



Internet Data Collection Facility (IDCF) Logon

[Test Your Browser](#)

Welcome to the Internet Data Collection Facility (IDCF).
To report your survey data, you must logon with a valid password for the IDCF User ID that is included in your Bureau of Labor Statistics (BLS) survey documents.

User ID: 


Password: 

[Forgot Password?](#)

Terms and Conditions of Use

WARNING! You are using an Official United States Government System, which may be used only for authorized purposes. Unauthorized modification of any information stored on this system may result in criminal prosecution. The Government may monitor and audit the usage of this system, and all persons are hereby notified that the use of this system constitutes consent to such monitoring and auditing. Unauthorized attempts to upload information and/or change information on these web sites are strictly prohibited and are subject to prosecution under the Computer Fraud and Abuse Act of 1986 and Title 18 U.S.C. Sec. 1001 and 1030.

Please read:
Due to security reasons, your session will time out after 30 minutes of system inactivity. You will need to logon to the website again to continue.

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




Step 1 of 4: Check Email Address

Please enter and confirm your email address below. (* Required Field)

* Email: 

* Confirm Email: 

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



Step 2 of 4: Enter New User Information

Please complete the items below.

Name & Address of Person Completing this Form (* Required Field)

* **Your Name:** ⓘ

Your Job Title:

* **Your Company Name:** ⓘ

* **Address:** ⓘ

* **City:** ⓘ

* **State:** ⓘ

* **Zip Code:** ⓘ

* **Telephone:** ⓘ

Fax:



Step 3 of 4: Create a Permanent Password

The temporary password is no longer valid, please create a new password.

Password:

Confirm Password:

NOTE: Criteria met when ALL Green ✓s appear
The password chosen MUST:

- ✗ Be between 8 and 12 characters in length
- ✗ Contain at least one (1) character from three (3) of the following categories:
 - UPPER CASE letter (A-Z)
 - lower case letter (a-z)
 - Digit (0-9)
 - Special Character !@#\$%^*_=-./:?[\] ~
- ✗ Both passwords must match

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



Step 4 of 4: Confirmation Notice

Thank you for completing your registration.

Your permanent IDCF User ID appears below.

302010742483

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.

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](#) →

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 of 2002 (Title 5 of Public Law 107-347) 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

If you have questions or comments, please complete and submit the [Help Request Form](#).

Version: 12.3



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 | 2021 | 01-010010010-0 | Testing Company | 1ST AVE | tester21@testing.com | Complete | Remove |

New OSHA ID Page before section 1:



Establishment ID: **06-99999999-1**
[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 2021 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 2021 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 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 →](#)

If you have questions or comments, please complete and submit the [Help Request Form](#).

Version: 12.2.2

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 Error Handling

BUREAU OF LABOR STATISTICS
Survey of Occupational Injuries and Illnesses

Update Respondent Information | Help | Logout

Establishment ID: 00-00000000-0 [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 2021 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 2021 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:

If you have questions or comments, please complete and submit the [Help Request Form](#). Version: 12.2.2

BUREAU OF LABOR STATISTICS
Survey of Occupational Injuries and Illnesses

Update Respondent Information | Help | Logout

Establishment ID: 00-00000000-0 [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 2021 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 2021 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:

If you have questions or comments, please complete and submit the [Help Request Form](#). Version: 12.2.2



Establishment ID: **00-00000000-0**
[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 2021 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 2021 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 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](#) →

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:

New OSHA ID Successful Match:



Establishment ID: **06-99999999-1**
[Add comments](#)

Establishment Location Information

ABC Company
Address Below

Notification Preference : 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 with the subject OSHA Injury and Illness Report: Successful Submission(s).

- Don't know

[Continue](#) →

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](#)

Section 1 & 2 if OSHA data not pulled in:

- 1 Establishment Information (Section 1)
- 2 Injuries and Illnesses (Section 2)
- 3 Cases (Section 3)
- 4 Data Review (Section 4)

Section 1. Establishment Information

Update Establishment Location Information

Establishment ID: 01-010010010-0
[Add comments](#)

| | | |
|---|--------------------------------|---|
| 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 2021 *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 2021

[Help me calculate this](#)

2. Enter the total hours worked by all employees for 2021

[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 2019?](#)

- Yes
- No

[Save & Continue](#) →



Section 2. Summary of Work-Related Injuries and Illnesses, 2021

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 | | | |
|-------------------------------|---|---|---|
| <u>Total number of deaths</u> | <u>Total number of cases with days away from work</u> | <u>Total number of cases with job transfer or restriction</u> | <u>Total number of other recordable cases</u> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| (G) | (H) | (I) | (J) |

| Number of Days | |
|--|--|
| <u>Total number of days away from work</u> | <u>Total number of days of job transfer or restriction</u> |
| <input type="text"/> | <input type="text"/> |
| (K) | (L) |

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

[Save & Continue](#) →

Section 1& 2 if OSHA data pulled in:

- 1 Establishment Information (Section 1)
- 2 Injuries and Illnesses (Section 2)
- 3 Cases (Section 3)
- 4 Data Review (Section 4)

