



CORE INFORMATION FARM INTERVIEW

Case ID: ___ __ **MI** ___ ___
Date Completed ___ / ___ / ___

Respondent ___

Farm Information		
1. How many people were at the farm at the time of the accident?	01. _____ # (family)(mgt) 02. _____ # (family)(labor)	
2. How long had the farmer (employer) operated the farm where the accident occurred?	01. ___ Years 02. ___ Months	03. ___ Days 9. Unknown
3. Number of family members (employees) doing the same job as the deceased.	_____ (Number of family members/employees) 02. NA	
4. What commodity is the primary source of work time on this farm? (50% or more)	01. Crop (Go to Q5) 02. Livestock (Go to Q7) 9. Unknown	
5. What class of crop?	___ (Use Farm Commodity List)	
6. What are the number of acres:	01. _____ Planted (Go to Q9) 02. _____ harvested (Go to Q9)	
7. What class of livestock is raised?	___ (Use Farm Commodity List)	
8. How many animals raised	_____	
9. What commodity is the primary source of sales on this farm? (50% or more)	___ - ___ Use Farm Commodity List	
10. Is farm family owned and operated?	01. Yes 02. No	
11. Total number of family members (employees) working for the farm?	_____ (Number of family members/employees)	
Deceased Information		
12. Primary language of deceased	01. English 02. Spanish	03. Other (Specify) _____
13. Was deceased a temporary employee?	01. Yes 02. No	9. Unknown
14. Was deceased an hourly or salary employee?	01. Hourly 02. Salary	03. NA 9. Unknown
15. Which of the following best describes the deceased's work status relative to the farm where the accident occurred?	01. Farm owner/Operator (Go to Q20) 02. Farm family member 03. Farm manager 04. Farm employee 05. Seasonal/migrant worker 06. Other (Specify) _____ 07. NA 9. Unknown	
16. The deceased was employed by:	01. Self employed 02. Farm contractor 03. Farm subcontractor	04. Farm owner 05. Temporary agency

17. How many years had the deceased been employed by the farm owner/operator?	01. ___ Years ___ Months ___ Days 02. NA 9. Unknown
18. Was the deceased a union member?	01. Yes 02. No (Go to Q20) 9. Unknown (Go to Q20)
19. Name and Number of local union	01. _____ Union name 02. _____ Local #
20. Did the deceased work full time or part time on the farm?	01. Full Time 02. Part Time 9. Unknown
21. What was the deceased's work schedule prior to the accident?	01. Worked 8 hour days, no extra hours 02. Worked 8 hour days, with extra hours 03. Worked 8 hours in afternoon, no extra hours 04. Worked 8 hours in afternoon, with extra hours 05. Worked 8 hours in evening, no extra hours 06. Worked 8 hours in evening, with extra hours 07. Worked variable days, afternoons, evenings 08. Had not worked 1-2 days prior to accident 9. Unknown
22. How long had deceased been working that day?	01. Less than 1 hour 02. 1-4 hours 03. 5-8 hours 04. 9-10 hours 05. More than 10 hours 9. Unknown
23. Did the deceased work another job?	01. Yes 02. No 03. NA 9. Unknown
24. Was there a recent shift change? (e.g. from 3 rd to 1 st)	01. Yes 02. No 9. Unknown
25. How long had the deceased done farm work?	01. ___ years 02. ___ months 03. ___ days 9. Unknown
26. How long had the deceased worked on the farm where the accident occurred? (Fill in days if less than 1 month)	01. ___ years 02. ___ months 03. ___ days 9. Unknown
27. Was the deceased performing a task that was not a part of his/her normal work duties/tasks?	01. Yes 02. No 9. Unknown
28. How familiar was the deceased with the task being performed at the time of the accident?	01. Not familiar 02. Somewhat familiar 03. Very familiar 9. Unknown
29. How often did the deceased do this task? (if variable amounts, ask about the month prior to the accident)	01. First time ever (Go to Q 31) 02. Less than once/week 03. Once/month 04. Sporadically during month 05. One or more times/week 06. Daily or almost daily 07. Other _____ 9. Unknown

