



INVESTIGATION INTERVIEW

Case ID: ___MI___
Date Completed ___/___/___

Respondent ___

Employer Information		
1. How many employees were on-site at the time of the incident?	01. _____ # salaried 02. _____ # hourly 03. _____ Total (if hourly/salary numbers unknown) 9. Unknown	
2. How long had the employer been working at the site where the incident occurred?	01. _____ Years 02. ___ Months	03. ___ Days 04. ___ Hours 9. Unknown
3. Number of company employees with the same occupation (job title) as the victim.	01. ___ (Number of employees) 9. Unknown	
4. Total number of employees working for the employer at the time of the incident?	01. _____ (Number of employees) 9. Unknown	
4a. Are some of the employees seasonal?	01. Yes; 02. No; 09. Unknown	
5. How long has the employer (or farm) been in business?	02. _____ Years 03. ___ Months 04. ___ Days 9. Unknown	
6. Did the company receive a variance for the machine or operational practice involved in the fatality?	01. Yes 02. No 9. Unknown	
7. Description of what company does:		
Victim Information		
8. Primary language of victim	01. English 02. Spanish	03. Other (Specify) _____ 9. Unknown
9. Was victim a temporary employee?	01. Yes 02. No	9. Unknown
10. Was victim an hourly or salary employee?	01. Hourly 02. Salary	03. NA 9. Unknown
11. What was victim's job title? (Write title as described, COC in parenthesis)	01. _____ (_____) 9. Unknown	

11a. Based on victim's job title and the description of duties (if known), the victim would be classified as a(n):	01. Operator 02. General Laborer 03. Supervisor 04. Skilled Trades (eg. plumber, mason, electrician, HVAC specialist, ironworker, carpenter, millwright) 05. Salaried (other than supervisor) 06. Owner 07. Other (Specify) _____ 09. Unknown	
12. Did the victim work full time or part time?	01. Full Time 02. Part Time	03. Other _____ 09. Unknown
13. What was the victim's work schedule prior to the incident?	01. Worked 8-hr days, no extra hours 02. Worked 8-hr days, extra hours 03. Worked 8-hr days (2 nd shift), no extra hours 04. Worked 8-hr days (2 nd shift), extra hours 05. Worked 8-hr days (3 rd shift), no extra hours 06. Worked 8-hr days (3 rd shift), extra hours 07. Variable 8-hr shift work 08. Normal work shift is 10 hours 09. Other (specify) _____ 99. Unknown	
14. What time did the victim's shift start?	01. ___ ___ ___ (Military time)	02. NA 09. Unknown
15. What time did victim's shift end?	01. ___ ___ ___ (Military time)	02. NA 09. Unknown
16. How long had victim been working on day of incident?	01. Less than 1 hour 02. 1-4 hours 03. 5-8 hours	04. 9-10 hours 05. More than 10 hours 09. Unknown
17. How many years experience did the victim have doing the task?	01. ___ ___ Years 02. ___ ___ Months 03. ___ ___ Days 09. Unknown	
18. How long had the victim been working at the site where the incident occurred?	01. ___ ___ Years 02. ___ ___ Months 03. ___ ___ Days 04. <1 day _____ (# hours) 09. Unknown	
19. How many years had the victim been employed by their current employer?	01. ___ ___ Years 02. ___ ___ Months 03. ___ ___ Days 09. Unknown	
20. Was there a recent shift change (within 5 days)? (e.g. from 3 rd to 1 st)	01. Yes 02. No	03. NA 09. Unknown
21. Was the victim represented by a union?	01. Yes 02. No (Go to Q23)	09. Unknown (Go to Q23)
22. Name and Number of local union	01. _____ Union name 02. _____ Local # 09. Unknown	
23. The victim was employed by:	01. Self employed 02. General contractor 03. Site subcontractor	04. Site owner 05. Temporary agency 09. Unknown
24. Was victim wearing Personal Protective Equipment?	01. Yes 02. No (Go to Q23)	03. NA (Go to Q23) 09. Unknown (Go to Q23)

