

CAIRS

Direct Data Entry



Training Package

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Introduction

Welcome to the CAIRS Direct Data Entry (CDDE) module. This module of CAIRS will allow you to enter accident and hours worked information through a graphical user interface, thus eliminating the need to send hard copy reports.

Individuals requiring access to CDDE must be trained. In lieu of classroom training, users' are given the opportunity to complete the training exercises at their own pace using the on-line training. The purpose of the training is to help you learn how to properly use features of the system before you begin to use CDDE on the production system. Six case scenarios for training purposes are provided in Appendix A of this Training Package. To complete the CDDE Training, which is required prior to approval for access to the CDDE in the production data base, new users must successfully complete, at minimum scenarios 1, 3, and 5 of Appendix B.

The training database is located at <https://cairstrain.hss.doe.gov/cairs/cairs.asp>. To enter the sample cases, log into the system and from the CAIRS Homepage click the *Data Input Modules* link. This link will take you to the CAIRS Input Center. The Input Center includes links to various features of CDDE, including the link to *Add New Cases*.

To get started, you will need a valid user ID and password to access the training database. The training database is an exact replica of the CAIRS production database that is used to collect actual data. If you are not registered to access the training database, contact the HSS InfoCenter at (800) 473-4375 to register. Once you receive your user ID and password, you will be able to access the training database.

Appendix A provides step-by-step instructions to complete a sample case. Before beginning the required training, some users' may find it helpful to practice entering case information using this sample case. By following the step-by-step instructions provided in the sample you will become familiar with how CDDE works. Appendix C of the document is a "Quick Reference for CAIRS Direct Data Entry." These tools will be beneficial both initially and as you become familiar with how to add/modify/print cases in the CAIRS online input module.

When completing the CAIRS training, you can enter the sample cases at your own pace and can save both completed and partially completed cases. The information you enter into the training database will remain in this database until your online training is complete. After you have entered the cases into the CAIRS training database (or at any time during your online training) you can submit your comments, suggestions, or questions by e-mail to HSSUserSupport@hq.doe.gov. When you have completed the online training, and are ready to begin using CDDE to submit accident reports for your organization, please submit your request by e-mail to HSSUserSupport@hq.doe.gov or phone the HSS InfoCenter at (800) 473-4375.

NOTE: Effective March 19, 2004, DOE HSS reporting policy does not include the requirement to report property and vehicle damage cases to CAIRS. This document includes instructions for using CDDE to report occupational injuries, illnesses, and hours worked only.

BUSINESS RULES FOR CAIRS DIRECT DATA ENTRY

CAIRS Case Input: Workspace vs. Production Space

The CAIRS Direct Data Entry feature is divided into two major components: the Workspace and the Production Space. The Workspace is used to store partially completed recordable cases and non-recordable cases. When data is submitted to the Workspace, the system will perform several checks to verify information in select data fields and to confirm that all required data fields are complete. If all data fields pass this screening, the record is then ready to be submitted to the Production Space if it is a recordable case, or saved in the Workspace if it is either partially complete recordable case or a non-recordable case.

The Production Space is used to store all recordable accident reports and exposure data for DOE organizations. For recordable cases, once the record passes the screening checks, the Submit to Production button will be activated and the user will be allowed to submit the completed case into the Production Space. The information submitted to the Production Space is made immediately available to all CAIRS users through queries, searches and report generation features in CAIRS. If new or revised information becomes available concerning a case that has been submitted to the Production Space, the case can be edited.

Table 1: Purpose of CAIRS Workspace vs. Production Space

Area	Function
Workspace	<ul style="list-style-type: none">• Holding area for recordable accident cases that are pending local approval• Holding area for partially completed reports• Permanent storage area for all non-recordable cases
Production Space	<ul style="list-style-type: none">• Permanent storage area for all recordable accident cases• Permanent storage area for work hours

APPENDIX A: SAMPLE CASE

Sample Case:

Safety Supervisor Joyce Linder, who completed the investigation on June 20, 2006, submitted the following information to you. She can be reached at (333) 555-1111.

