U.S. Department of Labor
Bureau of Labor Statistics

Survey of Occupational Injuries and Illnesses, 2010

YOUR RESPONSE HELPS KEEP AMERICA'S WORKPLACES SAFE.

Refer to the 2010 SOII survey instructions you received in the mail.

Enter your 12-digit Establishment ID and e-mail in the fields below.

Your Establishment ID can be found on the front right side of the survey instructions you received and will be similar to this:

*Establishment ID: [ ] - [ ] - [ ]

*E-Mail: [ ]

*Required to use this form.

Establishment ID:
01-123456789-1

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

Enter your company name and mailing address in the fields below.

Company Name: [ ]

Street Address 1: [ ]

Street Address 2: [ ]

City: [ ]

State: [ ]

ZIP: [ ] - [ ]

Enter your contact information below.

Name: [ ]

Title: [ ]

Phone: [ ] - [ ] - [ ]

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.

OMB No. 1220-0045
BLS-9300 N06

Section 1: Establishment Information

Instructions: Using your completed Calendar Year 2010 *Summary of Work-Related Injuries and Illnesses* (OSHA Form 300A), copy the establishment information into the boxes. If these numbers are not available on your OSHA Form 300A, or if your establishment does not keep records needed to answer (1) and (2) below, provide estimates by following the instructions on the next page.

1. Enter the annual average number of employees for 2010. _____ ☐
2. Enter the total hours worked by all employees for 2010. _____ ☐

3. Check any conditions that might have affected your answers to questions 1 and 2 above during 2010:

- ☐ Strike or lockout
- ☐ Shutdown or layoff
- ☐ Seasonal work
- ☐ Natural disaster or adverse weather conditions
- ☐ Shorter work schedules or fewer pay periods than usual
- ☐ Longer work schedules or more pay periods than usual
- ☐ Other reason: _____
- ☐ Nothing unusual happened to affect our employment or hours figures

4. Did you have ANY work-related injuries or illnesses during 2010?
   - ○ Yes. Go to Section 2: Summary of Work-Related Injuries and Illnesses, 2010, directly below.
   - ○ No. Go to Section 4: Submit Your Data to the Bureau of Labor Statistics (BLS).

Section 2: Summary of Work-Related Injuries and Illnesses, 2010

Instructions:

1. Refer to the OSHA Forms for Recording Work-Related Injuries and Illnesses for the location referenced on the survey instructions under "Report For."
2. If more than one establishment is noted on the survey instruction sheet you received in the mail, please provide information for all of the establishments specified.
3. If any total is zero on your OSHA Form 300A, write "0" in that total's space below.
4. 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
_____	_____	_____	_____
(G)	(H)	(I)	(J)

Number of Days

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

Injury and Illness Types

Total number of …

	(M)		
(1) Injuries	_____	(4) Poisonings	_____
(2) Skin disorders	_____	(5) Hearing loss	_____
(3) Respiratory conditions	_____	(6) All other illnesses	_____

If you had any work-related deaths in 2010, please tell us in the Comments in Section 4 of this survey where you assigned/classified each death within the list of items (M1) through (M6) provided under Injury/Illness Types above (e.g., "fatal case was due to injury resulting from fall" or "death resulted from respiratory conditions").

Steps to estimate annual average number of employees for 2010:

Step 1:
To calculate the annual average number of employees your establishment paid during 2010, you must calculate the total number of employees your establishment paid for all periods. Add the number of employees your establishment paid in every pay period during calendar year 2010. Count all employees that you paid at any time during the year and include full-time, part-time, temporary, seasonal, salaried, and hourly workers. Note that pay periods could be monthly, weekly, bi-weekly, etc.

Example:
Acme Construction paid its employees in 12 pay periods during 2010:

Pay Period	Number of Employees Paid Per Pay Period
1	30
2	0
3	35
4	37
5	37
6	40
7	43
8	42
9	37
10	35
11	30
12	+26
	392 (total number of employees paid over all pay periods)

Step 2:
Divide the total number of employees (from step 1) by the number of pay periods your establishment had in 2010. Be sure to count any pay periods when you had no (zero) employees.

