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#### **OPTIONAL EMPLOYEE INTERVIEW QUESTIONNAIRE**

This questionnaire is included in the ORAA software system under the Employee Questionnaires Function on the Main Menu. The questionnaire is used to record responses to the interviews with a sample of employees.

#### Name/Employment Information

Last:	First:	Middle:
Date:	Occupation (regular jol	b title): Tenure (length of time on the job)

Department/Division:

#### **Recordkeeping Questions**

- 1. a. Have you ever seen an OSHA 200, the Log and Summary of Occupational Injuries and Illnesses, for your establishment?
  - [] Yes [] No
  - b. If yes, did you see it by:
    - [] Viewing the summary portion of the log posted by the employer.
    - [] Requesting access to see the entire OSHA log.
- 2. Did you experience an injury or illness during 1998 that was caused or aggravated by an event or exposure in your work environment?
  - [] Yes (go to Question 3) [] No (go to Question 7)
- 3. Briefly describe this injury and/or illness.

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4.	a.	Did you report the injury or illness to your employer?						
		[]	Yes	[]	No			
	C	If yes, was the case recorded on the OSHA log?						
		[]	Yes	[]	No	[] Don't Know		
	C	If no, v	why not?					
5.	Have	Have you or your employer filed for workers' compensation for this injury or illness?						
		[]	Yes	[]	No			
б.	a.	Did your injury and/or illness involve any days away from work or days of restricted work activity? If yes, explain.						
		[]	Yes	[]	No			
	b.	If yes, how many workdays?						
		Number of days away from work						
	Number of days restricted work activity							
7.	a. Are you aware of any of your coworkers experiencing a job-related injury or illness of 1998?							
		[]	Yes	[]	No			
	b.	If yes,	who?					

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