

Survey of Occupational Injuries and Illnesses

Internet Data Collection Facility

Survey Year 2013

Initial Login (unchanged)

**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, you must logon with a valid password for the IDCF User ID that is included in your Bureau of Labor Statistics (BLS) survey documents.

User ID:

Password: [Forgot Password?](#)

Terms and Conditions of Use

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 30 minutes of system inactivity. You will need to logon to the website again to continue.

If you have questions or comments please complete and submit the [Help Request Form](#)

Version: 10.0
URL: <https://idcf.bls.gov/WEB-INF/views/authentication/login.jsp>

Enter and confirm email (unchanged)

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Step 1 of 4: Check Email Address

Please enter and confirm your email address below. (* Required Field)

* Email

* Confirm Email

If you have questions or comments please complete and submit the [Help Request Form](#)

Version: 10.0
URL: <https://idcf.bls.gov/WEB-INF/views/registration/checkemail.jsp>

Respondent Information (unchanged)

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Internet Data Collection Facility**

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Step 2 of 4: Enter New User Information

Please complete the items below.

Name & Address of Person Completing this Form (* Required Field)

* Your Name

Your Job Title

* Your Company Name


* Address

* City

* State * Zip Code

* Telephone Ext Fax

ex. 1234567890 ex. 1234567890



If you have questions or comments please complete and submit the [Help Request Form](#)

Version: 10.0
URL: <https://idcf.bls.gov/WEB-INF/views/registration/confirmuser.jsp>

Create Password (unchanged)

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Step 3 of 4: Create a Permanent Password

The temporary password is no longer valid, please create a new password.

Password:

Confirm Password:


NOTE: Criteria met when ALL Green ✓'s appear


The password chosen MUST:

- ✗ Be between 8 and 12 characters in length
- ✗ Contain at least one (1) character from three (3) of the following categories:
 - UPPER CASE letter (A-Z)
 - lower case letter (a-z)
 - Digit (0-9)
 - Special Character !@#\$%^*-_=:/?[\]'{}~
- ✗ Both passwords must match

Select a Security Question:

Your Answer:



If you have questions or comments please complete and submit the [Help Request Form](#) 

Version: 10.0
URL: <https://idcf.bls.gov/WEB-INF/views/registration/createpermanentpassword.jsp>

Login Confirmation (unchanged)


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Step 4 of 4: Confirmation Notice
Thank you for completing your registration.
Your permanent IDCF User ID appears below.

302888111094

In the future, you can use either this number or your email address along with your permanent password to log in.
Your User ID will also be emailed to you. To ensure that you receive email from the Bureau of Labor Statistics (BLS), add our domain "bls.gov" to your email Safe List.
Click on the "Continue" arrow to report your data.



If you have questions or comments please complete and submit the [Help Request Form](#).
Version: 10.0
URL: <https://idcf.bls.gov/WEB-INF/views/registration/confirmation.jsp>

Select Survey
Update Respondent Info
Change Password

Update Respondent Information (unchanged)

Bureau of Labor Statistics-Internet Data Collection Facility(IDCF)Bureau of Labor Statistics - - Windows Internet Explorer pro

https://idcf.bls.gov/manage/respondentdata

tk python colors

Bureau of Labor Statistics-Internet Data Collectio...

Bureau of Labor Statistics Internet Data Collection Facility

ADA Statement | Privacy Policy | Logout

Update Respondent Information

Select Survey

Update Respondent Info

Change Password

Please complete the items below.

Name & Address of Person Completing this Form (* Required Field)

* Your Name

Your Job Title

* Your Company Name

Address

* City

* State * Zip Code

* Email

* Confirm Email

* Telephone Ext. Fax

ex. 1234567890 ex. 1234567890

Assign to another user

Check if the information above has been changed to assign this account to another user.

- NOTE: If you check this box, you will NO longer be the registered user, and you will NO longer have access to the system.
- The new user will be emailed the account number and a temporary password so he or she can begin reporting data to BLS.

Continue

If you have questions or comments please complete and submit the [Help Request Form](#)

Version: 10.0
URL: https://idcf.bls.gov/WEB-INF/views/manage/respondentdata.jsp

Help Request Form (unchanged)

Bureau of Labor Statistics Internet Data Collection Facility

Help Request Form

The Bureau of Labor Statistics (BLS) is committed to making its online information and services accessible to the widest possible audience.

Please complete the form below and click on the "Submit" button. You will be contacted by an IDCF help desk representative.

