

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

**2020 Establishment ID:** 01-203479880-1

**Report for:**

The Unit Description goes here

**User ID:** 302203479880

**Temporary Password:** AnsU5155

**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



**MANDATORY REPORT – DATED MATERIAL  
 U.S. GOVERNMENT DOCUMENTS ENCLOSED**

## Instructions for Completing the 2020 Survey of Occupational Injuries and Illnesses

**YOUR RESPONSE IS REQUIRED BY LAW WITHIN 30 DAYS**

### Report Your Data at: <https://idcf.bls.gov>

- ◆ Use the User ID and Temporary Password above when logging in for 2020. Credentials are reset every year.
- ◆ Check the User IDs and Establishment IDs if you receive multiple forms; you may have to report data for more than one establishment.
- ◆ Some establishments must also submit data to the Occupational Safety and Health Administration (OSHA). Completing this Bureau of Labor Statistics (BLS) survey does not fulfill the OSHA reporting requirement.
- ◆ If you have submitted data to OSHA for this establishment, you may be able to use that information to complete this survey. More information is available at: <https://www.bls.gov/respondents/iif/faqs.htm#OSHA> reporting
- ◆ Contact us using the telephone number(s) listed above for questions about this survey.

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, Office of Safety, Health, and Working Conditions (1220-0045), 2 Massachusetts Avenue, N.E., Washington, DC 20212. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. **DO NOT SEND THE COMPLETED FORM TO THIS ADDRESS.**

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 (44 U.S.C. 3572) 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.

BLS-9300-IDCF

**Under Public Law 91-596, all establishments that receive this survey must complete and return it within 30 days, even if they had no work-related injuries and illnesses during 2020.**

In December 2019, you were notified to participate in the BLS 2020 Survey of Occupational Injuries and Illnesses (SOII) and asked to maintain records of workplace injuries and illnesses throughout 2020.

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### Forms to help you complete the survey

- ◆ OSHA’s Form 300 - Log of Work-Related Injuries and Illnesses; includes all injuries and illnesses for the year
- ◆ OSHA’s Form 300A - Summary of Work-Related Injuries and Illnesses; includes average employment and total hours worked
- ◆ OSHA’s Form 301 - Injury and Illness Incident Report; includes detailed injury and illness data

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, 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.*

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### How to Use the BLS Internet Data Collection Facility

Before reporting your data, you must register online with the BLS even if you have done so in previous years or for other BLS surveys. **Please ensure that the individual registering this account will be the person entering data for the Survey of Occupational Injuries and Illnesses.**

1. Type <https://idcf.bls.gov> directly into your Internet browser. The “s” in “https” is required.
2. Enter the 12-digit User ID in the field labeled “User ID” and the Temporary Password in the field labeled “Password”. Click *I Accept*.

The image shows a registration form from the U.S. Department of Labor, Bureau of Labor Statistics (BLS). The form includes the following fields and values:

- For Help:** Call: 555-555-5555, 555-555-5555; Fax: 555-555-5555
- User ID:** 302203479880
- Temporary Password:** AnsU5155
- NAICS:** 512110 - Motion Picture and Video Production

Annotations with red boxes and arrows point to the User ID, Temporary Password, and NAICS fields, with the following text:

- A red box containing the text "You will need your User ID and temporary password if you report using the Internet." has arrows pointing to the User ID and Temporary Password fields.
- A red box containing the text "Your NAICS" has an arrow pointing to the NAICS field.

3. Complete the “Check Email Address”, “Enter New User Information” and “Create a Permanent Password” pages.
4. Click *Continue* on the “Confirmation Notice” page.
5. Report your data and click *Submit* when you are finished. Print a copy of the completed survey for your records.
6. You may log onto the website using your User ID number and permanent password at any time to make corrections to your data.

You can report for additional establishment IDs by logging into the survey again, clicking the *Continue* button on the “Dear Employer” page, and then clicking *Add Establishment*.

For alternate reporting methods, please contact your state office at the telephone number listed under “For Help” on the front page.

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### Need help?

**For step-by-step account creation instructions or website technical help,** go to <http://www.bls.gov/idcf/instructions.htm>.

**For questions about this survey,** contact us using the telephone number(s) listed on the front of this form.

**For information about SOII,** including frequently asked questions and to download forms, go to <http://www.bls.gov/respondents/iif/>.

**For information about OSHA record keeping guidelines,** go to <https://www.osha.gov/recordkeeping/entryfaq.html>.

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To see how your data will be used, please visit our website at <http://www.bls.gov/iif>.