



CORE INFORMATION

Year ____ ____
 Incident Number ____ ____ ____
 Victim ____ ____ ____
 ____ ____ **MI** ____ ____ ____

Employer Information (Name)		
1. Address 1		
1b. Address 2		
2. City		
3. State		
3b. Zip		
4. Did the incident occur on a family owned and operated farm?	01. Yes 02. No 99. Unknown	
5. Is the employer a corporation who operates a farm?	01. Yes 02. No 99. Unknown	
5a. Is the employer a Public or Private employer?	01. Public 02. Private 99. Unknown	
6. Has the company/farm been inspected previously by MIOSHA Occupational Health, General Industry Safety or Construction Safety Divisions? (OSHA web statistic information page)	01. Yes 02. No	03. NA 99. Unknown
7. Has the company/farm been inspected previously by MIOSHA Occupational Health Division?	01. Yes 02. No	03. NA 99. Unknown
8. Number of Occupational Health Inspections	01. 1-5 02. 6-10 03. >10	04. No Inspection 05. NA 99. Unknown
9. Date of most recent Occupational Health Inspection	01. Date of Inspection ____ / ____ / _____ 02. No Inspection	03. NA 99. Unknown

10. Did the company/farm receive any citations as a result of any of the Occupational Health inspections?	01. Yes 02. No 03. No Inspection	04. NA 99. Unknown
11. Number and type of citation (circle and complete all that apply)	01. ___ Serious 02. ___ Willful 03. ___ Repeat 04. ___ Other 05. ___ Unclassified	06. No citations 07. No Inspection 08. NA 99. Unknown
12. Has the company/farm been inspected previously by MIOSHA General Industry Safety or General Industry Safety/Health Division?	01. Yes 02. No 03. NA 99. Unknown	
13. Number of General Industry Safety or Safety/Health Inspections	01. 1-5 02. 6-10 03. >10	04. No Inspections 05. NA 99. Unknown
14. Date of most recent General Industry Safety or Safety/Health Inspection	01. Date of Inspection ___ / ___ / _____ 02. No Inspection 03. NA 99. Unknown	
15. Did the company/farm receive any citations as a result of any General Industry Safety or Safety/Health Inspection? 16.	01. Yes 02. No 03. No Inspection	04. NA 99. Unknown
17. Number and type of citation (circle and complete all that apply)	01. ___ Serious 02. ___ Willful 03. ___ Repeat 04. ___ Other 05. ___ Unclassified	06. No Citations 07. No Inspection 08. NA 99. Unknown
16a. Has the company/farm been inspected previously by MIOSHA Construction Safety or Construction Safety/Health Division?	01. Yes 02. No 03. NA 99. Unknown	
16b. Number of Construction Safety or /safety/Health Inspections	01. 1-5 02. 6-10 03. >10	04. No Inspections 05. NA 99. Unknown
16c. Date of most recent Construction Safety or Safety/Health Inspection	01. Date of Inspection ___ / ___ / _____ 02. No Inspection 03. NA 99. Unknown	
16d. Did the company/farm receive any citations as a result of any Construction Safety or Safety/Health Inspection?	01. Yes 02. No 03. No Inspection	04. NA 99. Unknown

16e. Number and type of citation (circle and complete all that apply)	01. ___ Serious 02. ___ Willful 03. ___ Repeat 04. ___ Other 05. ___ Unclassified	06. No citations 07. No Inspection 08. NA 99. Unknown
18. Has this company/farm ever had a fatality occur?	01. Yes 02. No	03. NA 99. Unknown
19. Type(s) of Fatality	01. _____ 02. _____ 03. _____ 04. _____ 05. No Fatality 06. NA 99. Unknown	
20. Date(s) of Fatality	01. ___/___/_____ 02. ___/___/_____ 03. No Fatalities 04. NA 99. Unknown	
21. Did the fatality occur at another company/farm location or at the site of the current incident?	01. Another company location (specify) _____ 02. At this site 03. No Fatalities 04. NA 99. Unknown	
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23.		
24.		
25.		
26.		
27. Day of Injury	01. Sunday 02. Monday 03. Tuesday 04. Wednesday	05. Thursday 06. Friday 07. Saturday 99. Unknown
28. Time of Death	01. ____:____ (military time) 99. Unknown	
29. Actual Place of Death	01. On Scene 02. Hospital 03. Ambulance 04. Home 05. Other (Specify) _____ 99. Unknown	
30.		
31.		
32.		
33.		

