

Advance Email Text

Hello!

Thanks for agreeing to participate in our study! As we discussed on the phone, we are conducting this study to improve the Survey of Occupational Illnesses and Injuries, and the information you give us will be valuable in that process.

At _____, on _____, I will call you for the interview. Please have this email printed out and available at that time. You will need the information below to complete the study. You will not have to download any software to your computer, but will need to be able to access your email and internet.

When I call, I will a email with a link inviting you to a WebEx meeting, WebEx is the software that allows us to share an internet browser so I can see what you're doing as you work on the survey.

Below is the information you'll need to complete the tasks. Please do not click on the links before our interview, and remember to print it out and have it available when I call.

If you have any questions please email me or call me at 202-691-7528. I look forward to working with you!

Jennifer Edgar

Bureau of Labor Statistics

Task 1. Enter your own SOII information

Website: <https://idcft.bls.gov/>

Account Number:

Password:

Please complete the survey using your own SOII data.

Task 2: Enter fictitious SOII information

Website: <https://idcft.bls.gov/>

Account Number:

Password:

Add New Establishment ID(s) to Account

Have you received more than one survey to report for 2010? No

Select Company

Company Name

Section 1. Establishment Information

1. Annual average number of employees for 2011? 10
2. Total numbers of hours worked by all employees 1000
3. Nothing unusual happened
4. Did you have ANY work-related illnesses or injuries during 2011? Yes

Section 2. Summary of Work-Related Injuries and Illnesses, 2011

Number of Cases

Total number of deaths (G)	0
Total number of cases with days away from work (H)	1
Total number of cases with job transfer or restriction (I)	1
Total number of other recordable cases (I)	0

Number of Days

Total number of days away from work (K)	4
Total number of days of job transfer or restriction (L)	4

Injury and Illness Types (M)

Injuries	0
Skin disorders	0
Respiratory conditions	0
Poisonings	0
Hearing loss	0
All other illness	2

Section 3. Cases with Days Away from Work, Job Transfer, or Restriction

Enter data for cases with days away from work and/or job transfer or restriction.

- Please make up data for these fields.
- Remember you have reported 1 days away from work case and 1 days with job transfer or restriction case

Submit

Task 3: Provide feedback and answer questions about SOII survey pages

Website: <https://idcft.bls.gov/>

Account Number: **302150383900**

Password: **AnSU6446**

Have you received more than one survey to report for 2010? No

Company Name: LOWES HOME CENTERS INC

Section 1. Establishment Information

1. Annual average number of employees for 2011? 10
2. Total numbers of hours worked by all employees 1000
3. Nothing unusual happened
4. Did you have ANY work-related illnesses or injuries during 2011? Yes

Section 2. Summary of Work-Related Injuries and Illnesses, 2011

Number of Cases

Total number of deaths (g)	0
Total number of cases with days away from work (h)	0
Total number of cases with job transfer or restriction (i)	2
Total number of other recordable cases (j)	0

Number of Days

Total number of days away from work (k)	0
Total number of days of job transfer or restriction (l)	5

Injury and Illness Types (M)

Injuries	5
Skin disorders	0
Respiratory conditions	0
Poisonings	0
Hearing loss	0
All other illness	0

Section 3. Cases with Days Away from Work, Job Transfer, or Restriction

- Please make up data for one case with days of job transfer.
- Again, you can make up whatever you want, this is not based on your own data
- After entering information about once case, click Continue

Testing Task Outline

Task 1: Log on, complete survey using own data

- The email I sent [date] has the website you will need, you'll need to go to that site now. *provide site and login information*
- Remember to think aloud as you work

Task 2: Log on, complete the survey using the fictional data provided

- Now, please log out of the system and, using the email I sent, go back to the website. I'll read you the account number and password to log in
- In my email I enclosed fictitious data OSHA form. I'd like you to use that form to complete the survey again
- Remember to think aloud as you work

Number of Cases

Total number of deaths (g)	0
Total number of cases with days away from work (h)	2
Total number of cases with job transfer or restriction (i)	2
Total number of other recordable cases (j)	0

Number of Days

Total number of days away from work (k)	5
Total number of days of job transfer or restriction (l)	10

Injury and Illness Types (M)

Injuries	0
Skin disorders	0
Respiratory conditions	0
Poisonings	0
Hearing loss	0
All other illness	4

