SOII Undercount Research: Employee Interview Project
New York State

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Grant to Conduct Employer Interviews for BLS SOII

By
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BACKGROUND AND SIGNIFICANCE

At the present time, national estimates of non-fatal injuries and illnesses are provided by the Bureau of Labor Statistics (BLS) Survey of Occupational Injuries and Illnesses (SOII), a comprehensive statistical program covering work-related injuries and illnesses in the private sector as well as in State and local government. Employers complete the SOII using the Occupational Safety and Health Administration (OSHA) logs and other injury and illness records kept by the employers throughout the year. The information collected by SOII is unique and incredibly valuable to the health and safety community in allocating prevention resources to a diverse array of industries and occupations, among which risk of worker injury and illness differs considerably.

Several studies conducted outside BLS have found that SOII undercounts workplace injuries and illnesses that fall within its scope. Many of these previously conducted studies matched individual injury and illness cases in SOII to other data on workplace injuries and illnesses, chiefly workers' compensation claims. These previous studies concluded that no single source of data can completely enumerate all cases.

Preliminary research conducted by BLS which matched SOII and workers' compensation data suggests that differences among data systems and limitations of the undercount research methodology account for a portion of the estimated undercount. There is also an indication that certain types of cases are less likely to be included in the SOII, particularly those that are more difficult to relate to the workplace and those with late onset or recognition. Additionally, qualitative evidence from employer interview studies conducted by BLS suggest that injury and illness recordkeeping practices may differ significantly by employer based on administrative experience, understanding of disparate rules for SOII and workers' compensation, treatment of contested workers' compensation claims, as well as other factors. Despite these findings there is a need for more research to understand how various employer practices may account for differences between SOII and workers compensation data.

The purpose of this project was to explore possible reasons for differences in reporting days away from work injuries and illnesses between the BLS SOII and State Workers' Compensation claims data. As mentioned above, studies comparing the two data sources suggest there are discrepancies, which may be associated with a lower count of injuries and illnesses in the SOII. This project focused on establishment's record-keeping practices for occupational injuries and illnesses that may contribute to a possible undercount. Since SOII respondents are requested to complete the survey using the OSHA logs and supplemental reports, the focus of this project was on recordkeeping practices for both the OSHA forms and the SOII. Information on the use of safety incentives and injury rates in contracts was also collected, as well as a series of questions intended to measure knowledge about OSHA recordable injuries.

METHODOLOGY

This project was conducted with three other states, Minnesota, Oregon, and Washington and under the guidance of BLS.

Instrument Development

In conjunction with the other project States and BLS, the survey instrument was developed through weekly conference calls over the course of several months. The instrument was designed to gather knowledge on an establishment's record keeping practices for injuries and illnesses as well as factors that may affect reporting of injuries or illnesses on the BLS SOII. It collected information on company characteristics, whether there were multiple employees involved in the record keeping process, how the company kept track of injuries, and other record keeping practices. The survey gathered information on other factors that may also influence the reporting and recording of an injury and illness, such as the use of injury rates in contract bids, the use of safety incentives, or the rating of job performance. In addition, the survey aimed to measure knowledge of what constitutes an OSHA recordable injury by providing a series of record-keeping scenarios. Five questions on how the respondent first learned about a workplace injury or illness were asked in New York, in addition to the questions agreed upon by the group.

The survey instrument was pilot tested and each State had input on suggested changes based on their pilot interviews. The instrument was revised accordingly and finalized for use in the project (Appendix 1).

Data Source

Data from 2009-2011 SOII survey years were initially provided by BLS. The data included numerous data elements obtained from the SOII, as well as a data file containing contact information for the respondents of the SOII, including name, address, phone number, fax number and email address.

Sample Frame

The survey design was a random sample of 1,500 establishments in New York State selected from 9,273 establishments that participated in the SOII in 2011. Establishments in the Mining and Railroad Industries (NAICS 21) were excluded from the sample (n=8), as data from this industry was not collected directly from the respondents for the SOII. Guidance on sample selection was provided by BLS, via conference calls, emails and a written document.

Stratification

The sample was stratified by ownership, size class, and industry sector.

Ownership

The variable *ownership* was used to define whether the establishment was in the public or private sector. State and local governments were combined into a public sector category, by combining *ownership* values "10", "20" and "30". If *ownership* had a value of "50" it was assigned to the private sector.

Size Class

The variable *rpt_size* was used to define size class. The survey used the same five size classes used in the SOII (Table 1).

Table 1. BLS Size Class Codes

Size Code	Number of Employees
1	1-10
2	11-49
3	50-249
4	250-999
5	1000+

Industry

The variable *NAICS* was used to define the industry sector. As previously described, mining (NAICS 21) was excluded from the sample. Selection was based on the super-sector (2-digit NAICS) level. To ensure full coverage of the super-sector, each 2-digit NAICS was sampled and super-sectors were not combined (for example Manufacturing Sectors 31, 32 and 33 were sampled separately). The following industry sectors were defined in the sample (Table 2).

Table 2. Industry Sectors Sampled

NAICS Code	Industry Sector Description
11	Agriculture, Forestry, Fishing and Hunting
22	Utilities
23	Construction
31	Manufacturing
32	Manufacturing
33	Manufacturing
42	Wholesale Trade
44	Retail Trade
45	Retail Trade
48	Transportation and Warehousing
49	Transportation and Warehousing
51	Information
52	Finance and Insurance
53	Real Estate and Rental and Leasing
54	Professional, Scientific, and Technical Services
55	Management of Companies and Enterprises
56	Administrative and Support and Waste Management and Remediation Services
61	Educational Services
62	Health Care and Social Assistance
71	Arts, Entertainment, and Recreation
72	Accommodation and Food Services
81	Other Services (Besides Public Administration)
92	Public Administration

Proportional Allocation
The sample size (1,500 establishments) was first proportionally allocated to the ownership class, with 294 allocated to the public sector and 1,206 allocated to the private sector. Within each ownership class, the sample was allocated across the sampling strata in proportion to the number of establishments in each stratum (NAICS*rpt_size), with a minimum sample size of three. If the stratum had less than three units available, all units in that stratum were selected.

Sample Selection
A stratified simple random sample without replacement was used to select the sample. An independent sample was selected within each stratum. This was accomplished using the SURVEYSELECT procedure available in SAS 9.3.

Contact Lists
The contact lists were randomized within public and private ownership using SAS 9.3, by generating a random number for each unit using the RANUNI function and then sorting the list on the random number.

Interview Protocol
The respondent who was listed as completing the SOII for the selected establishments received a solicitation letter by mail regarding the project. (Appendix 2) The letter contained information about the project, confidentiality provisions (i.e., CIPSEA), the OMB number, and the voluntary nature of the project. Approximately one to two weeks following the mailing of the letter, potential participants were contacted by phone and asked to complete an interview about the company's recordkeeping practices for injuries and illnesses. (Appendix 3) Potential participants who did not recall receiving the solicitation letter were given the information on CIPSEA and the OMB number over the phone, or by fax/email if requested by the participant. If the person was amenable to participation, the interview was either conducted at that time or an interview time was established. Interviews typically took 15-20 minutes to complete. Four attempts were made to contact all eligible participants in the sample to avoid introducing bias, before a potential participant was determined to be unreachable. Attempts were made at different times of the day, on different days of the week, and spanned at least a 2 week period. Each time an attempt to reach a participant was made it was noted on the call log. (Appendix 4) The call log was used to record the name of the interviewer attempting contact, the date, the day of the week, and the time calls are made, as well as the status of that particular call. A message was left for the participant during the first, second and fourth attempt. In order to maximize efficiency, arrangements were made so that the first available interviewer was able to answer calls back from participants regardless of which interviewer made initial contact. After four attempts, either a letter or an email informing the potential participant that we were unable to reach them was sent. (Appendix 5)

We aimed to interview the respondent who was listed as completing the SOII in 2011. However there were several reasons why a different individual may have been interviewed.

1. If the individual listed as completing the SOII in 2011 no longer worked for the establishment, but the name of the individual currently responsible for completing the SOII was provided, that person was contacted for the interview.

2. If the person listed as completing the SOII did not complete it, but was able to provide the name of the person who did complete the SOII, then that person was contacted for the interview.
3. If the person did not recall completing the SOII, the interviewer elicited as much information as possible from the respondent regarding recordkeeping practices within the establishment.

If the phone number BLS provided for a contact was disconnected and no alternative number could be found or if the number rang through but the interviewer was informed that the company was no longer in operation, the record was closed and the company was deemed "out of business".

Though there was not a separate interview script used for participants that were the contact for multiple unit descriptions, the same procedure was used for all multi contact calls. After going through the general phone script used for all contacts, multi contact participants were informed that they were listed as the contact for multiple unit descriptions. The addresses and average annual employments for each of these unit descriptions were confirmed prior to the start of the actual interview. Additionally, the participant was informed that the interviews for each unit description would be conducted simultaneously but to inform us if their answers would differ for any survey question based on location. Any differences by location were noted and recorded as such on the appropriate survey.

Some contacts for multiple unit descriptions were also included in the samples of other states and had already completed the survey when we reached them. When attempting to conduct an interview with these establishments, the contact often asked if the survey data could be shared between states so they did not have to complete the survey twice if their responses would not differ state by state. In these cases, the interviewer would confirm with the participant that their responses would not differ and determine with which state the contact had completed the survey. Additionally, the interviewer would ask the contact if they were willing to answer the NY specific questions at that point. Following the completion of the calling period, the other states were provided with the company name and contact name of those participants that had asked that survey data be shared and the survey data was obtained from the respective state.

A thank you letter was sent out to each participant that completed an interview to acknowledge our appreciation (Appendix 6), and included a list of helpful resources and the correct answers to the record-keeping scenarios asked in the interview. (Appendix 7)

Interviews

Initially solicitation letters were sent out to 150 of the potential participants, with an additional 150 solicitation letters sent out a week later. As surveys were completed, refused, or dead-ended, additional letters were sent out on a rolling basis to maintain a manageable call pool for the interviewers, with the final group of solicitation letters being sent in the beginning of October 2013. Calls were completed by December 2013. Of the 1,500 participants that were contacted, 690 interviews were completed. Of the remaining 810 participants, 361 were unable to be reached, 291 refused the interview, 71 made an appointment to be interviewed but did not keep the appointment and were unable to be reached again, 20 contact was no longer working for

establishment and no secondary contact information was provided, and 67 were classified as out of business.

Database
A project database was developed in Microsoft Access. This database was used to track potential participants along with call attempts and to store interview data. A call log in Microsoft Excel was used to track potential participants, call attempts and interview status.

Data Dictionary
BLS, with the input from the project States, developed a data dictionary that defined each data element uniformly across the three project states. The Contact_Attempts variable and the Estab_Response_State were to be defined separately by each state. The New York specific definitions for these variables are detailed below.

Contact_Attempts
The variable Contact_Attempts was used to define how many calls it took before:

- an appointment was made with the contact; or
- an interview was completed; or
- a refusal was received; or
- the interview was dead ended.

Interviews were dead ended if the original SOII contact was no longer working there and no new contact could be identified, if the establishment was considered out of business, or the potential participant was not reached after the four allotted number of attempts in the study protocol.

Estab_Response_State
The variable Estab_Response_State was used to define response or non-response for each establishment included in the sample. New York used the following response categories:

- ANK- Contact made an appointment but it was not kept. Contact could not be reached again.
- CP- Contact completed the interview.
- RF- Contact refused the interview.
- UA- Contact was unable to be reached after 4 attempts.
- IL- Sampled establishment was no longer in business.
- NLW- Contact was no longer working for establishment and no secondary contact information was provided.

Data Analysis
Data was analyzed using SAS 9.3 and with the aid of the guidance document provided by BLS.

The sample was allocated to the two ownership classes, with 293 in the public sector and 1,207 allocated in the private sector. Within each ownership class, the sample was further stratified by size*NAICS. There were 19 NAICS groups and 5 size classes, resulting in a possible 95 NAICS and size combination in each ownership class. Not all NAICS and size groups were present in both ownership classes. As would be expected, there were no establishments in the public administration in the private ownership class. In addition, there were no establishments with more than 1,000 employees in the agriculture, forestry, fishing and hunting industry. All other

combinations of industry and size had at least one establishment, resulting in 89 different sampling stratum in the private ownership class. There were 15 of the 19 industries present in the public ownership class, with the majority in educational services and public administration. The other industries had relatively few establishments, and not all size classes were represented. Therefore, for the purposes of these analyzes, the two ownerships are combined. Furthermore, an analysis conducted using industry by size would result in very small sample sizes for many of the categories, therefore it would not be prudent to do so for both statistical and confidentiality reasons. In addition, analysis by many of the industry categories results in unstable estimates. Therefore, only select industry categories are presented separately. The largest two size classes have been combined to create a new category of 250+ employees.

Results were weighted to represent the establishments in NYS covered by the BLS SOII. Some findings should be interpreted with caution due to the lack of precision of some of the estimates, as indicated by the standard errors. Standard errors are used to measure the amount of chance fluctuation (or lack of precision) we can expect in sample estimates. A large standard error relative to the estimate size, indicates a lack of precision. The standard error is represented by SE in the tables.

RESULTS

The overall participation rate was 48.2%. Participation was higher in the public ownership class (60%) than the private ownership class (43%). It increased with establishment size and ranged from 40% in the small establishments (1-10 employees) to 52% in the large establishments (250+ employees). Participation was highest in the utilities (80.8%) and transportation and warehousing (66.7%) industries and lowest in the construction (26.5%) and other services (26.7%) industries.

Respondents' Role in Injury and Illness Recordkeeping

Most of the time (91.6%), the respondent completing the interview was the 2011 SOII contact provided to us by BLS. Even when they were listed as the original contact, 12% of the respondents stated they did not complete the SOII in 2011. While we did not explore the discrepancy systematically, some respondent's disclosed that they may have completed it but they did not remember; some indicated that while they were responsible for submitting the form to BLS, someone else within the company completed it; and others did not recall what the SOII was despite getting a letter describing why we would be calling one to two weeks before.

Respondents were asked if they complete or assist with OSHA 300 logs, the SOII survey, or workers' compensation claims. In addition, respondents were asked if they had access to workers' compensation claim data. Most of the respondents (66.1%) had overlapping roles in injury and illness recordkeeping processes (Figure A). Eight respondents answered no to having any role in the SOII, OSHA logs and workers' compensation, nor did they have access to workers' compensation data. It was not documented why these respondents chose to continue with the survey.

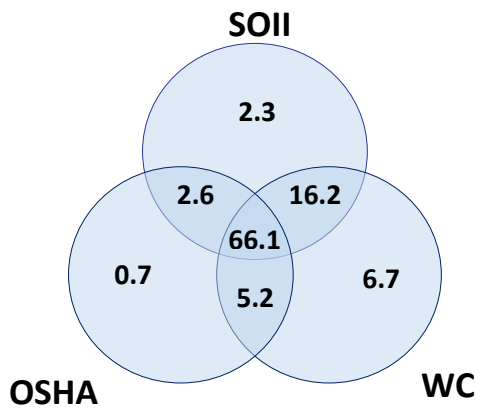


Figure A: Percentage of respondent with overlapping involvement with the SOII, OSHA logs, and WC. (n=682)

Some respondents (6.7%) had no other role besides workers' compensation claims. In 20% of these instances, the person was new to the position since 2011. Since many of the establishments are not normally required to keep an OSHA log on a regular basis, and establishments are typically not selected to participate in the SOII in multiple years, it is feasible that this small percentage of respondents only had a role in workers compensation.

