

Dear Employer,

This is your Notice of Recordkeeping Requirements for the 2024 Survey of Occupational Injuries and Illnesses (SOII). You do not need to report any information now. Your participation is voluntary but important and we request that you keep records described below. In January 2025, the Bureau of Labor Statistics (BLS) will ask you to report your establishment's injury and illness information that we request that you keep during the 2024 calendar year.

What must you do now?

- Keep a record of all Occupational Safety and Health Administration (OSHA) work-related injuries and illnesses (see <https://www.osha.gov/recordkeeping/entryfaq.html>) that occurred throughout calendar year 2024 at the establishment(s) identified in the attached PDF.
- Use separate forms for each establishment. OSHA injury and illness recordkeeping forms are available at <http://www.bls.gov/respondents/iif/forms/oshafoms.pdf>.
- Record optional race and/or ethnicity information that this survey will ask you to report that is not included on the OSHA forms.
- Use the records you will keep throughout the 2024 calendar year to complete the SOII when BLS contacts you again in January 2025.

How do I open the attached PDF?

- **In addition to this email and its password-protected PDF attachment, you should have received a second email. The second email includes the password needed to open the PDF attached to this email that has establishment information needed to complete the SOII.**

If you cannot find the second email, please check your spam and junk folders. If you still can't locate the email, please email the SOII Helpdesk at osh.helpdesk@bls.gov.

- Once you have located the second email and found your password, open the PDF and it will prompt you for this password. Copy and paste the password into the pop-up box.

If you open the PDF and it is blank, please email the SOII Helpdesk at osh.helpdesk@bls.gov.

Why should I participate?

Without the cooperation of organizations like yours, there would not be national estimates of workplace injuries and illnesses for state and local governments. Your efforts will allow policy officials and public health professionals to improve the safety of America's workers. Your participation is greatly appreciated.

Additional information regarding this survey, including state-specific contact telephone numbers, can be found at: www.bls.gov/respondents/iif.

Thank you,

U.S. Department of Labor

Bureau of Labor Statistics

This survey, which is conducted by the Bureau of Labor Statistics in cooperation with state agencies, is approved under OMB No. 1220-0045.

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 Federal Cybersecurity Enhancement Act of 2015, Federal information systems are protected from malicious activities through cybersecurity screening of transmitted data.

The Bureau of Labor Statistics (BLS) is committed to the responsible treatment of confidential information and takes rigorous security measures to protect confidential information in its possession. This email contains confidential information. If you believe you are not the intended recipient of this message, please notify the sender and delete this email without disclosing, copying, or further disseminating its contents.