Survey of Occupational Injuries and Illnesses, 2007



U.S. Department of Labor Bureau of Labor Statistics YOUR RESPONSE IS <u>REQUIRED</u> IN 30 DAYS.

Please correct your company address as neede

For your convenience, you can submit your survey response on our website at https://idcf.bls.gov.

See the brochure inside this booklet for more information!

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.**

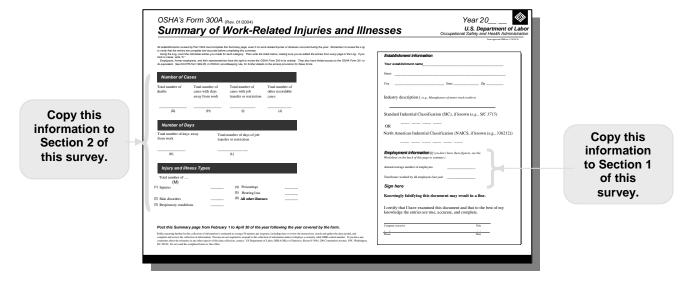
The Bureau of Labor Statistics, its employees, agents, and partner statistical agencies, will use the information you provide for statistical purposes only and will hold the information in confidence to the full extent permitted by law. In accordance with the Confidential Information Protection and Statistical 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 xx-xx-xx BLS-9300 N06

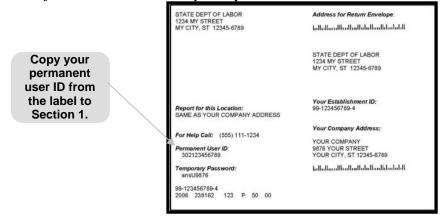
Steps to Complete this Survey

This survey requires employers to provide information about work-related injuries and illnesses based upon the information you have maintained for Calendar Year 2007 on your Occupational Safety and Health Administration (OSHA) Forms for Recording Work-Related Injuries and Illnesses. Copies of these forms were mailed to you in late 2006. Under Public Law 91-596, all establishments that receive this **mandatory** survey must complete and return it within 30 days, even if they had **no** work-related injuries and illnesses during 2007. The instructions below outline the steps to complete the survey regardless of whether your establishment did or did not have injuries or illnesses in 2007.

- **Step 1:** Complete this survey only for the establishment(s) noted on the front cover under "**Report for this Location**." If you are unsure, please call the number listed on the front of this form as "**For Help Call:**."
- **Step 2:** Check "**Your Company Address**" printed on the front cover. Make any necessary corrections directly on the front cover.
- **Step 3**: Refer to your establishment's OSHA *Forms for Recording Work-Related Injuries and Illnesses*. Copies of these forms were mailed to you in late 2006.



- If you had no work-related injuries and illnesses in 2007, answer all questions in Section 1 of the survey.
- If you had at least one work-related injury or illness in 2007, answer all questions in Sections 1 and 2 of the survey.
- For any work-related injuries or illnesses with days away from work which occurred in 2007, also complete Section 3.



- **Step 4:** Write the name of the person who completed this survey in case we have questions in Section 4: Contact Information on the back cover of this survey.
- **Step 5:** Return this survey and any attachments in the enclosed envelope within 30 days of the date your establishment received it. Alternative methods of reporting, such as e-mail or the Internet, are explained in a brochure in the middle of this booklet.

Section 1: Establishment Information

Instructions: Using your completed Calendar Year 2007 *Summary of Work-Related Injuries and Illnesses* (OSHA Form 300A), copy the establishment information into the boxes. If these numbers are not available on your OSHA Form 300A, or if your establishment does not keep records needed to answer (2) and (3) below, you can estimate using the steps that follow on the next page.

1.	Enter your permanent user ID from the front cover	·
2.	Enter the annual average number of employees for	2007.
3.	Enter the total hours worked by all employees for	2007.
4.	Check any conditions that might have affected you	or answers to questions 2 and 3 above during 2007:
	 Strike or lockout Shutdown or layoff Seasonal work Natural disaster or adverse weather conditions 	 □ Shorter work schedules or fewer pay periods than usual □ Longer work schedules or more pay periods than usual □ Other reason: □ Nothing unusual happened to affect our employment or hours figure
 Did you have ANY work-related injuries or illnesses during 2007? ☐ Yes. Go to Section 2: Summary of Work-Related Injuries and Illnesses, 2007, directly below. ☐ No. Go to Section 4: Contact Information, on the back cover. 		