Information on the respondent's role in the injury and illness recordkeeping is further summarized in Table 3. A little less than half of the respondents also participated in the SOII prior to 2011. The majority of respondents had sole responsibility for completing the SOII, however large establishments (250+ employees) were more likely to have someone else share in the responsibility (22.4%). Not knowing who completes the SOII was more prevalent in the smallest size (1-10 employees) establishments (17.2%), even though these people were listed as the original SOII contact from BLS, attesting to poor recollection of participation in the SOII.

Table 3: Summary of Respondent Characteristics by Establishment Size

			ESTABLISHMENT SIZE							
	TOTAL		SIZE: 1-10		SIZE: 11-49		SIZE: 50-249		SIZE: 250+	
	%	(SE)	%	(SE)	%	(SE)	%	(SE)	%	(SE)
ORIGINAL SOII CONTACT										
YES	91.6	(1.0)	93.5	(2.2)	94.7	(1.8)	91.5	(1.8)	88.6	(2.2)
NO	8.4	(1.0)	6.5	(2.2)	5.3	(1.8)	8.5	(1.8)	11.4	(2.2)
COMPLETES BLS SOII										
SOLE RESPONSIBILITY	71.4	(1.6)	66.7	(4.1)	73.3	(3.7)	72.4	(2.7)	71.1	(3.0)
SHARED RESPONSIBILITY	14.8	(1.2)	10.8	(2.3)	9.3	(2.3)	13.4	(2.0)	22.4	(2.8)
SOMEONE ELSE	6.7	(0.9)	5.4	(1.9)	8.7	(2.2)	6.9	(1.6)	5.5	(1.5)
DON'T KNOW	7.1	(0.9)	17.2	(3.5)	8.7	(2.3)	7.3	(1.6)	1.0	(0.7)
COMPLETES OSHA 300 LOG										
SOLE RESPONSIBILITY	52.6	(1.7)	45.2	(4.3)	49.3	(4.0)	63.0	(2.9)	45.8	(3.2)
PRIMARY RESPONSIBILITY	10.9	(1.1)	1.1	(1.1)	7.3	(2.1)	10.6	(1.9)	18.4	(2.6)
ASSIST OTHER PERSON	10.4	(1.1)	4.3	(1.1)	6.7	(1.8)	8.9	(1.8)	17.9	(2.5)
SOMEONE ELSE COMPLETES	8.8	(1.0)	4.3	(1.5)	12.7	(2.7)	6.9	(1.6)	10.4	(2.0)
NO ONE COMPLETES	9.6	(1.0)	30.1	(4.3)	12.7	(2.4)	5.7	(1.5)	2.5	(1.1)
DON'T KNOW	7.7	(0.9)	15.1	(3.5)	11.3	(2.7)	4.9	(1.2)	5.0	(1.3)
COMPLETES WC CLAIMS										
YES	76.8	(1.5)	71.4	(4.0)	81.9	(3.2)	80.4	(2.4)	71.1	(2.8)
NO	23.2	(1.5)	28.6	(4.0)	18.1	(3.2)	19.6	(2.4)	28.9	(2.8)
ACCESS TO WC CLAIMS INFO.										
YES	93.2	(0.9)	86.8	(3.2)	93.2	(2.1)	96.3	(1.2)	92.4	(1.8)
NO	6.8	(0.9)	13.2	(3.2)	6.8	(2.1)	3.7	(1.2)	7.6	(1.8)
YEARS AS AN OSHA RECORD KEEPER										
0 YEARS	27.4	(1.5)	53.8	(4.2)	37.3	(3.8)	19.5	(2.4)	17.4	(2.4)
<=1 YEAR	3.2	(0.7)	1.1	(1.1)	0.7	(.7)	4.5	(1.3)	4.5	(1.5)
2-5 YEARS	21.6	(1.5)	15.1	(2.9)	19.3	(3.2)	25.6	(2.6)	21.4	(2.9)
6-10 YEARS	22.6	(1.5)	12.9	(3.5)	20.7	(3.3)	22.8	(2.7)	28.4	(2.9)
10+ YEARS	25.2	(1.5)	17.2	(3.2)	22.0	(3.3)	27.6	(2.7)	28.4	(3.1)
FORMAL TRAINING IN OSHA RECORDKEEPING										
NO TRAINING/UNKNOWN	63.9	(1.6)	75.3	(4.0)	75.3	(3.3)	61.4	(2.9)	53.2	(3.2)
WITHIN THE LAST YEAR	9.0	(1.0)	2.2	(1.5)	5.3	(1.8)	12.2	(2.0)	10.9	(2.0)
1-3 YEARS AGO	8.7	(1.0)	7.5	(2.7)	8.7	(2.2)	8.5	(1.8)	9.5	(1.9)
MORE THAN 3 YEARS AGO	15.5	(1.3)	11.8	(3.2)	10.7	(2.6)	14.2	(2.2)	22.4	(2.8)
DON'T KNOW WHEN	2.9	(0.6)	3.2	(1.1)	0.0	(0.0)	3.7	(1.2)	4.0	(1.3)
TRAINING PROVIDED BY										
OSHA/GOV. AGENCY	31.0	(2.8)	21.7	(7.4)	24.3	(6.9)	24.5	(4.4)	42.6	(4.7)
PRIVATE COMPANY	14.5	(2.1)	17.4	(7.8)	21.6	(7.1)	13.8	(3.5)	11.7	(2.7)
OTHER	30.2	(2.8)	21.7	(8.3)	29.7	(7.2)	34.0	(4.6)	28.7	(4.6)
DON'T KNOW	24.2	(2.5)	39.1	(8.7)	24.3	(6.8)	27.7	(4.6)	17.0	(3.4)
FIRST TIME COMPLETING SOII WAS IN 2011										
YES	26.2	(1.6)	21.5	(4.0)	32.7	(3.8)	23.2	(2.6)	27.4	(2.8)
NO	47.0	(1.7)	34.4	(4.1)	36.0	(3.8)	48.8	(3.0)	58.7	(3.0)
DIDN'T COMPLETE SOII IN 2011	17.7	(1.4)	26.9	(4.1)	20.0	(3.3)	19.5	(2.5)	9.5	(2.0)
DK	9.1	(1.1)	17.2	(3.6)	11.3	(2.6)	8.5	(1.8)	4.5	(1.4)

Respondents' responsibility for the OSHA log varied among establishment size, ranging from 50% of the small establishment (1-10 employees), to 82% of the establishments with more than 50 employees. In the small establishments, 30% reported that nobody has responsibility for the OSHA log and 15% did not know who completes it. Of those who have a role in keeping an OSHA log, 10% have less than one year experience and only a third reported receiving OSHA recordkeeping training. Respondents in establishments with 50+ employees were more likely to have received training than those in smaller establishments (42.2% vs. 24.7%; p=<.0001), as were record-keepers with greater than 5 years' experience (53.6% vs 19.8%; p=.0001). Respondents employed in the transportation and warehousing (70.7%) and utilities (70.0%) industries most frequently had training. None of the respondents in the other services industry had OSHA record-keeping training and only 25% in the leisure and hospitality industry. Of those who had OSHA recordkeeping training, 43.3% reported it occurred more than three years ago. The large establishments (250+ employees) reported that OSHA or a state/local government conducted the training two times more often than the small establishments (1-10 employees). However, 40% of the small establishments did not know who provided their training.

Respondents' Responses to OSHA Recordkeeping Scenarios

A series of workplace scenarios were described to the respondent and they were asked to reply with their recordkeeping decision for that situation. The scenarios and the correct results are presented in Table 4. Initially a composite score was going to be developed to characterize proficiency; however, the pattern of responses suggested that someone who may not be a proficient OSHA record-keeper could still do well on the knowledge assessment. During the interview we had asked "How do you decide whether to record a worker injury on your OSHA log?" A person who responded "all injuries" could potentially do well, but not perfectly, because "yes" was the correct response to 3 out of the 4 questions that ask "Is this an OSHA recordable injury?" In fact, the respondents who reported that all injuries are placed on the OSHA log were eight times more likely to respond yes to all four of these questions than other respondents.

The results of the individual questions are presented in Table 4. However, for reasons stated above, it is difficult to determine if the pattern of correct responses are a true reflection of more difficult recordkeeping situations or from question design, since the only yes/no question with a correct answer of "no" had the lowest percent correct (45.0%). Therefore, detailed analysis of these knowledge-based scenarios will be restricted to comparing those who received a perfect score (17.7%) to everyone else.

One question that is informative on its own, is the follow-up question in scenario 2 that asks whether any days away from work would be recorded. Half of the respondents got this question wrong. Earlier in the interview when we were discussing days away from work (DAFW) for the OSHA log, the respondent was asked "Does the number of days away from work include all calendar days or is it limited to days of missed work or scheduled shifts?" A little more than half responded that they include calendar days. However, when looking only at those who said "calendar days", a third of them failed to count calendar days in the scenario. Alternatively, 12% of those who responded "scheduled shift days" to the question got this scenario correct by actually counting the calendar days.

Table 4: Recordkeeping Scenarios Provide to Respondents

	CORRECT %	SE
RECORDKEEPING SCENARIO 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? (NO)	45.0	(1.7)
RECORDKEEPING SCENARIO 2:		
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)	76.3	(1.2)
IF YES: Would you record any days from work? (YES)	50.9	(1.9)
IF YES: How many? (2)	99.6	(0.4)
RECORDKEEPING SCENARIO 3:		
A worker was engaged in horseplay at work while stacking some boxes and fell, resulting in days away from work. Is this an OSHA recordable injury? (YES)	82.0	(1.4)
RECORDKEEPING SCENARIO 4a:		
A worker cut her thumb and had stitches but did not miss any time away from work. Is this an OSHA recordable injury? (YES)	82.6	(1.3)
RECORDKEEPING SCENARIO 4b:		
A week later the same worker ended up missing 7 days when the thumb became infected. Would you record as a new injury, update old injury, not record? (UPDATE OLD INJURY)	78.8	(1.5)

As would be expected, respondents who said they would record all injuries on the OSHA log rarely got a perfect knowledge score (2.3%). Not everyone who said they followed OSHA criteria did well on the assessment, but respondents in this group performed better (30.5%). Of the respondents who reported following OSHA criteria as their basis for including an injury on the OSHA log, 30.5% got a perfect score (Table 5). When we interviewed the respondent, they did not have the OSHA recordkeeping rules for reference. Therefore, not getting a perfect score on the knowledge based questions does not necessarily mean the person is incorrectly following the OSHA criteria when placing cases onto the OSHA log. When it comes time to report a case on the OSHA log, it is possible they are accurately following the instructions on the log. Trained respondents are more knowledgeable as measured by a perfect response to the scenario questions (Table 5). One third of the respondents who had OSHA recordkeeping training received a perfect score. Respondents who had experience as an OSHA record-keeper attained a perfect score two times more often than respondents with no experience. The number of years' experience as an OSHA record-keeper also had an effect on a respondent's knowledge. Among respondents with more than 5 years' experience, 21.9% had a perfect score compared to 17.5% with less experience.

Table 5: Perfect Knowledge Score Among Select Respondent Characteristics

PREFECT KNOWLEDGE SCORE	%	(SE)
DECISION TO INCLUDE ON OSHA LOG		
ALL INJURIES	2.3	(1.6)
FOLLOW OSHA CRITERIA	30.5	(2.4)
OTHER	10.5	(2.8)
RECEIVED FORMAL TRAINING		
YES	32.3	(2.9)
NO	8.6	(1.3)
DK	20.0	(5.9)
EXPERIENCE WITH OSHA LOG		
NO EXPERIENCE	10.6	(1.8)
<=5 YEARS EXPERIENCE	17.5	(2.8)
>5 YEARS EXPERIENCE	21.9	(2.2)

Table 6: Perfect Knowledge Score Among Select Establishment Characteristics

PREFECT KNOWLEDGE SCORE	%	(SE)
SIZE		
1-10	17.2	(3.3)
11-49	8.7	(2.1)
50-249	15.4	(2.1)
249+	27.4	(2.9)
INDUSTRY		
NATURAL RESOURCES	25.0	(0.0)
UTILITIES	38.1	(9.5)
CONSTRUCTION	5.6	(5.6)
MANUFACTURING	26.0	(5.9)
WHOLESALE TRADE	25.9	(8.1)
RETAIL TRADE	44.8	(6.0)
TRANSPORTATION	26.1	(6.5)
INFORMATION	8.7	(4.3)
FINANCIAL	15.8	(2.6)
PROFESSIONAL SERVICES	19.7	(4.8)
EDUCATION	7.8	(2.6)
HEALTH CARE	13.3	(3.1)
LEISURE	4.6	(2.7)
OTHER SERVICES	0.0	(0.0)
PUBLIC ADMINISTRATION	7.0	(3.9)

Size of the establishment was also related to having a perfect score, with 27% of the respondents in the large establishments attaining it (Table 6). There is a lack of precision when presenting respondents with perfect scores by industry, but it is being presented for illustrative purposes and to possibly generate hypotheses. The other services industry had no respondents with a perfect score and the construction (6%), public administration (7%), education (8%), information services (9%), and leisure industries did poorly as well. Respondents in retail trade (45%) and utilities (38%) were the most likely to achieve a perfect score.

Establishment Characteristics

The establishments were weighted to represent the New York State population that is covered by the BLS SOII.

