

The Gatekeeper

Bureau of Labor Statistics - Internet Data Collection Facility (IDCF) - Microsoft Internet Explorer provided by IDCWC

File Edit View Favorites Tools Help

Address <https://idcf.bls.gov/> Go

Google Search 475 blocked Options

Bureau of Labor Statistics
Internet Data Collection Facility

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

Internet Data Collection Facility (IDCF) Logon [Test Your Browser](#)

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). [Help](#)

Account Number:

Password: [Forgot Password?](#)
(password is [case-sensitive](#))

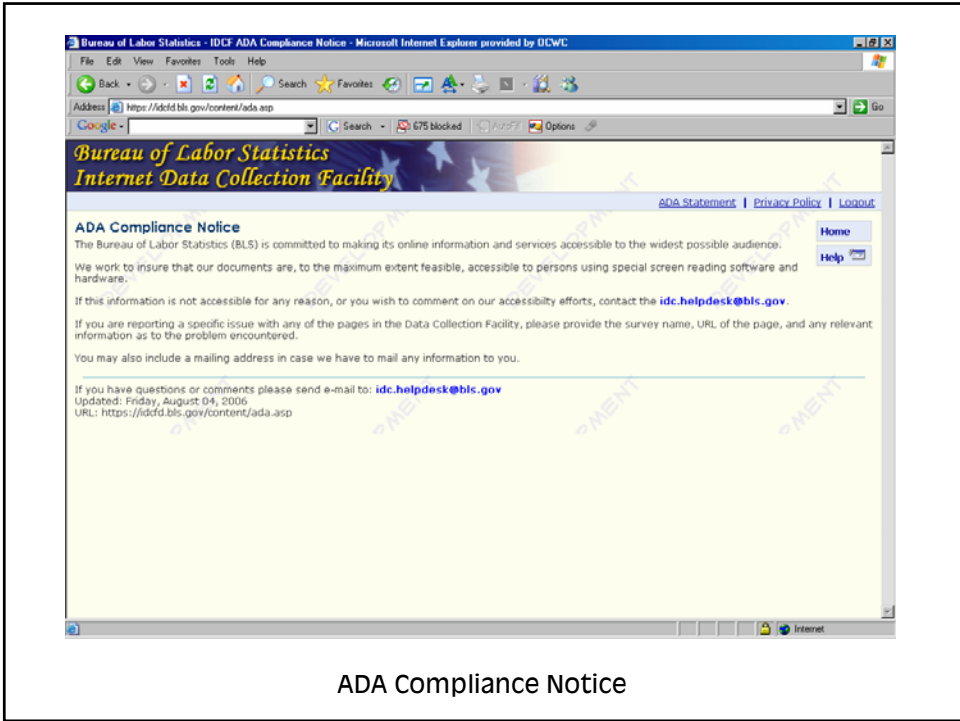
WARNING! You are using an Official United States Government System, which may be used only for authorized purposes. Unauthorized modification of any information stored on this system may result in criminal prosecution. The Government may monitor and audit the usage of this system, and all persons are 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 15 minutes of system inactivity. You will need to logon to the website again to continue.

If you have questions or comments please send e-mail to: idc.helpdesk@bls.gov
Updated: Friday, September 08, 2006
URL: <https://idcf.bls.gov/Default.asp>

Done Internet

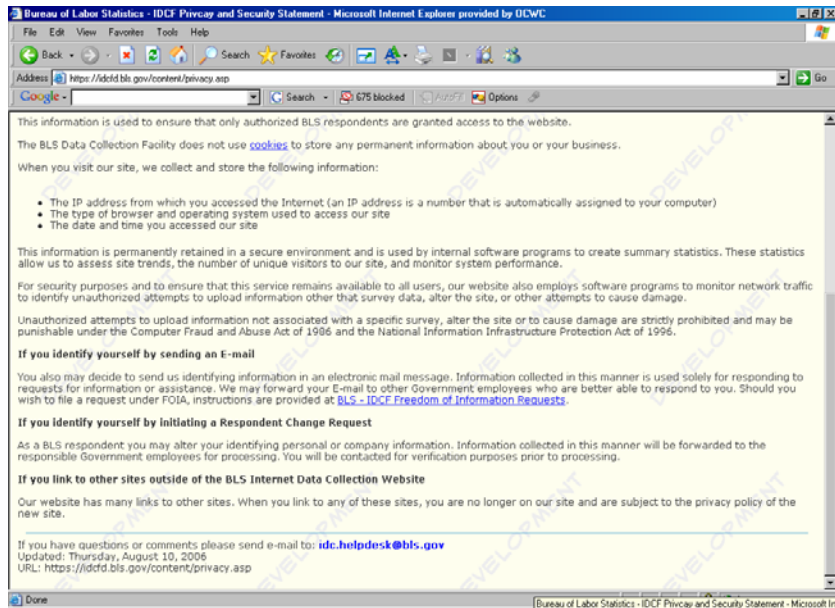
IDCF logon page – notice 'Test Your Browser' and 'Help'



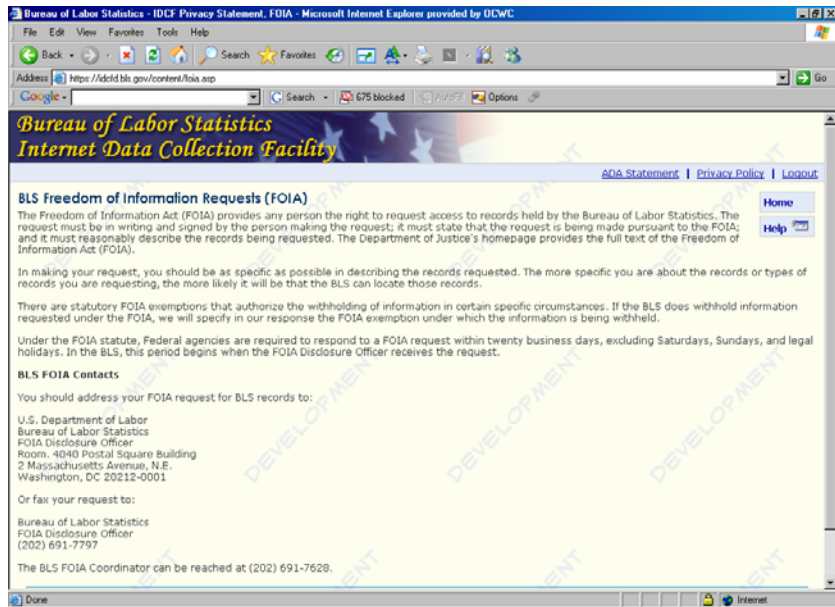
ADA Compliance Notice



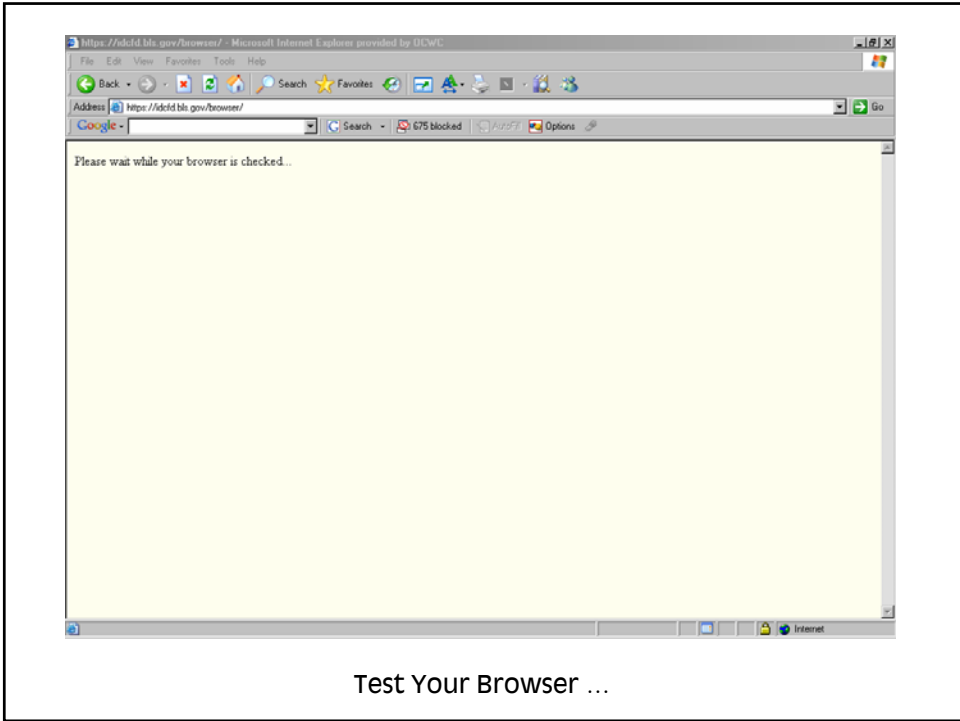
Privacy and Security Statement



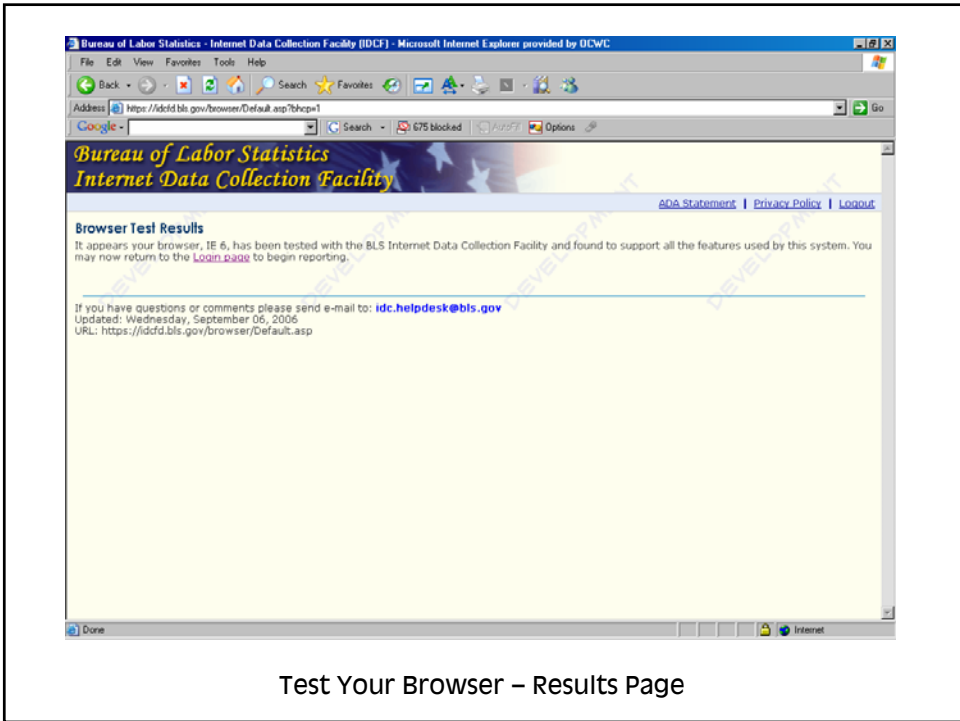
Page 2 of Privacy and Security Statement



