

**Survey of Occupational Injuries and Illnesses  
Internet Data Collection Facility**

**Survey Year 2009**

## Initial Login

The screenshot shows the initial login page of the Bureau of Labor Statistics Internet Data Collection Facility (IDCF) in a Windows Internet Explorer browser. The browser's address bar shows the URL <https://idcf.d.psb.bls.gov/>. The page features a header with the BLS logo and navigation links for ADA Statement, Privacy Policy, and Logout. The main content area is titled "Internet Data Collection Facility (IDCF) Logon" and includes a "Test Your Browser" button and a "Help" link. The login form contains fields for "Account Number" (302010557253) and "Password" (masked with dots), with a "Forgot Password?" link. A warning message states that the system is an Official United States Government System and that unauthorized use is prohibited. Below the warning is an "I Accept" button. A security notice in a box states: "Please read: Due to security reasons, your session will time out after 30 minutes of system inactivity. You will need to logon to the website again to continue." At the bottom, there is a "Help Request Form" link, the update date (Wednesday, September 10, 2008), and the URL (<https://idcf.d.psb.bls.gov/Default.asp>). The browser's status bar at the bottom indicates "Trusted sites" and a zoom level of 100%.

Bureau of Labor Statistics  
Internet Data Collection Facility

ADA Statement | Privacy Policy | Logout

### Internet Data Collection Facility (IDCF) Logon

Test Your Browser  
Help

Welcome to the Internet Data Collection Facility (IDCF). To report your survey data via the Internet, you must first have an IDCF account with the Bureau of Labor Statistics (BLS).

Account Number:

Password:  [Forgot Password?](#)

(password is [case-sensitive](#))

**WARNING!** You are using an Official United States Government System, which may be used only for authorized purposes. Unauthorized modification of any information stored on this system may result in criminal prosecution. The Government may monitor and audit the usage of this system, and all persons are hereby notified that the use of this system constitutes consent to such monitoring and auditing. Unauthorized attempts to upload information and/or change information on these web sites are strictly prohibited and are subject to prosecution under the Computer Fraud and Abuse Act of 1986 and Title 18 U.S.C. Sec. 1001 and 1030.

**Please read:**  
Due to security reasons, your session will time out after 30 minutes of system inactivity. You will need to logon to the website again to continue.

If you have questions or comments please complete and submit help request form: [Help Request Form](#)

Updated: Wednesday, September 10, 2008  
URL: <https://idcf.d.psb.bls.gov/Default.asp>

Trusted sites 100%

## E-Mail Confirmation

Bureau of Labor Statistics - Check Email Address - Windows Internet Explorer

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

File Edit View Favorites Tools Help

Bureau of Labor Statistics - Check Email Address

**Bureau of Labor Statistics**  
*Internet Data Collection Facility*

ADA Statement | Privacy Policy | Logout


### Check Email Address

Please Enter and Confirm your email address below.

**Email Address of Person Completing this Form** (\* Required Field)

\*Email

\*Confirm Email



If you have questions or comments please complete and submit help request form: [Help Request Form](#)

Updated: Wednesday, September 10, 2008  
URL: https://idcfd.psb.bls.gov/content/checkEmail.asp

Trusted sites 100%

## Respondent Information

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

https://idcf.d.psb.bls.gov/content/newResp.asp

File Edit View Favorites Tools Help

Bureau of Labor Statistics - New User Information

**Bureau of Labor Statistics  
Internet Data Collection Facility**

[ADA Statement](#) | [Privacy Policy](#) | [Logout](#)

### Step 1 of 3: Enter New User Information

Please complete the items below.

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

\*Your Name

Your Job Title

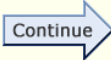
\*Your Company Name

\*Address

\*City

\*State  \*Zip Code

\*Telephone    Ext  Fax



If you have questions or comments please complete and submit help request form: [Help Request Form](#)

Updated: Wednesday, September 10, 2008  
URL: https://idcf.d.psb.bls.gov/content/newResp.asp

Done Trusted sites 100%

# Create Password

Bureau of Labor Statistics - Password Information - Windows Internet Explorer

https://idcf.dps.bls.gov/content/pinpass.asp

File Edit View Favorites Tools Help

Bureau of Labor Statistics - Password Information

**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: What is the name of the city where you were born?

Your Answer: Detroit

Continue

Password Information

If you have questions or comments please complete and submit help request form: [Help Request Form](#)

Updated: Wednesday, July 02, 2008  
URL: https://idcf.dps.bls.gov/content/pinpass.asp

Done Trusted sites 100%

## Login Confirmation



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

https://idcfd.psb.bls.gov/content/newUser.asp Certificate Error Live Search

File Edit View Favorites Tools Help

Bureau of Labor Statistics - New Account Information

**Bureau of Labor Statistics**  
**Internet Data Collection Facility**

ADA Statement | Privacy Policy | Logout

### Step 3 of 3: Confirmation Notice

Please use your Permanent IDCF Account Number, that has been emailed to you, for subsequent logons.

**302010557253**

You have completed your IDCF registration.

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 help request form: [Help Request Form](#)

Updated: Wednesday, September 10, 2008  
URL: https://idcfd.psb.bls.gov/content/newUser.asp

Done Trusted sites 100%

## Update Respondent Information

Bureau of Labor Statistics - Update User Information - Windows Internet Explorer

https://idcf.bls.gov/content/respdata.asp

File Edit View Favorites Tools Help

Bureau of Labor Statistics - Update User Information

**Bureau of Labor Statistics**  
*Internet Data Collection Facility*

ADA Statement | Privacy Policy | Logout

### Update Respondent Information

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

\*Email

\*Confirm Email

\*Telephone    Ext.  Fax

Check if the above information has been changed to assign this account to another user.  
(If you check the box, you will NO longer be the registered user and you will NO longer have access to the system. The new user will be emailed the account number and a temporary password so that they can begin reporting data to BLS.)