Information about Cases with Days Away from Work, Job Transfer or Restriction

- Please make up data for these fields.
- Remember you have reported 2 days away from work cases and 2 days with job transfer or restriction cases

Task 3: Testing error message

- We have one more task to go through; you're doing great so far!
- I want you to log out of the survey again, and log back in using the Task 3 information I emailed to you
- This time I'm going to tell you what to enter in each field. As we go, I'll ask you some questions along the way.
- Let's get started:

Section 3 page

- What do you think you're supposed to do on this page?
- What do you think would happen if you clicked the 'go back and correct' button?
- What do you think would happen if you clicked the 'enter data now' button?
- What do you think would happen if you clicked the 'continue' button?

Enter Information about a Case page ...

- What do you think you're supposed to do on this page?
- What types of cases are you supposed to report on this page?
- DJTR: Would you enter your Days away from work cases or Days of job transfer or restriction cases first?

Number of Cases

Total number of deaths (g)	0
Total number of cases with days away from work (h)	0
Total number of cases with job transfer or restriction (i)	2
Total number of other recordable cases (j)	0

Number of Days

Total number of days away from work (k)	0
Total number of days of job transfer or restriction (l)	5

Injury and Illness Types (M)

Injuries	5
Skin disorders	0
Respiratory conditions	0
Poisonings	0
Hearing loss	0
All other illness	0

Information about Cases with Days Away from Work, Job Transfer or Restriction

- Please make up data for one case with days of job transfer.
- Again, you can make up whatever you want, this is not based on your own data
- After entering information about once case, click Continue

Section 4: Data review: ERROR

- What is the first thing you notice on this page?
- What do you think that error message means?
- What do you think you should do now? Please do that

“You have entered case information for fewer cases than reported in Section 2. Please enter case information for all Days Away from Work and Job Transfer or Restriction cases. Click the buttons above to return to a section to correct your entries”

- *After corrected error, click continue again*
- Now, tell me what you think you are supposed to do on this page?
- What would you next?
- What do you think happens when you click the submit button?

Debriefing questions

Now I have a few general questions to ask you about your experience completing the survey. *Non-scripted questions will be added based on testing observations and additional post-testing questions will be added based on tasks.*

1. What would you say was the most difficult step involved in completing the survey? If you personally didn't have a problem, do you think would be the most difficult step for others?
2. BLS is now asking for respondents to tell us about both Days Away from work (Column H) and Days with Job Transfer or Restriction (Column I). What is your reaction to this?
3. Did you have any trouble entering the Days with Job Transfer or Restriction information?
4. Were there any places where the instructions could be improved or were needed?
5. What are your general impressions of the online survey?

Thank you for helping us today! If you think of any other comments or suggestions, feel free to email them to me!

a3021503569 AnSU4096
3

Bureau of Labor Statistics - New User Information - Windows Internet Explorer provided by Bureau of Labor Statistics

https://idcfd.psb.bls.gov/content/newResp.asp?action=edit

File Edit View Favorites Tools Help

Bureau of Labor Statistics - New User Information

Page Safety Tools

Bureau of Labor Statistics Internet Data Collection Facility

ADA Statement | Privacy Policy | Logout

Step 1 of 3: Enter New User Information

[Help](#)

Your Telephone Number must be 10 digits.

Please complete the items below.

Name & Address of Person Completing this Form (* Required Field)

*Your Name

Your Job Title

*Your Company Name

*Address

*City

*State *Zip Code

*Telephone Ext Fax

[Continue](#)

If you have questions or comments please complete and submit the [Help Request Form](#)

Updated: Tuesday, March 30, 2010
URL: https://idcfd.psb.bls.gov/content/newResp.asp

This document was sent to the printer

Document name: 'https://idcfd.psb.bls.gov/co...'
Printer name: '\\psbres4\QRE_HP_DUPLEX'
Time sent: 11:46:17 AM 9/29/2011
Total pages: 1

Start Y:\FY11 Umbrella Contract Testing Tasks.docx - Micro... Inbox - Microsoft Outlook... Microsoft Excel - SOII_ID... Bureau of Labor Stat... Local intranet 125% 11:46 AM

Bureau of Labor Statistics - Password Information - Windows Internet Explorer provided by Bureau of Labor Statistics

https://idcfd.psb.bls.gov/content/pinpass.asp

File Edit View Favorites Tools Help

Bureau of Labor Statistics - Password Information

Page Safety Tools

Bureau of Labor Statistics Internet Data Collection Facility

ADA Statement | Privacy Policy | Logout

Step 2 of 3: Create a Permanent Password

The temporary password or digital certificate is no longer valid, please create a new password.

