

# Injury and Illness Reporting Guide



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Office of Corporate Analysis  
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# Introduction

Department of Energy (DOE) Order 231.1B, *Environment, Safety and Health Reporting Order* establish DOE requirements for collecting and reporting occupational injury and illness information. The Order specifies what to report, when to report, and who should report. The Order also defines the responsibilities of those involved in the reporting process.

The *Injury and Illness Reporting Guide* is referenced in the Order as a resource for supplemental information needed to facilitate uniform data reporting. Information included in this document specifies the format in which the reports shall be prepared and other supplemental information to aid data providers in meeting the reporting requirements specified in the Order.

# Injury and Illness Reporting Using CAIRS

As required in the Order, DOE and DOE contractor organizations report recordable occupational injury and illness cases to a corporate data base managed by the Office of Corporate Analysis, within the Office of Health, Safety and Security. The Computerized Accident/Incident Reporting System provides centralized collection of these individual accident reports, allows users to query the individual accident report fields directly to create custom reports, generate summary statistical data to perform various analyses, including developing trends and identifying potential hazards to help reduce accidents. Additional information on accessing and using CAIRS is available from the *CAIRS Reference Manual*

([http://www.hss.doe.gov/csa/analysis/cairs/CAIRS\\_ReferenceManual.htm](http://www.hss.doe.gov/csa/analysis/cairs/CAIRS_ReferenceManual.htm)) and the *CAIRS Direct Data Entry Reference Manual*

(<http://www.hss.doe.gov/csa/analysis/cairs/datamanual/cddemanV300-2007revision.pdf>)

## Data Elements: Injury and Illness Reports

DOE Order 231.1B requires each injury and illness report to be completed in entirety. Reports are submitted electronically using either CAIRS Direct Data Entry (CDDE) or CAIRS Bulk Upload Processing (CBUP). Specific instructions for using CDDE and CBUP are included CAIRS reference manuals. Each injury and illness report required to be reported will include the data elements identified in Table 1.

**Table 1: Data Elements for Injury and Illness Reports**

Data Element	Example/Format	Instructions	Field Size
Organization Code	1504001	Indicate the seven-digit number that has been assigned to the specific reporting organization submitting the accident report	7 digits
Sub-level Code	E1234567	Enter the eight-character identifier that has been assigned to the organization code to denote a sublevel reporting group. The default (00000000) denotes that this organization is not a sub-level group.	8 digits
CASE Number	125	Enter the case number from the log for injury/illness cases. Case numbers for a given reporting organization must be unique within a given year.	Up to 7 digits
Multiple-Organization Case	No (default)	Enter Yes or No to indicate whether the case involves two or more reporting organizations.	
Multiple-Case Number	5	Enter a number or code to represent any common accident that involves more than one recordable case. Use the same code on each of the separate forms.	

<b>Data Element</b>	<b>Example/Format</b>	<b>Instructions</b>	<b>Field Size</b>
Accident Type	Injury	Select the appropriate accident type. Possible entries are: Injury, Illness, Non-Recordable Injury, Non-recordable Illness, Non-Reportable (NR).	
Investigation Type	C	Select the appropriate investigation type. Possible entries are A, B, C, NR, where Type A and Type B refer to Board investigations as defined in the current version of DOE O 225.1A. Type C refers to the level of investigation required for other recordable injury and illness cases to complete DOE F 5484.3. Type NR is used when a previously reported case has been revised to non-recordable status.	
Department, Division, or ID Code	Maintenance	Enter the Department, Division, or ID code as desired.	
Date of Injury/Illness	20021205	Enter the date of the injury or onset of illness in the required format (YYYYMMDD)	
Time of Accident/Event Known	Yes	Enter Yes or No in answer to the question, "Is the time of event known?" The default value is Yes.	
Time of Accident/Event	13	Enter time of accident/event, as local time, to the nearest hour using the first two digits of the 24-hour clock (e.g., 1:00 PM is 13 for 1300).	
Time Employee began Work	13	Enter the time the employee began work, as local time, to the nearest hour using the first two digits of the 24-hour clock (e.g., 1:00 PM is 13 for 1300).	
Accident Place	Indoor	Select the appropriate choice to indicate whether the accident occurred indoors or outdoors. Optional data field.	
Employers Premises	No	Enter Yes or No to indicate whether the accident occurred on the employer's premises. Optional data field.	
Specific Location	Bldg. C, Test Area B	Enter the specific location of the accident (e.g., street address, name of building or laboratory).	
Last Name	Jones	Enter the employee's last name.	
First Name	John	Enter the employee's first name.	
Middle Name or Initial	Adams	Enter the employee's middle name or initial.	
Home address of injured or ill person	120 S 35th St. Maui, HI 99999	Enter the employee's full address (street, city, state, zip code).	
ID Number	999999999	Enter an employee ID number. This number can be up to 9 characters. Do NOT use social security numbers.	