(* Required Field)

To receive a reply to your request, enter the following:

* Email Address:	<input type="text"/>
* First Name:	<input type="text"/>
* Last Name:	<input type="text"/>
* Phone Number:	<input type="text"/> - <input type="text"/> - <input type="text"/>

Enter your request information below:

* Nature of the Problem:	<input type="text"/>
* Problem Description:	<input type="text"/>

Please provide additional information below:

Which BLS Survey are you currently trying to report data for?	<input type="text"/>
Which State are you currently trying to report for?	<input type="text"/>
IDCF Account Number:	<input type="text"/>
Did you register using the email address above?	<input type="radio"/> Yes <input type="radio"/> No <input type="text"/>
	<input type="radio"/> Don't Know <input type="radio"/> Not Registered

Please note that your IP address will be captured automatically when you submit this form in order to help troubleshoot your issue.

Version: 1.0.1

Survey Selection (unchanged)

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Welcome to the Internet Data Collection Facility

- o Please review your information listed below, and click the "Update" button to make any changes.
- o Select the appropriate survey and click the "Continue" arrow when you are ready to enter data.

Update Respondent Info

<input type="button" value="Update"/>	Alex Measure U.S. Bureau of Labor Statistics am...easur...e@gmail.com	2 Massachusetts Avenue Washington, DC 20212 202-691-6185
---------------------------------------	---	--

Please select a survey:


Maintenance activities may be conducted on Sundays from noon to 6:00 p.m. Eastern Time in order to keep the Internet Data Collection Facility (IDCF) at its peak performance and to cause as little disruption in service as possible to our customers. If the system is unavailable, please try back at a later time.

If you have questions or comments please complete and submit the [Help Request Form](#)

Version: 10.0
URL: <https://idcf.bls.gov/WEB-INF/views/authentication/welcome.jsp>

General SOII Information

Changes were purely cosmetic.



BUREAU OF LABOR STATISTICS
Survey of Occupational Injuries and Illnesses

Help | Logout

Dear Employer,

Please use this website to complete your Survey of Occupational Injuries and Illnesses (SOII).

Forms you will need:

1. The SOII Instructions form that was mailed to you.
2. OSHA forms ([Form 300](#), [300A](#), and [301](#)) in *Forms for Recording Work-Related Injuries and Illnesses*. Copies were mailed to you in late 2012.
 - If the information requested is not recorded on your OSHA forms, please refer to other sources of information (including your Workers' Compensation records). Please note, [OSHA's record keeping rules](#) differ from Workers' Compensation's rules. You should complete this survey according to OSHA's rules.

What you need to do:

1. Complete the survey only for the establishment(s) listed on the front cover of your instruction sheet under *'Report for this Location.'*
2. Report data for more than one establishment by using the *'Add Establishment'* button on the next page.

If you have questions about completing this survey, please call the number listed on the front upper right corner of your instruction sheet under *'For Help:'*. For website technical help only, go to the helpdesk link at the bottom of the page.

See our [Frequently Asked Questions](#) to familiarize yourself with features of this site.

[Continue →](#)


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.

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, D.C. 20212. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. Form Approved OMB No. 1220-0045

If you have questions or comments please complete and submit the [Help Request Form](#) | Version: 11.1
Please include your complete establishment ID (Ex: 01-123456789-1) listed on the front of your survey materials
URL: <https://idcdosh.psb.bls.gov/OSH/index.jsp>

Select Establishment

Previously respondents were taken to an intermediate “Do you have any establishments to add page”, now they can do it directly on the Select Establishment page by clicking the Add Establishment button.

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[Help](#) | [Logout](#)

Make sure the Establishment ID(s) on your instruction sheet(s) match the Establishment ID(s) shown below.
Establishment ID not shown in table? [Add Establishment](#)

Please click on the "Select" button to select an establishment and begin reporting data.

	Year	Establishment ID	Company Name	Unit Description	Status
Select	2013	20-241245210-3	ACME	Address Below	Incomplete

If you have questions or comments please complete and submit the [Help Request Form](#) | Version: 11.1
Please include your complete establishment ID (Ex: 01-123456789-1) listed on the front of your survey materials
URI : <https://idcdosh.nsb.bls.gov/OSH/default.jsp>

Add Establishment

Clicking “Add Establishment” adds a blank row to the establishment table and provides the respondent with an example label indicating where the establishment ID is located on their survey mailing.

