



2011 EEI Safety Survey Data Collection Form

Company Type

- Electric
- Electric (with no Nuclear Plants)
- Combination (Gas/Electric)
- Combination (Gas/Electric - with no Nuclear Plants)
- Generation Only
- Electric (T and D Only)
- Nuclear Only

Contact Information

Person completing survey:

Company: _____

Name: _____

Address: _____

City _____ State _____ Zip Code _____

Telephone _____

Fax _____

Email Address _____

Manager Information:

Name: _____

Title: _____

Telephone _____

Fax _____

Email Address _____

Permission to Release Contact Data



2011 EEI Safety Survey Data Collection Form

Company Totals

TOTAL NUMBER OF COMPANY EMPLOYEES _____

TOTAL EXPOSURE (FOR EXEMPT, NON-EXEMPT) HOURS _____

SUMMARY CASE, DAYS DATA					
# of deaths (Column G)	# of cases with days away from work (Column H)	# of cases with job transfer or restriction (Column I)	# of other recordable cases (Column J)	total # of days away from work (Column K)	total # of days of on job transfer or restriction (Column L)
INJURY OR ILLNESS DATA					
# of injuries (Column M-1)	# of skin disorders (Column M-2)	# of respiratory conditions (Column M-3)	# of poisonings (Column M-4)	# of hearing loss (Column M-5)	# of all other illnesses (Column M-6)

___ Contains International Data

___ Gas Data included in submission

___ Alternative Energy Data included in submission



2011 EEI Safety Survey Data Collection Form

Fossil Totals

TOTAL NUMBER OF COMPANY EMPLOYEES _____

TOTAL EXPOSURE (FOR EXEMPT, NON-EXEMPT) HOURS _____

SUMMARY CASE, DAYS DATA					
# of deaths (Column G)	# of cases with days away from work (Column H)	# of cases with job transfer or restriction (Column I)	# of other recordable cases (Column J)	total # of days away from work (Column K)	total # of days of on job transfer or restriction (Column L)
INJURY OR ILLNESS DATA					
# of injuries (Column M-1)	# of skin disorders (Column M-2)	# of respiratory conditions (Column M-3)	# of poisonings (Column M-4)	# of hearing loss (Column M-5)	# of all other illnesses (Column M-6)

___ Contains International Data



2011 EEI Safety Survey Data Collection Form

Coal Data

TOTAL NUMBER OF COMPANY EMPLOYEES _____

TOTAL EXPOSURE (FOR EXEMPT, NON-EXEMPT) HOURS _____

SUMMARY CASE, DAYS DATA					
# of deaths (Column G)	# of cases with days away from work (Column H)	# of cases with job transfer or restriction (Column I)	# of other recordable cases (Column J)	total # of days away from work (Column K)	total # of days of on job transfer or restriction (Column L)
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# of injuries (Column M-1)	# of skin disorders (Column M-2)	# of respiratory conditions (Column M-3)	# of poisonings (Column M-4)	# of hearing loss (Column M-5)	# of all other illnesses (Column M-6)

___ Contains International Data



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Gas Data

TOTAL NUMBER OF COMPANY EMPLOYEES _____

TOTAL EXPOSURE (FOR EXEMPT, NON-EXEMPT) HOURS _____

SUMMARY CASE, DAYS DATA					
# of deaths (Column G)	# of cases with days away from work (Column H)	# of cases with job transfer or restriction (Column I)	# of other recordable cases (Column J)	total # of days away from work (Column K)	total # of days of on job transfer or restriction (Column L)
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# of injuries (Column M-1)	# of skin disorders (Column M-2)	# of respiratory conditions (Column M-3)	# of poisonings (Column M-4)	# of hearing loss (Column M-5)	# of all other illnesses (Column M-6)