Help

Password:


Confirm Password:

ATTENTION (Criteria met when **NO** red X's appear)
The password chosen MUST:

- ✗ Be between 8 and 12 characters in length
- ✗ Contain at least one (1) character from three (3) of the following categories:
 - UPPER CASE letter (A-Z)
 - lower case letter (a-z)
 - Digit (0-9)
 - Special Character !@#\$%^*-_=:;?[\]`{|}~
- ✗ Both passwords must match

Select a Security Question:

Your Answer:



If you have questions or comments please complete and submit the [Help Request Form](#)

Updated: Monday, March 22, 2010
URL: https://idcfd.psb.bls.gov/content/pinpass.asp

Done

Local intranet 125%

Start Y:\FY11 Umbrella Contract Testing Tasks.docx - Micro... Document4 - Microsoft W... Inbox - Microsoft Outlook... Microsoft Excel - SOII_ID... Bureau of Labor Stat... 11:46 AM

Bureau of Labor Statistics - New Account Information - Windows Internet Explorer provided by Bureau of Labor Statistics

https://idcfd.psb.bls.gov/content/newUser.asp

Bureau of Labor Statistics
Internet Data Collection Facility

ADA Statement | Privacy Policy | Logout

Step 3 of 3: Confirmation Notice

Congratulations! You have completed your Internet Data Collection Facility (IDCF) registration.
Your permanent IDCF account number appears below.

302150356932

Please use this number and your permanent password when you logon in the future.
Your account number will also be emailed to you. To ensure that you receive email from the Bureau of Labor Statistics (BLS), add our domain ".BLS.gov" to your email Safe List.
Click on the "Continue" arrow to report your data.



If you have questions or comments please complete and submit the [Help Request Form](#)

Updated: Monday, March 22, 2010
URL: https://idcfd.psb.bls.gov/content/newUser.asp

IDCF Helpdesk
Your BLS Internet Data Collection Facility Account Info
Your account number for the BLS Internet Data Collection Facility (IDCF) system is: 302150356932

Done

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Start Y:\FY11 Umbrella Contract Testing Tasks.docx - Micro... Document4 - Microsoft W... Inbox - Microsoft Outlook... Microsoft Excel - SOI_ID... Bureau of Labor Stat... 11:47 AM

Bureau of Labor Statistics - IDCF Homepage - Windows Internet Explorer provided by Bureau of Labor Statistics

https://idcfd.psb.bls.gov/content/selSurvey.asp

File Edit View Favorites Tools Help

Bureau of Labor Statistics - IDCF Homepage

Bureau of Labor Statistics Internet Data Collection Facility

ADA Statement | Privacy Policy | Logout

Welcome to the Internet Data Collection Facility

- Please review your respondent information listed below, and click the "Update" button to make any changes.
- Select the appropriate survey and click the "Continue" arrow when you are ready to enter data.

Update Respondent Info

<input type="button" value="Update"/>	J BLS edgar.jennifer@bls.gov	2 mass ave wash, DC 20212 (202) 691-7528
---------------------------------------	------------------------------------	--

Please Select a Survey:

Maintenance activities may be conducted on Sundays from noon to 6:00 p.m. Eastern Time in order to keep the Internet Data Collection Facility (IDCF) at its peak performance and to cause as little disruption in service as possible to our customers. If the system is unavailable, please try back at a later time.

If you have questions or comments please complete and submit the [Help Request Form](#)

Updated: Monday, March 22, 2010
URL: https://idcfd.psb.bls.gov/content/selSurvey.asp

Done

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Internet Data Collection Facility (IDCF): Survey of Occupational Injuries and Illness - Windows Internet Explorer provided by B

https://idcf.dosh.psb.bls.gov/OSH/index.do

File Edit View Favorites Tools Help

Internet Data Collection Facility (IDCF): Survey of Occu...

Bureau of Labor Statistics Survey of Occupational Injuries and Illnesses

Help | Logout

Dear Employer,

Please use this website to complete your Survey of Occupational Injuries and Illnesses (SOII).