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[Help](#) | [Logout](#)

Make sure the Establishment ID(s) on your instruction sheet(s) match the Establishment ID(s) shown below.

Please click on the "Select" button to select an establishment and begin reporting data.

	Year	Establishment ID	Company Name	Unit Description	Status
<input type="button" value="Select"/>	2013	20-241245210-3	ACME	Address Below	Incomplete
<input type="button" value="Add"/>	2013	<input style="width: 20px;" type="text" value="12"/> <input style="width: 20px;" type="text" value="234567899"/> <input style="width: 20px;" type="text" value="9"/>			<input type="button" value="Remove"/>

STATE DEPT OF LABOR
STREET ADDRESS
CITY, STATE ZIP

2013 Establishment ID: 00-000000000-0

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.

If you have questions or comments please complete and submit the [Help Request Form](#) | Version: 11.1
 Please include your complete establishment ID (Ex: 01-123456789-1) listed on the front of your survey materials
 URI : <https://idcfdosb.nsb.bls.gov/OSH/default.jsp>

Section 1: Establishment Information

Changes to Section 1 were primarily cosmetic.

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Survey of Occupational Injuries and Illnesses

[Update Respondent Information](#) | [Help](#) | [Logout](#)

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

Section 1. Establishment Information

Update Establishment Location Information

Update	ACME Address Below	610 Main St Huckleberry, KS 25343 - 9663
------------------------	--------------------------	--

Establishment ID: **20-241245210-3**
[Add comments](#)

- Complete this survey only for the location(s) listed under 'Report for' on the front of your survey instruction sheet.
- If more than one establishment is listed under 'Report for' add up the numbers across all establishments and enter the total in the spaces below.
- Copy the information from your completed Calendar Year 2013 *Summary of Work Related Injuries and Illnesses (OSHA Form 300A)* into the spaces below.
- Use the [help links](#) for Items (1) and (2) if annual average number of employees and total hours worked are not available from your OSHA 300A.

1. Enter the annual average number of employees for 2013.
 [Help me calculate this](#)

2. Enter the total hours worked by all employees for 2013.
 [Help me calculate this](#)
2000 Annual average hours worked per employee

3. Check any conditions that might have affected your annual average number of employees or total hours worked during 2013:

<input type="checkbox"/> Strike or lockout	<input type="checkbox"/> Shorter work schedules or fewer pay periods than usual
<input type="checkbox"/> Shutdown or layoff	<input type="checkbox"/> Longer work schedules or more pay periods than usual
<input type="checkbox"/> Seasonal work	<input checked="" type="checkbox"/> Nothing unusual happened to affect our employment or hours figures
<input type="checkbox"/> Natural disaster or adverse weather conditions	<input type="checkbox"/> Other reason: <input style="width: 150px;" type="text"/>

4. Did you have ANY work-related injuries or illnesses during 2013?
 Yes No

[Save & Continue →](#)

If you have questions or comments please complete and submit the [Help Request Form](#) | Version: 11.1
Please include your complete establishment ID (Ex: 01-123456789-1) listed on the front of your survey materials
URL: <https://idcfdosdosh.psb.bls.gov/OSH/content/part1a.jsp>

Update Establishment Information

Clicking the “Update” button in Section 1 brings up the Update Establishment dialog. Previously this opened in a new window. Now it opens in a modal window.

The screenshot shows a modal dialog titled "Establishment Location Information" overlaid on a survey form. The dialog contains the following fields and options:

- Company Name:** ACME
- Address:** 610 Main St
- City:** Huckleberry
- State:** KS (dropdown menu)
- Zip Code:** 25343 9663
- Unit Description:** Address Below

A "Submit" button is located at the bottom left of the dialog. The background survey form includes a "Section 1" header, an "Update Establishment" button, and several numbered steps for data entry. At the bottom of the page, there is a footer with contact information and a URL: <https://idcdosh.osb.bls.gov/OSH/content/part1a.jsp>

Worksheet to Estimate Annual Average Number of Employees

When the respondent clicks the “Help me calculate this” link next to Question 1 they are taken to the Average Employees Worksheet. Previously, this opened in a new window. Now it opens in a modal window.

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Survey of Occupational Injuries and Illnesses

Update Respondent Information | Help | Logout

Worksheet for Estimating Annual Average Number of Employees

If you need assistance using this worksheet or calculating your annual average number of employees, please call the phone number on the upper right hand corner of your survey instructions sheet.

Step 1. Enter the number of pay periods during 2013.

