

DEPARTMENT OF HOMELAND SECURITY  
U.S. Customs and Border Protection

**SAFETY INVESTIGATION DATA FORM**

Handbook 5200-08A

To be completed by Employee's Supervisor

(Print or Type)

**CHECK ONE:** Occupational Injury (CA-1 submitted)      Occupational Injury (CA-2 submitted)      Safety Incident (no injury incurred)

**EMPLOYEE INFORMATION**

1. Name: (First, MI, Last)

2. Social Security Number:

3. Date of Birth:

4.

Male

Female

5. Job Title:

6. Duty Station: Office (e.g., Port, BP Station) and Location (street, city, state, zip)

7. Work Phone:

8. Date Hired:

**SUPERVISOR INFORMATION**

9. Supervisor's Name: (First, MI, Last)

10. Duty Station: Office (e.g., Port, BP Station) and Location (street, city, state, zip)

11. Work Phone:

**INCIDENT INFORMATION AND ANALYSIS**

12. Case Number from OSHA 300 Log (to be completed by OSHA Recordkeeper):

13. Time Employee Began Work:

14. Date of Incident:

15. Time of Incident:

16. Date Reported to Supervisor:

17. Date Investigated:

18. Did incident happen on CBP property (owned or leased)?  Yes  No

19. Was employee in duty status?  Yes  No

20. Where did incident occur? (e.g., Port import lot, loading dock north end)

21. Describe what happened/what caused the accident (e.g., while inspecting cargo, slipped on spilled liquid and fell off end of dock).

22. Describe injury or illness (e.g., fractured right wrist).

23. What is address of location where incident occurred? (Facility, City, State, Zip)

24. Major Incident: (Fatality or 3 or more hospitalizations) Check One:  Yes  No

(If yes, contact Safety Branch and Situation Room immediately.)

25. Incident Type: Check One or More as Appropriate:

- A. Injury/Illness Requiring Medical Treatment
- B. Injury/Illness Resulting in Day(s) or Part of a Day away From Work (lost time incurred beyond day of injury)
- C. Injury/Illness Resulting in Restricted Work or Job Transfer (beyond day of injury due to injury/illness)
- D. Fatality (date of death: \_\_\_\_\_)
- E. First Aid/Minor Injury
- F. Other Safety-related Incident (no injury incurred)

26. Name/Address of Physician:

27. Emergency room treatment:  Yes  No

28. Overnight hospitalization:  Yes  No

**INCIDENT INFORMATION AND ANALYSIS (Continued)**

**Code Description:**

**Code: USE ATTACHED CHARTS FOR CODES**

29. Job Activity Code:

30. Source Code:

31. OSHA Type Code:

32. Nature of Injury Code:

33. Cause of Injury Code:

34. Body Part Code:

35. Personal Protective Equipment (PPE) Requirement Code:

36. Was required PPE worn at time of incident?

Yes  No  N/A

37. Contributing Action Code:

38. Contributing Condition Code:

39. Overtime?

Yes  No

40. Hours into Overtime: (1-16)

**CORRECTIVE ACTION**

41. Corrective Actions: (Describe corrective actions taken or planned.)

42. Corrective Action Taken or Planned Code:

43. Target Date for Completion of Corrective Action:

44. Name and Title of Person Responsible:

45. Work Phone:

**APPROVAL SIGNATURES**

46. Supervisor:

Name \_\_\_\_\_

Signature **X** \_\_\_\_\_

Date: \_\_\_\_\_

47. Local Safety Officer/CDSO:

Name \_\_\_\_\_

Signature **X** \_\_\_\_\_

Date: \_\_\_\_\_

48. Local Management Official:

Name \_\_\_\_\_

Signature **X** \_\_\_\_\_

Date: \_\_\_\_\_

Provide a copy to the local Safety Committee and Area Safety and Occupational Health Manager. Within two (2) business days of the incident or the date it was first reported, FAX or mail a copy to the Safety and Occupational Health Branch at the address below:

U. S. Customs and Border Protection  
HRM - Safety Branch  
P.O. Box 68990  
Indianapolis, IN 46268  
  
317-290-3224 (FAX)

Contact your Area Safety and Occupational Health Manager to answer questions on completing the form.

