



## 2009 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 \_\_\_\_\_

#### **Manager Information:**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone \_\_\_\_\_

Fax \_\_\_\_\_

Email Address \_\_\_\_\_

Permission to Release Contact Data



## 2009 EEI Safety Survey Data Collection Form

### **Company Totals**

TOTAL NUMBER OF COMPANY EMPLOYEES \_\_\_\_\_

TOTAL EXPOSURE (FOR EXEMPT, NON-EXEMPT) HOURS \_\_\_\_\_

<b>SUMMARY CASE, DAYS DATA</b>					
# 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)
<b>INJURY OR ILLNESS DATA</b>					
# 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



## 2009 EEI Safety Survey Data Collection Form

### **Fossil Totals**

TOTAL NUMBER OF COMPANY EMPLOYEES \_\_\_\_\_

TOTAL EXPOSURE (FOR EXEMPT, NON-EXEMPT) HOURS \_\_\_\_\_

<b>SUMMARY CASE, DAYS DATA</b>					
# 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)
<b>INJURY OR ILLNESS DATA</b>					
# 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)

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## 2009 EEI Safety Survey Data Collection Form

**Coal Data**

TOTAL NUMBER OF COMPANY EMPLOYEES \_\_\_\_\_

TOTAL EXPOSURE (FOR EXEMPT, NON-EXEMPT) HOURS \_\_\_\_\_

<b>SUMMARY CASE, DAYS DATA</b>					
# 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)
<b>INJURY OR ILLNESS DATA</b>					
# 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)

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## 2009 EEI Safety Survey Data Collection Form

### Gas Data

TOTAL NUMBER OF COMPANY EMPLOYEES \_\_\_\_\_

TOTAL EXPOSURE (FOR EXEMPT, NON-EXEMPT) HOURS \_\_\_\_\_

<b>SUMMARY CASE, DAYS DATA</b>					
# 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



## 2009 EEI Safety Survey Data Collection Form

### Nuclear Data

TOTAL NUMBER OF COMPANY EMPLOYEES \_\_\_\_\_

TOTAL EXPOSURE (FOR EXEMPT, NON-EXEMPT) HOURS \_\_\_\_\_

<b>SUMMARY CASE, DAYS DATA</b>					
# 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)
<b>INJURY OR ILLNESS DATA</b>					
# 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



## 2009 EEI Safety Survey Data Collection Form

### Hydro Data

TOTAL NUMBER OF COMPANY EMPLOYEES \_\_\_\_\_

TOTAL EXPOSURE (FOR EXEMPT, NON-EXEMPT) HOURS \_\_\_\_\_

<b>SUMMARY CASE, DAYS DATA</b>					
# 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)
<b>INJURY OR ILLNESS DATA</b>					
# 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



## 2009 EEI Safety Survey Data Collection Form

### T&D Data

TOTAL NUMBER OF COMPANY EMPLOYEES \_\_\_\_\_

TOTAL EXPOSURE (FOR EXEMPT, NON-EXEMPT) HOURS \_\_\_\_\_

<b>SUMMARY CASE, DAYS DATA</b>					
# 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)
<b>INJURY OR ILLNESS DATA</b>					
# 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



## 2009 EEI Safety Survey Data Collection Form

### System/HQ Data

TOTAL NUMBER OF COMPANY EMPLOYEES \_\_\_\_\_

TOTAL EXPOSURE (FOR EXEMPT, NON-EXEMPT) HOURS \_\_\_\_\_

<b>SUMMARY CASE, DAYS DATA</b>					
# 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



## 2009 EEI Safety Survey Data Collection Form

### Lineman

TOTAL NUMBER OF COMPANY EMPLOYEES \_\_\_\_\_

TOTAL EXPOSURE (FOR EXEMPT, NON-EXEMPT) HOURS \_\_\_\_\_

<b>SUMMARY CASE, DAYS DATA</b>					
# 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



## 2009 EEI Safety Survey Data Collection Form

### Apprentice Lineman

TOTAL NUMBER OF COMPANY EMPLOYEES \_\_\_\_\_

TOTAL EXPOSURE (FOR EXEMPT, NON-EXEMPT) HOURS \_\_\_\_\_

<b>SUMMARY CASE, DAYS DATA</b>					
# 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)
<b>INJURY OR ILLNESS DATA</b>					
# 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



## 2009 EEI Safety Survey Data Collection Form

### Meter Readers

TOTAL NUMBER OF COMPANY EMPLOYEES \_\_\_\_\_

TOTAL EXPOSURE (FOR EXEMPT, NON-EXEMPT) HOURS \_\_\_\_\_

<b>SUMMARY CASE, DAYS DATA</b>					
# 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)
<b>INJURY OR ILLNESS DATA</b>					
# 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



## 2009 EEI Safety Survey Data Collection Form

### Trouble Man

TOTAL NUMBER OF COMPANY EMPLOYEES \_\_\_\_\_

TOTAL EXPOSURE (FOR EXEMPT, NON-EXEMPT) HOURS \_\_\_\_\_

<b>SUMMARY CASE, DAYS DATA</b>					
# 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)
<b>INJURY OR ILLNESS DATA</b>					
# 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



## 2009 EEI Safety Survey Data Collection Form

### Mechanic

TOTAL NUMBER OF COMPANY EMPLOYEES \_\_\_\_\_

TOTAL EXPOSURE (FOR EXEMPT, NON-EXEMPT) HOURS \_\_\_\_\_

<b>SUMMARY CASE, DAYS DATA</b>					
# 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)
<b>INJURY OR ILLNESS DATA</b>					
# 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



## 2009 EEI Safety Survey Data Collection Form

### Substation Electrician

TOTAL NUMBER OF COMPANY EMPLOYEES \_\_\_\_\_

TOTAL EXPOSURE (FOR EXEMPT, NON-EXEMPT) HOURS \_\_\_\_\_

<b>SUMMARY CASE, DAYS DATA</b>					
# 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)
<b>INJURY OR ILLNESS DATA</b>					
# 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



## 2009 EEI Safety Survey Data Collection Form

### ***Vehicle Data***

# Vehicles \_\_\_\_\_

# Miles Driven \_\_\_\_\_

Total Motor Vehicle Accidents	___ No Data Available	___ Alternate Definition Used	_____ Accidents
Preventable Motor Vehicle Accidents	___ No Data Available	___ Alternate Definition Used	_____ Accidents



## 2009 EEI Safety Survey Data Collection Form

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



## 2009 EEI Safety Survey Data Collection Form

___ 31. Upper Arm	___ 56. Foot
___ 32. Elbow	___ 57. Toes
___ 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



## 2009 EEI Safety Survey Data Collection Form

___ 30. Freezing	___ 73. Contagious Disease
___ 31. Hearing Loss or Impairment	___ 74. Cancer
___ 32. Heat Prostration	___ 75. AIDS
___ 34. Hernia	___ 76. VDT-Related Disease
___ 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



## 2009 EEI Safety Survey Data Collection Form

___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	
	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	



## 2009 EEI Safety Survey Data Collection Form

	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
___47. Crash of Airplane	___91. Mold
___48. Vehicle Upset	___96. Terrorism (for use with an assigned Catastrophe Code only)
___50. Motor Vehicle, NOC	___98. Cumulative, NOC
	___99. Other - Miscellaneous, NOC