

November 9, 2021

MEMORANDUM FOR : Reviewer of 1220-0045

FROM : Jeff Brown, Chief (Acting)  
Division of Collection and Review  
Office of Safety and Health Statistics  
Office of Compensation and Working Conditions  
Bureau of Labor Statistics

SUBJECT : Changes to Fax Collection Form(s) for the Survey of  
Occupational Injuries and Illnesses

Respondents can submit their data for the BLS Survey of Occupational Injuries and Illnesses (SOII) using fax forms. We are requesting minor language changes to be consistent with other data reporting modes available, such as the SOII long form and through the IDCF. These changes better clarify how respondents are to report cases involving days away from work or days of job transfer or restriction when using these fax forms.

The changes are described below.

**Current:**

*Tell us about each 2021 work-related injury or illness case if it resulted in days away from work (Column H in Section 2 on Page 1) or days of job transfer or restriction (Column I in Section 2 on Page 1). One Injury and Illness Case Form should be completed for each injury or illness case.*

**Proposed:**

*If you had cases in 2021 with days away from work (Column H in Section 2 on Page 1) or days of job transfer or restriction (Column I in Section 2 on Page 1), please complete one Injury and Illness Case Form for each case. We have designed this survey to ensure that you do not have to report more than 8 cases. If you have more than 8 cases, please contact the office whose number appears on the front of the survey form.*

Three Fax Forms (AK Fax example, generic Fax form, and the Spanish version) are attached with this request. These changes are not expected to have an impact on respondent burden. If you have any questions about this request, please contact Jeff Brown by telephone at 202-691-6188 or by e-mail at brown.jeff@bls.gov.

**Attachments**

Item 24 – Generic English Version  
AK\_2021 Example  
Fax\_Form\_PR\_2021 with Dart