<b>Data Element</b>	<b>Example/Format</b>	<b>Instructions</b>	<b>Field Size</b>
Date of Birth	19671205	Enter the employee's date of birth in the format YYYYMMDD.	
Gender	Male	Select the appropriate box to indicate the gender.	

<b>Data Element</b>	<b>Example/Format</b>	<b>Instructions</b>	<b>Field Size</b>
Occupation Code	203	Enter the generic occupation code that most closely indicates the employee's occupation. A list of occupation codes is available in the CAIRS Direct Data Entry Reference Manual, which can be found on the Internet Web page <a href="http://www.hss.energy.gov/csa/csp/cairs/refs.html">http://www.hss.energy.gov/csa/csp/cairs/refs.html</a> . Optional data field, if left blank, this information may be coded by a Data Specialist if the information is provided in the report.	
Job Title	Senior Scientist	Enter the employee's job title.	
Name of health care provider	Dr. John Doe	Enter the name of the employee's physician or other health care professional.	
Emergency Room	No	Enter Yes or No to indicate whether the employee was treated in an emergency room.	
Name and Address of treatment facility	Memorial Hospital 125 E 19 <sup>th</sup> Street Maui, HI 99999	Enter the name and address of the offsite treatment facility.	
Hospitalized overnight?	No	Enter Yes or No to indicate whether the employee was hospitalized overnight as an in-patient.	
Length of employment	over 12 months	Select the appropriate box that indicates the approximate length of employment: under 3 months, 3 to 12 months, over 12 months. Optional data field.	
Experience on this job or equipment	3 to 12 months	Select the appropriate box that indicates the approximate length of experience on job or equipment being used at the time of the accident: under 3 months, 3 to 12 months, over 12 months.	
OSHA Classification	Injury	Select the appropriate box to choose injury or one type of illness. [NOTE: Illness types identified on OSHA Form 300.]	
Days Away from Work	Up to 4-digit number	Enter the number of days the injured or ill employee was away from work.	
Days Restricted/transferred	Up to 4 digits	Enter number of days the injured/ill employee was on job transfer or restriction.	
Death	Yes	Enter Yes or No to indicate if the injury/illness resulted in death.	
Date of Death	(YYYYMMDD)	Enter the date (YYYYMMDD) if death occurred.	

<b>Data Element</b>	<b>Example/Format</b>	<b>Instructions</b>	<b>Field Size</b>
Permanent Transfer	Yes	Enter Yes or No to indicate if injured/ill employee was given a permanent transfer to a different job because of a disability arising from the accident. Optional data field.	
Termination	No	Enter Yes or No to indicate if injured/ill employee was terminated because of a disability arising from the accident. Optional data field.	