The ownership type and industry of establishments represented by the BLS SOII in New York State is presented in Table 7 by establishment size. Public ownership encompasses 2% of the establishments compared to 98% in private ownership. The public administration industry consists of establishments of federal, state, and local government agencies that administer, oversee, and manage public programs; therefore, by nature of its definition, all establishments in

Table 7: Weighted Results of Establishment Size by Ownership and Industry

	WEIGHTED FREQUENCY (Establishments)	ESTABLISHMENT SIZE SIZE: 1-10 %	(SE)	SIZE: 11-49 %	(SE)	SIZE: 50-249 %	(SE)	SIZE: 250+ %	(SE)
OWNERSHIP									
PUBLIC	6,619	33.2	(6.9)	24.3	(3.3)	33.0	(3.8)	9.5	(1.0)
PRIVATE	315,458	70.7	(2.5)	21.8	(2.3)	6.7	(.9)	0.8	(.1)
INDUSTRY*									
UTILITIES	485	38.7	(7.4)	41.0	(6.4)	14.5	(2.0)	5.8	(0.8)
CONSTRUCTION	10,378	50.0	(7.6)	42.1	(6.9)	7.2	(1.5)	0.7	(0.2)
MANUFACTURING	9,032	45.7	(9.0)	34.8	(7.7)	16.9	(3.1)	2.6	(0.5)
WHOLESALE TRADE	11,195	54.7	(12.8)	35.9	(10.5)	8.7	(3.1)	0.7	(0.2)
RETAIL TRADE	51,095	69.4	(6.6)	25.0	(6.1)	5.3	(1.0)	0.4	(0.1)
TRANSPORTATION	3,285	9.2	(1.9)	48.5	(10.4)	38.7	(9.9)	3.5	(0.8)
INFORMATION	11,061	59.7	(11.1)	15.4	(5.7)	23.8	(13.3)	1.1	(0.3)
FINANCIAL	36,712	72.1	(10.4)	18.4	(8.8)	8.7	(4.2)	0.8	(0.3)
PROFESSIONAL SERVICES	68,827	79.0	(5.9)	16.6	(5.8)	3.6	(0.9)	0.8	(0.1)
EDUCATION	5,687	37.4	(4.2)	17.5	(4.9)	38.2	(3.7)	6.9	(0.6)
HEALTH CARE	42,662	66.0	(7.5)	27.4	(7.4)	4.9	(0.9)	1.8	(0.3)
LEISURE	34,435	63.2	(7.8)	30.0	(6.5)	6.5	(1.5)	0.4	(0.1)
OTHER SERVICES	33,699	97.9	(0.3)	0.0	(0.0)	1.9	(0.3)	0.2	(0.0)
PUBLIC ADMINISTRATION	3,012	47.5	(10.6)	29.8	(6.4)	13.9	(2.9)	8.8	(1.8)
TOTAL	**322,077**	**69.9**	**(2.5)**	**21.9**	**(2.3)**	**7.2**	**(0.9)**	**1.0**	**(0.7)**

*The number of establishments in Natural Resources does not meet BLS confidentiality criteria for publication.

public administration are in public ownership. Government establishments also engage in a wide range of productive activities covering not only public goods and services but also individual goods and services similar to those produced in sectors typically identified with private-sector establishments. In general, ownership is not a criterion for classification in NAICS. Therefore, government establishments engaged in the production of private-sector-like goods and services are classified in the same industry as private-sector establishments engaged in similar activities. Education (47.8%), utilities (22.3%) and transportation and warehousing (6.7%) were the other most represented industries within the public ownership sector.

Seventy percent of the establishments represented by the BLS SOII in New York State have 1-10 employees. Establishments within other services (98%), professional services (79.0%) and financial services (72.1%) predominantly employ 10 or less workers. Only five industries, have more than half their establishments employing more than 10 workers. These are the transportation and warehousing (90.8%), utilities (61.3%), education (62.6%), manufacturing (54.3%) and public administration industries (52.5%).

In New York State, employers may satisfy workers' compensation coverage requirements by obtaining insurance through private insurance, state fund insurance, individual self-insurance or group self-insurance (Table 8). Four respondents indicated they did not have workers' compensation insurance. These establishments were sole proprietorships without employees, and therefore exempt from workers' compensation coverage. The most common type of coverage is private insurance (30.6%) followed by state fund (27.4%). Overall, individual self-insurance is rarely used for workers' compensation coverage requirements, except among establishments with over 250 employees (25.5%). Establishments in the retail trade (24.1%), wholesale trade (12.9%), and utilities (12.3%) industries are the most likely to be self-insured.

Establishments may contract with a staffing agency to provide workers to perform work on a temporary basis. These temporary workers are used by 13.6% of the establishments in New York State and usage increases as the size of the establishment increases (Table 8). Nearly half the establishments with 250+ employees use temporary help (Table 8). Transportation and warehousing (49.2%), utilities (44.0%), construction (34%), professional services (31.8%), and manufacturing (30.4%) industries have the highest use of temporary workers. Temporary workers are almost always (98.5%) supervised by staff within the establishment. While temporary staffing agencies and the establishments share control over the worker, and are therefore jointly responsible for temporary workers' safety and health, employers who supervise temporary or leased employees at their facility are required to maintain the OSHA logs for those employees. When asked if they would ever include a temp agency worker on their OSHA log, only 44.7% of the establishments who supervise the workers said "yes". The same percentage responded they would put temp workers on the BLS survey.

Overall, over one-third of the establishments covered by the BLS SOII in New York State have workers covered by a union or collective bargaining agreement (Table 8). Unionization increases with establishment size, with almost twice as many establishments with 250+ employees having a union (Table 8). Unionization among the public ownership establishments was 75% compared to only 7% of the private ownership establishments. It also varies by industry, with the highest percentage of establishments with workers covered by a union in public administration (96.2%),

utilities (93.7%), and education (80.7%). About half the establishments in the construction and the transportation and warehousing industries have workers covered by a union.

Only 2.6% of establishments in New York compete or apply for contracts or subcontracts that ask for injury rates (Table 8). This occurs most frequently among the larger establishments and in the construction (27.2%), utilities (25.9), manufacturing (10.8%), wholesale trade (10.8), and transportation and warehousing (9.6%) industries. The injury and illness measures typically included in any bid submissions or applications for contracts are the OSHA total recordable injury rate (70.0%) and the WC experience factor/modifier (60.3%).

Table 8: Establishment Characteristics by Establishment Size

			ESTABLISHMENT SIZE							
	TOTAL		SIZE: 1-10		SIZE: 11-49		SIZE: 50-249		SIZE: 250+	
	%	(SE)	%	(SE)	%	(SE)	%	(SE)	%	(SE)
TYPE OF WORKERS' COMPENSATION										
INDIVIDUAL SELF INSURANCE	5.4	(2.5)	4.0	(3.2)	8.9	(4.7)	5.4	(1.4)	25.5	(3.2)
GROUP SELF-INSURANCE	12.6	(4.0)	13.8	(5.6)	9.1	(2.6)	10.9	(2.3)	13.3	(2.2)
STATE FUND	27.4	(5.3)	26.9	(7.2)	31.0	(6.4)	21.8	(3.6)	29.1	(3.4)
PRIVATE INSURANCE	30.6	(5.2)	27.2	(7.1)	37.9	(6.8)	43.1	(8.4)	20.4	(3.2)
NONE/SOLE PROPRIETOR	6.6	(3.3)	9.4	(4.8)	---		---		---	
DON'T KNOW	17.4	(4.9)	18.8	(6.7)	13.0	(5.6)	18.8	(8.6)	11.7	(2.7)
COMPANY USES TEMP WORKERS										
YES	13.6	(2.9)	9.2	(3.5)	20.0	(6.3)	32.1	(8.3)	48.2	(3.4)
NO	81.9	(3.9)	85.6	(5.0)	80.00	(6.3)	56.4	(6.5)	46.9	(3.4)
DK	4.5	(2.6)	5.2	(3.6)	0	(0.0)	11.5	(8.7)	5.0	(1.3)
WORKERS COVERED BY UNION										
YES	34.8	(3.2)	7.5	(3.0)	11.5	(3.0)	29.5	(3.6)	61.8	(5.5)
NO	61.7	(3.2)	92.5	(3.0)	88.0	(3.0)	67.6	(4.8)	31.5	(4.8)
DK	3.4	(1.2)	0	(0.0)	0.5	(0.5)	2.8	(1.8)	6.7	(2.9)
CONTRACTS ASK FOR INJURY RATES										
YES	2.9	(0.6)	1.1	(0.6)	5.5	(1.9)	10.4	(2.2)	17.5	(3.4)
NO	87.5	(3.3)	91.9	(4.4)	80.4	(5.3)	71.0	(8.4)	56.1	(3.9)
DK	9.6	(3.3)	7.0	(4.4)	14.1	(5.1)	18.6	(8.6)	26.4	(3.5)

Workplace Performance Practices

Table 9 summarizes workplace performance practices that include the use of safety incentives and rewards, disciplining for unsafe work practices, drug and alcohol testing following an incident, and using safety measures to rate job performance. Only 7.4% of the establishments use any safety incentives or rewards. This practice was most common in establishments with 11-49 employees. Utilities (27.9%), leisure and hospitality (19.3%), transportation and warehousing (17.9%), construction (16.3%) and retail trade (13.7%) industries more often had establishments with safety incentive programs. Safety performance measure used for these reward programs were OSHA recordable cases (11.4%), WC claims (3.5%), any injury (28.1%), any accident

(5.3%), lost work time (15.8), hazard identification, mitigation, and safe work practices (20.2%), other (5.3%), and don't know (14.9%).

Table 9: Workplace Performance Practices by Establishment Size

			ESTABLISHMENT SIZE							
	TOTAL		SIZE: 1-10		SIZE: 11-49		SIZE: 50-249		SIZE: 250+	
	%	(SE)	%	(SE)	%	(SE)	%	(SE)	%	(SE)
SAFETY INCENTIVES/REWARDS USED										
YES	7.4	(2.4)	3.0	(2.4)	18.9	(6.9)	14.4	(2.7)	15.1	(2.4)
NO	90.9	(2.5)	96.7	(2.5)	78.4	(7.0)	74.3	(8.4)	78.2	(2.6)
DK	1.7	(0.8)	0.3	(0.2)	2.7	(1.9)	11.3	(8.7)	6.6	(1.4)
DISCIPLINES FOR UNSAFE PRACTICES										
YES	31.9	(5.1)	22.7	(6.8)	56.1	(6.4)	44.9	(5.8)	55.9	(3.6)
NO	58.9	(5.5)	67.6	(7.2)	39.5	(6.3)	37.1	(8.4)	31.9	(3.7)
DK	9.2	(3.6)	9.7	(5.0)	4.5	(2.0)	18.0	(8.6)	12.3	(2.1)
ALCOHOL/DRUG TESTS FOLLOWING INCIDENT										
YES	18.0	(3.6)	12.7	(4.5)	31.9	(6.9)	26.8	(4.3)	25.9	(3.2)
NO	63.0	(5.6)	66.4	(7.5)	55.3	(7.2)	54.1	(8.4)	56.9	(3.9)
DK	19.0	(4.3)	20.9	(5.9)	12.9	(5.9)	19.1	(8.6)	17.3	(3.2)
USED TO RATE RESPONDENT										
YES	5.0	(0.9)	1.7	(0.8)	11.3	(3.0)	14.9	(2.9)	25.4	(3.0)
NO	89.3	(3.0)	92.7	(4.0)	85.2	(3.6)	71.7	(8.4)	65.0	(3.4)
DK	5.8	(2.8)	5.6	(3.8)	3.5	(1.8)	13.5	(8.7)	9.6	(1.6)
USED TO RATE FRONTLINE SUPERVISOR										
YES	10.8	(2.5)	7.4	(3.0)	19.8	(5.9)	13.7	(2.6)	27.5	(3.0)
NO	75.2	(4.8)	78.8	(6.4)	70.2	(6.4)	58.7	(8.3)	56.2	(3.8)
DK	14.0	(4.2)	13.7	(5.8)	10.0	(3.2)	27.6	(8.5)	16.3	(2.7)
USED TO COMPARE WORKSITES										
YES	16.7	(3.7)	13.4	(4.7)	27.6	(7.0)	13.4	(2.5)	28.2	(2.6)
NO	18.2	(4.2)	14.5	(5.8)	21.1	(4.4)	44.3	(8.5)	26.6	(3.8)
DK	5.4	(2.2)	4.7	(2.9)	4.2	(1.8)	15.4	(8.8)	15.5	(2.6)
NA	59.6	(5.4)	67.5	(7.3)	47.1	(6.9)	26.9	(3.9)	29.7	(3.0)

Among establishments with more than 10 employees, 53.4% discipline workers for unsafe work practices and 30% test for alcohol or drugs following incidents (aside from driving accidents). Transportation and warehousing (82.7%), manufacturing (66.9%), and construction (57.7%) have the most establishments that discipline. Utilities (47.3%), construction (38.2), retail trade (38.2%), public administration (37.5%), and transportation and warehousing (33.9%) have the most establishments that conduct drug and alcohol tests after injury causing incidents, not including after driving accidents. These negative practices may impede the reporting of worker injuries.

Injury Reporting

In general, establishments learned of an injury directly from the employee or supervisor (Table 10), either verbally (44.4%), through an internal reporting form (51.2%), or an electronic injury reporting system (6.8%).

Table 10: Injury Notification and Recording by Establishment Size

	ESTABLISHMENT SIZE									
	TOTAL		SIZE: 1-10		SIZE: 11-49		SIZE: 50-249		SIZE: 250+	
	%	(SE)	%	(SE)	%	(SE)	%	(SE)	%	(SE)
NOTIFICATION FROM EMPLOYEE OR SUPERVISOR										
YES	83.9	(4.6)	81.7	(6.4)	90.9	(3.0)	82.9	(8.6)	87.9	(2.2)
NO	12.9	(3.8)	14.8	(5.3)	6.1	(2.3)	15.9	(8.6)	12.0	(2.2)
DK	2.8	(2.5)	3.5	(3.5)	1.5	(1.1)	0.1	(0.2)	0	(0.0)
MISSING	0.4	(0.3)	0	(0.0)	1.5	(1.4)	1.0	(0.6)	0.1	(0.1)
EMPLOYEE CLAIM FILED WITH WC										
YES	17.0	(4.2)	13.6	(5.7)	19.8	(5.2)	38.1	(6.8)	40.2	(3.5)
NO	78.6	(4.6)	82.9	(6.1)	75.3	(5.5)	50.6	(8.5)	52.1	(3.7)
DK	4.0	(2.6)	3.5	(3.5)	3.3	(1.6)	10.2	(8.8)	7.6	(2.0)
MISSING	0.4	(0.3)	0	(0.0)	1.5	(1.4)	1.0	(0.6)	0.1	(0.1)
DOCTOR'S REPORT OF INJURY										
YES	14.0	(4.1)	12.2	(5.6)	15.0	(4.8)	27.7	(7.2)	25.0	(2.9)
NO	79.8	(4.7)	81.6	(6.3)	81.1	(5.1)	60.7	(9.3)	64.5	(3.5)
DK	5.7	(3.2)	6.2	(4.4)	2.4	(1.4)	10.5	(8.8)	10.4	(2.2)
MISSING	0.4	(0.3)	0	(0.0)	1.5	(1.4)	1.0	(0.6)	0.1	(0.1)
RECORDKEEPING RESOURCES USED										
YES	34.2	(5.2)	24.9	(7.2)	47.8	(7.0)	77.4	(5.8)	79.2	(3.2)
NO	65.8	(5.2)	75.1	(7.2)	52.2	(7.0)	22.6	(5.8)	20.8	(3.2)
RECORDKEEPING RESOURCES USED*										
BLS OR OSHA CONTACT	15.9	(4.3)	13.9	(6.0)	14.4	(3.7)	35.9	(8.4)	39.5	(3.6)
OSHA WEBSITE	18.6	(4.3)	13.8	(6.0)	24.5	(5.5)	43.9	(6.3)	39.0	(3.6)
INSURER/TPA	24.6	(4.8)	18.1	(6.6)	36.2	(6.2)	50.0	(8.4)	43.2	(3.9)
OSHA LOG KEPT IN 2011										
YES	29.7	(4.5)	19.0	(5.8)	47.9	(7.0)	71.4	(7.0)	83.4	(3.0)
NO	36.4	(4.9)	41.2	(6.6)	28.4	(7.4)	18.6	(7.5)	3.9	(1.6)
DK	33.8	(5.6)	39.8	(7.6)	23.7	(6.0)	10.0	(2.6)	12.7	(2.6)

*Types of recordkeeping resources are not mutually exclusive.

