

**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 2014**. In preparation for this survey, to be conducted in 2014, you are being asked to keep Occupational Safety and Health Administration injury and illness records throughout 2014. 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.

In order to obtain complete and accurate information about the safety record of America's workplaces, our survey must include a sample of all establishments, regardless of size and industry. Some establishments that are normally exempt from keeping Occupational Safety and Health Administration (OSHA) records are included in the survey and must keep records for the survey year.

**Please refer to the enclosed document** "Notice of Recordkeeping Requirements for the 2014 Survey of Occupational Injuries and Illnesses." This document outlines your recordkeeping responsibilities. OSHA forms have been enclosed for your convenience. For 2014, your establishment will be asked to 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). This information should be reported on the SOII in January 2015.

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 horizontal line.

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