



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The temporary password is no longer valid, please create a new password.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



## Welcome to the Internet Data Collection Facility

- [Select Survey](#)
- [Update Respondent Info](#)
- [Change Password](#)

- 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

<a href="#">Update</a>	<b>Ken</b> shepherd.kenneth@bls.gov 217-549-6106	<b>BLS</b> Fake st Charleston IL 61920
------------------------	--	--

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 Establishment(s) listed under the 'Report for' heading in the notification(s) we sent you earlier this year.
2. 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)
  - 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.
- 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 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 (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 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



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	
<a href="#">Select</a>	2021	01-010010010-0	Testing Company	1ST AVE	tester21@testing.com	Complete	<a href="#">Remove</a>



### Contact Preference

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

Email

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

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:



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](mailto: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:



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 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:

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

Version: 12.2.2

## New OSHA ID Successful Match:

**BUREAU OF LABOR STATISTICS**  
Survey of Occupational Injuries and Illnesses

Respondent Information | Help | Logout

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

**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**

**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** →

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

Version: 12.3

## 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](#)

<a href="#">Update</a>	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:

- |   |   |
|---|---|
| <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 style="width: 80px;" 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"/>	<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:



### Section 1. Establishment Information

#### Update Establishment Location Information

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

<a href="#">Update</a>	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](#) →



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

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

In Section 2 you reported:

Establishment ID: 00-00000000-0

- 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 cases 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 Case	Employee's Name	Job Title	Date of Injury	Days	
				Away from Work	of Restriction
2 <sup>nd</sup>	<input type="text" value="Enter Case"/>				
3 <sup>rd</sup>	<input type="text" value="Enter Case"/>				
8 <sup>th</sup>	<input type="text" value="Enter Case"/>				
13 <sup>th</sup>	<input type="text" value="Enter Case"/>				
15 <sup>th</sup>	<input type="text" value="Enter Case"/>				
16 <sup>th</sup>	<input type="text" value="Enter Case"/>				
18 <sup>th</sup>	<input type="text" value="Enter Case"/>				
20 <sup>th</sup>	<input type="text" value="Enter Case"/>				

[← Back](#)      [Continue →](#)



## 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: 00-000000000-0

- 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)	<input type="text" value="John"/>
Job title (column C)	<input type="text" value="Janitor"/>
<a href="#">Date of injury or onset of illness</a> (column D)	<input type="text" value="02-Feb"/> <input type="text" value="03"/> <input type="text" value="2021"/>
<a href="#">Number of days away from work</a> (column K)	<input type="text" value="13"/>
<a href="#">Number of days of job transfer or restriction</a> (column L)	<input type="text" value="0"/>

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: 10 am 00

9. Time of event: 04 pm 00

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