



# ELECTROCUTION DATA COLLECTION INSTRUMENT

**Case ID:** \_\_\_ MI \_\_\_  
**Date of Investigation** \_\_\_/\_\_\_/\_\_\_

**Respondent** \_\_\_

<b>Victim Information</b>		
1. Was the victim performing a task that was not a part of their normal work duties/tasks?	01. Yes 02. No	9. Unknown
2. Was anyone within direct visual or verbal contact with victim at the time of the incident?	01. Yes 02. No (Go to Q4)	9. Unknown (Go to Q4)
3. Was this direct contact maintained for safety purposes?	01. Yes 02. No	9. Unknown
4. 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
5. 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. Quarterly 9. Unknown
6. 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. Daily or almost daily 9. Unknown
6a. <b>Notes:</b>		
<b>Incident Information</b>		
7. 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 9. Unknown
8. 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. Damaged or worn 05. Cluttered 06. Other (specify) _____
9. What was the 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 9. Unknown 10. Welding	
10. Activity of coworker:	01. No coworker 02. Working with victim 03. Working on separate task	04. Other (specify) _____ 9. Unknown
11. Voltage victim contacted:	01. _____ 02. Lightening	9. Unknown
12. Current victim contacted:	01. AC 02. DC	9. Unknown
13. How did the victim contact the energy source?	01. Direct 02. Indirect	9. Unknown
14. Was the victims contact with the energy source:	01. Phase to Phase 02. Phase to Ground	03. Phase to neutral 9. Unknown
15. What was the condition of electrical insulation at the contact point?	01. No insulation 02. Good 03. Damaged	04. NA 9. Unknown
16. Was the point of contact normally energized?	01. Yes 02. No	03. NA 9. Unknown
17. Was the overcurrent circuit protection present?	01. Yes 02. No 03. NA	03. NA 9. Unknown
18. Was GFCI protection present?	01. Yes 02. No	03. NA 9. Unknown
19. Was proper grounding provided?	01. Yes 02. No	03. NA 9. Unknown
20. Did company have lockout/tagout (LO/TO) procedures in place?	01. Yes 02. No	03. NA 9. Unknown
21. Were employer LO/TO procedures required for this task?	01. Yes 02. No	03. NA 9. Unknown
22. Were employer LO/TO procedures used?	01. Yes 02. No	03. NA 9. Unknown
23. Was the circuit deenergized prior to the start of the task?	01. Yes 02. No	03. NA 9. Unknown
24. Was the circuit tested to verify deenergization?	01. Yes 02. No	03. NA 9. Unknown
25. If a ground fault was a factor in the incident, how did it occur?	01. Equipment not grounded 02. Improper installation 03. Defective equipment 04. Improper maintenance	05. Other (specify) _____ 06. NA 9. Unknown
26. What event caused the contact point to become energized?	01. Ground fault 02. Contact electrical conductor 03. Unguarded electrical conductor normally guarded 04. Improper installation	05. Normally energized 06. Improper maintenance 07. Other (specify) _____ 08. NA 9. Unknown
27. 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. Conductive object contacting energized conductor 06. Other (specify) _____ 07. NA 9. Unknown	
28. How was victim removed from the energy source?	01. Victim pushed/pulled from contact 02. Electricity disconnected 03. Worker fell breaking contact	04. Other (specify) _____ 05. NA 9. Unknown
29. Was the victim working from a utility pole or an aerial bucket?	01. Utility pole 02. Aerial bucket	03. Neither 9. Unknown
30. Before work began, was a site survey conducted by a competent person qualified to identify potential hazards and determine appropriate control measures?	01. Yes 02. No	03. NA 9. Unknown
31a. <b>Other Incident Details:</b>		
<b>Company Safety Program</b>		
32. Were safety issues discussed with the victim prior to starting the day's work?	01. Yes 02. No	03. NA 9. Unknown
33. Were safety issues discussed during the planning and design phases of the project?	01. Yes 02. No	03. NA 9. Unknown
33a. <b>NOTES</b>		
<b>Personal Protective Equipment</b>		
34. What types of PPE does the company require employees to use while performing the task: (Circle all that apply)	01. None 02. Eye/face protection 03. Electrical hazard footwear 04. Sleeves (rubber) 05. Gloves (rubber) 06. Leather protectors for rubber insulating gloves 07. Trunk, leg protection (rubber)	08. Mats (rubber) 09. Line hoses (rubber) 10. Line blankets (rubber) 11. Hard Hat (plastic-rubber or plastic) 12. Fall protection 13. Other (specify) _____ 9. Unknown
35. Was victim using PPE?	01. Yes 02. No (Go to Q41)	9. Unknown (Go to Q41)
36. What types of PPE was victim using? (Circle all that apply)	01. Eye/face protection 02. Electrical hazard footwear 03. Sleeves (rubber) 04. Gloves (rubber) 05. Leather protectors for rubber insulating gloves 06. Trunk, leg protection (rubber)	07. Mats (rubber) 08. Line hoses (rubber) 09. Line blankets (rubber) 10. Hard Hat (plastic-rubber or plastic) 11. Fall protection 12. Other (specify) _____
37. Was PPE used in accordance with its design and function?	01. Yes 02. No	03. NA 9. Unknown

38. Was the type of PPE used sufficient to protect him/her?	01. Yes 02. No	9. Unknown
39. Did the PPE malfunction?	01. Yes 02. No (Go to Q41)	03. NA (Go to Q41) 9. Unknown (Go to Q41)
40. If yes, briefly describe PPE malfunction:		
41. Was co-worker using PPE?	01. Yes 02. No (Go to Q44)	9. Unknown (Go to Q44)
42. What types of PPE was co-worker using? (Circle all that apply)	01. Eye/face protection 02. Electrical hazard footwear 03. Sleeves (rubber) 04. Gloves (rubber) 05. Leather protectors for rubber insulating gloves 06. Trunk, leg protection (rubber)	07. Mats (rubber) 08. Line hoses (rubber) 09. Line blankets (rubber) 10. Hard Hat (plastic-rubber or plastic) 11. Fall protection 12. Other (specify) _____ 9. Unknown
43. Did co-worker use PPE in accordance with its design and function?	01. Yes 02. No	9. Unknown
44. Did employer maintain and inspect PPE on a regular basis?	01. Yes 02. No (END)	9. Unknown (END)
45. Date of last PPE inspection	01. ___/___/___ Eye/face protection 02. ___/___/___ Electrical hazard footwear 03. ___/___/___ Sleeves (rubber) 04. ___/___/___ Gloves (rubber) 05. ___/___/___ Leather protectors for rubber insulating gloves 06. ___/___/___ Trunk, leg protection (rubber) 07. ___/___/___ Mats (rubber) 08. ___/___/___ Line hoses (rubber) 09. ___/___/___ Line blankets (rubber) 10. ___/___/___ Hard Hat (plastic-rubber or plastic) 11. ___/___/___ Fall protection 12. ___/___/___ Other (specify) _____	

# NOTES/ SKETCHES/ PICTURES

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