



Safety Survey

Data Year 2023

Company Information

Company Name: _____

Company Address: _____

City _____ State _____ Zip Code _____

Safety Survey Contact Information

Name: _____

Email: _____

Phone: _____

Fax: _____

Safety Survey Manager Information

Name: _____

Title: _____

Phone: _____

Fax: _____

Email: _____

Company Type

- Electric
- Electric (with no Nuclear Plants)
- Combination (Gas/Electric)
- Combination (Gas/Electric with no Nuclear Plants)
- Generation Only
- Electric (T&D Only)
- Nuclear Only



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(Copy this page as needed for each data area)

OSHA DATA FOR

Total Company | Distribution | System/HQ | Transmission | Transmission & Distribution | Coal Plant
 Fossil Plant | Gas Plant | Hydro Plant | Nuclear Plant | Apprentice Lineworker | Lineworker | Mechanic
 Meter Reader | Substation Electrician | Troubleshooter

TOTAL NUMBER OF EMPLOYEES _____ TOTAL EXPOSURE HOURS _____

SUMMARY CASE, DAYS DATA

# of Deaths (Column G)	# of cases with days away from work (Column H)	# of cases with job transfer or restriction (Column I)	# of other recordable cases (Column J)	total # of days away from work (Column K)	total # of days of on job transfer or restriction (Column L)

INJURY OR ILLNESS DATA

# of injuries (Column M-1)	# of skin disorders (Column M-2)	# of respiratory conditions (Column M-3)	# of poisonings (Column M-4)	# of hearing loss (Column M-5)	# of all other illnesses (Column M-6)

Contains International Data Contains Gas Data Contains Alternative Energy Data

Serious Incident & Fatality

Fatalities	Amputations	Concussions	Internal Organs	Bone Fractures	Tendon Ligament Tears	Herniated Disks	Lacerations	Burns
Eye Injuries	Foreign Materials	Heat Exhaustion	Dislocations	Other Injuries	Other Injury Description		Totals	



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Motor Vehicle Accidents

Vehicles _____ # Miles Driven _____

Total Motor Vehicle Accidents _____ (___ Alternate Definition Used)

Additional Motor Vehicle Benchmarking Questions

Please identify the alternate definition used for Total Motor Vehicle Accidents (if applicable):

- None
- ANSI/ASSE Z15.1-2017
- ANSI D16.1-2007
- AGA
- Other

Do you include reimbursable mileage in the number of miles driven? ___ Yes ___ No

Do you include personal vehicles in the number of vehicles? ___ Yes ___ No

Gas Data included in submission.



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Preventable Motor Vehicle Accidents

Vehicles _____ # Miles Driven _____

Total Motor Vehicle Accidents _____ (___ Alternate Definition Used)

Additional Motor Vehicle Benchmarking Questions

Please identify the alternate definition used for Total Motor Vehicle Accidents (if applicable):

- None
- ANSI/ASSE Z15.1-2017
- ANSI D16.1-2007
- AGA
- Other

Do you include reimbursable mileage in the number of miles driven? ___ Yes ___ No

Do you include personal vehicles in the number of vehicles? ___ Yes ___ No

___ Gas Data included in submission.

Please identify the Accident Types not included in your company's Preventable Accidents (select all that apply):

- Properly Parked Vehicles
- Accidents within the Work Zone
- Outside Agent Only Accidents – flying objects, floods, falling tree limbs, etc
- Animal Contacts
- Property Damage below a Dollar Limit (\$ Limit _____)
- Vehicle Damage below a Dollar Limit (\$ Limit _____)



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(Copy these pages as needed for each data area)

NCCI INJURY DETAILS FOR

Total Company | Distribution | System/HQ | Transmission | Transmission & Distribution | Coal Plant

Fossil Plant | Gas Plant | Hydro Plant | Nuclear Plant | Apprentice Lineworker | Lineworker | Mechanic

Meter Reader | Substation Electrician | Troubleshooter

Part of Body

1 Head		
10	Multiple Head Injury	
11	Skull	
12	Brain	
13	Ear(s)	
14	Eye(s)	
15	Nose	
16	Teeth	
17	Mouth	
18	Soft Tissue	
19	Facial Bones	

2 Neck		
20	Multiple Neck Injury	
21	Vertebrae	
22	Disc	
23	Spinal Cord	

24	Larynx	
25	Soft Tissue	
26	Trachea	

3 Upper Extremities		
30	Multiple Upper Extremities	
31	Upper Arm	
32	Elbow	
33	Lower Arm	
34	Wrist	
35	Hand	
36	Finger(s)	
37	Thumb	
38	Shoulder(s)	
39	Wrist(s) & Hand(s)	

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4 Trunk		
40	Multiple Trunk Injuries	
41	Upper Back Area	
42	Lower Back Area	
43	Disc	
44	Chest	
45	Sacrum and Coccyx	
46	Pelvis	
47	Spinal Cord	
48	Internal Organs	
49	Heart	
60	Lungs	
61	Abdomen	
62	Buttocks	
63	Lumbar and/or Sacral Vertebrae (Vertebrae NOC Trunk)	

5 Lower Extremities		
50	Multiple Lower Extremities	
51	Hip	
52	Upper Leg	

53	Knee	
54	Lower Leg	
55	Ankle	
56	Foot	
57	Toes	
58	Great Toe	
19	Facial Bones	

6 Multiple Body Parts		
64	Artificial Appliance	
65	Insufficient Info to Properly Identify – Unclassified	
66	No Physical Injury	
90	Multiple Body Parts (including Body Systems & Body Parts)	
91	Body Systems and Multiple Body Parts	
99	Whole Body	