Al Marks, ID number 01234, is the Assistant Director of the Environmental Management Program Office, in Department 02. He has been employed here since August 15, 1971. He lives at 5 Main Street, Anytown, Maryland.

He was walking to his car across the street from his office in Building 29 to go to a meeting in another building. He was in a rush and preoccupied and he slipped on the steps and fell at the curb. It was raining and the pavement was wet and slippery when he landed in the driveway. He caught himself by putting out his hands and injured both wrists. The employee was transported and admitted to General Hospital in Anytown, MD.

He was treated by Dr. Joe Know for a sprained left wrist and a fracturing right wrist. The fracture required outpatient surgery. He was out of the office for 20 workdays and then restricted to half time for the next 15 while he went to physical therapy. He may need additional time off for more therapy.

Mr. Marks works from 7 a.m. to 3:30 p.m. The accident occurred at 11:15 a.m. on March 13, 2006. He was born on June 20, 1950. The safety director discussed this incident with Mr. Marks and reminded him of the importance of being alert and observant of environmental conditions.

Step-by-Step Directions to Add the Sample Case:

CAIRS Case Input

1. Before you begin entering the case information, please read the sample case.
2. On the CAIRS main menu (<https://cairstrain.hss.doe.gov/cairs/cairs.asp>), click the **CAIRS Data Input Modules** link. The Input Center panel will be displayed.
3. In the **Input Center**, choose **Add New Case**. The **CAIRS Case Input** page will be displayed.
4. On the **CAIRS Case Input** page, select the correct Organization code from the drop down box, if necessary. (NOTE: If your access level includes more than one organization, you will have multiple organization codes to select from.)
5. Enter a **Case Number** (7-digit number of your choice but it must agree with case number assigned on the OSHA 300 Log).
6. Select the **Accident Type**.

General Information

1. Notice that the Organization Code, Case Number and Accident Type from the previous screen are transferred here. If necessary, the Case Number can be changed.
2. Click the arrow to the right of the **Program Office** field and select **Environmental Management** from the drop-down list.
3. In the **Department, Division, or ID Code** field, type **02**.
4. Enter the **Occurrence Date, 20060313**.
5. Select “Yes” as the response to **Time of accident known** and enter the **Accident Time (11)** and **Time Employee Began Work (07)** from the corresponding drop-down lists.
6. Make sure the choices are correct for **Accident Occurred** and **On Employer’s Premises**.
7. In the **Specific Location** field, enter **Front steps of Bldg. 29**.

Employee Information Section

1. Enter the Employee’s Last and First **Name (Marks, Al)** in the corresponding fields.
2. In the **Home Address** field, enter **5 Main Street, Anytown, MD**
3. Enter the **S.S./I.D. Number, 999001234**
4. Enter the **Date of Birth, 19500620** (if you enter a date of birth, the system will calculate the age and fill in the Age field for you).
5. Select **Male** from the Gender dropdown menu.
6. In the **Job Title** field, enter **Asst. Director**
7. Click the word Occupation to display a list of choices in the Help frame. Click the link for **0000 Managerial and Professional Specialty Occupations**. A sub-list of choices will then be displayed. Click **0100 Executive, Administrative, and Managerial Occupations** to drill down to the next list. Click **0101 MANAGER/ADMINISTRATOR** and the code **0101** will be entered in the **Occupation** field for you. (Note: You can use the Back button on the browser to return to the previous code listing page, if necessary.)
8. In the **Hire Date** field, type Al’s hire date, **19710815** (if you enter a hire date, you do not have to enter Length of Employment).
9. In the **Length of Time on the Job** field, select **Over 12 Months** from the dropdown menu.

