



HIGHWAY WORK ZONE DATA COLLECTION INSTRUMENT

Case ID: _____ MI _____

Respondent _____

Date of Investigation _____

Employer Information		
1. Is the employer the primary contractor or a subcontractor working at the site?	01. Primary 02. Subcontractor	9. Unknown
Victim Information		
2. What was victim's occupation at time of incident?	01. Laborer 02. Flagger 03. Equipment Operator 04. Truck driver 05. Mechanic 06. Foreman/Supervisor 07. Engineer 08. Other (specify) _____ 9. Unknown	
3. Was the victim performing a task that was not a part of their normal work duties/tasks?	01. Yes 02. No	9. Unknown
4. Was this the victim's normal occupation?	01. Yes (Go to Q6) 02. No 03. Other (specify) _____ 9. Unknown (Go to Q6)	
5. What was the victim's normal occupation?	01. Laborer 02. Flagger 03. Equipment Operator 04. Truck driver 05. Mechanic	06. Foreman/Supervisor 07. Engineer 08. Other (specify) _____ 9. Unknown
6. Was anyone within direct visual or verbal contact with victim at the time of the incident?	01. Yes 02. No (Go to Q8) 9. Unknown (Go to Q8)	
7. Was this direct contact maintained for safety purposes?	01. Yes 02. No	9. Unknown
8. How familiar was the victim with the task being performed at the time of the incident?	01. Not familiar 02. Somewhat familiar	03. Very familiar 9. Unknown
9. How often did victim do this task? (if variable amounts, ask about the month prior to the incident)	01. First time ever? 02. Less than once per week 03. About once per month 04. Sporadically (during a month) 05. One or more times per week	06. Daily or almost daily 07. Monthly 08. Other _____ 10. Unknown

11. How long had it been since the task was last performed by the victim?	01. < 1 week before incident 02. > 1 week before incident 03. 1 month before incident 04. 6 months to 1 year before incident 05. 1 year before incident 06. Other _____ 09. Unknown	
10a. Notes:		
Incident Information		
12. The victim's work area at the time of the incident was: (Circle all that apply)	01. Usual work area 02. Unfamiliar work area 03. Limited Access work area 04. Restricted work area 05. Unauthorized work area 06. Authorized work area 09. Unknown	
13. The 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. Cluttered	05. Damaged or worn 06. Other (Specify) _____ 07. Other (specify) _____ 09. Unknown
14. Activity of coworker:	01. No coworker 02. Working with victim 03. Working on separate task 04. Other (specify) _____ 09. Unknown	
15. Was the incident a result of:	01. Motorist intrusion into work zone 02. Occurred entirely within the work zone (no intrusion) 03. Other (specify) _____ 09. Unknown	
16. When the incident occurred, victim was a:	01. Worker on foot 02. Vehicle Driver (auto, light truck, etc) 03. Equipment Operator 04. Vehicle Passenger 05. Other (specify) _____ 09. Unknown	
17. 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 (specify) _____ 09. Unknown	
18. At what point during the construction project did the incident occur?	01. Before work began 02. First week of work 03. First month of work 04. Between 1 and 6 months of work	05. Between 6 and 12 months of work 06. Over 1 year of work 07. First day of work 09. Unknown

19. Complete the chart below for each vehicle involved in the incident.	
A. Car/Pickup (not associated with construction activities)	J. Backhoe/Excavator
B. Bus	K. Crane
C. Tractor-trailer	L. Dump truck
D. Front end loader	M. Forklift
E. Concrete mixer	N. Scraper
F. Paving machine	O. Trencher
G. Grader	Q. Skid-Steer
I. Bulldozer	R. Other (specify) _____

	Vehicle # 1	Vehicle # 2	Vehicle # 3
18a. Identify if the vehicle involved in the incident was a traffic vehicle or construction vehicle/equipment	01. Traffic 02. Construction 9a. Unknown	03. Traffic 04. Construction 9b. Unknown	05. Traffic 06. Construction 9c. Unknown
18b. Identify each vehicle involved in the incident using the above list			
18c. Was vehicle/equipment being ridden/operated properly? (e.g. a passenger on a piece of equipment not made for a passenger)	01. Yes 02. No 03. NA 09. Unknown	04. Yes 05. No 06. NA 09. Unknown	07. Yes 08. No 99. NA 09. Unknown
18d. Date of last inspection	01. __/__/__ 02.NA 03.Unknown	04. __/__/__ 05.NA 06.Unknown	07. __/__/__ 08.NA 09.Unknown
18e. Passed or failed inspection	01. Passed 02. Failed	03. Passed 04. Failed	05. Passed 06. Failed

