled unit description/address)?
   * Yes
   * No
   * DK
   * Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

d. What information sources were used to complete the 2013 BLS Survey?

* + OSHA 300 Log
  + WC Data
  + Company injury and illness records
  + Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(If yes to Q11): Now we have some general questions about OSHA 300 Log recordkeeping, or your records that can be used to maintain, generate, or complete the OSHA 300 Log. [Ask all questions in this section about the OSHA 300 Log].**

**(If no to Q11): Now we have some general questions about your experiences completing the 2013 BLS Survey. You completed this survey on (DATE).**

**[Ask all questions in this section about the 2013 BLS Survey]**

1. (Only ask if yes to 9) In general, how long after an injury or illness is reported to your company does it get recorded on the OSHA 300 log?
   * Within 1 week
   * Within 1 month
   * End of year
   * Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Where does your company usually get the number of days away from work for the (OSHA 300 log / BLS Survey)? (CHECK ALL THAT APPLY)
   * Doctor’s report/note
   * Payroll data
   * Attendance records/timekeeping
   * WC Time loss data
   * TPA
   * From employee
   * Supervisor
   * Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Probe: What about for DJTR? Do you get that the same way?)

1. Does the number of days away from work (for the OSHA log / on the BLS Survey) include all calendar days, or only days in which the employee was scheduled to work?

* Calendar days
* Scheduled days/shifts
* DK
* Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Does your company add or update cases on the previous year’s (OSHA 300 log / BLS Survey)?
   * Yes
   * No
   * DK

**Now I have some general questions about recordkeeping practices for the BLS Survey (SOII) at your company.**

Since the BLS survey covers one calendar year, and your company receives and returns the survey early the following year, there are a number of common reasons the survey may miss some injury and illness cases. For example, sometimes injuries and illnesses happen late in the calendar year when information on them is not complete, cases maybe be pending in the workers’ compensation system, employees may delay in reporting injuries and illnesses, or an injury may change and become more serious over time.

1. Do you recall whether any of these types of timing issues have occurred at your company that could have resulted in the BLS survey missing injury or illness cases?

* Yes, specify: \_\_\_\_\_\_\_\_\_\_
* No
* DK

**2013-specific questions**

We are interested in learning about possible timing issues for the 2013 BLS Survey of Occupational Injuries and Illnesses. It may be useful to refer to your records for these questions, e.g., the OSHA 300 log or the BLS survey.

1. As mentioned earlier, sometimes timing issues prevent full reporting on an injury or illness. Here’s a list of some common examples. Do you recall if any of the following timing issues could have prevented your company from including one or more cases on the BLS survey?

|  |  |  |
| --- | --- | --- |
|  | …in 2013? | ...Has it ever happened in the past? |
| An injury or illness was reported or discovered after submitting the 2013 BLS Survey | □ Yes  □ No | □ Yes  □ No |
| An injury or illness occurring in November or December 2013 had incomplete information and was not included | □ Yes  □ No | □ Yes  □ No |
| An employee reported an injury or illness to you after separating from your company that was not included on the 2013 BLS survey. | □ Yes  □ No | □ Yes  □ No |
| An injury worsened and resulted in days away from work after submitting the 2013 BLS survey  (probe for: CTS, hearing loss, soft tissue injuries, sprains/strains, cumulative trauma, recurring injuries) | □ Yes  □ No | □ Yes  □ No |
| A claim was pending WC at the time of submitting the 2013 BLS survey and was not included | □ Yes  □ No | □ Yes  □ No |
| An injured employee was still away from work at the time of submitting the 2013 BLS survey and was not included | □ Yes  □ No | □ Yes  □ No |
| The final days away from work was incomplete or unknown when you submitted the BLS Survey | □ Yes  □ No | □ Yes  □ No |
| Any other issues that might have prevented reporting of an injury or illness on the 2013 BLS survey?  Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | □ Yes  □ No | □ Yes  □ No |

(For the above, Probe on whether and how respondent could identify these types of cases in their record system, e.g., by memory, by comparison of 2013 BLS SOII with new records, update field that indicates a change in electronic system, etc.)

(Probe: How (did/would you) identify these types of cases in your records?)

1. (If uses the OSHA 300 Log), do you have or could you generate an updated OSHA 300 log that would include 2013 cases additions or updates?
   * Yes
   * No
   * DK

(Probe: What records would you consult?

Could you provide BLS with your additions/updates?

What would be the easiest way to provide BLS with the additions/updates?)

1. (If uses non-OSHA records/record-keeping system), if requested, could you provide BLS with additional or updated information on 2013 cases that are added or change?
   * Yes
   * No
   * DK

(Probe: What records would you consult?

Could you provide BLS with your additions/updates?

