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]

Password: [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.

I Accept

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.

Step 1 of 4: Check Email Address

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

* Email:

* Confirm Email:

Continue

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

Your Job Title: Tester

* Your Company Name: Test Company

* Address: 12 Test Way

* City: Nashville

* State: TN

* Zip Code: 34534   Zip Ext

* Telephone: 3453453455   Ext

Fax:

Continue

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The temporary password is no longer valid, please create a new password.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

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

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

Update	**adsf** shepherd.kenneth@bls.gov 999-999-9999	**sdf** asdf asdf AL 99999

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: 10.4.1

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 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.

Continue

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

○ 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

Establishment ID:

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 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 ➡

Update Respondent Information | Help | Logout

Establishment ID:

Establishment Location Information

Add comments

Notification Preference : shepherd.kenneth@bls.gov

1. The Occupational Safety and Health Administration ... ormation. If you submitted data to OSHA through their Injury Tracking Application, BLS may be ... Did the establishment above submit injury an ...

- ● Yes
- ○ No
- ○ Don't know

Match Found ✕

We have successfully imported the data from OSHA's ITA, including case details. Please review the imported information and enter any missing information.

Continue

2. What is the OSHA ID for the establishment? ... with the subject OSHA Injury and Illness Report: Successful Submission(s). ⓘ

406244

☐ Don't know

Continue

Update Respondent Information | Help | Logout

Establishment ID:

Establishment Location Information

Add comments

Notification Preference : shepherd.kenneth@bls.gov

1. The Occupational Safety and Health Adminis~~tration~~ ... ~~rmation~~. If you submitted data to OSHA through
   their Injury Tracking Application, BLS may be ...
   Did the establishment above submit injury a~~nd~~ ...
   - ⦿ Yes
   - ○ No
   - ○ Don't know

Technical Difficulty ✕

We are experiencing technical difficulties when trying to retrieve
your OSHA ITA information. Please try again later or manually
input your data.

| Proceed without Importing | Try Again |

2. What is the OSHA ID for the establishment? ... ~~with~~ the subject OSHA Injury and Illness Report:
   Successful Submission(s). ⓘ

   406244

   ☐ Don't know

Continue

Update Respondent Information | Help | Logout

Establishment ID:

Establishment Location Information

Add comments

Notification Preference : shepherd.kenneth@bls.gov

1. The Occupational Safety and Health Admin[...] [...]ion. If you submitted data to OSHA through their Injury Tracking Application, BLS may [...]
   Did the establishment above submit injury [...]
   - ● Yes
   - ○ No
   - ○ Don't know

No Match Found for ID ✕

The OSHA ID provided does not match any 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 |

2. What is the OSHA ID for the establishment [...] [...]e subject OSHA Injury and Illness Report:
   Successful Submission(s). ⓘ

   406244

   ☐ Don't know

Continue

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>

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

| 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:

Add comments

| Update | FGH Company XYZ Corporation | 12345 Main St Everywhere, MS 88888 |

Notification Preference : shepherd.kenneth@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 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.

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

Section 1. Establishment Information

Establishment ID: .

| Update | FGH Company XYZ Corporation | 12345 Main St Everywhere,   MS   88888 | Add comments |

Notification Preference : shepherd.kenneth@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 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.

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

Section 2. Summary of Work-Related Injuries and Illnesses, 2024

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 days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
(G)	(H)	(I)	(J)

Number of Days	
Total number of days away from work	Total number of days of job transfer or restriction
(K)	(L)

Injury and Illness Types

Total number of...
(M)

1. Injuries		4. Poisonings	
2. Skin disorders		5. Hearing loss	
3. Respiratory conditions		6. All other illnesses	

Save & Continue ➡

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).

	Employee's Name	Job Title	Date of Injury	Days Away from Work	Days 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

Back   Continue

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.

Selected Case		Employee's Name	Job Title	Date of Injury	Days		
					Away from Work	of Restriction	
asdfghjklqwertyuiopz0123456789asdfghjklqwertyuiopz0123456789asdfghjklqwertyuiopz0123456789asdfghjklq	Edit		CUSTOMER SERVICE REP	01/02/2023	1	0	Clear
bsdfghjklqwertyuiopz0123456789asdfghjklqwertyuiopz0123456789asdfghjklqwertyuiopz0123456789asdfghjklq	Edit		CUSTOMER SERVICE REP	01/10/2023	2	0	Clear
csdfghjklqwertyuiopz0123456789asdfghjklqwertyuiopz0123456789asdfghjklqwertyuiopz0123456789asdfghjklq	Edit		DELIVERY DRIVER	04/10/2023	3	0	Clear
dsdfghjklqwertyuiopz0123456789asdfghjklqwertyuiopz0123456789asdfghjklqwertyuiopz0123456789asdfghjklq	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.

	1	Establishment Information (Section 1)	2	Injuries and Illnesses (Section 2)	3

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

In Section 2 you reported:

E

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.

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				

Back   Continue

Update Respondent Information | Help | Logout

| 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: 00-000000000-0

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 case 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	Days of Restriction
2nd	Enter Case				
3rd	Enter Case				
8th	Enter Case				
13th	Enter Case				
15th	Enter Case				
16th	Enter Case				
18th	Enter Case				
20th	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 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 ▾ 03 ▾ 2024 ▾
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
- ☐ Healthcare
- ☐ Sales
- ☐ Delivery or driving
- ☐ Product assembly, product manufacture
- ☐ Food Service

- ☐ Repair, installation or service of machines, equipment
- ☐ Cleaning, maintenance of building, grounds
- ☐ Construction
- ☑ Material handling (e.g. stocking, loading/unloading, moving, etc.)
- ☐ Farming
- ☐ 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]

OR

Date of Birth: [MM ▾] [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 ▼] [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.

Establishment ID: 00-000000000-0

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 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)

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:
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