DEPARTMENT OF HOMELAND SECURITY  
U.S. Customs and Border Protection

**(502) SAFETY INVESTIGATION CODES**

**29. JOB ACTIVITY CODES**

<b>CODE</b>	<b>DESCRIPTION</b>	<b>CODE</b>	<b>DESCRIPTION</b>
100	Inspecting Vehicles/Occupants	317	Rescue Operation
101	Dismantling Vehicle (Inspection Activity)	400	Arrest/Apprehension Activities (General)
102	Inspecting Tractor Trailer	401	Interviewing Suspect
103	Inspecting a Bus	402	Personal Escort
104	Inspecting Boats/Ships	403	Personal Search
105	Vessel Boarding	404	Altercation with a Suspect
106	Inspecting Aircraft	405	Pursuing a Suspect
107	Inspecting Cargo/Airport	406	Handcuffing
108	Inspecting Cargo/Import Lot	500	Law Enforcement Training (General)
109	Inspecting Cargo/Railroad	501	Baton Training
110	Inspecting Cargo/Seaport	502	Arrest Techniques Training
111	Inspecting Cargo/Warehouse	503	Firearms Training/Qualifications
112	Inspecting Mail/Packages	504	Self-Defense Training
113	Inspecting Luggage (Border Station)	505	Repelling/Rope-Climbing Training
114	Inspecting Luggage (Airport)	506	Chase Training
115	Inspecting Luggage (Seaport)	507	Tactical Exercise
116	Pedestrian Processing (Border Station)	508	Driver Training (e.g., auto/truck, ATV, boat)
117	Pedestrian Processing (Airport)	509	Horse Patrol Training
118	Pedestrian Processing (Seaport)	600	Physical Fitness Activities (General)
119	Handling Evidence/Contraband	601	Running/Jogging
120	Radiation/X-Ray Equipment Activities (e.g., VACIS, Mobile X-Ray, Truck X-Ray, EAGLE)	602	Cycling
200	Inspecting Truck/Trailer with K9	603	Weightlifting
201	Inspecting Vehicles with K9	604	Calisthenics
202	Inspecting Cargo with K9	605	Obstacle Course Training
203	Inspecting a Bus with K9	606	Sport Activities (e.g., Basketball, Softball)
204	K9 Handling/Training	700	Traveling in Aircraft
205	Maintaining a Kennel	701	Traveling in Vehicle
300	Patrolling Border (by vehicle)	800	Administrative Activities/Office Work
301	Patrolling Border (by boat)	801	Working with a Computer
302	Patrolling Border (by aircraft)	802	Moving Furniture/Equipment/Supplies
303	Patrolling Border (by foot)	803	Opening/Closing Gates/Doors
304	Patrolling Border (by bicycle)	804	Installing/Maintaining Equipment
305	Patrolling Border (by horse)	805	Laboratory Work
306	Patrolling Border (by ATV)	806	Warehouse Work (e.g., distribution, storage)
307	Patrolling Border (by snowmobile)	807	Fumigation Activities
308	Patrolling Border (by motorcycle)	808	Walking To/From
309	Linewatch (sitting in vehicle, watching border)	809	Taking a Break/Eating
310	Transportation/Conveyance check	810	On TDY (off duty hours only)
311	Maintenance Activities (fencing)	999	Other (Unclassified)
312	Maintenance Activities (lighting)		
313	Maintenance Activities (road)		
314	Maintenance Activities (vehicle)		
315	Maintenance Activities (aircraft)		
316	Maintenance Activities (marine)		