<b>Data Element</b>	<b>Example/Format</b>	<b>Instructions</b>	<b>Field Size</b>
Primary material, object, or substance involved in the accident (Source)	4 digits	Enter the appropriate code to indicate the primary material, object, or substance involved in the accident. A list of "Source, Target, Other Equipment" codes is available in the CAIRS Direct Data Entry Reference Manual, which can be found on the Internet ( <a href="http://www.hss.energy.gov/csa/csp/cairs/refs.html">http://www.hss.energy.gov/csa/csp/cairs/refs.html</a> ). Optional data field, if left blank, this information may be coded by a Data Specialist if the information is provided in the report.	
Other Material, object or substance involved in the accident	4 digits	Enter the appropriate code for other material, object, or substance involved in the accident. A list of "Source, Target, Other Equipment" codes is available in the CAIRS Direct Data Entry Reference Manual, which can be found on the Internet ( <a href="http://www.hss.energy.gov/csa/csp/cairs/refs.html">http://www.hss.energy.gov/csa/csp/cairs/refs.html</a> ). Optional data field, if left blank, this information may be coded by a Data Specialist if the information is provided in the report.	
Experience on this job or equipment	3 to 12 months	Select the appropriate box that indicates the approximate length of experience on job or equipment being used at the time of the accident: under 3 months, 3 to 12 months, over 12 months.	
Other Material, object or substance involved in the accident	4 digits	Enter the appropriate code for other material, object, or substance involved in the accident. A list of "Source, Target, Other Equipment" codes is available in the CAIRS Direct Data Entry Reference Manual, which can be found on the Internet ( <a href="http://www.hss.energy.gov/csa/csp/cairs/refs.html">http://www.hss.energy.gov/csa/csp/cairs/refs.html</a> ). Optional data field, if left blank, this information may be coded by a Data Specialist if the information is provided in the report.	
Equipment design or defect	Yes	Enter Yes or No to indicate whether the equipment design or defect contributed to the accident cause or severity.	
Direct Cause	Employee	Select the appropriate choice that indicates the direct cause of the accident. Possible entries are weather, design/material, procedures, employee, other/none of the above. Optional data field.	

<b>Data Element</b>	<b>Example/Format</b>	<b>Instructions</b>	<b>Field Size</b>
Indirect Cause	Up to 8 characters	Select the appropriate choice that indicates the indirect cause of the accident. Possible entries are: weather, design/material, procedures, employee, other/none of the above. Optional data field.	
Loss producing event	4 digits	Enter the appropriate code to indicate the source for injury/illnesses cases. A list of "Loss Producing Event" codes is available in the CAIRS Direct Data Entry Reference Manual, which can be found on the Internet ( <a href="http://www.hss.energy.gov/csa/csp/cairs/refs.html">http://www.hss.energy.gov/csa/csp/cairs/refs.html</a> ). Optional data field, if left blank, this information may be coded by a Data Specialist if the information is provided in the report.	

<b>Data Element</b>	<b>Example/Format</b>	<b>Instructions</b>	<b>Field Size</b>
Body part injured	4 digits	Enter the appropriate code to indicate the body part injured. A list of "Body Parts" codes is available in the CAIRS Direct Data Entry Reference Manual, which can be found on the Internet ( <a href="http://www.hss.energy.gov/csa/csp/cairs/refs.html">http://www.hss.energy.gov/csa/csp/cairs/refs.html</a> ). Optional data field, if left blank, this information may be coded by a Data Specialist if the information is provided in the report.	
Injury/Illness Type (Nature)	4 digits	Enter the appropriate code to indicate the injury/illness type. A list of "Nature of Injury/Illness" codes is available in the CAIRS Direct Data Entry Reference Manual, which can be found on the Internet ( <a href="http://www.hss.energy.gov/csa/csp/cairs/refs.html">http://www.hss.energy.gov/csa/csp/cairs/refs.html</a> ).	
Personal Protective Equipment Used	4 digits	Enter the appropriate code to indicate the personal protective equipment used by the employee at the time of the accident. A list of "Personal Protective Equipment" codes is available in the CAIRS Direct Data Entry Reference Manual, which can be found on the Internet ( <a href="http://www.hss.energy.gov/csa/csp/cairs/refs.html">http://www.hss.energy.gov/csa/csp/cairs/refs.html</a> ). Optional data field, if left blank, this information may be coded by a Data Specialist if the information is provided in the report.	
Activity Code	4 digits	Enter the appropriate code to indicate the activity in progress at the time of the accident. A list of "Activity" codes is available in the CAIRS Direct Data Entry Reference Manual, which can be found on the Internet ( <a href="http://www.hss.energy.gov/csa/csp/cairs/refs.html">http://www.hss.energy.gov/csa/csp/cairs/refs.html</a> ). Optional data field, if left blank, this information may be coded by a Data Specialist if the information is provided in the report.	
Date of Hire	8 digits	Enter the date of hire (YYYYMMDD).	