Section 2: Summary of Work-Related Injuries and Illnesses, 2007

Instructions:

- 1. Refer to the OSHA Forms for Recording Work-Related Injuries and Illnesses for the location referenced on the front cover of the survey under "**Report for this Location**." If you prefer, you may enclose a photocopy of your Summary of Work-Related Injuries and Illnesses (OSHA Form 300A).
- 2. If more than one establishment is noted on the front cover of this survey, be sure to include the OSHA Form 300A for all of the specified establishments.
- 3. If any total is zero on your OSHA Form 300A, write "0" in that total's space below.
- 4. The **total** Number of Cases recorded in G + H + I + J must equal the **total** Injury and Illness Types recorded in M (1 + 2 + 3 + 4 + 5 + 6).

Number of Cases Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
(G)	(H)	(I)	(J)
Number of Days Total number of days away from work		Total number of days of job transfer or restriction	
(K) Injury and Illness Typ	pes	(L)	
(M) (1) Injuries (2) Skin disorders (3) Respiratory conditions		(4) Poisonings(5) Hearing loss(6) All other illnesses	

If you had any work-related deaths in 2007, please tell us on the line below where you assigned/classified each death within the list of items (M1) through (M6) provided under *Injury and Illness Types* above (e.g., "fatal case was due

to injury resulting from fall" or "death resulted from respiratory conditions")_

Steps to estimate annual average number of employees for 2007:

Step 1:

To calculate the annual average number of employees your establishment paid during 2007, you must calculate the total number of employees your establishment paid for all periods. Add the number of employees your establishment paid in every pay period during calendar year 2007. Count all employees that you paid at any time during the year and include full-time, part-time, temporary, seasonal, salaried, and hourly workers. Note that pay periods could be monthly, weekly, biweekly, etc.

Example:

Acme Construction paid its employees in 12 pay periods during 2007:

Pay Period	Number of Employees Paid	
	Per Pay Period	
1	30	
2	0	
3	35	
4	37	
5	37	
6	40	
7	43	
8	42	
9	37	
10	35	
11	30	
12	+26	
	392 (total number of employees paid	
	over all pay periods)	
Example:		
Acme Constru	ction had 12 pay periods and paid a total of	
	during these pay periods	

Step 2:

Divide the total number of employees (from step 1) by the number of pay periods your establishment had in 2007. Be sure to count any pay periods when you had no (zero) employees.

392 employees during these pay periods.

392 divided by 12 = 32.67

Step 3:

Round the answer you computed in step 2 to the next highest whole number. Write that number in the box for Section 1, question 2 on the previous page.

Example:

Acme would round 32.67 to 33.

Steps to estimate total hours worked by all employees for 2007:

Step 1:

Determine the number of full-time employees at your establishment.

Example:

Of Acme's 33 employees in 2007, 28 were full-time.

Step 2:

Determine the number of hours generally worked by a full-time employee for a year. Multiply the number of full-time employees you calculated in step 1 by this number. This total number of full-time hours worked should exclude vacation, sick leave, holidays, and any other non-work time.

Example:

Each of Acme's 28 full-time employees worked an average of 2,000 hours per year after excluding vacation, sick leave, holidays, and other non-work time. This works out to 40 hours per week for 50 weeks of the year.

> 28 full-time employees X 2,000 hours per year 56,000 total full-time hours

Step 3:

Determine the number of hours of overtime worked by your full-time employees.

Determine the number of regular hours worked by your non-full-time employees. (Non-full-time employees include part-time, seasonal, and temporary employees.)

Add these numbers to the number you calculated in step 2 above. This is the estimated number of hours worked by all of your employees – full-time and non-full-time – during 2007. Write this number in Section 1, question 3 on the previous page.

Example:

Acme's 28 full-time employees worked a total of 2,800 hours of overtime during 2007 and 56,000 regular hours. Acme's 5 part-time employees worked a total of 2,715 hours during 2007.

