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N.C. DEPARTMENT OF LABOR  
PUBLIC SECTOR OCCUPATIONAL SAFETY AND HEALTH  
INJURY AND ILLNESS SURVEY, 2016

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**THIS IS NOT THE BUREAU OF LABOR STATISTICS SURVEY YOU MAY HAVE PREVIOUSLY COMPLETED.**

Please Make Any Necessary Corrections to This Address Label.

Place Label Here

**Did you know you can submit your form electronically on the Web?**  
Access our electronic survey on the following website:  
[www.nclabor.com](http://www.nclabor.com) (Public Sector OSH Injury and Illness Survey in the  
“Quick Clicks” block).

Enter your survey specific ID number and password provided on the above  
mailing label to access the secure electronic reporting site. If submitted  
electronically, you do not need to send a hard copy of the survey form.

IF NOT SUBMITTED  
ELECTRONICALLY,  
SEND COMPLETED FORM TO:  
N.C. DEPARTMENT OF LABOR  
OSH DIVISION—PSIM BUREAU  
1101 MAIL SERVICE CENTER  
RALEIGH, NC 27699-1101  
OR FAX TO: 919-807-2964

## Dear Employer:

The N.C. Department of Labor (NCDOL), Occupational Safety and Health Division (OSH Division) is conducting a survey of public sector employers to compile work-related injury and illness data from those employers. The information will be used to measure the performance of the agency in meeting its goal of reducing workplace injuries and illnesses.

We are asking for the totals from your 2016 *Summary of Work-Related Injuries and Illnesses* (OSHA No. 300A), as well as information about hours worked and employment. This program is authorized under NCGS 95-148, “Safety and Health Programs of State Agencies and Local Governments,” and the Occupational Safety and Health Act, 29 CFR Part 1904. The general statute is available for your review at the following website address:

[www.ncga.state.nc.us/gascripts/statutes/statutelookup.pl?statute=95-148](http://www.ncga.state.nc.us/gascripts/statutes/statutelookup.pl?statute=95-148).

**Please note that employers that fail to submit a completed 2016 survey may be subject to OSH Division enforcement actions, including a compliance inspection, the issuance of citations, and the assessment of penalties.**

The OSH Division’s Planning, Statistics and Information Management Bureau (PSIM) will analyze completed surveys for accuracy and computation of the days away, restricted or transferred (DART) rate. The computed DART rate for each survey response will be compared to the annual target rate for their specific employer category (reference the OSH Field Operations Manual, Chapter II and the OSH Operational Procedure Notices, 128). These policies and procedures can be found on the Department of Labor’s website: [www.nclabor.com](http://www.nclabor.com), Occupational Safety and Health, Compliance, Operating Procedures.

We recognize that responding to our questions may be time consuming for some employers, and we have made every effort to reduce the completion time while still obtaining the necessary information. In this spirit, we now provide two means of submitting your survey information: (1) via the Internet, using a secure electronic version of this form available on our website, or (2) by mail or fax, using a hard copy of the form. You can access the electronic survey form by pointing your browser to our website at [www.nclabor.com](http://www.nclabor.com) (Public Sector OSH Injury and Illness Survey in the “Quick Clicks” block) or [www.labor.communications.its.state.nc.us/OSHPublic/PSNC/psnc\\_survey\\_login.cfm](http://www.labor.communications.its.state.nc.us/OSHPublic/PSNC/psnc_survey_login.cfm) and then when prompted, inputting your survey specific ID number and password (provided in the mailing label on the cover of this form). If you choose to mail or fax the form, please complete pages 3 and 4 of this form and mail or fax the entire form. For your records, please remember to print a copy of the completed form prior to exiting the website or to make a copy if you submit by mail or fax. If you need assistance in completing the survey or have questions, please call the PSIM Bureau at 919-807-2955.

The OSH Division will continue to evaluate this program initiative and will build on the lessons learned to improve the division’s ability to protect the health and safety of North Carolina’s workers sensibly and appropriately. We invite your comments as we proceed with this effort. Thank you for helping us collect accurate information and for participating in the effort to make North Carolina’s workplaces safer and healthier.

## Who must complete this form?

All employers that receive this form should complete and return it within 30 calendar days, even if they had no work-related injuries and illnesses recorded on their 2016 OSHA No. 300.

## What else do you need?

- ☞ Employment average and hours worked for the location/department noted on the mailing label on the cover.
- ☞ Information from your 2016 *Summary of Work-Related Injuries and Illnesses* (OSHA No. 300A).

## What do you need to do?

- ☞ Check the address information printed on the mailing label. Make any corrections necessary on the website if electronically submitted or on the hard copy if mailed or faxed.
- ☞ Submit responses only for the location(s) or department(s) noted under location/department on the mailing label.
- ☞ Submit the entries from your OSHA Form 300A to the electronic or hard copy survey form. Please verify that the number of cases (columns G, H, I and J) equal the number of injury and illness types (columns M1–M6). Entries in columns H or I require corresponding entries in columns K or L.
- ☞ Submit the phone number, email address and name of the person we should contact if we have questions. Please sign the form if submitting in hard copy format.
- ☞ If responding by mail, return this completed form to the N.C. Department of Labor, OSH Division—PSIM Bureau, 1101 Mail Service Center, Raleigh NC 27699-1101, or fax to 919-807-2964, or submit via the Internet within 30 calendar days of receipt of this form.