34. Marital Status	01. Single 02. Married 03. Divorced	04. Separated 05. Widowed 99. Unknown
35. Educational Level of Victim	01. < HS 02. HS diploma 03. College 1-4	04. College 5+ 99. Unknown
36. Place of Injury (Circle all that apply)	01. Home 02. Street 03. Farm 04. Factory (industrial plant) 05. Office Building 06. Construction site 07. Woods 08. Field (other than farm) 09. Warehouse 10. Store 11. Other (specify) _____ 99. Unknown	
36. Did fatal injury occur indoors or outdoors?	01. Indoors 02. Outdoors 99. Unknown	
37.		
38.		
39.		
40. Was victim working alone or with a co-worker?	01. Alone 02. Co-worker 99. Unknown	
40a. Working status of victim	01. Self-Employed 02. Owner/Co-owner of business 03. Employee 04. Temporary/Contract Worker	05. Volunteer 99. Unknown
41. Were there any witnesses to the incident?	01. Yes 02. No 03. NA 99. Unknown	
42. What was the victim's activity at the time of the incident?	01. Operator/directly involved 02. Bystander/Pedestrian 03. Victim was co-worker not directly involved in work activities around incident 04. Victim was co-worker directly involved in work activities around incident 05. Maintenance Worker 06. Other (specify) _____ 07. Owner 08. Homicide 09. Suicide 99. Unknown	

43. Was victim tested for alcohol?	01. Yes 02. No 99. Unknown	
43a. Was an autopsy performed?	01. Yes 02. No 99. Unknown	
44. Blood Alcohol level	01. ___ . ___ mg/ml 02. Not Tested 99. Unknown	
45. Were medications/other drugs in system of deceased?	01. Yes 02. No 03. Not tested 99. Unknown	
46. What type of medication/drug?	01. Prescription 02. Over-the-counter 03. Illegal	04. Not tested 05. No Drugs in system 99. Unknown
47. Name of Prescription Drug and level of drug	01. _____ (name) 02. _____ (level) 03. _____ (name) 04. _____ (level) 05. _____ (name) 06. _____ (level) 07. _____ (name) 08. _____ (level) 09. No Prescription Drugs 10. Not Tested 99. Unknown	
47a. Name of Illegal Drug and level of drug	01. _____ (name) 02. _____ (level) 03. _____ (name) 04. _____ (level) 05. _____ (name) 06. _____ (level) 07. _____ (name) 08. _____ (level) 09. No Illegal Drugs 10. Not Tested 99. Unknown	
48. Name of OTC drug and level of drug	01. _____ (name) 02. _____ (level) 03. _____ (name) 04. _____ (level) 05. _____ (name) (level) _____ 06. _____ (name) 07. _____ (level) 08. No OTC Drugs 09. Not Tested 99. Unknown	

49. Did victim have a physical impairment and/or chronic health condition that may be a possible factor in the death? (Circle all that apply)	01. Physical Impairment (Go to Q50) 02. Chronic Health condition (Go to Q51) 03. NA 99. Unknown	
50. Describe physical impairment (After completion, Go to Q52 if NO Health Impairment)		
51. Describe chronic health condition (circle all that apply)	01. Alcoholism 02. Cancer 03. Dementia 04. Depression 05. Diabetes 06. Drug abuse 07. Emphysema 08. Heart disease 09. HIV/AIDS	10. Hypertension 11. Obesity 12. Psychiatric/Mental illness 13. Renal disorder 14. Seizure disorder 15. Smoking 16. Other (specify) _____ 17. NA 99. Unknown
Means of Death		
Asphyxia		
52.		
Drowning/Submersion (***) Drowning from Incident Information Form(***)		
55. Place of Death	01. Pond/lake/river 02. Well 03. Pool 04. Manure pit 05. Drainage ditch 06. Other (specify) _____ 99. Unknown	
56. Flootation device	01. Available, but not used 02. In use 03. NA 04. Not available 99. Unknown	

