

**Bureau of Labor Statistics  
Census of Fatal Occupational Injuries Program**

**APPLICATION FOR ACCESS TO THE CFOI RESEARCH FILE**

The Census of Fatal Occupational Injuries (CFOI) Research File contains data collected from various data sources, in most cases under a pledge of confidentiality with the understanding that the information will be used for statistical and research purposes only. Although State codes and all personal identifiers have been excluded from the file, it may be possible to discover the identity of a decedent or business establishment. The CFOI Research File is available to those researchers who agree to protect the confidentiality of the data and who have safeguards in place to do so. Upon approval of this application, the Bureau of Labor Statistics (BLS) will prepare an agreement which must be approved and signed by a BLS official and an official of the recipient's organization (specified below in part 6) prior to release of the research file. By signing the agreement, the researcher and the researcher's organization agree to adhere to the BLS confidentiality policy, as applicable to the CFOI Research File. In addition, all individuals who will have access to the CFOI data (specified below in part 7) must sign an Agent Agreement (acknowledging their understanding of the BLS confidentiality policy) prior to accessing the CFOI data.

1. **Applicant:** To process your request for the CFOI Research File and to prepare the agreement, please provide the following information about the applicant(s):

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_ Fax: \_\_\_\_\_  
\_\_\_\_\_ Email: \_\_\_\_\_

2. **Project:** Please answer the following about your research project:

- a. What is the title of your project?
- b. Provide a detailed description of the project in the space below. Include details of the methodology, CFOI variables of interest, and goals to disseminate the results (peer-reviewed journal article, presentation, etc.). Attach additional pages if necessary.
- c. How will the CFOI data be used in the research project? (Explain why other data sources will not meet your research needs.)
- d. Is this project part of work being performed under contract with another organization? If yes, please elaborate.
- e. The CFOI data may be authorized for one project of a limited term. What is the anticipated duration of the proposed research project?

3. **Organization:** The CFOI research file may only be used for statistical and research purposes. The file will not be released to organizations for investigatory, regulatory, or other purposes. Describe your organization and its mission:
4. **Data Security:** To ensure the confidentiality of CFOI data, BLS requires that security provisions be taken to protect the CFOI Research File and any outputs derived from it. By signing an agreement, the recipient organization agrees that the work described in the agreement will be performed at a specified location, and agrees that safeguards will be implemented to prevent unauthorized access, by electronic or physical means, to the CFOI Research File and electronic or other outputs created from it. The CFOI Research File must be in a locked receptacle when not in use; it may not be copied to and stored on personal computers, a network server, mainframe computer storage device, or other remote device unless specified in the agreement. Access must be password-protected. Further, the recipient must not attempt to link/match the CFOI Research File with individually identifiable records from any BLS or non-BLS data set.

Please answer the following questions pertaining to data/computer security and data confidentiality:

In what format are you requesting the data? Check one:  ASCII  EXCEL  SAS

The following data files are available on CD-ROM:

Fatal injury file for 1992	(6,217* records)
Fatal injury file for 1993	(6,331* records)
Fatal injury file for 1994	(6,632* records)
Fatal injury file for 1995	(6,275* records)
Fatal injury file for 1996	(6,202* records)
Fatal injury file for 1997	(6,238* records)
Fatal injury file for 1998	(6,055* records)
Fatal injury file for 1999	(6,054* records)
Fatal injury file for 2000	(5,920* records)
Fatal injury file for 2001	(5,915* records)
Fatal injury file for 2002	(5,534* records)
Fatal injury file for 2003	(5,575* records)
Fatal injury file for 2004	(5,764* records)
Fatal injury file for 2005	(5,734* records)

\*States are allowed a one-time revision a year after the initial total is published. Additional cases identified after the initial publication deadline are included in the final (revised) total.

- d. Will the CFOI data file be copied to the storage device of a personal computer, a network server, mainframe computer, or other remote device? If yes, please specify the type and quantity of computers, servers, etc.  Yes  No
- e. If stored on a computer storage device, will the data be password protected?  Yes  No
- f. Where will the original CFOI Research File be stored (please be specific, including room number\*\*)?
- g. Where will the work be performed (please be specific, including room numbers of all places of performance)?
- h. Describe other data/computer security precautions that will be taken to protect the CFOI data:

\*\* If stored in a computing center, computing center personnel who will have access to the CFOI data file must be listed as authorized persons in part 7.

5. **Project Coordinator:** Each applicant is required to name a Project Coordinator who will be responsible for the CFOI Research File. The Project Coordinator usually is the primary researcher on the project. However, if the primary researcher is a student, the Project Coordinator must be the student's advisor. Any requests for changes to the agreement must be made in writing by the Project Coordinator. Provide the information requested below about your Project Coordinator (or note if it is the same as the individual identified in part 1):

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_ Fax: \_\_\_\_\_  
\_\_\_\_\_ Email: \_\_\_\_\_

6. **Approving Official:** The agreement must be signed by an individual who has the authority to represent your organization on matters of research, such as a Center Director, VP for Research, or similar official (note that a Department Chair is not acceptable). List below the name, title, and address of the Approving Official:

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_ Fax: \_\_\_\_\_  
\_\_\_\_\_ Email: \_\_\_\_\_

7. **Authorized Individuals:** By signing the agreement, the organization agrees that access to the confidential information (i.e., the CFOI Research File and any documents, disks, tapes, or other media produced as a result of the work on this project that contain or are derived from BLS information) will be restricted to agents whose names will appear in the agreement. "Agents" is defined as the following: individuals who are authorized access to the confidential information and have signed an Agent Agreement. List below (and use an additional sheet if necessary) all individuals who will be authorized access to the confidential data, e.g., researcher, assistants, reviewers, advisors, computing center personnel, etc. (any changes to the list must be requested in writing by your Project Coordinator and must be approved in advance and in writing by the BLS Project Coordinator). For graduate students, include expected graduation dates.

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Name: \_\_\_\_\_ Title: \_\_\_\_\_

8. **BLS Coordinator:**

Direct questions to BLS Coordinator Scott Richardson at (202) 691-6170.

Forward this completed application to Scott Richardson, Bureau of Labor Statistics, 2 Massachusetts Avenue, N.E., Room 3180, Washington, DC 20212. You may fax the application to Mr. Richardson at (202) 691-7862 or you may return the application to [cfoiresfile@bls.gov](mailto:cfoiresfile@bls.gov) if preferred.

**Privacy Act Statement.** The information you provide will be used by staff at the Bureau of Labor Statistics (BLS) to determine your eligibility for access to confidential BLS data and for other administrative purposes. Providing the information on this form is

voluntary; however, the BLS will not be able to grant access to confidential BLS data without this information. The BLS is authorized to request the information on this form under Title 5, United States Code, Section 301.

**Paperwork Reduction Act Statement.** This information is being collected to allow access to confidential information on a limited basis to eligible researchers for approved statistical analysis. We estimate that it will take an average of 35 minutes to complete this form. The responses to this collection of information are voluntary. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to the U.S. Department of Labor, Bureau of Labor Statistics, Division of Management Systems, Attention: BLS Clearance Coordinator, 2 Massachusetts Ave., NE, Room 4080, Washington, DC 20212.

OMB Control Number: 1220-0NEW

OMB Approval Expires: xx/xx/xxxx