### 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.



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 **BUREAU OF LABOR STATISTICS** Internet Data Collection Facility ADA Statement | Privacy Policy | Logout

### Step 1 of 4: Check Email Address

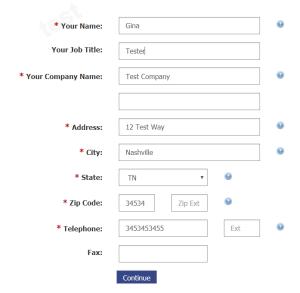
Please enter and confirm your email address below. (\* Required Field) 0 \* Email: \* Confirm Email: 0

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)



### **BUREAU OF LABOR STATISTICS** Internet Data Collection Facility

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### Step 3 of 4: Create a Permanent Password

The temporary password is no longer valid, please create a new password.

Password:	
Confirm Password:	
	Continue

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

X Be between 8 and 12 characters in length

X Contain at least one (1) character from three (3) of the following categories:

LIDDED CASE letter (A.7)

ries:
UPPER CASE letter (A-Z)
lower case letter (a-z)
Digit (0-9)
Special Character !@#\$^\*-\_=./:?[\]`{|}~

X Both passwords must match

If you have questions or comments please complete and submit the Help Request Form 🛅 | Version: 10.1.1



ADA Statement Privacy Policy

### **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.

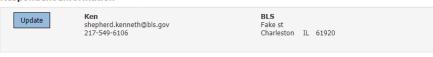
Please do not click on the "Back" button, your registration process has been completed.

Continue

#### Welcome to the Internet Data Collection Facility

- Please review your information listed below, and click the "Update" button to make any changes.
   Select the appropriate survey and click the "Continue" button when you are ready to enter data.

### **Respondent Information**



Please select a survey:

Survey of Occupational Injuries and Illnesses

Continue

Maintenance activities may be conducted on Sundays from noon to 6:00 p.m. Eastern Time in order to keep the Internet Data Collection Facility (IDCF) at its peak performance and to cause as little disruption in service as possible to our customers. If the system is unavailable, please try back at a later time.

If you have questions or comments please complete and submit the Help Request Form 🔚 | Version: 10.2



Dear Employer,

Please use this website to complete your Survey of Occupational Injuries and Illnesses (SOII).

### What you need to do:

- 1. Complete the survey only for the Establishmen(s) listed under the 'Report for' heading in the notification(s) we sent you earlier this year.
- If you received a notification asking you to report for additional establishments, you can also report for those establishments using this account by clicking the "Add Establishment" button on the next screen and entering those Establishment IDs.

### Information you will need:

- The SOII instructions that were sent to you.
- OSHA forms (Form 300, 300A, and 301)
  - O

    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, <u>OSHA's recordkeeping rules</u> differ from Workers' Compensation's rules. You should complete this survey according to OSHA's rules.
- The average employment and the total number of hours worked by all employees in 2020.
- Details for injury and illness cases with days away from work (Column H) and job transfer or restriction (Column I) from your injury and illness logs. Additional instructions will be provided later in Section 3 of this survey asking you to report details for up to 8 of these cases

If you have questions about completing this survey, please call the number listed in the survey instructions under 'For Help Coll:' . 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 employers, 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 (Hiciency Act (64 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 maintains 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 suppersions for reducing this burden, please send them to the titure of Labor Statistics, Occupational Safety and Health Statistics (1220-0045), 2 Massachusetts Avenue, N.E., Washington, O.C. 20212. Persons are not required to respond to the collection of information unless it displays a currently valid CMB control number. Form Approved CMB No. 1220-0045.

Select Survey Update Respondent Info Change Password



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



### **Contact Preference**

If your establishment(s) is selected for a future Survey of Occupational Injuries and Illnesses, how would you like to be notified?

We will email instructions to the following email address for completing the Survey of Occupational Injuries and Illnesses.

shepherd.kenneth@bls.gov

O Postal Mail

We will mail instructions via U.S. Postal Service to your establishment(s) for completing the Survey of Occupational Injuries and Illnesses.

Continue →

If you have questions or comments, please complete and submit the Help Request Form

Version: 12.4

## **New OSHA ID Page before section 1:**



- 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 O No
  - O Don't know
- 2. What is the OSHA ID for the establishment? The OSHA ID would appear in a confirmation email sent from <a href="DoNotReply@osha.gov">DoNotReply@osha.gov</a> with the subject OSHA Injury and Illness Report: Successful Submission(s).

