



## 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](#)

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If you have questions or comments please complete and submit the [Help Request Form](#) | Version: 10.1.1



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 →

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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



# BUREAU OF LABOR STATISTICS

Survey of Occupational Injuries and Illnesses

[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	
<a href="#">Select</a>	2019	01-010010010-0	Testing Company	1ST AVE	tester21@testing.com	Complete	<a href="#">Remove</a>

OLD OSHA ID page that was at the end of  
submission

**Establishment Location Information**Establishment ID: **06-015241130-1**[Add comments](#)ABC Company  
Address Below2020 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  
 Don't know

2. What ID number did OSHA assign to the establishment? This number was provided in a confirmation email. 

Don't know

Click continue to print your survey submission.

[Continue →](#)

New OSHA ID Page before section 1



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
- 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](mailto:DoNotReply@osha.gov) with the subject OSHA Injury and Illness Report: Successful Submission(s). 

- 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:

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



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
- Don't know

2. What is the OSHA ID for the establishment? The OSHA Successful Submission(s).

Don't know

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

**Continue** →

×

No Match Found for ID

Warning: Matching data was not found in the Injury Tracking Application. Do you want to proceed without importing or try a different OSHA ID?

Proceed Without Importing

Try a Different OSHA ID

ury and Illness Report:



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
- Don't know

2. What is the OSHA ID for the establishment? The OSHA Successful Submission(s).

Don't know

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

**Continue** →

✕

**No Match Found for ID**

Warning: The OSHA ID provided does not match any in the Injury Tracking Application. Please input your data.

Proceed Without Importing

ury and Illness Report:



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
- Don't know

2. What is the OSHA ID for the establishment? The OSHA Successful Submission(s).

Don't know

**No Match Found** ✕

Warning: The information we have on file for this establishment does not match the Injury Tracking Application. Please click Continue and proceed to following screens to enter additional data as requested.

Continue

ury and Illness Report:

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

[Continue →](#)

New OSHA ID Successful Match



Successful Match



We have found and will import the information that you previously reported to the OSHA ITA. Please review all pre-filled data, make corrections as needed, and provide additional information where requested.

Continue

Establishment ID: **06-999999999-1**

[Add comments](#)

Establishment Location Information

ABC Company  
Address Below

Notification Preference : [shepherd.kenneth@bls.gov](mailto:shepherd.kenneth@bls.gov)

1. The Occupational Safety and Health Administration (OSHA) required many establishments to report their 2020 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 2020 to OSHA?

- Yes
- No
- 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](mailto:DoNotReply@osha.gov) with the subject OSHA Injury and Illness Report: Successful Submission(s).

123456

Don't know

Continue →

Section 1 & 2 if OSHA data not pulled in





Establishment Information (Section 1)



Injuries and Illnesses (Section 2)



Cases (Section 3)



Data Review (Section 4)

## Section 1. Establishment Information

Establishment ID: 01-010010010-0

[Add comments](#)

### 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.
- Copy the information from your completed Calendar Year 2019 *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 2019.

[Help me calculate this](#)

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

[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:

- |   |   |
|---|---|
| <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 2019?](#)

- Yes  
 No



## 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](#)

(G)

[Total number of cases with days away from work](#)

(H)

[Total number of cases with job transfer or restriction](#)

(I)

[Total number of other recordable cases](#)

(J)

### Number of Days

[Total number of days away from work](#)

(K)

[Total number of days of job transfer or restriction](#)

(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**

[Save & Continue](#) →

Section 1& 2 if OSHA data pulled in



Establishment Information (Section 1)



Injuries and Illnesses (Section 2)



Cases (Section 3)



Data Review (Section 4)

## Section 1. Establishment Information

Establishment ID: 01-010010010-0

[Add comments](#)

### 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:

- |   |   |
|---|---|
| <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 2019?](#)

- Yes
- No



## 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			
<a href="#">Total number of deaths</a>	<a href="#">Total number of cases with days away from work</a>	<a href="#">Total number of cases with job transfer or restriction</a>	<a href="#">Total number of other recordable cases</a>
<input type="text"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
(G)	(H)	(I)	(J)

Number of Days	
<a href="#">Total number of days away from work</a>	<a href="#">Total number of days of job transfer or restriction</a>
<input type="text" value="60"/>	<input type="text" value="131"/>
(K)	(L)

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

[Save & Continue](#) →

Section 3 forward



## 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	Days	
			Away from Work	of Restriction
Enter Case 1				

Enter Additional Case

Continue →



## Enter Information about a Case with Days Away from Work

To complete the information below, you will need:

Establishment ID: 01-010010010-0

- 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*, OSHA Form 301.

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

Employee's name  
(column B)

Job title  
(column C)

[Date of injury or onset of illness](#)  
(column D)

[Number of days away from work](#)  
(column K)

[Number of days of job transfer or restriction](#)  
(column L)

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 checked="" 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:





### 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	Days		
				Away from Work	of Restriction	
<a href="#">Edit</a>	John	Doe	05/11/2019	1	0	<a href="#">Delete</a>

[Enter Additional Case](#)

[Continue →](#)



## Review your data

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

Establishment ID: 01-010010010-0

### 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

#### Conditions that might have affected your annual average number of employees or total hours worked during 2019:

- |   |   |
|---|---|
| <input type="checkbox"/> Strike or lockout                              | <input checked="" 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:  |

### 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)	(J)
0	1	2	3
(G)	(H)	(I)	(J)

Number of Days	
Total number of days away from work	Total number of days of job transfer or restriction
4	5
(K)	(L)
4	5
(K)	(L)

Injury and Illness Types			
Total number of...	(1) Injuries	(2) Skin disorders	(3) Respiratory conditions
(M)	3	2	0
(M)	3	2	0
	(4) Poisonings	(5) Hearing loss	(6) All other illnesses
	0	0	1

#### Establishment Comments - Section 1 & Section 2

- No comments to report.



**BUREAU OF LABOR STATISTICS**

Survey of Occupational Injuries and Illnesses

[Help](#) | [Logout](#)

## 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](#)

[Return to IDCF Home Page](#)

[Print Submission](#)