___ Contains International Data



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Nuclear Data

TOTAL NUMBER OF COMPANY EMPLOYEES _____

TOTAL EXPOSURE (FOR EXEMPT, NON-EXEMPT) HOURS _____

SUMMARY CASE, DAYS DATA					
# of deaths (Column G)	# of cases with days away from work (Column H)	# of cases with job transfer or restriction (Column I)	# of other recordable cases (Column J)	total # of days away from work (Column K)	total # of days of on job transfer or restriction (Column L)
INJURY OR ILLNESS DATA					
# of injuries (Column M-1)	# of skin disorders (Column M-2)	# of respiratory conditions (Column M-3)	# of poisonings (Column M-4)	# of hearing loss (Column M-5)	# of all other illnesses (Column M-6)

___ Contains International Data



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Hydro Data

TOTAL NUMBER OF COMPANY EMPLOYEES _____

TOTAL EXPOSURE (FOR EXEMPT, NON-EXEMPT) HOURS _____

SUMMARY CASE, DAYS DATA					
# of deaths (Column G)	# of cases with days away from work (Column H)	# of cases with job transfer or restriction (Column I)	# of other recordable cases (Column J)	total # of days away from work (Column K)	total # of days of on job transfer or restriction (Column L)
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# of injuries (Column M-1)	# of skin disorders (Column M-2)	# of respiratory conditions (Column M-3)	# of poisonings (Column M-4)	# of hearing loss (Column M-5)	# of all other illnesses (Column M-6)

___ Contains International Data



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T&D Data

TOTAL NUMBER OF COMPANY EMPLOYEES _____

TOTAL EXPOSURE (FOR EXEMPT, NON-EXEMPT) HOURS _____

SUMMARY CASE, DAYS DATA					
# of deaths (Column G)	# of cases with days away from work (Column H)	# of cases with job transfer or restriction (Column I)	# of other recordable cases (Column J)	total # of days away from work (Column K)	total # of days of on job transfer or restriction (Column L)
INJURY OR ILLNESS DATA					
# of injuries (Column M-1)	# of skin disorders (Column M-2)	# of respiratory conditions (Column M-3)	# of poisonings (Column M-4)	# of hearing loss (Column M-5)	# of all other illnesses (Column M-6)

___ Contains International Data

___ Gas Data included in submission



2011 EEI Safety Survey Data Collection Form

System/HQ Data

TOTAL NUMBER OF COMPANY EMPLOYEES _____

TOTAL EXPOSURE (FOR EXEMPT, NON-EXEMPT) HOURS _____

SUMMARY CASE, DAYS DATA					
# of deaths (Column G)	# of cases with days away from work (Column H)	# of cases with job transfer or restriction (Column I)	# of other recordable cases (Column J)	total # of days away from work (Column K)	total # of days of on job transfer or restriction (Column L)
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# of injuries (Column M-1)	# of skin disorders (Column M-2)	# of respiratory conditions (Column M-3)	# of poisonings (Column M-4)	# of hearing loss (Column M-5)	# of all other illnesses (Column M-6)

___ Contains International Data

___ Gas Data included in submission



2011 EEI Safety Survey Data Collection Form

Lineman

TOTAL NUMBER OF COMPANY EMPLOYEES _____

TOTAL EXPOSURE (FOR EXEMPT, NON-EXEMPT) HOURS _____

SUMMARY CASE, DAYS DATA					
# of deaths (Column G)	# of cases with days away from work (Column H)	# of cases with job transfer or restriction (Column I)	# of other recordable cases (Column J)	total # of days away from work (Column K)	total # of days of on job transfer or restriction (Column L)
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# of injuries (Column M-1)	# of skin disorders (Column M-2)	# of respiratory conditions (Column M-3)	# of poisonings (Column M-4)	# of hearing loss (Column M-5)	# of all other illnesses (Column M-6)

___ Contains International Data



2011 EEI Safety Survey Data Collection Form

Apprentice Lineman

TOTAL NUMBER OF COMPANY EMPLOYEES _____

TOTAL EXPOSURE (FOR EXEMPT, NON-EXEMPT) HOURS _____

SUMMARY CASE, DAYS DATA					
# of deaths (Column G)	# of cases with days away from work (Column H)	# of cases with job transfer or restriction (Column I)	# of other recordable cases (Column J)	total # of days away from work (Column K)	total # of days of on job transfer or restriction (Column L)
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# of injuries (Column M-1)	# of skin disorders (Column M-2)	# of respiratory conditions (Column M-3)	# of poisonings (Column M-4)	# of hearing loss (Column M-5)	# of all other illnesses (Column M-6)

