

AGE		SOCIAL SECURITY NUMBER				CLASS CODE			
1	2	3	4	5	6	7	8	9	0
0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

NAME \_\_\_\_\_

ORGANIZATION \_\_\_\_\_

CLASSIFICATION \_\_\_\_\_

DATE \_\_\_\_\_ TIME \_\_\_\_\_

EDUCATION	
<input type="checkbox"/> 1	LESS THAN HIGH SCHOOL
<input type="checkbox"/> 2	HIGH SCHOOL DIPLOMA OR GED
<input type="checkbox"/> 3	LESS THAN TWO YEARS OF COLLEGE
<input type="checkbox"/> 4	A A DEGREE OR CERTIFICATE
<input type="checkbox"/> 5	THREE OR FOUR YEARS OF COLLEGE – NO DEGREE
<input type="checkbox"/> 6	BACHELOR'S DEGREE OR HIGHER

ETHNICITY	
<input type="checkbox"/> 1	WHITE
<input type="checkbox"/> 2	BLACK
<input type="checkbox"/> 3	HISPANIC
<input type="checkbox"/> 4	ASIAN
<input type="checkbox"/> 5	AMERICAN INDIAN

SEX	
<input type="checkbox"/> M	MALE
<input type="checkbox"/> F	FEMALE

YEARS IN POSITION									
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9

1	INSIDE	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2		5 4 3 2 1	
3	OUTSIDE	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4		5 4 3 2 1	
5	LOW TEMPERATURE	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6		5 4 3 2 1	
7		5 4 3 2 1	
8	HIGH TEMPERATURE	<input type="checkbox"/> YES	<input type="checkbox"/> NO
9		5 4 3 2 1	
10		5 4 3 2 1	
11	SUDDEN TEMPERATURE CHANGES	<input type="checkbox"/> YES	<input type="checkbox"/> NO
12		5 4 3 2 1	
13		5 4 3 2 1	
14	HIGH HUMIDITY	<input type="checkbox"/> YES	<input type="checkbox"/> NO
15		5 4 3 2 1	
16		5 4 3 2 1	
17	LOW HUMIDITY	<input type="checkbox"/> YES	<input type="checkbox"/> NO
18		5 4 3 2 1	
19		5 4 3 2 1	
20	WETNESS, RAIN, SNOW	<input type="checkbox"/> YES	<input type="checkbox"/> NO
21		5 4 3 2 1	
22		5 4 3 2 1	
23	HEIGHTS	<input type="checkbox"/> YES	<input type="checkbox"/> NO
24		5 4 3 2 1	
25		5 4 3 2 1	
26	HIGH ALTITUDE	<input type="checkbox"/> YES	<input type="checkbox"/> NO
27		5 4 3 2 1	
28		5 4 3 2 1	

29	NOISE	<input type="checkbox"/> YES	<input type="checkbox"/> NO
30		5 4 3 2 1	
31		5 4 3 2 1	
32		5 4 3 2 1	
33	VIBRATION	<input type="checkbox"/> YES	<input type="checkbox"/> NO
34		5 4 3 2 1	
35		8 7 6 5 4 3 2 1	
36		5 4 3 2 1	
37	OIL OR GREASE	<input type="checkbox"/> YES	<input type="checkbox"/> NO
38		5 4 3 2 1	
39	BODY INJURIES	<input type="checkbox"/> YES	<input type="checkbox"/> NO
40		5 4 3 2 1	
41		5 4 3 2 1	
42	BURNS	<input type="checkbox"/> YES	<input type="checkbox"/> NO
43		5 4 3 2 1	
44		8 7 6 5 4 3 2 1	
45		5 4 3 2 1	
46	ELECTRICAL HAZARDS	<input type="checkbox"/> YES	<input type="checkbox"/> NO
47		5 4 3 2 1	
48	EXPLOSIVE MATERIAL OR EQUIPMENT	<input type="checkbox"/> YES	<input type="checkbox"/> NO
49		5 4 3 2 1	
50		5 4 3 2 1	
51	SLIPPERY SURFACES	<input type="checkbox"/> YES	<input type="checkbox"/> NO
52		5 4 3 2 1	
53		5 4 3 2 1	
54	IONIZING RADIATION	<input type="checkbox"/> YES	<input type="checkbox"/> NO
55		5 4 3 2 1	
56		8 7 6 5 4 3 2 1	
57		5 4 3 2 1	