Nature of Injury

1 Specific Injury		
01	No Physical Injury	
02	Amputation	
03	Angina Pectoris	
04	Burn	
07	Concussion	
10	Contusion	
13	Crushing	
16	Dislocation	
19	Electric Shock	
22	Enucleation	
25	Foreign Body	
28	Fracture	
30	Freezing	
31	Hearing Loss or Impairment	
32	Heat Prostration	
34	Hernia	
36	Infection	
37	Inflammation	
38	Adverse Reaction to a vaccination or inoculation	

40	Laceration	
41	Myocardial Infarction	
42	Poisoning – General	
43	Puncture	
46	Rupture	
47	Severance	
49	Sprain or Tear	
52	Strain or Tear	
53	Syncope	
54	Asphyxiation	
55	Vascular	
58	Vision Loss	
59	All Other Specific Injuries, NOC	

2 Occupational Disease or Cumulative Injury		
60	Dust Disease, NOC	
61	Asbestosis	
62	Black Lung	
63	Byssinosis	
64	Silicosis	
65	Respiratory Disorders	



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66	Poisoning – Chemical (Other than Metals)	
67	Poisoning – Metal	
68	Dermatitis	
69	Mental Disorder	
70	Radiation	
71	All Other Occupational Disease Injury, NOC	
72	Loss of Hearing	
73	Contagious Disease	
74	Cancer	
75	AIDS	
76	VDT – Related Diseases	
77	Mental Stress	
78	Carpel Tunnel Syndrome	
79	Hepatitis C	
80	All Other Cumulative Injury, NOC	
83	COVID-19	

3 Multiple Injuries		
90	Multiple Physical Injuries Only	
91	Multiple Injuries including both Physical and Psychological	

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Cause of Injury

1 Burn or Scald – Heat or Cold Exposures – Contact With		
01	Chemicals	
02	Hot Objects or Substances	
03	Temperature Extremes	
04	Fire or Flame	
05	Steam or Hot Fluids	
06	Dust, Gases, Fumes or Vapors	
07	Welding Operation	
08	Radiation	
09	Contact With, NOC	
11	Cold Objects or Substances	
14	Abnormal Air Pressure	
84	Electrical Current	

2 Caught In, Under or Between		
10	Machine or Machinery	
12	Object Handled	

13	Caught In, Under or Between, NOC	
20	Collapsing Materials (Slides of Earth)	

3 Cut, Punctured, Scape Injured By		
15	Broken Glass	
16	Hand Tool, Utensil; Not Powered	
17	Object being handled or lifted	
18	Powered Hand Tool, Appliance	
19	Cut, Puncture, Scape, NOC	

4 Fall, Slip or Trip Injury		
25	From Different Level (Elevation)	
26	From Ladder or Scaffolding	
27	From Liquid or Grease Spills	
28	Into Openings	
29	On Same Level	
30	Slip, Trip, Did Not Fall	

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31	Fall, Slip or Trip, NOC	
32	On Ice or Snow	
33	On Stairs	

5 Motor Vehicle		
40	Crash of Water Vehicle	
41	Crash of Rail Vehicle	
45	Collision or Sideswipe with another vehicle	
46	Collision with a Fixed Object	
47	Crash of an Airplane	
48	Vehicle Upset	
50	Motor Vehicle, NOC	

6 Strain or Injury By		
52	Continual Noise	
53	Twisting	
54	Jumping or Leaping	
55	Holding or Carrying	
56	Lifting	
57	Pushing or Pulling	
58	Reaching	

59	Using Tool or Machinery	
60	Strain or Injury By, NOC	
61	Wielding or Throwing	
97	Repetitive Motion	

7 Striking Against or Stepping On		
65	Moving Part of Machine	
66	Object being lifted or handled	
67	Sanding, scraping, cleaning operation	
68	Stationary object	
69	Stepping on sharp object	
70	Striking Against or Stepping On, NOC	

8 Struck or Injured By		
74	Fellow Worker, Patient or Other Person	
75	Falling or Flying Object	



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76	Hand Tool or Machine in use	
77	Motor Vehicle	
78	Moving Part of Machine	
79	Object being lifted or handled	
80	Object being handled by others	
81	Struck or Injured, NOC	
85	Animal or Insect	
86	Explosion or Flare Back	

9 Rubbed or Abraded By		
94	Repetitive Motion	
95	Rubbed or Abraded, NOC	

10 Miscellaneous Causes		
82	Absorption, Ingestion or Inhalation, NOC	
83	Pandemic	
87	Foreign Matter (Body) in Eye(s)	
88	Natural Disasters	
89	Person in Act of a Crime	
90	Other than physical cause of injury	
91	Mold	
93	Gunshot	
96	Terrorism	
98	Cumulative, NOC	
99	Other – Miscellaneous, NOC	



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SIF Pilot Reporting Project

Definitions of criteria to be used in collecting data is available online.

	2022	2023
Total Number of Company Employees		
Total Exposure Hours		
Fatalities		
Amputations (involving bone)		
Head Trauma		
Injury or Trauma to Vital Organs		
Bone Fractures requiring surgery		
Acute Traumatic Herniated Disc		
2 nd /3 rd Degree burns		
Eye Injuries		
High Pressure Injection Injuries		
Heat Stroke		
Dislocation of Hip, Elbow, Knee		



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Electrical Contact Injuries		
Vascular Trauma requiring surgery		
Acute chemical/radiological exposure		
Other Injuries		