Changes to SOII Webpage and Adobe Data Collection Instruments

SOII Website

Updated Years

Year-specific text was updated.

Forms you will need:

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

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

Date of injury or onset of illness (column D) [MM ▼] [DD ▼] [2011 ▼]

Thank you for Reporting!

Establishment ID: **01-034545030-1**

Your data have been received by BLS on 11/15/2011 at 11:13 AM. Thank you for helping us collect accurate information and for helping to make America's workplaces safer and healthier.

If you are included in the 2012 survey, the survey materials will be mailed to you in early January 2013. If you have any questions about the survey or your participation in it, please contact us at the email address below.

Add Establishments

A new mailing label image is displayed. It reflects the new design of the mailing label.

Add New Establishment ID(s) to Account

1. [Click here to see the Establishment ID(s) already attached to your account.]

2. Enter the number of **additional** Establishment ID(s) for which you need to report. `0`

```
ALABAMA DEPT OF LABOR
PO BOX 123456
MONTGOMERY, AL 12345

Establishment ID:
01-123456789-1

Report For:

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

Your Establishment ID is located here above your mailing address.

Continue

Example

Section 1

The text "Option" was added to the worksheet hyperlinks to indicate that they are optional.
Additionally, the average hours worked per employee field was gray-filled to indicate that it is read only.

1. Enter the annual average number of employees for 2011.

   [12]   Optional worksheet to estimate average number of employees

2. Enter the total hours worked by all employees for 2011.

   [15321]   Optional worksheet to estimate total hours worked by all employees

   [1276]   Average Hours Worked per Employee

Update Establishment Information

The Unit Description field was changed to be non-required

Establishment Location Information

Please review and update your establishment location information. Click on the 'Submit' button to save your data.

(* Required Field)

* Company Name | ACME Inc

| (blank field) |

* Address | 1234 Anywhere St.

| (blank field) |

* City | Springfield

* State | CA | * Zip Code | 12345 | 1234

Unit Description | Store #52

[Submit]   [Cancel]

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

Section 3

Section 3 was changed to be specific to the type of respondent (DJTR or non-DJTR) and to whether or not they have cases to enter.

DJTR respondent with cases:

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

Establishment ID: **01-034545030-1**

You have entered:

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

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

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

Finish or enter data later   **Continue**

Non-DJTR respondent with cases:

Section 3. Cases with Days Away from Work

Establishment ID: **01-010430783-5**

You have reported **1** case(s) with days away from work (Column H).

If you have not had **1** case(s) with days away from work, go back and correct your data.   **Back**

Enter data for cases with days away from work.   **Enter Case Data**

Finish or enter data later   **Continue**

When a respondent indicates that they do not have detailed cases to report, the Enter Case Data button does not appear.

DJTR respondent without cases