30. How long had it been since the task was last performed by the deceased?	01. < 1 week before accident 02. 1-3 weeks before accident 03. 1 month before accident 04. 1-5 months before accident 05. 6 months to 1 year before accident 06. > 1 year before accident 07. Earlier in day 08. Other _____ 09. Unknown	
31. Had the deceased had previous injuries caused by farm work?	01. Yes 02. No (Go to Q33)	09. Unknown (Go to Q33)
32. Describe type of injury(ies):		
Farm Safety Program		
33. Does the farm have a written farm safety program?	01. Yes 02. No	9. Unknown
34. Were written safety rules and procedures in place for the specific task being performed by the deceased?	01. Yes 02. No	9. Unknown
35. Are written safety rules and procedures in place for all tasks performed by farm workers?	01. Yes 02. No	9. Unknown
36. Is there a person in charge of safety?	01. Yes 02. No (Go to Q42)	9. Unknown (Go to Q42)
37. Describe qualifications of person responsible for safety:		
38. Who does the person in charge of safety report to?	01. Farm owner 02. Human Resources 03. Farm manager 04. Job foreman	05. Job site superintendent 06. Other (specify) _____ 9. Unknown
39. Is the person in charge of safety present at the farm full-time?	01. Yes 02. No	9. Unknown
40. Did the person in charge of safety have other duties?	01. Yes 02. No (Go to Q42)	9. Unknown (Go to Q42)
41. If Yes, What percentage of his/her time did the person in charge of safety devote to safety?	01. 0-25% 02. 26-50% 03. 51-75%	04. 76-100% 9. Unknown
42. Does the farm have a health and safety committee?	01. Yes 02. No	03. NA 9. Unknown
43. How often are safety meetings scheduled?	01. Never 02. Tailgate 03. Weekly 04. Monthly	05. Yearly 06. As Necessary 07. Other _____ 9. Unknown
44. Is there a written disciplinary procedure in place for safety and health policy violations?	01. Yes 02. No	03. NA 9. Unknown
45. Does contract language exist that established safety responsibilities of prime and subcontractors? (Includes temporary agencies contact language)	01. Yes 02. No	03. NA 9. Unknown
Farm Training Program		
46. Do employees receive any safety training?	01. Yes 02. No (Go to Q50)	9. Unknown (Go to Q50) 03. NA (Go to Q50)

47. How many hours of safety training do farm workers receive annually?	01. <8 02. 9-16 03. 17-24	04. 25-32 05. 32-40 06. >41
48. If YES, check what type(s) of training is provided	01. Verbal discussion 02. Classroom 03. On-the-Job 04. Videos	05. Manuals 06. Other (specify) _____ 9. Unknown
49. Training is provided by	01. Farm owner 02. Other farm workers 03. Family members 04. Employer 05. Union 06. Manufacturer	07. Consultant 08. Gov. Agency 09. Trade Union 10. Other (Specify) 99. Unknown
50. Were safety issues discussed during the planning and/or design phases of the work?	01. Yes 02. No 03. NA 9. Unknown	
51. Did the deceased receive training that specifically addressed the hazards associated with the accident?	01. Yes 02. No (Go to Q55)	03. NA (Go to Q55) 9. Unknown (Go to Q55)
52. If YES, check what type(s) of training was provided?	01. Classroom 02. On-the-Job 03. Videos	04. Manuals 05. Other (specify) _____ 9. Unknown
53. Were the effects of the training measured? (testing, demonstration)	01. Yes 02. No (Go to Q55)	03. NA (Go to Q55) 9. Unknown (Go to Q55)
54. How was training measured?	01. Testing 02. Demonstration	03. Both 04. Other (Specify) _____
55. Are training records maintained?	01. Yes 02. No	03. NA 9. Unknown
56. Did supervisor receive safety training related to the work being performed at the accident site?	01. No Supervisor (Go to Q58) 02. Yes 03. No	9. Unknown
57. Identify the types of training/education the supervisor received related to the farm work being performed:	01. On the job 02. Vocational Education 03. College education 04. Jr. College 05. Employer conducted 06. Other training (specify) _____ 07. NA 9. Unknown	
Accident Information		
58. Site of Accident	01. Hay field 02. Commercial orchard 03. Barn yard 04. House yard 05. Wooded Area 06. Irrigation or drainage ditch 07. Farm driveway or driveway ditch 08. Pasture field 09. Grain elevator, silo, 10. Other (specify) _____ 99. Unknown	