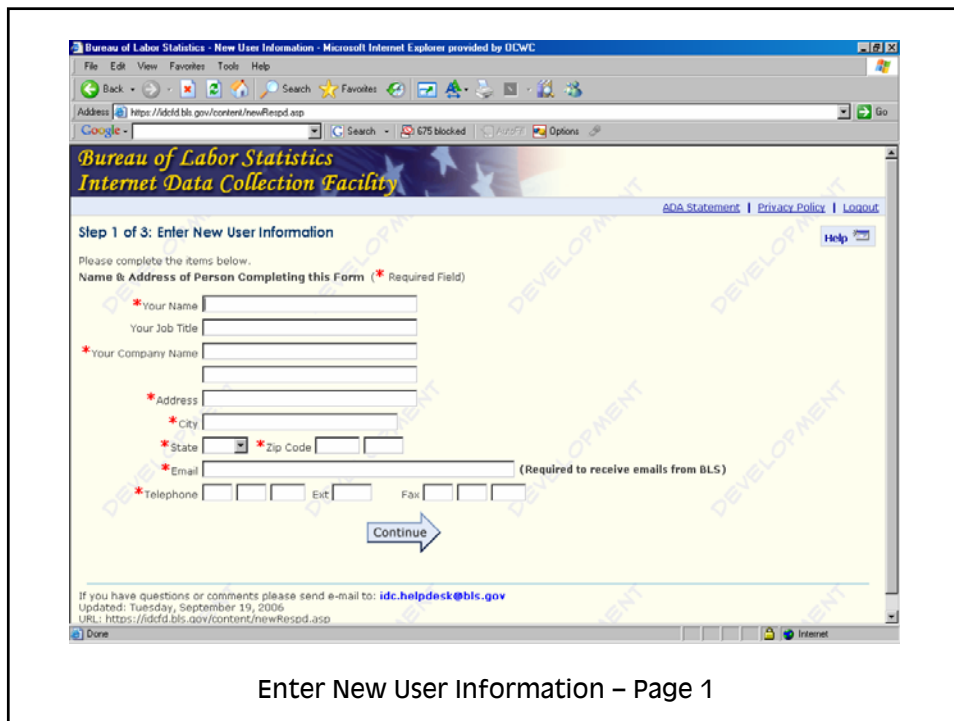
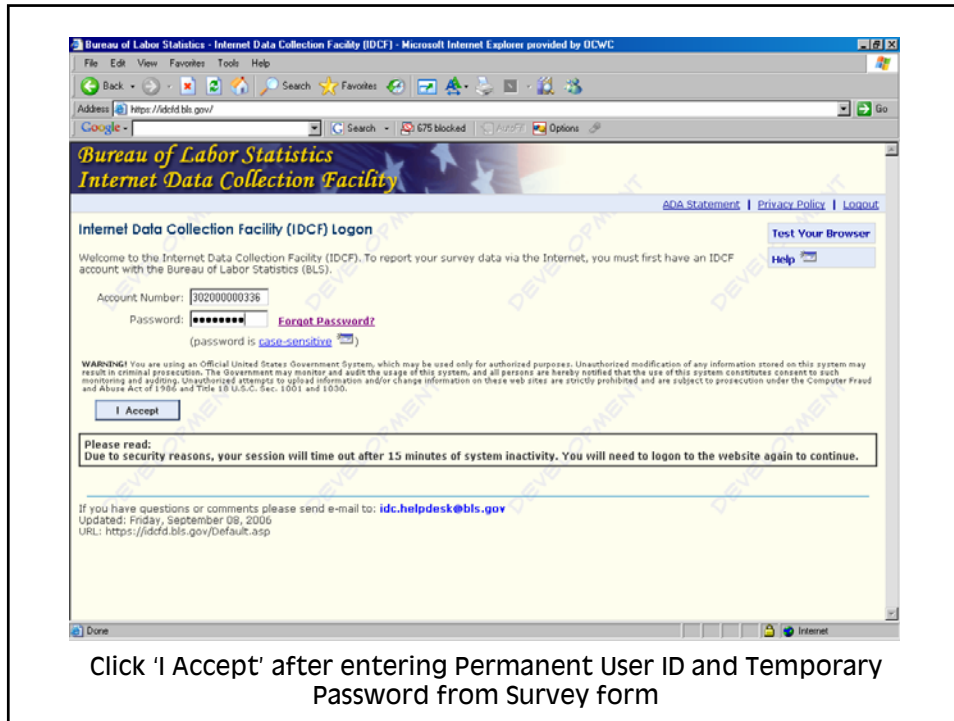
BLS FOIA Statement

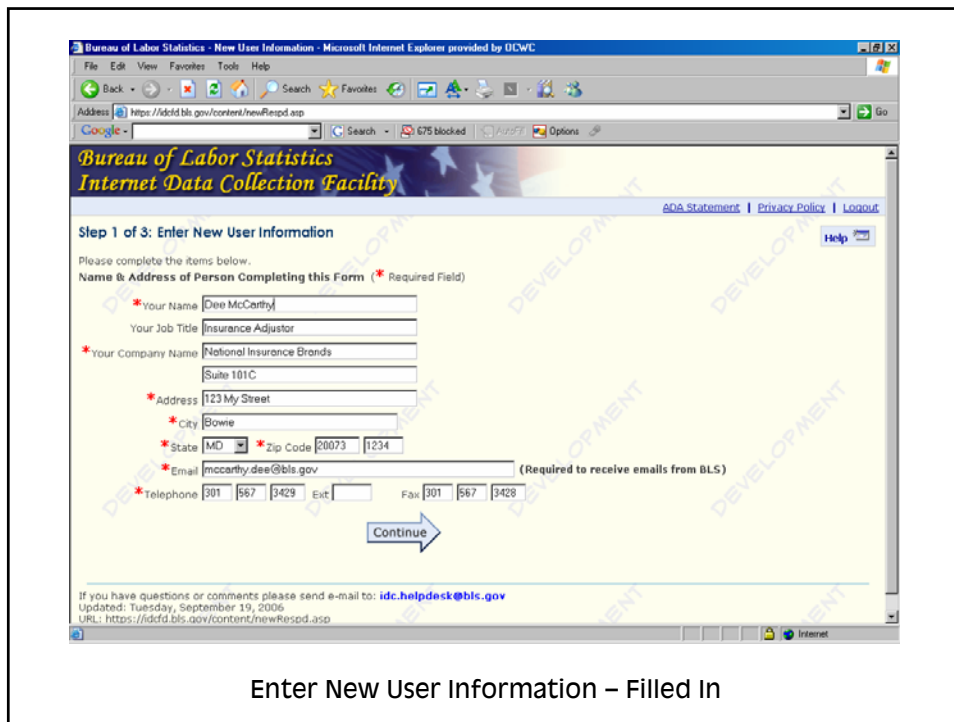


Test Your Browser ...