DEPARTMENT OF HOMELAND SECURITY  
U.S. Customs and Border Protection

**(502) SAFETY INVESTIGATION CODES**

**30. SOURCE CODES**

<b>CODE</b>	<b>DESCRIPTION</b>	<b>CODE</b>	<b>DESCRIPTION</b>
100	Building or Working Area	610	Dust (silica, coal, etc.)
110	Walking/Working Surface (floor,street,sidewalks, etc.)	620	Fibers
120	Walking/Working Surface (trail, hill, slope, etc.)	621	Asbestos
130	Walking/Working Surface (dock, gangway, platform, etc.)	630	Gases
140	Stairs, Steps	631	Carbon Monoxide
150	Ladder	640	Mist, Steam, Vapor, Fume
160	Furniture, Furnishings, Office Equipment	650	Particles, Unidentified
165	Exercise Equipment	700	Chemical
170	Ergonomic Layout	710	Dry Chemical
180	Windows, Doors	720	Liquid Chemical
185	Fence/Gate	730	Corrosive
190	Electricity	740	Toxic
200	Environmental Condition	750	Explosive
210	Temperature Extreme (indoor)	760	Flammable
220	Weather (ice, rain, heat, etc.)	770	Illegal Drugs
230	Fire, Flame, Smoke (not tobacco)	780	Water
240	Noise	790	Medicine
250	Radiation	800	Inanimate Object
260	Light	805	Box, Barrel, Container, Etc.
270	Ventilation	810	Paper, Paper Product
280	Stress (emotional)	815	Metal Item
290	Confined Space	820	Needle
300	Machinery or Equipment	825	Glass
310	Hand Tool, Instrument (powered)	830	Scrap, Trash
320	Hand Tool, Instrument (non-powered)	835	Wood, Wood Product
330	Vehicular Equipment	840	Food, Food Product
340	Guard, Shield	845	Clothing, Apparel, Shoes
350	Video Display Terminal	850	Mail
360	Pump, Compressor, Pressure Vessel, Air Pressure Tool	855	Ammunition
370	Heating Equipment	860	Cable, Rope, Wire
380	Welding Equipment	865	Soil, Sand, Etc.
390	Radiation, X-Ray Equipment	870	Stacked Cargo
400	Vehicle	900	Animate Object
401	Privately Owned (includes rental)	910	Animal
402	Government Owned	920	Dog
410	Motorcycle	930	Horse
420	ATV	940	Plant, Plant Product
430	Snowmobile	950	Insect
440	Railcar	960	Human (violence)
450	Common Carrier (airline, bus, etc.)	970	Human (communicable disease)
460	Aircraft (not commercial)	980	Bacteria, Virus (not human contact)
470	Boat, Ship, Barge	1000	Personal Protective Equipment
471	Hatch, Hatchboards	1010	Protective Clothing, Shoes, Glasses, Goggles
480	Bicycle	1020	Respirator, Mask
500	Material Handling Equipment	1030	Diving Equipment
510	Earthmover (tractor, backhoe, etc.)	1040	Safety Belt, Harness
520	Conveyor (for material and equipment)	8888	No Source Involved (normal body movement)
530	Elevator, Escalator, Personnel Hoist	9999	Insufficient Data
540	Hoist, Sling Chain, Jack		
550	Forklift, Crane		
560	Handtruck, Dolly		
600	Air Contaminant (e.g., dust, vapor)		

DEPARTMENT OF HOMELAND SECURITY  
U.S. Customs and Border Protection

**(502) SAFETY INVESTIGATION CODES**

**31. OSHA TYPE CODES**

<b>CODE</b>	<b>DESCRIPTION</b>
100	Struck
110	Struck By
111	Struck By Falling object
120	Struck Against
200	Fell, Slipped, Tripped
210	Fell On Same Level
220	Fell On Different Level
230	Slipped, Tripped (no fall)
300	Caught
310	Caught On
320	Caught In
330	Caught Between
400	Punctured, Lacerated
410	Punctured By
420	Cut by
430	Stung by
440	Bitten by
500	Contacted
510	Contacted With (injured person moving)
511	Rubbed, abraded
520	Contacted by (object was moving)
600	Exerted
610	Lifted, strained by (single action)
620	Stressed by (repeated action)
700	Exposed
710	Inhaled
720	Ingested
730	Absorbed
800	Traveling in
999	Unclassified