Forms you will need:

1. Your sheet of Instructions for the SOII.
2. OSHA forms (Form 300 and 300A) in *Forms for Recording Work-Related Injuries and Illnesses*. Copies were mailed to you in late 2010.

What you need to do:


1. Refer to your OSHA forms (Form 300 and 300A). If you did not record the necessary information on your OSHA forms, please use whatever records you have available.
2. Complete the survey only for the establishment(s) listed on the front cover of your instruction sheet under 'Report for.'
3. Report data for more than one establishment by using the 'Add New Establishment ID(s) to Account' function on the next page.

See our [Frequently Asked Questions](#) to familiarize yourself with features of this site.

If you have questions concerning your participation in the survey, please call the number listed on the front cover of your instruction sheet as 'For Help:'.

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.

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, D.C. 20212. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. Form Approved OMB No. 1220-0045 (expires 09-30-2010)



If you have questions or comments please send e-mail to: osh.helpdesk@bls.gov
Please include your complete establishment ID (E#: 01-123456789-1) listed on the front of your survey materials

Done

Local intranet 125%

Start Y:\FY11 Umbrella Contract Testing Tasks.docx - Micro... Document4 - Microsoft W... Inbox - Microsoft Outlook... Microsoft Excel - SOII_ID... Internet Data Collect...

11:47 AM

Survey of Occupational Injuries and Illnesses - Add Establishment ID - Windows Internet Explorer provided by Bureau of Labor St

https://idcdosh.psb.bls.gov/OSH/additional.do?sessionId=hzrLTGTGK3pnSgYGrGpaq7f6B2fYwenJfVzxi72NcTZl2Fghd7f3pl-996236969-1897136533

File Edit View Favorites Tools Help

Survey of Occupational Injuries and Illnesses - Add Est...

Survey of Occupational Injuries and Illnesses


Help | Logout

Add New Establishment ID(s) to Account

Have you received more than one survey to report for 2010?

Yes

No



If you have questions or comments please send e-mail to: osh.helpdesk@bls.gov
Please include your complete establishment ID (Ex: 01-123456789-1) listed on the front of your survey materials
Version: 9.0
URL: <https://idcdosh.psb.bls.gov/OSH/content/additionalForms.jsp>

https://idcdosh.psb.bls.gov/OSH/

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11:47 AM

Internet Data Collection Facility (IDCF): Survey of Occupational Injuries and Illnesses - Windows Internet Explorer provided by

https://idcf.dosh.psb.bls.gov/OSH/displayOsh.do

File Edit View Favorites Tools Help

Internet Data Collection Facility (IDCF): Survey of Occu...

Survey of Occupational Injuries and Illnesses

Help | Logout

Make sure the Establishment ID(s) on your instruction sheet(s) match the Establishment ID(s) shown below. Please click on the "Select" button to select an establishment.

Establishment ID not shown in table?

	Year	Establishment ID	Company Name	Unit Description	Status
<input type="button" value="Select"/>	2011	01-150356932-9	HARVEST SELECT CATFISH		Incomplete

If you have questions or comments please send e-mail to: osh.helpdesk@bls.gov
 Please include your complete establishment ID (Ex: 01-123456789-1) listed on the front of your survey materials
 Version: 9.0
 URL: <https://idcf.dosh.psb.bls.gov/OSH/default.jsp>

Done Local intranet 125%

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Survey of Occupational Injuries and Illnesses - Part 1A - Windows Internet Explorer provided by Bureau of Labor Statistics

https://idofdoshs.psb.bls.gov/OSH/displayPart1a.do

Survey of Occupational Injuries and Illnesses - Part 1A

Survey of Occupational Injuries and Illnesses

Update Respondent Information | Help | Logout

1

Establishment Information (Section 1)

2

Injuries & Illnesses (Section 2)

3

Cases (Section 3)

4

Data Review

Section 1. Establishment Information

Establishment ID: **01-150356932-9** [Add comments](#)

Please click on the "Update" button to revise establishment location information, if necessary.

Update Establishment Location Information

<input type="button" value="Update"/>	HARVEST SELECT CATFISH ALABAMA CATFISH INC	HWY 80 EAST UNIONTOWN, AL 36786
---------------------------------------	---	------------------------------------

- Use your completed Calendar Year 2011 *Summary of Work-Related Injuries and Illnesses (OSHA Form 300A)* and copy the information into the spaces below.
- Use the *worksheets* for Items (1) and (2) if annual average number of employees and total hours worked is not available from your OSHA 300A.