Example:
Acme Construction had 12 pay periods and paid a total of 392 employees during these pay periods.

392 divided by 12 = 32.67

Step 3:
Round the answer you computed in step 2 to the next highest whole number. Write that number in the box for Section 1, question 2 on the previous page.

Example:
Acme would round 32.67 to 33.

Steps to estimate total hours worked by all employees for 2010:

Step 1:
Determine the number of full-time employees at your establishment.

Example:
Of Acme's 33 employees in 2010, 28 were full-time.

Step 2:
Determine the number of hours generally worked by a full-time employee for a year. Multiply the number of full-time employees you calculated in step 1 by this number. This total number of full-time hours worked should exclude vacation, sick leave, holidays, and any other non-work time.

Example:
Each of Acme's 28 full-time employees worked an average of 2,000 hours per year after excluding vacation, sick leave, holidays, and other non-work time. This works out to 40 hours per week for 50 weeks of the year.

28	full-time employees
X 2,000	hours per year
56,000	total full-time hours

Step 3:
Determine the number of hours of overtime worked by your full-time employees.

Determine the number of regular hours worked by your non-full-time employees. (Non-full-time employees include part-time, seasonal, and temporary employees.)

Add these numbers to the number you calculated in step 2 above. This is the estimated number of hours worked by all of your employees - full-time and non-full-time - during 2010. Write this number in Section 1, question 3 on the previous page.

Example:
Acme's 28 full-time employees worked a total of 2,800 hours of overtime during 2010 and 56,000 regular hours. Acme's 5 part-time employees worked a total of 2,715 hours during 2010.

56,000	full-time hours from step 2
2,800	over time hours
+ 2,715	part-time hours
61,515	total hours worked

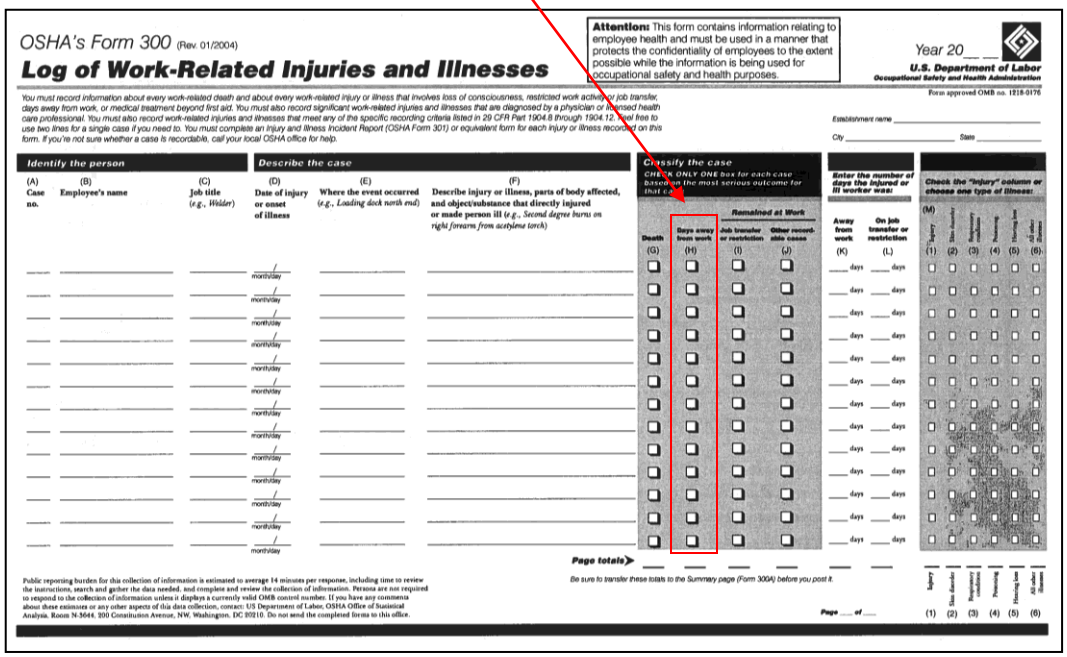
Section 3: Reporting Cases with Days Away from Work

Instructions:

Please refer to your records of days away from work cases to complete this section. If you maintain these records on the OSHA Form 300, *Log of Work-Related Injuries and Illnesses*, these cases will be indicated by checks in column H (see sample below).