In New York State, the law requires that the employee give written notice of an injury to the employer within 30 days of the accident that caused the injury or the time the employee first had knowledge that he/she has a work-related injury or illness. Seventeen percent of the establishments reported that they first found out about a worker injury because an employee claim was filed with workers' compensation. In addition, 14.1% reported they learned of an injury for the first time through a doctor's report.

Only one-third of establishments use a recordkeeping resource (Table 10). This varied immensely by establishment size and ranged from 24.9% in the small establishments (1-10 employees), to 79.2% in the large establishments (250+ employees). The common recordkeeping resources used include a BLS or OSHA contact (15.9%), the OSHA website (18.6%), and the insurer or third party administrator (24.6%).

Establishments with less than ten employees or who are classified as partially exempt industries are not required to keep OSHA injury and illness records unless they are asked in writing to do so by OSHA, BLS, or a state agency operating under the authority of OSHA or BLS. All establishments would have been required to maintain an OSHA log while they participated in the SOII in 2011. OSHA logs were maintained by 75% of the establishments participating in this survey which represents 29.7% of the establishments in New York State when weighted to represent establishments covered by the BLS SOII (Table 10). An OSHA log being maintained increased with establishment size and ranged from 19.0% in establishments with 1-10 employees, to 83.4% in establishments with 250+ employees.

Recording Injuries on the OSHA Log

Information on what is recorded on the OSHA log is displayed in Table 11. Most establishments (58.7%) decide what to put on their OSHA logs by following the OSHA criteria, but many (29.6%) of the smaller establishments (<=50 employees) record all injuries. Less frequently, establishments will decide to put a worker injury on their OSHA log if the injured worker had lost time or if the injury required medical treatment. Typically, an establishment uses company records to assist them with completing the OSHA log, but they also sometimes use workers' compensation and insurer reports (27.1%) and even less often doctor reports (4.4%). A quarter of the establishments also get information directly from the third party administrator or insurance carrier. The type of information provided can include date of injury, injury type, injury location, and number of days away from work.

Almost half the time, the number of days away from work is obtained from payroll/human resources data. Workers' compensation time loss data is rarely used (3.7%). OSHA regulations require the number of days from work to include all calendar days, not just scheduled shift days. Nevertheless, only a little more than half of the establishments use calendar days to count days away; however, this varied among establishment size. The smallest establishments (70.7%) and the largest establishments (61.8%) did a much better job than mid-size establishments.

Establishments were asked about the differences between the OSHA log and workers' compensation. Two-thirds of the establishments have never put cases on the OSHA log that were not also workers' compensation claims. Workers' compensation may deny a workers' compensation claim; however, 29.2% of the establishments keep these reported injuries and illnesses on the log. This occurs more frequently in the smaller establishments (41.0%). Ten percent of establishments have also had an accepted workers' compensation claim that was not included on their OSHA log.

Table 11: Factors in Recording Injuries on the OSHA Log by Establishment Size

			ESTABLISHMENT SIZE							
	TOTAL		SIZE: 1-10		SIZE: 11-49		SIZE: 50-249		SIZE: 250+	
	%	(SE)	%	(SE)	%	(SE)	%	(SE)	%	(SE)
WHAT IS RECORDED										
ALL INJURIES	27.2	(7.5)	27.4	(15.6)	32.4	(7.0)	19.0	(7.2)	9.0	(2.0)
FOLLOW OSHA CRITERIA	58.7	(7.4)	68.2	(15.5)	51.7	(7.7)	47.5	(5.6)	64.2	(3.6)
OTHER	14.2	(3.5)	4.4	(2.9)	16.0	(5.2)	33.5	(10.7)	26.8	(3.4)
WHEN IS IT RECORDED										
WITHIN 1 DAY	54.0	(6.1)	64.5	(12.1)	51.8	(7.8)	33.7	(4.5)	37.1	(4.0)
WITHIN 1 WEEK	30.2	(6.0)	32.0	(12.1)	27.2	(6.1)	31.2	(4.4)	31.8	(3.8)
WITHIN 1 MONTH	2.1	(0.8)	0	(0.0)	2.6	(1.9)	5.2	(1.6)	11.2	(2.9)
END OF YEAR	4.0	(1.2)	0.2	(0.1)	7.3	(3.3)	6.7	(1.9)	6.3	(2.0)
OTHER	9.7	(2.4)	3.4	(2.0)	11.1	(4.5)	23.2	(6.7)	13.6	(2.5)
SOURCE OF INFORMATION										
COMPANY RECORDS	62.8	(8.0)	62.0	(16.3)	62.9	(7.5)	64.1	(10.8)	64.2	(3.5)
WC REPORT/INSURANCE	27.1	(8.5)								
FORM			36.6	(11.3)	14.0	(5.5)	30.5	(11.1)	19.6	(2.6)
DOCTOR'S REPORT	4.4	(1.3)	0.1	(0.02)	7.8	(3.4)	7.0	(1.9)	13.2	(2.7)
DON'T KNOW	2.4	(1.3)	0	(0.0)	6.5	(3.6)	0.5	(0.3)	1.7	(1.1)
TPA/INSURANCE CO./WC PROVIDE INFORMATION										
YES	24.3	(6.2)	21.3	(12.3)	24.1	(6.2)	32.1	(11.3)	26.6	(3.3)
NO	75.7	(6.2)	78.7	(12.3)	75.9	(6.2)	67.9	(11.3)	73.4	(3.3)
HOW ARE DAFW DETERMINED										
CALENDAR DAYS	55.7	(5.9)	70.7	(11.0)	45.5	(7.7)	37.7	(5.2)	61.8	(3.8)
SCHEDULED SHIFT DAYS	41.8	(5.9)	29.3	(11.0)	49.6	(7.7)	58.9	(5.3)	34.7	(4.0)
DK	2.4	(1.0)	0	(0.0)	4.9	(2.7)	3.3	(1.2)	3.5	(1.7)
NON-WC CLAIMS ON LOG										
YES	27.6	(6.6)	31.5	(13.6)	24.4	(6.0)	23.5	(4.3)	30.3	(3.6)
NO	66.0	(6.8)	67.6	(13.6)	65.1	(7.1)	65.6	(8.8)	54.7	(3.8)
DK	6.4	(1.9)	0.9	(0.2)	10.5	(4.3)	10.9	(6.1)	14.9	(2.4)
KEEP DENIED WC CLAIMS ON LOG										
YES	29.2	(4.9)	41.0	(9.4)	19.5	(5.7)	18.8	(3.3)	24.5	(2.7)
NO	20.5	(6.0)	19.5	(11.3)	24.8	(8.8)	15.5	(3.9)	14.8	(2.8)
DK	11.7	(4.4)	8.1	(8.0)	11.3	(4.0)	20.2	(11.8)	23.4	(2.5)
NO DENIED CLAIMS	38.5	(5.3)	31.4	(9.6)	44.5	(6.8)	45.4	(9.7)	37.4	(3.7)
ACCEPTED CLAIM NOT ON LOG										
YES	9.5	(2.9)	10.6	(6.0)	7.1	(3.3)	11.6	(3.4)	9.7	(2.2)
NO	83.7	(3.5)	84.8	(6.5)	83.0	(4.9)	83.6	(3.7)	76.5	(3.5)
DK	6.7	(1.4)	4.6	(0.8)	9.9	(3.6)	4.8	(1.5)	13.8	(3.1)
ADDED CASES TO PREVIOUS LOG										
YES	34.0	(5.7)	43.6	(10.3)	28.1	(8.8)	16.3	(2.9)	46.4	(3.8)
NO	66.0	(5.7)	56.4	(10.3)	71.9	(8.8)	83.7	(2.9)	53.6	(3.8)
UPDATED NUMBER OF DAFW										
YES	39.2	(5.3)	40.4	(9.4)	38.1	(8.2)	35.6	(4.5)	55.1	(4.0)
NO	60.8	(5.3)	59.6	(9.4)	61.9	(8.2)	64.4	(4.5)	44.9	(4.0)

One-third of the establishments have added cases to a previous year's OSHA log. Reasons include learning of an injury after the fact, the case had happened at the end of the year, it was not initially recordable but then the employee sought treatment or needed surgery, and through an audit that identified a case missing from the log. The smaller establishments (1-10) and largest establishments (250+) were the most likely to add a case. Establishments with 50-249 employees were the least likely to do this (16.3%).

Almost 40% of the establishments have updated days away from work on a previous years log. This occurs more frequently among establishments with 250 or more employees. Many of the establishments who do not update days have not had a reason to do so (80.4%), but some establishments have the practice of not updating a previous year's log (9.5%).

Comparison of Establishments with OSHA Log Training

Only 15.4% of the establishments have an OSHA log being kept by someone who received formal training in OSHA recordkeeping (Table 12). This is more prevalent among public sector establishments compared to privately owned establishments and among the larger establishments. The majority of the small establishments do not even keep an OSHA log or did not know if one was kept (81%).

Table 12: Comparison of Establishments with OSHA Log Training

	WEIGHTED FREQUENCY (Establishments)	OSHA Log Training		OSHA Log No Training		OSHA Log Unk Training		No/Unknown OSHA Log	
		%	(SE)	%	(SE)	%	(SE)	%	(SE)
ALL ESTABLISHMENTS	322,077	15.4	(3.3)	13.9	(3.1)	0.5	(0.2)	70.1	(4.5)
OWNERSHIP									
PUBLIC	6619	28.9	(5.6)	45.0	(9.6)	1.9	(1.7)	24.3	(11.0)
PRIVATE	315458	15.1	(3.3)	13.2	(3.1)	0.5	(0.2)	71.2	(4.6)
ESTABLISHMENT SIZE									
1-10	225,245	12.0	(4.3)	7.0	(3.9)	0.0	(0.0)	81.0	(5.8)
11-49	70,384	20.2	(5.3)	25.8	(5.0)	1.9	(0.8)	52.1	(7.0)
50-249	23,198	29.9	(4.4)	40.6	(5.7)	1.0	(0.6)	28.6	(7.0)
249+	3,249	39.6	(3.6)	39.5	(3.6)	4.6	(1.4)	16.6	(3.0)
WHAT IS RECORDED ON LOG									
ALL INJURIES	26,026	12.4	(5.6)	87.6	(5.6)	0.0	(0.0)	NA	
FOLLOW OSHA CRITERIA	56,199	75.4	(5.8)	22.4	(5.6)	2.2	(1.0)	NA	
OTHER	13,555	28.4	(8.2)	68.1	(8.6)	3.5	(1.8)	NA	
WHEN IS IT RECORDED ON LOG									
WITHIN 1 WEEK	79,542	56.0	(8.8)	43.1	(8.8)	0.8	(0.6)	NA	
END OF YEAR	3,743	41.4	(15.6)	58.3	(15.6)	0.3	(.03)	NA	
OTHER	12,494	26.6	(8.1)	65.1	(8.5)	8.3	(2.3)	NA	
HOW ARE DAFW DETERMINED									
CALENDAR DAYS	51,552	68.8	(5.7)	29.9	(5.6)	1.2	(1.0)	NA	
SCHEDULED SHIFT DAYS	38,683	35.1	(8.6)	64.8	(8.6)	0.1	(0.0)	NA	
DK	2,257	10.5	(7.3)	62.2	(15.5)	27.4	(11.0)	NA	

When an establishment records all injuries on the OSHA log, their OSHA record-keeper usually does not have any training (87.6%). However, three-quarters of the establishments that follow OSHA criteria when determining what to include on the OSHA log, have a trained OSHA record-keeper. The majority of establishments record the injury or illness within one week of learning about it. Among the establishments that record within a week, the OSHA log is somewhat more likely to be kept by a trained OSHA record-keeper (56.0% vs. 43.1%). Only a small portion of the establishments wait to the end of the year to record it on the log. Among the establishments who record it at another time (monthly, quarterly, as needed, etc.), the OSHA log was more likely to be kept by someone who was not trained.

As mentioned previously, establishments are supposed to count calendar days when determining what to record for days away from work. Among establishments who are correctly recording days away from work, 68.8% had an OSHA log being kept by someone with OSHA recordkeeping training. Conversely, 64.8% of the establishments recording scheduled shift days had untrained record-keepers.

Recording onto the SOII

Although the majority of the respondents were listed as the original SOII contact, 17.7% said they did not complete the SOII. Results pertaining to recording onto the SOII was restricted to participants who completed it and weighted to represent New York State establishments covered under the SOII (Table 13). Establishments were more likely to record all injuries onto the SOII (34.1%: Table 13) than they recorded onto the OSHA log (27.2%: Table 11). The practice of recording all injuries onto the SOII ranged from 44.9% in the small establishments (1-10 employees) to 4.4% in the large establishments (250+ employees).

Table 13: Components of SOII Recordkeeping by Establishment Size

					ESTABLISHMENT SIZE					
	TOTAL		SIZE: 1-10		SIZE: 11-49		SIZE: 50-249		SIZE: 250+	
	%	(SE)	%	(SE)	%	(SE)	%	(SE)	%	(SE)
WHAT IS RECORDED ON SOII										
ALL INJURIES	34.1	(7.8)	44.9	(12.3)	23.7	(6.0)	10.7	(3.4)	4.4	(1.5)
FOLLOW OSHA/BLS CRITERIA	48.3	(7.6)	39.5	(11.6)	60.4	(7.7)	60.3	(10.7)	67.4	(4.0)
WC CLAIMS	4.2	(2.5)	4.3	(4.2)	3.8	(2.0)	4.8	(1.7)	5.7	(2.1)
OTHER	10.9	(4.1)	9.2	(6.3)	9.8	(3.9)	20.7	(10.9)	18.2	(3.4)
DON'T RECALL	2.4	(1.1)	2.1	(1.7)	2.3	(1.5)	3.4	(1.6)	4.4	(2.5)
NOTIFIED OF INJURY TOO LATE FOR SOII										
YES	1.8	(0.7)	0.0	(0.0)	4.4	(2.5)	2.7	(0.9)	13.7	(2.4)
NO	82.5	(4.2)	76.8	(7.2)	89.7	(4.0)	93.7	(1.7)	81.1	(3.1)
DK	15.7	(4.2)	23.2	(7.2)	5.9	(3.1)	3.5	(1.3)	5.2	(2.1)

DISCUSSION AND RECOMMENDATIONS

Approximately 70% of the establishments in New York State have fewer than 10 employees. These establishments would normally be exempt from OSHA injury and illness recordkeeping requirements. Other establishments are exempt based on certain industry classifications as well. These establishments are exempt until OSHA or BLS requires them to maintain the OSHA logs, as is the case when an establishment is selected for participation in the BLS SOII. Selected participants receive a notification in the mail telling them that they must maintain the information required for all recordable work-related injuries and illnesses that occur during the calendar year for the establishment(s) identified. (Appendix 8) The notification also includes the OSHA forms. While it is implied that they should be using the OSHA forms to track the injuries and illnesses, it does not explicitly say it is required to use these forms for their recordkeeping. During our project, 25% of the surveyed establishments did not keep an OSHA log during 2011, the year they were selected to participate in the SOII. It is possible that the pre-notification letter they received was not adequate enough to convey their responsibility to use the OSHA log to track their injuries and illnesses. Since the basis of the SOII is the OSHA log, notifications should emphasize its use. Perhaps the instructions would be clearer with a statement such as "Maintain the information required for all recordable work-related injuries and illnesses that occur between January 1 and December 31, 20XX, for the establishment(s) identified above on the enclosed OSHA forms. You are required to maintain these forms during this time period even if you are normally exempt from OSHA recordkeeping."

