



Instructions for the Survey of Occupational Injuries and Illnesses, 2008

YOUR RESPONSE IS REQUIRED BY LAW IN 30 DAYS.

A large, empty rectangular box with a black border, intended for the respondent to provide their company address. The box is currently blank.

Please correct your company address as needed.

Two Options to Report Your Data

Option 1: Report your data on a Bureau of Labor Statistics (BLS) website.

or

Option 2: Receive an electronic fillable form of the survey by e-mail.

Please see inside for more details.

These reporting options replace the survey booklet from previous years.

If you need help or are unable to report electronically, please call the phone number listed for your State on the back cover.

We estimate it will take you an average of 24 minutes to complete this survey (ranging from 10 minutes to 5 hours per package), including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing this information. If you have any comments regarding the estimates or any other aspect of this survey, including suggestions for reducing this burden, please send them to the Bureau of Labor Statistics, Occupational Safety and Health Statistics (1220-0045), 2 Massachusetts Avenue, N.E., Washington, DC 20212. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. **DO NOT SEND THE COMPLETED FORM TO THIS ADDRESS.**

The Bureau of Labor Statistics, its employees, agents, and partner statistical agencies, will use the information you provide for statistical purposes only and will hold the information in confidence to the full extent permitted by law. In accordance with the Confidential Information Protection and Statistical Efficiency Act of 2002 (Title 5 of Public Law 107-347) and other applicable Federal laws, your responses will not be disclosed in identifiable form without your informed consent.

OMB No. 1220-0045
Approval expires 09-30-2010
BLS-9300-IDCF

In December 2007, you were notified of your participation in the BLS 2008 Survey of Occupational Injuries and Illnesses (“SOII”) and asked to maintain records of workplace injuries and illnesses throughout 2008. **Under Public Law 91-596, all establishments that receive this survey must complete and return it within 30 days, even if they had no work-related injuries and illnesses during 2008.**

Option 1: Use the Internet

Step 1: Register with the BLS

Before reporting your data, you must register with the BLS even if you registered in previous years or for other surveys.

1. Go to <https://idcf.bls.gov> on your Internet browser. The “s” in “https” is required. Click *Cancel* if a Client Authentication or Choose a Digital Certificate pop-up window appears.
2. Enter the 12-digit Account Number in the field labeled “Account Number” and the Temporary Password in the field labeled “Password”. See the example below. Click *I Accept*.
Sample Mailing Label

DATA COLLECTION AGENCY SURVEY STAFF 123 MAIN STREET	Address for Return Envelope: lll.llllllllllllllllllllllllllllllllllll
You will need the Account Number and Temporary Password if you report via the Internet.	You will need your company address and your Establishment ID if you report via e-mail.
Report for this Location: SAME AS YOUR COMPANY ADDRESS	Your Establishment ID: 77-123456789-4
For Help Call: (555) 111-1234	Your Company Address: YOUR COMPANY 8876 YOUR STREET YOUR CITY, ST 12345-6789
Account Number: 302123456789	lll.llllllllllllllllllllllllllllllllllll
Temporary Password: aNs9876	
77-123456789-7 2008-1 238162 123 P 50 00	

3. Complete the “Enter New User Information” page and “Create a Permanent Password” page.
4. Click *Continue* on the “Confirmation and Security Option Notice” page.

Step 2: Report Your Data

1. Select *Survey of Occupational Injuries and Illnesses* from the *Please Select a Survey* drop-down box.
2. Read the “Dear Employer” screen and click *Continue*.
3. If you have more than one survey booklet to complete, enter the number of booklets and the Establishment IDs on the “Add New Establishment ID(s) to Account” screen and click *Continue*.
4. Find the Establishment ID that you want to report for in the first column on the screen. Click *Select*.
5. Enter your data. Click *Continue* to save your data.
6. Click *Print* to get a copy of your data when finished.
7. Click *Submit Your Data to BLS* to transmit your data to BLS.

You may log back in and make revisions if you ever need to change your data. Click *Submit Your Data to BLS* to transmit your revised data after you have made changes.

