

# 2008 OSHA WORK-RELATED INJURY AND ILLNESS DATA COLLECTION



U.S. Department of Labor  
Occupational Safety and Health Administration

OMB No. 1218-0209  
Approval Expires 3/31/2010  
OSHA Form 196B  
(3/2009)



*Public Law 91-596 requires you to participate in the data initiative collection.*

OSHA estimates that it will take you, on average, 10 minutes to complete this data collection, including the time you'll spend reviewing the instructions, searching and gathering the data needed, and submitting the information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments regarding these estimates or any other aspects of this data collection, send them to:

U.S. Department of Labor  
Occupational Safety and Health Administration  
Directorate of Evaluation and Analysis  
Office of Statistical Analysis  
Room N-3644  
200 Constitution Ave. N.W.  
Washington, DC 20210



## To Report Your Data:

1. Go to <http://www.osha.gov/form196/cy08.htm> and select Log In.
2. Enter your establishment-specific ID Number and Password provided on the mailing label to access the secure electronic reporting site.
3. Enter totals from your 2008 Summary of Work-Related Injuries and Illnesses (OSHA No. 300A).
4. Submit data only for the establishment noted under Your Reporting Site on the mailing label. Print a copy for your records.

If you are unable to report electronically, you can download a PDF version of the 2008 OSHA Work-Related Injury and Illness Data Collection Form after logging in to the Web site. Complete the hard copy and return it to the collecting agency indicated on the mailing label. If you need help, please call the collecting agency indicated on the mailing label.

For more details, see the reverse side of this mailer.

---

## Dear Employer:

The U.S. Department of Labor, Occupational Safety and Health Administration (OSHA) is working with State agencies to compile work-related injury and illness data from employers within specific industry and employment size specifications. The information will be used to focus OSHA activities (inspections, outreach, consultations, technical assistance, and leveraging programs) and to measure the performance of the Agency in meeting its goal of reducing workplace injuries and illnesses.

We are asking for the totals from your 2008 *Summary of Work-Related Injuries and Illnesses* (OSHA No. 300A), as well as information about hours worked and employment at your establishment. The Occupational Safety and Health Act, 29 U.S.C. §§ 657 & 673, and reporting regulations at 29 C.F.R. Part 1904 authorize OSHA to collect the requested information. Please note that establishments that fail to submit a completed 2008 survey may be subject to OSHA enforcement actions, including the issuance of a citation and assessment of penalties.

At this time the Bureau of Labor Statistics (BLS) and its State partners are collecting the 2008 Survey of Occupational Injuries and Illnesses, Part 1 of which solicits information similar to that OSHA is collecting. Some employers will receive the BLS survey and the OSHA request. **If you have already received the BLS survey, you may (at your option) either (1) complete this form, or (2) send us a copy of your responses to the BLS survey (Parts 1A and 1B).**

We recognize that responding to our questions may be time consuming for some employers and have made every effort to reduce the completion time while still obtaining the necessary information. Please submit your data electronically using the secure electronic reporting site on OSHA's Web site. Instructions for use of the electronic form are displayed at the Web site. To submit data, go to <http://www.osha.gov/form196/cy08.htm> and then, when prompted, input your establishment-specific ID number and password (provided on the mailing label). Use your browser's print function to print a copy for your records. If you need help submitting data or if you have questions, please call the phone number printed on the mailing label.

OSHA has initiated a comprehensive approach to monitoring and improving data quality. As part of this approach, OSHA will audit the injury and illness records of a randomly chosen sample of establishments included in this data collection. We will continue to evaluate this initiative and will build on the lessons learned to improve OSHA's ability to protect the health and safety of America's workers sensibly and appropriately. We invite your comments as we proceed with this effort. Thank you for helping us collect accurate information and for participating in the effort to make America's workplaces safer and healthier.

*Occupational Safety and Health Administration  
U.S. Department of Labor*

### Who must complete this form?

All establishments that receive this notification should submit data via the Internet **within 30 days**, even if they had no work-related injuries and illnesses recorded on their 2008 OSHA No. 300. If you are unable to report electronically, you can download a PDF version of the 2008 OSHA Work-Related Injury and Illness Data Collection Form after logging in to the Web site. Complete the hard copy and return it to the collecting agency indicated on the mailing label. If you need help, please call the collecting agency indicated on the mailing label (see reverse side of this mailer).

### What else do you need?

- ▶ Information from your 2008 *Summary of Work-Related Injuries and Illnesses* (OSHA No. 300A).

### What do you need to do?

- ▶ Check the establishment and address information printed on the mailing label. Note any corrections.
- ▶ Go to <http://www.osha.gov/form196/cy08.htm> to report data.
- ▶ Log in with ID number and Password provided on mailing label.
- ▶ Instructions for submitting data are displayed at the Web site.
- ▶ Submit data **only** for the establishment noted under Your Reporting Site.