DEPARTMENT OF HOMELAND SECURITY  
U.S. Customs and Border Protection

**(502) SAFETY INVESTIGATION CODES**

<b>32. NATURE OF INJURY CODES</b>					
<b>CODE</b>	<b>DESCRIPTION</b>	<b>CODE</b>	<b>DESCRIPTION</b>	<b>CODE</b>	<b>DESCRIPTION</b>
C9	Cardiovascular Disease, other	MI	Conditions of Tendons, etc.	TG	Effects of Electrical Current
CA	Angina, other	MK	Chondromalacia	TH	Inguinal Hernia
CB	Blood Disorder	MP	Pain/Swelling/Stiffness Redness in Joint	TI	Skin condition: Allergy, Eczema, Dermatitis
CH	Hypertension	MS	Pain/Swelling/Stiffness Redness, Not in Joint	TJ	Crush Injury
CM	Myocardial Infarction	OF	Food Poisoning	TK	Concussion
CP	Varicose Veins, Phlebitis, Thrombophlebitis	OG	Tooth and Gum Problems	TL	Laceration
CS	Cerebrovascular Accident	OL	Hernia, Inguinal	TM	Exposure to All Chemical or Biological Causes
D1	Paralysis, One Limb	OP	Pregnancy (Peace Corps Only)	TN	Superficial Wounds
D9	Disability - Unclassified	R9	Respiratory Condition, Other	TO	Pain/Swelling/Stiffness/Redness Not in Joint
DA	Headaches	RA	Asbestosis	TP	Puncture Wound
DB	Seizures, Convulsions	RB	Bronchitis	TQ	Gastrointestinal Conditions
DC	Coma or Stroke	RC	Asthma	TR	Respiratory Conditions
DD	Endemic Disease-Other than R and S Codes	RE	Emphysema	TS	Sprain/Strain of Ligament, Muscle, Tendon, Not in Back
DE	Occupational Exposure to Chemicals, Toxins, Biological Substances, etc.	RP	Pneumoconiosis	TT	Injuries to Teeth
DF	General Symptoms: Syncope, Dizziness, Vertigo, Fatigue, Numbness of Body Part	RR	Reaction to Smoke, Fumes, Chemicals	TU	Burns, Scald, Sunburn
DH	Hearing Loss	RS	Silicosis	TV	Foreign Body in Any Body Part
DI	Loss of Vision	S9	Skin Condition, Other	TW	TB Including Exposure and Positive Skin Test
DK	Heart Condition	SB	Contact Dermatitis	TX	Infectious Diseases: Bacteria, Viruses, Parasites
DM	Mental, Emotional, Nervous Conditions	SC	Chemical	TY	Insect Bite
DN	Nerve Condition, (including Paralysis) After Exposure to Toxins	SL	Callus, Corn	TZ	Pain/Swelling/Stiffness/Redness in Joint
DR	Effects of Exposure to Radiation	T1	Traumatic Cerebral Vascular Condition, Stroke	V1	Fever, With or Without Chills, Fatigue, etc.
DS	Strain - multiple	T2	Accoustic Trauma-Traumatic Hearing Loss	V9	Infectious or Parasitic Disease, other
DT	Tumors, Cancer and Related Conditions	T3	Cardiovascular Conditions	VA	Acquired Immune Deficiency Syndrome (AIDS)
DU	Ulcer	T4	Mental, Emotional, Nervous Conditions	VB	Brucellosis
DV	Other Vascular Conditions	T5	Headaches	VC	Coccidioidomycosis
G9	Gastrointestinal Condition, Not specified	T6	Death, Sudden/Violent	VD	Anthrax
GD	Diarrhea, With/Without Vomiting	T7	General Symptoms	VF	Rabies (Includes Exposure)
GH	Hernia, Hiatal	T8	Traumatic Injury-Unclassified Except Disease, Illness	VH	Hepatitis
GO	Hernia, Other	T9	Traumatic Injury-Unclassified	VL	Lyme Disease
GP	Abdominal Pain	TA	Amputation	VM	Malaria
GU	Ulcer, Gastric, Duodenal Peptic	TB	Back Sprain/Strain, Back Pain, Subluxation, IVD Disorders	VP	Parasitic Diseases
MA	Arthritis/Osteoarthritis/ Bursitis	TC	Contusion	VR	Rocky Mountain Spotted Fever
MB	Back Sprain/Strain, Back Pain, Subluxation	TD	Dislocation	VS	Staphylococcus
MC	Carpal Tunnel Syndrome/Cubital Tunnel Syndrome	TE	Exposure-Including Frost Bite and Heat Stroke	VT	TB Including Exposure and Positive Skin Test
MD	Invertebral Disc Disorders	TF	Fracture		

DEPARTMENT OF HOMELAND SECURITY  
U.S. Customs and Border Protection

**(502) SAFETY INVESTIGATION CODES**

**33. CAUSE OF INJURY CODES**

<b>CODE</b>	<b>DESCRIPTION</b>	<b>CODE</b>	<b>DESCRIPTION</b>
1	Handling or Using of Object/Substance/Material/Equipment	18	Weather Exposure
2	Equipment Failure/Inadequacy	19	Contact Dermatitis (skin contact w/ toxin)
3	Falling Object/Equipment	20	Chemical Exposure
4	Injured Employee Fell onto	21	Hazardous Material Accident (large quantity)
5	Injured Employee Fell from	22	Explosion
6	Injured Employee Fell into	23	Fire
7	Slip/Twist/Trip (no fall)	24	Electrical Shock
8	Bending/Kneeling/Reaching/Pushing/Pulling	25	High Pressure Release
9	Jumping to/from Places	26	Flying Particles
10	Climbing to/from Places	27	Human contact
11	Striking Against/Bumping into	28	Violence
12	Vehicle Accident (injured employee-driver)	29	Accidental shooting
13	Vehicle Accident (injured employee-passenger)	30	Bite/sting
14	Vehicle Accident (injured employee-pedestrian)	31	Drowning
15	Atmosphere Contaminated	32	Stress (emotional)
16	Water Contaminated	33	Cause Unknown/Unclassified
17	Radiation Exposure		