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

Establishment ID: **01-034545030-1**

You have entered:

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

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

Finish or enter data later   [Continue ⟩]

Non-DJTR respondent without cases

Section 3. Cases with Days Away from Work

Establishment ID: **53-150005110-1**

You have reported **0** case(s) with days away from work (Column H).

If you have not had **0** case(s) with days away from work, go back and correct your data.   [Back]

Finish or enter data later   [Continue ⟩]

Cases Page

The title of the case page was changed to be specific to the type of respondent.
For DJTR respondents:

Enter Information about a Case with Days Away from Work, Job Transfer, or Restriction

Establishment ID: **01-034431019-4**

To complete the information below, you will need:

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

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

Employee's name
(column B)

For non-DJTR respondents:

Enter Information about a Case with Days Away from Work

Establishment ID: **01-012131581-3**

To complete the information below, you will need:

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

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

Employee's name
(column B)

The text "(optional)" was added to indicate that the Event occurred and Case Comments responses are optional. Instructions were added below Case Comments.

9. Time of event: [hh ▼] : [mm ▼] ○ am ○ pm *OR* ☐ Check if time cannot be determined

Event occurred (optional): ○ Before ○ During ○ After work shift

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

The no-days away from work error message for non-DJTR respondents was customized for DJTR respondents

Enter Information about a Case with Days Away from Work, Job Transfer, or Restriction

You must enter the Number of Days Away from Work and/or Job Transfer or Restriction

Establishment ID: **01-034545030-1**

To complete the information below, you will need:

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

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

Employee's name (column B)	Joe Smith
Job title (column C)	Laborer
Date of injury or onset of illness (column D)	[01-Jan ▼] [01 ▼] [2011 ▼]
Number of days away from work (column K)	[ ]
Number of days of job transfer or restriction (column L)	[ ]

Section 4

The error message was updated to be clearer and specific to DJTR and DAFW respondents.
The error message for DJTR respondents:

Review your data

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

You reported 3 case(s) with days away from work, job transfer, or restriction in Section 2, but only entered case information about 2 case(s) in Section 3. Please enter case information for all 3 case(s). Click on the buttons above to return to a section to correct your entries.

Establishment ID: 01-034545030-1

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	3	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Establishment Information

Your establishment name: ACME Inc

Street: 1234 Anywhere St.

City: SomeCity State: CA ZIP: 12345

Employment information

The error message for non-DJTR respondents:

You reported 2 case(s) with days away from work in Section 2, but entered case information about 1 case(s) in Section 3. Please enter case information for all 2 case(s). Click on the buttons above to return to section 3 to correct your entries.