59. Deceased's activity at time of accident	01. Mowing hay 02. Mowing with cutter bar 03. Brush hogging 04. Plowing field 05. Pulling stumps 06. Positioning large rolls or bales of hay 07. Cultivating field (disc, harrow, etc.) 08. Baling hay 09. Pulling wagon with tractor (specify tractor type) _____ 10. Harvesting seed crops (corn, oats, wheat, silage, etc) 11. Planting field 12. Filling silo 13. Applying pesticides 14. Spreading manure 15. Feeding livestock 16. Other (Specify) _____ 99. Unknown	
60. Was anyone within visual or verbal contact with the deceased at the time of the accident?	01. Yes 02. No 9. Unknown	
61. Was this contact maintained for safety purposes?	01. Yes 02. No 9. Unknown	
62. What type of accident was the deceased involved in? (Circle all that apply)	01. Farm Machine (Supp A) 02. Tractor (Supp B) 03. Turnover (Supp C) 04. Drowning (Supp D) 05. Animal (Supp E) 06. Chemical (Supp F) 07. Other Vehicle (Supp G) 08. Electrocutation 09. Fall 10. Machine Related 11. Logging 99. Unknown	
63. General Accident Description: (Provide a brief detailed description of the activities being performed by the deceased)		
Personal Protective Equipment		
64. Circle all PPE deceased was required to use while performing the task?	01. None 02. Lifeline 03. Harness 04. Safety Belt 05. Safety Glasses 06. Goggles 07. Face Shield 08. Respirator	09. Hearing protection 10. Protective gloves 11. Safety boots 12. Protective Coveralls 13. Other (specify) _____ 14. Other (specify) _____ 15. NA 99. Unknown

65. Was the type of PPE selected sufficient to protect him/her?	01. Yes (Go to Q67) 02. No 9. Unknown (Go to Q67)	
66. Why was PPE insufficient?		
67. Circle all PPE deceased was using:	01. None (Go to Q70) 02. Lifeline 03. Harness 04. Safety Belt 05. Safety Glasses 06. Goggles 07. Face Shield 08. Respirator	09. Hearing protection 10. Protective gloves 11. Safety boots 12. Protective Coveralls 13. Other (specify) _____ 14. Other (specify) _____ 15. NA (Go to Q70) 99. Unknown
68. Was deceased using the PPE according to its design and function?	01. Yes 02. No 9. Unknown	
69. Circle any PPE that deceased used that malfunctioned	01. No malfunction 02. Lifeline 03. Harness 04. Safety Belt 05. Safety glasses 06. Goggles 07. Face shield 08. Respirator	09. Hearing Protection 10. Protective gloves 11. Safety Boots 12. Protective coveralls 13. Other (specify) _____ 14. Other (specify) _____ 99. Unknown
70. Circle all PPE co-worker was required to use PPE while performing his/her task?	01. None 02. Lifeline 03. Harness 04. Safety Belt 05. Safety Glasses 06. Goggles 07. Face Shield 08. Respirator	09. Hearing protection 10. Protective gloves 11. Safety boots 12. Protective Coveralls 13. Other (specify) _____ 14. Other (specify) _____ 15. No Coworker (Go to Q75) 16. NA 99. Unknown
71. Was the type of PPE selected sufficient to protect him/her?	01. Yes (Go to Q73) 02. No 9. Unknown (Go to Q73)	
72. Why was PPE insufficient?		
73. What types of PPE was co-worker using? (Circle all that apply)	01. None (Go to Q76) 02. Lifeline 03. Harness 04. Safety Belt 05. Safety glasses 06. Goggles 07. Face shield 08. Respirator	09. Hearing Protection 10. Protective gloves 11. Safety Boots 12. Protective coveralls 13. Other (specify) _____ 14. Other (specify) _____ 15. NA 99. Unknown