Select Survey  
Update Respondent Info  
Change Password  
Help

Done Local intranet 100%

## Americans with Disability Act Compliance Notice

The screenshot shows a Windows Internet Explorer browser window. The title bar reads "Bureau of Labor Statistics - IDCF ADA Compliance Notice - Windows Internet Explorer". The address bar shows the URL "https://idcf.bls.gov/content/ada.asp". The browser's menu bar includes "File", "Edit", "View", "Favorites", "Tools", and "Help". The page content features a header with the text "Bureau of Labor Statistics Internet Data Collection Facility" and a navigation menu with "ADA Statement", "Privacy Policy", and "Logout". The main content area is titled "ADA Compliance Notice" and contains the following text:

The Bureau of Labor Statistics (BLS) is committed to making its online information and services accessible to the widest possible audience.

We work to insure that our documents are, to the maximum extent feasible, accessible to persons using special screen reading software and hardware.

If this information is not accessible for any reason, or you wish to comment on our accessibility efforts, please complete and submit help request form: [Help Request Form](#).

If you are reporting a specific issue with any of the pages in the Data Collection Facility, please provide the survey name, URL of the page, and any relevant information as to the problem encountered.

You may also include a mailing address in case we have to mail any information to you.

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

Updated: Tuesday, August 04, 2009  
URL: <https://idcf.bls.gov/content/ada.asp>

On the right side of the page, there are four buttons: "Select Survey", "Update Respondent Info", "Change Password", and "Help". The browser's status bar at the bottom shows "Local intranet" and "100%".



## Privacy and Security Statement (1 of 2)

The screenshot shows a Windows Internet Explorer browser window displaying the Bureau of Labor Statistics (BLS) Internet Data Collection Facility (IDCF) Privacy and Security Statement. The browser's address bar shows the URL <https://idcf.bls.gov/content/privacy.asp>. The page features a blue header with the BLS logo and navigation links for ADA Statement, Privacy Policy, and Logout. The main content area is titled "Privacy and Security Statement" and includes a welcome message, a commitment to privacy, and a list of collected information. On the right side, there are four buttons: "Select Survey", "Update Respondent Info", "Change Password", and "Help".

**Bureau of Labor Statistics  
Internet Data Collection Facility**

[ADA Statement](#) | [Privacy Policy](#) | [Logout](#)

### Privacy and Security Statement

Thank you for visiting the Bureau of Labor Statistics (BLS) Internet Data Collection Website. BLS is strongly committed to maintaining the privacy of your personal and company information, the confidentiality of your data, and the security of our computer systems.

With respect to the collection, use, and disclosure of personal information, BLS makes every effort to ensure compliance with applicable Federal law, including, but not limited to, the Confidential Information Protection and Statistical Efficiency Act of 2002, the Privacy Act of 1974, the Paperwork Reduction Act of 1995, the Trade Secrets Act, and the Freedom of Information Act.

Data submitted to the BLS are used for statistical purposes only. BLS and State agencies (when applicable) will hold your data in confidence to the full extent permitted by law.

When you visit our site, we authenticate the account number and password or other respondent identifier assigned to you by BLS. This information is used to ensure that only authorized BLS respondents are granted access to the website.

The BLS Data Collection Facility does not use [cookies](#) to store any permanent information about you or your business.

When you visit our site, we collect and store the following information:

- The IP address from which you accessed the Internet (an IP address is a number that is automatically assigned to your computer)
- The type of browser and operating system used to access our site
- The date and time you accessed our site

This information is permanently retained in a secure environment and is used by internal software programs to create summary statistics. These statistics allow us to assess site trends, the number of unique visitors to our site, and monitor system performance.

For security purposes and to ensure that this service remains available to all users, our website also employs software programs to monitor network traffic to identify unauthorized attempts to upload information other than survey data, alter the site, or other attempts to cause damage.

Unauthorized attempts to upload information not associated with a specific survey, alter the site or to cause damage are strictly prohibited and may be punishable under the Computer Fraud and Abuse Act of 1986 and the National Information Infrastructure Protection Act of 1996.

**If you identify yourself by sending an E-mail**

Local intranet 100%

## Privacy and Security Statement (2 of 2)

When you visit our site, we automatically create a unique name and password for each respondent (customer assigned to you by BLS). This information is used to ensure that only authorized BLS respondents are granted access to the website.

The BLS Data Collection Facility does not use [cookies](#) to store any permanent information about you or your business.

When you visit our site, we collect and store the following information:

- The IP address from which you accessed the Internet (an IP address is a number that is automatically assigned to your computer)
- The type of browser and operating system used to access our site
- The date and time you accessed our site

This information is permanently retained in a secure environment and is used by internal software programs to create summary statistics. These statistics allow us to assess site trends, the number of unique visitors to our site, and monitor system performance.

For security purposes and to ensure that this service remains available to all users, our website also employs software programs to monitor network traffic to identify unauthorized attempts to upload information other than survey data, alter the site, or other attempts to cause damage.

Unauthorized attempts to upload information not associated with a specific survey, alter the site or to cause damage are strictly prohibited and may be punishable under the Computer Fraud and Abuse Act of 1986 and the National Information Infrastructure Protection Act of 1996.

**If you identify yourself by sending an E-mail**

You also may decide to send us identifying information in an electronic mail message. Information collected in this manner is used solely for responding to requests for information or assistance. We may forward your E-mail to other Government employees who are better able to respond to you. Should you wish to file a request under FOIA, instructions are provided at [BLS - IDCF Freedom of Information Requests](#).