> 56,000 full-time hours from step 2 2,800 over time hours +2,715part-time hours 61.515 total hours worked

Section 3: Reporting Cases with Days Away from Work

Instructions:

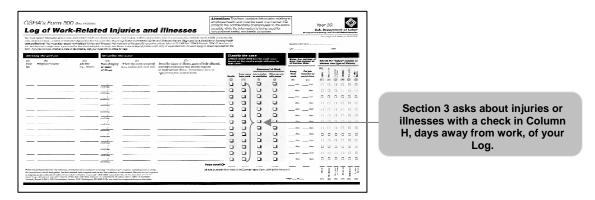
- If you had NO cases with days away from work in Column H, you are finished with the survey.
 Go to Section 4: Contact Information on the back cover of this booklet and provide information for the person who completed this survey.
- 2. If you had cases with days away from work in Column H, please complete this Section 3.
- 3. You should only report cases with days away from work. To identify the individual cases to report, follow these steps:
 - Step 1: Go to your completed OSHA Form 300.

 Note each case that has a check in column (H).

 These are the only cases you should report.

 See the sample in Step 3.

- **Step 2:** Fill out one Case with Days Away from Work form for each case that you identified in Step 1. You can find most of the information on a supplementary document such as the *Injury and Illness Incident Report* (OSHA Form 301), a workers' compensation report, an accident report, or an insurance form.
- **Step 3:** If more than one establishment is noted on the front cover under "**Report for this Location**," be sure to look at all your OSHA Form 300's to find which cases to report.



- **Step 4:** We have designed this survey to ensure that you do not have to report more than approximately 30 cases. If you have significantly more than 30 cases, please go to Section 5: If You Need Help... at the back of this booklet and call the phone number listed for your State for assistance. If you need more Case with Days Away from Work forms, you may either photocopy a blank form or go to Section 5: If You Need Help... at the back of this booklet and call the phone number listed for your State.
- **Step 5:** When you are finished, proceed to Section 4: Contact Information on the back cover of this booklet and provide information for the person who completed this survey.

Tell us about a 2007 work-related injury or illness **only** if it resulted in days away from work. To find out which case(s) you should report, read the instructions at the beginning of *Section 3: Reporting Cases with Days Away from Work*.

Tell us about the Case	
Go to your completed OSHA Form 300. Copy the case information	from that form into the spaces below.
Employee's name (column B) Job title (column C)	Date of injury or onset of illness (column D) Number of days of job transfer or restriction (column L) / /07 month day year
Tell us about the Employee	Tell us about the Incident
1. Check the category which <i>best</i> describes the employee's regular type of job or work: (optional)	Answer the questions below or attach a copy of a supplementary document that answers them.
Office, professional, business,	6. Time employee began work: am pm
or management staff Sales Delivery or driving Food service	7. Time of event: am pm OR Check if time cannot be determined
Product assembly, Cleaning, maintenance of building, grounds Repair, installation or service Material handling (e.g. stocking,	Event occurred: beforeduringafter work shift
of machines, equipment Construction Other: Repair, installation of service Inductrial handing (e.g. stocking, loading/unloading, moving, etc.) Farming	8. What was the employee doing just before the incident occurred? Describe the activity as well as the tools, equipment, or material the employee was using. Be specific. <i>Examples</i> : "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer";
2. Employee's race or ethnic background: (optional-check one or more)	"daily computer key-entry."
American Indian or Alaska Native Asian Black or African American Hispanic or Latino Native Hawaiian or Other Pacific Islander White Not available	9. What happened? Tell us how the injury or illness occurred. Examples: "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time."
NOTE: You may either answer questions (3) to (11) or attach a copy of a supplementary document that answers them.	
3. Employee's age:OR date of birth:/	10. What was the injury or illness? Tell us the part of the body that
4. Employee's date hired: $\frac{1}{month} \frac{1}{day} \frac{1}{year}$	was affected and how it was affected; be more specific than "hurt," "pain," or "sore." Examples: "strained back"; "chemical burn,
OR check length of service at establishment when incident	hand"; "carpal tunnel syndrome."
occurred:	
Less than 3 months From 3 to 11 months From 1 to 5 years More than 5 years	11. What object or substance directly harmed the employee? Examples: "concrete floor"; "chlorine"; "radial arm saw." If this question does not apply to the incident, leave it blank.
5. Employee's gender: Male Female	