Injury/Illness Section

1. The **OSHA Classification** for this case is “Injury”, which is the default for this field.
2. In the **Days Away from Work** field, enter 20.
3. In the **Days of Restricted Work Activity** field, enter 15.
4. Click the dropdown arrow and select **No** from the **Death?** dropdown menu.
5. Click the dropdown arrow and select **No** from the **Transferred?** dropdown menu.
6. Click the dropdown arrow and select **No** from **Terminated?** dropdown menu.
7. Click the dropdown arrow and select **No** from the **Is This Case Closed?** dropdown menu.
8. Enter a short description of the injury in the **Nature of Injury/Illness** text field.
9. Click the **Body Part Injured** link. Drill down the appropriate codes for a wrist injury (Hint: your final selection should be 3201—start at 3000 and drill down through the levels of codes). By clicking double-clicking on the appropriate code the code selected is automatically transferred from the list to the blank space in the form.
10. Click the **Nature of Injury** link. Drill down the appropriate codes for a fracture (Hint: your final selection should be 0012)
11. In the **Name of physician or other health care professional:** field, enter **Dr. Joe Know, General Hospital**

12. In the **If treatment was given away from the worksite, where was it given:** field, enter **General Hospital, Anytown, MD**
13. Click the dropdown arrow and select **No** from the **Hospitalized Overnight?** dropdown menu.
14. Click the dropdown arrow and select **No** from the **Was employee treated in an emergency room?** dropdown menu.

Object or Substance Contributing to Injury

1. Click the **Source** link. Drill down the appropriate codes for a curb (Hint: your final selection should be 6205)
2. Click the **Other material, substance or equipment:** link. Drill down to find **Rain** (Hint: 9307)

Narrative Guide Section

1. In the **Activity** field, enter a description: **The employee was walking to his vehicle en route to attend an offsite meeting. He tripped and fell at the curb into the driveway in front of building.**
2. Enter or select the **Activity Code: 1001(Reminder, if you double click on the code in the list the code is automatically entered into the form.)**
3. In the **Object or Substance** field, enter **None**.
4. In the **Events** field, enter a complete sequence of events: **It was raining and the employee was walking fast, trying to get to his vehicle. He slipped on the wet pavement. He fell and landed in the driveway. The employee was transported to General Hospital where he had outpatient surgery as a result of the injury. He sprained his left wrist and fractured his right wrist.**
5. Click the **Loss Event** link and select the appropriate code for the event (you decide this time)
6. Click the radio button for the direct cause: **Employee** because of employee inattention to environmental conditions
7. Click the check box for an indirect cause: **Weather** because of rain
8. In the **Conditions** field, type: **Raining, wet pavement.**
9. In the **Actions** field, type your comment: **Employee was in a rush and preoccupied as he left the building.**
10. In the **Factors** field, type: **Employee not paying attention.**
11. In the **Actions Taken** field, enter: **The safety director discussed this incident with the employee and reminded him of the importance of being alert and observant of environmental conditions.**
12. In the **Actions Recommended** field, enter: **None**
13. Enter the name **Joyce Linder** in the **Person Completing Form** field.
14. Enter **20060620** in the **Signature Date** field.
15. Enter **555-1111** in the **Telephone** field.
16. In the **Job Title** area, select the **Supervisor** radio button.
17. Click the **Check Input** button.
18. If desired, use the Print button on your browser to print the pages for review.

APPENDIX B: TRAINING SCENARIOS

General Instructions to Enter Training Scenarios:

1. Make sure you have printed a copy of the sample case Scenarios so that you can follow the source of the information as you enter it.
 2. Open your browser and, in the location field, enter <https://cairstrain.hss.doe.gov/CAIRS/admin/input/cairsinput.asp> .
 3. Log onto the system using your user name and password. This will take you to the main screen for CAIRS.
 4. Click on the link to **CAIRS Data Input Modules**. This will open the Input Center page.
 5. To begin adding a new case with the information provided in Scenario 1, click the **Add New Case** button.
 6. The CAIRS Case input frame opens on the left side of the screen and the Help frame opens on the right. Notice the organization(s) for which you are authorized to enter data are available to you in the drop down box to the Organization field.
 7. To begin the data entry process, click on the appropriate organization code to select the reporting organization, enter a case number which should correspond to the case number from the OSHA Form 300, and select the accident type. Finally, click the **Next Page** button and the New Injury/Illness Case form will open in the left frame of the next screen and help text will be displayed on the right.
 8. Use the information provided in the training scenarios to complete each field of the data entry form.
 9. When you have completed entering data for the first scenario, click the **Check Input** button to validate the information. If erroneous data is entered in a field or if a required data field is left empty, you will receive an error message at the top of the page and item will be highlighted in red. The missing or improper data must be added to the report before the case can be submitted. When the new case has passed all validations, no error messages at the top of the form, click the **Save** or **Submit to Production**.
- REMINDER: The case is not “reported to DOE” as required by DOE Directives until you click the Submit to Production button.**
10. Repeat this process to enter each of the training cases. When data entry is complete and you are ready to submit your cases to the “Production” space, go to the Input Center and click “Submit Changes.” This will submit each of the cases that were completed without errors to the “Production” space.
 11. Cases that are incomplete or that failed the validation for other reasons will not be submitted to the “Production” space until they are modified and are error free.

Scenario 1 - Recordable Injury/Illness Case

On January 22, 2009 at 8:00 a.m., Gary Beck, a Senior Machinist II, reported to the site medical department complaining of "Numbness in fingers at night from hand movement in the workplace. Twisting of wrist and tooling." He decided to report to medical after noting numbness in the fingers of both hands at night. Gary performs machinist duties in the Building 231 Machine Shop. He works with a variety of fixed power tools (including lathes, saws, mills, drill presses, etc.) and hand tools associated with metal work.

Gary also uses a VDT workstation to process work orders and e-mail. His work tasks require that he use his hands and wrists extensively during performance of machine shop work, and he has performed these tasks for about 16 years in a variety of work areas and settings. The onsite physician referred Gary to Dr. Richard Boone (7000 Madison Avenue) for further evaluation. He was diagnosed with carpal tunnel syndrome. Dr. Boone performed outpatient surgery on February 2nd. It is estimated that Gary will be away from work for 46 days recuperating from the surgery.

Robert L. Cook, Safety Professional, began the accident investigation January 23rd. Robert's phone number is 111-333-9029. Gary's work area was evaluated on January 23rd. No abnormal conditions were noted. The controls and set up of both the fixed power machine tools and VDT workstation were typical. However, Gary was not sufficiently aware of the potential for repetitive motion injury to change his work habits and ergonomics. Therefore, it is recommended that employees who work at repetitive motion activities be made aware of the potential for injury/illness and given techniques to minimize the potential for injury/illness at the earliest possible opportunity. George Miller, Gary's supervisor, reviewed investigation findings on January 27. The investigation was closed on that day. George's phone number is 111-333-2839.

Additional personnel information for Gary Beck -

Employee ID Number: AC1928

Date of Birth: 04/09/1951

Employment Date: 02/16/1980

Department Manager: Salvos Quinton, Manufacturing and Materials Engineering Dept.

Scenario 2 - Recordable Multi-Case Accident

On February 18, 2009 at 3:00 p.m., an employee (Alex Cushman) was looking for some papers on the top shelf of a storage cabinet located in the Parts Factory. The employee attempted to stand on the bottom shelf of the cabinet to reach the papers on the top shelf. The cabinet and the contents of the cabinet fell forward. The edge of the cabinet struck the employee on the right hand causing a laceration. Another employee (Nathaniel Willis) attempted to lift the cabinet and sustained a severe back strain. Alex (ID number 501110), who works for ABD Corporation, has been employed as a machinist for approximately 8 years (June 14, 1996) and is was born May 12, 1946. Nathaniel (ID number 809100), who works for XYZ Corporation, has been employed as an assistant machinist since January 2, 2002 and was born April 12, 1969. This was the first multiple case for this year.