The summary of case information includes question labels for items 3 and 4. Previously no text was displayed next to items 3 or 4 if no data was supplied.

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

Establishment ID: 01-034545030-1

Employee Name: **Joe Johnson**
Job Title: **Agriculturalist**
Date of Injury or onset of illness: **01/01/2011**
Number of days away from work: **5**

1. Type of Job or Work:
2. Employee's race or ethnic background:
3. **No Date of Birth or Age provided**
4. **No Date Hired or Length of Service provided**
5. Employee's gender:
6. Treated in emergency room?
7. Hospitalized overnight as in-patient
8. Time employee began work:
9. Time of event:
10. What was the employee doing before the incident?
11. What happened?
12. What was the injury or illness?
13. What object or substance directly harmed the employee?

Case Comments:

Page Footer

Additional instructions were added below the helpdesk email address to encourage respondents to provide their establishment ID when they submit a help request. This will allow us to resolve many help requests more quickly and accurately.

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

Mouseover Text

Mouseover text for numerous webpage elements was updated to accurately and clearly reflect the functionality of these elements.

1. Injuries   1

Injuries

Save & Continue

Save and Continue through the Web site
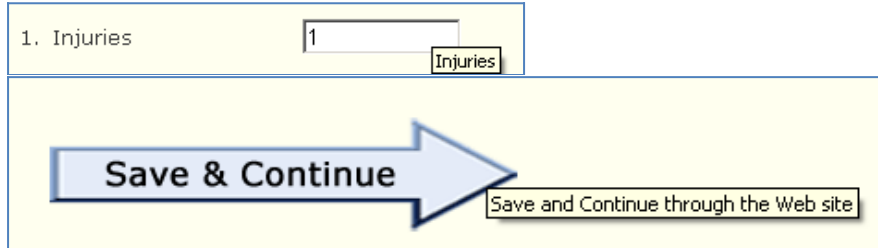
Blank Numeric Fields Displayed as Zeroes

Blanks in numeric fields are displayed as zeroes on subsequent pages that reference those fields.

Review your data

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

Establishment ID: 01-034545030-1

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	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Help System

Language in the help system was updated to keep it consistent with the changes to the website.

Estimate My Annual Average Number of Employees

< Previous   Index   Next >
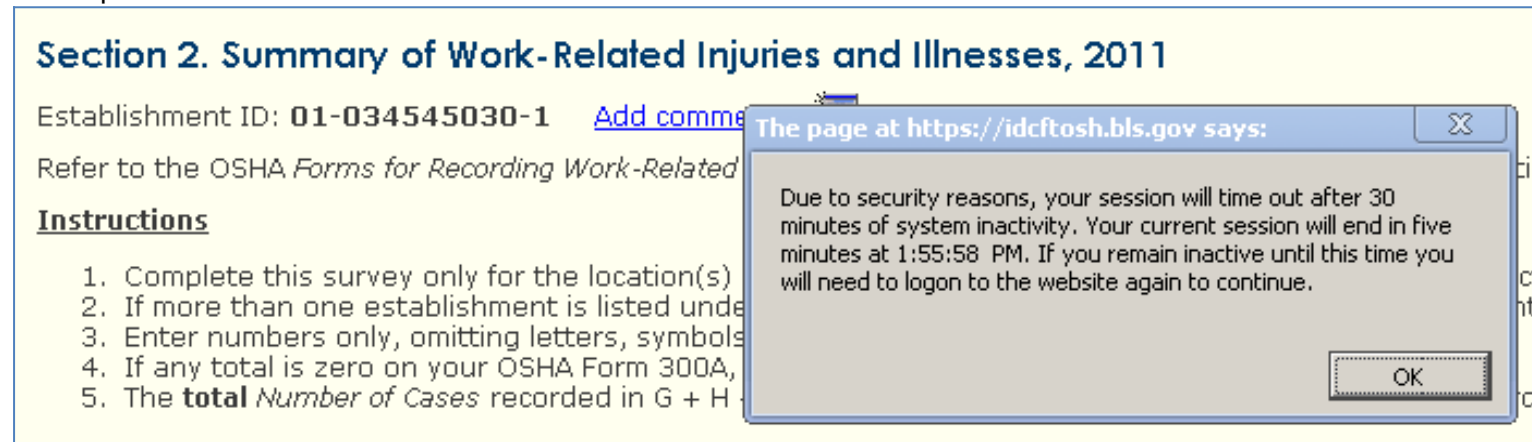
1. Click on the "Optional worksheet to estimate average number of employees" link.
2. Enter the number of pay periods for your establishment for the year.
3. Click on the "Enter" button.
4. Enter the number of employees (full-time, part-time, temporary, seasonal, salaried, and hourly) your establishment paid for each pay period during the year. Be sure to count any pay periods when you had no employees.
5. Click on the "Continue" arrow. The calculated figure appears in the question 1 field in Section 1.

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

Session Time Out

The respondent receives a notification before their session times out.

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

Establishment ID: **01-034545030-1**   Add comme

Refer to the OSHA *Forms for Recording Work-Related*

Instructions

1. Complete this survey only for the location(s)
2. If more than one establishment is listed unde
3. Enter numbers only, omitting letters, symbols
4. If any total is zero on your OSHA Form 300A,
5. The **total** *Number of Cases* recorded in G + H

The page at https://idcftosh.bls.gov says: ☒

Due to security reasons, your session will time out after 30 minutes of system inactivity. Your current session will end in five minutes at 1:55:58 PM. If you remain inactive until this time you will need to logon to the website again to continue.

OK

Browser Titles