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Tell us about the Case				
Go to your completed OSHA Form 300). Copy the case information	from that form into the	spaces below.	
Employee's name (column B)	Job title (column C)	Date of injury or onset of illness (column D) / /07 month day year	Number of days away from work (column K)	Number of days of job transfer or restriction (column L)
Tell us about the Employee)	Tell us about	the Incident	
. Check the category which <i>best</i> describes of job or work: (optional)	the employee's regular type	Answer the question document that answer		ppy of a supplementary
Office, professional, business, or management staff Sales Product assembly, product manufacture Repair, installation or service of machines, equipment Construction Other: Employee's race or ethnic background: American Indian or Alaska Native Asian Black or African American Hispanic or Latino Native Hawaiian or Other Pacific Islai		8. What was the emp Describe the activit employee was using	before during loyee doing just before y as well as the tools, or g. Be specific. Example atterials"; "spraying chly-entry."	om OR Check if time cannot be determined after work shift re the incident occurred? equipment, or material the bles: "climbing a ladder whitorine from hand sprayer";
White Not available OTE: You may either answer questions (3) applementary document that answers them.		Examples: "When "Worker was spraye		floor, worker fell 20 feet"; gasket broke during
Employee's age:OR date of birtle. Employee's date hired:/	year	was affected and h	now it was affected; be Examples: "strained b	s the part of the body that more specific than "hurt," back"; "chemical burn,
OR check length of service at establishn ccurred:	існі мнен інсіцепі	,	3	
Less than 3 months From 3 to 11 months From 1 to 5 years More than 5 years Employee's gender: Male				"radial arm saw." If this
Female P	S E	SS	00	er e

Tell us about a 2007 work-related injury or illness **only** if it resulted in days away from work. To find out which case(s) you should report, read the instructions at the beginning of *Section 3: Reporting Cases with Days Away from Work*.

Tell us about the Case	
Go to your completed OSHA Form 300. Copy the case information	from that form into the spaces below.
Employee's name (column B) Job title (column C)	Date of injury or onset of illness (column D) Number of days of job transfer or restriction (column L) / /07 month day year
Tell us about the Employee	Tell us about the Incident
1. Check the category which <i>best</i> describes the employee's regular type of job or work: (optional)	Answer the questions below or attach a copy of a supplementary document that answers them.
Office, professional, business,	6. Time employee began work: am pm
or management staff Sales Delivery or driving Food service	7. Time of event: am pm OR Check if time cannot be determined
Product assembly, Cleaning, maintenance of building, grounds Repair, installation or service Material handling (e.g. stocking,	Event occurred: beforeduringafter work shift
of machines, equipment Construction Other: Repair, installation of service Inductrial handing (e.g. stocking, loading/unloading, moving, etc.) Farming	8. What was the employee doing just before the incident occurred? Describe the activity as well as the tools, equipment, or material the employee was using. Be specific. <i>Examples</i> : "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer";
2. Employee's race or ethnic background: (optional-check one or more)	"daily computer key-entry."
American Indian or Alaska Native Asian Black or African American Hispanic or Latino Native Hawaiian or Other Pacific Islander White Not available	9. What happened? Tell us how the injury or illness occurred. Examples: "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time."
NOTE: You may either answer questions (3) to (11) or attach a copy of a supplementary document that answers them.	
3. Employee's age:OR date of birth:/	10. What was the injury or illness? Tell us the part of the body that
4. Employee's date hired: $\frac{1}{month} \frac{1}{day} \frac{1}{year}$	was affected and how it was affected; be more specific than "hurt," "pain," or "sore." Examples: "strained back"; "chemical burn,
OR check length of service at establishment when incident	hand"; "carpal tunnel syndrome."
occurred:	
Less than 3 months From 3 to 11 months From 1 to 5 years More than 5 years	11. What object or substance directly harmed the employee? Examples: "concrete floor"; "chlorine"; "radial arm saw." If this question does not apply to the incident, leave it blank.
5. Employee's gender: Male Female	

