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

User ID can be your permanent account number, temporary account number or your registered email address.

Password: Password

NOTE: the password is case-sensitive.

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

BUREAU OF LABOR STATISTICS
Internet Data Collection Facility

ADA Statement | Privacy Policy

Internet Data Collection Facility (IDCF) Logon

Test Your Browser

Our records show that you already have an account for reporting data to this survey. That account has been provided below.

Please enter the permanent password for that account

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: 302999999999

User ID can be your permanent account number, temporary account number or your registered email address.

Password: Password

NOTE: the password is case-sensitive.

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.

Enter Name of Person Completing this Form & Address where you conduct business or your worksite is actually located.
(* Required Field)

*** Your Name:**

If we have any questions about the information that you provided we will contact the person listed here.

Your Job Title:

*** Your Company Name:**

Name of your registered company.

*** Address:**

*** City:**

*** State:**

*** Zip Code:** Zip Ext

*** Telephone:** Ext

The phone number can only contain numbers (for ex. 1234567890)

Fax:

Continue

BUREAU OF LABOR STATISTICS
Internet Data Collection Facility

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:

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

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

Version: 10.5.4

BUREAU OF LABOR STATISTICS
Internet Data Collection Facility

ADA Statement | Privacy Policy | Logout

Step 4 of 4: Confirmation Notice

Thank you for completing your registration.

Your permanent IDCF User ID appears below.

302999999999

In the future, you can use either this number or your email address along with your permanent password to log in.

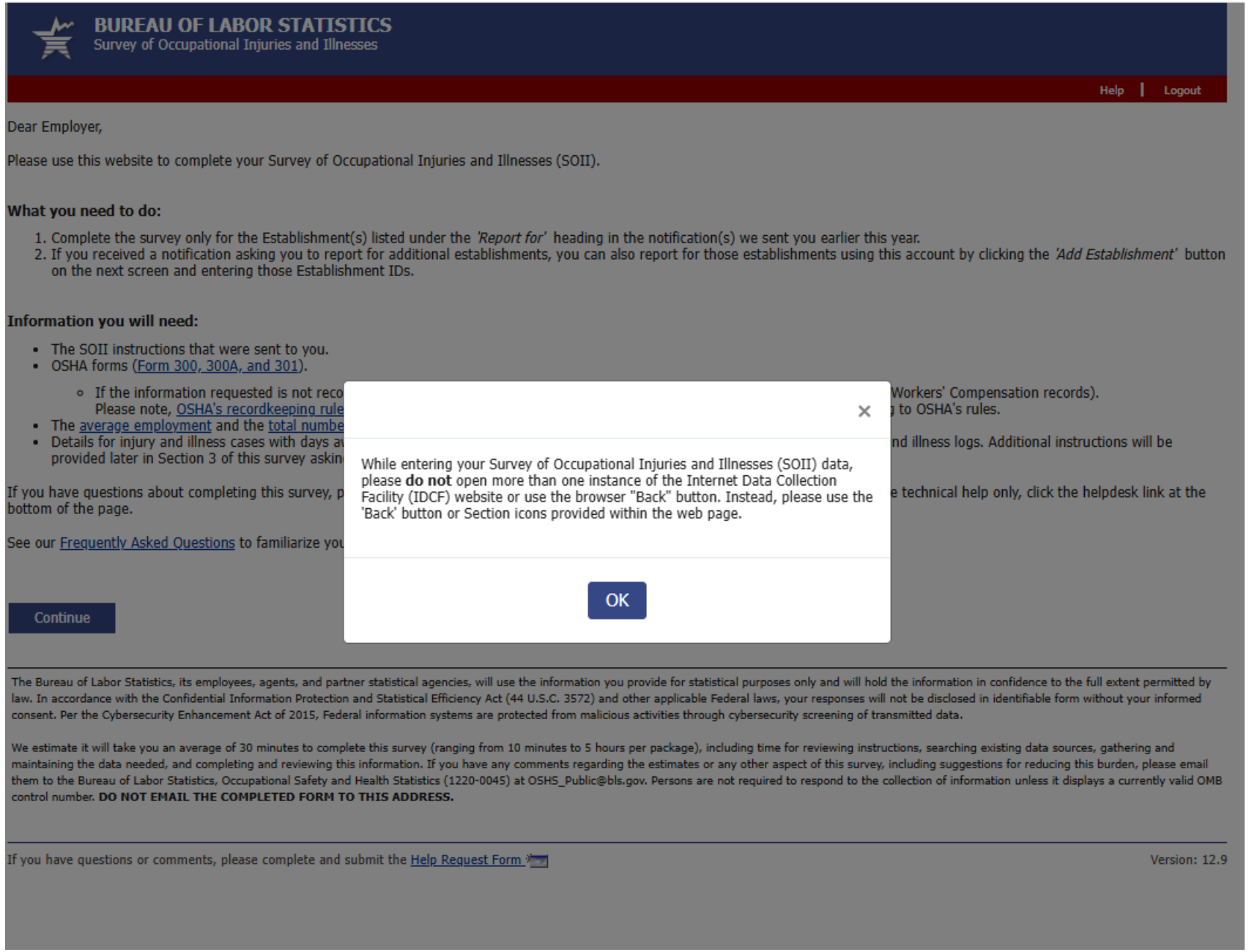
Your User ID will also be emailed to you. To ensure that you receive email from the Bureau of Labor Statistics (BLS), add our domain "bls.gov" to your email Safe List.