**If you identify yourself by initiating a Respondent Change Request**

As a BLS respondent you may alter your identifying personal or company information. Information collected in this manner will be forwarded to the responsible Government employees for processing. You will be contacted for verification purposes prior to processing.

**If you link to other sites outside of the BLS Internet Data Collection Website**

Our website has many links to other sites. When you link to any of these sites, you are no longer on our site and are subject to the privacy policy of the new site.

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

Updated: Wednesday, January 27, 2010  
URL: <https://idcf.bls.gov/content/privacy.asp>

Local intranet 100%

## Help Request Form

Bureau of Labor Statistics - IDCF Help Request Form - Windows Internet Explorer

### Help Request Form

The Bureau of Labor Statistics (BLS) is committed to making its online information and services accessible to the widest possible audience. Please complete the form below and click on the "Submit" button. You will be contacted by an IDCF help desk representative.

(\* Required Field)

**To receive a reply to your request, enter the following:**

*Email Address:	<input type="text"/>
*First Name:	<input type="text"/>
*Last Name:	<input type="text"/>
*Phone Number:	<input type="text"/> <input type="text"/> <input type="text"/>

**Enter your request information below:**

*Nature of the Problem:	<input type="text"/>
*Problem Description:	<input type="text"/>

**Please provide additional information below:**

Which BLS Survey are you currently trying to report data for?	<input type="text" value="Please select one"/>
IDCF Account Number:	<input type="text"/>
Did you register using the email address above?	<input type="radio"/> Yes <input type="radio"/> No <input type="text"/> <input type="radio"/> Don't Know <input checked="" type="radio"/> Not Registered

Please note that your IP address will be captured automatically when you submit this form in order to help troubleshoot your issue.

Done Local intranet 100%

## Survey Selection

The screenshot shows a web browser window titled "Bureau of Labor Statistics - IDCF Homepage - Windows Internet Explorer". The address bar shows the URL "https://idcf.bls.gov/content/selSurvey.asp". The page header includes the "Bureau of Labor Statistics Internet Data Collection Facility" logo and navigation links for "ADA Statement", "Privacy Policy", and "Logout".

The main content area is titled "Welcome to the Internet Data Collection Facility" and contains the following instructions:

- 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.

On the right side, there are four buttons: "Select Survey", "Update Respondent Info", "Change Password", and "Help".

The "Update Respondent Info" section displays the following information:

<input type="button" value="Update"/>	Test BLS test.address@bls.gov	2 Mass Ave Wash, DC 20212 (222) 222-2222
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Below this, a dropdown menu is labeled "Please Select a Survey:" and currently shows "Survey of Occupational Injuries and Illnesses". A large blue arrow button labeled "Continue" is positioned below the dropdown.

A maintenance notice states: "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."

At the bottom, there is a link to the "Help Request Form" and the following text: "Updated: Tuesday, August 25, 2009" and "URL: https://idcf.bls.gov/content/selSurvey.asp".

## General SOII Information

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

https://idcfosh.bls.gov/OSH/index.do

File Edit View Favorites Tools Help

Internet Data Collection Facility (IDCF)- Survey of Oc...

**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 2008.

**What you need to do:**

1. Refer to your OSHA forms (Form 300 and 300A).
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:'.

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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)



Done Local intranet 100%

## Add New Establishment(s)

Survey of Occupational Injuries and Illnesses - Add Establishment ID - Windows Internet Explorer

https://idcfosh.bls.gov/JOSH/establishmentId.do;jsessionid=G0zrLyKfhXqldLF8mC3GzKRRXQ90PQ80rykTVZmR18mYHb:...

File Edit View Favorites Tools Help

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

Survey of Occupational Injuries and Illnesses

Help | Logout

### Add New Establishment ID(s) to Account

Have you received survey instructions for more than one establishment?

- How many additional Establishment IDs are you reporting?
- Enter the Establishment ID(s) in the fields below and then click the "Continue" arrow to add the Establishment ID(s) to your account.

[Click here to see the Establishment ID\(s\) that are attached to your account.](#)

- Click the "Continue" arrow if you are only reporting for one establishment.

**Additional Establishment ID(s):**

-  -   
 -  -

District of Columbia Department of Labor  
 PO BOX 303500  
 Line 2  
 Montgomery, AL 36130-3500

