FATALITY ASSESSMENT AND CONTROL EVALUATION

CHILD FATALITY
COLLECTION INSTRUMENT

Case Identification Number: __________, __________, __________, __________

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
   (Enter 9998 if > 9999 employees; or 9999 if unknown)

3. What was the total number of company employees under 18 years of age? __________ EMPLOYEES
   (9999 if unknown)

4. How many employees were at the incident site at the time of the incident? __________ EMPLOYEES
   (9999 if unknown)

5. How many employees under 18 years of age were at the incident site at the time of the incident? __________ EMPLOYEES
   (9999 if unknown)

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
   (9999 if unknown)

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

1. Does the company have a Safety Officer? □ YES □ NO □ UNKNOWN □ N/A

2. Was the Safety Officer present at the incident? □ YES □ NO □ UNKNOWN □ N/A

3. Were safety responsibilities assigned to someone working at the site? □ YES □ NO □ UNKNOWN □ N/A

4. Are there written safe work procedures for each task? □ YES □ NO □ UNKNOWN □ 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 victim's 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
   - On-the-Job
   - Video
   - Manuals
   - Unknown
   - 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
   - Demonstration
   - Both
   - Not Tested
   - Other

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

6. The victim’s work area at the time of the incident was: (check all that apply)  

☐ Usual work area  
☐ Unfamiliar work area  
☐ Limited access work area  
☐ Restricted work area  
☐ Unauthorized work area  
☐ Authorized work area

7. Type of incident that occurred:  

a. Struck by  
b. Runover  
c. Rollover  
d. Caught between  
e. Caught in  
f. Fall  
g. Other_____________

8. Briefly describe the incident:______________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

E. Victim Information

1. What was the victim's employment status? (Check all which apply)  

☐ Family business  ☐ School-to-work  
☐ Employed by temp. agency  ☐ Parole (youth services employment  
☐ Casual employment  ☐ Work Release  
☐ On-Call  ☐ Self-Employed  
☐ Internship  ☐ Independent Contractor  
☐ Formal Apprenticeship  ☐ Regular Employee
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 worked 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:  
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________