

DISTRICT OF COLUMBIA DEPARTMENT OF LABOR  
STATE SECONDARY NAME  
STREET ADDRESS  
MONTGOMERY, AL 36130-3500

U.S. Department of Labor  
Bureau of Labor Statistics



**For Help**

**Call:** 334-242-3462 ext. 9999  
334-242-3463 ext. 9999  
334-242-3463 ext. 9999  
334-242-3463 ext. 9999  
**Fax:** 334-242-3333

**2020 Establishment ID:** 01-203479880-2020

**Report for:**

The Unit Description goes here

**NAICS:** 512110 - Motion Picture and Video Production

12345 50

PRIMARY COMPANY NAME  
{SECONDARY COMPANY NAME}  
ADDRESS LINE 1  
ADDRESS LINE 2  
CITY, STATE ZIP-PLUS+4



**DATED MATERIAL**  
**U.S. GOVERNMENT DOCUMENTS ENCLOSED**

## Notice of Recordkeeping Requirements for the 2020 Survey of Occupational Injuries and Illnesses

**YOUR PARTICIPATION KEEPS AMERICA'S WORKPLACES SAFER.**

### What should you do now?

- ◆ Keep a record of all recordable work-related injuries and illnesses that occur between January 1 and December 31, 2020, for the establishment(s) identified above.

### When will you receive the Survey?

- ◆ **In January 2021**, you will receive the Survey of Occupational Injuries and Illnesses (SOII). Use the records you have kept throughout the year to complete the Survey.

### What if you have questions?

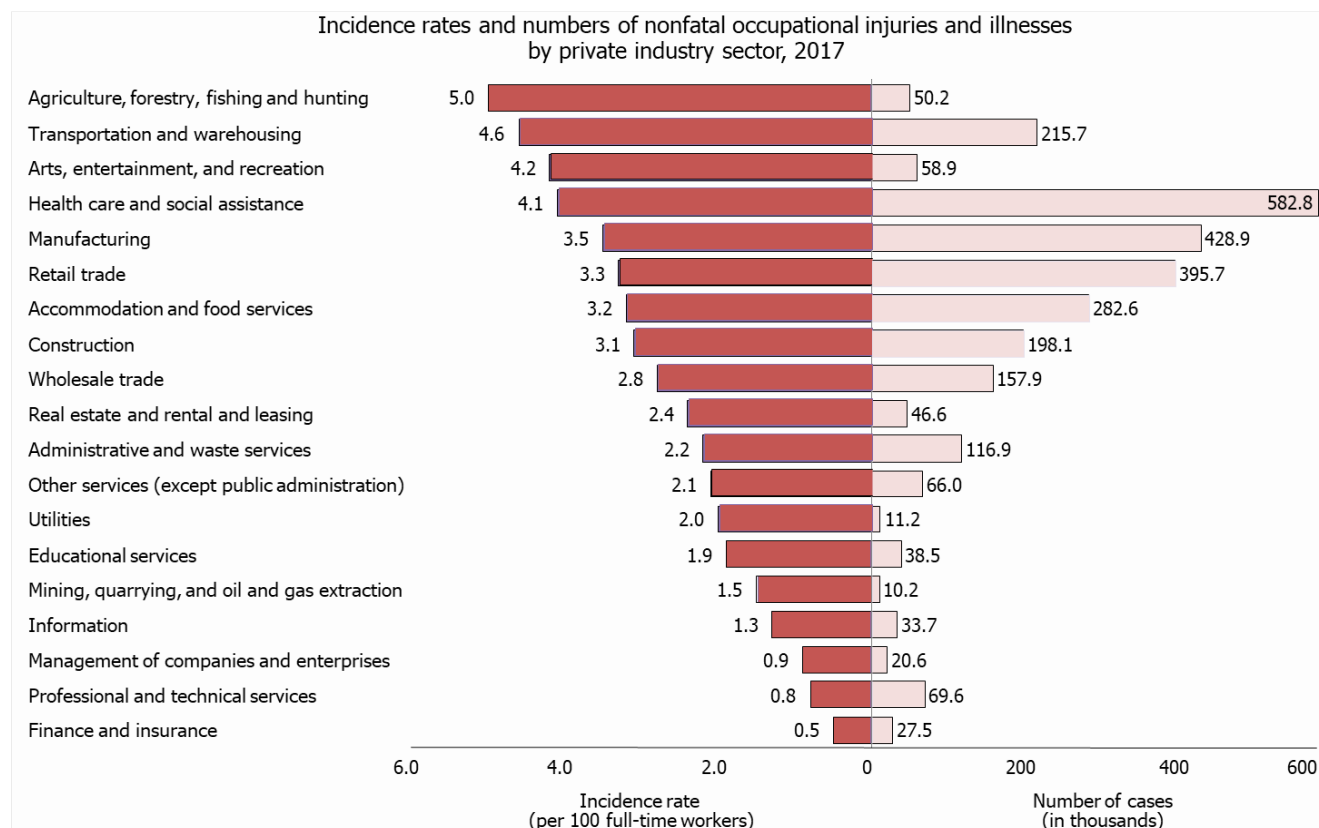
- ◆ Visit our respondents' page at [www.bls.gov/respondents/iif](http://www.bls.gov/respondents/iif) for more information about the Survey of Occupational Injuries and Illnesses and your recordkeeping requirements.
- ◆ Contact us at the phone number(s) listed above for help clarifying the establishment(s) for which you should keep records.

## Overview of Your Recordkeeping Requirements

- ◆ You must maintain the information required for all recordable work-related injuries and illnesses that occur during calendar year 2020 for the establishment(s) identified on the front.
- ◆ The enclosed OSHA *Forms for Recording Work-Related Injuries and Illnesses* provide instructions for filling out the *Log of Work-Related Injuries and Illnesses* (OSHA Form 300) and the *Injury and Illness Incident Report* (OSHA Form 301). In addition, this survey will ask for optional race and/or ethnicity information that is not included on the OSHA forms.
- ◆ At the end of 2019, complete the enclosed *Summary of Work-Related Injuries and Illnesses* (OSHA Form 300A) even if you had **NO** work-related injuries or illnesses.
- ◆ **In January 2021**, you will be sent instructions for completing the Survey of Occupational Injuries and Illnesses.
- ◆ If you have any questions about your record-keeping requirements for this survey, or if you need help, **call the phone number(s) on the front of this form.**

## How Your Injury and Illness Data Are Used

Your data are important for making American workplaces safer. Data you report are aggregated with data from other establishments and used to identify injury and illness patterns among industries and occupations. For more information about injury and illness statistics, please visit our website at [www.bls.gov/iif](http://www.bls.gov/iif).



Source: U.S. Bureau of Labor Statistics, U.S. Department of Labor, November 2018