Step 2.
If more than one establishment is listed on the front of your instruction sheet under 'Report for', add the total number of employees from all locations and enter that number in the spaces below.

- Enter the number of employees that your establishment paid in every pay period during 2013. We will calculate the total for you.
- Count all employees: [full-time](#), [part-time](#), [temporary](#), [seasonal](#), salaried, and hourly.

In this pay period	You paid this many employees
1	<input type="text"/>

Section 1.

Update Establishment Information

- Complete the worksheet
- If more than one establishment is listed on the front of your instruction sheet under 'Report for', add the total number of employees from all locations and enter that number in the spaces below.
- Copy the information from the worksheet to the survey materials.
- Use the help link for more information.

1. Enter the annual average number of employees during 2013.

2. Enter the total number of employees during 2013.

2000 Annual average hours worked per employee

3. Check any conditions that might have affected your annual average number of employees or total hours worked during 2013:

<input type="checkbox"/> Strike or lockout	<input type="checkbox"/> Shorter work schedules or fewer pay periods than usual
<input type="checkbox"/> Shutdown or layoff	<input type="checkbox"/> Longer work schedules or more pay periods than usual
<input type="checkbox"/> Seasonal work	<input checked="" type="checkbox"/> Nothing unusual happened to affect our employment or hours figures
<input type="checkbox"/> Natural disaster or adverse weather conditions	<input type="checkbox"/> Other reason: <input type="text"/>

4. Did you have ANY work-related injuries or illnesses during 2013?
 Yes No

If you have questions or comments please complete and submit the [Help Request Form](#) | Version: 11.1
Please include your complete establishment ID (Ex: 01-123456789-1) listed on the front of your survey materials
URL: <https://iidcdosh.psb.bls.gov/OSH/content/part1a.jsp>

Worksheet to Estimate Total Hours Worked (1 of 2)

When a respondent clicks the “Help me calculate this” link next to question 2 in Section 1 they are taken to this worksheet. The main changes were that this now opens in a modal window instead of a new window, and the respondent can now specify the time frame (per year, per month, per week) for which they wish to enter hours information.

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Survey of Occupational Injuries and Illnesses

Update Respondent Information | Help | Logout

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Survey of Occupational Injuries and Illnesses

Worksheet for Estimating Total Hours Worked by All Employees

A. Determining Hours worked by full-time employees:

First select which time period you would prefer to report the hours your employees actually worked (do not include vacation, sick leave, holidays, or any other non-work time, even if employees were paid for it):

Per Year Per Month Per Week

Enter the number of hours generally worked by a full-time employee **for the time period specified above**

Enter the number of full-time employees

Total hours worked by full-time employees in 2013

2. Enter the total hours worked by all employees for 2013. [Help me calculate this](#)

Worksheet to Estimate Total Hours Worked (2 of 2)

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

Specified above

Enter the number of full-time employees

Total hours worked by full-time employees in 2013

Enter the **total** number of [overtime](#) hours worked by full-time employees in 2013

Total hours worked by full-time employees including overtime in 2013

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

Enter the number of hours worked in 2013 by all non-full-time employees including part-time, temporary, and seasonal

C. Total hours worked by all employees:

[Continue →](#)

Annual average hours worked per employee

3. Check any conditions that might have affected your annual average number of employees or total hours worked during 2013:

<input type="checkbox"/> Strike or lockout	<input type="checkbox"/> Shorter work schedules or fewer pay periods than usual
<input type="checkbox"/> Shutdown or layoff	<input type="checkbox"/> Longer work schedules or more pay periods than usual
<input type="checkbox"/> Seasonal work	<input checked="" type="checkbox"/> Nothing unusual happened to affect our employment or hours figures
<input type="checkbox"/> Natural disaster or adverse weather conditions	<input type="checkbox"/> Other reason: <input type="text"/>

4. Did you have ANY work-related injuries or illnesses during 2013?


Yes No

[Save & Continue →](#)

If you have questions or comments please complete and submit the [Help Request Form](#) | Version: 11.1
Please include your complete establishment ID (Ex: 01-123456789-1) listed on the front of your survey materials
URL: <https://idcdosh.psb.bls.gov/OSH/content/part1a.jsp>

Section 1: Error Messages

There were no major changes to Section 1 hard edit error messages.