25. Type of PPE	01. Hearing protection 02. Eye Protection 03. Face Protection 04. Hand Protection 05. Foot Protection	06. Respiratory Protection 07. Head Protection 08. Trunk Protection 09. Other (Specify) _____
26. Had the victim had previous workplace injuries?	01. Yes 02. No (Go to Q28)	9. Unknown (Go to Q25)
27. Describe type of injury(ies):		
Employer Safety Program		
28. Does the employer (farm) have a written health and safety program?	01. Yes 02. No	03. NA 9. Unknown
29. Were written safety rules and procedures in place for the specific task being performed by the victim?	01. Yes 02. No	03. NA 9. Unknown
30. Does the company use an outside consultation source to provide compliance guidance/help on health and safety issues?	01. Yes 02. No (Go to Q31) 9. Unknown (Go to Q31)	
30a. Describe the consulting service	01. Paid private consultant 02. Insurance provided consultant 03. Governmental agency 04. Other (specify) _____ 9. Unknown	
31. Is there someone within the company who has primary responsibility for safety?	01. Yes 02. No (Go to Q33)	03. NA 9. Unknown (Go to Q32)
31a. Describe qualifications of the person who has primary responsibility for safety:	01. No experience 02. Minimum experience (attended some classes) 03. On the Job experience 04. Non-related professional degree 05. Safety-related professional degree 06. Other (specify) _____ 07. Unknown 08. NA	
31b. Who does he/she report to?	01. Company owner 02. Human Resources 03. Project director/engineer	04. Job Foreman 05. Job site superintendent 06. Other (specify) _____ 9. Unknown
31c. Was he/she present at the site at the time of the incident?	01. Yes 02. No (Go to (Q32)	03. NA 9. Unknown (Go to Q32)
31d. Did he/she have other duties at the site when the incident occurred?	01. Yes 02. No	03. NA 9. Unknown
31e. What percentage of his/her time is devoted to safety at the site?	01. 0-25% 02. 26-50% 03. 51-75%	04. 76-100% 05. NA 9. Unknown
32. Does the person with primary responsibility for safety delegate safety responsibilities to person(s) at the incident site?	01. Yes 02. No (Go to Q33) 9. Unknown (Go to Q33)	

32a. Describe the qualifications of the person(s) delegated to assume safety responsibilities at the site:	01. No experience 02. Minimum experience (attended some classes) 03. On the Job experience 04. Non-related professional degree 05. Safety-related professional degree 06. Other (specify) _____ 07. Unknown 08. NA	
32b. Was the delegated person(s) present at the site at the time of the incident?	01. Yes 02. No (Go to Q33)	03. NA 9. Unknown
32c. Did the delegated person(s) have other duties at the site when the incident occurred?	01. Yes 02. No	9. Unknown
32d. What percentage of his/her time is devoted to safety at the site?	01. 0-25% 02. 26-50% 03. 51-75%	04. 76-100% 9. Unknown
33. Is there a health and safety committee at the company?	01. Yes 02. No (Go to Q35)	03. NA (Go to Q35) 9. Unknown (Go to Q35)
33a. Does the employer have a joint (labor/management) health and safety committee?	01. Yes 02. No	9. Unknown
34. How often does the H&S committee meet?	01. Weekly 02. Monthly 03. Quarterly 04. Every 6 months	05. Yearly 06. As Necessary 07. Other (specify) _____ 9. Unknown
35. How often are safety meetings with employees scheduled?	01. Never 02. Daily 03. Weekly 04. Monthly	05. Yearly 06. As Necessary 07. Other (specify) _____ 08. NA 9. Unknown
36. Is there a written disciplinary procedure in place for safety and health policy violations?	01. Yes 02. No	03. NA 9. Unknown
Employer Safety Training Program (Check all that apply to safety training received by company employees)		
37. Does the employer have a safety training program?	01. Yes 02. No	9. Unknown
38. Does the employer provide safety training to employees?	01. Yes 02. No (END)	03. NA (END) 9. Unknown (END)
39. How many hours of safety training do employees receive annually?	01. <8 02. 9-16 03. 17-24	04. 25-32 05. 32-40 06. >41 9. Unknown
40. Training is provided by (circle all that apply)	01. Employer 02. Union 03. Manufacturer 04. Consultant	05. Gov. Agency 06. Trade Union 07. Other (Specify) _____ 9. Unknown
41. Circle type(s) of training provided	01. Classroom 02. On-the-Job 03. Videos	04. Manuals 05. Other (specify) _____ 9. Unknown
42. Are training records maintained?	01. Yes 02. No	03. NA 9. Unknown
43. Are the effects of the training measured? (testing, demonstration)	01. Yes 02. No (Go to Q45)	03. NA (Go to Q45) 9. Unknown (Go to Q45)
44. How is training measured?	01. Testing	03. Both

	02. Demonstration	04. Other (Specify) _____
45. Did the victim receive training that specifically addressed the hazards associated with the fatality?	01. Yes 02. No (Go to Q47)	03. NA (Go to Q47) 9. Unknown (Go to Q47)
46. Circle type(s) of training provided to the victim	01. Classroom 02. On-the-Job 03. Videos	04. Manuals 05. Other (specify) _____ 9. Unknown
47. Did the person in charge of safety (either primary or delegated person) at the incident site receive specific safety training related to the work being performed by the victim?	01. Yes 02. No	03. NA 9. Unknown