Mr. Cushman had retrieved a pair of small production housings from the top shelf of the stainless steel storage cabinet and was looking for the paperwork associated with the parts. The cabinet is 7'X4'X18". The employee is approximately 5 feet tall. He was unable to reach the back of the top shelf and stepped up on the bottom front edge of the cabinet with his right foot in an effort to reach the papers. The weight of the employee caused the cabinet to tip over. Investigation of the incident found that the front edge of the cabinet protrudes out 3 inches from its base. When the employee stepped on the protrusion, it acted like a lever and pulled the cabinet over. The investigation also found the front two support pads of the cabinet had been leveled with paper and metal shims, which affected the cabinet's stability. The investigators noted that a step stool was located in close proximity to the cabinet. The employee did not use the step stool. It was determined that the cabinet and its contents weigh at least 500 pounds. Mr. Willis, who has a history of back disorders, was not aware of the weight of the cabinet.

Both employees were taken immediately to onsite medical evaluation and treatment. Mr. Willis was referred to an orthopedic specialist for physical therapy. Mr. Cushman was referred to General Hospital, where Dr. Ben Casey treated him. The physician closed the wound with several stitches, and the employee was released with a prescription for pain medication. The employee was placed on restricted work duty for 3 days. At a follow-up visit to medical on February 23, the stitches were removed and the employee was released from medical. He has returned to his normal duties without restrictions.

The cabinet was taken out of service and secured to a partition to prevent tipping. The cabinets in the adjacent room that were of similar design have also been secured to the floor. Signs have been posted on the cabinets identifying the prohibition of stepping on the cabinet front edge or attempting to lift the cabinet without the assistance of a forklift. All employees were briefed on this incident at the weekly safety meeting. The accident investigation was initiated on the day of the incident by Mark Brown (Phone # 313-782-9901), Safety Professional. The investigation report was finalized on March 2 and forwarded to the Parts Dept. Manger for review. Jason Lamm, (Phone # 313-782-9981), Parts Department Manager reviewed the accident findings, on March 3, 2009.

Scenario 3 - Revise a Production Record

NOTE: Using the information provided below, revise the case that was previously entered into the production database.

On January 22, 2009 at 8:00 am, Gary Beck, a Senior Machinist II reported to the site medical department complaining of numbness in fingers at night from hand movement in the workplace. Twisting of wrist and tooling. He decided to report to medical after noting numbness in the fingers of both hands at night. Gary performs machinist duties in the Building 231 Machine Shop.

He works with a variety of fixed power tools (including lathes, saws, mills, drill presses, etc.) and hand tools associated with metal work. In addition, he uses a VDT workstation to process work orders and e-mail. His work tasks require that he use his hands and wrists extensively during performance of machine shop work, and he has performed these tasks for in a variety of work areas and settings.

He was diagnosed with carpal tunnel syndrome. Dr. Richard Boone from HealthCare located at 7000 Madison Avenue, performed outpatient surgery in February. This illness was previously reported to CAIRS with an estimated 46 lost workdays. Gary returned to work on March 2, resulting in 19 lost workdays. No further loss is anticipated.

Scenario 4 - Recordable Injury/Illness Case

On the 27th day of last month at 4:00 p.m. George W. Brown (ID Number 097784), a journeyman electrician, received 2nd degree burns to his right hand. George works for the Plant Maintenance Department; at the time of the accident he was in Building 5 Boiler Annex. The employee was born Sept. 6, 1952; this is the first recordable accident that he has had since he joined our company 13 years ago to work as a maintenance electrician.

The Building 5 Boiler Annex is located on the West end of the plant. Insulation on some of the energized steam lines was missing, exposing hot steam lines. No temporary insulation was in place. Furthermore, no signs were in place to warn of the exposed steam lines. George was in the boiler room laying out conduit for installation. As he passed under newly installed de-energized steam lines, he reached out to brace himself, touched a previously existing energized steam pipe, and burned his hand. (Note that there was an accessible crossing point located several feet away.)

George went to the onsite medical unit for treatment of the burns. He was treated by Dr. O'Mygosch and sent home for the remainder of his shift. The next 4 working days he was on restricted work duty; however, he is now back at work performing his normal work duties. The day after the incident, all steam and condensate lines, which had previously been exposed, were immediately covered with temporary insulation; signs and caution tape were erected to alert employees to the hazard.

The accident was investigated by Steve Williams, Safety Professional, immediately following the accident. His phone number is 509-304-2039. George's supervisor, Tim Jones, reviewed accident investigation findings the day following the accident. Mr. Jones notified the cognizant program office official, HS-31. Any questions regarding the incident should be addressed to Mr. Jones. He can be reached at 509-304-0987.

Scenario 5 - Data Entry for Work Hours

The work hours for your organization this quarter are as follows:
Work hours: 7350987

Scenario 6 - Revise Organization Information

Change the phone number of your organization to (240) 555-0092.

APPENDIX C. QUICK REFERENCE FOR CAIRS DIRECT DATA ENTRY

BROWSER TIPS

1. Access the Internet as you would normally, either over a direct local network connection to the Internet or over an Internet connection via an Internet Service Provider.

CDDE Access:

1. Type the CAIRS address into the address field for your browser: <https://cairstrain.hss.doe.gov/CAIRS/cairs.asp>
2. If you have previously bookmarked the location, you can choose it from your Favorites list.
3. When requested, type your **Username** and **Password**.
4. Choose **CAIRS Data Input Modules** from the CAIRS main menu. The **Input Center** will open.

To print:

To print, click the **Print** button on the Navigation toolbar.

INPUT CENTER OPTIONS

Revise Workspace: Displays CAIRS cases, which have been saved but not moved to production. Allows you to see at a glance cases entered, related dates, who entered the case information, and other pertinent information.

Add New Case: Displays the CAIRS Case Input page from which you can make the appropriate selections to begin data entry.

Revise Production Record: Use this page to search for recordable cases once they have been moved to the production environment. This allows you to access cases in production for update or revision.

Data Screening: Use this page to search for accident cases that meet specific criteria. The primary search fields available are: accident year and/or month, accident time, organization, accident type, add date, modification date, or CASE ID.

Revise Non-Recordable: Displays Non-Recordable cases, which are being saved in a workspace area of CAIRS. The cases are being saved in the Non-Recordable area of CAIRS for one or more of the following reasons: 1) additional information is pending that may make the case recordable, 2) additional information was received that changed the case from recordable to non-recordable, or 3) the reporting organization chose to utilize this feature of CAIRS to track of first aid cases. Use this page to access non-recordable cases

entered requiring updates and to obtain information related to the case, i.e., when the case was entered and who entered the case.

Input Status Report: Use this page to search for cases that were entered into the system during a selected time frame. As an administrative tool, this page could be used to pull all cases added during a month, week, etc. The resulting report provides the number of cases entered by date and user for the organization code specified.

Enter/Update Workhours: Depending on your access level, you may use this feature to enter and edit the number of hours worked for your organization.

Update Organization Information: Use this page to verify or update select information for the specific organization.

If you need further assistance, please direct your questions to the HSS InfoCenter at (800) 473-4375 or send an e-mail message to CAIRS_Support@hq.doe.gov

ENTERING A NEW CASE

1. In the **Input Center**, choose **Add New Case**. The CAIRS Case Input Page will be displayed.
2. On the CAIRS **Case Input** page, select the correct **Organization code** from the list, if multiple codes listed.
3. Enter a **Case Number** (8 character field), should be same as indicated on the OSHA 300.
4. Select the **Accident Type**.
5. If the accident involves two or more reporting organizations, select **Yes** in the **Multi-Org field**. Phone the HSS InfoCenter at (800) 473-4375 to request a multiple case number.
6. Click the **Next Page** button to continue entering information for the new case.