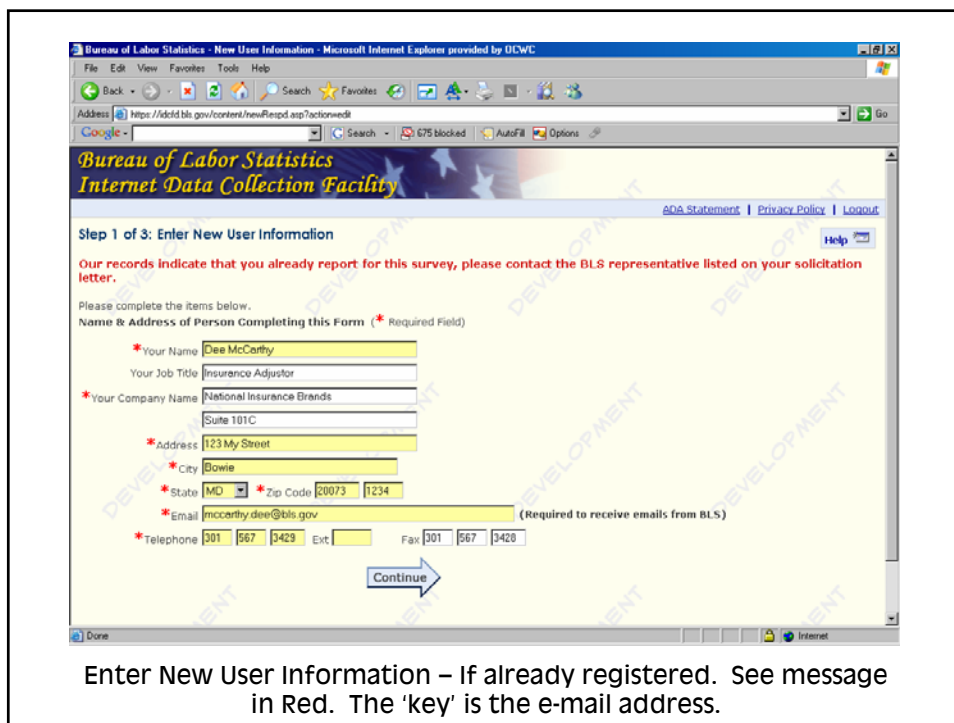


Test Your Browser – Results Page

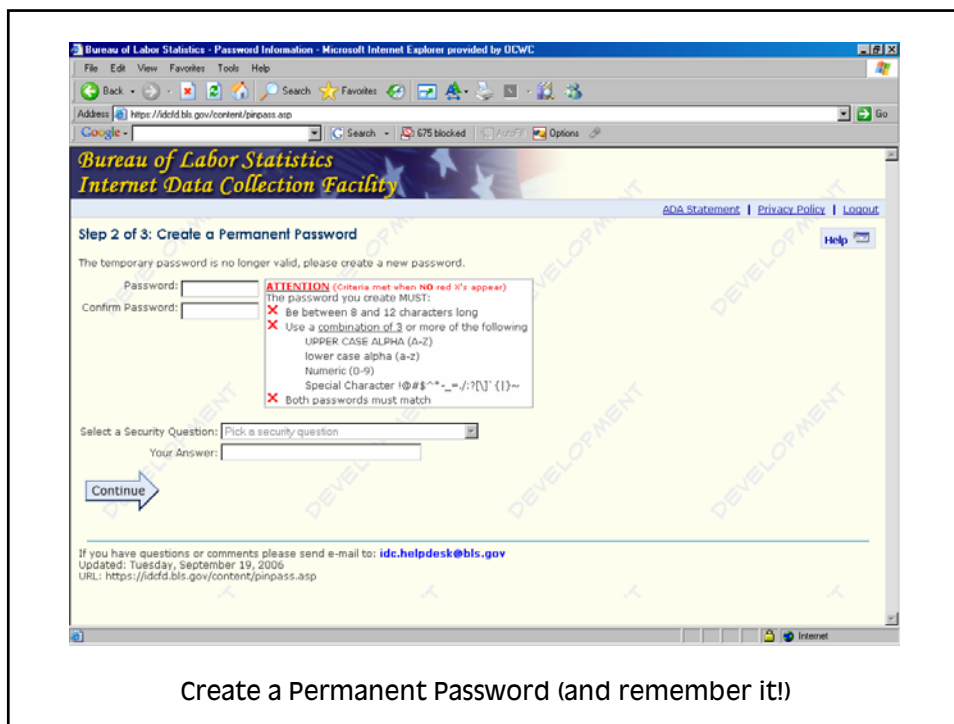




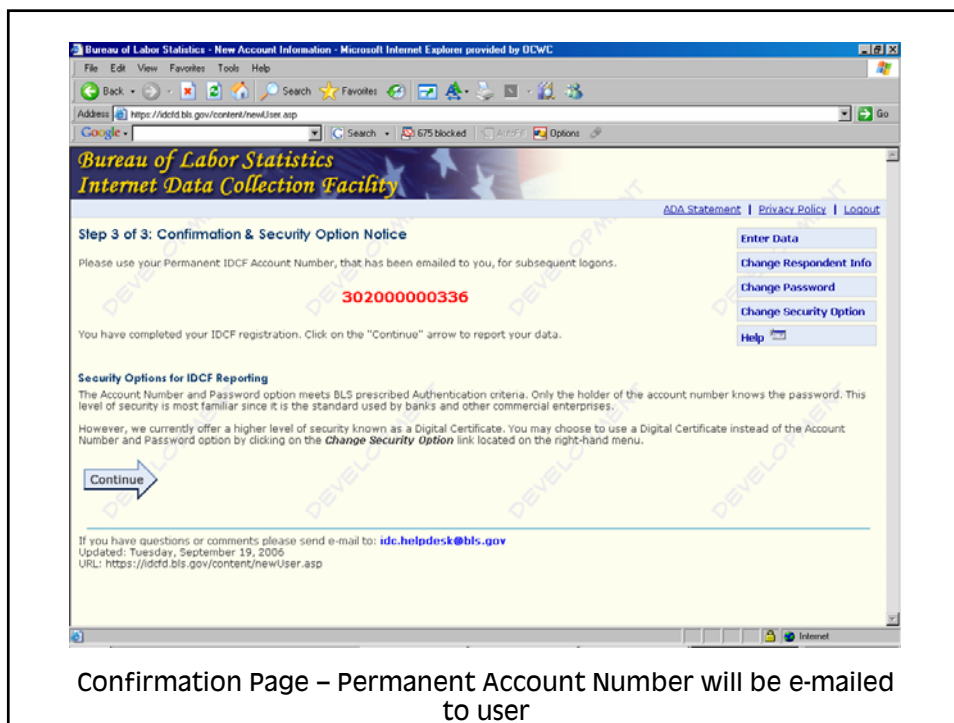
Enter New User Information – Filled In



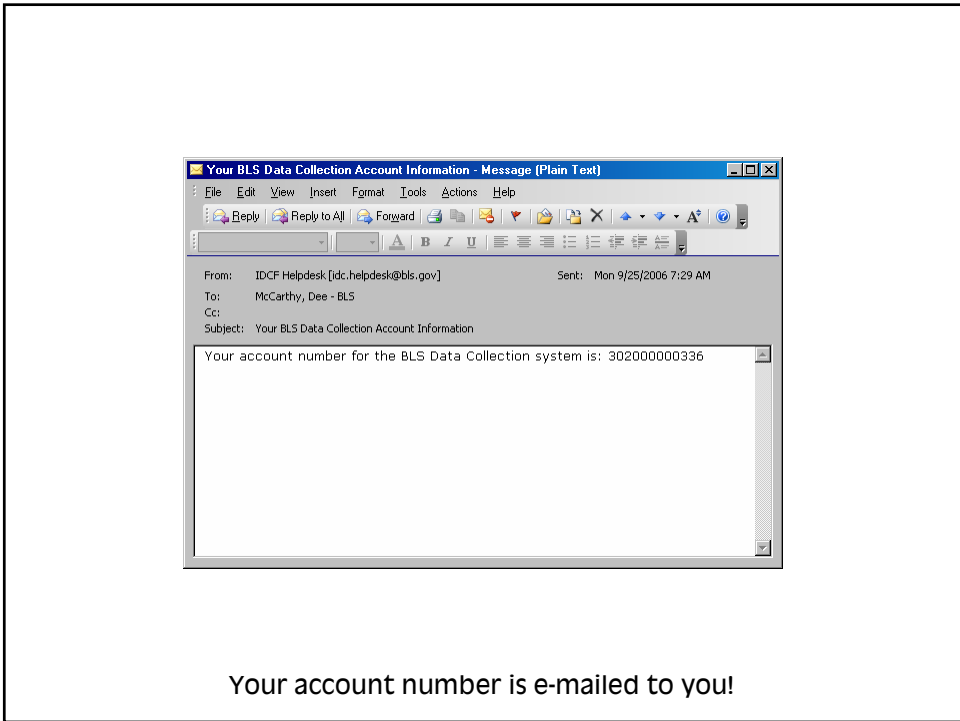
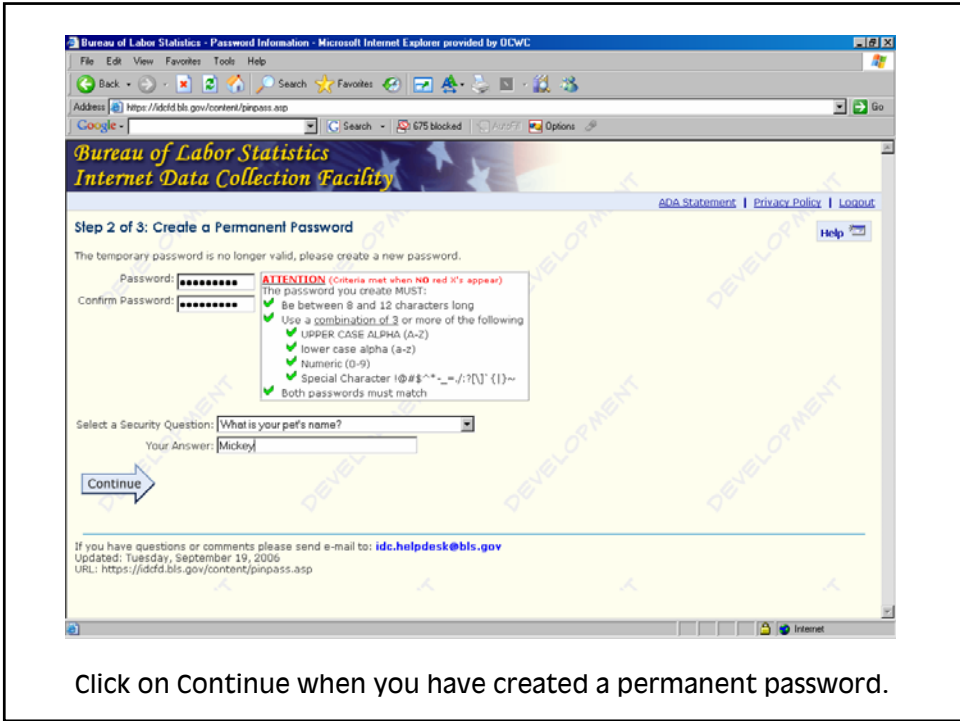
Enter New User Information – If already registered. See message in Red. The 'key' is the e-mail address.

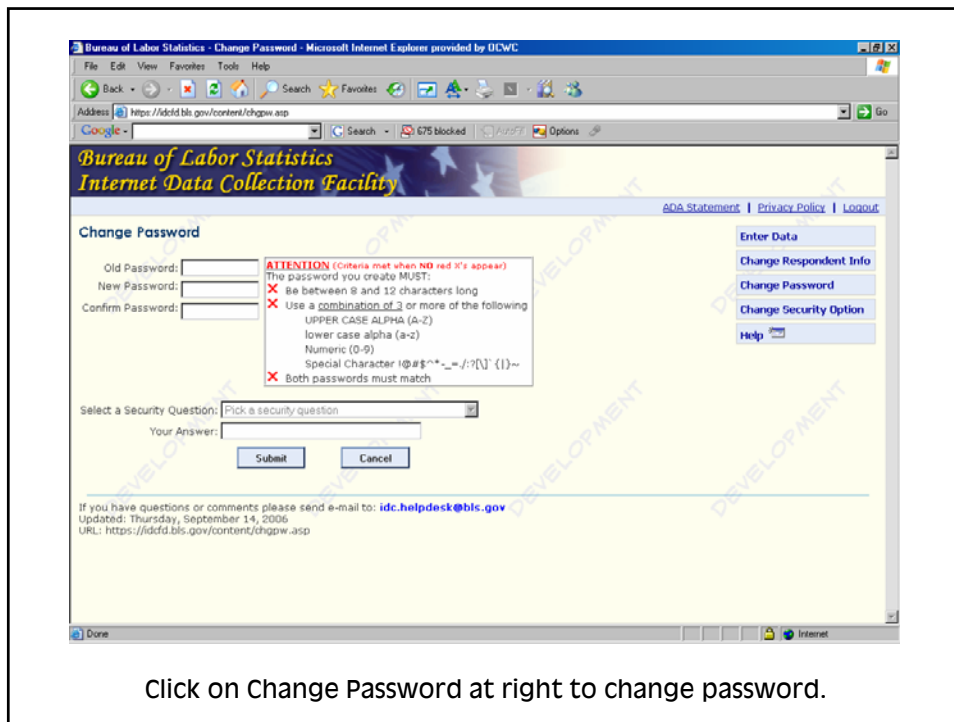


Create a Permanent Password (and remember it!)