- Enter the annual average number of employees for 2011.
 [Optional worksheet to estimate average number of employees](#)
- Enter the total hours worked by all employees for 2011.
 [Optional worksheet to estimate total hours worked by all employees](#)
 Average Hours Worked per Employee
- Check any conditions that might have affected your annual average number of employees or total hours worked during 2011:

<input type="checkbox"/> Strike or lockout	<input type="checkbox"/> Shorter work schedules or fewer pay periods than usual
<input type="checkbox"/> Shutdown or layoff	<input type="checkbox"/> Longer work schedules or more pay periods than usual
<input type="checkbox"/> Seasonal work	<input type="checkbox"/> Other reason: <input style="width: 100px;" type="text"/>

Survey of Occupational Injuries and Illnesses - Part 1A - Windows Internet Explorer provided by Bureau of Labor Statistics

https://idcdosh.psb.bls.gov/OSH/displayPart1a.do

File Edit View Favorites Tools Help

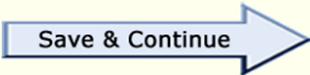
Survey of Occupational Injuries and Illnesses - Part 1A

Update ALABAMA CATFISH INC HWY 80 EAST UNIONTOWN, AL 36786

- Use your completed Calendar Year 2011 *Summary of Work-Related Injuries and Illnesses (OSHA Form 300A)* and copy the information into the spaces below.
- Use the *worksheets* for Items (1) and (2) if annual average number of employees and total hours worked is not available from your OSHA 300A.

1. Enter the annual average number of employees for 2011.
 [Optional worksheet to estimate average number of employees](#)
2. Enter the total hours worked by all employees for 2011.
 [Optional worksheet to estimate total hours worked by all employees](#)
 Average Hours Worked per Employee
3. Check any conditions that might have affected your annual average number of employees or total hours worked during 2011:

<input type="checkbox"/> Strike or lockout	<input type="checkbox"/> Shorter work schedules or fewer pay periods than usual
<input type="checkbox"/> Shutdown or layoff	<input type="checkbox"/> Longer work schedules or more pay periods than usual
<input type="checkbox"/> Seasonal work	<input type="checkbox"/> Other reason: <input type="text"/>
<input type="checkbox"/> Natural disaster or adverse weather conditions	<input type="checkbox"/> Nothing unusual happened to affect our employment or hours figures
4. Did you have ANY work-related injuries or illnesses during 2011?
 Yes
 No



If you have questions or comments please send e-mail to: osh.helpdesk@bls.gov
 Please include your complete establishment ID (Ex: 01-123456789-1) listed on the front of your survey materials
 Version: 9.0
 URL: <https://idcdosh.psb.bls.gov/OSH/content/part1a.jsp>

Done

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Survey of Occupational Injuries and Illnesses - Part 1B - Windows Internet Explorer provided by Bureau of Labor Statistics

https://fdofdoosh.psb.bls.gov/OSH/savePart1a.do

Survey of Occupational Injuries and Illnesses - Part 1B

Survey of Occupational Injuries and Illnesses

Update Respondent Information | Help | Logout

1

Establishment Information (Section 1)

2

Injuries & Illnesses (Section 2)

3

Cases (Section 3)

4

Data Review

Section 2. Summary of Work-Related Injuries and Illnesses, 2011

Establishment ID: **01-150356932-9** [Add comments](#)

Refer to the OSHA Forms for Recording Work-Related Injuries and Illnesses (Forms 300 and 300A) for this location.

Instructions

- Complete this survey only for the location(s) listed under 'Report for' on the front of your survey instruction sheet.
- If more than one establishment is listed under 'Report for' add up the numbers across all establishments and enter the total in the spaces below.
- Enter numbers only, omitting letters, symbols, decimals, and commas.
- If any total is zero on your OSHA Form 300A, enter "0" in that total's space below.
- 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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
<input type="text"/>	<input type="text"/>
(K)	(L)

Injury and Illness Types

Total number of...

Done

Local intranet 125%

Start Y:\FY11 Umbrella Contract Testing Tasks.docx - Micr... Screen Shots.docx - Micr... Microsoft Excel - SDIIL_ID... Survey of Occupatio...