___ Contains International Data



2011 EEI Safety Survey Data Collection Form

Meter Readers

TOTAL NUMBER OF COMPANY EMPLOYEES _____

TOTAL EXPOSURE (FOR EXEMPT, NON-EXEMPT) HOURS _____

SUMMARY CASE, DAYS DATA					
# of deaths (Column G)	# of cases with days away from work (Column H)	# of cases with job transfer or restriction (Column I)	# of other recordable cases (Column J)	total # of days away from work (Column K)	total # of days of on job transfer or restriction (Column L)
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___ Contains International Data



2011 EEI Safety Survey Data Collection Form

Trouble Man

TOTAL NUMBER OF COMPANY EMPLOYEES _____

TOTAL EXPOSURE (FOR EXEMPT, NON-EXEMPT) HOURS _____

SUMMARY CASE, DAYS DATA					
# of deaths (Column G)	# of cases with days away from work (Column H)	# of cases with job transfer or restriction (Column I)	# of other recordable cases (Column J)	total # of days away from work (Column K)	total # of days of on job transfer or restriction (Column L)
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___ Contains International Data



2011 EEI Safety Survey Data Collection Form

Mechanic

TOTAL NUMBER OF COMPANY EMPLOYEES _____

TOTAL EXPOSURE (FOR EXEMPT, NON-EXEMPT) HOURS _____

SUMMARY CASE, DAYS DATA					
# of deaths (Column G)	# of cases with days away from work (Column H)	# of cases with job transfer or restriction (Column I)	# of other recordable cases (Column J)	total # of days away from work (Column K)	total # of days of on job transfer or restriction (Column L)
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# of injuries (Column M-1)	# of skin disorders (Column M-2)	# of respiratory conditions (Column M-3)	# of poisonings (Column M-4)	# of hearing loss (Column M-5)	# of all other illnesses (Column M-6)

___ Contains International Data



2011 EEI Safety Survey Data Collection Form

Substation Electrician

TOTAL NUMBER OF COMPANY EMPLOYEES _____

TOTAL EXPOSURE (FOR EXEMPT, NON-EXEMPT) HOURS _____

SUMMARY CASE, DAYS DATA					
# of deaths (Column G)	# of cases with days away from work (Column H)	# of cases with job transfer or restriction (Column I)	# of other recordable cases (Column J)	total # of days away from work (Column K)	total # of days of on job transfer or restriction (Column L)
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# of injuries (Column M-1)	# of skin disorders (Column M-2)	# of respiratory conditions (Column M-3)	# of poisonings (Column M-4)	# of hearing loss (Column M-5)	# of all other illnesses (Column M-6)

___ Contains International Data



2011 EEI Safety Survey Data Collection Form

Vehicle Data

Vehicles _____

Miles Driven _____

Total Motor Vehicle Accidents	<input type="checkbox"/> No Data Available	<input type="checkbox"/> Alternate Definition Used	<input type="text"/> Accidents
Preventable Motor Vehicle Accidents	<input type="checkbox"/> No Data Available	<input type="checkbox"/> Alternate Definition Used	<input type="text"/> Accidents

Additional Motor Vehicle Benchmarking Questions

Please identify the alternate definition used for Total Motor Vehicle Accidents (if applicable)

ANSI D15.1 – 1976
 ANSI D16.1 – 1996
 ANSI D16.1 – 2007
 ANSI Z.15 – 2006
 AGA
 Other

Please identify the alternate definition used for Preventable Motor Vehicle Accidents (if applicable)

ANSI D15.1 – 1976
 ANSI D16.1 – 1996
 ANSI D16.1 – 2007
 ANSI Z.15 – 2006
 AGA
 Other

Do you include reimbursable mileage in the number of miles driven? Yes No

Do you include personal vehicles in the number of vehicles? Yes No

Please identify the Accident Types not included in your company's Preventable Accidents (select all that apply):

- Property Parked Vehicles
- Accidents within the Work Zone
- Outside Agent Only Accidents (flying objects, floods, falling tree limbs, etc.)
- Animal Contacts
- Property Damage below a Dollar Limit (\$ Limit _____)
- Vehicle Damage below a Dollar Limit (\$ Limit _____)

Gas Data included in submission



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The remaining pages can be duplicated and used to collect supplemental injury data. This portion of the survey is optional.

