


Login Screen:

 **BUREAU OF LABOR STATISTICS**
Internet Data Collection Facility

ADA Statement | Privacy Policy

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: 10.1.1

Register new account:

Step 1 of 4: Check Email Address

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

* Email:

* Confirm Email:

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:

Zip Ext



* Telephone:

Ext



Fax:

Continue

Step 3 of 4: Create a Permanent Password

The temporary password is no longer valid, please create a new password.

Password:

Confirm Password:

Continue

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

Step 4 of 4: Confirmation Notice

Thank you for completing your registration.

Your permanent IDCF User ID appears below.

302123456789

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" button to report your data.

Please do not click on the "Back" button, your registration process has been completed.

Continue

Select Survey:

Welcome to the Internet Data Collection Facility

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

Select Survey

Update Respondent Info

Change Password

Respondent Information

Update

fake
shepherd.kenneth123456@bls.gov
217-549-6106

fake
fake
fake IL 61920

Please select a survey:

Survey of Occupational Injuries and Illnesses

Continue

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: 10.1.1

Dear Employer:

(New Cyber Security language is included at the end of the second to last paragraph)

Dear Employer,

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

Forms you will need:

1. The SOII instructions that were sent to you.
2. OSHA forms ([Form 300, 300A, and 301](#)) in *Forms for Recording Work-Related Injuries and Illnesses*.
 - 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 recordkeeping 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 under the *'Report for'* heading in the notification(s) we sent you earlier this year.
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 in the survey instructions under *'For Help Call:'* For website technical help only, click 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. Per the Cybersecurity Enhancement Act of 2015, Federal information systems are protected from malicious activities through cybersecurity screening of transmitted data.

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

Email opt-in page:

Contact Preference

If your establishment(s) is selected for a **future** Survey of Occupational Injuries and Illnesses, how would you like to be notified?

Email

We will email instructions to the following email address for completing the Survey of Occupational Injuries and Illnesses.

shepherd.kenneth123456@bls.gov

Postal Mail

We will mail instructions via U.S. Postal Service to your establishment(s) for completing the Survey of Occupational Injuries and Illnesses.

[Continue →](#)

Select/Add establishment(s) page:

Make sure the Establishment ID(s) on the mailing form or email attachment 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	Notification Preference	Status	
Select	2018	01- 123456789 -7	Ken's fake estab	Address Below	Postal Mail	Incomplete	Remove

Section 1:



Section 1. Establishment Information

Update Establishment Location Information

Establishment ID: **01-123456789 -7**
[Add comments](#)

Update	Ken's fake estab Address Below	Fake address Atlantis, AL 36446
Notification Preference : Postal Mail		

- Complete this survey only for the location(s) listed under 'Report for' in your survey notification.
- Copy the information from your completed Calendar Year 2018 *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 2018.

[Help me calculate this](#)

2. Enter the total hours worked by all employees for 2018.

[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 2018:

- | | |
|---|---|
| <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 2018?](#)

- Yes
 No

[Save & Continue →](#)

Section 2:



Section 2. Summary of Work-Related Injuries and Illnesses, 2018

Establishment ID: **01-123456789 -7**
[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			
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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(G)	(H)	(I)	(J)

Number of Days	
Total number of days away from work	Total number of days of job transfer or restriction
<input type="text"/>	<input type="text"/>
(K)	(L)

Injury and Illness Types			
Total number of... (M)			
1. Injuries	<input type="text"/>	4. Poisonings	<input type="text"/>
2. Skin disorders	<input type="text"/>	5. Hearing loss	<input type="text"/>
3. Respiratory conditions	<input type="text"/>	6. All other illnesses	<input type="text"/>

Save & Continue →

Section 3:



Section 3. Cases with Days Away from Work

In Section 2 you reported:

Establishment ID: **01-123456789 -7**

1 case(s) with days away from work (Column H)

Enter data for cases with days away from work in the table below.

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

Enter Additional Case

Continue →

Case details:

Enter Information about a Case with Days Away from Work

To complete the information below, you will need:

Establishment ID: **01-123456789 -7**

- Your completed copy of your OSHA Form 300 for 2018.
- 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 2018 work-related injury or illness **ONLY** if it resulted in days away from work.

Employee's name (column B)	<input type="text"/>
Job title (column C)	<input type="text"/>
Date of injury or onset of illness (column D)	MM <input type="text"/> DD <input type="text"/> YYYY <input type="text"/>
Number of days away from work (column K)	<input type="text"/>
Number of days of job transfer or restriction (column L)	<input type="text"/>

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
 White
 Not available

3. Employee's age:

OR

Date of Birth: 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
- 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: hh mm

9. Time of event: hh mm

OR

Check if time cannot be determined

Event occurred:

- 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 1500 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 1500 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 1500 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 1500 characters)

14. Case Comments:

Enter additional case information here (optional).

