ADA Statement

Privacy Policy

Logout

Step 4 of 4: Confirmation Notice

Thank you for completing your registration.

Your permanent IDCF User ID appears below.

302012012201

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

If you have questions or comments please complete and submit the Help Request Form 🔚 | Version: 10.1.1

Help

Logout

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 (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 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

Help

Logout

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	2019	01-010010010-0	Testing Company	1ST AVE	tester21@testing.com	Complete	Remove

OLD OSHA ID page that was at the end of submission

Help

.ogout

Establishment Location Information

Establishment ID: 06-015241130-1
Add comments

ABC Company Address Below 2020 Stoner Dr W Charleston, IL 61920

Notification Preference: shepherd.kenneth@bls.gov

Thank you for submitting your Survey of Occupational Injuries and Illnesses. In 2019, the Occupational Safety and Health Administration (OSHA) required some establishments to report injury and illness information electronically via the Injury Tracking Application.

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.

- 1. Has the establishment shown above submitted injury and illness information electronically to OSHA?
 - Yes
 - No
 - O Don't know
- 2. What ID number did OSHA assign to the establishment? This number was provided in a confirmation email. 🚳

123457

☐ Don't know

Click continue to print your survey submission.

Continue →

New OSHA ID Page before section 1

Help

.ogout

Establishment ID: 06-999999999-1

Add comments

Establishment Location Information

ABC Company Address Below 2020 Stoner Dr W Charleston, IL 61920

Notification Preference: shepherd.kenneth@bls.gov

1. The Occupational Safety and Health Administration (OSHA) required many establishments to report their 2019 injury and illness information. If you submitted data to OSHA through their Injury Tracking Application, BLS may be able to use your OSHA data to save you some time.

Did the establishment above submit injury and illness information for 2019 to OSHA?

- Yes
- No
- O Don't know
- 2. What is the OSHA ID for the establishment? The OSHA ID would appear in a confirmation email sent from DoNotReply@osha.gov with the subject OSHA Injury and Illness Report: Successful Submission(s).

123457

☐ Don't know

Click continue to import your data and proceed to section one.

Continue →

What is shown when selecting the question mark

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: Email Address

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

New OSHA ID error handling

- 1. 1st through 6th attempt where OSHA ID provided does not exist for the survey year
- 2. 7th attempt where OSHA ID provided does not exist for the survey year
- 3. Data in IDCF does not match that of the OSHA ID

Help

_ogout

Establishment ID: 06-999999999-1

Add comments

Establishment Location Information

ABC Company Address Below

2020 Stoner Dr W Charleston, IL 61920

Notification Preference: shepherd.kenneth@bls.gov

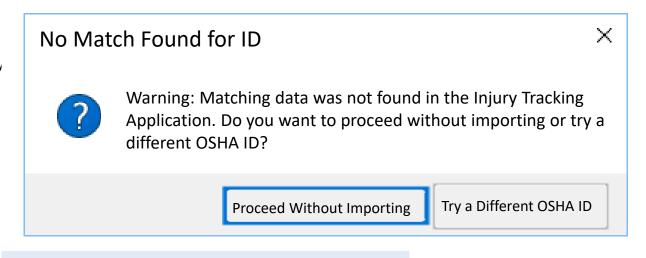
- 1. The Occupational Safety and Health Administration (OSHA) required many establishments to report their 2019 injury and illness information. If you submitted data to OSHA through their Injury Tracking Application, BLS may be able to use your OSHA data to save you some time.
 - Did the establishment above submit injury and illness information for 2019 to OSHA?
 - Yes
 - No
 - O Don't know
- 2. What is the OSHA ID for the establishment? The OSHA Successful Submission(s).

