

DISTRICT OF COLUMBIA DEPARTMENT OF LABOR
PO BOX 303500
LINE 2
MONTGOMERY, AL 36130-3500

U.S. Department of Labor
Bureau of Labor Statistics



For Help

Call: 334-242-3462
334-242-3463
Fax: 334-242-3333

2011 Establishment ID: 01-203479880-1

Report for:

The Unit Description goes here

Account Number: 302203479880

Temporary Password: ANSu5155

NAICS: 512110 - Motion Picture and Video Production

Employment 12345 ownership code 50

PRIMARY COMPANY NAME
{SECONDARY COMPANY NAME}
ADDRESS LINE 1
ADDRESS LINE 2
CITY, STATE ZIP-PLUS+4

|||||

FINAL NOTICE
RESPONSE REQUIRED IMMEDIATELY
MANDATORY REPORT – DATED MATERIAL
U.S. GOVERNMENT DOCUMENTS ENCLOSED

Instructions for Completing the 2011 Survey of Occupational Injuries and Illnesses

YOUR PARTICIPATION IS REQUIRED BY LAW.

How to Report Your Data

NEW FOR 2011: Please be aware that your establishment should now report information on case circumstances and worker characteristic both for cases that resulted in days away from work (with or without days of job transfer or restriction) AND for cases that resulted in days of job transfer or restriction (without days away from work).

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

Report your data through the Internet Data Collection Facility (IDCF) on the Bureau of Labor Statistics (BLS) website: <https://idcf.bls.gov>

For alternate reporting methods, please contact your state office at the telephone number listed above.

We estimate it will take you an average of 24 minutes to complete this survey (ranging from 10 minutes to 5 hours per package), including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing this information. If you have any comments regarding the estimates or any other aspect of this survey, including suggestions for reducing this burden, please send them to the Bureau of Labor Statistics, Occupational Safety and Health Statistics (1220-0045), 2 Massachusetts Avenue, N.E., Washington, DC 20212. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. **DO NOT SEND THE COMPLETED FORM TO THIS ADDRESS.**

The Bureau of Labor Statistics, its employees, agents, and partner statistical agencies, will use the information you provide for statistical purposes only and will hold the information in confidence to the full extent permitted by law. In accordance with the Confidential Information Protection and Statistical Efficiency Act of 2002 (Title 5 of Public Law 107-347) and other applicable Federal laws, your responses will not be disclosed in identifiable form without your informed consent.

OMB No. 1220-0045
BLS-9300-IDCF

Under Public Law 91-596, all establishments that receive this survey must complete and return it within 30 days, even if they had no work-related injuries and illnesses during 2011.

In December 2010, you were notified of your participation in the BLS 2011 Survey of Occupational Injuries and Illnesses (SOII) and asked to maintain records of workplace injuries and illnesses throughout 2011.

Forms to help you complete the survey

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

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

Use the BLS Internet Data Collection Facility

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

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

The image shows a registration form from the U.S. Department of Labor, Bureau of Labor Statistics. The form includes contact information for help, an example account number and password, and NAICS information. Red arrows point from text boxes to the corresponding fields on the form.

U.S. Department of Labor
Bureau of Labor Statistics

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

Example

Account Number:
302203479880

Temporary Password:
ANSu5155

NAICS: 512110 - Motion Picture and Video Production
Los Angeles, CA

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

Your NAICS

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

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

For alternate reporting methods, please contact your state office at the telephone number listed under "For Help" on the front page.

Need help?

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

To see how your data will be used, please visit our website at <http://www.bls.gov/iif>.