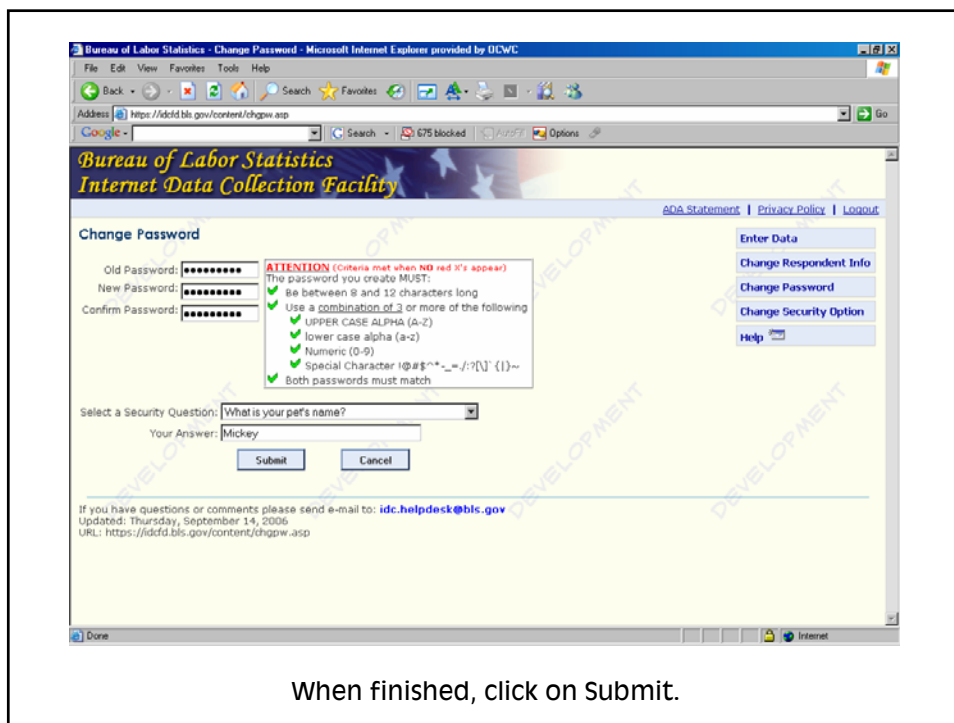


Confirmation Page – Permanent Account Number will be e-mailed to user

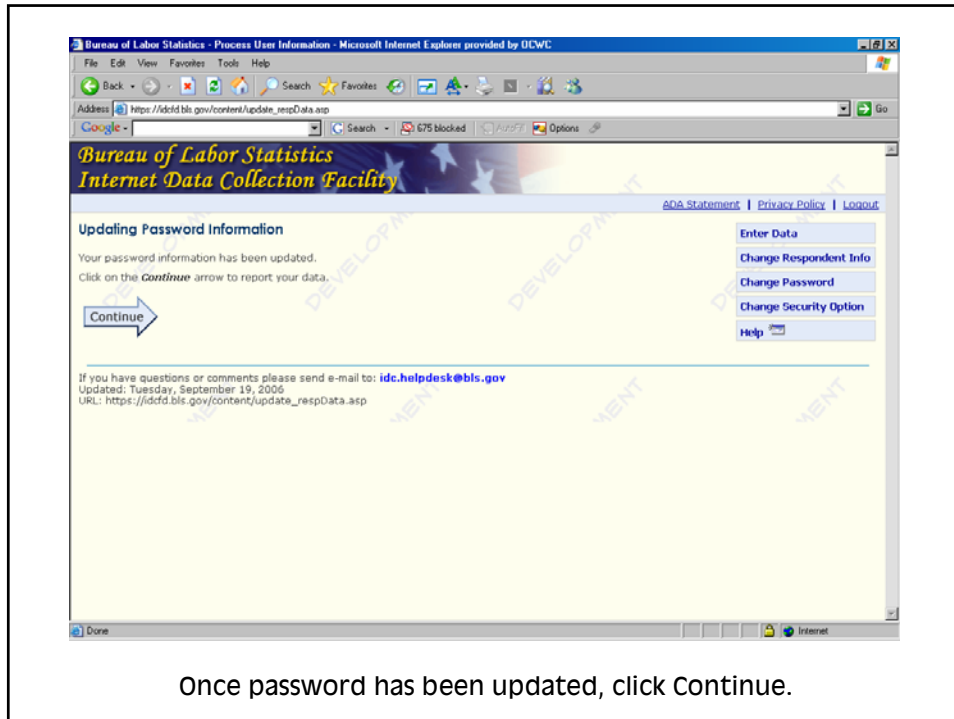




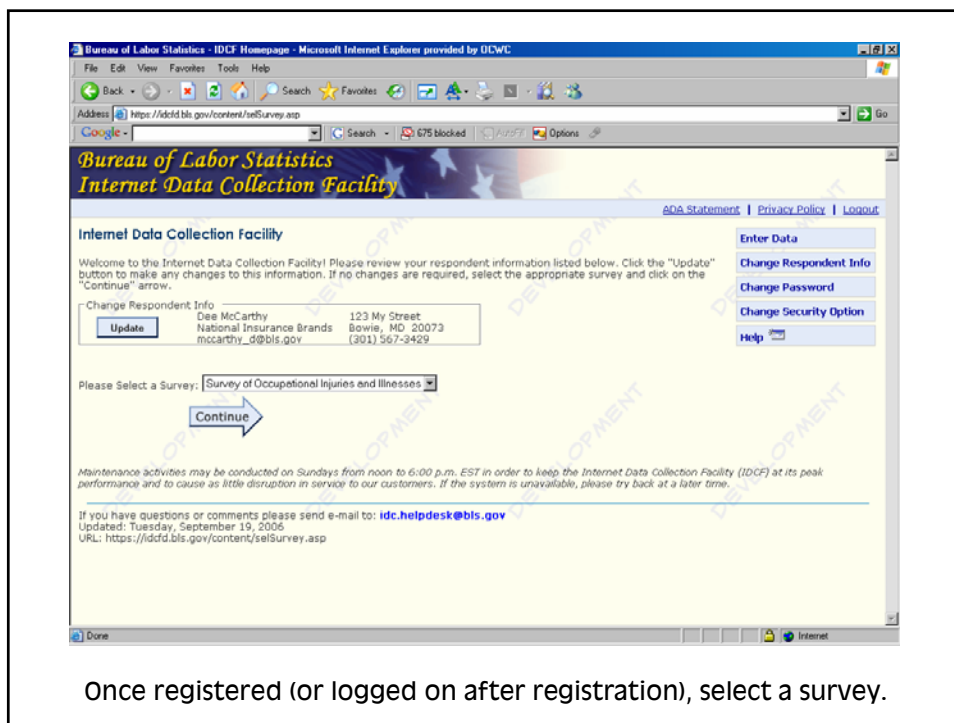
Click on Change Password at right to change password.



When finished, click on Submit.



Once password has been updated, click Continue.



Once registered (or logged on after registration), select a survey.

The screenshot shows a Microsoft Internet Explorer browser window displaying the Bureau of Labor Statistics Internet Data Collection Facility. The page title is "Bureau of Labor Statistics Internet Data Collection Facility". The main heading is "Select Your Security Option". The page contains the following text:

We currently offer two levels of security: Digital Certificates, which offers the highest level of security; or an Account Number and Password, which is a less restrictive but no less safe, level of security. [If you would like more information about these options, click here](#).

As a participant in the Bureau of Labor Statistics (BLS) statistical survey, you should be aware that use of electronic transmittal methods in reporting data to the BLS involves certain inherent risks to the confidentiality of those data. Further, you should be aware that responsible electronic transmittal practices employed by the BLS cannot completely eliminate those risks.

Select your Security Option:

It is our goal to provide both security and ease of use. The continued success of the BLS to provide accurate and timely statistics relies both on our ability to offer services to you in a secure manner as well as your responsibility in keeping any certificates, account numbers and passwords private. If you are not sure which option to choose, please ask the security officer within your company.

[You have an account number and password, click here to obtain a digital certificate.](#)

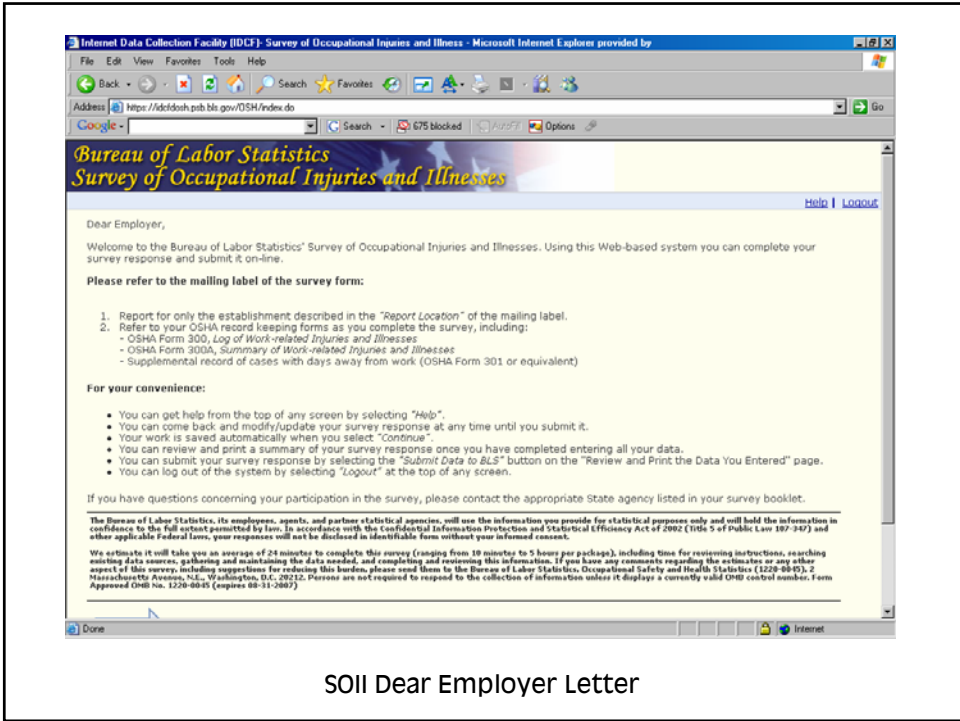
ATTENTION NETSCAPE USERS: At this time we are unable to offer digital certificates to our netscape users. Netscape users may obtain access to the system by choosing the account number and password security level.

If you have questions or comments please send e-mail to: fdc.helpdesk@bls.gov
Updated: Tuesday, September 05, 2006
URL: <https://iddfd.bls.gov/content/consent.asp>

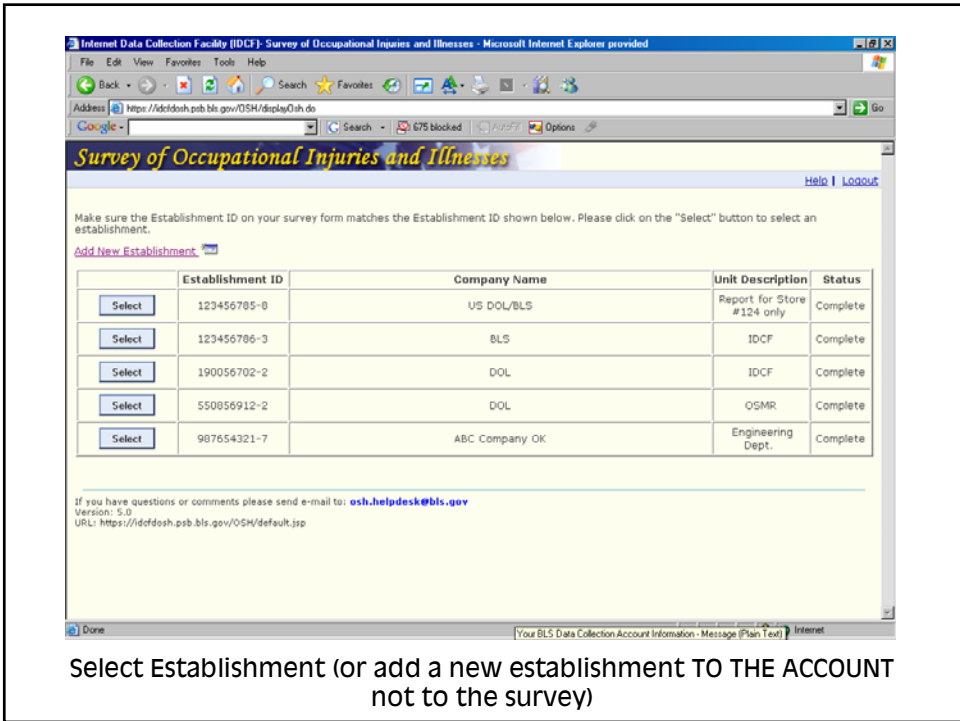
On the right side of the page, there is a vertical menu with the following options: Enter Data, Change Respondent Info, Change Password, Change Security Option, and Help.

Change Security Option – if respondent wants a digital certificate.

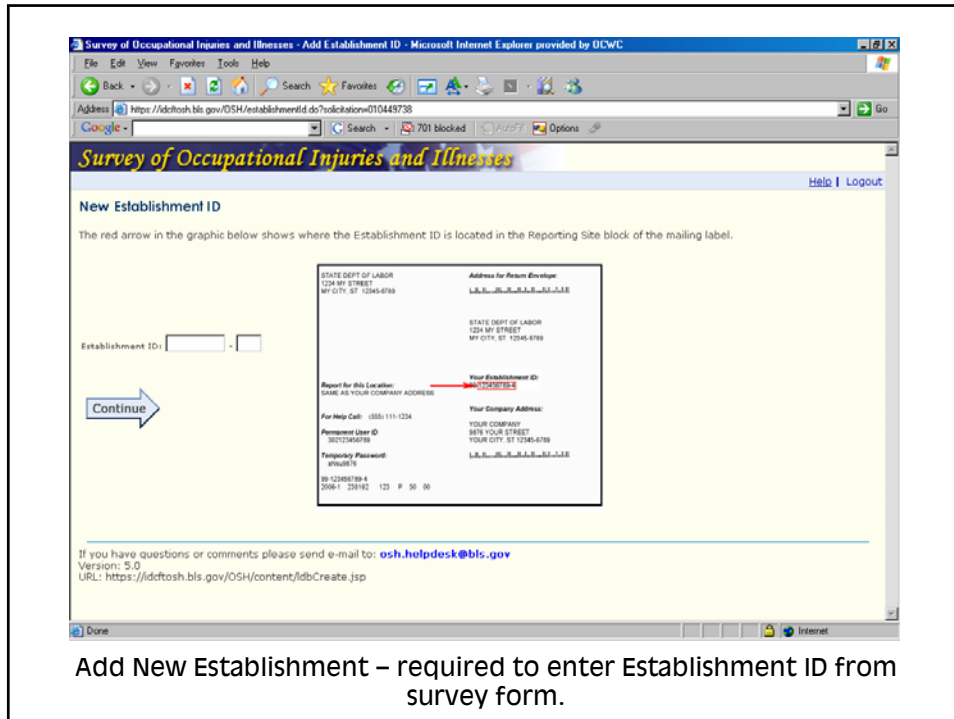
The SOII Instrument



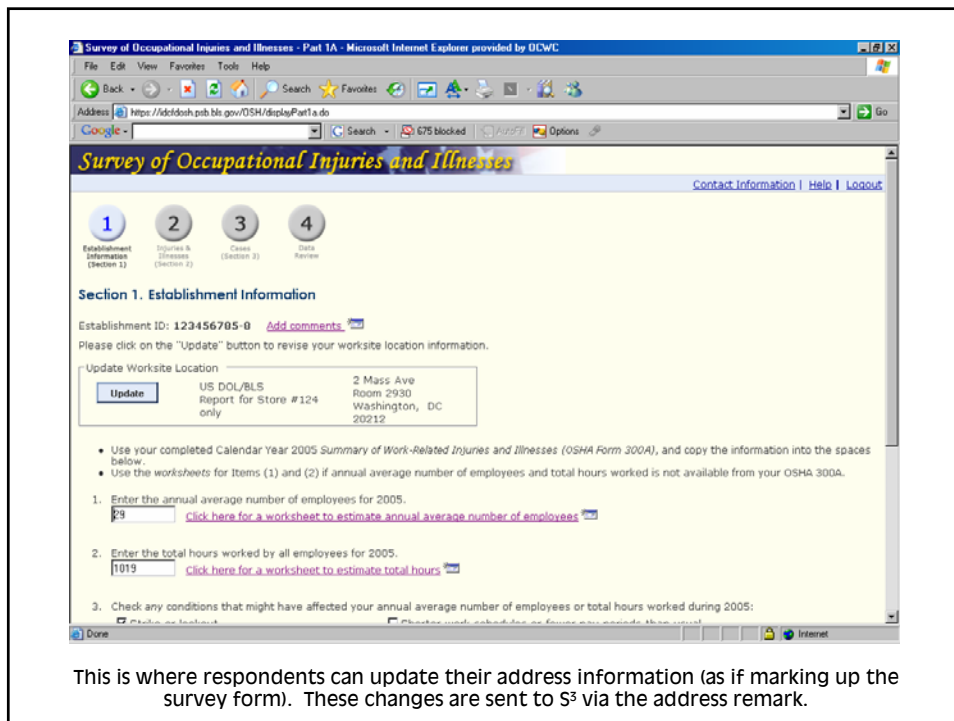
SOI Dear Employer Letter



Select Establishment (or add a new establishment TO THE ACCOUNT not to the survey)