For Help  
 Call: 555-690-5789  
 555-690-5790  
 Fax: 555-690-5771

Account Number:  
**302203479111**


Temporary Password:  
**ANSu5155**

512110 - Motion Picture and Video Production  
 Los Angeles, CA

Establishment ID:  
**11-203479111-0**

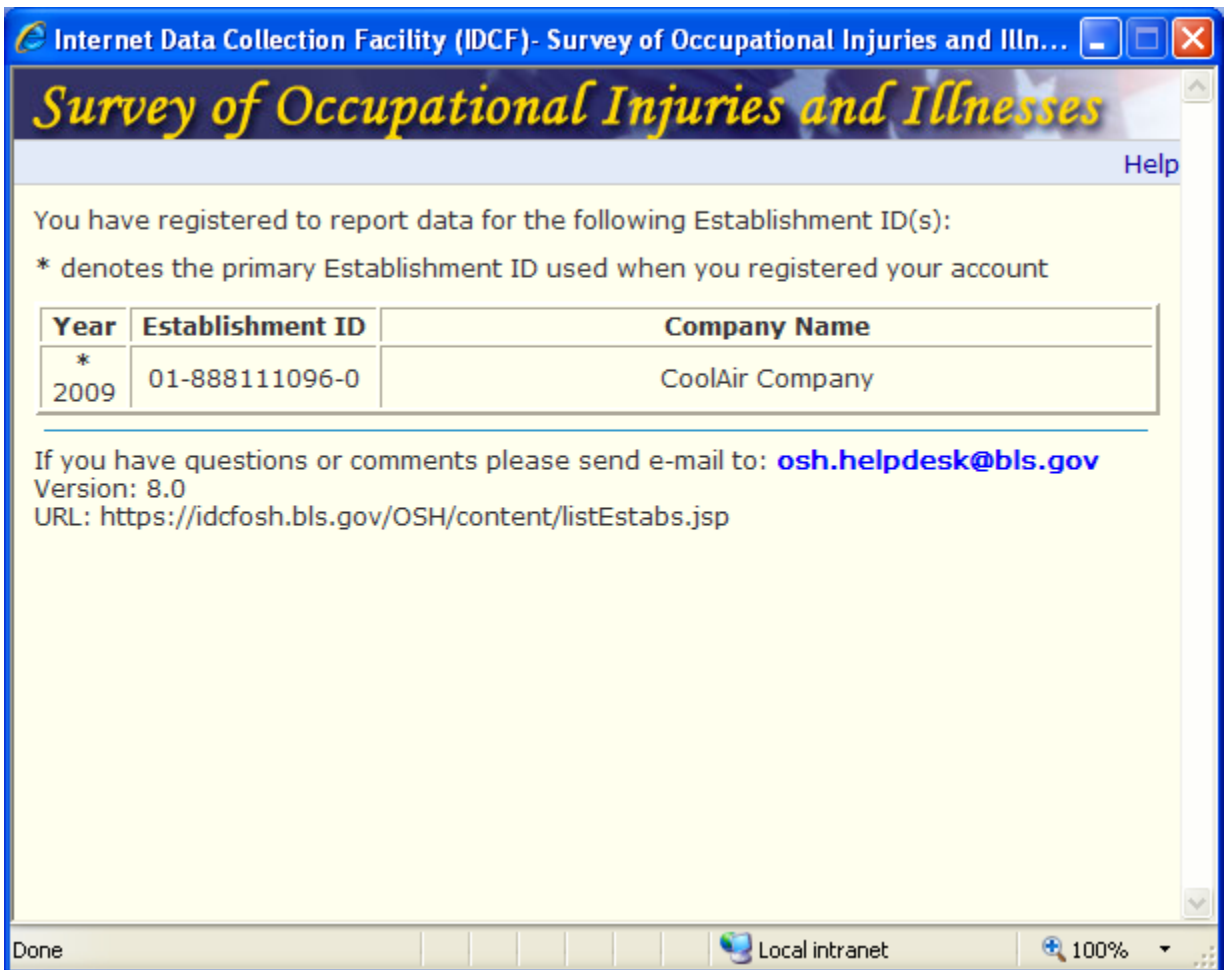
Primary Company Name  
 Secondary Company Name  
 Report For:  
 (Physical Location Information)  
 Mailing Address Line 1  
 Mailing Address Line 2  
 City, State, Zip+4

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Done Local intranet 100%

## Establishment IDs Attached to this Account



Internet Data Collection Facility (IDCF)- Survey of Occupational Injuries and Illn...

## Survey of Occupational Injuries and Illnesses

Help

You have registered to report data for the following Establishment ID(s):

\* denotes the primary Establishment ID used when you registered your account

Year	Establishment ID	Company Name
* 2009	01-888111096-0	CoolAir Company

If you have questions or comments please send e-mail to: [osh.helpdesk@bls.gov](mailto:osh.helpdesk@bls.gov)  
Version: 8.0  
URL: <https://idcfosh.bls.gov/OSH/content/listEstabs.jsp>

Done Local intranet 100%

## Help Index

SOII Help Index - Windows Internet Explorer

### Survey of Occupational Injuries and Illnesses (SOII) Help Index

[< Previous](#)      [Index](#)      [Next >](#)

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#### Learn More About SOII

- [Find out about the Occupational Safety and Health Statistics \(OSHS\) Program](#)
- [Review the SOII Confidentiality Notice](#)
- [Check SOII Terms and Definitions](#)
- [Get Answers to Frequently Asked Questions about this Website](#)

#### Report My SOII Data

- [Add new establishment ID\(s\) to my account](#)
- [Select my establishment ID](#)
- [Report for another establishment ID](#)
- [Update my contact information](#)
- [Update my worksite location information](#)
- [Add comments](#)
- [Enter my establishment information](#)
- [Estimate my annual average number of employees](#)
- [Estimate my total hours worked by all employees](#)
- [Enter my Summary of Work-Related Injuries and Illnesses Data](#)
- [View a list of my Case\(s\) with Days Away from Work](#)
- [Report my Case\(s\) with Days Away from Work](#)
- [Review the data I entered](#)
- [Save my work](#)
- [Print a copy of my data](#)
- [Enter data for another establishment](#)
- [Update previously submitted data](#)

Done      Local intranet      100%



## Establishment Confirmation

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

https://idcfosh.bls.gov/OSH/saveLdb.do

File Edit View Favorites Tools Help

Internet Data Collection Facility (IDCF)- Survey of Oc...