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Tell us about the Case				
Go to your completed OSHA Form 3	00. Copy the case information	n from that form into the	spaces below.	
Employee's name (column B)	Job title (column C)	Date of injury or onset of illness (column D)	Number of days away from work (column K)	Number of days of job transfer or restriction (column L)
		month day year		
Tell us about the Employ	ee	Tell us about	t the Incident	
Check the category which best describe of job or work: (optional)	es the employee's regular type	Answer the question document that answ		opy of a supplementary
Office, professional, business, or management staff	Healthcare Delivery or driving	6. Time employee be	egan work:	\square am \square pm
Sales Product assembly,	Food service Cleaning, maintenance			be determined
product manufacture Repair, installation or service	of building, grounds Material handling (e.g. stocking,		before during	
of machines, equipment Construction Other:	loading/unloading, moving, etc.) Farming	Describe the activitemployee was usin carrying roofing materials.	ty as well as the tools, g. Be specific. <i>Examp</i> aterials"; "spraying ch	ore the incident occurred? equipment, or material the bles: "climbing a ladder whill lorine from hand sprayer";
2. Employee's race or ethnic background	d: (optional-check one or more)	"daily computer ke	ey-entry."	
American Indian or Alaska Native Asian Black or African American Hispanic or Latino Native Hawaiian or Other Pacific Is White Not available NOTE: You may either answer questions		Examples: "When "Worker was spray	Tell us how the injury ladder slipped on wet yed with chlorine when orker developed sorene	floor, worker fell 20 feet"; gasket broke during
supplementary document that answers then	i.			
3. Employee's age: <i>OR</i> date of bi 4. Employee's date hired:/		was affected and I "pain," or "sore."	how it was affected; be Examples: "strained	is the part of the body that e more specific than "hurt," back"; "chemical burn,
OR check length of service at establis occurred:	hment when incident	hand"; "carpal tur	nnel syndrome."	
Less than 3 months From 3 to 11 months From 1 to 5 years More than 5 years Employee's gender:		Examples: "concr	ubstance directly har ete floor"; "chlorine"; apply to the incident,	"radial arm saw." If this
Male Female		1		
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Tell us about the Case				
Go to your completed OSHA Form 30	00. Copy the case information	on from that form into the	spaces below.	
Employee's name (column B)	Job title (column C)	Date of injury or onset of illness (column D) / /07 month day year	Number of days away from work (column K)	Number of days of job transfer or restriction (column L)
Tell us about the Employe	ee	Tell us about	t the Incident	
1. Check the category which <i>best</i> describe of job or work: (optional)	s the employee's regular type	Answer the question document that answer		ppy of a supplementary
Office, professional, business, or management staff Sales Product assembly, product manufacture Repair, installation or service of machines, equipment Construction Other: Temployee's race or ethnic background American Indian or Alaska Native Asian Black or African American Hispanic or Latino	Healthcare Delivery or driving Food service Cleaning, maintenance of building, grounds Material handling (e.g.,stocking loading/unloading, moving, etc.) Farming : (optional-check one or more)	8. What was the employee doing just before the incide Describe the activity as well as the tools, equipment, or employee was using. Be specific. Examples: "climbic carrying roofing materials"; "spraying chlorine from h "daily computer key-entry."		om OR Check if time cambe determined after work shift re the incident occurred equipment, or material the des: "climbing a ladder w
Native Hawaiian or Other Pacific Isl White Not available NOTE: You may either answer questions (supplementary document that answers them.	3) to (11) or attach a copy of a	Examples: "When "Worker was spray	Tell us how the injury ladder slipped on wet f ed with chlorine when rker developed sorenes	loor, worker fell 20 feet": gasket broke during
3. Employee's age:OR date of bir 4. Employee's date hired:/	/ year	10. What was the injury or illness? Tell us the part of the bowas affected and how it was affected; be more specific tha "pain," or "sore." Examples: "strained back"; "chemical band"; "carpal tunnel syndrome."		more specific than "hurt,"
Less than 3 months From 3 to 11 months From 1 to 5 years More than 5 years 5. Employee's gender: Male Female		Examples: "concre	ubstance directly harmone te floor"; "chlorine"; apply to the incident, le	'radial arm saw." If this
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Tell us about the Case				
Go to your completed OSHA Form 3	00. Copy the case information	n from that form into the	spaces below.	
Employee's name (column B)	Job title (column C)	Date of injury or onset of illness (column D)	Number of days away from work (column K)	Number of days of job transfer or restriction (column L)
		month day year		
Tell us about the Employ	ee	Tell us about	t the Incident	
Check the category which best describe of job or work: (optional)	es the employee's regular type	Answer the question document that answ		opy of a supplementary
Office, professional, business, or management staff	Healthcare Delivery or driving	6. Time employee be	egan work:	\square am \square pm
Sales Product assembly,	Food service Cleaning, maintenance			be determined
product manufacture Repair, installation or service	of building, grounds Material handling (e.g. stocking,		before during	
of machines, equipment Construction Other:	loading/unloading, moving, etc.) Farming	Describe the activitemployee was usin carrying roofing materials.	ty as well as the tools, g. Be specific. <i>Examp</i> aterials"; "spraying ch	ore the incident occurred? equipment, or material the bles: "climbing a ladder whill lorine from hand sprayer";
2. Employee's race or ethnic background	d: (optional-check one or more)	"daily computer ke	ey-entry."	
American Indian or Alaska Native Asian Black or African American Hispanic or Latino Native Hawaiian or Other Pacific Is White Not available NOTE: You may either answer questions		Examples: "When "Worker was spray	Tell us how the injury ladder slipped on wet yed with chlorine when orker developed sorene	floor, worker fell 20 feet"; gasket broke during
supplementary document that answers then	i.			
3. Employee's age: <i>OR</i> date of bi 4. Employee's date hired:/		was affected and I "pain," or "sore."	how it was affected; be Examples: "strained	is the part of the body that e more specific than "hurt," back"; "chemical burn,
OR check length of service at establis occurred:	hment when incident	hand"; "carpal tur	nnel syndrome."	
Less than 3 months From 3 to 11 months From 1 to 5 years More than 5 years Employee's gender:		Examples: "concr	ubstance directly har ete floor"; "chlorine"; apply to the incident,	"radial arm saw." If this
Male Female		1		
N P	S E	SS	00	CC