Add New Establishment – required to enter Establishment ID from survey form.



This is where respondents can update their address information (as if marking up the survey form). These changes are sent to S³ via the address remark.

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

Worksheet for Estimating Annual Average Number of Employees

Step 1. Enter the number of pay periods during 2005.

5

Step 2.

- Enter the number of employees that your establishment paid in every pay period during 2005.
- Include 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"/>
3	<input type="text"/>
4	<input type="text"/>
5	<input type="text"/>

Done Internet

Worksheet for estimating annual average number of employees

Survey of Occupational Injuries and Illnesses - Estimate Hours Worksheet - Microsoft Inter...

Worksheet for Estimating Total Hours Worked

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

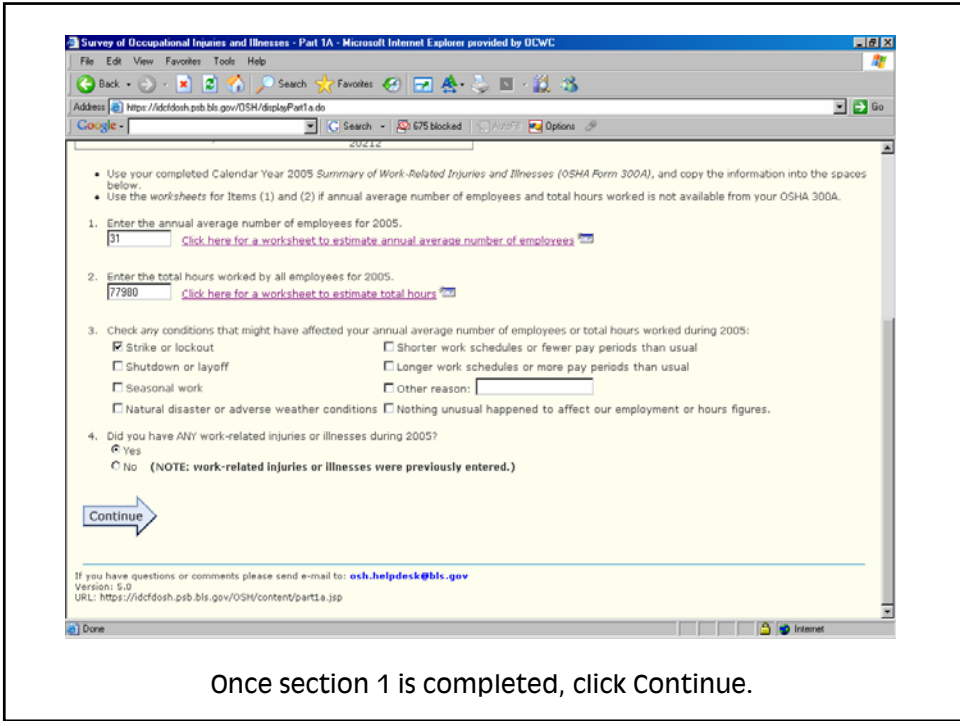
B. Hours worked by other employees: (including part-time, temporary and seasonal)

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

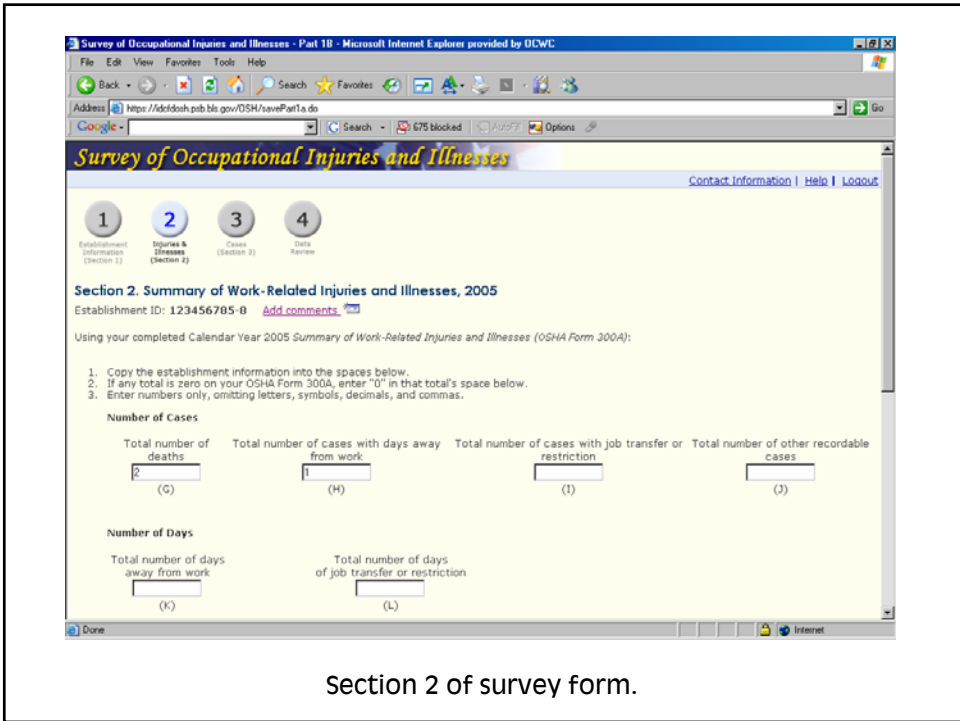
C. Total hours worked by all employees:

Done Internet

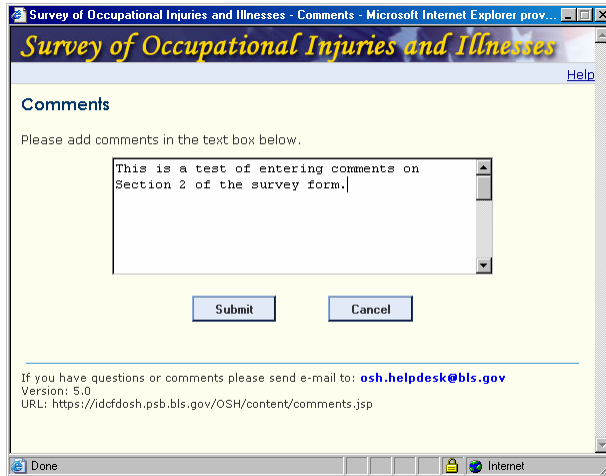
Worksheet for estimating total hours worked (by all employees)



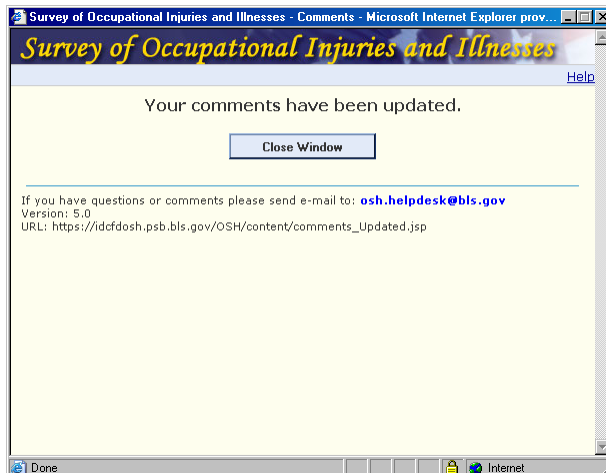
Once section 1 is completed, click Continue.

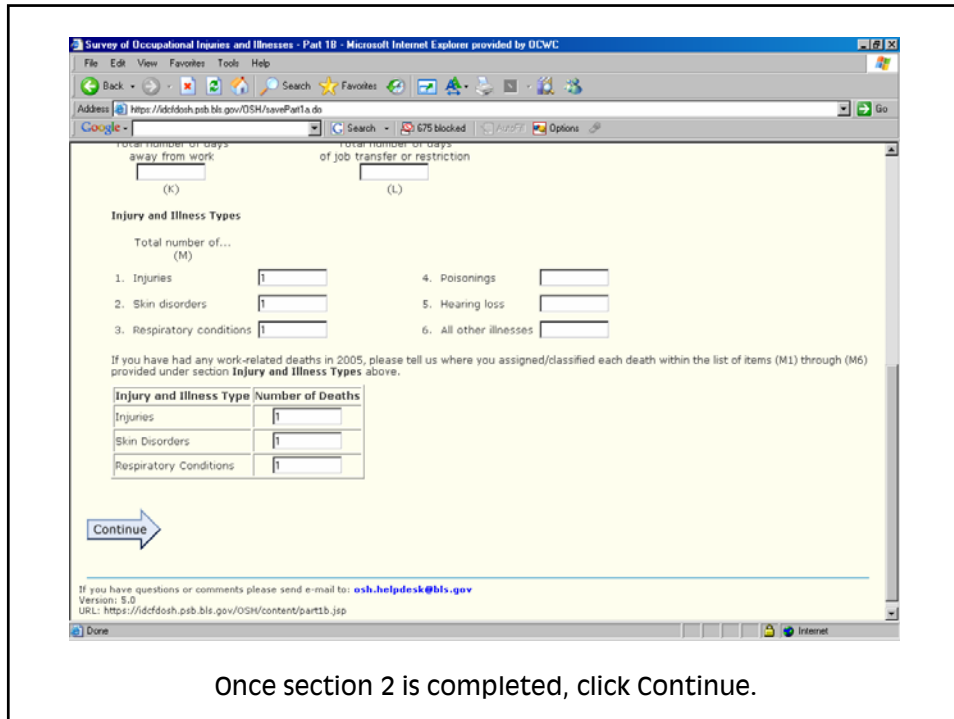


Section 2 of survey form.

