



Instructions for the Survey of Occupational Injuries and Illnesses, 2009

YOUR RESPONSE IS REQUIRED BY LAW IN 30 DAYS

DISTRICT OF COLUMBIA DEPARTMENT OF LABOR
STATE ADDRESS 2
PO BOX 303500
MONTGOMERY, AL 36130-3500

For Help

Call: 334-242-3462 ext.2545
334-242-3463
334-242-3464
334-242-3465
Fax: 334-242-3333

Account Number:

302203479880

Temporary Password:

ANSu5155

NAICS code – NAICS title
County, State

Establishment ID:
01-203479880-1

PRIMARY COMPANY NAME
{SECONDARY COMPANY NAME}

REPORT FOR: {RUD} OR BLANK
ADDRESS LINE 1
ADDRESS LINE 2
CITY, STATE ZIP-PLUS+4



Options to Report Your Data

Option 1: Report your data through the Internet Data Collection Facility (IDCF) on the Bureau of Labor Statistics (BLS) website:

<https://idcf.bls.gov>

Option 2: Request an electronic fillable form of the survey and respond by e-mail.

SOIL-Alabama@idcf.bls.gov

To see how your data will be used, please go to www.bls.gov/iif

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

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 2009.