123457

☐ Don't know

Click continue to import your data and proceed to section one.





ury and Illness Report:

Help

ogout

Establishment ID: 06-999999999-1

Add comments

Establishment Location Information

ABC Company Address Below 2020 Stoner Dr W Charleston, IL 61920

Notification Preference: shepherd.kenneth@bls.gov

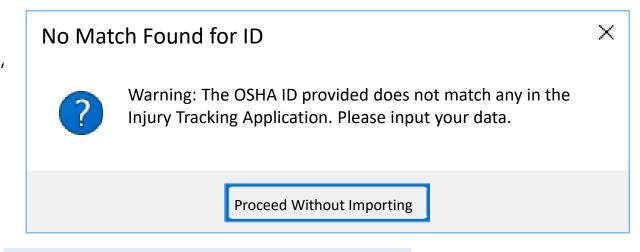
- 1. The Occupational Safety and Health Administration (OSHA) required many establishments to report their 2019 injury and illness information. If you submitted data to OSHA through their Injury Tracking Application, BLS may be able to use your OSHA data to save you some time.
 - Did the establishment above submit injury and illness information for 2019 to OSHA?
 - Yes
 - No
 - O Don't know
- 2. What is the OSHA ID for the establishment? The OSHA Successful Submission(s).

123457

☐ Don't know

Click continue to import your data and proceed to section one.





ury and Illness Report:

Help

_ogout

Establishment ID: 06-999999999-1

Add comments

Establishment Location Information

ABC Company Address Below

2020 Stoner Dr W Charleston, IL 61920

Notification Preference: shepherd.kenneth@bls.gov

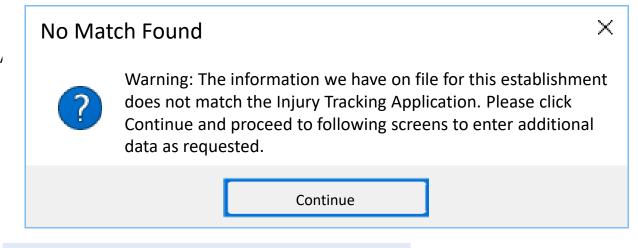
- 1. The Occupational Safety and Health Administration (OSHA) required many establishments to report their 2019 injury and illness information. If you submitted data to OSHA through their Injury Tracking Application, BLS may be able to use your OSHA data to save you some time.
 - Did the establishment above submit injury and illness information for 2019 to OSHA?
 - Yes
 - No
 - O Don't know
- 2. What is the OSHA ID for the establishment? The OSHA Successful Submission(s).

123457

☐ Don't know

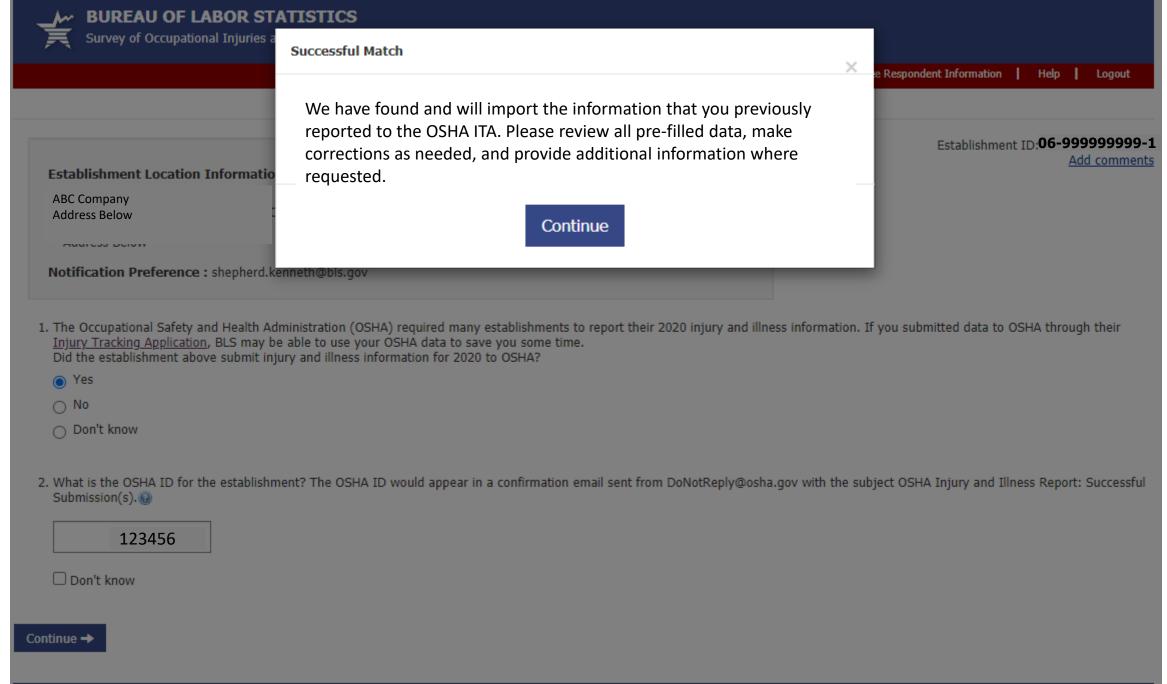
Click continue to import your data and proceed to section one.