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Survey of Occupational Injuries and Illnesses

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

Section 1. Establishment Information

Please correct the error(s) listed below:

- You must enter the Average Number of Employees
- You must enter the Total Hours Worked
- You must answer the last question to proceed

Establishment ID: **20-241245210-3**
[Add comments](#)

Update Establishment Location Information

Update	ACME Address Below	610 Main St Huckleberry, KS 25343 - 9663
------------------------	--------------------------	--

- Complete this survey only for the location(s) listed under 'Report for' on the front of your survey instruction sheet.
- If more than one establishment is listed under 'Report for' add up the numbers across all establishments and enter the total in the spaces below.
- Copy the information from your completed Calendar Year 2013 *Summary of Work Related Injuries and Illnesses (OSHA Form 300A)* into the spaces below.
- Use the *help links* for Items (1) and (2) if annual average number of employees and total hours worked are not available from your OSHA 300A.

1. Enter the annual average number of employees for 2013.
 [Help me calculate this](#)
2. Enter the total hours worked by all employees for 2013.
 [Help me calculate this](#)
| Annual average hours worked per employee
3. Check any conditions that might have affected your annual average number of employees or total hours worked during 2013:

<input type="checkbox"/> Strike or lockout	<input type="checkbox"/> Shorter work schedules or fewer pay periods than usual
<input type="checkbox"/> Shutdown or layoff	<input type="checkbox"/> Longer work schedules or more pay periods than usual
<input type="checkbox"/> Seasonal work	<input type="checkbox"/> Nothing unusual happened to affect our employment or hours figures
<input type="checkbox"/> Natural disaster or adverse weather conditions	<input type="checkbox"/> Other reason: <input type="text"/>
4. Did you have ANY work-related injuries or illnesses during 2013?
 Yes No

[Save & Continue](#) →

If you have questions or comments please complete and submit the [Help Request Form](#) | Version: 11.1
Please include your complete establishment ID (Ex: 01-123456789-1) listed on the front of your survey materials
URL: <https://idcdosh.psb.bls.gov/OSH/content/part1a.jsp>

Section 1: Inline Warning Message

The Section 1 inline warning is a new addition. It is triggered after the respondent enters a combination of employment and hours information that is unusually high or low and is displayed directly below question 2.

BUREAU OF LABOR STATISTICS
Survey of Occupational Injuries and Illnesses

Update Respondent Information | Help | Logout

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

Section 1. Establishment Information

Update Establishment Location Information Establishment ID: **20-241245210-3**
[Add comments](#)

Update	ACME Address Below	610 Main St Huckleberry, KS 25343 - 9663
------------------------	--------------------------	--

- Complete this survey only for the location(s) listed under 'Report for' on the front of your survey instruction sheet.
- If more than one establishment is listed under 'Report for' add up the numbers across all establishments and enter the total in the spaces below.
- Copy the information from your completed Calendar Year 2013 *Summary of Work Related Injuries and Illnesses (OSHA Form 300A)* into the spaces below.
- Use the *help links* for Items (1) and (2) if annual average number of employees and total hours worked are not available from your OSHA 300A.

1. Enter the annual average number of employees for 2013.
 [Help me calculate this](#)

2. Enter the total hours worked by all employees for 2013.
 [Help me calculate this](#)
8000 Annual average hours worked per employee

Warning: The hours and employment you entered indicates unusually large annual hours per employee of 8000 hours, or 160 per week. Based on the average workweek, an employee working 40 hours per week for 50 weeks a year will have 2000 annual hours. Please check your entries before continuing.

3. Check any conditions that might have affected your annual average number of employees or total hours worked during 2013:

<input type="checkbox"/> Strike or lockout	<input type="checkbox"/> Shorter work schedules or fewer pay periods than usual
<input type="checkbox"/> Shutdown or layoff	<input type="checkbox"/> Longer work schedules or more pay periods than usual
<input type="checkbox"/> Seasonal work	<input type="checkbox"/> Nothing unusual happened to affect our employment or hours figures
<input type="checkbox"/> Natural disaster or adverse weather conditions	<input type="checkbox"/> Other reason: <input type="text"/>

4. Did you have ANY work-related injuries or illnesses during 2013?
 Yes No
(NOTE: work-related injuries or illnesses were previously entered.)

[Save & Continue →](#)

If you have questions or comments please complete and submit the [Help Request Form](#) | Version: 11.1
Please include your complete establishment ID (Ex: 01-123456789-1) listed on the front of your survey materials
URL: <https://idcfdoshs.psb.bls.gov/OSH/content/part1a.jsp>

Section 2: Summary of Work-Related Injuries and Illnesses, 2013

Changes to Section 2 were only cosmetic.

