

# Occupational Injury and Illness Report

## Form SSA-516 (Revised 1/06)

This *Occupational Injury and Illness Report* must be filled out completely by the supervisor within 7 calendar days after a recordable work-related injury or illness has occurred to an SSA employee or contract employee under SSA supervision. See the attached instructions for an explanation of recordable employee injuries and illnesses. Injuries/illnesses to SSA visitors should be investigated but are not recordable on this form.

Completed by (supervisor name) \_\_\_\_\_

Title \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### Information about the employee

Full name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ ZIP \_\_\_\_\_

Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Date hired \_\_\_\_/\_\_\_\_/\_\_\_\_

Male  Female

SSA employee  Contract employee under SSA supervision

Job title (e.g., claims rep) \_\_\_\_\_

### Information about health care professional

Name of physician or other health care professional  
\_\_\_\_\_

If treatment was given away from the worksite, where?

Facility \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ ZIP \_\_\_\_\_

Was employee treated in an emergency room?  Yes  No

Was employee hospitalized overnight as an in-patient?

Yes  No

### Information about the case

Location where Injury/Illness Took Place:

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_

Specific Location of injury/illness: \_\_\_\_\_  
(e.g., 3<sup>rd</sup> floor restroom, room 302, main building entrance)

Building \_\_\_\_\_ Date of injury/illness \_\_\_\_/\_\_\_\_/\_\_\_\_  
Case number \_\_\_\_\_ (Central Office: this number assigned by OEHOS. All Other SSA Office Sites: each calendar year, begin new Log (Form OSHA 300) & assign case numbers chronologically.)

Employee's Component \_\_\_\_\_ (e.g., DCO Region 3, OHA, OIG, DCHR, DCFAM, DCS)

Time:

Employee began work: \_\_\_\_ AM/PM Injury/illness: \_\_\_\_ AM/PM

Number of calendar days (including weekends, holidays, etc) employee was

Away from work: \_\_\_\_\_ On job transfer or restriction: \_\_\_\_\_

**What was the employee doing just before the accident occurred?** Describe the activity, as well as the tools, equipment or material the employee was using. Be specific. *Examples:* "Entering building on rainy day"; "Removing folders from file cabinet"; "Keying at computer workstation."

**What happened?** Tell how the injury or illness occurred. *Examples:* "Fell on slippery floor"; "Injured back while moving boxes of folders"; "Developed soreness in wrist over time"; "Respiratory reaction to fumes." Use reverse side of this form if more space is needed (e.g., to explain motor vehicle injury by diagramming accident.)

**What was the injury or illness?** Tell the part of the body that was affected and how it was affected; be more specific than "hurt," "pain," or "sore". *Examples:* "bruised arm"; "strained back"; "paper cut"; "carpal tunnel syndrome."

**What object or substance directly harmed the employee?** *Examples:* "concrete floor"; "file cabinet"; "desk." *If this question does not apply to the injury/illness, leave it blank.*

**If employee died, what date did death occur?** \_\_\_\_/\_\_\_\_/\_\_\_\_

## INSTRUCTIONS FOR COMPLETING FORM SSA-516

This form must be filled out completely by the supervisor within 7 calendar days after a recordable work-related injury or illness has occurred to an SSA employee or contract employee under SSA supervision. Injuries/illnesses to SSA visitors should be investigated but are not recordable on this form. Furnished below in a Q&A format is sufficient information to complete this form for most injuries/illnesses. Additional information on injury/illness reporting is available in AIMS GAM 13.05.05, available on the SSA Digital Library.

### Must workers compensation (CA) forms also be completed?

Workers compensation claims are handled apart from this SSA-516 form and have their own criteria and reporting requirements. Workers compensation forms (CA-1, etc) are submitted separately if a workers compensation claim is to be established. CA forms and supporting documents must be submitted to the employee's Servicing Personnel Office as directed in Personnel Policy Manual Chapter S810.2 and should **NOT** be sent with this SSA-516 to OEHOS.