Option 2: Use a Fillable Form

You may obtain an electronic fillable form of the survey, which allows you to type your information directly into each data field.

1. Obtain an electronic fillable form of the survey (Adobe® PDF fillable form) by sending a blank e-mail to OSH2008@idcf.bls.gov.
2. Save the form to your computer and open it using Adobe Reader®. If you do not have Adobe Reader, you can download it for free from www.Adobe.com.
3. Enter your establishment’s identifying information and injury and illness data. Navigate through the fields on the form by using the TAB key.
4. Save the form on your computer when you have entered all of your injury and illness data.
5. Send the file to the BLS by pressing the “Submit Data to BLS” button on the bottom of the form. You will receive confirmation on-screen when your data have been received by the BLS.

Need help?

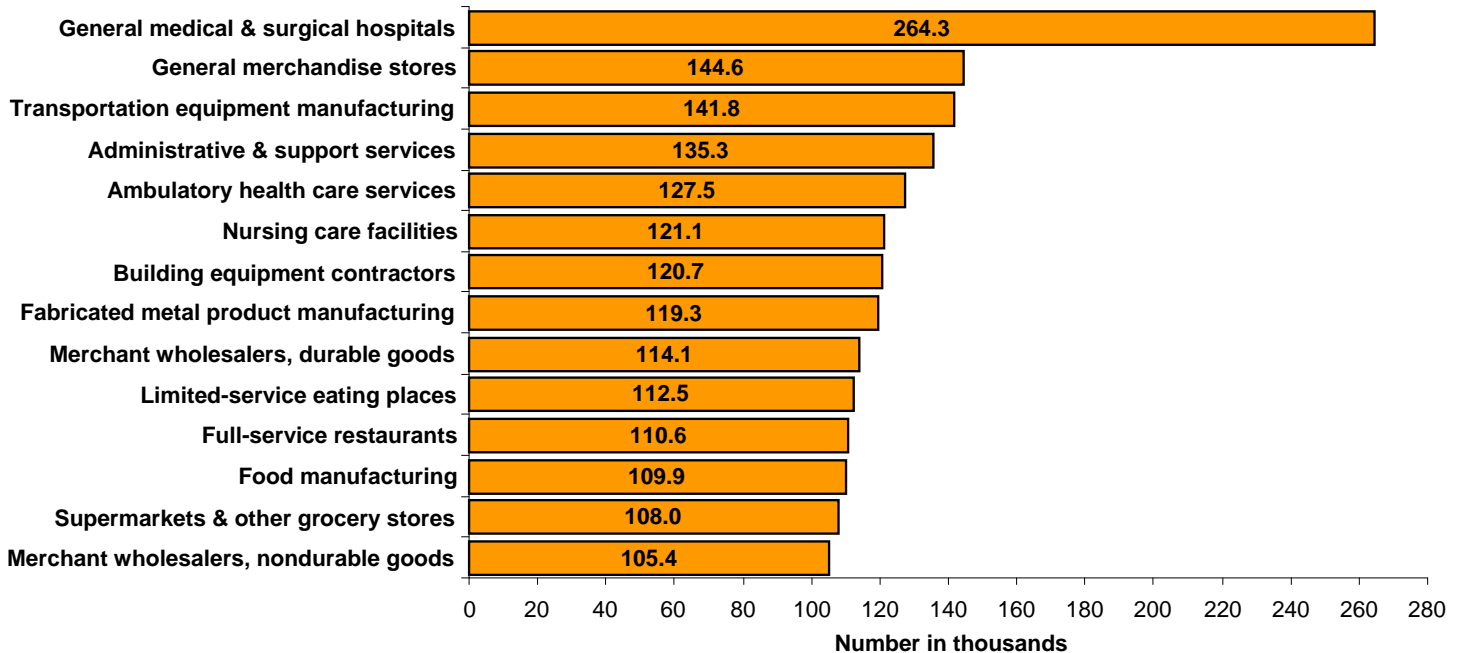
Try one of these:

- ◆ Click the *Help* link that appears on each online screen.
- ◆ Contact IDC.Helpdesk@bls.gov for registration help.
- ◆ Go to <http://www.bls.gov/idcf/instructions.htm> for additional registration instructions. The data entry pages cannot be accessed through these instructions.
- ◆ Contact OSH.helpdesk@bls.gov for questions regarding your participation in the survey or completing the survey online.
- ◆ Visit www.bls.gov/respondents/iif to get more information on the survey, to download forms, and to get answers to your questions about your participation in the survey.

