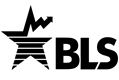
OMB No. 1220-0045

DISTRICT OF COLUMBIA DEPARTMENT OF LABOR

STATE SECONDARY NAME

STREET ADDRESS

MONTGOMERY, AL 36130-3500



U.S. Department of Labor

Bureau of Labor Statistics

**Establishment ID:** 01-203479880-1

**Report for:**

The Unit Description goes here

PRIMARY COMPANY NAME

{SECONDARY COMPANY NAME}

ADDRESS LINE 1

ADDRESS LINE 2

CITY, STATE ZIP-PLUS+4

**DATED MATERIAL**

**U.S. GOVERNMENT DOCUMENTS ENCLOSED**

**\*\*\*PLEASE RESPOND BY <DATE>\*\*\***

Dear Employer,

You were notified in December 2023 that the establishment listed above was selected to participate in the 2024 Survey of Occupational Injuries and Illnesses. In January 2025, we will contact you to collect the data requested. The purpose of this letter is to ensure this mandatory survey is directed to the appropriate individual that can provide required information for workplace injuries and illnesses at your establishment based on OSHA Recordkeeping Guidelines.

1. **Verify your establishment.** Is the letter addressed to the correct establishment? If the establishment is correct, continue to step 2. If it is incorrect, please contact us at <XXX-XXX-XXXX or DISTRICTOFCOLUMBIA-soii-help@bls.gov>.
2. **Verify contact information.** Enter information in the table below for the individual who can report information on workplace injuries and illnesses at your establishment.

|  |  |
| --- | --- |
| **Establishment ID:** | «Establishment\_ID» |
| **Contact name:** |  |
| **Job title:** |  |
| **Company name:** |  |
| **Mailing address:** |  |
| **City, state, zip:** |  |
| **Phone # (with ext.):** |  |
| **Email address:** |  |
| **Contact preference:** | Email Postal mail |

1. **Send your information.** Use any of the following options to share your information:

* Email → Send the information from the table above to <DISTRICTOFCOLUMBIA -soii-help@bls.gov>.
* Fax → Fill out the contact information above and fax this form to <XXX-XXX-XXXX>.
* Phone → Call us at <XXX-XXX-XXXX>.

More information about this survey, including state-specific contact telephone numbers, can be found at [www.bls.gov/respondents/iif](http://www.bls.gov/respondents/iif).

*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.*