Fall (Fall-Related from Incident Information Form**)**

57. Reason for fall	01. Slipped/tripped/lost balance 02. Pushed 03. Jumped 04. Structure gave way 05. Medical condition 06. Other (specify) _____ 07. Walked off edge of height location 99. Unknown	
58. Distance worker fell	01. ___ ___ ___ ft ___ ___ inches 99. Unknown	
59. Surface worker fell from or through:	01. Ground surface or floor 02. Scaffold/ladder 03. Walkway/catwalk 04. Unguarded roof opening 05. Roof edge 06. Structural steel	07. Piled/stacked materials 08. Vehicle, machinery or equipment 09. Tree 10. Skylight 11. Other (specify) _____ 99. Unknown
60. Surface worker fell to:	01. Loose soil 02. Packed dirt 03. Wood surface 04. Water 05. Roadway 06. Concrete, rock, asphalt	07. Metal Surface 08. Boxes, objects, work materials 09. Carpeted or tiled flooring 10. Other (specify) _____ 99. Unknown
61. Working surface conditions at the time of the incident (Circle all that apply)	01. Dry 02. Wet 03. Frost/ice/snow covered 04. Damaged or worn 05. Cluttered 06. Not properly secured 07. Other (specify) _____ 08. Other (specify) _____ 99. Unknown	
61a. Did fall occur at	01. Commercial Construction site 02. Residential Construction site 03. At manufacturing facility 04. At amusement facility (eg, ice rink, bowling alley, casino, etc) 05. Other _____ 99. Unknown	

Firearm

Fire/Burn (From Fire/Explosion Incident Information Form**)**

64. Source	01. Machine 02. Faulty wiring 03. Explosives 04. Gas Explosion	05. Other (specify) _____ 06. Vehicular Accident 99. Unknown
65. Object on fire	01. Machine 02. Vehicle 03. Clothing 04. Home	05. Business 06. Other (specify) _____ 99. Unknown
66. Functional Smoke Detector?	01. Yes 02. No	03. NA 99. Unknown

Instrument (From Instrument on Incident Information Form**)**

67. Was instrument causing death	01. Blunt 02. Sharp 99. Unknown
68. Describe instrument	

Machine Related (Machine Related, Caught By or Between, Farm-Related .. Incident Information Form**)**

69. What was the cause of the machine-related fatality? (only circle one)	01. Collapse of 02. Crushed by 03. Cut or pierced by 04. Entanglement (caught in moving parts of) 05. Explosion of, on, in 06. 07. Mechanical suffocation (asphyxia) caused by 08. Object falling from, on, set in motion by 09. Overturning of/pinned under 10. 11. Victim run over by machine 12. Struck by 13. 14. Caught between machinery and Other (specify) object _____ 15. Collision of machinery with fixed, movable, moving object not set in motion by a transport vehicle 16. 17. Other (specify) _____ 18. Farm machine 99. Unknown
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69a Farm Machine	01. Collapse of 02. Crushed by 03. Cut or pierced by 04. Entanglement (caught in moving parts of) 05. Explosion of, on, in 06. 07. Mechanical suffocation (asphyxia) caused by 08. Object falling from, on, set in motion by 09. Overturning of/pinned under 10. 11. Victim run over by machine 12. Struck by 13. 14. Caught between machinery and Other (specify) object _____ 15. Collision of machinery with fixed, movable, moving object not set in motion by a transport vehicle 16. 17. Other (specify) _____ 99. Unknown
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69b. Type of Farm Machine (Use Farm Equipment List)	01. Farm Truck 02. Tractor 03. Harvesting Machine 04. Mowing machine 05. Implements for tillage planting, fertilizing, spraying 06. Manure Handling equipment 07. Feed and grain handling equipment 08. Miscellaneous Equipment 09. Other _____ 99. Unknown
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Motor Vehicle Related (***) MVA/Transportation from Incident Information Form)	
USE MOTOR VEHICLE ACCIDENT CORE DOCUMENT	