An establishment may not have kept an OSHA log for a variety of reasons, including not knowing the establishment was required to keep a log, or because they did not have any cases to put on a log. Establishments with below average cases with days-away-from-work (DAFW) and/or cases involving days away from work, job transfer, or restriction (DART), were more likely not to have kept a log. Of those establishments not keeping an OSHA log, 82.9% of the establishments reported no cases with DAFW compared to 29.1% who kept a log (data not shown).

Two reasons for a correlation between not keeping a log and having no cases are: 1) an establishment may not have kept a log because there were actually no cases to record; or 2) there were no cases reported because they did not maintain an OSHA log. Not keeping a log was more prevalent in the smaller establishments, with two-thirds of these establishments having 30 employees or less in their establishment. (NOTE: None of the establishments that did not keep an OSHA log had between 30-50 employees). It is feasible for these establishments to easily be aware of an injury or illness occurring in their establishment without keeping a log; therefore, correctly reporting no cases.

Among the establishments with 50 or more employees who did not keep an OSHA log, 92% said they would learn of an injury directly from the employee or supervisor, with half saying it would be a verbal notification and the other half reporting use of an internal reporting system (data not shown). While these establishments indicated some form of a notification system, it's unclear how robust and reliable it is to capture all injuries occurring in an establishment that would be OSHA recordable.

Less than 5% of establishments use workers' compensation claims to decide what to include on their BLS Survey and/or OSHA log (data not shown). However, workers' compensation information is sometimes used as a source of information when recording an injury or illness. With 71.4% of the respondents having dual roles that include workers compensation claims in addition to the OSHA log, it is understandable that some of the information they need to complete the OSHA forms is obtained from workers' compensation reports. In fact, OSHA's Form 301 Injury and Illness Incident Report explicitly states:

> *Within 7 calendar days after you receive information that a recordable work-related injury or illness has occurred, you must fill out this form or an equivalent. Some state workers' compensation, insurance, or other reports maybe acceptable substitutes. To be considered an equivalent form, any substitute must contain all the information asked for on this form.*

In New York State, the employee claim form (C-3) or the Employer's First Report of Work-Related Injury/Illness (C-2F), which are required by the New York State Workers' Compensation Board, would satisfy this requirement. (Appendices 9,10)

There may be some reliance on workers compensation claim determination when deciding to keep a case on the OSHA log. When asked "Do you keep cases on the OSHA log that have been denied by your workers' compensation benefits?", 20% said they would not. The reasons behind the decision to remove the cases, or why the workers' compensation case was denied, were not discussed. Therefore, it is difficult to say whether the case would have been OSHA recordable or not. Companies may initially put everything onto their log and then as more information becomes available they may decide to "cross out" a case. However, this practice can also be problematic if all incidents are initially included and the non-recordable cases are never removed.

Another problem that may affect the accuracy of an OSHA log are late cases. Establishments must retain the OSHA log for 5 years following the end of the calendar year that the records cover. During the 5 years, they must update it to include newly discovered recordable injuries or illnesses and to show any changes that have occurred in the classification of previously recorded injuries and illnesses. If the description or outcome of a case changes, they must remove or cross out the original entry and enter the new information. While a third of the establishments have updated their logs, 10% did not know they were supposed to be updating their logs after the end of the year. These late cases can affect the SOII as well. Overall, 2% of the establishments were notified too late to include the injury or illness in the SOII. This occurs more frequently in the large establishments (14%).

Many employers have questions about who is responsible for recording work-related injuries when temporary workers are involved. When a staffing agency supplies temporary workers to a business, the staffing agency and the staffing firm client (host employer) are joint employers of the workers. And according to OSHA, both are to some degree responsible for determining the conditions of employment and for complying with the law. However, recordkeeping responsibility is generally determined by supervision. Employers must record the injuries and illnesses of temporary workers if they supervise them on a day-to-day basis. Because the host

employer usually fills this role, it is usually the host employer that is responsible for recording injuries and illnesses on its OSHA log. In our survey, we determined that the host employer supervises the temporary worker almost all the time, but less than 50% of the establishments knew to include an injury or illness to the temporary worker on their OSHA log. If the staffing agency is also not recording the injuries, this will result in a significant undercount of injuries and illnesses among temporary employees. Our findings support the need for OSHA's initiative to clarify this issue and to address concern over the health and safety of temporary workers.

A company's workplace performance practices may also affect reporting, and therefore, OSHA recordable incidents not being documented on the logs. For years, companies have used milestone-type programs to reward employees based on some measure. According to our survey, 15-20% of the establishments in New York State with more than 10 employees, utilize some sort of safety incentive program. There is concern over programs that are based primarily on injury and illness numbers and measure events such as lost time or on the job injuries and accidents. These types of programs can lead to unreported injuries, worker intimidation, and hazards that continue to go unabated. According to our survey, this is a problem in establishments in New York State, with two-thirds of the incentive programs having these types of negative measures. Whether the companies implemented these types of programs to intentionally decrease injury reporting, or if they were trying to implement a program to promote safety, the potential negative impact of these types of programs is still the same. If an employer wants to implement an incentive program, it should be one in which workers are rewarded for demonstrating safe work practices and reporting hazards. These types of programs exist in 20% of the establishments in New York with incentive programs.

Ensuring that employees can report injuries or illnesses without fear of retaliation is essential to protecting worker safety and health. However, disciplining workers for unsafe work practices may result in a worker not reporting an injury. While an employer needs to maintain and enforce legitimate workplace safety rules in order to reduce workplace hazards and prevent injuries from occurring, an employer may attempt to use it as a cause of discrimination against a worker who reports an injury. If a company is going to have a policy of disciplining workers for unsafe work practice, the employer needs to consistently impose equivalent discipline against employees who violate the safety rule in the absence of an injury and monitor for compliance with the safety rule at all times. Otherwise, it can be deemed as a discriminatory action to prevent the reporting of injuries and illnesses. In New York State, 50% of the establishments with an employment size greater than 10, have a policy or practice to discipline workers for unsafe practices. Whether or not this is a discriminatory practice to discourage reporting, or a legitimate workplace safety practice, was beyond the scope of the survey.

Some employers have drug and alcohol testing policies, which may provide for the testing of workers (1) prior to employment, (2) at random intervals for some or all workers, (3) at scheduled times for all workers, (4) when there is evidence that suggests a worker may have used drugs or alcohol, or (5) after a workplace incident, such as an injury, occurs. The latter can be a disincentive for a worker to report an injury causing incident. If a worker decides not to report an accident or injury immediately, OSHA and Workers' Compensation laws gives the worker enough time so that you can wait and report a couple of days later. Almost 20% of establishments in New York State have a policy or practice of testing workers for alcohol or

drugs after their involvement in injury-causing incident. This percentage excludes incidents that involves driving.

The key to the development of any skill is training, and being a skilled OSHA record-keeper is no different. While training is necessary to increase OSHA record-keeping knowledge, it does not guarantee it. Of those respondents receiving a perfect score on the scenarios, 66% had received training. However, only 32% of the trained respondents received a perfect score. Trained respondents are more likely to follow the OSHA criteria, include all calendar days on their log, and record the injury within one week.

There are numerous ways a SOII respondent can get training in OSHA record-keeping. OSHA, State government agencies, private companies, colleges and universities and trade associations all offer training for OSHA recordkeeping. Nonetheless, only 36% of the SOII respondents were trained. While it would not be feasible to burden BLS to train all SOII participants, especially since the establishment may only be selected into the sample once, there are ways that recordkeeping knowledge can be improved in this population. For example, SOII participants could be required to register on-line by the start of the survey year. At registration, they could read a brief description of what they have to do and highlights of common recording errors, then answer a few questions to document they have read and understood the instructions. The entire process would take only 10-15 minutes. People who do not register would receive some sort of follow-up. A process such as this would confirm that the establishment 1) received the pre-notification letter; 2) read the pre-notification letter; and 3) understood they were required to maintain an OSHA log, even if they are usually exempt. It would allow BLS, or its agents, to better document SOII participation and contact information. The system could also be designed to send email reminders to registrants about its recording obligation through-out the year.

For most participants, the SOII will be an insignificant experience in their work-life but their accurate recording and participation is vital in assessing the true burden of occupational injuries and illnesses.

HIGHLIGHTS (UNWEIGHTED):

- 12% of participants reported they did not participate in the 2011 SOII, even though BLS records listed them as the original SOII contact.

- Only 46% of establishments with less than 10 employees kept a log. Establishments of this size are not normally required to keep an OSHA log but would have been required to keep it during the SOII survey year.

- 47% of establishments completed the SOII in a previous year.

- 17% of establishments have learned of a work-related injury or illness for the first-time through notification by the Workers' Compensation Board that a claim was filed by the employee or a doctor.

- Training is necessary to increase OSHA record-keeping knowledge but does not guarantee it. Of those respondents receiving a perfect score on the scenarios, 66% had received training. However, 32% of the trained respondents received a perfect score.

- Trained respondents are more likely to include all calendar days on their log (70%) compared to untrained respondents (36%).

- 41% of the establishments who use and supervise temporary workers know that an injury or illness to these workers should be recorded on their OSHA log.

- 17% of establishments have at least one workplace performance practice that could influence a worker's decision not to report an injury or illness.

- 46% of establishments that compete or apply for contracts or subcontracts that ask for injury rates have at least one workplace performance practice that could influence a worker's decision not to report an injury or illness; compared to 12% of establishments who don't.

Interview #: _____

Interviewer: _____
Date: _____

Thank you for agreeing to participate. 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 annual average employment at this location is _____ (employment).
Does that sound correct? ☐ YES ☐ NO, specify: _____

2) Are all the workers at this address (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 New York? ☐ 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 that ask for injury rates?
☐ 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) What type of workers' compensation insurance does your company have? (CHECK ONE)
☐ INDIVIDUAL SELF-INSURANCE ☐ GROUP SELF-INSURANCE ☐ STATE FUND
☐ 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 if they are injured? ☐ YES ☐ NO ☐ DK

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. 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. [If person other than respondent] 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? ☐ 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 ☐ OTHER 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 use to 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? ☐ 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

I would like to ask you how you first learn of a workplace injury or illness.

NY1) Do you learn of an injury directly from the employee or supervisor? ☐YES ☐NO ☐DK

a. [If YES] How? ☐Verbally ☐Internal Reporting Form ☐Electronic Injury Reporting System ☐Other, specify_____

NY2) Have you ever learned of an injury or illness for the first time because an Employee Claim was filed with the WC Board (you were not previously notified by employee)?

☐YES ☐NO ☐DK [NOTE: WCB Form C-3 is an Employee Claim Form]

NY3) Have you ever learned of an injury for the first time through a Doctor's Report (you were not previously notified by employee)?

☐YES ☐NO ☐DK [NOTE: WCB Form C-4 is a Doctor's Initial Report]

NY4) Can you think of other ways you have learned of an injury for the first time?

_____

NY5) If your insurance carrier, TPA or WC claims department received notification of a workplace injury/illness would they notify you…

☐ALWAYS

☐SOMETIMES - but some may be missed

☐NEVER - we do not share this information with each other

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 (TO CLARIFY, IF NECESSARY: final or official log)? (CHECK ONE)

Specify: _____

☐ ALL INJURIES

FOLLOW UP QUESTION TO CLARIFY: Would that include injuries and illnesses where worker does not go to the doctor? ☐YES ☐ NO

Would that include cases that do not end up as a WC claim? ☐YES ☐NO

☐ ALL FILED WC CLAIMS

☐ ALL ACCEPTED WC CLAIMS

☐ ALL INJURIES AND ILLNESSES THAT REQUIRE MEDICAL TREATMENT

FOLLOW UP QUESTION TO CLARIFY: Would that include cases that do not end up as a WC claim? ☐YES ☐NO

☐ 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 is reported to you 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. Do you keep cases on the OSHA log that have been denied by your workers' compensation benefits?

☐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 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:_____ ☐ NONE

SOII RECORDKEEPING

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

34) Was 2011 the first time you've personally completed the BLS Survey of Occupational Injuries and Illnesses?

☐ YES ☐ NO ☐ DID NOT COMPLETE SOII ☐DK ☐ OTHER, specify

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

36) 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 TREATMENT
☐ FOLLOW OSHA CRITERIA
☐ COMPUTER SOFTWARE DECIDES
☐ OTHER, specify

37) 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: _____

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

☐YES ☐ NO ☐ DID NOT USE OSHA LOG

a. [IF NO OR DID NOT USE OSHA LOG] 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: _____

39) 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? _____

40) [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

41) [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.

42) 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:

43) 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: _____

44) Does your company have a policy or practice of disciplining workers for unsafe practices?
☐YES ☐NO ☐DK

45) 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

46) 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 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

47) 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?

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.

NEW YORK
state department of
HEALTH

Nirav R. Shah, M.D., M.P.H.
Commissioner

Sue Kelly
Executive Deputy Commissioner

<<DATE>>

<<NAME>>
<<COMPANY>>
<<ADDRESS>>
<<CITY>>, <<ST>> <<ZIP>>

Dear <<NAME>>,

The New York State Department of Health (NYSDOH), Bureau of Occupational Health and Injury Prevention uses data from the Bureau of Labor Statistics (BLS) Survey of Occupational Injuries and Illnesses (SOII) to better understand the types of injuries and illnesses being experienced by the New York workforce. As a company that participated in the BLS SOII in 2011, we appreciate your efforts that make this important data available to researchers and public health professionals.

To better understand the data collected in the SOII, the NYSDOH has partnered with BLS to conduct interviews with businesses across the state about workplace recordkeeping practices for illnesses and injuries. We would like to schedule a time to speak at your convenience and discuss your thoughts and experiences with completing the BLS SOII.

The NYSDOH, along with 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.

Your participation in this project is voluntary, and you can decline to answer any questions. We estimate it will take you an average of 30 minutes to participate in this project.

We hope you will participate in this study and help to refine efforts to accurately reflect the experiences of employers like yourself. **We will contact you by telephone in about one week to discuss this study further and schedule a time to talk in greater detail.** We thank you for your time and consideration.