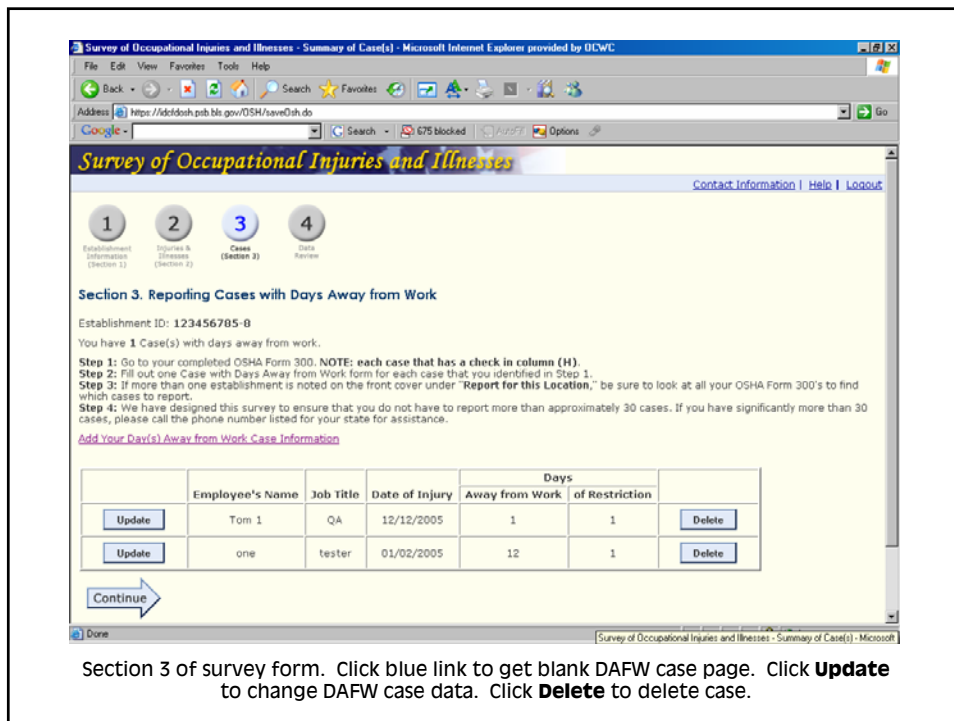


Respondent can enter 'comments.' These will be transferred to S³ as a summary remark.

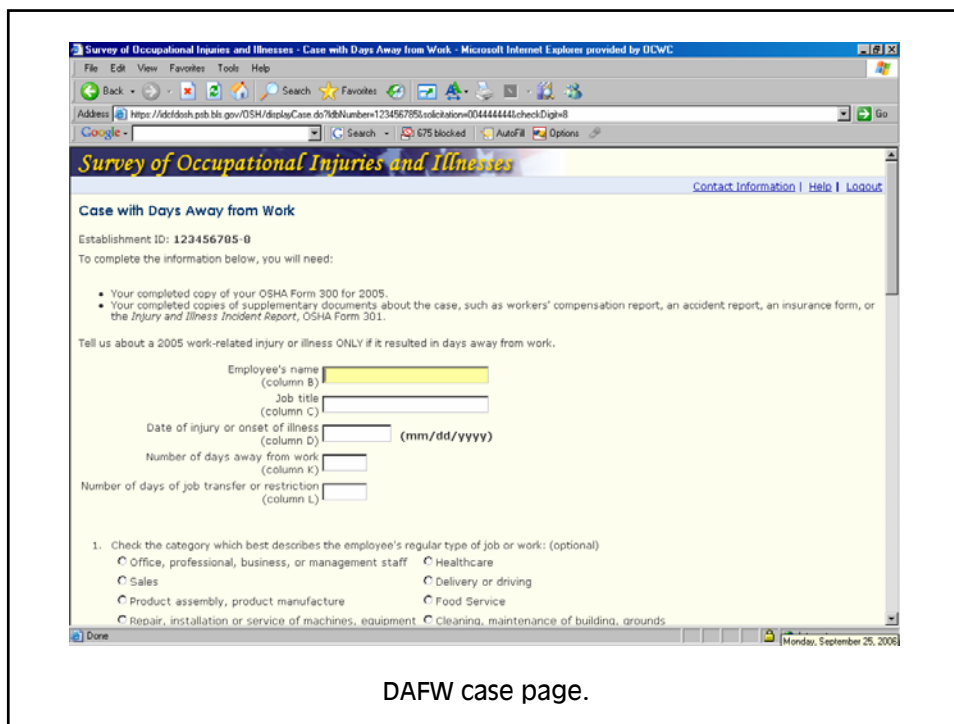




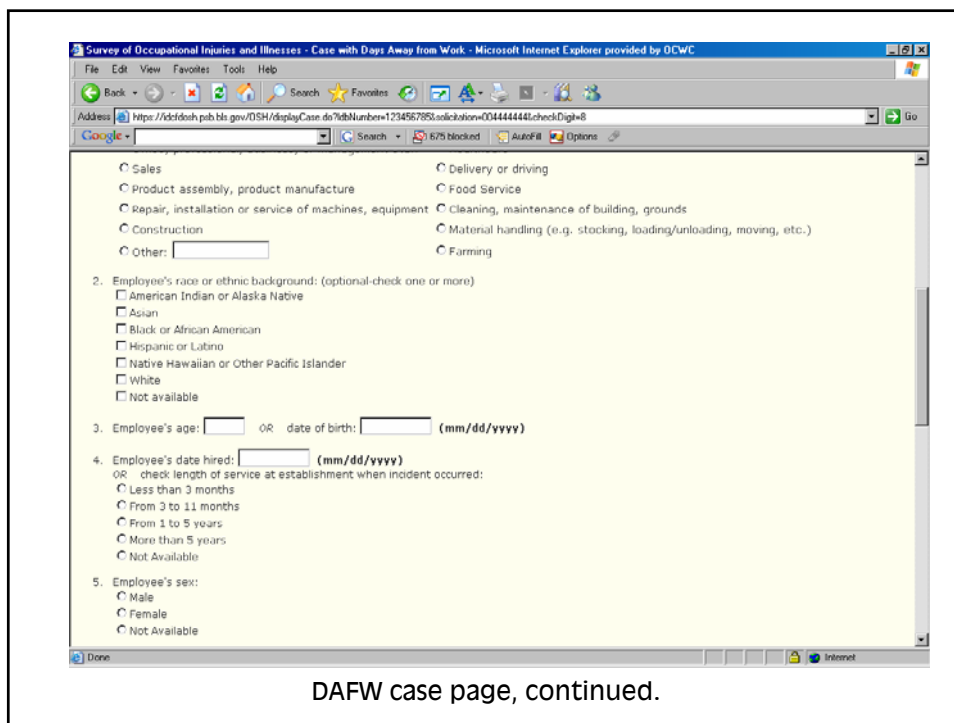
Once section 2 is completed, click Continue.



Section 3 of survey form. Click blue link to get blank DAFW case page. Click **Update** to change DAFW case data. Click **Delete** to delete case.



DAFW case page.



DAFW case page, continued.

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

Address: <https://idfdosh.psb.blis.gov/OSH/displayCase.do?tabNumber=123456789&solcition=004444444&checkDigi=8>

6. Time employee began work: hh : mm C am C pm

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

Event occurred: Before During After work shift Unknown

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)

Done Monday, September 25, 2006

DAFW case page, continued.

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:

Continue

If you have questions or comments please send e-mail to: esb.helpdesk@blis.gov
Version: 5.0
URL: <https://idfdosh.psb.blis.gov/OSH/content/case.jsp>

Done Internet

When completed, press Continue.

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

Your Date of Injury or Onset of Illness must be in the format mm/dd/yyyy

Establishment ID: 123456785-8

To complete the information below, you will need:

- Your completed copy of your OSHA Form 300 for 2005.
- 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 2005 work-related injury or illness ONLY if it resulted in days away from work.

Employee's name (column B): DANIELS MICKEY

Job title (column C): TESTER

Date of injury or onset of illness (column D): 2-2-2005 (mm/dd/yyyy)

Number of days away from work (column K): 10

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

1. Check 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

Example error message. Correct error and scroll down to press Continue.

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

Your Date of Birth must be in the format mm/dd/yyyy

Establishment ID: 123456785-8

To complete the information below, you will need:

- Your completed copy of your OSHA Form 300 for 2005.
- 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 2005 work-related injury or illness ONLY if it resulted in days away from work.

Employee's name (column B): DANIELS MICKEY

Job title (column C): TESTER

Date of injury or onset of illness (column D): 02/02/2005 (mm/dd/yyyy)

Number of days away from work (column K): 10

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

1. Check 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

Example error #2. Correct second error and scroll down to press Continue.

Survey of Occupational Injuries and Illnesses - Summary of Case(s) - Microsoft Internet Explorer provided by OLCWC

Address: <https://doldosh.psb.tls.gov/OSH/saveCase.do>

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 3. Reporting Cases with Days Away from Work

Establishment ID: 123456785-8

You have 1 Case(s) with days away from work.

Step 1: Go to your completed OSHA Form 300. NOTE: each case that has a check in column (H).
Step 2: Fill out one Case with Days Away from Work form for each case that you identified in Step 1.
Step 3: If more than one establishment is noted on the front cover under "Report for this Location," be sure to look at all your OSHA Form 300's to find which cases to report.
Step 4: We have designed this survey to ensure that you do not have to report more than approximately 30 cases. If you have significantly more than 30 cases, please call the phone number listed for your state for assistance.

[Add Your Day\(s\) Away from Work Case Information](#)

	Employee's Name	Job Title	Date of Injury	Days		
				Away from Work	of Restriction	
<input type="button" value="Update"/>	Tom 1	QA	12/12/2005	1	1	<input type="button" value="Delete"/>
<input type="button" value="Update"/>	one	tester	01/02/2005	12	1	<input type="button" value="Delete"/>
<input type="button" value="Update"/>	MICKY DANIELS	TESTER	02/02/2005	10	0	<input type="button" value="Delete"/>

If no errors, returned to this page. If finished entering cases, click Continue.

Survey of Occupational Injuries and Illnesses - Review and Print Data - Microsoft Internet Explorer provided by OLCWC

Address: <https://doldosh.psb.tls.gov/OSH/displayReview.do>

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 and Print the Data You Entered

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

Establishment ID: 123456785-8

Section 1 - Establishment Information

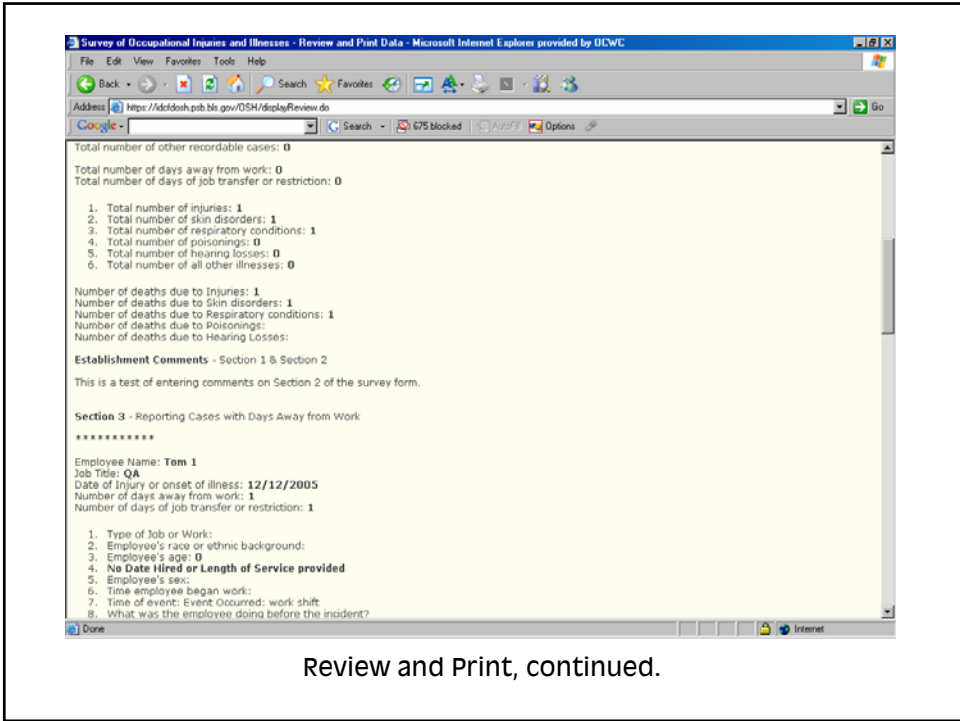
- Annual Average Number of Employees for 2005 is 31
- Total Hours Worked for 2005 is 77980
- Conditions that might have affected your annual average number of employees or total hours worked during 2005 are
 - Strike or lockout
- Did you have ANY work-related injuries or illnesses during 2005? Yes

