OMB No. 1220-0171

DISTRICT OF COLUMBIA DEPARTMENT OF LABOR

NAME

STREET ADDRESS

CITY, STATE ZIP-PLUS+4



U.S. Department of Labor

Bureau of Labor Statistics

**Your access credentials**

**User ID:** 301203479880

**Temporary Password:** AnsU5155

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

12345 50

**For Help Call:** 555-555-5555 ext. 9990

555-555-5555 ext. 9991

**2022 Establishment ID:** 01-203479880-1

**Report for:**

The Unit Description goes here

PRIMARY COMPANY NAME

{SECONDARY COMPANY NAME}

ADDRESS LINE 1

ADDRESS LINE 2

CITY, STATE ZIP-PLUS+4

|||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||

**U.S. DEPARTMENT OF LABOR**

**DATED MATERIAL**

**U.S. GOVERNMENT DOCUMENTS ENCLOSED**

**Instructions for Completing the**

**2022 Survey of Respirator Use and Practices**

**PLEASE RESPOND TO KEEP AMERICA’S WORKPLACES SAFER**

**How to Report Your Data**

* Report your data to the Bureau of Labor Statistics (BLS) online at: [**https://idcf.bls.gov**](https://idcf.bls.gov)using the access credentials above
* Use the login credentials above when logging in for this survey
* Check the User IDs and Establishment IDs if you receive multiple invitations; you may have to report data for more than one business location
* Contact us using the telephone number(s) listed above for questions about this survey

**PLEASE RESPOND BY <DATE>**

|  |  |
| --- | --- |
|  | We estimate it will take you an average of 29 minutes to complete this voluntary survey (ranging from 15 minutes to 1 hour 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 (1220-0171), 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. |

|  |  |
| --- | --- |
| 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. |  |

OCWC Form 229 (January 2022)

**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 for other BLS surveys. **Please ensure that the individual registering this account will be the person entering data for the Survey of Respirator Use and Practices (SRUP).**

1. Type [**https://idcf.bls.gov**](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 “Temporary Password”. These can be found on the previous page under “Your access credentials”, (shown below) then click *I Accept*.



You will need your User ID and Temporary Password to report for this survey.

Your NAICS

**Your access credentials**

**User ID:** 301203479880

**Temporary Password:**  AnsU5155

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

12345 50

**For Help**

**Call:** 555-555-5555 ext. 9990

555-555-5555 ext. 9991

U.S. Department of Labor

Bureau of Labor Statistics

Example

1. Complete the “Check Email Address”, “Enter New User Information” and “Create a Permanent Password” pages.
2. Click *Continue* on the “Confirmation Notice” page.
3. Select "Survey of Respirator Use and Practices" and follow the onscreen instructions.
4. Report your data and click *Submit* when you are finished. Print a copy of the completed survey for your records.

You may log onto the website using your User ID and permanent password at any time to make corrections to your data. You can also 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*.

**Need help?**

* **For step-by-step account creation instructions or website technical help,** go to <http://www.bls.gov/idcf/instructions.htm>.
* **For information about the SRUP,** including frequently asked questions,go to http://www.bls.gov/respondents/srup/.
* **For questions about this survey,** email [person@bls.gov](mailto:person@bls.gov) or contact us using the telephone number(s) listed below.

555-555-5555 ext. 9990

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