<b>Data Element</b>	<b>Example/Format</b>	<b>Instructions</b>	<b>Field Size</b>
Program Office	2 characters	Select the Headquarters program office route symbol to identify the office responsible for the work activity in progress at the time of the accident. A list of program office codes is available in the CAIRS Direct Data Entry Reference Manual, which can be found on the Internet ( <a href="http://www.hss.energy.gov/csa/csp/cairs/refs.html">http://www.hss.energy.gov/csa/csp/cairs/refs.html</a> ).	
Implementation Date	20021204	Enter the implementation date for recommended corrective actions (YYYYMMDD).	
Person Completing Form	Up to 40 characters	Enter the name of person who completed the form.	
Phone Number for Person Completing Form	Up to 12 characters	Enter the phone number of the person who completed the form.	
Date of signature of person completing form	8 characters	Enter the date the form was completed.	

<b>Data Element</b>	<b>Example/Format</b>	<b>Instructions</b>	<b>Field Size</b>
Job title of person completing form	Up to 40 characters	Enter the job title of the person who completed the form.	
Supervisor responsible for Corrective Action	Up to 40 characters	Enter the name of supervisor responsible for corrective action. Optional data field.	
Supervisor's phone number	12 characters	Enter the phone number for the supervisor responsible for corrective actions. Optional data field.	
Date of signature of supervisor	8 characters	Enter the date of signature for supervisor responsible for corrective actions. Optional data field.	
Accident Investigation Contact	Up to 40 characters	Enter the name of the person to contact if different from person completing form. Optional data field.	
Accident Investigation Contact Phone Number	12 characters	Enter phone number of accident investigator. Optional data field.	
Activity Description	Free form text Example: Climbing a ladder while carrying roofing materials.	Enter a description of what activity was in progress just before the accident occurred. Describe the activity as well as the tools, equipment, or material the employee was using. Be specific.	
Corrective Actions Taken	Free form text	Enter a description of the actions taken to prevent reoccurrence of accident/incident.	
Corrective Actions Recommended	Free form text	Enter recommended corrective actions.	

<b>Data Element</b>	<b>Example/Format</b>	<b>Instructions</b>	<b>Field Size</b>
Employee Actions	Free form text Example: Employee overloaded the utility cart with trash bags.	Enter a description of actions on the part of the employee that contributed to the occurrence of the accident.	
Conditions that existed at the time of the accident	Free form text	Enter a description of the conditions that existed at the time of the accident.	
Event description (What happened?)	Free form text	Enter a description of what happened to cause the injury or illness, in order of sequence, beginning with the initiating event, and followed by the secondary and tertiary events.	
Nature description (What was the injury or illness?)	Free form text	Enter a description of the nature and extent of injury/illness, part of body affected, and how it was affected. Be more specific than "hurt," "pain," or "sore."	
Influencing Factors or causes, that contributed	Free form text	Enter factors influencing underlying causes, either conditions or actions or both, that contributed to the accident/incident.	
<b>Data Element</b>	<b>Example/Format</b>	<b>Instructions</b>	<b>Field Size</b>
Material/Object/Substance	Free form text Examples: concrete floor; chlorine; radial arm saw	Lists any materials, objects or substances involved that directly harmed the employee. If this does not apply to the incident, leave it blank.	
Is the case closed?	Yes	Enter Yes or No to indicate whether the case is closed (no additional lost work time is anticipated).	

## Data Elements: Hours Worked Reports

DOE Order 231.1B requires each reporting organization that is required to submit injury and illness reports to also submit hours worked information. Reports are submitted electronically using CAIRS Direct Data Entry (CDDE). Each report on work hours will include the data elements identified in Table 2.