What would be the easiest way to provide BLS with the additions/updates?)

**Recordkeeping vignettes**

Now we have a few questions about different possible scenarios on recordkeeping practices that may be related to timekeeping issues. These questions are just meant to get your feedback regarding what recordkeeping decisions you think your company might make in the following situations.

1. (If yes to Q7) Would you ever include a temp agency worker on your BLS survey?
   * + Yes
     + No
     + DK
2. Let’s say an employee sprained his ankle at work on Friday. His doctor recommended he take 2 days off from work. He was not scheduled to work on the weekend, and he returned to work on Monday.
3. Would your company consider this an OSHA-recordable injury?
   * + Yes
     + No
     + DK
4. (If yes) would you record any days away from work?
   * + Yes
     + No
     + DK
5. (if yes) How many? \_\_\_\_\_
6. Let’s say a worker was injured, and the doctor recommended 2 days away from work and 5 days of modified duties/DJTR. For the (OSHA 300 Log / BLS Survey), you are asked to classify either DAFW or DJTR as the most serious outcome of the case. Would your company classify this as a ‘days away from work’ case **or** ‘days of job transfer and restriction’ case on the (OSHA 300 Log / BLS Survey)?
   * + DAFW
     + DJTR
     + Software decides
     + Other: \_\_\_\_\_\_\_\_\_\_\_\_\_
     + DK

(Probe to find out if they accommodate DJTR)

24.) Let’s say an injured employee was kept on salary instead of receiving WC wage replacement benefits. Would your company include this case (on the OSHA log / include on the BLS Survey)?

* + - Yes
    - No
    - Other: \_\_\_\_\_\_\_\_\_\_
    - DK

**Debriefing questions (for pretest only):**

* Do you have any general thoughts or comments about this survey, the SOII, or injury and illness recordkeeping?
* Could we identify changes by comparing your BLS survey responses to your updated OSHA log?
* I have a question on the overlap between WC claims and cases that you record on the OSHA log. Are they one in the same or are they sometimes different? If different, do you have any examples?
* How could we collect information on cases that are added or are changed most efficiently from your company?
* Are these additions/changed cases more likely to happen in the first half of the year, second half, or anytime during the year?
* Would it have been easier if we asked for your OSHA 300 log prior to the interview?

Attachment B

**SOII Follow-back survey**

**OSHA Form 300 request script**

Thank you for your participation in our follow-back survey. To conclude, we are requesting the most up to date copy of your [OSHA Form 300/other recordkeeping form] used track your establishment’s injuries and illnesses in 2013. With receipt of this form, we can verify that our data accurately reflect what you have recorded.

After making a copy of your [*Log of Work-Related Injuries and Illnesses* (OSHA Form 300) or other form], if you could, please fax, mail, or e-mail this copy to us. The BLS 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 and other applicable Federal laws, your responses will not be disclosed in identifiable form without your consent.

INSTUCTIONS FOR SENDING FORMS

* WILL FAX 🡺 READ BLOCK A
* WILL EMAIL 🡺 READ BLOCK B
* WILL MAIL 🡺 READ BLOCK C
* REFUSED 🡺 READ BLOCK D

BLOCK A

Please fax your copies to (301) 251-xxxx. Please mark the attachment to the attention of [YOUR NAME].

As a participant in a BLS statistical survey, you should be aware that use of electronic transmittal methods in reporting data involves certain inherent risks to the confidentiality of those data.  Further, you should be aware that responsible electronic transmittal practices employed by the BLS cannot completely eliminate those risks.  The BLS is committed to the responsible treatment of the data you report and will take appropriate steps within our ability to protect the confidentiality of those data.

Thank you for helping us collect accurate information and for helping in the effort to make America’s work places safer and healthier. [END INTERVIEW]

BLOCK B

You may scan your copies and e-mail them as attachments to xxx@westat.com. Please indicate on the subject line “SOII STUDY”.

As a participant in a BLS statistical survey, you should be aware that use of electronic transmittal methods in reporting data involves certain inherent risks to the confidentiality of those data. Further, you should be aware that responsible electronic transmittal practices employed by the BLS cannot completely eliminate those risks. The BLS is committed to the responsible treatment of the data you report and will take appropriate steps within our ability to protect the confidentiality of those data.

Thank you for helping us collect accurate information and for helping in the effort to make America’s work places safer and healthier. [END INTERVIEW]

BLOCK C

You may mail your copies to:

Westat, Inc.

1600 Research Blvd

Rockville, MD 20850

Thank you for helping us collect accurate information and for helping in the effort to make America’s work places safer and healthier. [END INTERVIEW]

BLOCK D

Thank you for helping us collect accurate information and for helping in the effort to make America’s work places safer and healthier. [END INTERVIEW]