Circle Area:

Company / Fossil / Coal / Gas / Nuclear / Hydro / Transmission & Distribution

System & Headquarters / Lineman / Apprentice Lineman / Meter Reader

Trouble Man / Mechanic / Substation Electrician

a. PART OF BODY CODES

1. Head	IV. Trunk
___ 10. Multiple Head Injury	___ 40. Multiple Upper Extremities
___ 11. Skull	___ 41. Upper Back Area
___ 12. Brain	___ 42. Lower Back Area
___ 13. Ear(s)	___ 43. Disc
___ 14. Eye(s)	___ 44. Chest
___ 15. Nose	___ 45. Sacrum and Coccyx
___ 16. Teeth	___ 46. Pelvis
___ 17. Mouth	___ 47. Spinal Cord
___ 18. Soft Tissue	___ 48. Internal Organs
___ 19. Facial Bones	___ 49. Heart
2. Neck	___ 60. Lungs
___ 20. Multiple Neck Injury	___ 61. Abdomen
___ 21. Vertebrae	___ 62. Buttocks
___ 22. Disc	___ 63. Lumbar and/or Sacral Vertebrae (Vertebrae NOC Trunk)
___ 23. Spinal Cord	V. Lower Extremities
___ 24. Larynx	___ 50. Multiple Lower Extremities
___ 25. Soft Tissue	___ 51. Hip
___ 26. Trachea	___ 52. Upper Leg
	___ 53. Knee
III. Upper Extremities	___ 54. Lower Leg
___ 30. Multiple Upper Extremities	___ 55. Ankle
___ 31. Upper Arm	___ 56. Foot
___ 32. Elbow	___ 57. Toes



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___ 33. Lower Arm	___ 58. Great Toe
___ 34. Wrist	
___ 35. Hand	VI. Multiple Body Parts
___ 36. Finger(s)	___ 64. Artificial Appliance
___ 37. Thumb	___ 65. Insufficient Info to Properly Identify - Unclassified
___ 38. Shoulder(s)	___ 66. No Physical Injury
___ 39. Wrist(s) & Hands(s)	___ 90. Multiple Body Parts (including Body Systems & Body Parts)
	___ 91. Body Systems and Multiple Body Systems

NATURE OF INJURY CODES

I. Specific Injury	II. Occupational Disease or Cumulative Injury
___ 01. No Physical Injury	___ 60. Dust Disease, NOC
___ 02. Amputation	___ 61. Asbestosis
___ 03. Angina Pectoris	___ 62. Black Lung
___ 54. Asphyxiation	___ 63. Byssinosis
___ 04. Burn	___ 64. Silicosis
___ 07. Concussion	___ 65. Respiratory Disorders
___ 10. Contusion	___ 66. Poisoning - Chemical (Other than Metals)
___ 13. Crushing	___ 67. Poisoning - Metal
___ 16. Dislocation	___ 68. Dermatitis
___ 19. Electric Shock	___ 69. Mental Disorder
___ 22. Enucleation	___ 70. Radiation
___ 25. Foreign Body	___ 71. All Other Occupational Disease Injury, NOC
___ 28. Fracture	___ 72. Loss of Hearing
___ 30. Freezing	___ 73. Contagious Disease
___ 31. Hearing Loss or Impairment	___ 74. Cancer
___ 32. Heat Prostration	___ 75. AIDS
___ 34. Hernia	___ 76. VDT-Related Disease