Sincerely,

Karen Cummings
Bureau of Occupational Health
and Injury Prevention
(518) 402-7900

This survey is being conducted under OMB Control Number 1220-0045. This control number expires on October 31, 2013. Without OMB approval and this number, we would not be able to conduct this study.

Interview #: _____

New York State Employer Interviews: Understanding the Data Captured in the Survey of Occupational Injuries and Illnesses (SOII)

TELEPHONE INTERVIEW COVER SHEET

☐**Completed**
☐**Refused**
☐**Not Conducted, Reason**_____

NOTES TO INTERVIEWER

- All instructions are in bold and should not be read as a part of the script.

INTRODUCTION AND VERBAL CONSENT

Hi, my name is _____, and I work at the New York State Department of Health. About a week or two ago we sent you a letter that describes interviews we are conducting with businesses who completed the Bureau of Labor Statistics Survey of Occupational Injuries and Illnesses, sometimes referred to as the BLS Survey or SOII. Did you receive the letter?

[IF NO LETTER] We are calling because we are working on a study with the Bureau of Labor Statistics and would like to discuss your experiences in completing the SOII and learn more about your workplace record-keeping practices. The information you provide will be used to help improve the SOII. The interview should take about 15-20 minutes. Everything we discuss will be kept confidential and used for research purposes only. Your participation is voluntary and you can skip a question or end the interview at any time.

I am also required to inform you that 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 1220-0045.

If you have questions about the research, you can call me/Karen Cummings at 1-518-402-7900 or if you have questions about your rights as a participant or concerns about the study you can call Tony Watson at the New York State Institutional Review Board at 1-518-474-8539.

Are you willing to participate in the interview? ☐Yes ☐No

[**If NO]** Is there another day or time that I may call you back? ☐Yes ☐No

[If YES, List preferred day/time]_____

[If NO, List reason for refusal] _____

Date verbal consent obtained: __/__/____

_____ _____
Interviewer Name **Interviewer Signature**

New York State Employer Interviews: Understanding the Data Captured in the Survey of Occupational Injuries and Illnesses (SOII)

CALL LOG SHEET

COMPANY NAME: «COMPANY_NAME»
CONTACT NAME: «CONTACT_NAME»
CONTACT PHONE: «TELEPHONE» EXT. «TELEPHONE_EXTENSION»

DATE INITIAL CONTACT LETTER SENT:«LETTER_SENT»

UNIT DESCRIPTION: «UNIT_DESCRIPTION»

ADDRESS: «STREET_ADDRESS»
«STREET_ADDRESS2»
«CITY», «STATE» «ZIPCODE»

AVERAGE EMPLOYMENT: «REPORTED_AVG_EMPLOYMENT»

Attempt #	Contact Time	Interviewer	Appointment	Status	Comments
1	M T W TH F Date:_____Time:_____		M T W TH F Date:_____Time:_____		
2	M T W TH F Date:_____Time:_____		M T W TH F Date:_____Time:_____		
3	M T W TH F Date:_____Time:_____		M T W TH F Date:_____Time:_____		
4	M T W TH F Date:_____Time:_____		M T W TH F Date:_____Time:_____		
5	M T W TH F Date:_____Time:_____		M T W TH F Date:_____Time:_____		

STATUS CODES

UA Unavailable/Not at Desk	AM Answering Machine	AP Appointment	CP Complete
NA No Answer	IL Incorrect Contact Information	RF Refusal	UL Sent Unable to Reach Letter
BU Busy Signal	NLW No Longer Working for Company	WP Wrong Person	EM Sent Email

Other Location: «CONTACT_MULTI» Multi Establishment: «MULTI_ESTAB_EMPLOYER_INDICATOR» «CASEID»

NEW YORK
state department of
HEALTH

Nirav R. Shah, M.D., M.P.H.
Commissioner

Sue Kelly
Executive Deputy Commissioner

<<DATE>>

<<NAME>>
<<COMPANY>>
<<ADDRESS>>
<<CITY>>, <<ST>> <<ZIP>>

Dear <<NAME>>,

We have been unsuccessful in reaching you regarding an important research project being conducted by the New York State Department of Health (NYSDOH), Bureau of Occupational Health and Injury Prevention. To better understand the data collected in the Bureau of Labor Statistics (BLS) Survey of Occupational Injuries and Illnesses (SOII), the NYSDOH has partnered with BLS to conduct interviews with businesses across the state about workplace recordkeeping practices for illnesses and injuries. As a company that participated in the BLS SOII in 2011, we appreciate the insight you will be able to provide for this project.

The NYSDOH, along with 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.

We hope you will participate in this study and help to refine efforts to accurately reflect the experiences of employers like yourself. To participate in the project, please call Annie Mirabito or Sarah Winch at (518) 402-7900 to schedule an interview at your earliest convenience.

We thank you for your time and consideration.

Sincerely,

Karen Cummings
Bureau of Occupational Health
and Injury Prevention
(518) 402-7900

This survey is being conducted under OMB Control Number 1220-0045. This control number expires on October 31, 2013. Without OMB approval and this number, we would not be able to conduct this study.

NEW YORK
state department of
HEALTH

Nirav R. Shah, M.D., M.P.H.
Commissioner

Sue Kelly
Executive Deputy Commissioner

<<DATE>>

<<NAME>>
<<COMPANY>>
<<ADDRESS>>
<<CITY>>, <<ST>> <<ZIP>>

Dear <<NAME>>,
Thank you for participating in our research study. We anticipate that the results of this study will help us understand the data reported to the Bureau of Labor Statistics (BLS) Survey of Occupational Injuries and Illnesses (SOII) and refine efforts to accurately reflect the experiences of the New York State workforce. The data collected by the BLS SOII is used as an indicator of occupational health and safety and provides estimates to design and evaluate safety programs. Because this information is valuable for so many reasons, it is important that the data collected provide the clearest picture of workplace injury and illness rates as well as any trends. The information you have provided will help us characterize data regarding injuries and illnesses and lend insight into how the SOII could be improved.

In our survey, we asked about OSHA recordkeeping in some specific scenarios. Included, you will find some information from OSHA regarding recordkeeping in those situations. We have also listed some links to injury and illness recordkeeping and recording information.

Once again, thank you for your time.

Sincerely,

Anne Mirabito
Bureau of Occupational Health and Injury Prevention

Resources:

- OSHA Recordkeeping site: http://www.osha.gov/recordkeeping/
- OSHA Recordkeeping Handbook: http://www.osha.gov/recordkeeping/handbook/index.html
- OSHA Recordkeeping advisor: http://www.dol.gov/elaws/OSHARecordkeeping.htm
- BLS SOII respondent info: http://www.bls.gov/respondents/iif/home.htm
- BLS SOII Frequently Asked Questions: http://www.bls.gov/iif/oshfaq1.htm
- New York State Department of Labor and Industries recordkeeping contact: (888) 425-1323

OSHA RECORDKEEPING SCENARIOS

In our survey, we provided hypothetical scenarios and asked about the OSHA recordkeeping decisions you would make in these situations. Below are the scenarios we had asked and information on recordkeeping for these circumstances. More information on recordkeeping regulations can be found in "Recording and Reporting Occupational Injuries and Illnesses" Title 29 Code of *Federal Regulations*. Pt.1904. This can be found on the Occupational Safety & Health Administration, U.S. Department of Labor website at http://www.osha.gov/law-regs.html under the *Recordkeeping* tab.

Scenario 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?

Answer: NO**,** diagnostic procedures alone are not considered "medical treatment" and are not recordable under the recordkeeping regulations.

Recordkeeping regulation: 29 CFR 1904.7(b)(5)(i)

"Medical treatment" means the management and care of a patient to combat disease or disorder. For the purposes of Part 1904, medical treatment does not include:
(A) Visits to a physician or other licensed health care professional solely for observation or counseling;
(B) The conduct of diagnostic procedures, such as x-rays and blood tests, including the administration of prescription medications used solely for diagnostic purposes (*e.g.*, eye drops to dilate pupils); or
(C) "First aid" as defined in paragraph (b)(5)(ii) of this section

Scenario 2: A. 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?

B. Would you record days away from work, and if yes, how many?

Answer: A. YES, this is a recordable case.

B. YES, record 2 days.

Recordkeeping regulation: 29 CFR 1904.7(b)(3)(v)

You need to record this case only if you receive information from a physician or other licensed health care professional indicating that the employee should not have worked, or should have performed only restricted work, during the weekend. If so, you must record the injury or illness as a case with days away from work or restricted work, and enter the day counts, as appropriate.

Scenario 3: A worker was engaged in horseplay at work while stacking some boxes and fell, resulting in days away from work. Is this an OSHA-recordable injury?

Answer: YES**,** "horseplay" is not included in the exceptions to recordable cases.

Recordkeeping regulation: 29 CFR 1904.5(b)(2)

List of exceptions to recordable cases based on work relatedness.

66 Federal Register 5929, Jan. 19, 2001 (found in the preamble to the 2001 revision of 29 CFR) *The final recordkeeping rule reflects a "geographic presumption" principle.* Accordingly, the presumption encompasses cases in which an injury or illness results from an event at work that is outside the employer's control, such as a lightning strike, **or involves activities that occur at work but that are not directly productive, such as horseplay.**

Scenario 4: A worker cut her thumb and had stitches, but did not miss any time away from work. Is this an OSHA-recordable injury?

Answer: YES, stitches are considered "medical treatment" beyond first aid and are OSHA recordable.

Recordkeeping regulation: 29 CFR 1904.7(b)(5)

For the purposes of Part 1904, "first aid" means the following:

(A)Using a non-prescription medication at nonprescription strength (for medications available in both prescription and non-prescription form, a recommendation by a physician or other licensed health care professional to use a non-prescription medication at prescription strength is considered medical treatment for recordkeeping purposes);
(B) Administering tetanus immunizations (other immunizations, such as Hepatitis B vaccine or rabies vaccine, are considered medical treatment);
(C) Cleaning, flushing or soaking wounds on the surface of the skin;
(D) Using wound coverings such as bandages, Band-Aids™, gauze pads, etc.; or using butterfly bandages or Steri-Strips™ (other wound closing devices such as sutures, staples, etc., are considered medical treatment);
(E) Using hot or cold therapy;
(F) Using any non-rigid means of support, such as elastic bandages, wraps, non-rigid back belts, etc. (devices with rigid stays or other systems designed to immobilize parts of the body are considered medical treatment for recordkeeping purposes);
(G) Using temporary immobilization devices while transporting an accident victim (*e.g.*, splints, slings, neck collars, back boards, etc.).
(H) Drilling of a fingernail or toenail to relieve pressure, or draining fluid from a blister;
(I) Using eye patches;
(J) Removing foreign bodies from the eye using only irrigation or a cotton swab;
(K) Removing splinters or foreign material from areas other than the eye by irrigation, tweezers, cotton swabs or other simple means;
(L) Using finger guards;
(M) Using massages (physical therapy or chiropractic treatment are considered medical treatment for recordkeeping purposes); or
(N) Drinking fluids for relief of heat stress.
This is a complete list of all treatments considered first aid for Part 1904 purposes.

Scenario 5: A week later, the same worker ended up missing 7 days when the thumb became infected. Would you: Record as new injury, update the old injury or not record?

Answer: UPDATE THE OLD INJURY, the injury is not a "new case" as defined in 1904.6, and it falls within the time period in which you must update case changes in injury status on your OSHA log.

Recordkeeping regulation: 29 CFR 1904.6(a), 29 CFR 1904.33

1904.6(a) ***Basic requirement.*** You must consider an injury/ illness to be a "new case" if:

(a)(1). The employee has not previously experienced a recorded injury or illness of the same type that affects the same part of the body, or

(a)(2). The employee previously experienced a recorded injury or illness of the same type that affected the same part of the body but had recovered completely (all signs and symptoms had disappeared) from the previous injury or illness and an event or exposure in the work environment caused the signs or symptoms to reappear.

1904.33 During the storage period, you must update your stored OSHA 300 Logs to include newly discovered recordable injuries or illnesses and to show any changes that have occurred in the classification of previously recorded injuries and illnesses. If the description or outcome of a case changes, you must remove or line out the original entry and enter the new information.

U.S. Department of Labor
Bureau of Labor Statistics

Notice of Recordkeeping Requirements for the 2014 Survey of Occupational Injuries and Illnesses

Important

- Maintain the information required for all recordable work-related injuries and illnesses that occur between January 1 and December 31, 2014, for the establishment(s) identified above.
- Visit our respondents' page at www.bls.gov/respondents/iif for more information about the Bureau of Labor Statistics Survey of Occupational Injuries and Illnesses (SOII) and your recordkeeping requirements.
- Keep these records and use them to complete the Survey of Occupational Injuries and Illnesses. We will send you more instructions in January **2015**.
- If you need help, please contact us at the phone number(s) listed above.

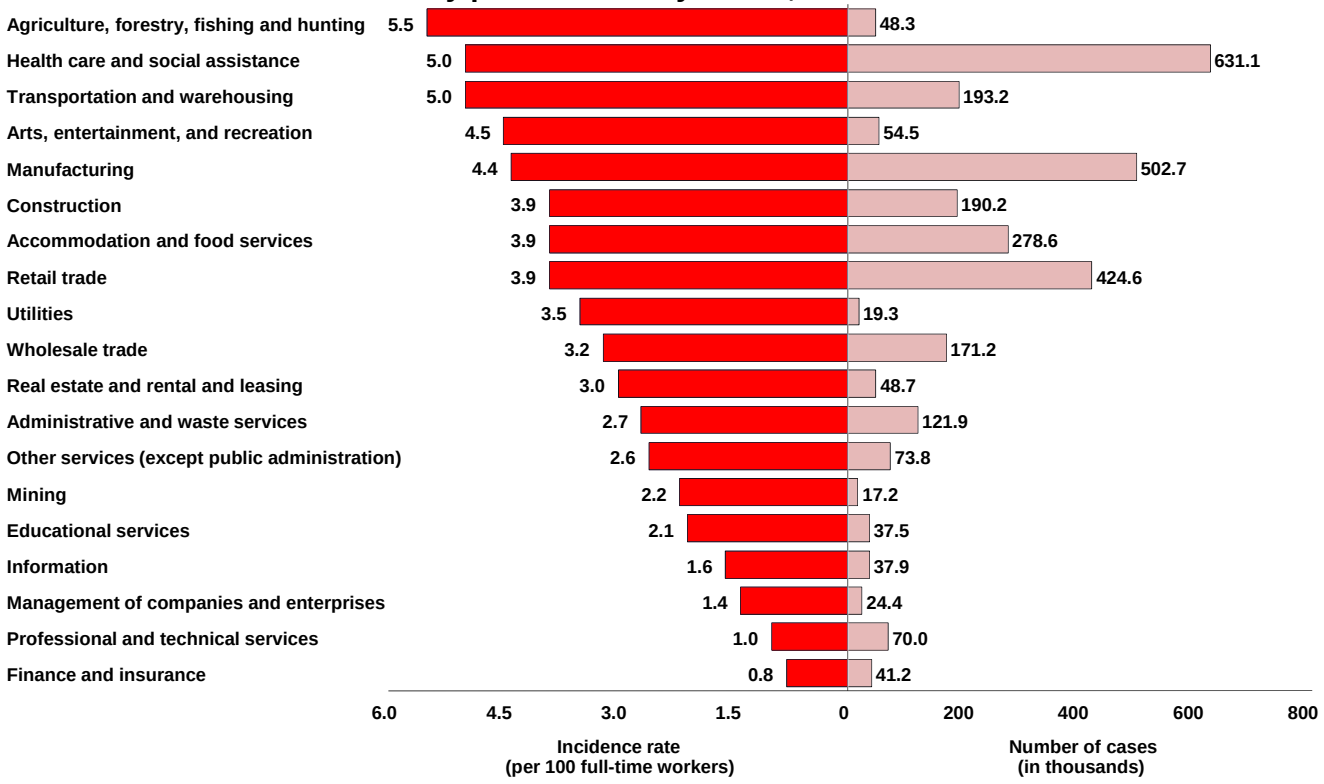
Overview of Your Recordkeeping Requirements

- You must maintain the information required for all recordable work-related injuries and illnesses that occur during calendar year 2014 for the establishment(s) identified on the front.
- The enclosed OSHA *Forms for Recording Work-Related Injuries and Illnesses* provide instructions for filling out the *Log of Work-Related Injuries and Illnesses* (OSHA Form 300) and the *Injury and Illness Incident Report* (OSHA Form 301). In addition, please keep records on the race and/or ethnicity of your injured or ill workers. This information will be requested in January 2015.
- At the end of 2014, complete the enclosed *Summary of Work-Related Injuries and Illnesses* (OSHA Form 300A) even if you had **NO** work-related injuries or illnesses.
- **In January 2015**, you will be mailed instructions for completing the Survey of Occupational Injuries and Illnesses.
- If you have any questions about your record-keeping requirements for this survey, or if you need help, **call the phone number(s) on the front of this form.**

How Your Injury and Illness Data Are Used

Your data are important for making American workplaces safer. Data you report are aggregated with data from other establishments and used to identify injury and illness patterns among industries and occupations. For more information about injury and illness statistics, please visit our website at www.bls.gov/iif.

