



DISTRICT OF COLUMBIA DEPARTMENT OF LABOR
STATE SECONDARY NAME
STREET ADDRESS
MONTGOMERY, AL 36130-3500

For Help

Call: 334-242-3462 ext. 9999
334-242-3463 ext. 9999
334-242-3463 ext. 9999
334-242-3463 ext. 9999
Fax: 334-242-3333

2014 Establishment ID: 01-203479880-2014

Report for:

The Unit Description goes here

NAICS: 512110 - Motion Picture and Video Production

12345 50

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



**MANDATORY REPORT-DATED MATERIAL
U.S. GOVERNMENT DOCUMENTS ENCLOSED**

Notice of Recordkeeping Requirements for the 2014 Survey of Occupational Injuries and Illnesses

YOUR PARTICIPATION IS REQUIRED BY LAW

Important

- ◆ Maintain the information required for all recordable work-related injuries and illnesses that occur between January 1 and December 31, 2014, for the establishment(s) identified above.
- ◆ Visit our respondents' page at www.bls.gov/respondents/iif for more information about the Bureau of Labor Statistics Survey of Occupational Injuries and Illnesses (SOII) and your recordkeeping requirements.
- ◆ Keep these records and use them to complete the Survey of Occupational Injuries and Illnesses. We will send you more instructions in January **2015**.
- ◆ If you need help, please contact us at the phone number(s) listed above.

Overview of Your Recordkeeping Requirements

- ◆ You must maintain the information required for all recordable work-related injuries and illnesses that occur during calendar year 2014 for the establishment(s) identified on the front.
- ◆ The enclosed OSHA *Forms for Recording Work-Related Injuries and Illnesses* provide instructions for filling out the *Log of Work-Related Injuries and Illnesses* (OSHA Form 300) and the *Injury and Illness Incident Report* (OSHA Form 301). In addition, please keep records on the race and/or ethnicity of your injured or ill workers. This information will be requested in January 2014.
- ◆ At the end of 2014, complete the enclosed *Summary of Work-Related Injuries and Illnesses* (OSHA Form 300A) even if you had **NO** work-related injuries or illnesses.
- ◆ **In January 2015**, you will be mailed instructions for completing the Survey of Occupational Injuries and Illnesses.
- ◆ If you have any questions about your record-keeping requirements for this survey, or if you need help, **call the phone number(s) on the front of this form.**

How Your Injury and Illness Data Are Used

Your data are important for making American workplaces safer. Data you report are aggregated with data from other establishments and used to identify injury and illness patterns among industries and occupations. For more information about injury and illness statistics, please visit our website at www.bls.gov/iif.