The webpage titles displayed by the browser match the titles displayed in the webpage. For example, in Section 1 the browser displays "Section 1" and the webpage shows "Section 1. Establishment Information".
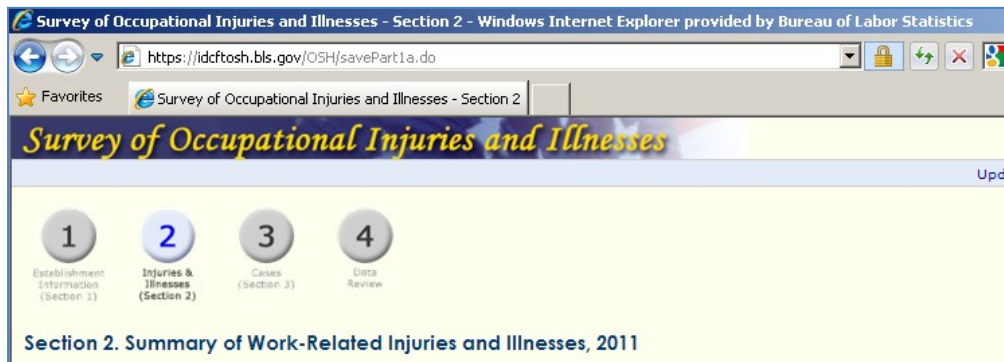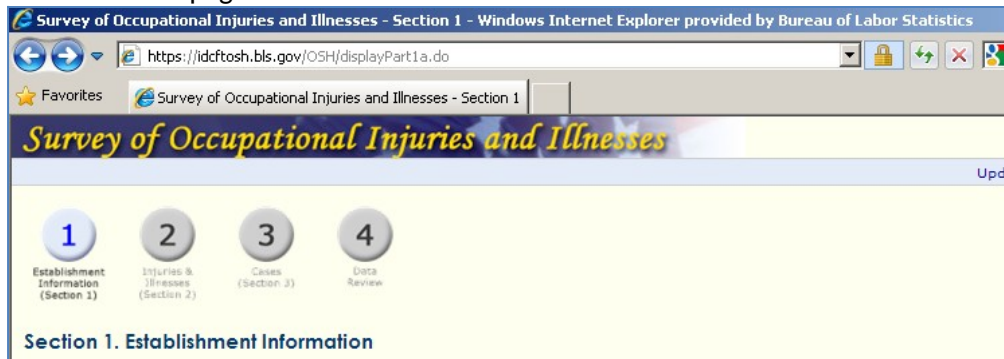
Survey of Occupational Injuries and Illnesses - Section 3 - Windows Internet Explorer provided by Bureau of Labor Statistics

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

Favorites | Survey of Occupational Injuries and Illnesses - Section 3

Survey of Occupational Injuries and Illnesses

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

Section 3. Cases with Days Away from Work

Survey of Occupational Injuries and Illnesses - Case Data - Windows Internet Explorer provided by Bureau of Labor Statistics

https://idcftosh.bls.gov/OSH/displayCase.do?stateCode=01&IdbNumber=010430783&surveyYear=2011&

Favorites | Survey of Occupational Injuries and Illnesses - Case ...

Survey of Occupational Injuries and Illnesses

Enter Information about a Case with Days Away from Work

Adobe PDF Form

Updated Years

U.S. Department of Labor
Bureau of Labor Statistics

Survey of Occupational Injuries and Illnesses, 2011

YOUR RESPONSE HELPS KEEP AMERICA'S WORKPLACES SAFE.

Refer to the 2011 SOII survey instructions you received in the mail.

1. Enter the annual average number of employees for 2011 (numbers only).

2. Enter the total hours worked by all employees for 2011 (numbers only).

Steps to estimate annual average number of employees for 2011:

Step 1: Calculate the Total Number of Employees
Determine the number of paid employees in each pay
period. Count full-time, part-time, temporary, seasonal,

Example 1:
Acme Construction paid its employees in 12 pay periods during
2011:

**Date of injury
or
onset of illness**
(column D)

| MM | DD | 2011 |

Mailing Label

A new mailing label image was added to the PDF form to accurately reflect its new design.

YOUR RESPONSE HELPS KEEP AMERICA'S WORKPLACES SAFE.

Refer to the 2011 SOII survey instructions you received in the mail.

Enter your 12-digit Establishment ID and e-mail.

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: 01   -   034570460   -   0

*E-Mail: measure_a@bls.gov

*Required to use this form.

Enter your company name and mailing address.

Company Name:

Street Address 1:   New Street1

Street Address 2:   New Street2

City: New City

ALABAMA DEPT OF LABOR
PO BOX 123456
MONTGOMERY, AL 12345

Establishment ID:
01-123456789-1

Report For: Example

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

‖‖‖‖‖‖‖‖‖‖‖‖‖‖‖‖‖‖‖‖‖‖‖‖‖‖‖‖‖‖‖‖‖‖‖‖‖

Error Message

The error message window in the PDF form was modified to put the instructions for how to proceed at the bottom of the window so users could read it immediately before deciding to click "Yes" or "No".

Warning: JavaScript Window – BLS SOII 2010

We found some errors in your data.

The following errors were found and highlighted in yellow:

Error 1 (pg 1): Please provide a name.

Error 2 (pg 1): Please provide a phone number.

Error 3 (pg 2): Please provide the Annual average number of employees.

Error 4 (pg 2): Please provide the Total hours worked by all employees.

Error 5 (pg 2): Please specify whether you had any work-related injuries or illnesses during 2011.

Would you like to return to correct your data, or submit it with errors? If you submit it with errors, you may be contacted to provide additional information.

-Yes, I will correct these errors now

-No, submit my data anyway

[Yes]   [No]