123457

☐ Don't know

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

Continue →

# 



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** 

OSHA Injury and Illness Report: Successful Submission(s) Subject:

On February 1, 2018 at 11:26 am you successfully submitted data for the following 1 establishment(s) in the injury tracking application.

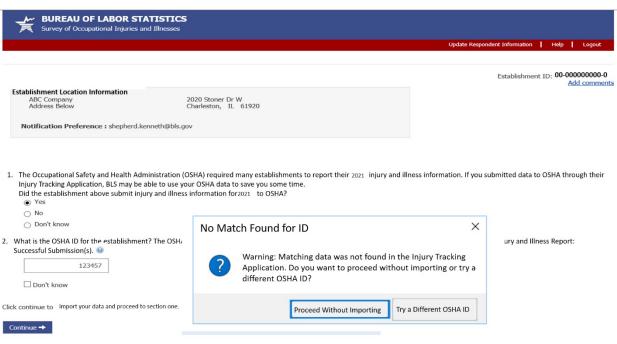
ID	Name	Address	
123456	Establishment Name	Establishment Address	
		City, State, Zip	

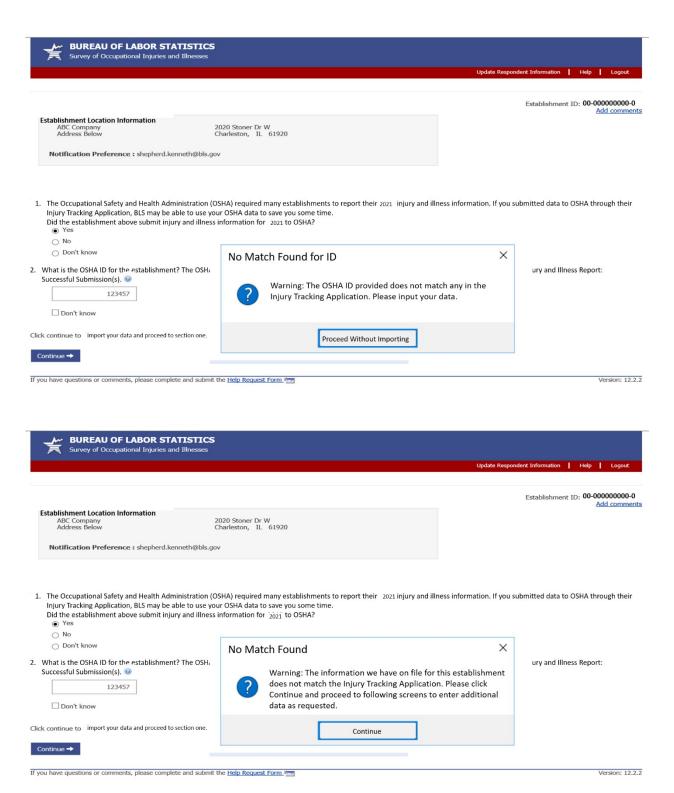
If you have any questions, you can contact OSHA using the Support Webform.

Thank you,

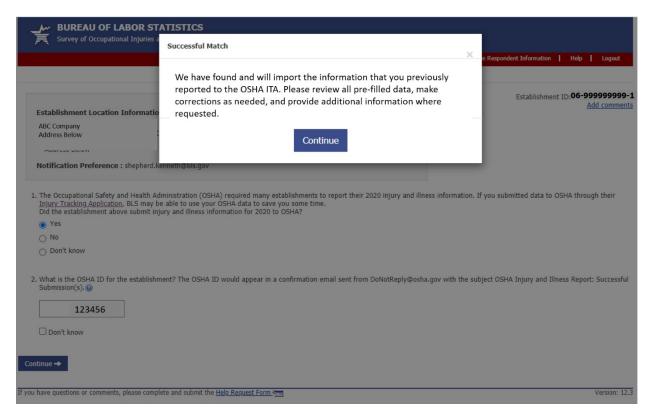
ITA Team

### **New OSHA Error Handling**





## **New OSHA ID Successful Match:**



Section 1 & 2 if OSHA data not pulled in:

Jpdate Establishment Location Information		Add comme
Update Test Company Address Below.  Notification Preference : she	123 TEST street Charleston, IL 61920 nepherd.kenneth_test@bls.gov	
	ar Year 2021 Summary of Work-Related Injuries and Illnesses (OSHA Form 3 average number of employees and total hours worked are not available from or 2021	5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Enter the total hours worked by all employees for 2     Help me calculate  Annual average help		
3. Check any conditions that might have affected you  Strike or lockout Shutdown or layoff Seasonal work Natural disaster or adverse weather conditions	ur annual average number of employees or total hours worked during 2019:  Shorter work schedules or fewer pay perior  Longer work schedules or more pay perior  Nothing unusual happened to affect our experior  Other reason:	ds than usual
Did you have ANY work-related injuries or illnesses     Yes     No.	s during 2019?	

Save & Continue →

Update Respondent Information

Help

Logout

4 Data Review (Section 4)

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					
Total number of deaths	Total number of cases with	Total number of cases with	Total number of other		
	days away from work	job transfer or restriction	recordable cases		
(G)	(H)	(I)	(J)		
	_				
	Numb	per of Days			
Total number of days		Total number of days			
away from work		of job transfer or restriction			
(K)		(L)			
	Injury and	d Illness Types			
Total number of					
(M)					
1. Injuries		4. Poisonings			
2. Skin disorders					
2. Skin disorders		5. Hearing loss			
<ol><li>Respiratory conditions</li></ol>		<ol><li>All other illnesses</li></ol>			
Continue					

## Section 1& 2 if OSHA data pulled in:

BUREAU OF LABOR STATISTICS  Survey of Occupational Injuries and Illnesses		Update Respondent Information   Help   Logo.
	4 Establishment	
Section 1. Establishment Information	Information (Section 1)	M 2 Injuries and Injuries and Injuries and Injuries (Section 3) 4 Data Newton (Section 4)
Update Establishment Location Information		Establishment ID: 01-0100100 Add comr
Update Test Company Address Below.	123 TEST street Charleston, IL 61920	
Notification Preference : shepherd.kenneth_	_test@bls.gov	
Review any data shown below, make any corrections of The data you enter here should match your calendar you use the help links for Items (1) and (2) if annual average.  Better the annual average number of employees for 2021  Help me calculate this  Enter the total hours worked by all employees for 2021  Help me calculate this  Annual average hours worked per	year 2021: Summary of Work-related Inj Ige number of employees and total hou	njuries and Illnesses (OSHA Form 300A.
3. Check any conditions that might have affected your annual average	e number of employees or total hours worked d	during 2019:
☐ Strike or lockout	☐ Shorter work schedules or fe	fewer pay periods than usual
☐ Shutdown or layoff	<ul> <li>Longer work schedules or me</li> </ul>	nore pay periods than usual
☐ Seasonal work	☐ Nothing unusual happened t	to affect our employment or hours figures
☐ Natural disaster or adverse weather conditions	Other reason:	
4. Did you have ANY work-related injuries or illnesses during 2019?		

Update Respondent Information

Help

Logout

Cases (Section 3) 4 Data Revise (Section 4)

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.

	Numbe	r of Cases	
Total number of deaths	Total number of cases with	Total number of cases with	Total number of other
	days away from work	job transfer or restriction	recordable cases
	1	2	3
(G)	(H)	(I)	(J)
(6)	(n)	(1)	(5)
	Numbe	er of Days	
Total number of days away from work		<u>Total number of days</u> of job transfer or restriction	
away from work		or job transfer or restriction	
60		131	
(K)		(L)	
(2)		(L)	
	Injury and	Illness Types	
Total number of			
(M)  1. Injuries	1	4. Poisonings	1
1. Injunes		4. Potsonings	1
2. Skin disorders	1	5. Hearing loss	1
2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	_	5	
3. Respiratory conditions	1	6. All other illnesses	1
•			
Continue →			



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

In Section 2 you reported:

- 13 case(s) with days away from work (Column H) 9 case(s) with job transfer or restriction (Column I)

In this section, you will be asked to enter case data. We have selected 8 out of these 22 cases for detailed reporting. You will report case data for only these cases. Please follow these instructions to identify the cases for reporting.