Section 4: Contact Information

Fill in the name, title, and phone number of the person who completed this survey in case we have questions.

			()	
Printed name	Telephone number	Ext.	Fax number	
	/ /			
Title	Today's date			

Use the return envelope to send us the **entire package** -- everything that we sent you -- within 30 days of the date your establishment received it. If the return envelope is missing, send the **entire package** to the return address on the front cover (look for *Address for Return Envelope*).

Section 5: If You Need Help . . .

If you have any questions or if you need help completing this survey, call the phone number that is listed below for your State. The phone number may be for an office outside your State, but they will be able to help you. If you prefer to write, send your letter to the return address on the front of this package.

Alabama
(334) 242-3462
(334) 240-3417 fax
Alaska

(907) 465-4539 (800) 325-9872 fax

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

Arkansas (501) 682-4542 **California** (415) 703-3020

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

Colorado (816) 426-2483 Connecticut

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

Delaware (302) 761-8221 (302) 761-6605 fax District of Columbia

(202) 442-5923, 5920 (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 **Idaho** (415) 975-4473

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

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

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

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

Kentucky (502) 564-3070 ext. 276, 277, 278 (502) 564-1682 fax

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

Maine (207) 624-6447 (207) 624-6450 fax

Maryland (410) 767-2371, 2373 (410) 333-7909 fax

Massachusetts (617) 727-3593 (617) 727-5726 fax

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

Minnesota (651) 284-5428 (888) 589-6322 (651) 284-5726 fax Mississippi (404) 562-2518

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

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

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

Nevada (775) 684-7083, 7081 (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) 621-9382

(212) 621-9328 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, 236 (405) 528-3412 fax

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

(215) 861-5638, 5625 (215) 861-5736 fax **Puerto Rico**

(787) 754-5343, 5737, 2467 (787) 756-1172 (787) 756-1116 fax Rhode Island (401) 462-8820 (401) 462-8766 fax South Carolina

(803) 896-7659, 7683 (803) 896-7670 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 (804) 786-8418 fax Washington

(360) 902-5640 (360) 902-4249 fax **West Virginia**

(304) 558-3322 (800) 652-9033 (304) 558-0301 fax **Wisconsin**

(800) 884-1273 (608) 221-6297 fax **Wyoming** (866) 518-6680

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