

U.S. Department of Labor

Bureau of Labor Statistics  
2 Massachusetts Ave., N.E.  
Washington, D.C. 20212



Dear Employer:

You have been selected to participate in the Survey of Occupational Injuries and Illnesses (SOII) for **calendar year 2013**. This survey is conducted by the Bureau of Labor Statistics in cooperation with state agencies, is **mandatory** under Public Law 91-596, and is approved under OMB No. 1220-0045. Your participation in this survey is vital for assessing the number, frequency, and types of work-related injuries and illnesses occurring in the workplace.

For this survey year, your establishment should report information on case circumstances and worker characteristics 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).

To make survey completion as easy as possible, we are providing two convenient ways to submit your survey: through our online webpage or by paper form via US mail. If the detailed case information requested is not recorded on your OSHA forms, please refer to other sources of information you may have (including your Workers' Compensation records). Please note, however, that *OSHA's rules* ([www.osha.gov/recordkeeping](http://www.osha.gov/recordkeeping)) concerning **which injuries and illnesses to record differ from your state's Workers' Compensation reporting**. If you need assistance, please contact your state at the number(s) listed on the front of the form.

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.

Thank you for helping us collect accurate information and for helping in the effort to make America's workplaces safer and healthier.

Sincerely,

A handwritten signature in black ink, appearing to read "William J. Wiatrowski". The signature is fluid and cursive, written over a light gray circular stamp.

William J. Wiatrowski  
Associate Commissioner  
Office of Compensation and Working Conditions  
Bureau of Labor Statistics