General tips for case entry:

- **Case Number** is a unique 8 character identifier that may be alphabetic, numeric, or a combination of characters but must agree with the case number listed on the OSHA Form 300.
- If there is a down arrow next to a text entry box, click the arrow to select from a list of available choices.
- If a field name is underlined, click it to display Help. Either explanatory text or a list of the choices for this field will display in the Help frame on the right side of the window. Click the appropriate choice to see sub-choices in that category. When you click a code at the lowest coding level, it will automatically be entered in the field. Use the Back button to return to a higher tier in the list.
- If a multi-case incident involves only your organization, enter a unique Multi-Case Number for this case and all other cases associated with the accident. Multi-Case

Numbers should be sequential within a year (e.g., 01 for the first Multi-Case Number for the year, then 02, etc.).

- Use of double-quotes in narrative fields will result in an error message for that data field. Single quotes do not result in error messages.

To enter an injury/illness case:

The following fields are included on each injury/illness case. Fields followed by an * are not mandatory.

REQUIRED FIELDS

Occurrence Date: Populated with current date; change if necessary to indicate the date of the injury or diagnosis of illness.

Time of Accident Known?: Select Yes or No from the dropdown menu. Note that if Yes is selected, Accident Time becomes mandatory.

Accident Time: This field defaults to the current time. Enter time of the accident to the nearest hour (Military Time).

On Employer Premises: Indicate whether or not the accident occurred on the employer's premises.

Specific Location: Enter the specific location of the accident.

Name (Last, First, MI): Enter the last name, first name, and middle initial of the employee.

Employee Home Address: Enter the full street address, city, state, and zip code of the employee.

I.D. Number: Enter a unique 7 character identifier for the employee. **Do not use an abbreviated employee Social Security number.**

Date of Birth: Enter either the employee's date of birth (enter date as YYYYMMDD).

Gender: Select the appropriate gender for the employee.

Job Title: Enter the job title of the employee.

Occupation Code*: Identifies the generic occupation of the employee; enter appropriate code.

Hire Date: The accepted format for Date of Hire is YYYYMMDD.

OSHA Classification Code: Select appropriate item from dropdown box. The default is Injury.

Death?: Indicate whether or not the injury or illness resulted in death.

Transferred?: Indicate whether or not the injury or illness resulted in the employee being transferred to a new location.

Terminated?: Indicate whether or not the injury or illness resulted in the employee's termination.

Is this case closed?: Choose Yes or No.

Nature of injury/illness: Identifies the specific nature of the injury or illness

Nature of Injury Code*: Enter appropriate code or leave blank and have this field coded by data entry specialist. This code should identify the principal physical characteristics of the injury or illness.

Activity: Describe the activity in progress at time of accident. Be specific.

Events: Beginning with initiating event and ending with the

nature and extent of injury, list any objects or substances involved and describe how they were involved.

Accident Causes: Cause directly related to the accident. Select one.

a. Conditions: Describe the conditions that existed at the time of the accident (the specific control factors that were or may have been the direct or immediate cause or causes of the accident).

b. Actions: Describe the actions on the part of the employee that contributed to the occurrence of the accident/incident.

c. Factors: List the influencing factors or underlying causes (conditions or actions or both) that contributed to the accident/incident.

Corrective Actions:

a. Actions Taken: Describe actions taken to prevent recurrence of accident/incident.

b. Actions Recommended: Describe corrective actions planned by line management that require time for implementation.

Person Completing Form (Name): Enter name for Person Completing Form.

Person Completing Form (Signature Date): Enter appropriate date (YYYYMMDD).

Person Completing Form (Telephone): Enter phone number.

Official Position: Select title of Person Completing Form.

Body Part Injured *: Select the appropriate code to identify the part of body injured or affected by the illness.

Nature of Injury Code*: Enter appropriate code or leave blank and have this field coded by data entry specialist. This code should identify the principal physical characteristics of the injury or illness.

Source*: Select the appropriate code that identifies the primary object, substance, bodily motion or exposure which directly produced or inflicted the injury or illness.

