BUREAU OF LABOR STATISTICS Internet Data Collection Facility	
	ADA Statement Privacy Policy
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:	User ID	0
Password:	Password	0
	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

BUREAU OF LABOR STATISTICS

Step 1 of 4: Check Email Address

Please enter and confirm your email address below. (* Required Field)

* Email:		0	
* Confirm Email:		Θ	
	Continue		

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If you have questions or comments please complete and submit the <u>Help Request Form</u> in Version: 10.1.1

BUREAU OF LABOR STATISTICS Internet Data Collection Facility

ADA Statement Privacy Policy Logout

Step 2 of 4: Enter New User Information

Please complete the items below. Name & Address of Person Completing this Form (* Required Field)

* Your Name:	Gina	Θ
Your Job Title:	Tester	
* Your Company Name:	Test Company	Θ
* Address:	12 Test Way	Ø
* City:	Nashville	Θ
* State:	TN 🔻 🥹	
* Zip Code:	34534 Zip Ext 3	
* Telephone:	3453453455 Ext	Θ
Fax:		
	Continue	

BUREAU OF LABOR STATISTICS

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The temporary password is no longer valid, please create a new password.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:		 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
Confirm Password:		categories: UPPER CASE letter (A-Z) lower case letter (a-z) Digit (0-9)
Con	tinue	Special Character !@#\$^*=./:?[\]`{ }~ X Both passwords must match

If you have questions or comments please complete and submit the <u>Help Request Form</u> i Version: 10.1.1

BUREAU OF LABOR STATISTICS

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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.

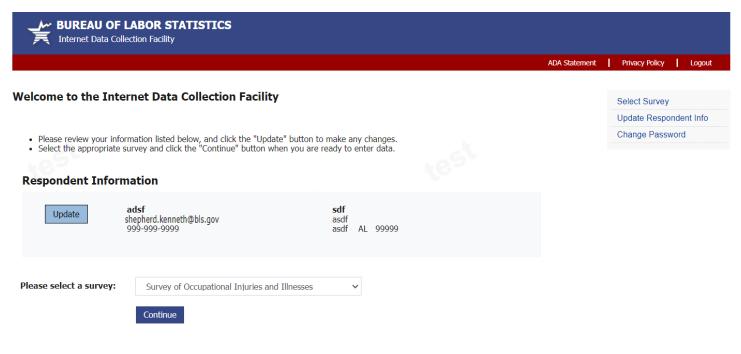
Your User ID will also be emailed to you. To ensure that you receive email from the Bureau of Labor Statistics (BLS), add our domain "bls.gov" to your email Safe List.

Click on the "Continue" button to report your data.

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

Continue

If you have questions or comments please complete and submit the <u>Help Request Form</u> 1 Version: 10.1.1



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: 10.4.1



Help Logout

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.

 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, <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 in 2023.
- 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.





BUREAU OF LABOR STATISTICS Survey of Occupational Injuries and Illnesses

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.

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: 12.7.3

BUREAU OF LABOR ST			
		Update Respondent Information	Help Logout
		Establishment	t ID: Add comments
Establishment Location Information ABC Company Address Below	2020 Stoner Dr W Charleston, IL 61920		
Notification Preference : shepherd.ke	enneth@bls.gov		

 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?

YesNo

O Don't know

2. What is the OSHA ID for the establishment? The OSHA ID would appear in a confirmation email sent from <u>DoNotReply@osha.gov</u> 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 →

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

Version: 12.2.2



Message displayed after user successfully imports case data from OSHA's ITA. Update Respondent Information Help Logout Establishment ID: Establishment Location Information Add comments Notification Preference : shepherd.kenneth@bls.gov 1. The Occupational Safety and Health Administ rmation. If you submitted data to OSHA through Match Found × their Injury Tracking Application, BLS may be Did the establishment above submit injury an • Yes We have successfully imported the data from OSHA's ITA, O No including case details. Please review the imported information and enter any missing information. O Don't know Continue 2. What is the OSHA ID for the establishment? ith the subject OSHA Injury and Illness Report: Successful Submission(s). 406244 Don't know

