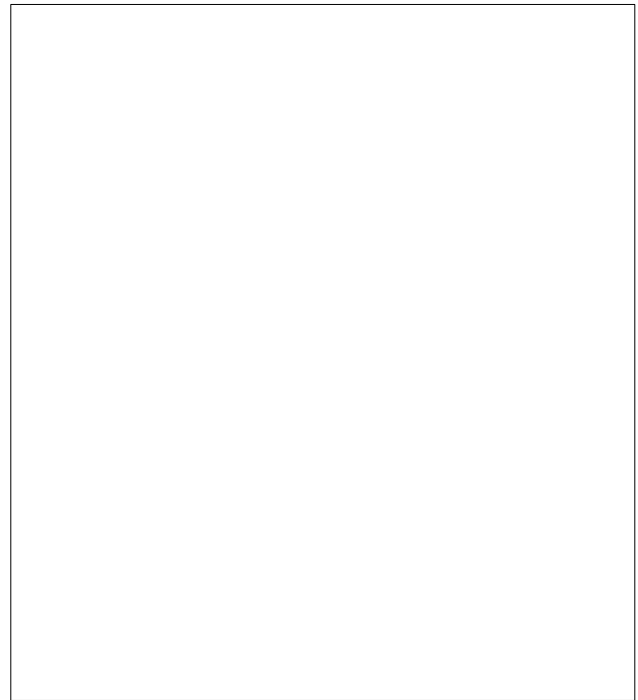
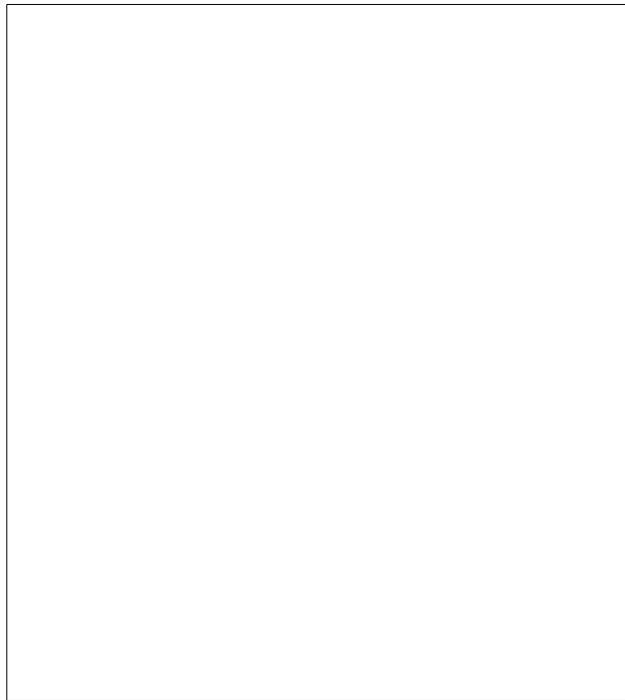




Instructions for Completing the 2010 Survey of Occupational Injuries and Illnesses



Options to Report Your Data

If you receive multiple forms, please check the account numbers and establishment IDs as you may have more than one establishment to report.

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:

soii-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
BLS-9300-IDCF

In December 2009, you were notified of your participation in the BLS 2010 Survey of Occupational Injuries and Illnesses (SOII) and asked to maintain records of workplace injuries and illnesses throughout 2010.

Forms to help you complete the survey

(NOTE: If you did not record the necessary information on your OSHA forms, please use whatever records you have available.)

- ◆ OSHA's Form 300 - Log of Work-Related Injuries and Illnesses; includes all injuries and illnesses for the year
- ◆ OSHA's Form 300A - Summary of Work-Related Injuries and Illnesses; includes average employment and total hours worked
- ◆ OSHA's Form 301 - Injury and Illness Incident Report; includes detailed injury and illness data
- ◆ State Worker's Compensation Forms

Option 1: Use the Internet

Before reporting your data, you must register with the BLS even if you registered in previous years or for other surveys. **Please do not register unless you will be the one completing the survey.**

1. Go to <https://idcf.bls.gov> on your internet browser. The "s" in "https" is required.
2. Enter the 12-digit Account Number in the field labeled "Account Number" and the Temporary Password in the field labeled "Password". Click *I Accept*.

ALABAMA DEPARTMENT OF LABOR
PO BOX 303500
MONTGOMERY, AL 3613

Example

For Help
Call: 334-242-3462
334-242-1000
Fax: 334-242-3333

Account Number:
302203479880

Temporary Password:
ANSu5155

You will need your account number and temporary password if you report using the internet.

3. Complete the "Check E-mail Address", "Enter New User Information" and "Create a Permanent Password" pages.
4. Click *Continue* on the "Confirmation Notice" page.
5. Report your data and click *Submit* when you are finished. Print a copy of the completed survey for your records. (You may log onto the website using your account number and permanent password at any time to make corrections to your data.)

You can report for additional establishment IDs by logging into the survey again, clicking the "Continue" arrow on the Dear Employer page, and adding the establishment ID on the Add New Establishment(s) to Account page.

Option 2: Use a Fillable Form via E-Mail

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 an e-mail to the address listed on the front of this form. Please include your establishment ID in the subject line of your e-mail request.
2. Save the form to your computer and open it using Adobe Reader® 8.0 or higher. If you do not have Adobe Reader 8.0 or higher, you can download it for free from www.Adobe.com.
3. Complete the form. You will need your establishment ID and company name and address which can be found on your label. See the example below.

Establishment ID:
01-123456789-1

You will need your establishment ID and company name and address if you report using the fillable form via e-mail

PRIMARY COMPANY NAME
(SECONDARY COMPANY NAME)
REPORT FOR:
ADDRESS
ADDRESS
CITY, ST

Example

4. Save the form on your computer when you have entered all of your injury and illness data. Print a copy of the completed form for your records.
5. Send the data to the BLS by clicking *Submit Data to BLS*. You will receive a confirmation on-screen and a confirmation e-mail when your data have been received by the BLS. If you do not receive either confirmation, contact us at the number(s) listed on the front of your form.

Need help?

- ◆ For step-by-step website registration instructions or website technical help, go to <http://www.bls.gov/idcf/instructions.htm>.
- ◆ For questions about your survey, contact us using the phone number(s) listed on the front of this form.
- ◆ For information about SOII, including frequently asked questions and to download forms, go to <http://www.bls.gov/respondents/iif/>.