**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"/>	2009	01-888111096-0	CoolAir Company	SAME AS YOUR ADDRESS	Complete

If you have questions or comments please send e-mail to: [osh.helpdesk@bls.gov](mailto:osh.helpdesk@bls.gov)  
 Version: 8.0  
 URL: <https://idcfosh.bls.gov/OSH/default.jsp>

Done Local intranet 100%

## Section 1: Establishment Information (1 of 2)

Survey of Occupational Injuries and Illnesses - Part 1A - Windows Internet Explorer

https://idcfosh.bls.gov/OSH/displayPart1a.do

File Edit View Favorites Tools Help

Survey of Occupational Injuries and Illnesses - Part 1A

**Survey of Occupational Injuries and Illnesses**

Contact 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: **01-888111096-0** [Add comments](#)

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

Update Worksite Location

CoolAir Company 993 Shipwreck Way  
SAME AS YOUR ADDRESS Office 4  
Natural Bridge, AL 35577

- Use your completed Calendar Year 2009 *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 2009.  
 [Click here for a worksheet to estimate annual average number of employees](#)

2. Enter the total hours worked by all employees for 2009.  
 [Click here for a worksheet to estimate total hours worked by all employees](#)

3. Check any conditions that might have affected your annual average number of employees or total hours worked during 2009:

Strike or lockout  Shorter work schedules or fewer pay periods than usual

Local intranet 100%

## Section 1: Establishment Information (2 of 2)

Survey of Occupational Injuries and Illnesses - Part 1A - Windows Internet Explorer

https://idcfosh.bls.gov/OSH/displayPart1a.do

File Edit View Favorites Tools Help

Survey of Occupational Injuries and Illnesses - Part 1A

• Use your completed Calendar Year 2009 *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.

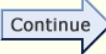
1. Enter the annual average number of employees for 2009.  
 [Click here for a worksheet to estimate annual average number of employees](#)

2. Enter the total hours worked by all employees for 2009.  
 [Click here for a worksheet to estimate total hours worked by all employees](#)

3. Check any conditions that might have affected your annual average number of employees or total hours worked during 2009:

<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 checked="" 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 2009?  
 Yes  
 No



If you have questions or comments please send e-mail to: [osh.helpdesk@bls.gov](mailto:osh.helpdesk@bls.gov)  
Version: 8.0  
URL: <https://idcfosh.bls.gov/OSH/content/part1a.jsp>

Local intranet 100%

## Comments



Survey of Occupational Injuries and Illnesses - Comments - Windows Internet Ex...

## Survey of Occupational Injuries and Illnesses

Help

### Comments

Please add comments in the text box below.

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If you have questions or comments please send e-mail to: [osh.helpdesk@bls.gov](mailto:osh.helpdesk@bls.gov)  
Version: 8.0  
URL: <https://idcfosh.bls.gov/OSH/content/comments.jsp>

Done Local intranet 100%

## Estimating Annual Average Number of Employees

Survey of Occupational Injuries and Illnesses - Estimate Employment Worksheet ...

### Worksheet for Estimating Annual Average Number of Employees

If more than one establishment is listed on the front of your instruction sheet under *'Report for'*, add the total number of employees from all locations and enter that number in the spaces below.

**Step 1.** Enter the number of pay periods during 2009.

**Step 2.**

- Enter the number of employees that your establishment paid in every pay period during 2009. We will calculate the total for you.
- Count all employees: full-time, part-time, temporary, seasonal, salaried, and hourly.

In this pay period	You paid this many employees
1	<input type="text"/>
2	<input type="text"/>

Local intranet 100%

## Estimating Total Hours Worked

The screenshot shows a web browser window titled "Survey of Occupational Injuries and Illnesses - Estimate Hours Worksheet - Win...". The page header features the title "Survey of Occupational Injuries and Illnesses" in a stylized yellow font. Below the header is a "Help" link. The main content area is titled "Worksheet for Estimating Total Hours Worked by All Employees" and is divided into three sections: A, B, and C. Section A, "Hours worked by full-time employees:", contains four input fields with the following values and descriptions: 10 (number of full-time employees), 2000 (hours generally worked by a full-time employee for a year), 500 (overtime hours worked by full-time employees), and 20500 (Total hours for full-time employees). Section B, "Hours worked by other employees: (including part-time, temporary and seasonal)", contains one input field with the value "p" and the description "Enter the number of hours worked by all non-full-time employees including part-time, temporary, and seasonal". Section C, "Total hours worked by all employees:", contains one input field with the value "20500". A blue arrow button labeled "Continue" is positioned below section C. The browser's status bar at the bottom shows "Done", "Local intranet", and "100%".

Survey of Occupational Injuries and Illnesses - Estimate Hours Worksheet - Win...

## Survey of Occupational Injuries and Illnesses

Help

### Worksheet for Estimating Total Hours Worked by All Employees

**A. Hours worked by full-time employees:**

Enter the number of full-time employees

Enter the number of hours generally worked by a full-time employee for a year

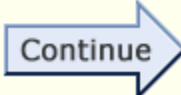
Enter the number of overtime hours worked by full-time employees

Total hours for full-time employees

**B. Hours worked by other employees:** (including part-time, temporary and seasonal) Hrs Worksheet

Enter the number of hours worked by all non-full-time employees including part-time, temporary, and seasonal

**C. Total hours worked by all employees:**

 Continue

Done Local intranet 100%

## Section 2: Summary of Work-Related Injuries and Illnesses (1 of 2)

Survey of Occupational Injuries and Illnesses - Part 1B - Windows Internet Explorer

https://jddcfosh.bls.gov/OSH/savePart1a.do

Survey of Occupational Injuries and Illnesses - Part 1B

### Survey of Occupational Injuries and Illnesses

Contact 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, 2009

Establishment ID: **01-888111096-0** [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" value="0"/> (G)	<input type="text" value="1"/> (H)	<input type="text" value="1"/> (I)	<input type="text" value="1"/> (J)

**Number of Days**

Total number of days away from work	Total number of days of job transfer or restriction
-------------------------------------	---