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Poisoning (** Toxic Exposure from Incident Information Form***)	
96. Was victim poisoned by (circle all that apply)	01. Alcohol 02. Prescription Medication 03. Over-the-counter medication 04. Illegal drugs 05. Carbon monoxide 06. Asphyxiation by _____ (specify chemical) 07. Other (specify) _____ 99. Unknown
Homicide/Assault	
97. Homicide	01. Gun 02. Knife 03. Asphyxiation (chemical asphyxiant, hanging, suffocation, strangulation) 04. Other _____ 99. Unknown
Suicide	
98. Suicide	01. Gun 02. Knife 03. Asphyxiation (chemical asphyxiant, hanging, suffocation, strangulation) 04. Drug Overdose 05. Other _____ 99. Unknown
Electrocution (***)Electrocution from Incident Information Form(***)	
99. Voltage victim contacted	01. _____ volts 02. Lightning 99. Unknown
100. How did victim contact the energy source?	01. Direct 02. Indirect 03. Lightning (Go to Q102) 99. Unknown

101. Indirect contact due to:	01. No indirect contact 02. Energized equipment enclosure due to fault in equipment 03. Boomed vehicle contacting power line 04. Other vehicle contacting power line 05. Ladder contacting power line 06. Conductive object contacting energized conductor 07. Other (specify) _____ 08. NA 09. Unknown
102. Was victim working from a utility pole or an aerial bucket?	01. Utility Pole 02. Aerial Bucket 03. Neither 09. Unknown
103. Victim's work area at the time of the incident was: (circle all that apply)	01. Dry 02. Wet 03. Frost/ice/snow covered 04. Damaged or worn 05. Cluttered 06. Other (Specify) _____ 09. Unknown
104. What was victim's activity preceding the electrocution? (circle all that apply)	01. Installation of electrical system 02. Maintenance of electrical system 03. 04. Working in vicinity of system 05. 06. Other (specify) _____ 07. Conducting construction activities TYPE _____ 08. Maintenance of equipment other than electrical equipment 09. Unknown 10. Welding
Struck by Object	
105. Type of object that struck victim	01. Brick 02. Animal 03. Steel beam 04. Tree 05. Other _____ 09. Unknown
Logging	
106. Location where incident occurred	01. Cutting site 02. Yard 03. Landing 04. Skid Trail 05. Employer-built road 06. City/State/Federal Road 07. Other _____ 09. Unknown

107. Type of work or work phase being performed by victim	01. Felling 02. Bucking 03. Limbing 04. Brushing 05. Chasing/Choker setting 06. Bunching/rigging 07. Skidding 08. Scaling/sorting 09. Loading 10. Hauling 11. Transporting 12. Other _____ 99. Unknown
108. Was victim a feller or bystander?	01. Feller 02. Bystander 99. Unknown
109. Cause of fatality	01. Falling tree, limb, etc. 02. Logs, downed tree, etc 03. Chain saw 04. Transportation Related 05. Fall related 06. Machinery related 07. Electrocuting 08. Other _____ 99. Unknown
Highway Work Zone	
110. What was victim's occupation at the time of the incident?	01. Laborer 02. Flagger 03. Equipment Operator 04. Truck Driver 05. Mechanic 06. Foreman/Supervisor 07. Engineer 08. Other _____ 99. Unknown
111. When incident occurred, victim was a	01. Worker on foot 02. Vehicle Driver 03. Equipment Operator 04. Vehicle Passenger 05. Other _____ 99. Unknown
112. Was the incident a result of	01. Motorist intrusion into work zone 02. Occurred entirely within the work zone (no intrusion) 03. Other _____ 99. Unknown

