



FATALITY ASSESSMENT AND CONTROL EVALUATION

CHILD FATALITY COLLECTION INSTRUMENT

Case Identification Number: _____, _____, _____, _____
YEAR STATE INC. NO. VICTIM ID

PART 1. INCIDENT INFORMATION

A. Employment Information

1.	How long has the employer been in business?	_____ YEARS, _____ MONTHS
2.	What is the total number of employees in the company?	_____ EMPLOYEES <small>(enter 9998 if > 9999 employees; or 9999 if unknown)</small>
3.	What was the total number of company employees under 18 years of age?	_____ EMPLOYEES <small>(9999 if unknown)</small>
4.	How many employees were at the incident site at the time of the incident?	_____ EMPLOYEES <small>(9999 if unknown)</small>
5.	How many employees under 18 years of age were at the incident site at the time of the incident?	_____ EMPLOYEES <small>(9999 if unknown)</small>
6.	How long had the victim been working for the company?	_____ MONTHS _____ DAYS
7.	How long had the victim been working at the site prior to the incident?	_____ MONTHS _____ DAYS
8.	How many other employees have the same job title as the victim.	_____ EMPLOYEES <small>(9999 if unknown)</small>

B. Company Safety Program (Check all that apply to the company safety programs)

1.	Does the company have a Safety Officer?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN <input type="checkbox"/> N/A
2.	Was the Safety Officer present at the incident?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN <input type="checkbox"/> N/A
3.	Were safety responsibilities assigned to someone working at the site?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN <input type="checkbox"/> N/A
4.	Are there written safe work procedures for each task?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN <input type="checkbox"/> N/A

5. Was the supervisor located where he/she could see the victim working? YES NO UNKNOWN N/A

6. What was the age of the victims supervisor? < 18 years old
 18 - 21 years old
 > 21 years old
 Unknown

Additional notes:

C. Company Training Program (Check all that apply to training received by company employees)

1. Was worker training provided to employees of this company? YES NO UNKNOWN N/A

2. If the answer to the above question is yes, check what type(s) of training is provided? Classroom Manuals
 On-the-Job Unknown
 Video Other

3. Did the training specifically address the hazards associated with the fatality? YES NO UNKNOWN N/A

4. Were the effects of employee training measured? (testing, demonstration, etc.) YES NO UNKNOWN N/A

5. How is training measured? (Check all that apply) Testing Other _____
 Demonstration
 Both Not Tested

6. Identify the types of training/education the supervisor received related to the work being performed at the incident site? On the job
 College education
 Jr. College
 Employer conducted
 Other training

7. Were records of all employee training maintained? YES NO UNKNOWN N/A

D. Incident / Site Information

1. Before work began, was a site survey conducted by a competent person (as defined by OSHA) to identify potential hazards and determine appropriate control measures? YES NO UNKNOWN N/A

2. Were the tasks performed at the time of the incident part of the victim's usual assigned work? YES NO UNKNOWN N/A

If No, explain _____

3. Was the victim working alone at the time of the incident? YES NO UNKNOWN N/A

4. Were there any witness to the incident? YES NO UNKNOWN N/A

5. Estimate the response time for medical help to arrive at the incident site: _____ HOURS _____ MINUTES

<p>6. The victim's work area at the time of the incident was : (check all that apply)</p> <p><input type="checkbox"/> Usual work area</p> <p><input type="checkbox"/> Unfamiliar work area</p> <p><input type="checkbox"/> Limited access work area</p> <p><input type="checkbox"/> Restricted work area</p> <p><input type="checkbox"/> Unauthorized work area</p> <p><input type="checkbox"/> Authorized work area</p>	<p>7. Type of incident that occurred:</p> <p>a. Struck by</p> <p>b. Runover</p> <p>c. Rollover</p> <p>d. Caught between</p> <p>e. Caught in</p> <p>f. Fall</p> <p>g. Other _____</p>
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8. Briefly describe the incident: _____

E. Victim Information

1. What was the victims employment status? (Check all which apply)

<p><input type="checkbox"/> Family business</p> <p><input type="checkbox"/> Employed by tem. agency</p> <p><input type="checkbox"/> Casual employment</p> <p><input type="checkbox"/> On-Call</p> <p><input type="checkbox"/> Internship</p> <p><input type="checkbox"/> Formal Apprenticeship</p>	<p><input type="checkbox"/> School-to-work</p> <p><input type="checkbox"/> Parole (youth services employment)</p> <p><input type="checkbox"/> Work Release</p> <p><input type="checkbox"/> Self-Employed</p> <p><input type="checkbox"/> Independent Contractor</p> <p><input type="checkbox"/> Regular Employee</p>
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2. What was the usual number of hours the victim worked per week? (Round to the nearest hour) _____ HOURS

3. What was the victim's usual length of work shift? _____ HOURS

4. Number of hours the victim worked on the day of the incident. _____ HOURS

5. Was the victim enrolled in school? YES NO UNKNOWN N/A

6. School enrollment status of victim: Full-time Part-time N/A

7. Had the victim attended school on the day of the incident? YES NO UNKNOWN N/A

8. Did the victim work at any other jobs during the week of the incident? YES NO UNKNOWN N/A

9. Number of hours victim work at other jobs during the week of the incident _____ HOURS

10. Are work permits or papers required in the state where the incident occurred? YES NO UNKNOWN N/A

11. Did the victim have a work permit to work for this employer? YES NO UNKNOWN N/A

12. Indicate all who signed or approved the work permit or papers:

- School Representative
- Parent
- Health Care Provider
- Other _____

13. Indicate all parties who retained a copy of the work permit.

- School
- Employer
- Youth
- Other _____
- No one retained a copy

14. Briefly describe the tasks the victim was performing at the time of the incident:
