

# **CAIRS**

## **Direct Data Entry**



## **Training Package**

**Version 7.0**  
**June 2014**



## TABLE OF CONTENTS

Introduction.....	1
Business Rules for CAIRS Direct Data Entry .....	2
CAIRS Case Input: Workspace vs. Production Space .....	2
Appendix A: SAMPLE CASE.....	3
Adding a New Case - Sample Case: .....	3
Step-by-Step Directions to Add the Sample Case: .....	4
Appendix B: Training Scenarios.....	10
General Instructions to Enter Training Scenarios: .....	10
Scenario 1 - Recordable Injury/Illness Case.....	11
Scenario 2 - Recordable Multi-Case Accident .....	12
Scenario 3 - Revise a Production Record .....	13
Scenario 4 - Recordable Injury/Illness Case.....	14
Scenario 5 - Data Entry for Work Hours .....	14
Scenario 6 - Revise Organization Information .....	14
Appendix C: Quick Reference for .....	15
CAIRS Direct Data Entry .....	15



## Introduction

Welcome to CAIRS Direct Data Entry (CDDE). This module of CAIRS will allow you to enter injury/illness reports and hours worked information through a graphical user interface.

Individuals requiring access to CDDE must be trained prior to approval for access to the production version of the database. Classroom training is offered periodically, however, users can fulfill the training requirement by completing the online training exercises at their own pace using the training version of the CAIRS database. The training will help users learn how to properly use features of the system before you begin to use CDDE on the production system. Six scenarios for training purposes are provided in Appendix A of this Training Package. 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 AU 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 [AUUserSupport@hq.doe.gov](mailto:AUUserSupport@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 [AUUserSupport@hq.doe.gov](mailto:AUUserSupport@hq.doe.gov) or phone the AU InfoCenter at (800) 473-4375.

**NOTE: Effective March 19, 2004, DOE 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**

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

## APPENDIX A: SAMPLE CASE

### Adding a New Case - Sample Case:

The following sample case information will be used to provide step-by-step directions for adding a new case to CAIRS.

*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.*

*Tim Summers, 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. It was raining and the pavement was wet and slippery when he landed on the sidewalk. He fell on 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. Summers 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. Summers 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 - General Information

Before you begin entering the case information, please read the sample case.

1. On the CAIRS main menu (<https://cairstrain.hss.doe.gov/cairs/cairs.asp>), click the **CAIRS Data Input Modules** link to access the Input Center.

**Computerized Accident/Incident Reporting System**


We are testing new features on the training platform. Some functions may not work occasionally. This message will be removed when the testing is done.

---

**OFFICIAL USE ONLY**  
May be exempt from public release under the Freedom of Information Act (5 U.S.C. 552), exemption and category: 2, Circumvention of Statute.  
Department of Energy review required before public release

You have 23 case(s) in the [workspace](#) for your input organizations, 0 new or revised case(s) since last log in on 02/19/2013 at 06:43  
You have 1104 case(s) in the [production](#) for your input organizations, 0 new or revised case(s) since last log in on 02/19/2013 at 06:43

[CAIRS Database Modules](#)  
[CAIRS Data Input Modules](#)  
[Injury and Illness Dashboard](#)  
[Non-Reportable Subcontractor Data](#)  
[What's New](#)  
[Facts About CAIRS](#)  
[Help/Tutorial](#)  
[Help Mode](#)  
[Reference Manual](#)  
[Security Notice](#)



TRAINING COMPUTER  
Please send comments to [CAIRS.Support@hq.doe.gov](mailto:CAIRS.Support@hq.doe.gov)  
or call the HSS Helpline at (800) 473-4375. Hours: 7:30 A.M. - 5:00 P.M., Mon - Fri (ETZ).  
Office of Health, Safety and Security

2. Choose **Add New Case** to open a blank electronic report form and begin data entry.

GICS Input Form - Windows Internet Explorer provided by ETS  
<https://cairstrain.hss.doe.gov/CAIRS/admin/input/cairsinput.asp>

CAIRS Health, Safety and Security

**Input Center**

<a href="#">Revise Workspace</a>	<a href="#">Enter/Update Workhours</a>
<a href="#">Add New Case</a>	<a href="#">Update Organization Information</a>
<a href="#">Revise Production Record</a>	<a href="#">Documentation</a>
<a href="#">Data Screening</a>	<a href="#">Training Package</a>
<a href="#">Revise Nonrecordable</a>	
<a href="#">Input Status Report</a>	<a href="#">Bulk Upload</a>
<a href="#">List Users</a>	<a href="#">Report Automation</a>
	<a href="#">Download CairDump</a>

CAIRS Home Page



- The first section of the CAIRS Direct Data Input form collects **General Information** about the case. Information entered in this section identifies the organization reporting the case and other information such as when and where the event took place. If all of the **General Information** is not available when a user begins to enter a case, a partially completed case can be saved if the organization and case number is entered. Cases saved are stored in CAIRS Workspace and can be opened at a later time for completion.

Select the correct Organization code from the drop down box. (NOTE: If your access level includes more than one organization, you will have multiple organization codes to select from.)

The screenshot shows a web browser window displaying the CAIRS Direct Data Input form. The browser address bar shows the URL: https://cairstrain.hss.doe.gov/CAIRS/admin/input/CaseDetails.aspx?type=W. The form is titled "Workspace Case" and includes a "General Information" section. The fields in this section are:
 

- GIC: (empty)
- \*Organization: Select (dropdown menu)
- \*Case Number: (text input field)
- \*Program Office: Select (dropdown menu)
- Multi-Org case?: No (checkbox)
- \*Accident Type: Select (dropdown menu)
- Investigation Type: C (dropdown menu)
- \*Department, Division, or ID Code: (text input field)
- \*Occurrence Date(mm/dd/yyyy): (calendar icon)
- \*Time of Accident known: (dropdown menu)
- \*Accident Occurred: (dropdown menu)
- \*On Employer's Premises: (checkbox)
- \*Specific Location: (text input field)

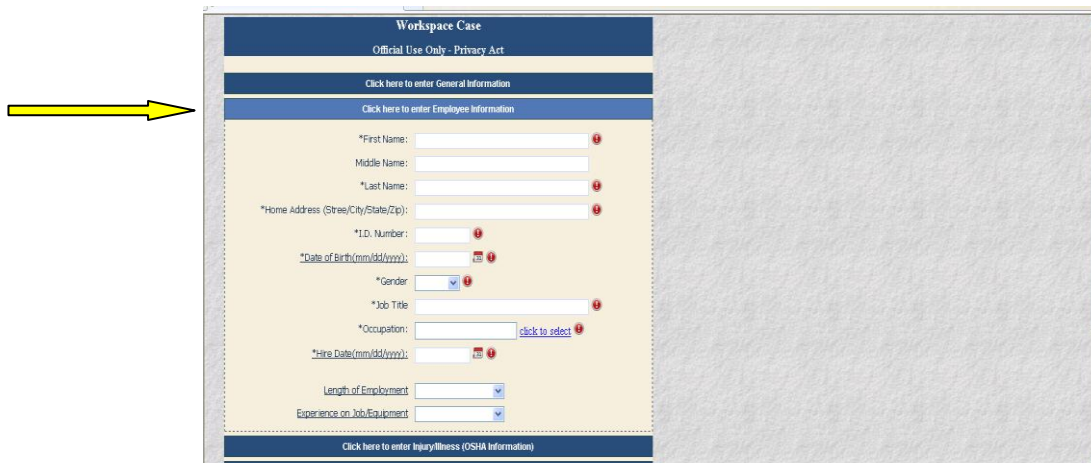
 At the bottom of the form, there are buttons for "Submit to Production", "Save", "Start Over", and "Validate". The browser status bar at the bottom shows "Trusted sites | Protected Mode: Off" and a zoom level of 125%.

- Enter a **Case Number** (7-digit alphanumeric data field of your choice but it must agree with case number assigned to this case on the OSHA 300 Log).
- Click the arrow to the right of the **Accident Type** field and select **Injury/Illness**
- Investigation Type** is a pre-selected field and does not require changing for this case.
- Click the arrow to the right of the **Program Office** field and select **Environmental Management** from the drop-down list.
- In the **Department, Division, or ID Code** field, type **02**.
- Enter the Occurrence Date, 03132006.
- 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.
- Make sure the choices are correct for **Accident Occurred** and **On Employer's Premises**.
- In the **Specific Location** field, enter **Front steps of Bldg. 29**.

Although not required, it is recommended that you **SAVE** information as you complete entering it into each section of the CAIRS Direct Data Input form. When you click on the SAVE button at the bottom of the screen, the system saves all information entered on the partially complete report. This practice is not required but is recommended to avoid loss of completed reports due to required security timeouts built in the software or Internet service interruptions.

The next logical step when entering an injury/illness case is to complete the Employee Information section. The data fields in this section provide information about the injured/ill employee.

**Click on the text “Click here to enter Employee Information” to access these data fields.**

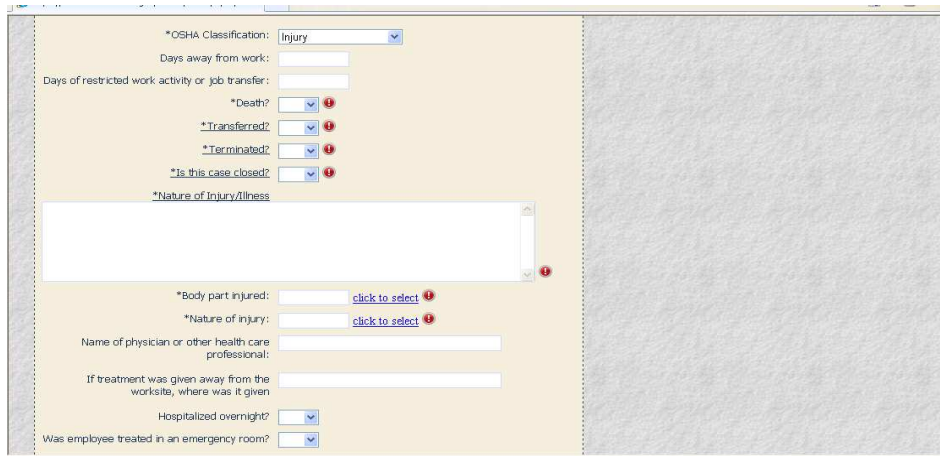
The image shows a screenshot of a web-based form titled "Workspace Case" with a sub-header "Official Use Only - Privacy Act". The form is divided into sections. The "Employee Information" section is highlighted with a yellow arrow pointing to the link "Click here to enter Employee Information". This section contains several data fields: \*First Name, Middle Name, \*Last Name, \*Home Address (Street/City/State/Zip), \*I.D. Number, \*Date of Birth (mm/dd/yyyy) with a calendar icon, \*Gender (dropdown menu), \*Job Title, \*Occupation (with a "click to select" link), \*Hire Date (mm/dd/yyyy), Length of Employment (dropdown menu), and Experience on Job/Equipment (dropdown menu). At the bottom of the form, there is a link "Click here to enter Injury/Illness (OSHA Information)".

### Information about the Employee

1. Enter the Employee's **Name** (Summers, Tim) in the corresponding fields. The last name and first name are required.
2. In the **Home Address** field, enter **5 Main Street, Anytown, MD**
3. Enter the **I.D. Number, 9901234**
4. Enter the **Date of Birth, 06201950** (The calendar icon next to this data field can be used to scroll between years and months to select the correct date of birth).
5. Select **Male** from the Gender dropdown menu.
6. In the **Job Title** field, enter **Asst. Director**
7. Click the hyperlink (“**click to select**”) next to the textbox for the **Occupation** data field to display a list of choices in the Help frame on the right side of the screen. 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 click on the “+” or “-“ hyperlink to expand or narrow the list of choices for this coded data field. To change a code that has been entered in the data field, click on the drill down path to the appropriate code until it is displayed.)
8. In the **Hire Date** field, enter Tim's hire date, **08151970** (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.
10. In the **Experience on Job/Equipment** data field, select **Over 12 Months** from the dropdown menu

Although not required, it is recommended that you **SAVE** information entered into each section of the CAIRS Direct Data Input form. This will help to avoid loss of all data entered due to power/internet interruptions or built-in system security timeouts. When you click the **SAVE** button at the bottom of the screen all information you have entered will be saved in “workspace”. As indicated in the message that will appear on the right of the screen, if the electronic form is incomplete you can either continue to work on the case or return to Workspace. The next logical step when entering an injury/illness case is to complete the Employee Information section. The data fields in this section provide information about the injured/ill employee.

**Click on the text “Click here to enter Injury/Illness (OSHA Information) to access these data fields.**



The screenshot shows a web-based form for reporting an injury or illness. The form is divided into two main sections. The left section contains the following fields and controls:

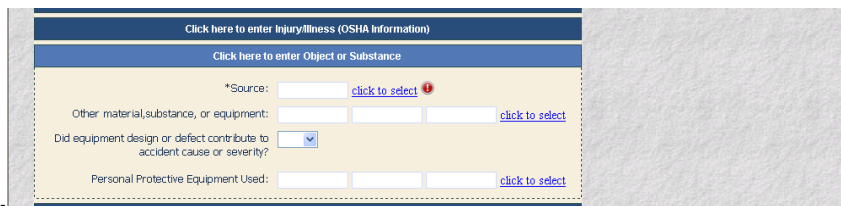
- \*OSHA Classification:** A dropdown menu with "Injury" selected.
- Days away from work:** A text input field.
- Days of restricted work activity or job transfer:** A text input field.
- \*Death?:** A dropdown menu with "No" selected.
- \*Transferred?:** A dropdown menu with "No" selected.
- \*Terminated?:** A dropdown menu with "No" selected.
- \*Is this case closed?:** A dropdown menu with "No" selected.
- \*Nature of Injury/Illness:** A large text area for describing the injury.
- \*Body part injured:** A dropdown menu with a "click to select" link.
- \*Nature of injury:** A dropdown menu with a "click to select" link.
- Name of physician or other health care professional:** A text input field.
- If treatment was given away from the worksite, where was it given:** A text input field.
- Hospitalized overnight?:** A dropdown menu with "No" selected.
- Was employee treated in an emergency room?:** A dropdown menu with "No" selected.