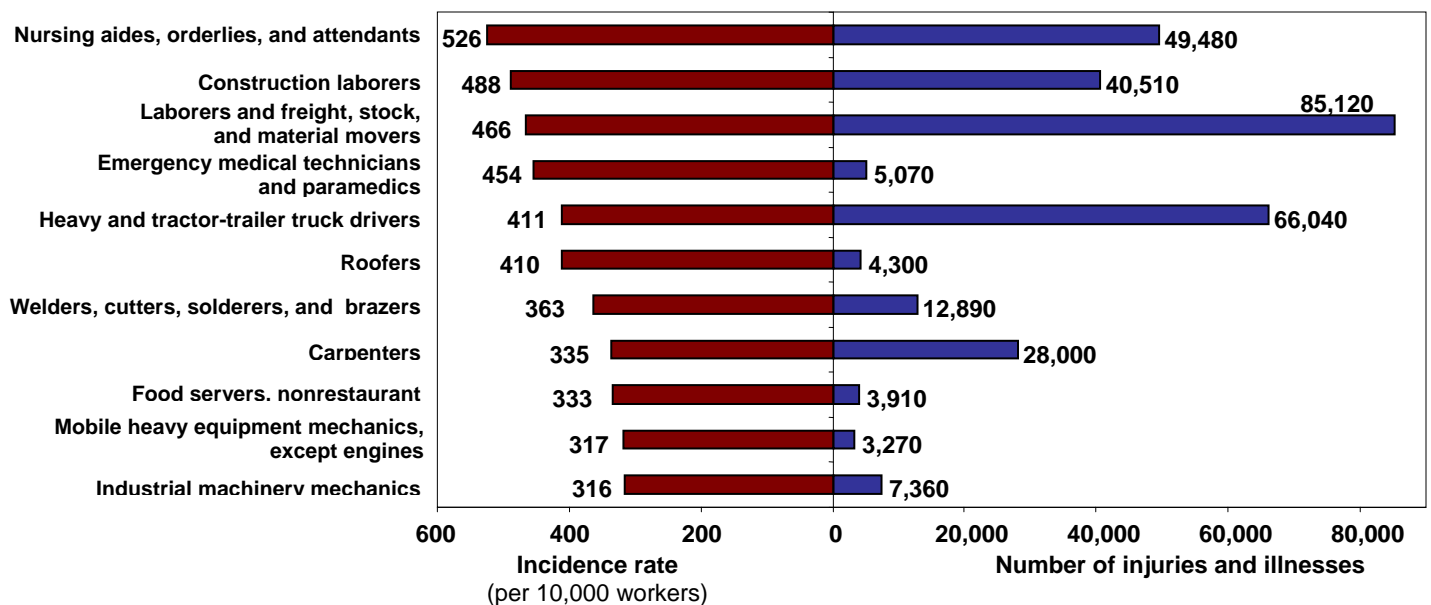
Why are Occupational Injury and Illness Data Important?

Your data are important for making the American workplace safer. Data you report are aggregated with data from other establishments and used to identify injury and illness patterns among industries and occupations.

Industries with the most nonfatal occupational injuries and illnesses, 2006



Number and incidence rate of injuries and illnesses for occupations with the highest incidence rate, 2006



Want to explore the data?

- Compute your own injury and illness incidence rate to assist with safety management and to compare with your industry at <http://data.bls.gov/IIRC/>.
- Access data on industry, demographic characteristics, and case characteristics through the “Profiles on the Web” tool at <http://data.bls.gov/GQT/servlet/InitialPage>.
- Get the latest occupational injury and illness statistics at <http://www.bls.gov/iif/home.htm>.

If you need help...