Done Local intranet 100%

## Section 2: Summary of Work-Related Injuries and Illnesses (2 of 2)

Survey of Occupational Injuries and Illnesses - Part 1B - Windows Internet Explorer

https://idcfosh.bls.gov/OSH/savePart1a.do

File Edit View Favorites Tools Help

Survey of Occupational Injuries and Illnesses - Part 1B

(G) (H) (I) (J)

**Number of Days**

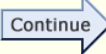
Total number of days away from work  (K)

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" value="3"/>	5. Hearing loss	<input type="text"/>
3. Respiratory conditions	<input type="text"/>	6. All other illnesses	<input type="text"/>



If you have questions or comments please send e-mail to: [osh.helpdesk@bls.gov](mailto:osh.helpdesk@bls.gov)  
 Version: 8.0  
 URL: <https://idcfosh.bls.gov/OSH/content/part1b.jsp>

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## Section 3: Cases with Days Away from Work – No Added Cases

Survey of Occupational Injuries and Illnesses - Summary of Case(s) - Windows Internet Explorer

https://jddcfosh.bls.gov/OSH/savePart1b.do

File Edit View Favorites Tools Help

Survey of Occupational Injuries and Illnesses - Summ...

Contact Information | Help | Logout

1 Establishment Information (Section 1)

2 Injuries & Illnesses (Section 2)

3 Cases (Section 3)

4 Data Review

### Section 3. Reporting Cases with Days Away from Work

Establishment ID: 01-888111096-0

**Please Note**  
In this section you are asked to enter detailed information about cases that resulted in "days away from work."

You have reported **1** cases with days away from work in Column H.

Looking at your OSHA 300 form, find all the cases with a check mark in column H that occurred during this time period **State will set the in-scope dates**. These are the only cases you have to enter case data for.

[Enter Case Data](#)

- We have designed this survey so that you should not have to report more than 15 cases. If you have significantly more than 15 days away from work cases to report, please call the number on the front of your instruction sheet for further assistance.
- If the number of cases you reported in column H is incorrect, click the "Back" button to correct your entry.
- If the number of cases you reported is correct, click the "Enter Case Data" button to enter data for each case.
- If you prefer to enter case data at a later time, click the "Continue" arrow.
- If you have finished entering all of your case data, click the "Continue" arrow.

[Continue](#)

Done Local intranet 100%

## Case with Days Away from Work – Detail (1 of 3)

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

https://idcfosh.bls.gov/OSH/displayCase.do?stateCode=01&dbNumber=888111096&surveyYear=2009&solicitation=(

File Edit View Favorites Tools Help

Survey of Occupational Injuries and Illnesses - Case ...

**Survey of Occupational Injuries and Illnesses**

Contact Information | Help | Logout

### Case with Days Away from Work

Establishment ID: **01-888111096-0**

To complete the information below, you will need:

- Your completed copy of your OSHA Form 300 for 2009.
- 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 2009 work-related injury or illness ONLY if it resulted in days away from work.

Employee's name (column B)

Job title (column C)

Date of injury or onset of illness (column D)

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)

Office, professional, business, or management staff     Healthcare  
 Sales     Delivery or driving  
 Product assembly, product manufacture     Food Service  
 Repair, installation or service of machines, equipment     Cleaning, maintenance of building, grounds  
 Construction     Material handling (e.g. stocking, loading/unloading, moving, etc.)

Done Local intranet 100%

## Case with Days Away from Work – Detail (2 of 3)

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

https://idcfosh.bls.gov/OSH/displayCase.do?stateCode=01&dbNumber=888111096&surveyYear=2009&solicitation=(

File Edit View Favorites Tools Help

Survey of Occupational Injuries and Illnesses - Case ...

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: 44 OR date of birth: MM DD YYYY

4. Employee's date hired: 04-Apr 17 2006

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. Time employee began work: 03 : 10  am  pm

7. Time of event: 08 : 27  am  pm OR  Check if time cannot be determined

Event occurred:  Before  During  After work shift

8. What was the employee doing just before the incident occurred?  
Describe the activity as well as the tools, equipment, or material the employee was using. Be specific. Examples: "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry." (maximum entry of 250 characters)

Done Local intranet 100%

## Case with Days Away from Work – Detail (3 of 3)

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

https://idcfosh.bls.gov/OSH/displayCase.do?stateCode=01&dbNumber=888111096&surveyYear=2009&solicitation=(

File Edit View Favorites Tools Help

Survey of Occupational Injuries and Illnesses - Case ...

8. What was the employee doing just before the incident occurred?  
Describe the activity as well as the tools, equipment, or material the employee was using. Be specific. *Examples: "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry."* (maximum entry of 250 characters)

9. 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)

10. 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)

11. 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:

Done Local intranet 100%

### Section 3: Cases with Days Away from Work – One Added Case

Survey of Occupational Injuries and Illnesses - Summary of Case(s) - Windows Internet Explorer

https://jdcfosh.bls.gov/OSH/saveCase.do

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

### Section 3. Reporting Cases with Days Away from Work

Establishment ID: 01-888111096-0

**Please Note**  
 In this section you are asked to enter detailed information about cases that resulted in "days away from work."  
 You have reported **1** cases with days away from work in Column H.

Looking at your OSHA 300 form, find all the cases with a check mark in column H that occurred during this time period **State will set the in-scope dates**. These are the only cases you have to enter case data for.

- We have designed this survey so that you should not have to report more than 15 cases. If you have significantly more than 15 days away from work cases to report, please call the number on the front of your instruction sheet for further assistance.
- If the number of cases you reported in column H is incorrect, click the "Back" button to correct your entry.
- If the number of cases you reported is correct, click the "Enter Case Data" button to enter data for each case.
- If you prefer to enter case data at a later time, click the "Continue" arrow.
- If you have finished entering all of your case data, click the "Continue" arrow.