113. Identify the type of vehicle incident	01. Worker struck by vehicle 02. Worker caught between vehicle and stationary object 03. Worker caught under vehicle 04. Worker caught between 2 vehicles, both moving 05. Worker caught between 2 vehicles, 1 moving, 1 stationary 06. Other _____ 99. Unknown
114. What was the type of work zone?	01. Lane closure 02. Lane shift/crossover 03. Work on shoulder or median 04. Intermittent or moving work 05. Other _____ 99. Unknown
Youth	
115. Was supervisor located where he/she could see the victim working?	01. Yes 02. No 03. NA 99. Unknown
116. What was the victim's employment status?	01. Family business 02. Employed by a temporary agency 03. Casual employment 04. On-call 05. Internship 06. Formal apprenticeship 07. School-to-work 08. Parole (youth services employment) 09. Work-release 10. Self-employed 11. Independent Contractor 12. Regular employee 99. Unknown
Mining	
117. What type of material was being extracted at the time of the fatality?	01. Limestone 02. Sand and gravel 03. Granite 04. Copper ore 05. Crude petroleum 06. Natural gas 07. Other _____ 99. Unknown
118. Mine Type	01. Underground 02. Open Pit 03. Quarry 04. Sand and Gravel 05. Mill 06. Dredge 07. NA 08. Other _____ 99. Unknown

Aircraft	
119. Type of Plane	01. Single engine 02. Experimental Plane 03. Turbo Prop 04. Jet 05. Helicopter 06. Other _____ 99. Unknown
120. Did the fatal injury occur during	01. Take off 02. During Flight 03. Landing 04. Test Maneuvers 05. Other _____ 99. Unknown
121. Use of aircraft	01. Cargo (letter, package, parcel) 02. Air passenger carrier 03. Air taxi 04. Ambulance services 05. Flying charter services 06. Helicopter services 07. Other _____ 99. Unknown
Heat/Cold Related	
122. Was Victim's death heat related?	01. Yes 02. No 99. Unknown
122a. If yes, was victim's death caused by	01. Heat stroke 02. Medical condition caused or exacerbated by heat exposure (Specify) _____ 99. Unknown
123. Was victim's death caused by freezing temperatures (cold-related)?	01. Yes 02. No 99. Unknown
Other	
124. List Other Incident	01. Incident _____
Unknown	
125. Incident Type is Unknown	01. Yes
Trenching	
126. Was there a competent person present to inspect, on a daily basis the excavation and adjacent area for possible cave-ins, failures of protective systems and equipment, hazardous atmospheres or other hazardous conditions?	01. Yes 02. No 03. NA 99. Unknown

127. What was depth of excavation?	01. ____ ____ ____ ____ feet 99. Unknown
128. What type of protective system was in place to minimize the possibility of cave-in?	01. Sloping or benching 02. Shoring 03. Trench box/shield 04. Manhole box 05. Other _____ 06. NA 07. No Protective system in place 99. Unknown
129. What was the cause of the fatal injury?	01. Cave-In of excavation walls 02. Slip/Trip/Fall 03. Falling Load 04. Mobile Equipment (eg, struck by lifting or digging equipment) 05. Hazardous Atmosphere (asphyxiation, lack of O2, 06. Electrocutation 07. Restricted access/egress 08. Explosion 09. Other _____ 99. Unknown
Hispanic	
130. Was Victim Spanish/Hispanic/Latino?	01. Yes 02. No 99. Unknown
131. What was victim's primary language	01. Spanish 02. English 03. Other 99. Unknown
132. How well did the victim speak English?	01. Very Well 02. Well 03. Not Well 04. Not at All 99. Unknown
133. Did the victim speak a language other than English at the work site	01. Yes 02. No 99. Unknown
134. Source of Information concerning victim's language	01. Employer 02. Supervisor 03. Co-Worker 04. Family Member 05. Regulatory Agency 06. Other _____