Continue



Message displayed if communication fails with OSHA's ITA API. Update Respondent Information Establishment ID: Establishment Location Information

Proceed without Importing

Notification Preference : shepherd.kenneth@bls.gov

1. The Occupational Safety and Health Administ their Injury Tracking Application, BLS may be Did the establishment above submit injury an

> Yes O No

O Don't know

2. What is the OSHA ID for the establishment? Successful Submission(s).

406244

Don't know

Technical Difficulty	×	ormation. I
We are experiencing technical difficulties when trying to retrie your OSHA ITA information. Please try again later or manually input your data.		

Try Again

. If you submitted data to OSHA through

Help

Add comments

ith the subject OSHA Injury and Illness Report:

Continue



Message displayed	if no matching ID is found in OSHA's API data	abase
		Update Respondent Information Help Logout
Establishment Location Information		Establishment ID: Add comments
Notification Preference : shepherd.kenneth 1. The Occupational Safety and Health Admin their <u>Injury Tracking Application</u> , BLS may Did the establishment above submit injury		imes ion. If you submitted data to OSHA through
 Yes No Don't know 	The OSHA ID provided does not match any in the Injury Tracking Application. you want to proceed without importing or try a different OSHA ID?	Do
2. What is the OSHA ID for the establishment Successful Submission(s).	Proceed Without Importing Try a Different OSHA ID	ne subject OSHA Injury and Illness Report:
406244		

Don't know

Updated tooltip for finding OSHA ITA number

OSHA sends an email after receiving data in the Injury Tracking Application. The email contains the 6 or 7 digit ID, and looks like this:

From:	DoNotReply@osha.gov on behalf of Occupational Safety and Health Administration
	<donotreply@osha.gov></donotreply@osha.gov>
Sent:	Thursday, February 01, 2018 11:26 AM
То:	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.

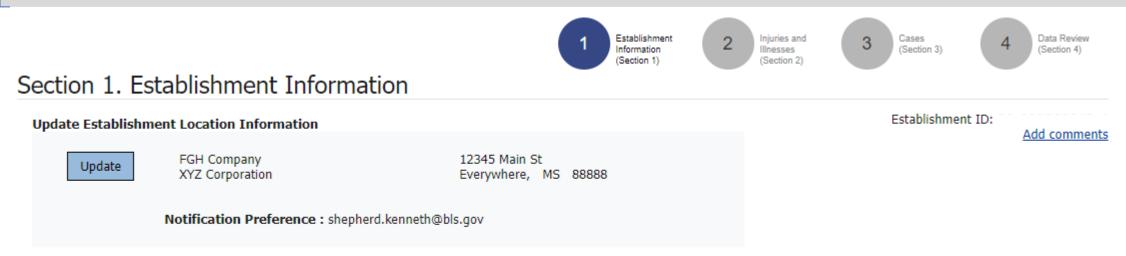
ID	Name	Address
123456	Establishment Name	Establishment Address
		City, State, Zip

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

Thank you,

ITA Team

Section 1 instructions displayed if user does import data from OSHA's ITA.



- 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 2023 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.

Section 1 instructions displayed if user does import not data from OSHA's ITA.