	Employee's Name	Job Title	Date of Injury	Days		
				Away from Work	of Restriction	
<input type="button" value="Update"/>	Test	Employee	04/29/2009	1	1	<input type="button" value="Delete"/>

Done Local intranet 100%

Section 4: Review (1 of 3)

Survey of Occupational Injuries and Illnesses - Review and Print Data - Windows Internet Explorer

https://idcfosh.bls.gov/OSH/displayReview.do

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

Print Submit Data to BLS

OSHA's Form 300A

**Summary of Work-Related Injuries and Illnesses**

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

Establishment ID: 01-888111096-0

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	1
(G)	(H)	(I)	(J)

Number of Days	
Total number of days away from work	Total number of days of job transfer or restriction
1	1
(K)	(L)

Injury and Illness Types	
Total number of...	
(M)	

Establishment Information	
Your establishment name:	CoolAir Company
Street:	993 Shipwreck Way Office 4
City:	Natural Bridge
State:	AL
ZIP:	35577
Employment information	
Annual average number of employees:	2

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## Section 4: Review (2 of 3)

Survey of Occupational Injuries and Illnesses - Review and Print Data - Windows Internet Explorer

https://jdcfosh.bls.gov/OSH/displayReview.do

File Edit View Favorites Tools Help

Survey of Occupational Injuries and Illnesses - Review...

(K)		(L)	
<b>Injury and Illness Types</b>			
Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	3	(5) Hearing loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

**Employment information**

Annual average number of employees: 2

Total hours worked by all employees last year: 20500

---

**Establishment Comments - Section 1 & Section 2**

**Establishment ID: 01-888111096-0**

- No comments to report.

---

**Section 3 - Reporting Cases with Days Away from Work**

**Establishment ID: 01-888111096-0**

Employee Name: **Test**  
 Job Title: **Employee**  
 Date of Injury or onset of illness: **04/29/2009**  
 Number of days away from work: **1**  
 Number of days of job transfer or restriction: **1**

- Type of Job or Work: **Product assembly, product manufacture**
- Employee's race or ethnic background:
  - Not available
- Employee's age: **44**
- Employee's date hired: **04/17/2006**
- Employee's gender: **Female**
- Time employee began work: **0310 PM**
- Time of event: **0827 PM**  
 Event Occurred: **During** work shift

Done Local intranet 100%

## Section 4: Review (3 of 3)

Survey of Occupational Injuries and Illnesses - Review and Print Data - Windows Internet Explorer

https://idcfosh.bls.gov/OSH/displayReview.do

File Edit View Favorites Tools Help

Survey of Occupational Injuries and Illnesses - Review...

**Establishment ID: 01-888111096-0**

Employee Name: **Test**  
Job Title: **Employee**  
Date of Injury or onset of illness: **04/29/2009**  
Number of days away from work: **1**  
Number of days of job transfer or restriction: **1**

1. Type of Job or Work: **Product assembly, product manufacture**
2. Employee's race or ethnic background:
  - o **Not available**
3. Employee's age: **44**
4. Employee's date hired: **04/17/2006**
5. Employee's gender: **Female**
6. Time employee began work: **0310 PM**
7. Time of event: **0827 PM**  
Event Occurred: **During** work shift
8. What was the employee doing before the incident?
9. What happened?
10. What was the injury or illness?
11. What object or substance directly harmed the employee?

**Case Comments:**

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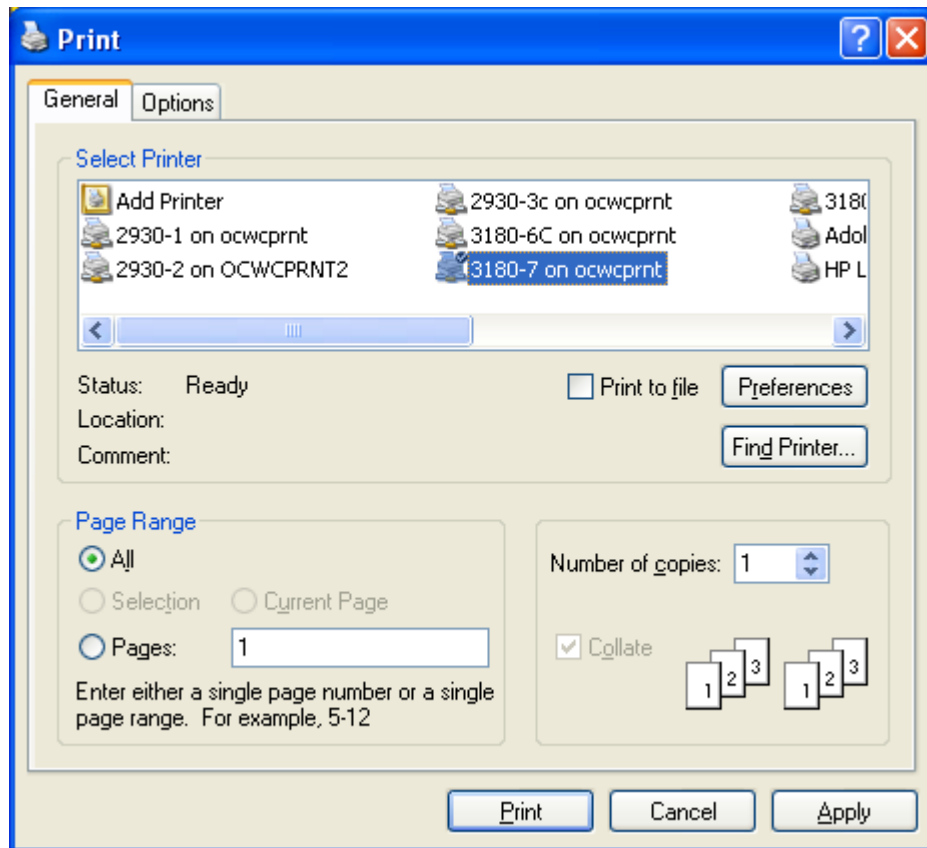
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If you have questions or comments please send e-mail to: [osh.helpdesk@bls.gov](mailto:osh.helpdesk@bls.gov)  
Version: 8.0  
URL: [https://idcfosh.bls.gov/OSH/content/summary\\_review.jsp](https://idcfosh.bls.gov/OSH/content/summary_review.jsp)