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 Survey of Occupational Injuries and Illnesses

[Update Respondent Information](#) | [Help](#) | [Logout](#)

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

Section 2. Summary of Work-Related Injuries and Illnesses, 2013

Establishment ID: **20-241245210-3**
[Add comments](#)

Instructions

1. Refer to the OSHA *Forms for Recording Work-Related Injuries and Illnesses* (Forms 300 and 300A) for this location.
2. If any total is zero on your OSHA Form 300A, enter "0" in that total's space below.
3. 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).
4. When counting the days away from work or job transfer or restriction, do not include the day the injury or illness occurred.

Number of Cases

<u>Total number of deaths</u> <input style="width: 100%; height: 20px;" type="text"/> (G)	<u>Total number of cases with days away from work</u> <input style="width: 100%; height: 20px;" type="text"/> (H)	<u>Total number of cases with job transfer or restriction</u> <input style="width: 100%; height: 20px;" type="text"/> (I)	<u>Total number of other recordable cases</u> <input style="width: 100%; height: 20px;" type="text"/> (J)
---	---	---	---

Number of Days

<u>Total number of days away from work</u> <input style="width: 100%; height: 20px;" type="text"/> (K)	<u>Total number of days of job transfer or restriction</u> <input style="width: 100%; height: 20px;" type="text"/> (L)
--	--

Injury and Illness Types

Total number of... (M)	
1. Injuries <input style="width: 100%; height: 20px;" type="text"/>	4. Poisonings <input style="width: 100%; height: 20px;" type="text"/>
2. Skin disorders <input style="width: 100%; height: 20px;" type="text"/>	5. Hearing loss <input style="width: 100%; height: 20px;" type="text"/>
3. Respiratory conditions <input style="width: 100%; height: 20px;" type="text"/>	6. All other illnesses <input style="width: 100%; height: 20px;" type="text"/>

Save & Continue →

If you have questions or comments please complete and submit the [Help Request Form](#) | Version: 11.1
 Please include your complete establishment ID (Ex: 01-123456789-1) listed on the front of your survey materials
 URL: <https://idcfdossh.psb.bls.gov/OSH/content/part1b.jsp>

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

Unlike in previous years, the cases table is pre-loaded with empty case rows based on the respondent's responses in Section 2 to visually prompt respondents to enter case details.

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1
Establishment Information
(Section 1)

2
Injuries and Illnesses
(Section 2)

3
Cases
(Section 3)

4
Data Review
(Section 4)

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

Establishment ID: **20-241245210-3**

In Section 2 you reported:

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

Enter data for cases with days away from work, job transfer, or restriction in the table below.

Employee's Name	Job Title	Date of Injury	Days	
			Away from Work	of Restriction
Enter Case 1				
Enter Case 2				

If you have questions or comments please complete and submit the [Help Request Form](#) | Version: 11.1
 Please include your complete establishment ID (Ex: 01-123456789-1) listed on the front of your survey materials
 URL: https://idcfdossh.psb.bls.gov/OSH/content/cases_summary.jsp

Enter Case Details (1 of 3)

Changes to the case details page were primarily cosmetic.

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

To complete the information below, you will need: Establishment ID: **20-241245210-3**

- Your completed copy of your OSHA Form 300 for 2013.
- 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 2013 work-related injury or illness **ONLY** if it resulted in days away from work or job transfer or restriction.

Employee's name (column B)

Job title (column C)

[Date of injury or onset of illness](#) (column D) MM DD YYYY

[Number of days away from work](#) (column K)

[Number of days of job transfer or restriction](#) (column L)

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

<input checked="" type="checkbox"/> Office, professional, business, or management staff	<input type="checkbox"/> Repair, installation or service of machines, equipment
<input type="checkbox"/> Healthcare	<input type="checkbox"/> Cleaning, maintenance of building, grounds
<input type="checkbox"/> Sales	<input type="checkbox"/> Construction
<input type="checkbox"/> Delivery or driving	<input type="checkbox"/> Material handling (e.g. stocking, loading/unloading, moving, etc.)
<input type="checkbox"/> Product assembly, product manufacture	<input type="checkbox"/> Farming
<input type="checkbox"/> Food Service	<input type="checkbox"/> Other: <input type="text"/>

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: MM DD YYYY

4. Employee's date hired: MM DD YYYY

OR

Select 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

Enter Case Details (2 of 2)

5. Employee's gender:

Male

Female

6. Was employee treated in an emergency room?

Yes

No

7. Was employee hospitalized overnight as an in-patient?

Yes

No

8. Time employee began work: :

9. Time of event: : OR Check if time cannot be determined

Event occurred (optional): Before During After work shift

10. 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)

11. 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)


12. 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)

13. 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)

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

Enter Case Details Error Messages

There were no major changes to the case details error messages.