Section 2 - Summary of Work-Related Injuries and Illnesses, 2005

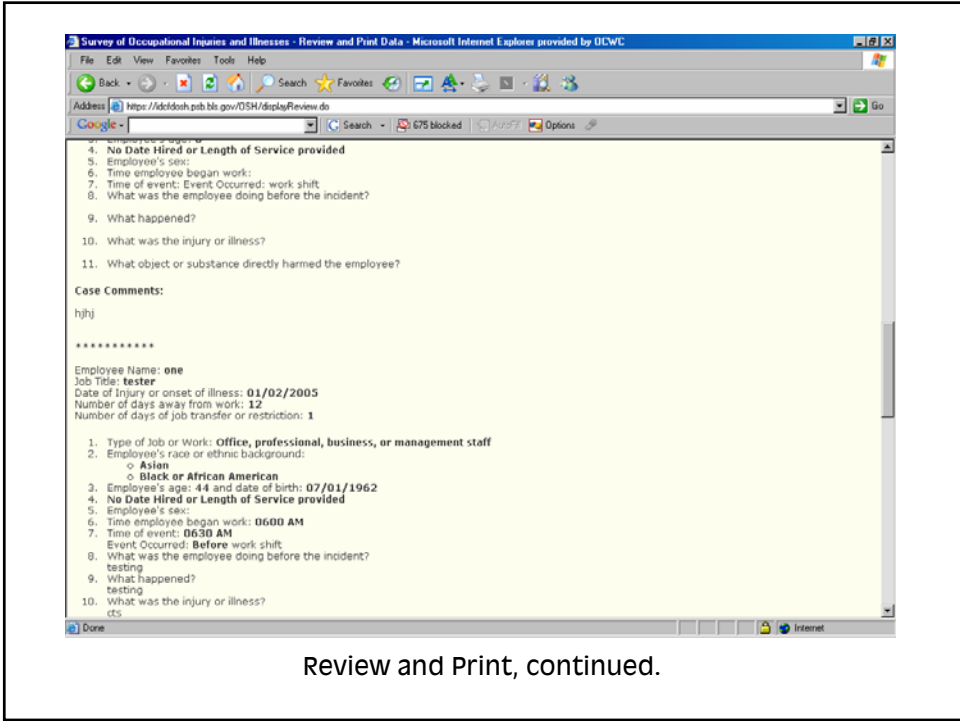
Total number of deaths: 2
 Total number of cases with days away from work: 1
 Total number of cases with job transfer or restriction: 0
 Total number of other recordable cases: 0

Total number of days away from work: 0
 Total number of days of job transfer or restriction: 0

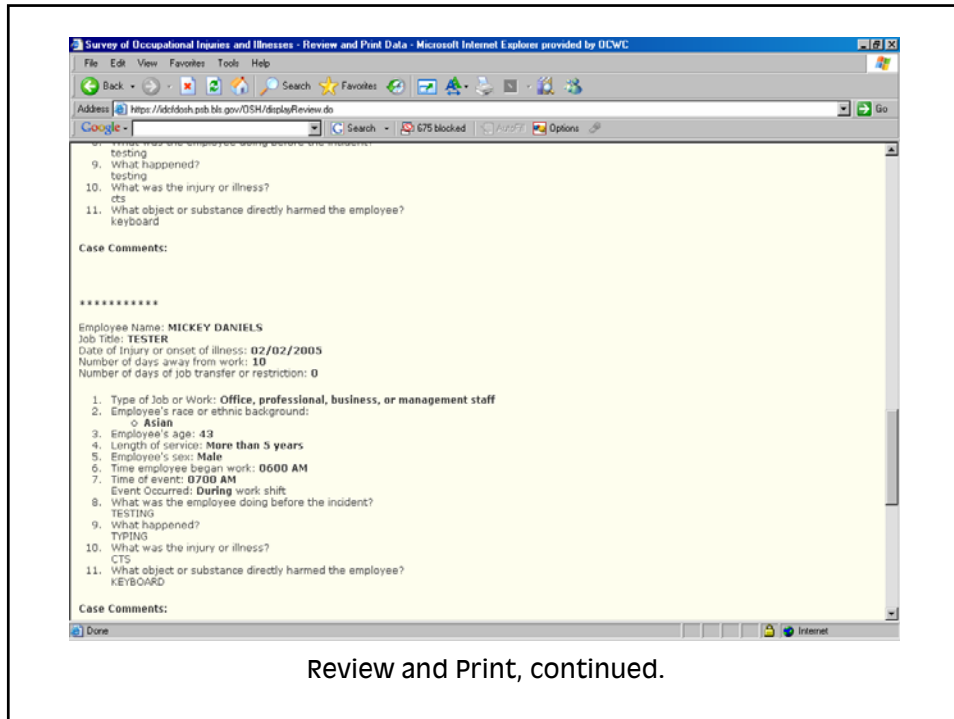
Review and Print Data You Entered.



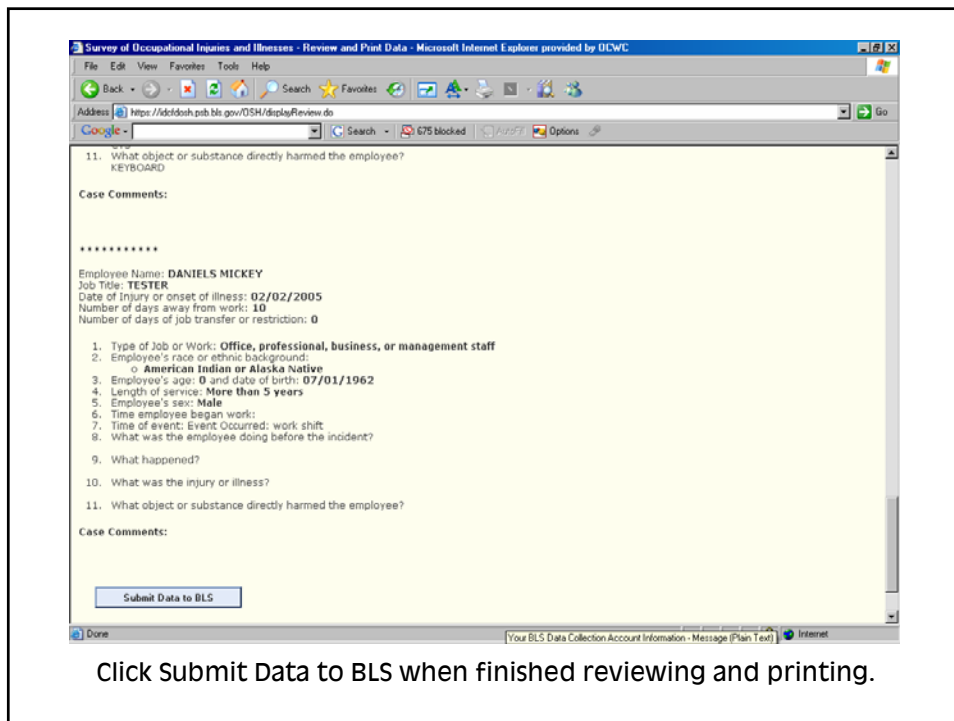
Review and Print, continued.



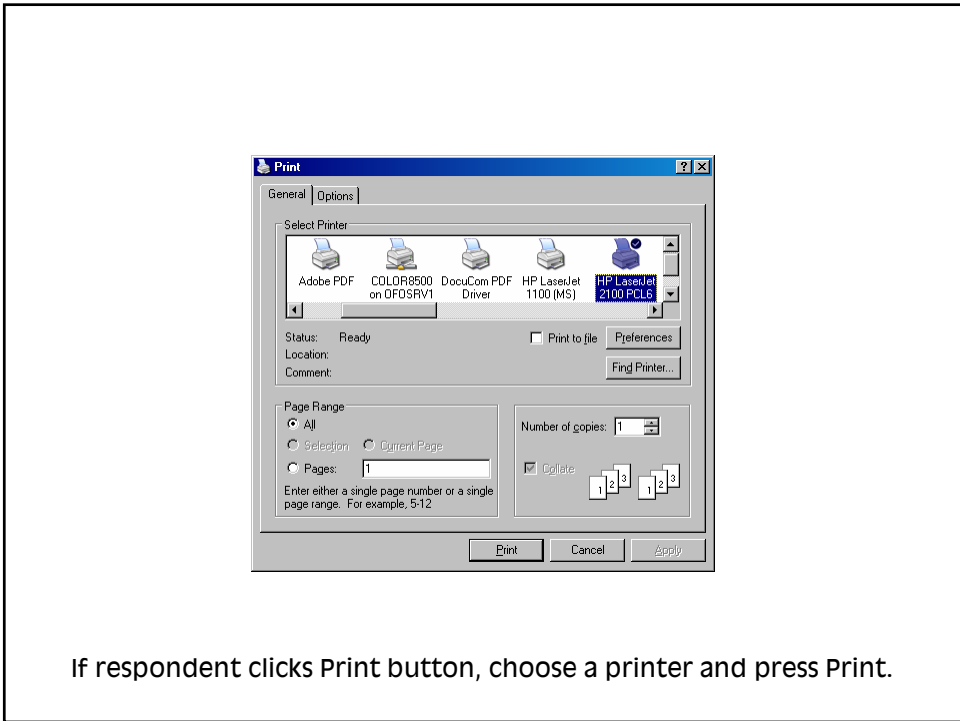
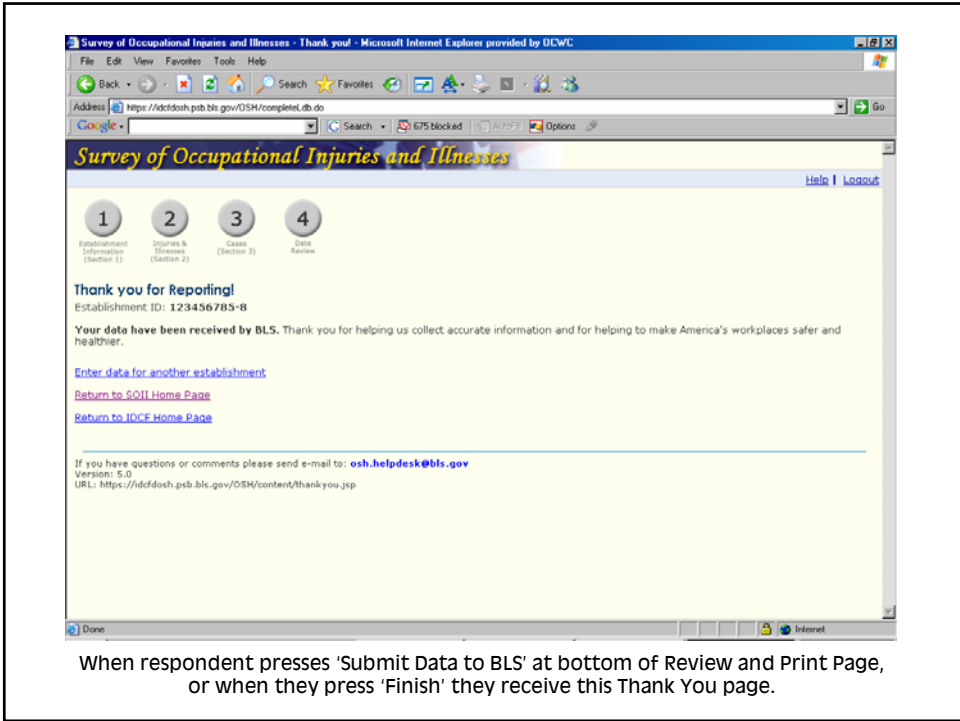
Review and Print, continued.