Other material, substance or equipment*: Select the appropriate code that identifies the secondary object, substance, or person that generated the source of the injury or illness or that contributed to the event or exposure.

Personal Protective Equipment Used *: Select the appropriate code to identify personal protective equipment used by the employee at the time of injury.

Activity Code *: Select the appropriate code to identify the activity in progress at the time of the accident.

Loss Event Code *: Select the appropriate code to identify the manner in which the injury or illness was produced or inflicted by the source of the injury or illness.

To validate your input and save the case:

1. Click the **Check Input** button to perform validation of information that has been added to the form. If the form is incomplete, or errors were made during data entry, the results of the validation will appear at the top of the form. The validation messages will indicate the data fields that are incomplete or containing invalid data. Also, you will notice that mandatory data fields are highlighted in red if the information for one of these fields is either incomplete or invalid.
2. If you are missing information, and the information needed is not available at this time, submit the partially completed form to the Workspace and return to it at another time to complete the report. If the only fields that fail the validation test are the field that you intentionally left blank to have coded by a data specialist, select **yes** at the bottom of the page to indicate that you would like to have the data specialist finish coding. Finally, click **Save** to have the report saved in the Workspace.

To update or revise a case in the Workspace:

1. In the Input Center, click the **Revise Workspace** button.
2. Click the desired case number (CaseID) to open the case selected.
3. Enter your revisions.
4. Click the **Save** button to return the case to the Workspace, or, click the **Check Input** button to verify that all required fields have been completed. If correct, the **Submit to Production** button will then become active. Click the **Submit to Production** button to move the case from the workspace and submit the case to the Production area.

To submit all completed cases in the workspace to production:

1. From the Input Center, click the **Revise Workspace** button.
2. Cases that are complete and ready to be submitted to production will appear in the listing with "Ok" listed in the "Coding" column and a check mark indicated in the "Send to Production" column. Click the **Submit Changes** button to move these cases to the production space. NOTE: Incomplete cases will remain in the workspace.

To update or revise a case in production:

1. In the Input Center, click the **Revise Production Record** button.
2. This brings up the CAIRS Case Revision page. Enter information specific to the case you wish to revise. **Hint:** The more specific information you can specify, the better the chance that CAIRS will isolate that record.
3. Click the **NEXT PAGE** button.
4. This will bring up the **CAIRS Cases in Production** page

that will provide a listing of cases that match your search criteria. If you are not sure which is the correct case, click each CaseID to open and view the case information. Once you identify the case that needs revision, you can change the information and click the **Update Production Record** button when complete. Repeat this process for each case that you open that requires revision.

5. If you can identify several cases from the listing that revisions are needed for the **WDL** (Work Days Lost or days away from work) or **WDLR** (Work Days Lost Restricted or days of job restriction or transfer) you can make the necessary changes to all of the cases from the CAIRS Cases in Production listing. After all of the data is revised click the **SUBMIT CHANGES** button.

To enter workhours:

1. From the Input Center menu, select **Enter/Update Workhours**.
2. Assure that the organization code that you are reporting for appears in the Organization Code field. If the correct code is not displayed, click the drop-down arrow to view a list of all codes you are allowed to use, and click the desired code. (NOTE: If entering data for multiple organization codes, select the codes by pressing and holding down the control key (Ctrl) while clicking each **Organization code** you are ready to submit the report.
3. Select the desired **Year** and **Quarter**. Click the button to **Show Data From Previous Quarter** if this information is desired.
 - Click the **Next Screen** button.
4. Input work hours information for the organization code(s). **Hint:** You may use the tab key to move between fields.
 - If available, enter the Program Secretarial Office (PSO) code in the **PSO** field and the percent of the hours that are dedicated to work for that PSO (you may enter up to three separate PSO designations).
 - After entry is complete, click the **Submit Changes** button.

To update organization information:

1. From the Input Center menu, select **Update Organization Information**.
2. Update the allowed fields as necessary.
 - Click the **Update** button at the bottom of the page.