 **BUREAU OF LABOR STATISTICS**
Survey of Occupational Injuries and Illnesses

Update Respondent Information | Help | Logout

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

Please correct the error(s) listed below:

- You must enter the Employee's Name
- You must enter the Job Title
- You must enter the Date of Injury or Onset of Illness
- You must enter the Number of Days Away from Work and/or Job Transfer or Restriction

To complete the information below, you will need: Establishment ID: **20-241245210-3**

- Your completed copy of your OSHA Form 300 for 2013.
- 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 2013 work-related injury or illness ONLY if it resulted in days away from work or job transfer or restriction.

Employee's name (column B)

Job title (column C)

Date of injury or onset of illness (column D) MM DD YYYY

Number of days away from work (column K)

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


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

<input type="checkbox"/> Office, professional, business, or management staff	<input type="checkbox"/> Repair, installation or service of machines, equipment
<input type="checkbox"/> Healthcare	<input type="checkbox"/> Cleaning, maintenance of building, grounds
<input type="checkbox"/> Sales	<input type="checkbox"/> Construction
<input type="checkbox"/> Delivery or driving	<input type="checkbox"/> Material handling (e.g. stocking, loading/unloading, moving, etc.)
<input type="checkbox"/> Product assembly, product manufacture	<input type="checkbox"/> Farming
<input type="checkbox"/> Food Service	<input type="checkbox"/> Other: <input type="text"/>

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

Section 3: With one added case and one unadded case

**BUREAU OF LABOR STATISTICS**
Survey of Occupational Injuries and Illnesses

[Update Respondent Information](#) | [Help](#) | [Logout](#)

1

Establishment Information
(Section 1)

2

Injuries and Illnesses
(Section 2)

3

Cases
(Section 3)

4

Data Review
(Section 4)

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

Establishment ID: **20-241245210-3**

In Section 2 you reported:

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


Enter data for cases with days away from work, job transfer, or restriction in the table below.

	Employee's Name	Job Title	Date of Injury	Days		
				Away from Work	of Restriction	
Edit	John Doe	Nurse	03/03/2013	3	1	Delete
Enter Case 2						
Enter Additional Case						
Continue →						

If you have questions or comments please complete and submit the [Help Request Form](#) | Version: 11.1
Please include your complete establishment ID (Ex: 01-123456789-1) listed on the front of your survey materials
URL: https://idcfdosdosh.osb.bls.gov/OSH/content/cases_summary.iso

Section 4: Review (1 of 2)

Changes to the Review page were primarily cosmetic. The print button was moved to the following page to prevent respondents from thinking they had finished the survey before they had clicked the "Submit" button. Respondents now receive a confirmation email when they submit the survey.

 **BUREAU OF LABOR STATISTICS**
Survey of Occupational Injuries and Illnesses

Help | Logout

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

Review your data

Use the above navigation buttons to return to a section to correct an entry.
Establishment ID: 20-241245210-3

Section 1 - Establishment Information

Employment information
Annual average number of employees: 2
Total hours worked by all employees last year: 16000

Section 2 - Summary of Work-Related Injuries and Illnesses

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

Establishment Comments - Section 1 & Section 2

- No comments to report.

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

Case 1

Employee Name: **John Doe**
Job Title: **Nurse**
Date of Injury or onset of illness: **03/03/2013**

Section 4: Review (2 of 2)

- No comments to report.

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

Case 1

Employee Name: **John Doe**
Job Title: **Nurse**
Date of Injury or onset of illness: **03/03/2013**
Number of days away from work: **3**
Number of days of job transfer or restriction: **1**
1. Type of Job or Work:
2. Employee's race or ethnic background:
3. Employee's age:
Employee's date of birth:
4. Employee's date hired:
Employee's length of service when incident occurred:
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:

Case 2

Employee Name: **Jane Doe**
Job Title: **Doctor**
Date of Injury or onset of illness: **06/03/2013**
Number of days away from work: **5**
Number of days of job transfer or restriction: **34**
1. Type of Job or Work:
2. Employee's race or ethnic background:
3. Employee's age:
Employee's date of birth:
4. Employee's date hired:
Employee's length of service when incident occurred:
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:

Click the Submit button to send your data to BLS.