Incidence rates and numbers of nonfatal occupational injuries and illnesses by private industry sector, 2011



Source: U.S. Bureau of Labor Statistics, U.S. Department of Labor, October 2012

WORKERS' COMPENSATION BOARD

Employee Claim

C-3

State of New York - Workers' Compensation Board

Fill out this form to apply for workers' compensation benefits because of a work injury or work-related illness. Type or print neatly. This form may also be filled out on-line at www.wcb.ny.gov.

WCB Case Number (if you know it): _____

A. YOUR INFORMATION (Employee)

1. Name: _____ (First / MI / Last) 2. Date of Birth: ____/____/____

3. Mailing address: _____ (Number and Street/PO Box / City / State / Zip Code)

4. Social Security Number: ___-___-___ 5. Phone Number: (____)_____ 6. Gender: ☐ Male ☐ Female

7. Will you need a translator if you have to attend a Board hearing? ☐ Yes ☐ No If yes, for what language? _____

B. YOUR EMPLOYER(S)

1. Employer when injured: _____ 2. Phone Number: (____)_____

3. Your work address: _____ (Number and Street / City / State / Zip Code)

4. Date you were hired: ____/____/____ 5. Your supervisor's name: _____

6. List names/addresses of any other employer(s) at the time of your injury/illness: _____

7. Did you lose time from work at the other employment(s) as a result of your injury/illness? ☐ Yes ☐ No

C. YOUR JOB on the date of the injury or illness

1. What was your job title or description? _____

2. What types of activities did you normally perform at work? _____

3. Was your job? (check one) ☐ Full Time ☐ Part Time ☐ Seasonal ☐ Volunteer ☐ Other: _____

4. What was your gross pay (before taxes) per pay period? _____ 5. How often were you paid? _____

6. Did you receive lodging or tips in addition to your pay? ☐ Yes ☐ No If yes, describe: _____

D. YOUR INJURY OR ILLNESS

1. Date of injury or date of onset of illness: ____/____/____ 2. Time of injury: _____ ☐ AM ☐ PM

3. Where did the injury/illness happen? (e.g., 1 Main Street, Pottersville, at the front door) _____

4. Was this your usual work location? ☐ Yes ☐ No If no, why were you at this location? _____

5. What were you doing when you were injured or became ill? (e.g., unloading a truck, typing a report) _____

6. How did the injury/illness happen? (e.g., I tripped over a pipe and fell on the floor) _____

7. Explain fully the nature of your injury/illness; list body parts affected (e.g., twisted left ankle and cut to forehead): _____

THE WORKERS' COMPENSATION BOARD EMPLOYS AND SERVES PEOPLE WITH DISABILITIES WITHOUT DISCRIMINATION

YOUR NAME: _____ (First / MI / Last) DATE OF INJURY/ILLNESS: ____/____/____

D. YOUR INJURY OR ILLNESS *continued*

8. Was an object (e.g., forklift, hammer, acid) involved in the injury/illness? ☐ Yes ☐ No If yes, what? _____

9. Was the injury the result of the use or operation of a licensed motor vehicle? ☐ Yes ☐ No
   If yes, ☐ your vehicle ☐ employer's vehicle ☐ other vehicle License plate number (if known): _____
   If your vehicle was involved, give name and address of your motor vehicle insurance carrier: _____

10. Have you given your employer (or supervisor) notice of injury/illness? ☐ Yes ☐ No
    If yes, notice was given to: _____ ☐ orally ☐ in writing Date notice given: ____/____/____

11. Did anyone see your injury happen? ☐ Yes ☐ No ☐ Unknown If yes, list names: _____

E. RETURN TO WORK

1. Did you stop work because of your injury/illness? ☐ Yes, on what date? ____/____/____ ☐ No, skip to Section F.
2. Have you returned to work? ☐ Yes ☐ No If yes, on what date? ____/____/____ ☐ regular duty ☐ limited duty
3. If you have returned to work, who are you working for now? ☐ Same employer ☐ New employer ☐ Self employed
4. What is your gross pay (before taxes) per pay period? _____ How often are you paid? _____

F. MEDICAL TREATMENT FOR THIS INJURY OR ILLNESS

1. What was the date of your first treatment? ____/____/____ ☐ None received (skip to question F-5)
2. Were you treated on site? ☐ Yes ☐ No
3. Where did you receive your first off site medical treatment for your injury/illness? ☐ none received ☐ Emergency Room
   ☐ Doctor's office ☐ Clinic/Hospital/Urgent Care ☐ Hospital Stay over 24 hours
   Name and address where you were first treated: _____
   _____ Phone Number: (____)_____
4. Are you still being treated for this injury/illness? ☐ Yes ☐ No
   Give the name and address of the doctor(s) treating you for this injury/illness: _____
   _____ Phone Number: (____)_____
5. Do you remember having another injury to the same body part or a similar illness? ☐ Yes ☐ No
   If yes, were you treated by a doctor? ☐ Yes ☐ No If yes, provide the names and addresses of the doctor(s) who treated you and **COMPLETE AND FILE FORM C-3.3 TOGETHER WITH THIS FORM:**
   _____
   _____
   _____
6. Was the previous injury/illness work related? ☐ Yes ☐ No
   If yes, were you working for the same employer that you work for now? ☐ Yes ☐ No

I am hereby making a claim for benefits under the Workers' Compensation Law. My signature affirms that the information I am providing is true and accurate to the best of my knowledge and belief.

Any person who knowingly and with INTENT TO DEFRAUD presents, causes to be presented, or prepares with knowledge or belief that it will be presented to, or by an insurer, or self-insurer, any information containing any FALSE MATERIAL STATEMENT or conceals any material fact, SHALL BE GUILTY OF A CRIME and subject to substantial FINES AND IMPRISONMENT.

Employee's Signature: _____ Print Name: _____ Date: ____/____/____

On behalf of Employee: _____ Print Name: _____ Date: ____/____/____

An individual may sign on behalf of the employee only if he or she is legally authorized to do so and the employee is a minor, mentally incompetent or incapacitated.

I certify to the best of my knowledge, information and belief, formed after an inquiry reasonable under the circumstances, that the allegations and other factual matters asserted above have evidentiary support, or are likely to have evidentiary support after a reasonable opportunity for further investigations or discovery.

Signature of Attorney/Representative (if any): _____ Date: ____/____/____

Print Name: _____ Title: _____

ID No., if any: R _____ If Licensed Representative, License No.: _____ Expiration Date: ____/____/____

WORKERS' COMPENSATION BOARD

Limited Release of Health Information (HIPAA)

C-3.3

State of New York - Workers' Compensation Board

WCB Case No. *(if you know it)*:_____

To Claimant: If you received treatment for a *previous* injury to the same body part or for an illness similar to the one described in your current Claim, fill out this form. This form allows the health care providers you list below to release health care information about your previous injury/illness to your employer's workers' compensation insurer. The federal HIPAA law (Health Insurance Portability and Accountability Act of 1996) says you have a right to get a copy of this form. If you do not understand this form, talk to your legal representative. If you do not have a legal representative, the Advocate for Injured Workers at the Workers' Compensation Board can help you. Call: 800-580-6665.

To Health Care Provider: A **copy** of this HIPAA-compliant release allows you to disclose health information. If you send records to the employer's workers' compensation insurer in response to this release, also mail copies to the Claimant's legal representative. (If no legal representative is listed below, send copies to the Claimant.) Health care providers who release records must follow New York state law and HIPAA.

This release is:

- **Voluntary.** Your health care provider(s) must give you the same care, payment terms, and benefits, whether you sign this form or not.
- **Limited.** It gives your health care provider(s) permission to release only those health records that are related to the previous illness/condition you describe below.
- **Temporary.** It ends when your current claim for compensation is established or disallowed and all appeals are exhausted.
- **Revocable.** You can cancel this release at any time. To cancel, send a letter to the health care provider(s) listed on this form. Also, send a copy of your letter to your employer's workers' compensation insurer and the Workers' Compensation Board. *Note: You may not cancel this release with respect to medical records already provided.*
- **For records only.** It gives your health care provider(s) listed on this form permission to send copies of your health care records to your employer's workers' compensation insurer.

This form does NOT allow your health care provider(s) to release the following types of information:

- **HIV-related information**
- **Psychotherapy notes**
- **Alcohol/Drug treatment**
- **Mental Health treatment** (unless you check below)
- **Verbal information** (your health care providers may not discuss your health care information with anyone)

Any medical records released will become part of your workers' compensation file and are confidential under the Workers' Compensation Law.

A. YOUR INFORMATION (Claimant)

1. Name:_____ 2. Social Security Number:_____-_____-_____
3. Mailing Address: _____
4. Date of Birth: _____/_____/_____ 5. Date of the current injury/illness: _____/_____/_____
6. Current injury/illness, including all body parts injured:_____
7. Your legal representative's name and address (if any):_____

☐ *Check here if you allow your health care provider(s) to release **mental health care** information.*

B. YOUR HEALTH CARE PROVIDER(S)

(List all health care providers who treated you for a *previous* injury to the same body part or similar illness. If more than 2 providers attach their contact information to this form.)

1. Provider:_____ 2. Phone Number: (_____)_____
3. Mailing Address: _____
4. Other provider (if any):_____ 5. Phone Number: (_____)_____
6. Mailing Address:_____

C. READ AND SIGN BELOW.

I hereby request that the health care provider(s) listed above give my employer's workers' compensation insurer copies of all health records related to any previous injury/illness, to all body parts, described above.

_____

Claimant's signature (ink only -- use blue ballpoint pen, if possible.) Date

If the claimant is unable to sign, the person signing on his/her behalf must fill out and sign below:

_____

Your name | Relationship to Claimant | Signature (ink only -- use blue ballpoint pen, if possible.) | Date

Versión en español al reverso de la forma.

WORKERS' COMPENSATION BOARD

Divulgación limitada de información sobre la salud (HIPAA)

C-3.3

Estado de NuevaYork - Junta de Compensación Obrera (WCB)

WCB Case No. (if you know it) (Número de caso WCB *[si lo sabe]*)

Al reclamante: Si usted recibió tratamiento por una lesión anterior en la misma parte del cuerpo o por una enfermedad similar a la que motiva ahora su reclamación, complete este formulario. Este formulario les permite a los proveedores de salud que usted señala a continuación divulgar a la compañía de seguros de compensación obrera de su empleador la información sobre su salud relacionada con su lesión/enfermedad anterior. La Ley federal HIPAA (Ley de portabilidad y responsabilidad del seguro de salud de 1996) establece que usted tiene derecho a recibir una copia de este formulario. Si no comprende este formulario, hable con su representante legal. Si no tiene un representante legal, el Representante de los obreros lesionados de la Junta de Compensación Obrera puede ayudarlo. Llame al 800-580-6665.

Al proveedor de salud: Una **copia** de esta divulgación, redactada según lo que establece la ley HIPAA, le permite divulgar información sobre la salud. Si envía los registros al asegurador de compensación obrera del empleador en respuesta a la presente divulgación, también debe enviar por correo copias al representante legal del reclamante. (Si a continuación no se especifica un representante legal, envíe las copias al reclamante). Los proveedores de salud que divulgan los registros deben cumplir con las leyes del estado de Nueva York y la HIPAA.

Esta divulgación es:

- **Voluntaria.** Su(s) proveedor(es) de salud deben otorgarle la misma atención, condiciones de pago y beneficios, independientemente de que usted firme este formulario o no.
- **Limitada.** Le otorga a su(s) proveedor(es) de salud permiso para divulgar únicamente los registros médicos que se relacionen con la enfermedad/ afección anterior que usted describe a continuación.
- **Temporal.** Termina cuando se otorgue o desestime su actual reclamación de compensación y se hayan agotado todas las apelaciones.
- **Revocable.** Usted puede cancelar esta divulgación en cualquier momento. Para hacerlo, envíe una carta al (a los) proveedor(es) de salud que se indican en este formulario. Además, envíe una copia de su carta a la compañía de seguros de compensación obrera de su empleador y a la Junta de Compensación Obrera. *Nota: No podrá cancelar esta divulgación en lo que se refiere a registros médicos que ya se hayan provisto.*
- **Solamente para registros.** Le otorga a su(s) proveedor(es) de salud que se indica(n) en este formulario permiso para enviar copias de sus registros de salud a la compañía de seguros de compensación obrera de su empleador.

Este formulario NO autoriza a su(s) proveedor(es) de salud a divulgar los siguientes tipos de información:

- **Información relacionada con el VIH**
- **Notas de terapia psicológica**
- **Tratamientos por abuso de alcohol o drogas**
- **Tratamiento de salud mental** (a menos que usted lo indique a continuación)
- **Información verbal** (sus doctores no pueden hablar con nadie sobre su información de salud)

Los registros médicos divulgados se incorporarán a su expediente de compensación obrera y son confidenciales conforme a la Ley de compensación obrera.