# Location/Department Information

Using your completed calendar year 2016 *Summary of Work-Related Injuries and Illnesses* (OSHA Form 300A), copy the location/department information into the boxes below. If these numbers are not available on your OSHA Form 300A, or if your location/department does not keep records needed to answer (1) and (2) below, you can estimate using the steps and examples that follow.

- For the reporting location/department identified on the cover, enter the annual average employment for 2016. (You can copy this from your OSHA Form 300A.)

*Annual average number  
of employees for 2016*

**IF ACTUAL NUMBER OF EMPLOYEES CANNOT BE CALCULATED, FOLLOW STEPS AND EXAMPLES BELOW TO ESTIMATE EMPLOYMENT:**

**STEP 1:** Add the number of employees your location/department paid in every pay period during 2016. **Include all employees:** full-time, part-time, temporary, seasonal, salaried and hourly.

Acme Construction pays its employees 26 times each year. During 2016:

In this pay period	Acme paid this many employees
1 .....	10
2 .....	0
3 .....	15
↓	↓
25 .....	15
26 .....	10
	830 (sum)

**STEP 2:** Divide the sum by the number of pay periods your location/department had in 2016. **Include** any pay periods when you had **no** employees.

Because Acme has 26 pay periods, it would divide its sum by 26.  
830 divided by 26 = 31.92

**STEP 3:** Round the answer to the next highest whole number. Write the rounded number in the box marked *Annual average number of employees*.

Acme would round 31.92 to 32 and write that number in the box marked *Annual average number of employees*.

- For the reporting location/department identified on the cover, enter the total hours worked for 2016. (You can copy this from your OSHA Form 300A.)

*Total hours worked  
by all employees in 2016*

**Note:** *Total Hours Worked* should exclude vacation, sick leave, holidays and other non-work time.

**IF ACTUAL NUMBER OF HOURS WORKED CANNOT BE CALCULATED, FOLLOW STEPS AND EXAMPLES BELOW TO ESTIMATE TOTAL HOURS WORKED:**

**STEP 1:** Find the number of full-time employees in your location/department for 2016.

ABC Company had 15 full-time employees during 2016.

**STEP 2:** Multiply this number by the number of hours worked for a full-time employee in a year. This is equal to the total number of full-time hours worked.

ABC Company's 15 full-time employees worked an average of about 1,760 hours each per year after excluding vacation, sick leave, holidays and other non-work time. (*The hours worked for a full-time employee in a year may be different for your reporting location/department.*)

15 (full-time employees) times 1,760 (hours worked by a full-time employee in a year) equals 26,400 total full-time hours.

**STEP 3:** Add the number of any overtime hours and the number of hours worked by other employees (part-time, temporary, seasonal) to the amount in Step 2.

ABC Company's full-time employees worked a total of 1,500 hours of overtime. In addition, three part-time employees worked a total of 2,715 hours during 2016. Add these hours to those from Step 2.

Full-time hours from Step 2	26,400
Overtime hours	+ 1,500
Part-time hours	+ 2,715
Total hours worked by all employees in 2016	= 30,615

- Check any conditions that might have affected your annual average number of employees or total hours worked during 2016:

- |   |   |
|---|---|
| <input type="checkbox"/> Nothing unusual happened                       | <input type="checkbox"/> Shorter work schedules or fewer pay periods than usual |
| <input type="checkbox"/> Strike or lockout                              | <input type="checkbox"/> Longer work schedules or more pay periods than usual   |
| <input type="checkbox"/> Shutdown or layoff                             | <input type="checkbox"/> Other reason: _____                                    |
| <input type="checkbox"/> Seasonal work                                  |   |
| <input type="checkbox"/> Natural disaster or adverse weather conditions |   |

# Did you have ANY occupational injuries or illnesses during 2016?

- Yes. Go to the next section, *Summary of Work-Related Injuries and Illnesses, 2016*.
- No. Go to *Sign and Return This Form* below.

## Summary of Work-Related Injuries and Illnesses, 2016

Using your completed calendar year 2016 *Summary of Work-Related Injuries and Illnesses (OSHA Form 300A)*:

1. Copy the location/department summary information into the spaces below.
2. If any total is zero on your OSHA Form 300A, write "0" in that total's space below.

## Number of Cases

Copy these totals

from columns

(G), (H), (I) and (J):

Total number  
of deaths  
(column G)

\_\_\_\_\_

Total number

of cases with

days away

from work

(column H)

\_\_\_\_\_

Total number

of cases with

job transfer or

restriction

(column I)

\_\_\_\_\_

Total number

of other

recordable

cases

(column J)

\_\_\_\_\_

## Number of Days

Copy these totals

from columns (K)

and (L):

Total number

of days away

from work

(column K)

\_\_\_\_\_

Total number

of days of job transfer

or restriction

(column L)

\_\_\_\_\_

## Injury and Illness Types

Total numbers

from column (M)

(1) Injuries

\_\_\_\_\_

(2) Skin disorders

\_\_\_\_\_

(3) Respiratory conditions

\_\_\_\_\_

(4) Poisonings

\_\_\_\_\_

(5) Hearing loss

\_\_\_\_\_

(6) All other illnesses

\_\_\_\_\_

## Sign and Return This Form

Fill in the name, title, phone number, fax number and email address of the person we may need to contact with questions about this form. Then sign and date the form.

Printed Name

Telephone Number

Fax Number

Email Address

Signature

Title

Today's Date

If you choose to complete this hard copy form, please mail or fax the completed form to the N.C. Department of Labor at the address or fax number on the front cover. **Remember to keep a photocopy for your records.**