11:49 AM

Survey of Occupational Injuries and Illnesses - Part 1B - Windows Internet Explorer provided by Bureau of Labor Statistics

https://idcdosh.psb.bls.gov/OSH/savePart1a.do

Survey of Occupational Injuries and Illnesses - Part 1B

Number of Cases

[Total number of deaths](#) (G)

[Total number of cases with days away from work](#) (H)

[Total number of cases with job transfer or restriction](#) (I)

[Total number of other recordable cases](#) (J)

Number of Days

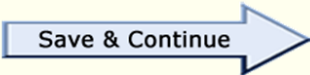
[Total number of days away from work](#) (K)

[Total number of days of job transfer or restriction](#) (L)

Injury and Illness Types

Total number of... (M)

1. Injuries	<input type="text"/>	4. Poisonings	<input type="text"/>
2. Skin disorders	<input type="text"/>	5. Hearing loss	<input type="text"/>
3. Respiratory conditions	<input type="text"/>	6. All other illnesses	<input type="text"/>

Save & Continue 

If you have questions or comments please send e-mail to: osh.helpdesk@bls.gov
Please include your complete establishment ID (Ex: 01-123456789-1) listed on the front of your survey materials
Version: 9.0
URL: <https://idcdosh.psb.bls.gov/OSH/content/part1b.jsp>

Done Local intranet 125% 11:49 AM

Start Y:\FY11 Umbrella Contract Testing Tasks.docx - Micr... Screen Shots.docx - Micr... Microsoft Excel - SDII_ID... Survey of Occupatio...

Survey of Occupational Injuries and Illnesses - Summary of Case(s) - Windows Internet Explorer provided by Bureau of Labor Stat

https://idcfdosb.psb.bls.gov/OSH/savePart1b.do

Survey of Occupational Injuries and Illnesses

Update Respondent Information | Help | Logout

- 1 Establishment Information (Section 1)
- 2 Injuries & Illnesses (Section 2)
- 3 Cases (Section 3)
- 4 Data Review

Section 3. Reporting Cases

Establishment ID: **01-150356932-9**

You have entered:

- 1 case(s) with days away from work (Column H)
- 1 case(s) with job transfer or restriction (Column I)

If this is not correct, go back and correct your data.

Enter data for cases with days away from work and/or job transfer or restriction.

Finish or enter data later

If you have questions or comments please send e-mail to: osh.helpdesk@bls.gov
Please include your complete establishment ID (Ex: 01-123456789-1) listed on the front of your survey materials
Version: 9.0
URL: https://idcfdosb.psb.bls.gov/OSH/content/cases_summary.jsp

Local intranet 125%

Start Y:\FY11 Umbrella Contract Testing Tasks.docx - Micr... Screen Shots.docx - Micr... Microsoft Excel - SDII_ID... Survey of Occupatio... Microsoft Outlook 11:50 AM

Survey of Occupational Injuries and Illnesses - Case with Days Away from Work - Windows Internet Explorer provided by Bureau of

https://fdcdosh.psb.bls.gov/OSH/displayCase.do?stateCode=01&dbNumber=150356932&surveyYear=2011&solcitation=150356932&checkDigit=9

File Edit View Favorites Tools Help

Survey of Occupational Injuries and Illnesses - Case with Days Away from Work

Survey of Occupational Injuries and Illnesses

[Update Respondent Information](#) | [Help](#) | [Logout](#)

Case

Establishment ID: **01-150356932-9**

To complete the information below, you will need:

- Your completed copy of your OSHA Form 300 for 2011.
- Your completed copies of supplementary documents about the case, such as workers' compensation report, an accident report, an insurance form, or the *Injury and Illness Incident Report*, OSHA Form 301.

Tell us about a 2011 work-related injury or illness ONLY if it resulted in days away from work or job transfer or restriction.