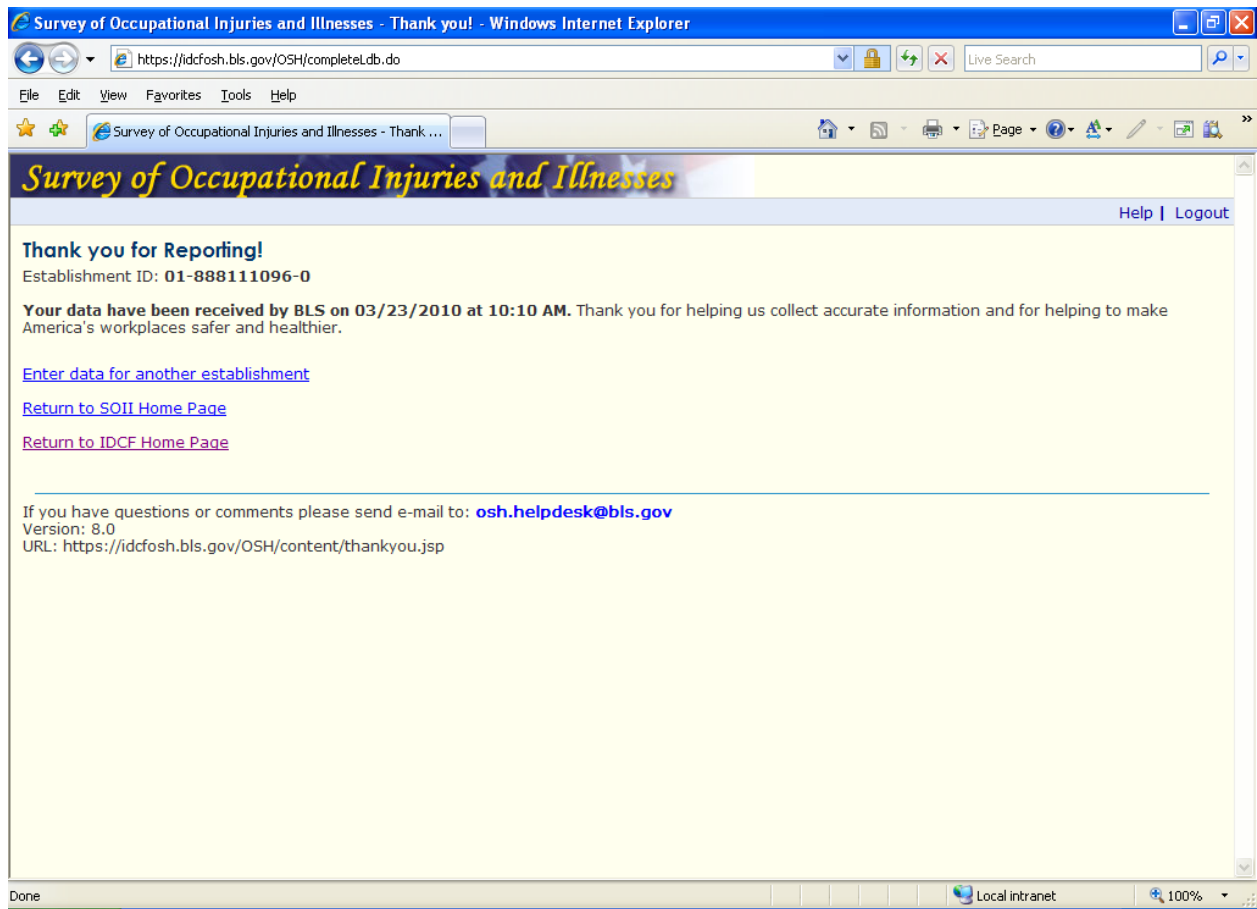
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## Print Menu



## Thank You (Confirmation)



The screenshot shows a Windows Internet Explorer browser window. The title bar reads "Survey of Occupational Injuries and Illnesses - Thank you! - Windows Internet Explorer". The address bar shows the URL "https://idcfosh.bls.gov/OSH/completeLdb.do". The browser's menu bar includes "File", "Edit", "View", "Favorites", "Tools", and "Help". The page content features a yellow background with the following text:

**Survey of Occupational Injuries and Illnesses** Help | Logout

**Thank you for Reporting!**  
Establishment ID: **01-888111096-0**

**Your data have been received by BLS on 03/23/2010 at 10:10 AM.** Thank you for helping us collect accurate information and for helping to make America's workplaces safer and healthier.

[Enter data for another establishment](#)  
[Return to SOII Home Page](#)  
[Return to IDCF Home Page](#)

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If you have questions or comments please send e-mail to: [osh.helpdesk@bls.gov](mailto:osh.helpdesk@bls.gov)  
Version: 8.0  
URL: <https://idcfosh.bls.gov/OSH/content/thankyou.jsp>

The browser's status bar at the bottom shows "Done", "Local intranet", and "100%" zoom level.