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

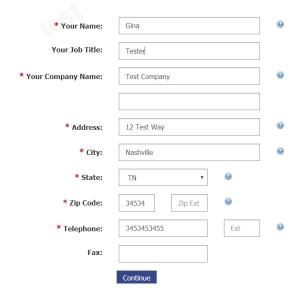
Please enter and confirm your email address below. (* Required Field) 0 * Email: * Confirm Email: 0

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

ADA Statement | Privacy Policy | Logout

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The temporary password is no longer valid, please create a new password.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

Dear Employer,

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

Forms you will need:

- The SOII instructions that were sent to you.
 OSHA forms (<u>Form 300, 300A, and 301</u>) 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:

- Complete the survey only for the establishment(s) listed under the 'Report for' heading in the notification(s) we sent you earlier this year.
 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



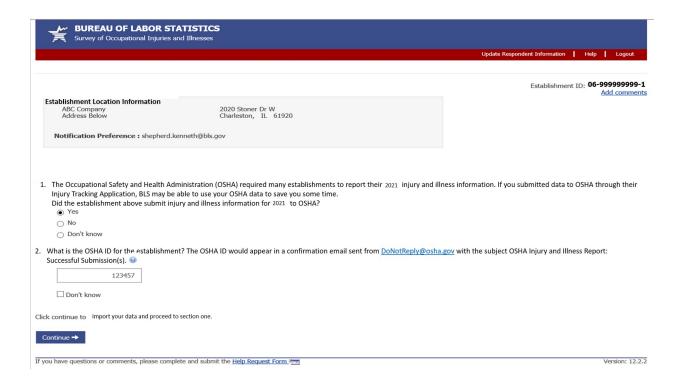
Make sure the Establishment ID(s) on the mailing form or email attachment match the Establishment ID(s) shown below.

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:



What is shown when selecting the question mark <u> </u> :

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.

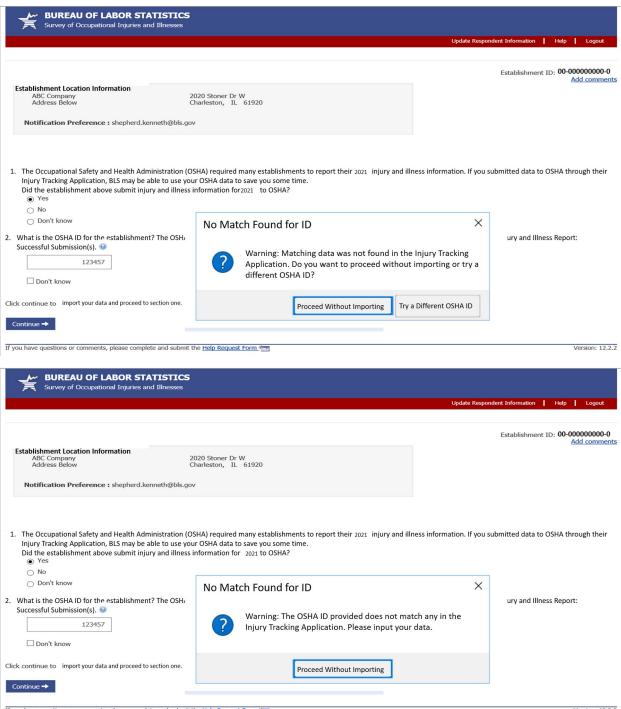
ID	Name	Address
123456	Establishment Name	Establishment Address
		City, State, Zip

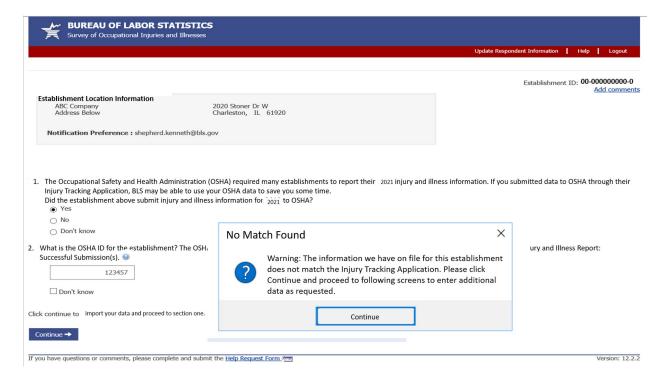
If you have any questions, you can contact OSHA using the Support Webform.

Thank you,

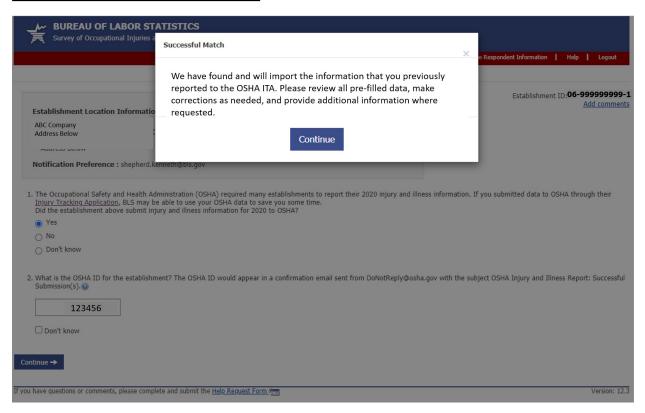
ITA Team

New OSHA Error Handling





New OSHA ID Successful Match:



Section 1 & 2 if OSHA data not pulled in:

BUREAU OF LABOR STATISTICS Survey of Occupational Injuries and Illnesses			
		Upx	date Respondent Information Help Logout
ection 1. Establishment Information	Establishment Information (Section 1)	2 Injuries and Illnesses (Section 2)	3 Cases (Section 3) 4 Data Review (Section 4)
Update Establishment Location Information			Establishment ID: 01-01001001
Update Test Company Address Below.	123 TEST street Charleston, IL 61920		
Notification Preference : shepherd.kenneth_tes	st@bls.gov		
Complete this survey only for the location(s) listed under 'Report for' Copy the information from your completed Calendar Year 2021 Summ Use the help links for Items (1) and (2) if annual average number of each templaye	nary of Work-Related Injuries and Illnesses (OSF		(0.*. no.) 3. (1.9) (1.0.0 oct.) (1.0.0 oct.)
Enter the total hours worked by all employees for 2021 Help me calculate this			
Annual average hours worked per em	ployee		
3. Check any conditions that might have affected your annual average no	umber of employees or total hours worked durin	ng 2019:	
☐ Strike or lockout	☐ Shorter work schedules or fewer	r pay periods than usua	ıl
☐ Shutdown or layoff	 Longer work schedules or more 	pay periods than usual	
☐ Seasonal work	☐ Nothing unusual happened to af	ffect our employment or	r hours figures
☐ Natural disaster or adverse weather conditions	Other reason:		
4. Did you have ANY work-related injuries or illnesses during 2019? Yes No			
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				
Respiratory conditions		All other illnesses				
Continue						

Section 1& 2 if OSHA data pulled in:

BUREAU OF LABOR STATISTICS Survey of Occupational Injuries and Illnesses		Update Respondent Information Help Logout
ection 1. Establishment Information	Establishment Information (Section 1)	2 Injuries and Injuries and Section 3 (Section 3) (Section 4)
Update Establishment Location Information		Establishment ID: 01-01001001 Add comm
Update Test Company Address Below.	123 TEST street Charleston, IL 61920	PAGE SOFILING
Notification Preference : shepherd.kenneth		
Review any data shown below, make any corrections The data you enter here should match your calendar Use the help links for Items (1) and (2) if annual avera Enter 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	year 2021 Summary of Work-related Injuries ar	
Annual average hours worked pe	er employee	
3. Check any conditions that might have affected your annual average	ge number of employees or total hours worked during 20	119:
☐ Strike or lockout	Shorter work schedules or fewer pay	periods than usual
☐ Shutdown or layoff	 Longer work schedules or more pay p 	periods than usual
☐ Seasonal work ☐ Natural disaster or adverse weather conditions	 Nothing unusual happened to affect of the control of	our employment or hours figures —
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

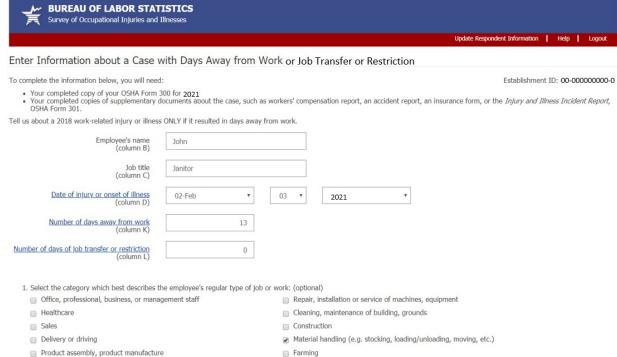
Establishment ID: 01-010010010-0 : Add comments

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 →			





Other:

Food Service

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: 33
OR
Date of Birth: MM v DD v YYYY v
4. Employee's date hired: 02-Feb v 21 v 2014 v
OR .
Select length of service at establishment when incident occurred:
Ess than 3 months
From 3 to 11 months
From 1 to 5 years
☐ More than 5 years
5. Employee's gender:
Female
6. Was employee treated in an emergency room?
□ Yes
✓ No
7. Was employee hospitalized overnight as an in-patient?
Yes
No No
8. Time employee began work: 10 am v 00 v
9. Time of event: 04 pm v 00 v
OR
Check if time cannot be determined
Event occurred:
Before
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

Examples: "Wh	i? Tell us how the injury or illness occurred. <i>en ladder slipped on wet floor, worker fell 20 feet";"Worker was sprayed with</i> y of 1500 characters)	chlorine when gasket broke during replacement", "Worker developed soreness in wrist over time."
slipped on flo	oor	
12. What was the ir Tell us the part syndrome." (ma	njury or illness? of the body that was affected and how it was affected; be more specific than aximum entry of 1500 characters)	"hurt," "pain," or "sore." Examples: "strained back"; "chemical burn, hand"; "carpal tunnel
sprain wrist		
13. What object or Examples: "con	substance directly harmed the employee? crete floor";"chlorine";"radial arm saw." If this question does not apply to the	incident, leave it blank. (maximum entry of 1500 characters)
water on floo		
14. Case Commer	nts: nal case information here (optional).	
Save & Continue •	•	

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

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	 Longer work schedules or more pay periods than usual
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 1
(G)	(H)	(I)	(3)

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