74. Was co-worker using the PPE in accordance with its design and function?	01. Yes 02. No 9. Unknown	
75. Circle any co-worker PPE that malfunctioned	01. No malfunction 02. Lifeline 03. Harness 04. Safety Belt 05. Safety glasses 06. Goggles 07. Face shield 08. Respirator	09. Hearing Protection 10. Protective gloves 11. Safety Boots 12. Protective coveralls 13. Other (specify) _____ 14. Other (specify) _____ 99. Unknown
76. Did the farm maintain and inspect PPE on a regular basis?	01. Yes 02. No (END) 03. NA (END) 9. Unknown (END)	
77. What was date of last inspection?	01. ___/___/___ Lifeline 02. ___/___/___ Harness 03. ___/___/___ Safety Belt 04. ___/___/___ Safety glasses 05. ___/___/___ Goggles 06. ___/___/___ Face Shield 07. ___/___/___ Respirator 08. ___/___/___ Hearing Protection 09. ___/___/___ Protective gloves 10. ___/___/___ Safety Boots 11. ___/___/___ Protective Coveralls 12. ___/___/___ Other 13. ___/___/___ Other	

Farm Equipment List

1= Farm Truck

- .01 Pickup
- .02 Straight Truck
- .03 Semi

2= Tractor

- .04 Farm Tractor
- .05 Farm tractor with loader
- .06 Garden tractor
- .07 Skid-steer loader

3= Harvesting Machines

- .08 Self-propelled combine
- .09 Pull-type combine
- .10 Pull-type corn picker
- .11 Self-propelled forage harvester
- .12 Pull-type forage harvester
- .13 Hay baler (big round bales)
- .14 Hay baler (rectangular bales)

4= Mowing Machines

- .15 Rotary mower
- .16 Flail mower/shredder
- .17 Sicklebar mower
- .18 Pull-type mower conditioner
- .19 Self-propelled windrower

5= Implements for tillage planting, fertilizing, spraying

- .20 Planter or Grain drill
- .21 Tillage tool (plow, disc, harrow)
- .22 Cultivator or rotary hoe
- .23 Anhydrous ammonia tank
- .24 Anhydrous ammonia injector
- .25 Fertilizer spreader
- .26 Sprayer, sprayer pump or spray tank

6= Wagons

- .27 Gravity-flow grain wagon
- .28 Auger grain wagon
- .29 Self-unloading forage wagon
- .30 Feed wagon
- .31 Flatbed wagon (may have hay rack)
- .32 Miscellaneous wagon/cart

7= Manure Handling Equipment

- .33 Liquid manure/spreader tanker
- .34 Manure spreader for solids
- .35 Manure pump/lagoon pump
- .36 Barn cleaner

8= Feed and grain handling equipment

- .37 Portable feed grinder/mixer
- .38 Stationary feed grinder/mixer
- .39 Hay grinder (tub grinder)
- .40 Livestock feeder (auger type, belt type, etc.)
- .41 Portable auger
- .42 Stationary (non-portable) auger
- .43 Portable elevator/conveyor
- .44 Stationary (non-portable) elevator conveyor
- .45 Silo unloader (unloads from top of silage)
- .46 Silo unloader (unloads from bottom of silo)
- .47 Forage blower
- .48 Grain dryer
- .49 In-bin augers/stirrers

9= Miscellaneous Equipment

- .50 Hay rake
- .51 Post hole auger/digger
- .53 Irrigation system or pipe
- .54 Milking equipment
- .55 All-terrain vehicle (ATV)
- .56 Other (specify)

Farm Commodity List

01 =Crops

- .01 Barley
- .02 Corn
- .03 Flax
- .04 Fruit
- .05 Hay
- .06 Honey
- .07 Oats
- .08 Pasture
- .09 Potatoes
- .10 Soybeans
- .11 Sugar beets
- .12 Sunflower
- .13 Timber
- .14 Vegetables
- .15 Wheat

02= Livestock

- .01 Beef
- .02 Chicken
- .03 Dairy
- .04 Hogs
- .05 Horses
- .06 Sheep
- .07 Turkeys
- .08 Other

99 Unknown