135. What was primary language of the victim's co-workers at the site?	01. Spanish 02. English 03. Other _____ 99. Unknown
136. Did anyone at the work site speak the victim's language?	01. Yes 02. No 99. Unknown
137. What was the primary language of the victim's direct supervisor at the work site?	01. Spanish 02. English 03. Other _____ 99. Unknown
138. Did the supervisor speak the victim's language	01. Very Well 02. Well 03. Not Well 04. Not at All 99. Unknown
139. Source of information concerning supervisor language information	01. Employer 02. Self 03. Co-Worker 04. Regulatory Agency 05. Other _____
140. How long did the victim work in the U.S.	01. ___ ___ Days 02. ___ ___ Months 03. ___ ___ ___ Years 99. Unknown
141. Was the victim a contingent laborer?	01. Day Laborer 02. Seasonal Laborer 03. Temporary service employee 04. Other _____ 99. Unknown
142. Did the victim receive any safety training for the job involved in the incident?	01. Yes 02. No (Go to Q145) 99. Unknown
142a. If yes, what type of training?	01. Formal (classroom, video, workbooks, etc) 02. On-the-job 03. Other _____ 99. Unknown
143. Language that the training was provided in: (circle all that apply)	01. Spanish 02. English 03. Other _____ 99. Unknown
144. Was the training documented?	01. Yes 02. No 99. Unknown

145. Did the employer have a written health and safety program?	01. Yes 02. No 99. Unknown
146. Language(s) of the written health and safety program (circle all that apply)	01. Spanish 02. English 03. 04. Other _____ 99. Unknown
147. Did the Health and Safety Program contain safe work procedures specific to the duties the victim was performing?	01. Yes 02. No 99. Unknown
148. Language(s) of the written safe work procedures (circle all that apply)	01. Spanish 02. English 03. Other _____ 99. Unknown
149. Were safety signs or placards present that were applicable to the duties the victim was performing?	01. Yes 02. No (END) 03. NA (END) 99. Unknown
149a. If yes, what language(s) were they written in? (circle all that apply)	01. Spanish 02. English 03. 04. Other _____ 99. Unknown
Confined Space	
150. Describe Space	01. Tank 02. Vessel 03. Silo 04. Storage bin 05. Hopper 06. Vault 07. Pit 08. Other _____ 99. Unknown
151. Was the space a “non-permit confined space” or a “permit-required confined space”?	01. Non-permit Confined Space 02. Permit-Required Confined Space 99. Unknown
152. Was there a permit-required confined space program (overall program for controlling, and, where appropriate, for protecting employees from permit space hazards and for regulating employee entry into permit spaces)?	01. Yes 02. No 03. Not a permit-required confined space 99. Unknown
153. Did the employer have a written procedure for preparing and issuing permits for entry and for returning the permit space to service following termination of entry?	01. Yes 02. No 03. Not a permit-required confined space 99. Unknown

<p>154. What characteristics were present in the permit-required confined space?</p>	<p>01. Contains or has a potential to contain a hazardous atmosphere 02. Contains a material that has the potential for engulfing an entrant 03. Has an internal configuration such that an entrant could be trapped or asphyxiated by inwardly converging walls or by a floor which slopes downward and tapers to a smaller cross-section 04. Contains any other recognized serious safety or health hazard (eg radiation, noise, electricity, moving parts of machinery) Specify hazard _____ 05. Not a permit-required confined space 99. Unknown</p>
<p>155. Was the victim fatally injured by:</p>	<p>01. Asphyxiation (gas, vapor) 02. Engulfment (liquid, solid) 03. Explosion within space 04. Mechanical Hazard 05. Release of energy from material or equipment within space 06. Electrocution 07. Other _____ 99. Unknown</p>