Employee's name (column B)

Job title (column C)

Date of injury or onset of illness (column D) MM DD YYYY

Number of days away from work (column K)

Number of days of job transfer or restriction (column L)

1. Select the category which best describes the employee's regular type of job or work: (optional)

<input type="radio"/> Office, professional, business, or management staff	<input type="radio"/> Healthcare
<input type="radio"/> Sales	<input type="radio"/> Delivery or driving
<input type="radio"/> Product assembly, product manufacture	<input type="radio"/> Food Service
<input type="radio"/> Repair, installation or service of machines, equipment	<input type="radio"/> Cleaning, maintenance of building, grounds
<input type="radio"/> Construction	<input type="radio"/> Material handling (e.g. stocking, loading/unloading, moving, etc.)
<input type="radio"/> Other: <input type="text"/>	<input type="radio"/> Farming

2. Employee's race or ethnic background: (optional-check one or more)

American Indian or Alaska Native

Asian

Done

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Survey of Occupational Injuries and Illnesses - Case with Days Away from Work - Windows Internet Explorer provided by Bureau of

https://idofdoshs.psb.bls.gov/OSH/displayCase.do?stateCode=01&dbNumber=150356932&surveyYear=2011&solcication=150356932&checkDigit=9

File Edit View Favorites Tools Help

Survey of Occupational Injuries and Illnesses - Case with Days Away from Work - Farming

Other:

2. Employee's race or ethnic background: (optional-check one or more)

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- White
- Not available

3. Employee's age: OR date of birth: MM DD YYYY

4. Employee's date hired: MM DD YYYY
 OR select length of service at establishment when incident occurred:

- Less than 3 months
- From 3 to 11 months
- From 1 to 5 years
- More than 5 years

5. Employee's gender:

- Male
- Female

6. Was employee treated in an emergency room?

- Yes
- No

7. Was employee hospitalized overnight as an in-patient?

- Yes
- No

8. Time employee began work: hh : mm am pm

9. Time of event: hh : mm am pm OR Check if time cannot be determined

Event occurred (optional): Before During After work shift

10. What was the employee doing just before the incident occurred?

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Survey of Occupational Injuries and Illnesses - Case with Days Away from Work

11. 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." (maximum entry of 250 characters)

12. What was the injury or illness? Tell us the part of the body that was affected and how it was affected; be more specific than "hurt," "pain," or "sore."
Examples: "strained back"; "chemical burn, hand"; "carpal tunnel syndrome." (maximum entry of 250 characters)

13. 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. (maximum entry of 250 characters)

Case Comments:
Enter additional case information here (optional).

Save & Continue

If you have questions or comments please send e-mail to: osh.helpdesk@bls.gov
Please include your complete establishment ID (Ex: 01-123456789-1) listed on the front of your survey materials
Version: 9.0
URL: <https://idcdosh.psb.bls.gov/OSH/content/case.jsp>

Done Local intranet 125%

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Survey of Occupational Injuries and Illnesses - Summary of Case(s) - Windows Internet Explorer provided by Bureau of Labor Stat

https://idcfdossh.psb.bls.gov/OSH/saveCase.do

File Edit View Favorites Tools Help

Survey of Occupational Injuries and Illnesses - Summar...

Survey of Occupational Injuries and Illnesses

Update Respondent Information | Help | Logout

1 Establishment Information (Section 1) 2 Injuries & Illnesses (Section 2) 3 Cases (Section 3) 4 Data Review

Section 3. Reporting Cases

Establishment ID: **01-150356932-9**

You have entered:

- 1 case(s) with days away from work (Column H)
- 1 case(s) with job transfer or restriction (Column I)

If this is not correct, go back and correct your data.

Enter data for cases with days away from work and/or job transfer or restriction.

You may **Update** or **Delete** previously entered data below:

	Employee's Name	Job Title	Date of Injury	Days		
				Away from Work	of Restriction	
<input type="button" value="Update"/>	aa	a	10/10/2011	1	0	<input type="button" value="Delete"/>

Finish or enter data later

If you have questions or comments please send e-mail to: osh.helpdesk@bls.gov
 Please include your complete establishment ID (Ex: 01-123456789-1) listed on the front of your survey materials
 Version: 9.0
 URL: https://idcfdossh.psb.bls.gov/OSH/content/cases_summary.jsp

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Survey of Occupational Injuries and Illnesses - Review and Print Data - Windows Internet Explorer provided by Bureau of Labor S

https://idofdoeh.psb.bls.gov/OSH/displayReview.do

File Edit View Favorites Tools Help

Survey of Occupational Injuries and Illnesses - Review ...

Survey of Occupational Injuries and Illnesses

Help | Logout

1

Establishment Information (Section 1)

2

Injuries & Illnesses (Section 2)

3

Cases (Section 3)

4

Data Review

Review your data

You can click on the buttons above to return to a section to correct an entry.