Circle all safety failures

18f. Seatbelts	01. Broken 02. Removed 03. Not available 04. Not Used 05. Not applicable 06. No failure	07. Broken 08. Removed 09. Not available 10. Not Used 11. Not applicable 12. No failure	13. Broken 14. Removed 15. Not available 16. Not Used 17. Not applicable 18. No failure
18g. Brakes	01. Broken 02. Removed 03. Not available 04. Not Used 05. Not applicable 06. No failure	07. Broken 08. Removed 09. Not available 10. Not Used 11. Not applicable 12. No failure	13. Broken 14. Removed 15. Not available 16. Not Used 17. Not applicable 18. No failure
18h. Emergency parking brakes	01. Broken 02. Removed 03. Not available 04. Not Used 05. Not applicable 06. No failure	07. Broken 08. Removed 09. Not available 10. Not Used 11. Not applicable 12. No failure	13. Broken 14. Removed 15. Not available 16. Not Used 17. Not applicable 18. No failure
18i. Back-up alarm	01. Broken 02. Removed 03. Not available 04. Not Used 05. Not applicable 06. No failure	07. Broken 08. Removed 09. Not available 10. Not Used 11. Not applicable 12. No failure	13. Broken 14. Removed 15. Not available 16. Not Used 17. Not applicable 18. No failure
18j. Horn	01. Broken 02. Removed 03. Not available 04. Not Used 05. Not applicable 06. No failure	07. Broken 08. Removed 09. Not available 10. Not Used 11. Not applicable 12. No failure	13. Broken 14. Removed 15. Not available 16. Not Used 17. Not applicable 18. No failure
18k. Single external rear mirror	01. Broken 02. Removed 03. Not available 04. Not Used	07. Broken 08. Removed 09. Not available 10. Not Used	13. Broken 14. Removed 15. Not available 16. Not Used

	05. Not applicable 06. No failure	11. Not applicable 12. No failure	17. Not applicable 18. No failure
18l. Dual external rear mirrors	01. Broken 02. Removed 03. Not available 04. Not Used 05. Not applicable 06. No failure	07. Broken 08. Removed 09. Not available 10. Not Used 11. Not applicable 12. No failure	13. Broken 14. Removed 15. Not available 16. Not Used 17. Not applicable 18. No failure
18m. Reverse lights	01. Broken 02. Removed 03. Not available 04. Not Used 05. Not applicable 06. No failure	07. Broken 08. Removed 09. Not available 10. Not Used 11. Not applicable 12. No failure	13. Broken 14. Removed 15. Not available 16. Not Used 17. Not applicable 18. No failure
18n. Rollover protective structures (ROPS)	01. Broken 02. Removed 03. Not available 04. Not Used 05. Not applicable 06. No failure	07. Broken 08. Removed 09. Not available 10. Not Used 11. Not applicable 12. No failure	13. Broken 14. Removed 15. Not available 16. Not Used 17. Not applicable 18. No failure
18o. Other (specify)	01. Broken 02. Removed 03. Not available 04. Not Used 05. Not applicable 06. No failure	07. Broken 08. Removed 09. Not available 10. Not Used 11. Not applicable 12. No failure	13. Broken 14. Removed 15. Not available 16. Not Used 17. Not applicable 18. No failure

20. Which construction activity was the victim doing at the time of the incident?	01. Site clearing/Excavating 02. Milling 03. Rough grading 04. Fine grading 05. Paving 06. Installing signs, lights, guardrails 07. Painting stripes 08. Maintenance activities (mowing, repainting, litter pickup, etc) 09. Other (Specify) _____ 99. Unknown		
21. 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 (Specify) _____ 99. Unknown		
22. Was there an established traffic control plan?	01. External Only 02. Internal Only 03. Both	04. Neither 05. NA 9. Unknown	
20a. Notes on traffic control plan			
23. Identify the type(s) of traffic control device(s) being used at the location of the incident. (Circle all that apply)	01. None (Go to Q24) 02. Flagger 03. Detour signs 04. Cones, tubes or drums 05. Barricades	06. Vertical panels 07. Pilot car 08. Advance warning signs 09. Other (specify) _____ 99. Unknown	

