

U.S. Department of Labor

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



**NOTICE OF NONCOMPLIANCE with Public Law 91-596**

Dear Employer:

In January of this year, the Bureau of Labor Statistics (BLS) mailed you a 2013 survey package requiring your company's participation in the Survey of Occupational Injuries and Illnesses. **Public Law 91-596 mandates your participation in this survey.**

The entire report should have been completed and returned within 30 days. As of the mailing of this letter, our records show your data have not been received and are delinquent. We are reminding you that this is a mandatory survey, which must be completed **whether or not** any of your employees sustained work-related injuries or illnesses during the 2013 calendar year.

To make survey completion as easy as possible, we are providing three convenient ways to submit your survey: through our online webpage, by fillable form through email, 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, that 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.

Your report is very important to us. It provides us the information we need to produce reliable statistics of the number and rate of injuries and illnesses in various industry categories and in turn allows establishments to compare their own injury and illness record with the average for their particular industry. These statistics will impact government policy and allow safety and health professionals to make informed decisions about workplace safety throughout the United States.

Sincerely,

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

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