

Data Collection Email body

From: soii-returns@bls.gov
To: *[Respondent Email]*
Subject: *[Mandatory]* *[Survey Year]* Survey of Occupational Injuries and Illnesses Notice

Dear *[Respondent Name]*,

As you were notified in December *[Year]*, the establishment(s) listed in the attached PDF was (were) selected to participate in the *[Survey Year]* Survey of Occupational Injuries and Illnesses.

[Under Public Law 91-596, all establishments that receive this survey must complete and return it, even if they had no work-related injuries and illnesses during [Survey Year].]

Your participation in our survey is essential for understanding the nature and frequency of work-related injuries and illnesses in your industry.

What am I expected to do?

Within 30 days, complete the survey for each establishment identified in the attached file. To do so:

1. Open the attachment using the password sent to you in a separate email
2. Select a single User ID from the file
3. Go to <https://idcf.bls.gov> and use the User ID that you selected and corresponding temporary password to register your account
4. Select "Survey of Occupational Injuries and Illnesses" and follow the onscreen instructions
5. If you have more than one establishment in the *[survey year]* survey, add the other establishment(s) to your account on the "Add Establishments" page. If you have trouble adding an establishment, please email osh.helpdesk@bls.gov.

Note: You, or others in your company, may receive additional notifications instructing you to report for other establishments. Please register only one email address and use the "Add Establishments" page to link the other establishments to that account.

More information about this survey, including state-specific contact telephone numbers, can be found at: www.bls.gov/respondents/iif.

Thank you,
U.S. Department of Labor
Bureau of Labor Statistics

This survey, which 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.

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 Federal Cybersecurity Enhancement Act of 2015, Federal information systems are protected from malicious activities through cybersecurity screening of transmitted data.

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

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

	User ID	Temporary Password	Address	Report for:	NAICS	For help call:	Establishment ID
1	302112211111	aNsU5555	Company A Attn: Human Resources 55 King St Alexandria, VA 22301	Warehousing at 123 Linden St, Chapel, NC	493110- Private Warehousing and storage, gen merch	NC State labor Dept 841-555-5555	37-112211111-8
2	302112212222	aNsU6666	Company A Attn: Human Resources 55 King St Alexandria, VA 22301	Corporate headquarters	551114- Corporate, Subsidiary, and Regional Managing offices	VA Dept of Labor 757-555-5555	54-112212222-6
3	302112212556	aNsU7788	Company A Attn: Human Resources 55 King St Alexandria, VA 22301	Sales, Richmond, VA	551114- Corporate, Subsidiary, and Regional Managing offices	VA Dept of Labor 757-555-5555	54-112212556-5