If you have any questions about your participation in this survey, call the phone number that is listed below for your State. The phone number may be for an office outside of your State, but they will be able to help you.

Alabama

(334) 242-3461
(334) 240-3417 fax

Alaska

(907) 465-4539
(907) 465-4506 fax

Arizona

(602) 542-3739
(602) 542-6360 fax

Arkansas

(501) 682-4542
(501) 682-4754 fax

California

(415) 703-3020
(415) 703-3029 fax

Colorado

(816) 285-7144, 7146
(816) 285-7153 fax

Connecticut

(860) 263-6941
(860) 263-6950 fax

Delaware

(302) 761-8221
(302) 762-3590 fax

District of Columbia

(202) 442-5926, 5927
(202) 442-4833 fax

Florida

(850) 413-1611
(850) 922-0024 fax

Georgia

(404) 679-1746
(404) 679-0520 fax

Guam

(671) 475-7056
(671) 475-7063 fax

Hawaii

(808) 586-9001
(808) 586-9022 fax

Idaho

(415) 625-2275
(415) 625-2356 fax

Illinois

(217) 524-2098
(217) 558-4122 fax

Indiana

(317) 232-2668
(317) 233-3790 fax

Iowa

(515) 281-3618
(515) 242-5076 fax

Kansas

(785) 296-1640
(785) 296-2151 fax

Kentucky

(502) 564-4258, 4259
(502) 564-1682 fax

Louisiana

(225) 342-3126
(225) 342-3269 fax

Maine

(207) 623-7903
(207) 623-7937 fax

Maryland

(410) 767-2373, 2382, 2384
(410) 333-7909 fax

Massachusetts

(617) 626-6945, 6948
(617) 626-6944 fax

Michigan

(517) 322-1848
(517) 322-5117 fax

Minnesota

(888) 589-6322
(651) 284-5726 fax

Mississippi

(404) 893-8344
(404) 893-8343 fax

Missouri

(573) 751-2719, 2663, 3802
(573) 751-2319 fax

Montana

(800) 541-3904
(406) 444-2638 fax

Nebraska

(402) 471-3547, 1545
(800) 599-5155
(402) 742-2352 fax

Nevada

(866) 931-1215
(775) 684-7083
(775) 687-3826 fax

New Hampshire

(617) 565-2302
(617) 565-3847 fax

New Jersey

(609) 292-8999
(609) 633-0618 fax

New Mexico

(505) 476-8740
(505) 476-8735 fax

New York

(212) 775-3339, 3340, 3343
(518) 457-1351
(212) 775-3399 fax

North Carolina

(919) 733-2758
(919) 733-2186 fax

North Dakota

(312) 353-7253
(312) 353-7230 fax

Ohio

(312) 353-7253
(312) 353-7230 fax

Oklahoma

(405) 528-1500 ext. 257
(405) 528-3412 fax

Oregon

(503) 947-7030
(503) 378-3134 fax

Pennsylvania

(215) 861-5638, 5637
(215) 861-5736 fax

Puerto Rico

(787) 754-5300, ext. 3055,
3056, 3057, 3058, 3059
(787) 756-1116 fax

Rhode Island

(617) 565-2302
(617) 565-3847 fax

South Carolina

(803) 896-7659, 7683
(803) 896-4676 fax

South Dakota

(312) 353-7253
(312) 353-7230 fax

Tennessee

(615) 741-1748
(800) 778-3966
(615) 253-5501 fax

Texas

(866) 237-6405
(512) 804-4652 fax

Utah

(801) 530-6926, 6823
(801) 536-7906 fax

Vermont

(802) 828-5076
(802) 828-2195 fax

Virgin Islands

(340) 776-3700 ext. 2135
(340) 777-4803 fax

Virginia

(804) 786-8011, 1035
(804) 786-8418 fax

Washington

(360) 902-5640
(360) 902-4249 fax

West Virginia

(800) 652-9033
(304) 558-2658
(304) 558-0301 fax

Wisconsin

(800) 884-1273
(608) 221-6297 fax

Wyoming

(866) 518-6680
(307) 473-3863 fax