

U.S. Department of Labor

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



Dear Employer:

As the manager of a state or local government organization, you are requested to participate in the 2014 Survey of Occupational Injuries and Illnesses. The Occupational Safety and Health Act includes language that requires the Secretary of Labor to “develop and maintain an effective program of collection, compilation, and analysis of occupational safety and health statistics.” The Survey of Occupational Injuries and Illnesses, conducted by the Bureau of Labor Statistics, is part of this data collection program, and is approved under OMB No. 1220-0045.

In preparation for this survey, during 2014, you are asked to record any work-related injuries and illnesses that occur in your workplace. The attached document outlines important recordkeeping information about the survey. In early 2015, you will receive instructions for completing the survey. While your participation is voluntary, it is important in providing information that will help protect workers. Without the cooperation of organizations like yours, we would not be able to produce National estimates of workplace injuries and illnesses for state and local governments.

The Bureau of Labor Statistics, its employees, agents, and partner statistical agencies will use the information you record this year and provide next year 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 survey responses will not be disclosed in any identifiable form without your consent.

Please take the time to read the enclosed materials and then record any work-related injuries and illnesses that occur in your workplace during 2014. The information you will be asked to provide early next year is important to reducing work-related injuries and illnesses.

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