

### Third Email Invitation (final reminder contact)

**Subject:** Final Reminder – U.S. Bureau of Labor Statistics: 2022 Survey of Respirator Use and Practices

Dear Employer,

Your establishment has been selected to help the U.S. Bureau of Labor Statistics (BLS) and the National Institute for Occupational Safety and Health (NIOSH) understand how employees are using respirators and other respiratory devices in the workplace. **This is the final reminder for your establishment to complete this important survey.** We have also mailed you a final reminder with this information. It is important to complete this survey even if employees at the establishment(s) listed in the attached PDF do not currently use respirators or other devices.

This survey is voluntary and your participation will help determine how the COVID-19 pandemic affected the use of respirators and other respiratory devices, identify effective use of respirators, and develop effective education materials.

We are conducting the survey for informational purposes only and the results will **not** be used in any type of enforcement activity. All responses will remain confidential and be used only for statistical purposes only.

#### What am I expected to do?

By **{date}**, complete the survey for each establishment identified in the attached PDF. If you are not knowledgeable about the use of respiratory devices by employees in your establishment, then forward this survey invitation to someone knowledgeable about respirator use at this establishment. To complete the survey:

1. Open the attachment using the password sent to you in a separate email. This attachment lists the location(s) we will ask about.
2. Go to <https://idcf.bls.gov>
3. Enter a 12-digit User ID and the Temporary Password associated with the User ID. These can be found in the first two columns of the PDF attachment, then click *I Accept*.
4. Complete the "Check Email Address", "Enter New User Information", and "Create a Permanent Password" pages.
5. Click *Continue* on the "Confirmation Notice" page.
6. Select "Survey of Respirator Use and Practices" and follow the onscreen instructions to report your data. Click *Submit* when you are finished.

**Note:** You may log onto the website using your User ID and permanent password at any time during the collection period 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*.

#### How do I open the attached PDF?

The attached PDF attachment is password protected to keep your information secure. You will receive a second email with the password following this email.

For questions about this survey, contact us at [555-555-5555 ext. 9999](tel:555-555-5555) or email [person@bls.gov](mailto:person@bls.gov). More information about this survey can be found at: [www.bls.gov/respondents/srup](http://www.bls.gov/respondents/srup).

Thank you for helping us collect accurate information and for helping in the effort to make America's workplaces safer and healthier.

U.S. Department of Labor  
Bureau of Labor Statistics

*This survey, which is conducted by the Bureau of Labor Statistics, is approved under OMB No. 1220-0171.*

*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.*

*The Bureau of Labor Statistics (BLS) is committed to the responsible treatment of confidential information and takes rigorous security measures to protect confidential information in its possession. This email contains confidential information. If you believe you are not the intended recipient of this message, please notify the sender and delete this email without disclosing, copying, or further disseminating its contents.*

### **Third Email Password**

**Subject:** 2022 Survey of Respirator Use and Practices – Password

Dear Employer,

The password to unlock the attachment sent with the previous email is between the arrows below:

-->**P@\$\$W0rd**<--

Please copy and paste the password into the dialog box that appears when you open the PDF attachment.

Thank you,

U.S. Department of Labor  
Bureau of Labor Statistics

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The screen shot below is the information that will be included in the protected PDF attachment.

Your establishment(s) in the 2022 Survey of Respirator Use and Practices:

User ID	Temporary Password	Company Address	Report For	NAICS	For Help Call	Establishment ID
1	302888111101	ANsu1655 ABC Company FOOD SUPERMARKET 123 Main St LINCOLN, OW 685082285	MOBILE COUNTY	445110- Supermarkets and Other Grocery (except Convenience) Stores	WORKERS COMPENSATION WORKFORCE WEST 888-555-6269	01-88811101-8
2	302888111102	ANsu2768 ABC Company FOOD SUPERMARKET 456 High St LINCOLN, OW 685082285	MOBILE COUNTY	4445110- Supermarkets and Other Grocery (except Convenience) Stores	WORKERS COMPENSATION WORKFORCE WEST 888-555-6269	01-88811102-7
3	302888111104	ANsu9497 ABC Company FOOD SUPERMARKET 789 Low St LINCOLN, OW 685082285	MOBILE COUNTY	4445110- Supermarkets and Other Grocery (except Convenience) Stores	WORKERS COMPENSATION WORKFORCE WEST 888-555-6269	02-88811104-2
4	302888111105	ANsu9811 ABC Company FOOD SUPERMARKET 246 Even St LINCOLN, OW 685082285	MOBILE COUNTY	4445110- Supermarkets and Other Grocery (except Convenience) Stores	WORKERS COMPENSATION WORKFORCE WEST 888-555-6269	04-88811105-5
5	302888111106	ANsu2042 ABC Company FOOD SUPERMARKET 357 Odd St LINCOLN, OW 685082285	MOBILE COUNTY	4445110- Supermarkets and Other Grocery (except Convenience) Stores	WORKERS COMPENSATION WORKFORCE WEST 888-555-6269	04-88811106-4