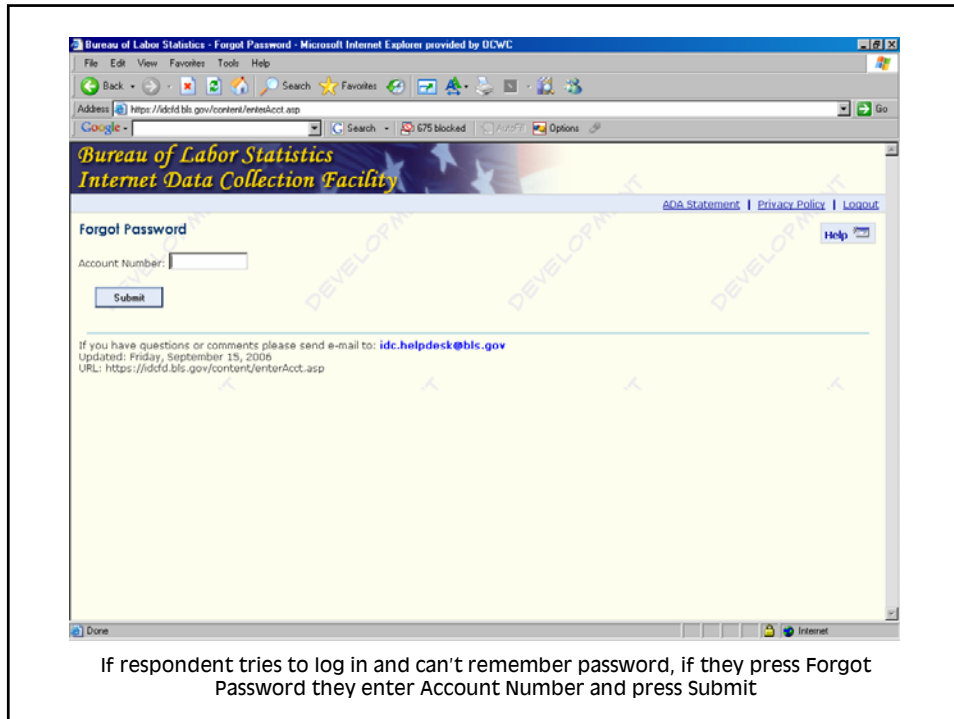


Review and Print, continued.

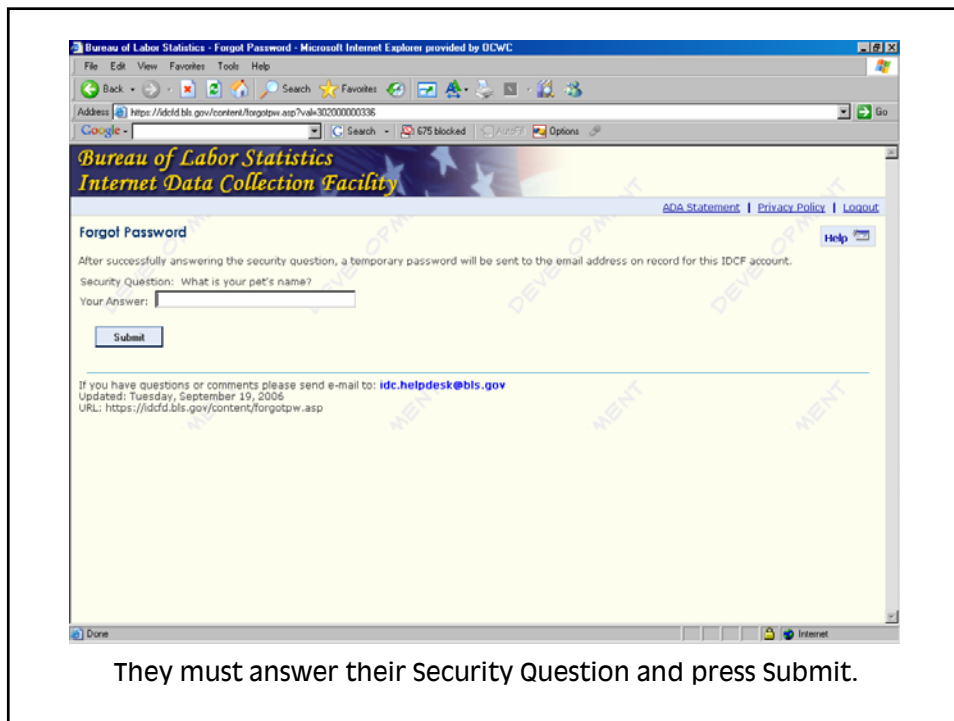


Click Submit Data to BLS when finished reviewing and printing.

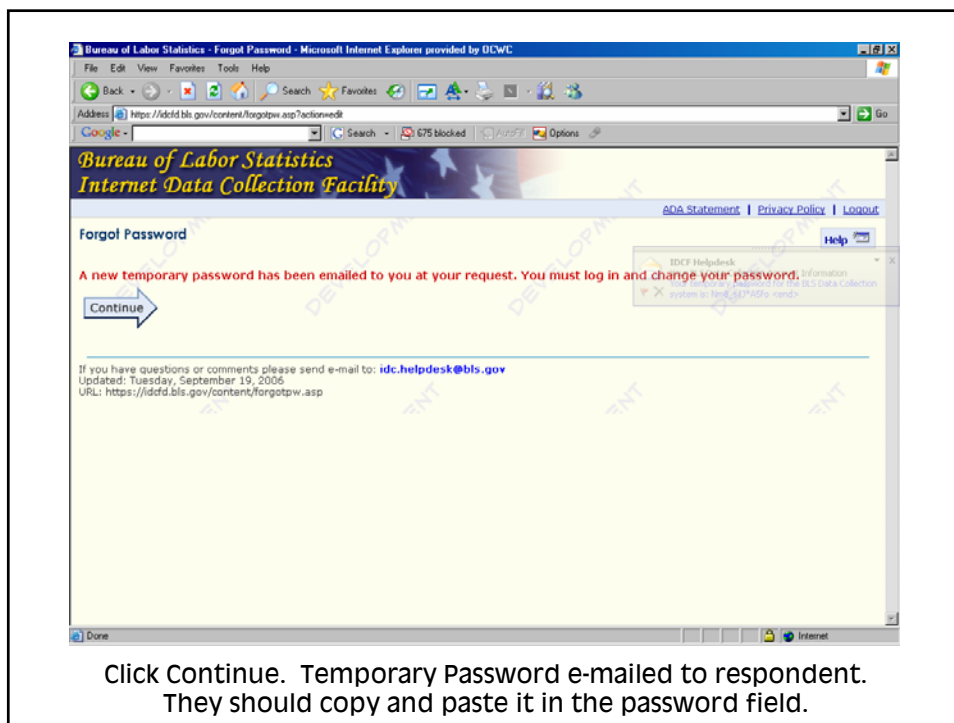
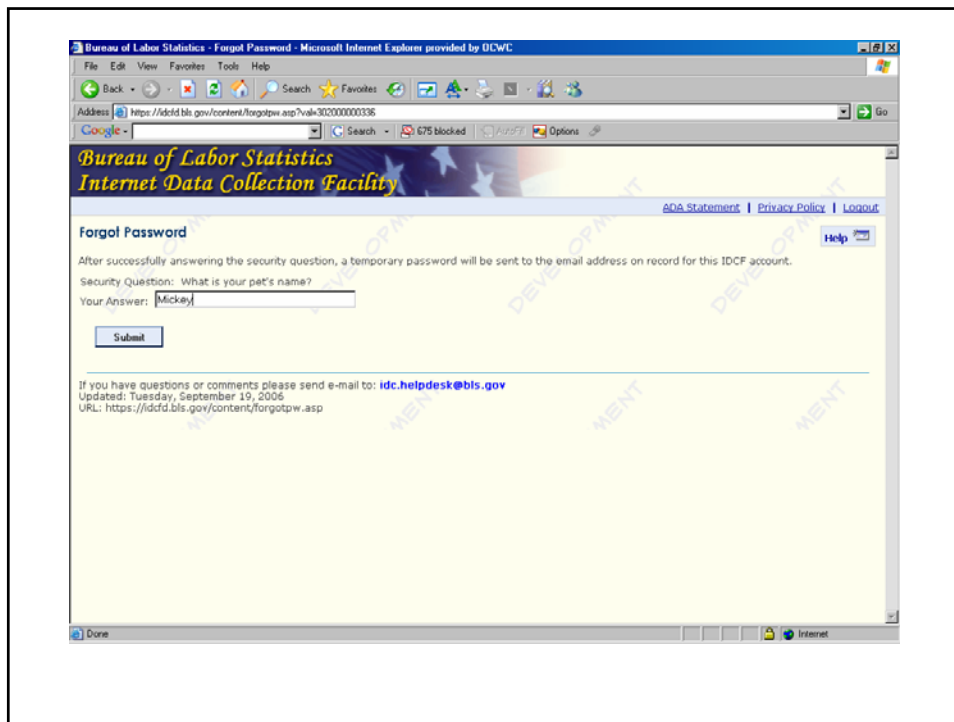




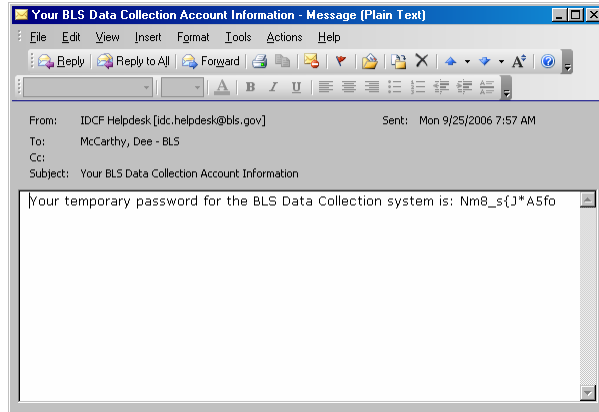
If respondent tries to log in and can't remember password, if they press Forgot Password they enter Account Number and press Submit



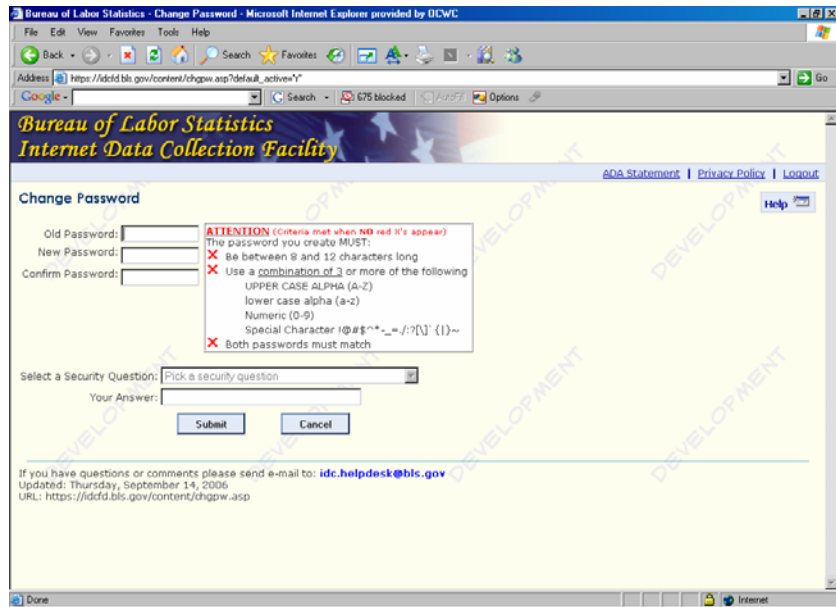
They must answer their Security Question and press Submit.



Click Continue. Temporary Password e-mailed to respondent. They should copy and paste it in the password field.



E-mail containing new temporary password.



Respondent is prompted to change their password.