If you had cases with days away from work in Column H, please complete Section 3 (starting on the next page). You should only report cases with days away from work.

If you had **NO** cases with days away from work in Column H, you are finished with the survey. Proceed to section 4 to submit your data to BLS.



OSHA's Form 300 (Rev. 01/2004)

Log of Work-Related Injuries and Illnesses

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Year 20__

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

You must record information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR Part 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an Injury and Illness Incident Report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.

Establishment name _____

City _____ State _____

Identify the person | Describe the case | Classify the case | Enter the number of days the injured or ill worker was: | Check the "Injury" column or choose one type of illness:

(A) Case no.	(B) Employee's name	(C) Job title (e.g., Welder)	(D) Date of injury or onset of illness	(E) Where the event occurred (e.g., Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., Second degree burns on right forearm from acetylene torch)	(G) Death	(H) Days away from work	(I) Job transfer or restriction	(J) Other recordable cases	(K) Away from work	(L) On job transfer or restriction	(M) (1) Injury	(2) Skin disorder	(3) Respiratory condition	(4) Poisoning	(5) Hearing loss	(6) All other illnesses
			month/day							___ days	___ days						

Page totals ➤

Be sure to transfer these totals to the Summary page (Form 300A) before you post it.

Page ___ of ___

Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

We have designed this survey so that you should not have to report more than approximately 15 cases. **If you have significantly more than 15 cases**, please contact the state agency at the phone number listed on the front of the survey instructions you received in the mail.

Step 1: Fill out one "Case with Days Away from Work" form for each work-related injury or illness resulting in days away from work. The requested information can be found on documents such as:

- The *Injury and Illness Incident Report* (OSHA Form 301);
- A workers' compensation report;
- An accident report; or
- An insurance form.

Step 2: If more than one establishment is noted on the survey instructions under "**Report For**," be sure to look at all of your OSHA Form 300's to find which cases to report.

Step 3: If you had an injury or illness that resulted in death, please include a comment in the comment field in Section 4.

Step 4: When you are finished, proceed to Section 4 to submit your data to BLS.

Case with Days Away from Work

Tell us about a 2010 work-related injury or illness **only** if it resulted in days away from work. To find out which case(s) you should report, read the instructions at the beginning of ***Section 3: Reporting Cases with Days Away from Work***.

Tell us about the Case

Go to your completed OSHA Form 300. Copy the case information from that form into the spaces below.

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)

Tell us about the Employee

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

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

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:

4. **Employee's date hired:**

***OR* check 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

Tell us about the Incident

6. **Time employee began work:** : ☐ *AM* ☐ *PM*

7. **Time of event:** : ☐ *AM* ☐ *PM* ☐ *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."

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."

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."

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.

Add New Case Remove Case

Section 4: Submit Your Data to BLS

1. *Comment*

Provide any additional information you have on the data you are submitting in the space provided. If you had an injury or illness that resulted in death, please tell us what injury/illness type you classified it as in Section 2.

2. *Save*

Save a copy of this form for your records.

Save

3. *Print*

Print a copy of this form for your records.

Print

4. *Submit*

Click the Submit button to send your data to BLS.

You will receive a confirmation via e-mail within 24 hours of your data being received. If you have JavaScript enabled in your browser, you may also receive a confirmation message within the next 5 minutes when we receive your data.

Submit

5. *Keep the confirmation*

Keep a copy of the confirmation for your records.

If you do not receive an e-mail confirmation, contact your State at the phone number listed on the front of your survey instructions for assistance in submitting your data.

Thank you for your response and for helping keep America's workplaces safe.