Establishment ID: 01-150356932-9

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
0	1	1	0
(G)	(H)	(I)	(J)
Number of Days		Total number of days of job transfer or restriction	
Total number of days away from work		Total number of days of job transfer or restriction	
2		2	
(K)		(L)	
Injury and Illness Types			
Total number of... (M)			
(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Establishment Information

Your establishment name: HARVEST SELECT CATFISH

Street: HWY 80 EAST

City: UNIONTOWN **State:** AL **ZIP:** 36786

Employment information

Annual average number of employees: 100

Total hours worked by all employees last year: 4000

Establishment Comments - Section 1 & Section 2

Done

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Survey of Occupational Injuries and Illnesses - Review and Print Data - Windows Internet Explorer provided by Bureau of Labor S

https://idofdosh.psb.bls.gov/OSH/displayReview.do

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Survey of Occupational Injuries and Illnesses - Review ...

(3) Respiratory conditions 0 (6) All other illnesses 0

Establishment Comments - Section 1 & Section 2

Establishment ID: 01-150356932-9

- No comments to report.

Section 3 - Reporting Cases with Days Away from Work

Establishment ID: 01-150356932-9

Employee Name: aa
 Job Title: a
 Date of Injury or onset of illness: 10/10/2011
 Number of days away from work: 1
 Number of days of job transfer or restriction: 0

- Type of Job or Work:
- Employee's race or ethnic background:
- Date of birth:
-
- Employee's gender:
- Treated in emergency room?
- Hospitalized overnight as in-patient
- Time employee began work:
- Time of event:
- What was the employee doing before the incident?
- What happened?
- What was the injury or illness?
- What object or substance directly harmed the employee?

Case Comments:

Section 3 - Reporting Cases with Days Away from Work

Establishment ID: 01-150356932-9

Employee Name: aa
 Job Title: a

Done

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Survey of Occupational Injuries and Illnesses - Review and Print Data - Windows Internet Explorer provided by Bureau of Labor S

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File Edit View Favorites Tools Help

Survey of Occupational Injuries and Illnesses - Review ...

Page Safety Tools

Section 3 - Reporting Cases with Days Away from Work

Establishment ID: 01-150356932-9

Employee Name: **aa**
Job Title: **a**
Date of Injury or onset of illness: **01/01/2011**
Number of days away from work: **0**
Number of days of job transfer or restriction: **1**

1. Type of Job or Work:
2. Employee's race or ethnic background:
3. Date of birth:
- 4.
5. Employee's gender:
6. Treated in emergency room?
7. Hospitalized overnight as in-patient
8. Time employee began work:
9. Time of event:
10. What was the employee doing before the incident?
11. What happened?
12. What was the injury or illness?
13. What object or substance directly harmed the employee?

Case Comments:

Print

Print a copy of this form for your records.

Submit

Click the Submit button to send your data to BLS. You will receive a confirmation on the next page.

View the confirmation

Done Local intranet 125%

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ERROR

Survey of Occupational Injuries and Illnesses - Review and Print Data - Windows Internet Explorer provided by Bureau of Labor S

https://idcdosh.psb.bls.gov/OSH/displayReview.do

File Edit View Favorites Tools Help

Survey of Occupational Injuries and Illnesses - Review ...

Survey of Occupational Injuries and Illnesses

Help | Logout

1

Establishment Information (Section 1)

2

Injuries & Illnesses (Section 2)

3

Cases (Section 3)

4

Data Review

Review your data

You can click on the buttons above to return to a section to correct an entry.

You have entered case information for fewer cases than reported in Section 2. Please enter case information for all Days Away from Work and Job Transfer or Restriction cases. Click the buttons above to return to a section to correct your entries.

Establishment ID: 01-150356932-9

Number of Cases		Establishment Information	
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
0	1	1	0
(G)	(H)	(I)	(J)
Number of Days		Employment information	
Total number of days away from work	Total number of days of job transfer or restriction	Annual average number of employees:	Total hours worked by all employees last year:
2	2	100	4000
(K)	(L)		
Injury and Illness Types			
Total number of... (M)	(1) Injuries	(4) Poisonings	(6) All other illnesses
	2	0	0
	(2) Skin disorders	(5) Hearing loss	
	0	0	
	(3) Respiratory conditions		
	0		

Done

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