

DISTRICT OF COLUMBIA DEPARTMENT OF LABOR  
 STATE SECONDARY NAME  
 STREET ADDRESS  
 MONTGOMERY, AL 36130-3500

U.S. Department of Labor  
 Bureau of Labor Statistics



2024 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

For Help

Call: 334-242-3462 ext. 9999  
 334-242-3463 ext. 9999  
 334-242-3462 ext. 9999  
 334-242-3463 ext. 9999  
 Fax: 334-242-3333

Please use login credentials below  
 (Credentials are reset every year)

User ID: 302203479880

Temporary Password: AnsU5155

NAICS: 512110 - Motion Picture and Video Production

12345 50

MANDATORY REPORT – DATED MATERIAL  
 U.S. GOVERNMENT DOCUMENTS ENCLOSED

## Instructions for Completing the 2024 Survey of Occupational Injuries and Illnesses

**YOUR RESPONSE IS REQUIRED BY LAW WITHIN 30 DAYS**

### How to Report Your Data

- ◆ Report your data to the Bureau of Labor Statistics (BLS) online at: <https://idcf.bls.gov>
- ◆ Some establishments must also submit data to the Occupational Safety and Health Administration (OSHA). Submitting data to OSHA does not fulfill the requirement to complete the BLS Survey of Occupational Injuries and Illnesses
- ◆ Check the User IDs and Establishment IDs if you receive multiple forms; you may have to report data for more than one establishment
- ◆ Report case circumstances and worker characteristics both for cases that resulted in days away from work (with or without days of job transfer or restriction) **AND** for cases that resulted in days of job transfer or restriction (without days away from work)
- ◆ Contact us using the telephone number(s) listed above for questions about this survey

We estimate it will take you an average of 30 minutes to complete this survey (ranging from 10 minutes to 5 hours per package), including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing this information. If you have any comments regarding the estimates or any other aspect of this survey, including suggestions for reducing this burden, please email them to the Bureau of Labor Statistics, Occupational Safety and Health Statistics (1220-0045) at [OSHS\\_Public@bls.gov](mailto:OSHS_Public@bls.gov). Persons are not required to respond to the collection of information unless it displays a currently valid OMB COMPLETED FORM TO THIS EMAIL ADDRESS.

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.

BLS-9300-IDCF

**Under Public Law 91-596, all establishments that receive this survey must complete and return it within 30 days, even if they had no work-related injuries and illnesses during 2024.**

In December 2023, you were notified to participate in the BLS 2024 Survey of Occupational Injuries and Illnesses (SOII) and asked to maintain records of workplace injuries and illnesses throughout 2024.

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### Forms to help you complete the survey

- ◆ OSHA’s Form 300 - Log of Work-Related Injuries and Illnesses; includes all injuries and illnesses for the year
- ◆ OSHA’s Form 300A - Summary of Work-Related Injuries and Illnesses; includes average employment and total hours worked
- ◆ OSHA’s Form 301 - Injury and Illness Incident Report; includes detailed injury and illness data

If the detailed case information requested is not recorded on your OSHA forms, please refer to other sources of information you may have (including your Workers’ Compensation records). Please note, however, that *OSHA’s rules* ([www.osha.gov/recordkeeping](http://www.osha.gov/recordkeeping)) concerning *which injuries and illnesses to record differ from your state’s Workers’ Compensation reporting.*

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### How to Use the BLS Internet Data Collection Facility

Before reporting your data, you must register online with the BLS even if you have done so in previous years or for other BLS surveys. **Please ensure that the individual registering this account will be the person entering data for the Survey of Occupational Injuries and Illnesses.**

1. Type <https://idcf.bls.gov> directly into your Internet browser. The “s” in “https” is required.
2. Enter the 12-digit User ID in the field labeled “User ID” and the Temporary Password in the field labeled “Password”. Click *I Accept*.

The image shows a screenshot of the BLS Internet Data Collection Facility registration form. The form is titled "U.S. Department of Labor Bureau of Labor Statistics BLS". It includes contact information for help: "For Help Call: 555-555-5555, 555-555-5555 Fax: 555-555-5555". The form has a section labeled "Example" with a box around it. Below this, there are fields for "User ID: 302203479880", "Temporary Password: AnsU5155", and "NAICS: 512110 - Motion Picture and Video Production". Red arrows point from the "User ID" and "Temporary Password" fields to a red box containing the text "You will need your User ID and temporary password if you report using the Internet." Another red arrow points from the "NAICS" field to a red box containing the text "Your NAICS".

3. Complete the “Check Email Address”, “Enter New User Information” and “Create a Permanent Password” pages.
4. Click *Continue* on the “Confirmation Notice” page.
5. Report your data and click *Submit* when you are finished. Print a copy of the completed survey for your records.
6. You may log onto the website using your User ID number and permanent password at any time to make corrections to your data.

You can report for additional establishment IDs by logging into the survey again, clicking the *Continue* button on the “Dear Employer” page, and then clicking *Add Establishment*.

For alternate reporting methods, please contact your state office at the telephone number listed under “For Help” on the front page.

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### Need help?

- ◆ For step-by-step account creation instructions or website technical help, go to <http://www.bls.gov/idcf/instructions.htm>.
- ◆ For questions about this survey, contact us using the telephone number(s) listed on the front of this form.
- ◆ For information about SOII, including frequently asked questions and to download forms, go to <http://www.bls.gov/respondents/iif/>.
- ◆ For information about OSHA record keeping guidelines, go to <https://www.osha.gov/recordkeeping/entryfaq.html>.

To see how your data will be used, please visit our website at <http://www.bls.gov/iif>.