ury and Illness Report:

New OSHA ID Successful Match



Section 1 & 2 if OSHA data not pulled in

Update Respondent Information | Help | Logout

Establishment Information

Injuries and



Data Review (Section 4)

Section 1. Establishment Information

Update Establishment Location Information

Update

Test Company Address Below.

123 TEST street Charleston, IL 61920

Other reason:

Notification Preference: shepherd.kenneth_test@bls.gov

- Complete this survey only for the location(s) listed under 'Report for' in your survey notification.
- . Copy the information from your completed Calendar Year 2019 Summary of Work-Related Injuries and Illnesses (OSHA Form 300A) into the spaces below.
- He the hale links for Thomas (1) and (2) if annual average number of application and total hours would are not available from your OCHA 2004

•	Use the <i>neip links</i> for Items (1) and (2) if annual average number of employees and total nountries.	rs worked are not available from your OSHA 300A.
1.	1. Enter the annual average number of employees for 2019.	
	Help me calculate this	
2.	2. Enter the total hours worked by all employees for 2019.	
	Enter the total hours from by all employees for 2025	
	Help me calculate this	
	Annual average hours worked per employee	
3.	3. Check any conditions that might have affected your annual average number of employees or	total hours worked during 2019:
	☐ Strike or lockout ☐ Shorter	work schedules or fewer pay periods than usual
	☐ Shutdown or layoff ☐ Longer v	work schedules or more pay periods than usual
	☐ Seasonal work ☐ Nothing	unusual happened to affect our employment or hours figures

1.	Did you	have ANY	work-related	injuries or	illnesses	during 2019	?
----	---------	----------	--------------	-------------	-----------	-------------	---

☐ Natural disaster or adverse weather conditions

Yes

○ No

Cauca	ο.	Continue	_
Save	α	Conunue	~

Establishment ID: 01-010010010-0

Update Respondent Information Help Logout









Section 2. Summary of Work-Related Injuries and Illnesses, 2019

Establishment ID: 01-010010010-0 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	<u>Total number of other</u> <u>recordable cases</u>				
(G)	(H)	(I)	(1)				
	Numbe	er of Days					
Total number of days away from work		Total number of days of job transfer or restriction					
(K)		(L)					
	Injury and	Illness Types					
Total number of (M)							
1. Injuries		4. Poisonings					
2. Skin disorders		5. Hearing loss					
3. Respiratory conditions		6. All other illnesses					

Section 1& 2 if OSHA data pulled in

Update Respondent Information | Help | Logout

Establishment Information





Section 1. Establishment Information

Update Establishment Location Information

Update

Test Company Address Below. 123 TEST street Charleston, IL 61920

Notification Preference: shepherd.kenneth test@bls.gov

- Complete this survey only for the location(s) listed under 'Report for' in your survey notification.
- · Review any data shown below, make any corrections needed, and complete the remaining items.
- The data you enter here should match your calendar year 2019 Summary of Work-related Injuries and Illnesses (OSHA Form 300A.
- 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 2019.