Section 1. Establishment Information

Update Establishment Location Information

Establishment ID: 01-010010010-0
[Add comments](#)

| | | |
|---|--------------------------------|---|
| 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 2021 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 2021

[Help me calculate this](#)

2. Enter the total hours worked by all employees for 2021

[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

[Save & Continue](#) →



Section 2. Summary of Work-Related Injuries and Illnesses, 2021

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 | | | |
|-------------------------------|---|---|---|
| <u>Total number of deaths</u> | <u>Total number of cases with days away from work</u> | <u>Total number of cases with job transfer or restriction</u> | <u>Total number of other recordable cases</u> |
| <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 | |
|--|--|
| <u>Total number of days away from work</u> | <u>Total number of days of job transfer or restriction</u> |
| <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. Cases with Days Away from Work or Job Transfer or Restriction

In Section 2 you reported:

Establishment ID: 00-00000000-0

15 case(s) with days away from work (Column H)
5 case(s) with job transfer or restriction (Column I)

Counting only cases with days away from work or job transfer or restriction, enter data for your 1st case, 3rd case, 5th case, 9th case, 11th case, 12th case, 15th case, 17th case, and 19th case.

[Enter Case Data](#)

[Continue →](#)

If you have questions or comments, please complete and submit the [Help Request Form](#).

Version: 12.3



Enter Information about a Case with Days Away from Work or Job Transfer or Restriction

To complete the information below, you will need:

Establishment ID: 00-00000000-0

- Your completed copy of your OSHA Form 300 for 2021
- 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 2018 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 type="checkbox"/> Construction |
| <input type="checkbox"/> Delivery or driving | <input checked="" 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:

4. Employee's date hired:

OR

Select length of service at establishment when incident occurred:

- Less than 3 months
- From 3 to 11 months
- From 1 to 5 years
- More than 5 years

5. Employee's gender:

- Male
- Female

6. Was employee treated in an emergency room?

- Yes
- No

7. Was employee hospitalized overnight as an in-patient?

- Yes
- No

8. Time employee began work:

9. Time of event:

OR

Check if time cannot be determined

Event occurred:

- Before
- During
- After work shift

10. What was the employee doing just before the incident occurred?

Describe the activity as well as the tools, equipment, or material the employee was using. Be specific. Examples: "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry." (maximum entry of 1500 characters)

carrying items

11. What happened? Tell us how the injury or illness occurred.

Examples: "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time."
(maximum entry of 1500 characters)

slipped on floor

12. What was the injury or illness?

Tell us the part of the body that was affected and how it was affected; be more specific than "hurt," "pain," or "sore." Examples: "strained back"; "chemical burn, hand"; "carpal tunnel syndrome."
(maximum entry of 1500 characters)

sprain wrist

13. What object or substance directly harmed the employee?

Examples: "concrete floor"; "chlorine"; "radial arm saw." If this question does not apply to the incident, leave it blank. (maximum entry of 1500 characters)

water on floor

14. Case Comments:

Enter additional case information here (optional).

Save & Continue →



- 1 Establishment Information (Section 1)
- 2 Injuries and Illnesses (Section 2)
- 3 Cases (Section 3)
- 4 Data Review (Section 4)

Review your data

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

Section 1. Establishment Information

Establishment ID: 00-000000000-0

Establishment Address

Testing Company
Test Way
Nashville, NE 34555

Employment Information

- Annual average number of employees: 1001
- Total hours worked by all employees last year: 1900000

Conditions that might have affected your annual average number of employees or total hours worked during 2021:

- 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:

Section 2. Summary of Work-Related Injuries and Illnesses, 2021

| 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 | 0 | 1 |
| (G) | (H) | (I) | (J) |

| Number of Days | |
|-------------------------------------|---|
| Total number of days away from work | Total number of days of job transfer or restriction |
| 13 | 5 |
| (K) | (L) |

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

Establishment Comments - Section 1 & Section 2

- No comments to report.

Section 3. Cases with Days Away from Work or Job Transfer or Restriction

Case 1

Employee Name: **John**

Job Title: **Janitor**

Date of Injury or onset of illness: **02/03/2021**

Number of days away from work: **13**

Number of days of job transfer or restriction: **0**

1. Type of Job or Work: **Material handling**

2. Employee's race or ethnic background:
o **Asian**

3. Employee's age: **33**

Employee's date of birth:

4. Employee's date hired: **02/21/2014**

Employee's length of service when incident occurred:

5. Employee's gender: **Male**

6. Treated in emergency room? **No**

7. Hospitalized overnight as in-patient **No**

8. Time employee began work: **10:00 AM**

9. Time of event: **4:00 PM**

Event Occurred: **During** work shift

10. What was the employee doing before the incident?

carrying items

11. What happened?

slipped on floor

12. What was the injury or illness?

sprain wrist

13. What object or substance directly harmed the employee?

water on floor

Case Comments:

Click the Submit button to send your data to BLS.

Submit