



# Options for Reporting Your Survey of Occupational Injuries and Illnesses Data

The Bureau of Labor Statistics is pleased to offer these methods of reporting your Survey of Occupational Injuries and Illnesses data.

1. You can report your injury and illness data on the BLS Internet.
2. You can receive an electronic fillable form of the survey by e-mail, enter your data, and then send it to us.

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

## 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

The image shows a sample mailing label with two red boxes and arrows. The first red box highlights the 'Account Number' and 'Temporary Password' fields, with an arrow pointing to the text: 'You will need the Account Number and Temporary Password if you report via the Internet.' The second red box highlights the 'Your Establishment ID' and 'Your Company Address' fields, with an arrow pointing to the text: 'You will need your company address and your Establishment ID if you report via e-mail.'

DATA COLLECTION AGENCY  
SURVEY STAFF  
123 MAIN STREET  
MY CITY, ST 12345-0000

Address for Return Envelope:  
DAT  
SUR  
123  
MY CITY, ST 12345-0000

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

For Help Call: (555) 111-1234

Account Number:  
302123456789

Temporary Password:  
aNs9876

77-123456789-7  
2008-1 238162 123 P 50 00

Your Establishment ID:  
77-123456789-4

Your Company Address:  
YOUR COMPANY  
9876 YOUR STREET  
YOUR CITY, ST 12345-6789

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](mailto: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](http://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?

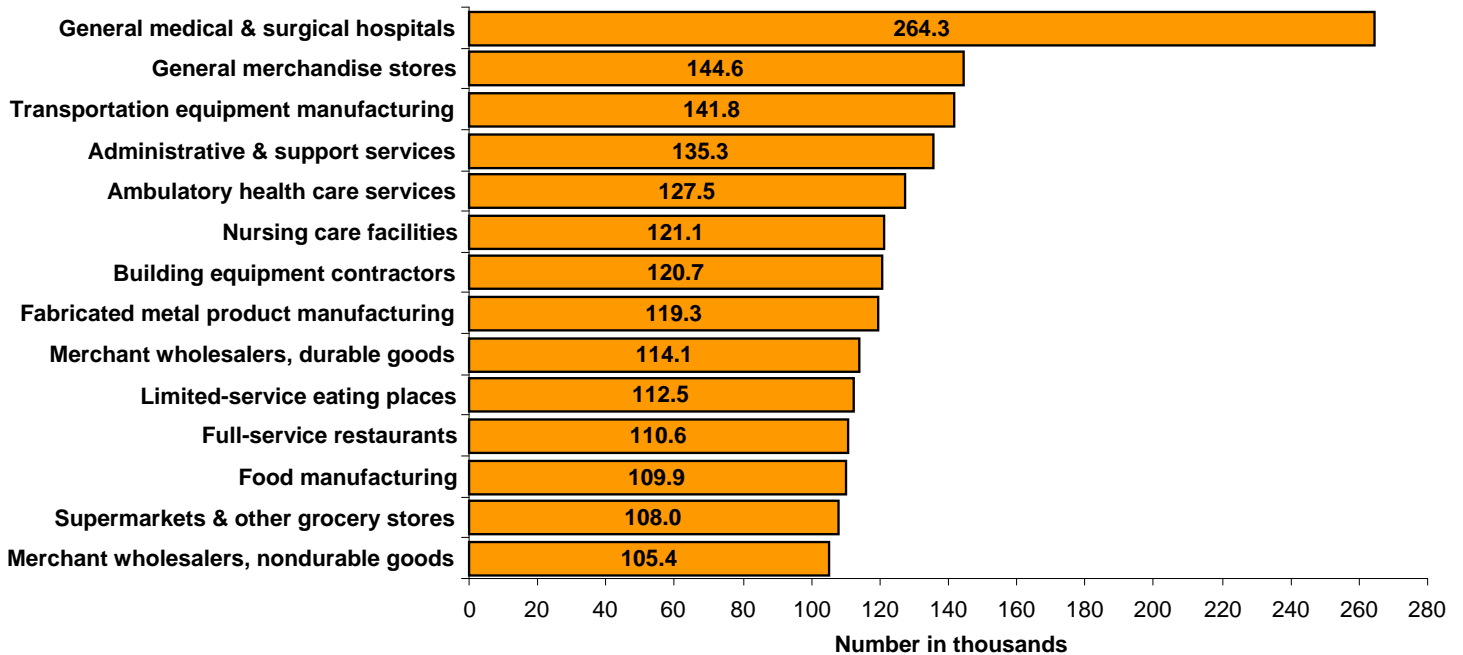
### Try one of these:

- ◆ Click the *Help* link that appears on each online screen.
- ◆ Contact [IDC.Helpdesk@bls.gov](mailto: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](mailto:OSH.helpdesk@bls.gov) for questions regarding your participation in the survey or completing the survey online.
- ◆ Visit [www.bls.gov/respondents/iif](http://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.

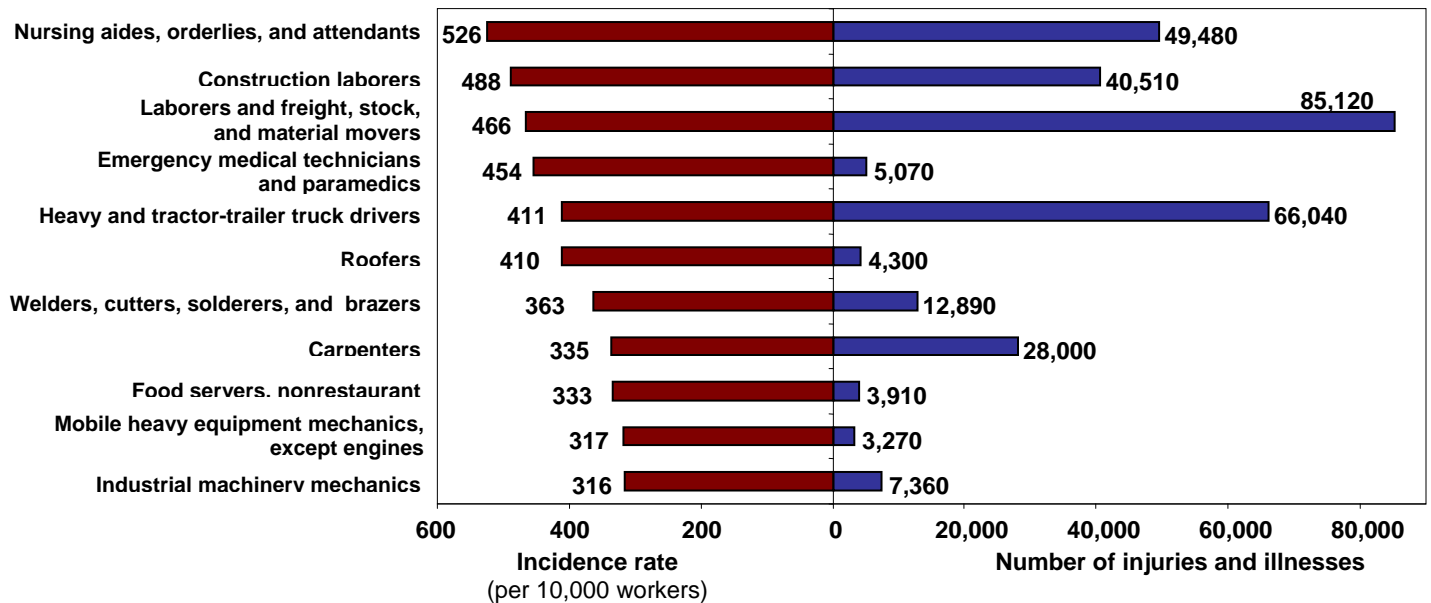
## Why are Occupational Injury and Illness Data Important?

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>.