



FARM DATA COLLECTION INSTRUMENT (Employee)

Case ID: ___ __ **MI** ___ ___ ___
Date of Investigation ___ ___ / ___ ___ / ___ ___

Respondent ___

Deceased Information		
1. How long had the deceased done farm work? (Fill in days if less than one month)	01. ___ __ years 02. ___ __ months	03. ___ __ days 9. Unknown
2. 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
3. Was the deceased performing a task that was not a part of their normal work duties/tasks?	04. Yes 05. No	9. Unknown
4. Was anyone within visual or verbal contact with deceased at the time of the accident?	01. Yes 02. No (Go to Q13)	9. Unknown (Go to Q13)
5. Was this contact maintained for safety purposes?	01. Yes 02. No	9. Unknown
6. 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
7. How often did deceased do this task? (if variable amounts, ask about the month prior to the accident)	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. Other _____ 9. Unknown	
8. How long had it been since the task was last performed by the deceased?	01. < 1 week before accident 02. > 1 week before accident 03. 1 month before accident 04. 6 months to 1 year before accident 05. 1 year before accident 06. Earlier in day 07. Other _____ 9. Unknown	
9. 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 9. Unknown	

10. How long had deceased been working on day of the accident?	01. Less than 1 hour 02. 1-4 hours 03. 5-8 hours 04. 9-10 hours 05. More than 10 hours 9. Unknown	
Accident Information		
11. The deceased's work area at the time of the accident was: (check 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
12. 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
13. 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
14. What type of accident was the deceased involved in? (Circle all that apply)	01. 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) 9. Unknown
15. General Accident Description: (Provide a brief detailed description of the activities being performed by the deceased (pre-event, event, post-event))		
Employee Training Program		
16. Identify the types of training/education the supervisor received related to the farm work being performed:	01. No supervisor 02. On the job 03. Vocational Education 04. College education 05. Jr. College	06. Employer conducted 07. Other training (specify) _____ 08. NA 9. Unknown

NOTES/ SKETCHES/ PICTURES