The right section of the form is currently blank and greyed out.

### **Information about the Injury or Illness**

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 description of the injury in the **Nature of Injury/Illness** text field. The description should identify the physical characteristics of the injury or illness.
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. Note: You can click on the “+” or “-“ hyperlink to expand or narrow the list of choices for this coded data field. To change a code that has been entered in the data field, click on the drill down path to the appropriate code until it is displayed.
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.

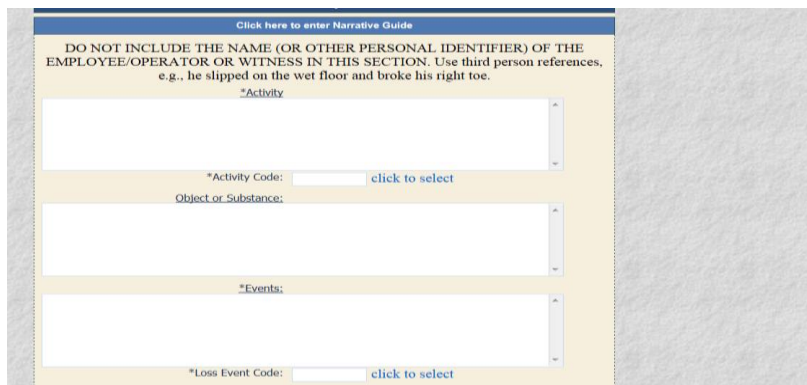
**Click on the text “Click here to enter Object or Substance” to access these data fields.**



### Object or Substance Contributing to Injury

1. Click the **Source** link. Drill down the appropriate codes for a sidewalk (Hint: your final selection should be 6227). Remember the source identifies the object, substance, bodily motion or exposure that produced or inflicted the injury/illness. In this case, the injury occurred when the employee’s hands made contact with the sidewalk.
2. Click the **Other material, substance or equipment:** link. Drill down to find **Rain** (Hint: 9307). This category identifies the object or substance that contributed to the event or exposure.
3. In this case, no additional response is needed for the other data fields in this section.

**Click on the text “Click here to enter Narrative Guide” to access these data fields.**



### 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 landing on the sidewalk in front of building.**
2. Enter or select the **Activity Code: 1001(Reminder, double click on the code in the list and the code is automatically entered on the form.)** Note: You can click on the “+” or “-“ hyperlink to expand or narrow the list of choices for this coded data field. To change a code that has been entered in the data field, click on the drill down path to the appropriate code until it is displayed.)
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 on the sidewalk. 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: **It was raining and the pavement was wet.**
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 was 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 **555 555 5555** in the **Telephone** field.
16. In the **Job Title** area, select the **Supervisor** radio button. In this case, it is not necessary to enter the name of the supervisor responsible for corrective actions and the accident investigator is the same person who completed the form.
17. Click the **Validate** button to check to see if any errors were detected from the information entered. If desired, use the Print button on your browser to print the pages for review. If the information passes the validation check, a message will appear in the Help frame on the left side of the screen. This message reminds you of your options, **Submit to Production, Save, Validate** or **Start Over**. (NOTE: To save a case, you must include a case number and the organization. Other information can be added to a saved case at a later time.) The message in the Help frame also cautions you that although the case may be complete and have passed validation, it is not “reported” to DOE until you “**Submit to Production**”. At the bottom of the CAIRS input screen there is a link **View Entire Report**. This feature allows you the option to view the information entered in the final report format on the screen. You can use the browser print function to print the report in this format.

## APPENDIX B: TRAINING SCENARIOS

### General Instructions to Enter Training Scenarios:

1. You may want to print a copy of the sample case Scenarios on the following pages so that you can follow the source of the information as you enter it.
2. Open your browser and, in the location field, enter the URL address for the training database (<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. The drop down box for the Organization field will include the organization(s) for which you are authorized to enter data.
7. To begin the data entry process, click on the appropriate organization code to select the reporting organization. You should enter the case number and organization code. When you select the Accident Type, sections of the report requiring additional information will appear at the bottom of the screen. Remember, if you have entered the organization code and case number the case can be saved and it is recommended that you **SAVE** information as you complete entering it into each section of the CAIRS Direct Data Input form. This practice is not required but is recommended to avoid loss of completed reports due to required security timeouts built in the software or Internet service interruptions.
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 **Validate** button to see if any errors were detected in the data entered. If erroneous data is entered in a field or if a required data field is left empty, you will receive an error message. The missing or improper data must be added to the report before the case can be submitted. When the new case passed all validations, click to **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. New users must successfully complete, at a minimum scenarios 1, 3, and 5.

## **Scenario 1 - Recordable Injury/Illness Case**

On January 22, 2009 at 8:00 a.m., Clark Kent reported to the site medical department. Mr. Kent works as a Senior Machinist II and came in to report "Numbness in fingers at night from hand movement in the workplace that involved twisting of wrist and tooling." He decided to report to medical after noting numbness in the fingers of both hands at night. Clark 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.

Clark 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 Clark 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 Clark 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. Clark'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, Clark 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, Clark'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 Clark Kent

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 (Bruce Wayne) 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. Bruce (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. Wayne 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. Wayne 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. Manager 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, Clark Kent, 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. Clark 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. Clark 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. Tim Drake (ID Number 097784), a journeyman electrician, received 2<sup>nd</sup> degree burns to his right hand. Tim 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. Tim 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.)

Tim 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 workdays he was on restricted work duty; however, he has returned to work and is now 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 Alfred Pennyworth, Safety Professional, immediately following the accident. His phone number is 509-304-2039. Tim's supervisor, Jack Napier, reviewed accident investigation findings the day following the accident. Mr. Napier notified the cognizant program office official, AU-23. Any questions regarding the incident should be addressed to Mr. Napier. He can be reached at 509-304-0987.

## **Scenario 5 - Data Entry for Work Hours**

The work hours for your organization this quarter (use the current year and 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.

## ACCESS TO CDDE:

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.

## STEPS TO PRINT CAIRS SCREEN:

To print a page from a CAIRS screen, use Print button on your browser.

## INPUT CENTER OPTIONS

Revise Workspace: Displays CAIRS cases, which have been saved but not moved to production. It allows you to see at a glance cases entered, related dates, the person 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. When the desired case is located, you can click on the hyperlink to the case number and open the case to make modifications.

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 AU InfoCenter at (800) 473-4375 or send an e-mail message to [CAIRS\\_Support@hq.doe.gov](mailto: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 number 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 AU InfoCenter at (800) 473-4375 to request a multiple case number.

## 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. You can click on the "+" or "-" hyperlink to expand or narrow the list of choices for this coded data field. To change a code that has been entered in the data field, click on the drill down path to the appropriate code until it is displayed.
- 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.).

### To enter an injury/illness case:

The following fields are included on each injury/illness case.

#### All Data Fields are required.

Occurrence Date: Type in the date or use the calendar icon to select from the appropriate day from the calendar year.

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.

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; select the appropriate code from the list displayed in the Help frame.

Hire Date: Enter the Date of Hire.

Length of Employment: Select the appropriate choice to indicate the length of employment at the site.

Experience on Job/Equipment: Select the appropriate choice to indicate the total length of experience, not limited to experience with current employer.

OSHA Classification Code: Select appropriate item from drop-down 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: Enter text that describes the specific nature of the injury of illness (part of body affected and characteristics of the condition).

Nature of Injury Code\*: 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.

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.

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### To validate your input and save the case:

1. Click the **Validate** 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 on the right in the Help screen area. The validation messages will indicate the data fields that are incomplete or containing invalid data.
2. If you are missing information, and the information needed is not available at this time, **SAVE** the partially completed form to the Workspace and return to it at another time to complete the report.

### 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 **Validate** button to verify that all required fields have been completed. If correct and you are ready to submit the case, click the **Submit to Production** button to move 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 at the bottom of the screen 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 needed are limited to 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 Enter or Edit Workhours. If desired, click to **Show Data From Previous Quarter**.
4. Click the **Edit button in the first column to open the workhours input screen. Enter the workhours in the text box and click the drop down box in column3 to show Yes quarterly report is complete.**
  - 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 **Save hyperlink to submit workhours**.

### 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.

When you complete the online training and would like to begin using CDDE to submit accident reports please contact our office by e-mail, ( <a href="mailto:AUUserSupport@hq.doe.gov">AUUserSupport@hq.doe.gov</a> ) or phone the AU InfoCenter at (800) 473-4375.
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