Submit

If you have questions or comments please complete and submit the [Help Request Form](#) | Version: 11.1
Please include your complete establishment ID (Ex: 01-123456789-1) listed on the front of your survey materials
URL: https://idcdosh.psb.bls.gov/OSH/content/summary_review.jsp

Confirmation

Changes to the Confirmation page were primarily cosmetic. The “Print Submission” button now appears on this page, instead of the previous page.

The screenshot shows a web page with a blue header containing the Bureau of Labor Statistics logo and the text "BUREAU OF LABOR STATISTICS Survey of Occupational Injuries and Illnesses". A red bar below the header contains "Help" and "Logout" links. The main content area has a "Thank you for Reporting!" heading. Below this, it displays the Establishment ID: 20-241245210-3. A message states: "Your data were received by BLS on 11/14/2013 at 05:16 PM EST. You will receive a confirmation e-mail at the address you used to register this account. Keep a copy of the confirmation for your records." Another message says: "If you are included in the 2014 survey, the survey materials will be mailed to you in early January 2015." A "Print Submission" button is located below the messages. On the right side, there are three links: "Enter data for another establishment", "Return to IDCF Home Page", and "Return to SOII Home Page". At the bottom, a footer contains the text: "If you have questions or comments please complete and submit the Help Request Form | Version: 11.1 Please include your complete establishment ID (Ex: 01-123456789-1) listed on the front of your survey materials URL: https://idcfdosh.osb.bls.gov/OSH/content/thankyou.iso".

BUREAU OF LABOR STATISTICS
Survey of Occupational Injuries and Illnesses

Help | Logout

Thank you for Reporting!

Establishment ID: **20-241245210-3**

Your data were received by BLS on 11/14/2013 at 05:16 PM EST. You will receive a confirmation e-mail at the address you used to register this account. Keep a copy of the confirmation for your records.

If you are included in the 2014 survey, the survey materials will be mailed to you in early January 2015.

[Print Submission](#)

[Enter data for another establishment](#)

[Return to IDCF Home Page](#)

[Return to SOII Home Page](#)

If you have questions or comments please complete and submit the [Help Request Form](#) | Version: 11.1
Please include your complete establishment ID (Ex: 01-123456789-1) listed on the front of your survey materials
URL: <https://idcfdosh.osb.bls.gov/OSH/content/thankyou.iso>

Help Request Form (1 of 2)

Previously the bottom of each page contained an email address for requesting assistance. Now it contains a link to a help form. This allows us to automatically route the help request to the appropriate party and gives us information about the page and the establishment the respondent was having trouble with. The 2 required fields, email address and phone number, are pre-populated with the information the respondent provided during the registration process.


The screenshot shows a web browser window displaying the Bureau of Labor Statistics (BLS) Help Request Form. The page header includes the BLS logo and the text "BUREAU OF LABOR STATISTICS Survey of Occupational Injuries and Illnesses". A "Help | Logout" link is visible in the top right corner. The form itself is titled "Help Request Form" and contains the following elements:

- A header bar with the BLS logo and text: "BUREAU OF LABOR STATISTICS Survey of Occupational Injuries and Illnesses".
- A sub-header: "Help Request Form".
- Instructions: "Please complete the form below and click on the 'Submit' button. You will be contacted by a SOII help desk representative. (*Required Field)".
- Form fields:
 - *Email Address: A text input field containing "measure_a@bls.gov". A tooltip labeled "Email Address" is visible over the field.
 - *Phone Number: A form with three input boxes containing "202", "691", and "6185", separated by a closing parenthesis ")" and a hyphen "-".
- Question type selection:

What is your question?

 - Which location should I report for?
 - How do I calculate hours or employment?
 - How do I report injuries or illnesses?
 - Other
- Additional Information: A text input field.

Help Request Form (2 of 2)



BUREAU OF LABOR STATISTICS
Survey of Occupational Injuries and Illnesses

[Help](#) | [Logout](#)

*Email Address:

*Phone Number: () -

What is your question?

Which location should I report for?

How do I calculate hours or employment?

How do I report injuries or illnesses?

Other

Additional Information:

If you have questions or comments please complete and submit the [Help Request Form](#) | Version: 11.1
Please include your complete establishment ID (Ex: 01-123456789-1) listed on the front of your survey materials
URL: <https://idcdosh.psb.bls.gov/OSH/content/thankyou.jsp>