24. Were any of the traffic control devices not working properly?	01. Yes 02. No (Go to Q24)	9. Unknown (Go to Q24)
23a. Notes on malfunctioning traffic control devices:		
25. In what section of the construction work zone did the incident occur?	01. Advance warning area 02. Transition area 03. Buffer area 04. Activity area 05. Termination area 06. Not in work zone 07. Other (specify) _____ 9. Unknown	
26. What was the posted speed limit OUTSIDE the work zone?	01. <20 mph 02. 20-40 mph 03. 40-50 mph 04. 50-60 mph	05. >60 mph 06. No posted speed 07. NA 9. Unknown
27. What was the posted speed limit INSIDE the work zone?	01. <20 mph 02. 20-40 mph 03. 40-50 mph 04. 50-60 mph	05. >60 mph 06. No posted speed 07. NA 9. Unknown
28. Identify the types of lighting and marking devices used (if applicable) at the time of the incident:	01. Retro-reflective sheeting/buttons 02. Temporary raised pavement markers 03. Reflective paint 04. Battery operated lights 05. Roadside delinators 06. Electric lights 07. Advanced warning arrow panels 08. Lanterns 09. Other (specify) _____ 10. NA 99. Unknown	
29. On what type of roadway did the incident occur?	01. Rural 2-lane 02. Urban artery 03. Other urban streets 04. Rural or Urban multi-divided or undivided highway 05. Intersection 06. Freeway 07. Country road 08. Other (specify) _____ 9. Unknown	
30. Type of roadway Junction:	01. Non-intersection 02. Intersection 03. Driveway/Alley 04. Overpass 05. Entrance/Exit ramp 06. Railroad crossing 07. Worker crosswalk 08. Bridge 09. Other (specify) _____ 99. Unknown	

31. Total number of open travel lanes entering the construction area?	01. One lane 02. Two lanes 03. Three or more lanes	04. Other (specify) _____ 9. Unknown
32. Location of incident	01. Roadway 02. Shoulder 03. Median 04. Roadside	05. Parking Lane 06. Other (specify) _____ 9. Unknown
33. Describe the traffic flow conditions at the time of incident	01. Not physically divided 02. Divided highway, median strip – without traffic barriers 03. Divided highway – with traffic barriers 04. One-way traffic 05. Other (specify) _____ 9. Unknown	
34. Describe the roadway alignment at the work zone	01. Straight 02. Curved	03. Other (specify) _____ 9. Unknown
35. Describe the normal roadway profile	01. Level 02. Grade 03. Hill crest	04. Sagging 05. Other (specify) _____ 9. Unknown
36. Describe the normal roadway surface	01. Concrete 02. Black top – tar 03. Brick or block 04. Slag, gravel or stone	05. Dirt 06. Other (specify) _____ 9. Unknown
37. Describe the weather conditions at the time of the incident?	01. Clear 02. Cloudy/Rain 03. Sleet/Snow 04. Snow 05. Rain/Fog 06. Blowing sand, dirt or snow 07. Smog/Smoke 08. Other (specify) _____ 9. Unknown	
38. Describe the roadway surface conditions at time and location of the incident	01. Dry 02. Wet 03. Water (standing /moving) 04. Icy 05. Snowy 06. Muddy	07. Slushy 08. Debris 09. Sand, Dirt, Oil 10. Other (specify) _____ 99. Unknown
39. Describe the lighting conditions at the time of the incident	01. Daylight 02. Dark lighted roadway 03. Dark roadway not lighted 04. Dawn 05. Dust 06. Other (specify) _____ 9. Unknown	
38. Other Incident Details:		

Company Safety Program		
40. Were safety issues discussed with the victim prior to starting the day's work?	01. Yes 02. No	03. NA 9. Unknown
41. Were safety issues discussed during the planning and design phases of the project?	01. Yes 02. No	03. NA 9. Unknown
40a. NOTES		
Personal Protective Equipment		
42. What types of PPE does the company require employees to use while performing the task: (Circle all that apply)	01. None 02. Hard Hat 03. Retro-reflective vest 04. Safety glasses/goggles 05. Gloves 06. Hearing protection 07. Foot protection 08. Respirator 09. Other (specify) _____ 99. Unknown	
43. What types of PPE was victim using? (Circle all that apply)	01. None (Go to Q47) 02. Hard Hat 03. Retro-reflective vest 04. Safety glasses/goggles 05. Gloves 06. Hearing protection 07. Foot protection 08. Respirator 09. Other (specify) _____ 9. Unknown	
44. Was PPE used in accordance with its design and function?	01. Yes 02. No	03. NA 9. Unknown
45. Was the type of PPE used sufficient to protect him/her?	01. Yes 02. No	03. NA 9. Unknown
46. Did the PPE malfunction?	01. Yes 02. No (Go to Q47) 9. Unknown (Go to Q47)	
47. If yes, briefly describe PPE malfunction:		
48. Did employer maintain and inspect PPE on a regular basis?	01. Yes 02. No (END)	9. Unknown (END)
49. Date of last PPE inspection	01. ___/___/___ Hard Hat 02. ___/___/___ Retro-reflective vest 03. ___/___/___ Safety glasses/goggles 04. ___/___/___ Gloves 05. ___/___/___ Hearing protection 06. ___/___/___ Foot protection 07. ___/___/___ Respirator 08. ___/___/___ Other (specify) _____	

NOTES/ SKETCHES/ PICTURES

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