100

Help me calculate this

2. Enter the total hours worked by all employees for 2019.

200000

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 2019:

☐ Strike or lockout

☐ Shutdown or layoff

☐ Seasonal work

☐ Natural disaster or adverse weather conditions

- Shorter work schedules or fewer pay periods than usual
- Longer work schedules or more pay periods than usual
- Nothing unusual happened to affect our employment or hours figures

Other reason:

4. Did you have ANY work-related injuries or illnesses during 20:

Yes

○ No



Establishment ID: 01-010010010-0

Add	CO	mn	าen	ts.
			100	-

Update Respondent Information Help Logout

Data Review (Section 4)

Section 2. Summary of Work-Related Injuries and Illnesses, 2019

Establishment ID: 01-010010010-0 Add comments

Instructions

Save & Continue ->

- 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	Total number of cases with	Total number of other			
	days away from work	job transfer or restriction	recordable cases			
(G)	(H)	(I)	(3)			
	Numb	per of Days				
Total number of days away from work		Total number of days of job transfer or restriction				
60		131				
(K)		(L)				
	Injury an	d Illness Types				
Total number of						
(M)						
1. Injuries	1	4. Poisonings	1			
2. Skin disorders	1	5. Hearing loss	1			
3. Respiratory conditions	1	6. All other illnesses	1			

Section 3 forward

Help

Establishment ID: 01-010010010-0

Logout

1 Establishmen Information (Section 1)

2 Injuries and Illnesses (Section 2)

Cases (Section 3)

Data Review (Section 4)

Section 3. Cases with Days Away from Work

In Section 2 you reported:

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

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

	Faralassa la Nama	Joh Tillo	Data of Labora	Days		
	Employee's Name	Job Hue	vate of Injury	Away from Work of Restriction		
Enter Case 1						

Enter Additional Case

Continue →

Update Respondent Information Help Logout

Establishment ID: 01-010010010-0

Enter Information about a Case with Days Away from Work

To complete the information below, you will need:

- . Your completed copy of your OSHA Form 300 for 2019.
- . 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,

Tell us about a 2019 work-related injury or illness ONLY if it resulted in days away from work.

reli us about a 2019 work-related injury or lilness	ONLY IF It resulted in days away fro	m work.		
Employee's name (column B)	John			
Job title (column C)	Doe			
Date of injury or onset of illness (column D)	05-May ✓	11 2019		
Number of days away from work (column K)	1			
Number of days of job transfer or restriction (column L)	0			
4. Calanda da antana andriada banda da antiban da da a		d. /asticast		
 Select the category which best describes th Office, professional, business, or management. 		Repair, installation or service of machines, equipment		
	Jennenii Stan			
☐ Healthcare		Cleaning, maintenance of building, grounds		
Sales		✓ Construction		
☐ Delivery or driving		☐ Material handling (e.g. stocking, loading/unloading, moving, etc.)		
Product assembly, product manufacture	i e e e e e e e e e e e e e e e e e e e	☐ Farming		
☐ Food Service		☐ Other:		
2. Employee's race or ethnic background: (op	tional-check one or more)			
American Indian or Alaska Native				
Asian				
Black or African American				
☐ Hispanic or Latino				
☐ Native Hawaiian or Other Pacific Islande	er .			
✓ White				
☐ Not available				
3. Employee's age: OR				
Date of Birth: 04-Apr V 15	1997			



Section 3. Cases with Days Away from Work

In Section 2 you reported: Establishment ID: 01-010010010-0

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	Day		
				Away from Work	of Restriction	
Edit	John	Doe	05/11/2019	1	0	Delete

Enter Additional Case

Continue →

Help Logout





Establishment ID: 01-010010010-0

Review your data

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

Section 1. Establishment Information

Establishment Address

Test Company 123 TEST street Charleston, IL 61920

Employment Information

- Annual average number of employees: 500
 Total hours worked by all employees last year: 200000

_	,	_	•	
Strike or lockout			4	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	r conditions			Other reason:

Section 2. Summary of Work-Related Injuries and Illnesses, 2019

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

Establishment Comments - Section 1 & Section 2

· No comments to report.



Thank you for Reporting!

Establishment ID: 01-010010010-0

Your data were received by BLS on 11/01/2019 at 01:27 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 2020 survey, the survey materials will be sent to you in January 2021.

Enter data for another establishment

Return to SOII Home Page

Help Logout

Return to IDCF Home Page

Print Submission

If you have questions or comments, please complete and submit the Help Request Form.

Version: 12.3