

U.S. Department of Labor

Bureau of Labor Statistics
2 Massachusetts Ave., N.E.
Washington, D.C. 20212



Dear Employer:

As the manager of a state or local government organization, you are asked to complete the enclosed Survey of Occupational Injuries and Illnesses. The Occupational Safety and Health Act includes language that requires the Secretary of Labor to “develop and maintain an effective program of collection, compilation, and analysis of occupational safety and health statistics.” The Survey of Occupational Injuries and Illnesses, conducted by the Bureau of Labor Statistics, is part of this data collection program, and is approved under OMB No. 1220-0045. While your participation is voluntary, it is important in providing information that will help protect workers.

Without the cooperation of organizations like yours, we would not be able to produce national estimates of workplace injuries and illnesses for state and local governments. The state and local government sector employs over 13 percent of the American workforce and its inclusion in the survey is vital to improving our knowledge of the number, frequency, and types of work-related injuries and illnesses occurring in the workplace.

For this survey year, your establishment should report information on case circumstances and worker characteristics both for cases that resulted in days away from work (with or without days of job transfer or restriction) and for cases that resulted in days of job transfer or restriction (without days away from work).

To make survey completion as easy as possible, we are providing two convenient ways to submit your survey: through our webpage (<https://idcf.bls.gov>) or upon request by paper form via US mail. 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) concerning **which injuries and illnesses to record differ from your state's Workers' Compensation reporting.*** If you need assistance, please contact your state at the number(s) listed on the front of the form.

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 any identifiable form without your consent. Per the Federal Cybersecurity Enhancement Act of 2015, Federal information systems are protected from malicious activities through cybersecurity screening of transmitted data.

Please take the time today to complete this survey.

Sincerely,

A handwritten signature in black ink, appearing to read "Marika Litras". The signature is fluid and cursive, written over a white background.

Marika Litras
Assistant Commissioner
Office of Safety, Health, and Working Conditions
Bureau of Labor Statistics