### Which injuries/illnesses should you record on form SSA-516?

Record on Form SSA-516 only those work-related injuries and illnesses to SSA employees or contract employees under the supervision of SSA that are new cases and result in:

- Death,
- Loss of consciousness,
- Days away from work,
- Restricted work activity or job transfer, or
- Medical treatment beyond first aid.

In addition, work-related injuries and illnesses must be recorded on Form SSA-516 that meet these special circumstances:

- Cancer
- Chronic irreversible disease
- Fractured or cracked bone
- Punctured eardrum
- Any needle-stick injury or cut from a sharp object that is contaminated with another person's blood or other potentially infectious material.
- Any case requiring an employee to be removed under the requirements of an OSHA health standard
- Tuberculosis infection as evidenced by a positive skin test or diagnosis by a physician or other licensed health care professional after exposure to a known case of active tuberculosis.
- An employee's hearing test (audiogram) reveals (1) that the employee has experienced a Standard Threshold Shift (STS) in hearing in one or both ears (averaged at 2000, 3000 and 4000 Hz) and (2) the employee's total hearing level is 25 decibels (dB) or more above audiometric zero (also averaged at 2000, 3000 and 4000 Hz) in the same ear(s) as the STS.

In determining whether the case is work-related, the supervisor must evaluate the diagnosis of a physician or other licensed health care professional, the employee's environment and work duties to

decide whether or not one or more events or exposures in the work environment either caused or contributed to the resulting condition or significantly aggravated a pre-existing condition. The SSA Medical Office, DCHR can provide advice on work-related medical issues, and OEHOS can provide advice on work-related environmental health and safety issues.

### What is medical treatment?

Medical treatment includes managing and caring for a patient for the purpose of combating disease or disorder. The following are NOT considered medical treatments and are NOT recordable:

- Visits to a doctor or health care professional solely for observation or counseling;
- Diagnostic procedures, including administering prescription medications that are used solely for diagnostic purposes; and
- Any procedure that can be labeled first aid (see below for more information about first aid)

### What is first aid?

If the incident required only the following types of treatment, consider it first aid. DO NOT record the case if it involves only:

- Using non-prescription medications at non-prescription strength;
- Administering tetanus immunizations;
- Cleaning, flushing or soaking wounds on skin surface;
- Using wound coverings, such as bandages, BandAids™, gauze pads, etc., SteriStrips™, or butterfly bandages;
- Using hot or cold therapy;
- Using any totally non-rigid means of support, such as elastic bandages, wraps, non-rigid back belts, etc.;
- Using temporary immobilization devices while transporting an accident victim (splints, slings, neck collars, or back boards);
- Drilling a fingernail or toenail to relieve pressure, or draining fluids from blisters;
- Using eye patches;
- Using simple irrigation or a cotton swab to remove foreign bodies not embedded in or adhered to the eye;
- Using irrigation, tweezers, cotton swab or other simple means to remove splinters or foreign material from areas other than the eye;
- Using finger guards;
- Using massages;
- Drinking fluids to relieve heat stress

### Are there situations where an injury or illness occurs in the work environment but is not considered work-related?

Some injuries/illnesses occurring in the work environment are not considered work-related and are not reportable. See AIMS GAM 13.05.05 for further information on whether the injury/illness is reportable if it occurred under any of these circumstances: (1) the employee was present in the work environment as a member of the general public rather than as an employee, (2) it involves signs or symptoms that surface at work but result solely from a non-work-related event or exposure outside the work environment, (3) it resulted solely from voluntary participation in a wellness program or in a medical, fitness, or recreational activity, (4) it was solely the result of an employee eating, drinking, or preparing

food or drink for personal consumption, (5) the injury/illness was solely the result of an employee doing personal tasks (unrelated to their employment) at SSA outside of the employee's assigned working hours, (6) it was solely the result of personal grooming, self medication for a non-work-related condition, or was intentionally self-inflicted, (7) it was caused by a motor vehicle accident while commuting to or from work, (8) the employee was in travel status but in non-work related activity, (8) it involves a communicable disease, or (9) it involves mental illness.