**34. BODY PART CODES**

<b>CODE</b>	<b>DESCRIPTION</b>	<b>CODE</b>	<b>DESCRIPTION</b>
100	Upper Arm	402	Buttocks
101	Lower Arm	403	Neck
102	Elbow	500	Chest
200	Hand	501	Abdomen/Pelvic Area
201	Wrist	502	Trunk internal
202	Finger/Thumb	600	Head internal
300	Upper Leg	601	Scalp
301	Lower Leg	602	Face
302	Knee	603	Eye(s)
303	Ankle	604	Ear(s)
304	Foot/Toe	605	Teeth
400	Upper Back/Shoulder	888	Multiple anatomical locations
401	Lower Back	999	Unclassified

**35. PERSONAL PROTECTIVE EQUIPMENT (PPE) REQUIREMENT CODES**

<b>CODE</b>	<b>DESCRIPTION</b>	<b>CODE</b>	<b>DESCRIPTION</b>
1	Head Protection	6	Hearing Protection
2	Foot Protection	7	Respiratory Protection
3	Hand Protection	8	Other
4	Body Protection	9	None Required
5	Eye Protection		

DEPARTMENT OF HOMELAND SECURITY  
U.S. Customs and Border Protection

**(502) SAFETY INVESTIGATION CODES**

<b>37. CONTRIBUTING ACTION CODES</b>					
<b>CODE</b>	<b>DESCRIPTION</b>	<b>CODE</b>	<b>DESCRIPTION</b>	<b>CODE</b>	<b>DESCRIPTION</b>
1	Unaware/Inattention to Job Hazards	7	PPE Improper or Not Used	13	Influence of Emotions
2	Unaware of Safe Method/Technique/Rule	8	Improper Use of Tools/Equipment	14	Inadequate Instruction/Guidance
3	Not Adhere to SOP/Policy/Safe Methods/Techniques	9	Defective Vision/Hearing	15	Inadequate Physical Fitness
4	Inadequate Job Skill	10	Influence of Fatigue	16	Other Factors
5	Tried to Gain or Save Time	11	Influence of Intoxicant/Drugs	17	No Contributing Action
6	Tried to Avoid Extra Effort/ Discomfort	12	Influence of Illness		

<b>38. CONTRIBUTING CONDITION CODES</b>					
<b>CODE</b>	<b>DESCRIPTION</b>	<b>CODE</b>	<b>DESCRIPTION</b>	<b>CODE</b>	<b>DESCRIPTION</b>
1	Inadequate Barrier/Guard/Safety Device	9	Hazardous Arrangement/Storage	17	Inadequate Maintenance
2	Hazardous/Inadequate Attire	10	Defective Tools/Equipment	18	Improper Procedure/Method Established
3	Inadequate Warning System	11	Atmospheric Condition	19	PPE/Safety Equipment Not Available
4	Fire or Explosion Hazard	12	Inadequate Ventilation	20	Unsafe Walking/Working Surface
5	Unsecured Against Movement	13	Inadequate Illumination	21	Other Contributing Condition
6	Poor Housekeeping	14	Noise Hazard	22	No Contributing Action
7	Protruding Object Hazard	15	Job Layout Inadequate		
8	Close Clearance/Congestion	16	Defective Machinery/Equipment		

<b>42. CORRECTIVE ACTION TAKEN OR PLANNED CODES</b>					
<b>CODE</b>	<b>DESCRIPTION</b>	<b>CODE</b>	<b>DESCRIPTION</b>	<b>CODE</b>	<b>DESCRIPTION</b>
1	Provide Additional Training/Instruction	8	Improve Maintenance Procedures	15	Improve Ventilation
2	Develop/Revise Training	9	Improve Housekeeping Procedures	16	Improve Storage Arrangement
3	Warn/Discipline Employees Involved	10	Install/Modify Safety Guard/Device	17	Improve Design/Construction
4	Establish/Revise Safe Procedures/Policies	11	Use Safer Materials/Supplies/Equipment	18	Eliminate Congestion
5	Improve Enforcement of Safe Procedures/Policies	12	Repair/Replace Equipment	19	Correction Other than Above
6	Increase/Improve Safety Inspections	13	Require Use of PPE/Safety Equipment		
7	Analyze Job Activity	14	Improve Illumination		