CONTESTA LAS SIGUIENTES PREGUNTAS, EN INGLÉS SI ES POSIBLE, EN LOS ESPACIOS PROVISTOS Y FIRMA AL FRENTE DE LA FORMA.

A. YOUR INFORMATION (Claimant) INFORMACIÓN PERSONAL (Reclamante)

1. Name (Nombre)
2. Social Security Number (Número de seguro social)
3. Mailing Address (Dirección postal)
4. Date of Birth (Fecha de nacimiento)
5. Date of the current injury/illness (Fecha de la lesión/enfermedad actual)
6. Current injury/illness, including all body parts injured (Descripción de la lesión/enfermedad actual, incluyendo todas las partes del cuerpo lesionadas)
7. Your legal representative's name and address (if any) (Nombre y dirección de su representante legal [si corresponde])

*Check here if you allow your health provider(s) to release **mental health care** information. (Marque aquí si autoriza a su(s) proveedor(es) de salud a divulgar información sobre **tratamientos de salud mental.**)*

B. YOUR HEALTH CARE PROVIDERS (List all health care providers who treated you for a *previous* injury to the same body part or similar illness. If more than 2 providers, attach their contact information to this form.

SU(S) PROVEEDOR(ES) DE SALUD (Enumere todos los proveedores de salud que le han tratado por lesiones previas a las mismas areas del cuerpo ó por enfermedades semejantes.Si son más de 2 proveedores, adjunte su información de contacto a este formulario.)

1. Provider (Proveedor de salud)
2. Phone Number (Nº de teléfono)
3. Mailing Address (Dirección postal)
4. Other provider (if any) (Otro proveedor [si corresponde])
5. Phone Number (Nº de teléfono)
6. Mailing Adress (Dirección postal)

C. READ AND SIGN BELOW

I hereby request that the health care provider(s) listed above give my employer's workers' compensation insurer copies of all health records related to any previous injury/illness, to all body parts, described above. **LEA Y FIRME A CONTINUACIÓN.** Por la presente solicito que los proveedores de salud aquí enumerados le provean al asegurador de compensación obrera de mi patrono copias de todos los records médicos relacionados a cualquier lesión/enfermedad aquí enumeradas.

If the claimant is unable to sign, the person signing on his/her behalf must fill out and sign below: **(Si el reclamante no puede firmar**, la persona que firme el formulario en su nombre y representación debe llenar y firmar a continuación)

xxxx

Instructions for Completing Form C-3, "Employee Claim"

Please complete this form and send it to the Workers' Compensation Board centralized mailing address listed at the bottom of these instructions. If you need additional help in completing this form, contact the Workers' Compensation Board at **1-877-632-4996. You may also fill this form out online at: http://www.wcb.ny.gov/**

If you do not have or know your Workers' Compensation Board Case Number, please leave this field blank. It is not required to process your claim. Remember to enter your name and the date of your injury/illness on the top of page two.

Section A - Your Information (Employee):

Item 1: Enter your full name, including first name, middle initial, and last name.
Item 2: Enter your date of birth in month/day/year format. Include the four digit year.
Item 3: Enter your mailing address, including P.O. Box, if applicable, city or town, state, and Zip code.
Item 4: Enter your Social Security Number. This is very important to help service your claim faster.
Item 5: Indicate the primary contact phone number, including area code. This may include a cell phone number.
Item 6: Indicate your gender (Male or Female).
Item 7: Board hearings are conducted in English. If you will need a translator to understand the proceeding, the Board will provide one. Check Yes and indicate the language needed.

Section B - Your Employer(s):

Item 1: Indicate the employer you were working for at the time you were injured or became ill.
Item 2: Enter the phone number for this employer, either a primary contact number or the number for your supervisor.
Item 3: Enter the employer's address, including P.O. Box, if applicable, city or town, state, and Zip code.
Item 4: Indicate the date you were hired by this employer.
Item 5: Enter your direct supervisor's name, whom you report to on a regular basis.
Item 6: If you have more than one job, please indicate the names and addresses of all other employers you work for besides the one you were injured at. Please attach a separate sheet if you need more room.
Item 7: Check Yes if you lost time from any of your other jobs as a result of your injury or illness; otherwise, check No.

Section C - Your Job on the Date of the Injury or Illness:

Item 1: Indicate your current job title or job description (e.g., warehouse worker).
Item 2: Indicate your typical work activities for this job (e.g., keeping inventory, unloading trucks, etc.).
Item 3: Check the type of job you had.
Item 4: Enter your gross pay (before taxes) per pay period.
Item 5: Indicate how often you received a paycheck (weekly, bi-weekly, etc.).
Item 6: Indicate if you received any tips or lodging in addition to your regular pay. If you did, describe them.

Section D - Your Injury or Illness:

Item 1: Enter the date when you were injured or the first date you noticed you became ill. Enter the date in month/day/year format. Include the four digit year. If this is an illness or occupational disease, then skip item 2.
Item 2: Enter the time when the injury occurred. Check whether it was AM or PM.
Item 3: Indicate the location where the injury/illness occurred, including the address of the building and the physical location in the building where the injury/illness happened.
Item 4: Check whether this was your normal work location. If it was not, explain why you were at this location.
Item 5: Describe in detail what you were doing at the time of the injury/illness (e.g., unloading boxes from a truck by hand). This explains the events leading up to the injury.
Item 6: Describe in detail how the injury/illness occurred (e.g., I was lifting a heavy box off a truck). This should include all people and events involved in the injury/illness.
Item 7: Indicate fully the nature and extent of your injury/illness, including all body parts injured. Be as specific as possible. (e.g., I strained my back trying to lift a heavy box. It hurts to bend over or hold even lighter objects now.)
Item 8: Indicate if some object was involved in the accident OTHER THAN a licensed motor vehicle. Other objects may include a tool (e.g., hammer), a chemical (e.g., acid), machinery (e.g., forklift or drill press), etc.
Item 9: Indicate if a licensed motor vehicle was involved in the accident. If so, check if the motor vehicle involved was yours, your employer's, or a third party's. Include the license plate number (if known). If your vehicle was involved, fill out the name and address of your automobile liability insurance carrier.
Item 10: Check if you gave your employer or supervisor notice of your injury or illness. If so, indicate who you gave notice to as well as if it was orally or in writing. Include the date you gave notice.
Item 11: Check if anyone else saw the injury happen. If anyone did see it, include their name(s).

Section E - Return to Work:

Item 1: If you stopped working as a result of your work-related injury/illness, check Yes and indicate on what date you stopped working. If you have not stopped working, check No and skip to the next section.

Section E - Return to Work (cont):

Item 2: If you have since returned to work, check Yes. Also indicate on what date you started working again, as well as if you have returned to your Normal Duties or if you are on Limited or Restricted Duty. (If you have not returned to your full pre-injury or illness work duties, then you are on Limited Duty.)

Item 3: If you have returned to work, indicate who you are working for now.

Item 4: Enter your gross pay (before tax pay) per pay period for the job you are working at now. Indicate how often you are receiving a paycheck (weekly, bi-weekly, etc.).

Section F - Medical Treatment for This Injury or Illness:

Item 1: If you did not receive medical treatment for this injury/illness, check None Received and skip to item 5. Otherwise, enter the date you first received treatment for this injury/illness and complete the rest of this section.

Item 2: Check if you were first treated on the job for this injury or illness.

Item 3: Check the location where you first received off site medical treatment for your injury or illness. Include the name and address of the facility as well as the phone number (including area code).

Item 4: If you are still receiving ongoing treatment for the same injury or illness, check Yes and indicate the name and address of the doctor(s) providing treatment as well as the phone number (including area code); otherwise check No.

Item 5: If you believe you already had an injury to the same body part or a similar illness, check Yes and indicate if you were treated by a doctor for this injury or illness. If you were treated by a doctor, indicate the name(s) and address(es) of the doctor(s) whom provided care and **complete and file Form C-3.3 together with this form.**

Item 6: If you had a previous injury or illness, check if your previous injury or illness was work-related. If Yes, check if the injury or illness happened while working for your current employer.

Sign Form C-3 in the place provided for "Employee's Signature on page 2, print your name, and enter the date you signed the form. If a third-party is signing on behalf of the employee, that person should sign on the second signature line. If you have legal representation, your representative **must** complete and sign the attorney/representative's certification section on the bottom of page 2.

What Every Worker Should Do in Case of On-The-Job Injury or Occupational Disease:

1. Immediately tell your employer or supervisor when, where and how you were injured.
2. Secure medical care immediately.
3. Tell your doctor to file medical reports with the Board and with your employer or its insurance carrier.
4. Make out this claim for compensation and send it to the Workers' Compensation Board centralized mailing address. Failure to file within two years after the date of injury may result in your claim being denied. If you need help in completing this form, contact the Workers' Compensation Board at 1-877-632-4996.
5. Go to all hearings when notified to appear.
6. Go back to work as soon as you are able; compensation is never as high as your wage.

Your Rights:

1. Generally, you are entitled to be treated by a doctor of your choice, provided he/she is authorized by the Board. If your employer is involved in a preferred provider organization (PPO) arrangement, you must obtain initial treatment from the preferred provider organization which has been designated to provide health care services for workers' compensation injuries.
2. DO NOT pay your doctor or hospital. Their bills will be paid by the insurance carrier if your case is not disputed. If your case is disputed,
   the doctor or hospital must wait for payment until the Board decides your case. In the event you fail to prosecute your case or the Board decides against you, you will have to pay the doctor or hospital.
3. You are also entitled to be reimbursed for drugs, crutches, or any apparatus properly prescribed by your doctor and for carfares or other necessary expenses going to and from your doctor's office or the hospital. (Get receipts for such expenses.)
4. You are entitled to compensation if your injury keeps you from work for more than seven days, compels you to work at lower wages, or results in permanent disability to any part of your body.
5. Compensation is payable directly and without waiting for an award, except when the claim is disputed.
6. Injured workers or dependents of deceased workers may represent themselves in matters before the Board or may retain an attorney or licensed representative to represent them. If an attorney or licensed representative is retained, his/her fee for legal services will be reviewed by the Board and if approved will be paid by the employer or insurance company out of any compensation benefits due. Injured workers or dependents of deceased workers should not directly pay anything to the attorney or licensed representative representing them in a compensation case.
7. If you need help returning to work, or with family or financial problems because of your injury, contact the Workers' Compensation Board office nearest you and ask for a rehabilitation counselor or social worker.

This form should be filed by sending directly to the address listed below:

New York State Workers' Compensation Board
Centralized Mailing
PO Box 5205
Binghamton, NY 13902-5205

Customer Service Toll-Free Number: 877-632-4996

WORKERS' COMPENSATION BOARD

State of New York - Workers' Compensation Board

Employer's First Report of Work-Related Injury/Illness

C-2F

A work-related injury or illness must be reported within 10 days (Per Section 110) of the injury/illness or be subject to a penalty. Employers are not required to submit form C-2F to the Workers' Compensation Board if the employer's insurer will be submitting the accident information electronically to the Board on the employer's behalf. If you need assistance completing this form, please contact your insurer for guidance on the best method of reporting work-related accident information. If you submit this form to the Board, please send it to P.O. Box 5205, Binghamton, NY 13902 and provide a copy to your insurer.

Employee Name _____

WCB Case Number (JCN) _____ **Date of Injury** _____

Claim Administrator Claim Number _____

INSURER / CLAIM ADMINISTRATOR INFORMATION

Insurer Name _____ **Insurer ID** _____

Name _____

Info/Attn _____

Address _____

City _____ **State** _____

Postal Code _____ **Country** _____

Claim Admin ID _____

EMPLOYEE INFORMATION

First Name _____ **Middle Name/Initial** _____

Last Name _____ **Suffix** _____

Mailing Address _____

City _____ **State** _____

Postal Code _____ **Country** _____

Phone Number _____ **Date of Hire** _____

Date of Birth _____ **Gender** ☐ Male ☐ Female ☐ Unknown

Employee SSN _____

Occupation Description _____

CLAIM INFORMATION

Time of Injury _____ **Date Employer Had Knowledge of the Injury** _____

Employment Status _____ **Date Employer Had Knowledge of Date of Disability** _____

Estimated Weekly Wage _____ **Number of Days Worked Per Week** _____

Work Week Type ☐ Standard Work Week ☐ Fixed Work Week ☐ Varied Work Week

Work Days Scheduled ☐ Sun ☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri ☐ Sat

EMPLOYEE INJURY

Full Wages Paid for Date of Injury ☐ Yes ☐ No **Employer Paid Salary in Lieu of Compensation** ☐ Yes ☐ No

Initial Treatment ☐ No Medical Treatment ☐ Minor On-Site Treatment By Employer ☐ Minor Clinic/Hospital Treatment
☐ Emergency Evaluation ☐ Hospitalization Greater Than 24 Hours ☐ Future Major Medical/Lost Time Anticipated

Death Result of Injury ☐ Yes ☐ No ☐ Unknown **Date of Death** _____ **Number of Dependents** _____

Nature of Injury (i.e. Laceration, Burns, Fracture, Strain, etc) _____

Part of Body (i.e. left arm, right foot, head, multiple, etc) _____

Cause of Injury (i.e. Motor Vehicle, Machine, Strain or Injury by lifting, etc) _____

Accident/Injury Description (see instructions)

WORK STATUS

Initial Date Last Day Worked _____ **Return To Work Type** ☐ Actual ☐ Released

Initial Date Disability Began _____ **Physical Restrictions** ☐ Yes ☐ No

Initial Return to Work Date _____ **Return To Work Same Employer** ☐ Yes ☐ No

ACCIDENT LOCATION AND WITNESSES

Premises (see instructions) ☐ Employer ☐ Lessee ☐ Other

Organization Name _____

Street _____ **State** _____

City _____ **Postal Code** _____

County _____ **Country** _____

Location Narrative _____

Witnesses	Business Phone Number

EMPLOYER INFORMATION

Name _____ Employer FEIN _____

UI Number _____ Manual Classification Code _____

Industry Code _____

Info/Attn _____

Mailing Address _____

City _____ State _____

Postal Code _____ Country _____

Physical Addr _____

City _____ State _____

Postal Code _____ Country _____

Contact Name _____

Contact Business Phone Number _____

INSURED INFORMATION

Insured Name _____ Insured FEIN _____

Insured Type ☐ Insured ☐ Self-Insured ☐ Uninsured Insured Location ID _____

Policy Number ID _____

Policy Effective Date _____ Policy Expiration Date _____

An employer or carrier, or any employee, agent, or person acting on behalf of an employer or carrier, who KNOWINGLY MAKES A FALSE STATEMENT OR REPRESENTATION as to a material fact in the course of reporting, investigation of, or adjusting a claim for any benefit or payment under this chapter for the purpose of avoiding provision of such payment or benefit SHALL BE GUILTY OF A CRIME AND SUBJECT TO SUBSTANTIAL FINES AND IMPRISONMENT.

The above information is true to the best of my knowledge and belief.

If prepared by the employer:

Signature of Person Preparing Form _____ Date _____

Print Name _____

Title _____ Phone Number _____