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___ 36. Infection	___ 77. Mental Stress
___ 37. Inflammation	___ 78. Carpal Tunnel Syndrome
___ 40. Laceration	___ 79. Hepatitis C
___ 41. Myocardial Infarction	___ 80. All Other Cumulative Injury, NOC
___ 42. Poisoning - General (Not OD or Cumulative Injury)	
___ 43. Puncture	III. Multiple Injuries
___ 46. Rupture	___ 90. Multiple Physical Injuries Only
___ 47. Severance	___ 91. Multiple Injuries including both Physical and Psychological
___ 49. Sprain	
___ 52. Strain	
___ 53. Syncope	
___ 55. Vascular	
___ 58. Vision Loss	
___ 59. All Other Specific Injuries, NOC	

CAUSE OF INJURY

I. Burn or Scald, Heat or Cold Exposures, Contact With	VI. Strain or Injury By
___ 01. Chemicals	___ 52. Continual Noise
___ 02. Hot Objects or Substances	___ 53. Twisting
___ 11. Cold Objects or Substances	___ 54. Jumping
___ 03. Temperature Extremes	___ 55. Holding or Carrying
___ 04. Fire or Flame	___ 56. Lifting
___ 05. Steam or Hot Fluids	___ 57. Pushing or Pulling
___ 06. Dust, Gases, Fumes or Vapors	___ 58. Reaching
___ 07. Welding Operation	___ 59. Using Tool or Machinery
___ 08. Radiation	___ 61. Wielding or Throwing
___ 14. Abnormal Air Pressure	___ 97. Repetitive Motion
___ 84. Electrical Current	___ 60. Strain or Injury by, NOC
___ 09. Contact With, NOC	



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	VII. Striking Against or Stepping On
II. Caught In, Under or Between	___ 65. Moving Part of Machine
___ 10. Machine or Machinery	___ 66. Object Being Lifted or Handled
___ 12. Object Handled	___ 67. Sanding, Scraping, Cleaning Operation
___ 20. Collapsing Materials (Slides of Earth)	___ 68. Stationary Object
___ 13. Caught In, Under or Between, NOC	___ 69. Stepping on Sharp Object
	___ 70. Striking Against or Stepping On, NOC
III. Cut, Puncture, Scrape Injured By	
___ 15. Broken Glass	VIII. Struck or Injured By
___ 16. Hand Tool, Utensil; Not Powered	___ 74. Fellow Worker; Patient
___ 17. Object Being Lifted or Handled	___ 75. Falling or Flying Object
___ 18. Powered Hand Tool, Appliance	___ 76. Hand Tool or Machine In Use
___ 19. Cut, Puncture, Scrape, NOC	___ 77. Motor Vehicle
	___ 78. Moving Parts of Machine
IV. Fall, Slip or Trip Injury	___ 79. Object Being Lifted or Handled
___ 25. From Different Level (Elevation)	___ 80. Object Being Handled by Others
___ 26. From Ladder or Scaffolding	___ 85. Animal or Insect
___ 27. From Liquid or Grease Spills	___ 86. Explosion or Flare Back
___ 28. Into Openings	___ 81. Struck or Injured, NOC
___ 29. On Same Level	
___ 30. Slipped, Did Not Fall	IX. Rubbed or Abraded By
___ 32. On Ice or Snow	___ 94. Repetitive Motion
___ 33. On Stairs	___ 95. Rubbed or Abraded, NOC
___ 31. Fall, Slip or Trip, NOC	
	X. Miscellaneous Causes
V. Motor Vehicle	___ 82. Absorption, Ingestion or Inhalation, NOC
___ 40. Crash of Water Vehicle	___ 87. Foreign Matter (Body) in Eye(s)
___ 41. Crash of Rail Vehicle	___ 88. Natural Disasters
___ 45. Collision or Sideswipe with Another Vehicle	___ 89. Person in Act of a Crime
___ 46. Collision with a Fixed Object	___ 90. Other than Physical Cause of Injury



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<input type="checkbox"/> 47. Crash of Airplane	<input type="checkbox"/> 91. Mold
<input type="checkbox"/> 48. Vehicle Upset	<input type="checkbox"/> 96. Terrorism (for use with an assigned Catastrophe Code only)
<input type="checkbox"/> 50. Motor Vehicle, NOC	<input type="checkbox"/> 98. Cumulative, NOC
	<input type="checkbox"/> 99. Other - Miscellaneous, NOC