Save & Continue →

Section 4: Data Review



Review your data

You can click on the buttons above to return to a section to correct an entry.

Section 1. Establishment Information

Establishment ID: 01-123456789 -7

Establishment Address

Ken's fake estab
Fake address
Atlantis, AL 36446

Employment Information

- Annual average number of employees: 10
- Total hours worked by all employees last year: 20000

Conditions that might have affected your annual average number of employees or total hours worked during 2018:

- Strike or lockout
- Shorter work schedules or fewer pay periods than usual
- Shutdown or layoff
- Longer work schedules or more pay periods than usual
- Seasonal work
- Nothing unusual happened to affect our employment or hours figures
- Natural disaster or adverse weather conditions
- Other reason:

Section 2. Summary of Work-Related Injuries and Illnesses, 2018

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	1	1	1
(G)	(H)	(I)	(J)
Number of Days			
Total number of days away from work	Total number of days of job transfer or restriction		
25	25		
(K)	(L)		
Injury and Illness Types			
Total number of... (M)	(1) Injuries	(4) Poisonings	(6) All other illnesses
	1	0	0
	(2) Skin disorders	(5) Hearing loss	
	1	0	
	(3) Respiratory conditions		
	1		

Establishment Comments - Section 1 & Section 2

- No comments to report.

Section 3. Cases with Days Away from Work

Case 1

Employee Name: **santa**
 Job Title: **mall santa**
 Date of Injury or onset of illness: **02/03/2018**
 Number of days away from work: **25**
 Number of days of job transfer or restriction: **0**

- Type of Job or Work: **Office, professional, business, or management staff**
- Employee's race or ethnic background:
 - **Native Hawaiian or Other Pacific Islander**
- Employee's age: **25**
- Employee's date of birth:
- Employee's date hired:
 - Length of service: **More than 5 years**
- Employee's gender: **Male**
- Treated in emergency room? **Yes**
- Hospitalized overnight as in-patient **Yes**
- Time employee began work: **8:06 AM**
- Time of event: **9:12 AM**
- Event Occurred: **During** work shift
- What was the employee doing before the incident?
counseling children
- What happened?
sustained sitting
- What was the injury or illness?
- What object or substance directly harmed the employee?
NA

Case Comments:

Click the Submit button to send your data to BLS.

[Submit](#)

Section 4a: Additional Establishment Information

This is the section proposed to collect the OSHA ITA establishment number from respondents. It is displayed as a pop-up and shown only to respondents that are covered by the OSHA rule. Question 2 is dynamic based on the response to question 1. Question 2 will include a soft error message if the respondent enters a digit less than 5 digits: **“The OSHA ID number is typically 6 numbers long”**

Section 4a. Additional Establishment Information

Establishment Location Information Establishment ID: 01-123456789 - 7
[Add comments](#)

Ken's fake estab Address Below	Fake address Atlantis, AL 36446
-----------------------------------	------------------------------------

Thank you for submitting your Survey of Occupational Injuries and Illnesses. In 2018, the Occupational Safety and Health Administration (OSHA) required some establishments to report injury and illnesses information electronically via the .

The Bureau of Labor Statistics and OSHA are exploring how we can work together to reduce your reporting burden. Please answer these optional question(s) below.

Has the establishment shown above submitted injury and illness information electronically to OSHA?

Yes
No
Don't know

(shown only if Q1 = yes): What ID number did OSHA assign to the establishment? This number was provided on a confirmation email.

_____(numbers only)
Don't know

Click continue to print your survey submission.

There is information provided to respondents in hover over text (by placing the cursor over the blue question mark) in question 2:

OSHA sends an email after receiving data in the Injury Tracking Application. The email contains the 6 digit ID, and looks like this:

From:	DoNotReply@osha.gov on behalf of Occupational Safety and Health Administration <DoNotReply@osha.gov>	
Sent:	Thursday, February 01, 2018 11:26 AM	
To:	Establishment Name	
Subject:	OSHA Injury and Illness Report: Successful Submission(s)	

On February 1, 2018 at 11:26 am you **successfully submitted** data for the following 1 establishment(s) in the injury tracking application.

ID	Name	Address
123456	Establishment Name	Establishment Address City, State, Zip

If you have any questions, you can contact OSHA using the Support Webform.

Thank you,

ITA Team

Confirmation of Submission:

Thank you for Reporting!

Establishment ID: **01-123456789 -7**

Your data were received by BLS on 09/10/2018 at 12:40 PM EDT.

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 questions arise during review of the data, a Bureau of Labor Statistics representative may contact you for clarification.

If you are included in the 2019 survey, the survey materials will be sent to you in January 2020.

[Enter data for another establishment](#)

[Return to SOII Home Page](#)

[Return to IDCF Home Page](#)

Print Submission

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

Version: 12.1.1