

**DIVISION OF OCCUPATIONAL SAFETY AND HEALTH
POLICY AND PROCEDURES MANUAL**

IMIS DATA ENTRY for the OSHA 170

P&P C-170&170A
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OSHA 170 IMIS DATA ENTRY INSTRUCTIONS:

Complete only one (1) Accident Investigation Summary and Narrative Summary per event, no matter how many inspections resulted.

An Investigation Summary (OSHA 170) shall be completed and data-entered into IMIS as FINAL for all fatalities and catastrophes resulting in an inspection within five (5) days of the opening conference. OSHA 170's can be later modified to reflect any new information.

NOTE ONE: Additional information is required by Federal OSHA for construction accidents. See Supplemental Construction Accident Information, Form OSHA 170 print (4/96), in IMIS.

Federal OSHA requires when an accident investigation is conducted in the Construction SIC Codes, additional information shall be provided on the following issues: (1) Type of Construction (new project, alteration of rehabilitation, maintenance or repair, demolition or other); (2) End-Use Type of Construction Site (single family or duplex dwelling, multi-family dwelling, commercial building, manufacturing plant, refinery, power plant, sewer/water treatment plant, other building, highway/road/street, bridge, tower/tank/storage elevator, shoreline development/dam/reservoir, pipeline, excavation/landfill, powerline/transmission line, other heavy construction, or contractor's yard/facility) and project cost; and (3) Victim Level Information (name, cause of accident, distance of fall, height of fall, operation being performed by victim, contributing operation).

NOTE TWO: If it is determined after an investigation is initiated that the accident involved a fatality or catastrophe that was not caused by a workplace condition, then compliance personnel must still complete an OSHA 170 to comply with OSHA/OMDS instructions.

NOTE THREE: If it is determined after an investigation is initiated that the accident involved a serious injury or serious exposure that was not caused by a workplace condition, then compliance personnel are not required to complete the OSHA 170 or Cal/OSHA 170A. Compliance personnel shall enter the code S 16 No 170s in Optional Information, Box 42, of the Cal/OSHA Form 1.

An electronic version of the 170 may be used. The computer will automatically generate the activity number.

1. Reporting ID

Enter the Reporting ID of the District Office.

2. Summary Number

A number is used to uniquely identify this summary.

3. Related Inspection Numbers

Enter the related inspection number from every Inspection Report, Cal/OSHA-1, which resulted from the event. All inspections related to the event, even if the employer did not have injured workers, should be included. If more than one inspection was conducted, enter the related inspection number of each inspection in Items 3.1 through 3.4. Do NOT enter Cal/OSHA 36(S) numbers in this field.

4. Total Entries

Enter the total number of related inspection numbers entered in Item 3.

NOTE: Injury data in items 5-18 should be completed based on information available at the time the inspection is completed.

5. Injured/Deceased (Name)

Enter the name of the injured or deceased employee(s).

NOTE: Per OMDS instructions, enter NO INJURY as the deceased's name if this fatality was not caused by a workplace condition.

6. Inspection Number

Enter the related subitem number (3.1, 3.2, etc.) from "Related Inspection Numbers," Item 3, to identify the inspection that covered the employer of the injured or deceased employee. If more than one injured or deceased person is covered by the same inspection, this number needs to be entered only once and an arrow drawn through the column for the other employees covered.

7. Sex

Enter the appropriate code as follows of the injured/deceased: M = Male; F = Female.

8. Age

Enter the age or approximate age of the injured/deceased.

9. Injury

a. Fatality.

Mark "X" in this box whenever an employee death occurs.

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b. Hospitalized.

Mark "X" to indicate that this was a hospitalized injury or illness, where inpatient hospitalization in excess of 24 hours for other than medical observation, but no deaths, occurred.

c. Non-hospitalized.

Mark "X" in this box to indicate that this was a non-hospitalized injury or illness.

10. Nature of Injury

Enter the appropriate 2-digit Nature of Injury Code from Attachment F to indicate the nature of the injury suffered by the individual.

11. Part of Body

Enter the appropriate 2-digit Part of Body Code from Attachment F to indicate the part of the body affected.

12. Source of Injury

Enter the appropriate 2-digit Source of Injury Code from Attachment F to indicate the source of the injury to the individual.

13. Event Type

Enter the appropriate 2-digit Event Type Code from Attachment F to indicate the type of event involved.

14. Environmental Factor

Enter the appropriate 2-digit Environmental Factor Code from Attachment F to indicate the contributing environmental factor.

15. Human Factor

Enter the appropriate 2-digit Human Factor Code from Attachment F to indicate the contributing human factor.

16. Task

Mark "X" in only one box.

a. Regularly Assigned. Mark "X" to indicate that the individual was working at his/her regularly assigned task at the time of the event.

b. Not Regular Task. Mark "X" to indicate that the individual was not working at his/her regularly assigned task at the time of the event.

17. Substance Code

If a hazardous substance contributed to the event, enter the appropriate 4-digit Hazardous Substance Code from Attachment F.

18. Occupation Code

Use the occupational code listed in Attachment F (Occupation Codes).

19. Type of Event

A description of the type of event in a brief, one line narrative, such as "fall from scaffold."

NOTE: Do not limit description to the code selections in Item 13. Compliance personnel should use their own words.

20. Abstract

A brief summary of the accident using information obtained during the investigation which provides the reader with a general idea of what happened. The abstract should describe the events involved in chronological order. Do not use employees' names in the abstract. Using the line numbers from Item 5, refer to employees as Employee #1, Employee #2, etc.

Note: It is important to include in the abstract opening sentence the date the accident occurred and the date the accident was reported to the District Office.

After reading the abstract, the reader should be able to determine the following:

- a. What the employees were doing or what process was in progress.
- b. Where the employees were when the accident occurred. The description should include important measurements such as depth of trench or height of scaffold.
- c. What kind of equipment was involved, if any. The description should include the name of the manufacturer, name of the equipment, serial number or the model number, if available.
- d. What type of injuries or fatalities were sustained.
- e. What the causal factors of the accident were, if evident.

NOTE: Indicate what factors caused the accident based only on facts discovered during the course of the accident investigation. Compliance personnel shall not include statements which are not based on a factual foundation, e.g., statements that "employee negligence" or "inattention to the job" should not be included in the abstract unless substantiated by facts.

- f. The general nature of the place of employment where the accident occurred.

g. If the injured or deceased employees engaged in the operation or if they were innocent bystanders.

h. If the injured or deceased employees were employees of the employer at whose place of employment the accident occurred or whether they were contract employees.