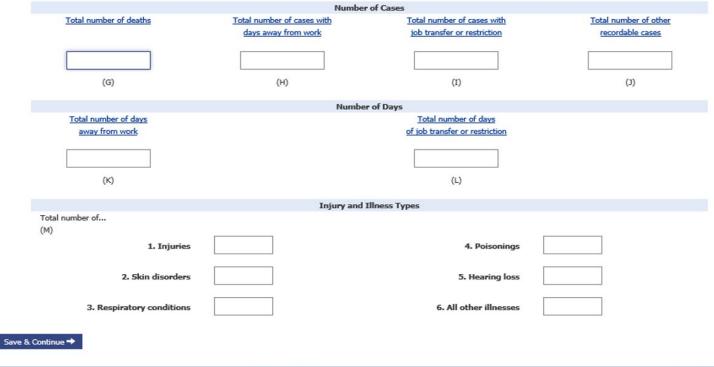
- Complete this survey only for the location(s) listed under 'Report for' in your survey notification.
- Copy the information from your completed Calendar Year 2023 Summary of Work-Related Injuries and Illnesses (OSHA Form 300A) into the spaces below.
- Use the help links for Items (1) and (2) if annual average number of employees and total hours worked are not available from your OSHA 300A.



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.



Instructions displayed after user successfully imports case data from OSHA's ITA and has 8 or less cases that resulted in days away from work, job transfer, or restriction.

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

In Section 2 you reported:

Establishment ID: :

-

6 case(s) with days away from work (Column H)

0 case(s) with job transfer or restriction (Column I)

Enter and/or review data for cases with days away from work, job transfer, or restriction in the table below. Please enter the fields that were not in the data imported from OSHA. These fields are never available in the data imported from OSHA: Employee's Name, Race (optional), and when the event occurred related to the work shift (optional).

				Day		
	Employee's Name	Job Title	Date of Injury	Away from Work	of Restriction	
Edit	bob	CUSTOMER SERVICE REP	01/02/2023	1	0	Clear
Edit		CUSTOMER SERVICE REP	01/10/2023	2	0	Clear
Edit		DELIVERY DRIVER	04/10/2023	3	0	Clear
Edit		DELIVERY DRIVER	09/27/2023	4	0	Clear
Edit		CUSTOMER SERVICE REP	01/01/2023	5	0	Clear
Edit		DELIVERY DRIVER	01/02/2023	10	0	Clear

Instructions displayed after user successfully imports case data from OSHA's ITA and has 9 or more cases that resulted in days away from work, job transfer, or restriction.

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

In Section 2 you reported:

Establishment ID:

9 case(s) with days away from work (Column H)
0 case(s) with job transfer or restriction (Column I)
In this section, you will be asked to enter case data. We have imported 8 out of these 9 cases for detailed reporting.
You will report case data for only these cases.

Enter and/or review data for cases with days away from work, job transfer, or restriction in the table below. Please enter the fields that were not in the data imported from OSHA. These fields are never available in the data imported from OSHA: Employee's Name, Race (optional), and when the event occurred related to the work shift (optional).

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

				Days			
Selected Case		Employee's Name	Job Title	Date of Injury	Away from Work	of Restriction	
as dfghjklqwertyui op z0123456789 as d	Edit		CUSTOMER SERVICE REP	01/02/2023	1	0	Clear
bs dfg hjklqwerty uiopz 0123456789 as dfg hjklqwe	Edit		CUSTOMER SERVICE REP	01/10/2023	2	0	Clear
csdfghjklqwertyuiopz 0123456789 asdfghjklqwertyuiopz 0123456789 asdfghjklqwertyui	Edit		DELIVERY DRIVER	04/10/2023	3	0	Clear
dsdfghjklqwertyuiopz 0123456789 asdfghjklqwertyuiopz 0123456789 asdfghjklqwertyui	Edit		DELIVERY DRIVER	09/27/2023	4	0	Clear

Instructions displayed if user does not import case data from OSHA's ITA and has 9 or more cases that resulted in days away from work, job transfer, or restriction.

Establishment

Information

(Section 1)

2

Injuries and

Illnesses (Section 2)

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)4 case(s) with job transfer or restriction (Column I)

Enter data for cases with days away from work, job transfer, or restriction in the table below.

3

Instructions displayed if user does not import case data from OSHA's ITA and has 8 or LESS cases that resulted in days away from work, job transfer, or restriction.