#### Instructions for Preparing your Cases for Selection

- 1. Start with your own list of the 22 cases with Days Away from Work (Column H) and cases with Job Transfer or Restriction (Column I)
- 2 Number your Days Away from Work and Job Transfer or Restriction cases from 1st to 22nd. These numbers will be used below to identify the cases we have selected for you to report. The last case on your list should be labelled 22nd.
- 3. Enter data for the selected 8 cases with days away from work, job transfer, or restriction. Match the numbers of your case list to the selected caes numbers shown in the table below.

What If my list doesn't have 22 cases?

Make sure that you have excluded Other recordable cases (Column J) and nonrecordable cases.

Make sure you are counting only the cases with Days Away from Work (Column H) and Job Transfer or Restriction (Column I).

Make sure that your totals for Columns H and I in Section 2 are correct and make corrections, if necessary

Report case data on only these selected cases. These cases have been selected by a scientific sampling process and cannot be replaced.

Selected				Day	5
Case	Employee's Name	Job Title	Date of Injury	Away from Work	of Restriction
2**	Enter Case				
3.4	Enter Case				
8 m	Enter Case				
13°	Enter Case				
15°	Enter Case				
16°	Enter Case				
18 <sup>th</sup>	Enter Case				
20°	Enter Case				

← Back Continue →

If you have questions or comments, please complete and submit the Helo Request Form

Version: 12.2.2

Establishment ID: 00-000000000-0

Update Respondent Information | Help | Logout

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 2021 work-related injury or illness ONLY if it resulted in days away from work, job transfer, or restriction.

Employee's name (column B)	John			
Job title (column C)	Janitor			
Date of injury or onset of illness (column D)	02-Feb ▼	03	<b>v</b> 2021	*
Number of days away from work (column K)	13			
Number of days of job transfer or restriction (column L)	0			
Select the category which best describes th	e employee's regular type of job	or work: (op	ptional)	
<ul> <li>Office, professional, business, or manag</li> </ul>	ement staff	□ Re	epair, installation or service of m	achines, equipment
		□ Cle	eaning, maintenance of building,	, grounds
☐ Sales		□ Co	onstruction	
<ul> <li>Delivery or driving</li> </ul>			aterial handling (e.g. stocking, lo	pading/unloading, moving, etc.)
<ul> <li>Product assembly, product manufacture</li> </ul>		☐ Far	arming	
☐ Food Service		Ott	ther:	
■ American Indian or Alaska Native  ✓ Asian  ■ Black or African American  ■ Hispanic or Latino  ■ Native Hawaiian or Other Pacific Isla  White  ■ Not available  3. Employee's age:  OR  Date of Birth:  MM  ▼ DD	onder ▼			
4. Employee's date hired: 02-Feb v	21 ▼ 2014 ▼			
OR				
Select length of service at establishmer  Less than 3 months  From 3 to 11 months  From 1 to 5 years  More than 5 years	t when incident occurred:			
5. Employee's gender:				
<ul><li>✓ Male</li><li>☐ Female</li></ul>				
i emale				

6. Wa	is employee treated in an emergency room?
•	Yes No
	is employee hospitalized overnight as an in-patient? Yes
•	No .
8. Tim	ne employee began work: 10 am v 00 v
9. Tim	ne of event: 04 pm v 00 v
	Check if time cannot be determined
	ent occurred: Before
	During
	After work shift
Des	at was the employee doing just before the incident occurred? scribe 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 and sprayer", "daily computer key-entry." (maximum entry of 1500 characters)
С	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."
	Examples: "When ladder supped 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
1	4. Case Comments:
	Enter additional case information here (optional).

Save & Continue →

Establishment ID: 00-00000000-0



Review your data

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

### Section 1. Establishment Information

### 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	vour annual	average number of	f employees or tota	I hours worked	during 2021

Strike or lockout	Shorter work schedules or fewer pay periods than usual
Shutdown or layoff	<ul> <li>Longer work schedules or more pay periods than usual</li> </ul>
Seasonal work	Nothing unusual happened to affect our employment or hours figures
Natural disaster or adverse weather conditions	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 1	Total number of cases with job transfer or restriction	Total number of other recordable cases
(G)	(H)	(I)	(J)

Number of Days						
Total number of days away from work 13		Total number of days of job transfer or restriction 5				
(K)		(L)				
Injury and Illness Types						
Total number of (M)						
(1) Injuries	2	(4) Poisonings	0			
(2) Skin disorders	0	(5) Hearing loss	0			
(3) Respiratory conditions	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 Comments:

Click the Submit button to send your data to BLS.

Submit