### **How do you decide if the case involved restricted work?**

Restricted work activity occurs when, as the result of a work-related injury or illness, an employer or health care professional keeps, or recommends keeping, an employee from doing the routine functions of his or her job or from working the full workday that the employee would have been scheduled to work before the injury or illness occurred.

### **How should you count the number of days away from work or the number of days of restricted work activity?**

Count the number of calendar days the employee was away from work or was on restricted work activity as a result of the recordable injury or illness. Do not count the day on which the injury or illness occurred in this number. Begin counting days from the day after the injury/illness occurs. If a single injury/illness involved both days away from work and days of restricted work activity, enter the total number of days for each. Stop counting days once the total of either or the combination of both reaches 180 days. If there is a discrepancy between the number of days the employee was away or on restricted work activity and the number of days recommended by a physician or other licensed health care professional, record the number of days recommended rather than the actual number of days the employee was away or on restricted work activity.

### **Under what circumstances should the employee's name not be entered on the form?**

These types of injuries or illnesses are to be considered privacy concern cases:

- An injury or illness to an intimate body part or to the reproductive system,
- An injury or illness resulting from a sexual assault,
- A mental illness,
- A case of HIV infection, hepatitis, or tuberculosis,
- A needle-stick injury or cut from a sharp object that is contaminated with blood or other human bodily fluids, tissues, organs, or other materials infected with the HIV or hepatitis B virus such as laboratory cultures or tissues from experimental animals and,
- Other illnesses, if the employee independently and voluntarily requests that his or her name not be recorded.

The employee's name must not be entered on the form for these cases. Instead, "privacy case" should be entered in the space normally used for the employee's name. A separate, confidential list must be kept by the supervisor of the case numbers and employee names for the office's privacy concern cases so the cases can be updated and information can be provided to OSHA or other program reviewers if requested.

If there is a reasonable basis to believe that information describing the privacy concern case may be personally identifiable even though the employee's name has been omitted, discretion may be used in describing the injury or illness on the form. Enough information must be entered to identify the cause of the injury/illness and its severity, but not details of an intimate or private nature.

### **Where should the original Form SSA-516 be sent? Should I keep a copy?**

The original, completed Form SSA-516 should be sent to:

ATTN: SSA-516 Coordinator, OEHOSS  
1190 Dunleavy Building  
Social Security Administration  
6401 Security Boulevard  
Baltimore, MD 21235

Your component may establish procedures requiring additional internal review and sign-off before forwarding the form to OEHOSS. Questions related to completion of the form should be directed to the Environmental Hotline at 410-966-7026. A copy of the form should be maintained in the office reporting the injury/illness for 5 years following the year to which it pertains.

### **What if the outcome changes after I send the form?**

If the outcome or extent of an injury or illness changes after you have recorded the case, simply draw a line through the original entry on the copy of the form SSA-516 you have maintained and write the new entry where it belongs. Remember, you need to record the most serious outcome for each case. Send a copy of the corrected form to the OEHOSS address provided above.

### **What other forms must be completed?**

Offices Outside of Central Office: In addition to completing form SSA-516, the information on the injury/illness must be entered on form OSHA 300, Log of Work-Related Injuries and Illnesses (AIMS GAM 13.05, Attachment B). Each SSA office must also post, from February 1 to April 30 of each year, OSHA form 300A, Summary of Work-Related Injuries and Illnesses (AIMS GAM 13.05, Attachment C) for the previous calendar year.

Central Office: OSHA form 300, Log of Work-Related Injuries and Illnesses, and OSHA form 300A, Summary of Work-Related Injuries and Illnesses, are completed and maintained by OEHOSS.

### **How can recurrences of the injury or illness be prevented?**

Every accident or occupational illness must be investigated by the supervisor to ascertain what the person was doing at the time of the accident, how he/she was doing it, and what action can be taken to prevent a recurrence. Investigation procedures can be found in AIMS GAM 13.05.06, Attachment D.

Additional information on SSA's occupational safety and health programs can be found on the SSA EIS website by clicking Facilities Mgt / Health & Safety / Programs or by calling the Environmental Hotline, 410-966-7026.