

## Prenote Email Voluntary

**From:** soii-returns@bls.gov

**To:** *[Respondent Email]*

**Subject:** Notice of *[Survey Year]* Survey of Occupational Injuries and Illnesses

Dear *[Respondent Name]*,

Welcome to the *[Survey Year]* Survey of Occupational Injuries and Illnesses.

### Why am I receiving this email?

The establishment(s) listed in the PDF attachment were selected to participate in the *[Survey Year]* survey.

### How do I open the attached PDF?

The PDF attachment is password protected to keep your information secure. You will receive a second email with the password shortly.

### What am I expected to do?

1. Keep records of all Occupational Safety and Health Administration (OSHA) recordable work-related injuries and illnesses that occurred at the establishment(s) included in the PDF throughout calendar year *[Survey Year]*.
2. Use separate forms for each establishment. OSHA forms are available here: <http://www.bls.gov/respondents/iif/forms/oshiforms.pdf>
3. In addition, please record the race and ethnicity of your injured or ill workers.

At the beginning of *[Survey Year + 1]*, we will send you instructions on how to submit this information to us.

### Why should I participate?

Without the cooperation of organizations like yours, there would not be national estimates of workplace injuries and illnesses for state and local governments. Your efforts will allow policy officials and public health professionals to improve the safety of America's workers. Your participation is greatly appreciated.

Additional information regarding this survey, including state-specific contact telephone numbers, can be found at: [www.bls.gov/respondents/iif](http://www.bls.gov/respondents/iif).

Thank you,

U.S. Department of Labor  
Bureau of Labor Statistics

This voluntary survey, which is conducted by the Bureau of Labor Statistics in cooperation with state agencies, is approved under OMB No. 1220-0045.

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.

The Bureau of Labor Statistics (BLS) is committed to the responsible treatment of confidential information and takes rigorous security measures to protect confidential information in its possession. This email contains confidential information. If you believe you are not the intended recipient of this message, please notify the sender and delete this email without disclosing, copying, or further disseminating its contents.

## Attachment content

Establishment(s) in the [survey year] Survey of Occupational Injuries and Illnesses:

	<b>Establishment ID</b>	<b>Company Address</b>	<b>Report for:</b>	<b>NAICS</b>	<b>For help call:</b>
<b>1</b>	<b>37-565989865-2017</b>	Company B ATTN: HR Manager 66 King St Alexandria, VA 22301	Warehousing at 123 Linden St, Chapel, NC 34301	112511 - Finfish farm & fish hatcheries	NC Dept of Labor and industry 841-555-5555
<b>2</b>	<b>32-888989862-2017</b>	Company B ATTN: HR Manager 66 King St Alexandria, VA 22301	Corporate headquarters	551114 - Managing Offices	VA Dept of Labor and industry 757-555-5555