**Table 2: Data Elements for Hours Worked Reports**

Data Element	Example/Format	Instructions
Organization code	1504001	Indicate the seven-digit number that has been assigned to the specific reporting organization submitting the accident report.
Organization Name	DOE Headquarters	Name of the reporting organization.
Calendar Year	2003	Select the appropriate calendar year (YYYY) for the reporting period.
Reporting Quarter	1—Jan. through March 2—Apr. through June 3—July through Sept. 4—Oct. through Dec.	Select the appropriate calendar quarter for the reporting period.
Hours worked	12 characters	Include hours worked by salaried, hourly, part-time and seasonal workers, as well as hours worked by other workers subject to day-to-day supervision by your organization (e.g., temporary help services workers). Do not include vacation, sick leave, holidays, or any other non-work time, even if employees were paid for it. If your organization keeps records for only the hours paid or if you have employees who are not paid by the hour, estimate hours that the employees actually worked. If actual hours worked are not available, use the method in paragraph 2 of this appendix to estimate total hours worked.  Hours worked are not reported for subcontractors excluded from recordkeeping and reporting requirements. These subcontractors are identified in DOE O 231.1B, Attachment 1, paragraph 2.a.(1).
PSO	3 characters	Enter Headquarters program offices responsible for employee hours being reported. Estimate the percentage of work done by each organization (if more than one). A list of program office codes is available in the CAIRS Direct Data Entry Reference Manual, which can be found on the Internet ( <a href="http://www.hss.energy.gov/csa/csp/cairs/refs.html">http://www.hss.energy.gov/csa/csp/cairs/refs.html</a> ).
Data Element	Example/Format	Instructions

<b>Data Element</b>	<b>Example/Format</b>	<b>Instructions</b>
Quarterly Report Complete	Yes	After entering hours worked for the reporting period, click "Yes" or "No" to indicate that all new and revised accident reports have been entered for the reporting period.

# Estimating Hours Worked

INSTRUCTIONS FOR ESTIMATING HOURS WORKED. If the actual number of hours worked is not available, data providers must use the following guidance to estimate hour.

Find the number of full-time employees for your organization for the quarter: \_\_\_\_\_

**Multiply** by the number of work hours for a full-time employee in the quarter: X \_\_\_\_\_

This is the number of full-time hours worked during the quarter. = \_\_\_\_\_

**Add** the number of any overtime hours and the hours worked by other employees (part-time, temporary, seasonal) during the quarter. + \_\_\_\_\_

**Round** the total to the next highest whole number = \_\_\_\_\_

This number is the estimated total hours worked by all employees during the quarter.

## Obtaining Organization Codes and Sub-Level Codes.

An organization code is a 7-character identifier assigned for the purpose of reporting and managing records in CAIRS. Each organization code can represent one reporting unit or multiple units performing operations for an organization. Sub-level codes are used to identify each reporting unit represented in multi-unit organization code. Changes in organization codes and sub-level codes must be approved by the CAIRS Point of Contact (POC) for the Cognizant Secretarial Officer or their designated CAIRS POC at the DOE field organization and the CAIRS Program Manager. Requests for changes in organization code should be initiated through the HSS Info center at (800) 473-4375 or by sending e-mail to CAIRS support at [HSS\\_Infocenter@hq.doe.gov](mailto:HSS_Infocenter@hq.doe.gov).

## Accessing CAIRS

The Computerized Accident/Incident Reporting System (CAIRS) offers electronic access to summary information on accidents reported by DOE and DOE contractor organization. CAIRS is a Government computer system and, as such, has cyber security requirements that must be followed. These security requirements are mandated by DOE O 205.1, *Department of Energy Cyber Security Management Program*, dated 3-21-03. Some of the information contained in CAIRS is restricted and is to be accessed by authorized users for official Government business only.

Registered users of CAIRS agree to adhere to the security requirements specified on the registration form. Individuals interested in registering to become CAIRS users can obtain a copy of the registration form from the HSS Info center at (800) 473-4375 or online (<http://www.hss.doe.gov/CSA/analysis/cairs/cairsregistrationform.pdf>)