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

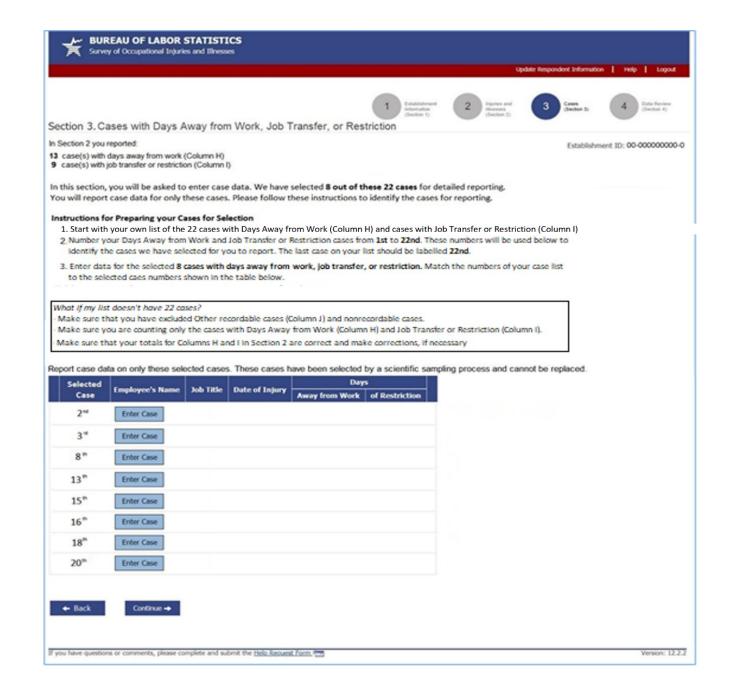
In Section 2 you reported:

Establishment ID:

4 case(s) with days away from work (Column H)0 case(s) with job transfer or restriction (Column I)

Enter data for cases with days away from work, job transfer, or restriction in the table below.

			Days	
Employee's Name	Job Title	Date of Injury	Away from Work	of Restriction
Enter Case 1				
Enter Case 2				
Enter Case 3				
Enter Case 4				





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 2024
 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	٣	03 *	2024	٣
Number of days away from work (column K)		13			
Number of days of job transfer or restriction (column L)		0			

1. Select the category which best describes the employee's regular type of job or work: (optional)

Office, professional, business, or management staff	۲	Repair, installation or service of machines, equipment
Healthcare		Cleaning, maintenance of building, grounds
Sales		Construction
Delivery or driving		Material handling (e.g. stocking, loading/unloading, moving, etc.)
Product assembly, product manufacture		Farming
Food Service		Other:

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				
<i>OR</i> Date of Birth:	ММ	•	DD	•	YYYY	•

4. Employee's date hired: 02-Feb • 21 • 2014 •

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
9.	Time of event: 04 pm • 00 • <i>OR</i> Check if time cannot be determined Event occurred:
	 Before During After work shift

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)



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	
sipped on noor	

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

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:

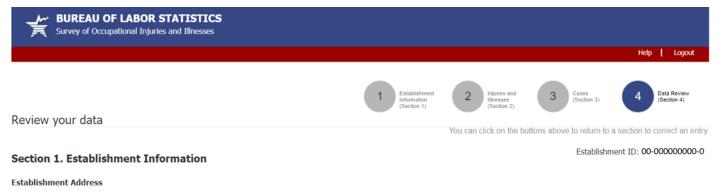
Enter additional case information here (optional).



Save & Continue →

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

Version: 12.2.2



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		Shorter work schedules or fewer pay periods than usual
Shutdown or layoff		Longer work schedules or more pay periods than usual
Seasonal work	4	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	Total number of cases with job transfer or restriction	Total number of other recordable cases			
(G)	(H)	(I)	(1)			

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: • Asian 3. Employee's age: 33 Employee's date of birth:
 Employee's date of birth:
 Employee's date inred: 02/21/2014
 Employee's length of service when incident occurred:
 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.

