would like to publish statistical tabulations i	on with the Bureau of Labor Statistics (BLS) n (industry name) of the survey, however, we found that you	,
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information about your establishment to be the bottom of this page for you to provide th would not include your company name, add	is permission. The published tabulations ress, or any other information that would t can be withdrawn at any time, but those da	ata
We are grateful for your participation and cooperation as it is essential to the success of our program. Safety and health professionals, employers, and the public will gain important occupational injury and illness information that will improve the working conditions of employees and may help decrease the occurrence of injuries and illnesses in the workplace. If you have any questions, please call of our Office at (State phone number)		
Sincerely	/,	
(Name and Title)		
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