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

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

Continue

test test


BUREAU OF LABOR STATISTICS
Survey of Occupational Injuries and Illnesses
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.
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 reco
Please note, OSHA's recordkeeping rule
Workers' Compensation records).
to OSHA's rules.
The average employment and the total numbe
Details for injury and illness cases with days a
provided later in Section 3 of this survey askin
nd illness logs. Additional instructions will be
If you have questions about completing this survey, p
e technical help only, click the helpdesk link at the bottom of the page.
See our Frequently Asked Questions to familiarize you
Continue
While entering your Survey of Occupational Injuries and Illnesses (SOII) data, please do not open more than one instance of the Internet Data Collection Facility (IDCF) website or use the browser "Back" button. Instead, please use the 'Back' button or Section icons provided within the web page.
OK
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 Cybersecurity Enhancement Act of 2015, Federal information systems are protected from malicious activities through cybersecurity screening of transmitted data.
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. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. DO NOT EMAIL THE COMPLETED FORM TO THIS ADDRESS.
If you have questions or comments, please complete and submit the Help Request Form
Version: 12.9

BUREAU OF LABOR STATISTICS
Survey of Occupational Injuries and Illnesses

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.
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 2024.
- 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

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 Cybersecurity Enhancement Act of 2015, Federal information systems are protected from malicious activities through cybersecurity screening of transmitted data.

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. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. **DO NOT EMAIL THE COMPLETED FORM TO THIS ADDRESS.**

BUREAU OF LABOR STATISTICS
Survey of Occupational Injuries and Illnesses

Help | Logout

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.

deetz.robert@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

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

Version: 12.9

BUREAU OF LABOR STATISTICS
Internet Data Collection Facility

ADA Statement | Privacy Policy | Logout

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

Rob D
deetz.robert@bls.gov
202-691-6156

BLS
123 Main St
Providene RI 02907

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: 10.5.4

BUREAU OF LABOR STATISTICS
Survey of Occupational Injuries and Illnesses

Help | Logout

Make sure the Establishment ID(s) on the mailing form or email attachment match the Establishment ID(s) shown below.

Establishment ID not shown in table? Add Establishment

Please click on the "Select" button to select an establishment and begin reporting data.

	Year	Establishment ID	Company Name	Unit Description	Notification Preference	Status	
Select	2024	**16-999999999-9**	**Company Name**	ADDRESS BELOW	deetz.robert@bls.gov	**Incomplete**	Remove

BUREAU OF LABOR STATISTICS
Survey of Occupational Injuries and Illnesses

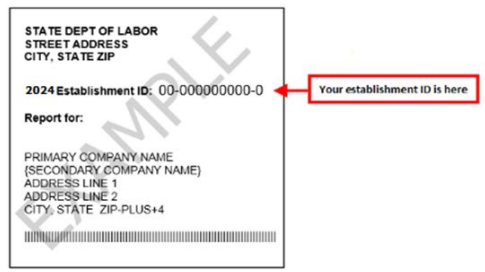
Help | Logout

Make sure the Establishment ID(s) on the mailing form or email attachment match the Establishment ID(s) shown below.

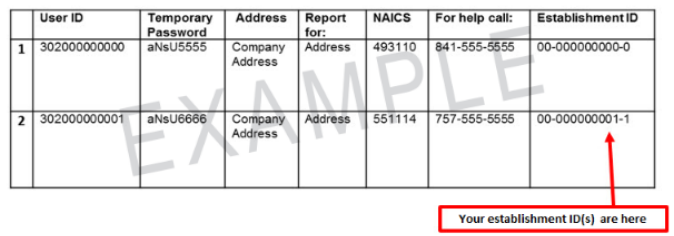
Please click on the "Select" button to select an establishment and begin reporting data.

	Year	Establishment ID	Company Name	Unit Description	Notification Preference	Status	
Add	2024	XX-XXXXXXXX-X					Remove
Select	2024	16-999999999-9	Company Name	ADDRESS BELOW	deetz.robert@bls.gov	Complete	Remove

If you received notification(s) by mail:



If you received notification(s) by email:



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

Version: 12.9

Updated help page for total hours worked

Total Hours Worked by All Employees Definition

< Previous | Index | Next >

This is the total number of regular AND overtime hours worked by employees during the calendar year. This total excludes vacation, sick days, holidays, and any other non-work time. In section one you can click on 'Help me calculate this' for additional help.

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

Version: 12.7

Updated help page for average number of employees

Annual Average Number of Employees Definition

< Previous | Index | Next >

This number is calculated by totaling the number of employees paid during all pay periods in your establishment (include full-time, part-time, temporary, seasonal, salaried, and hourly employees) divided by the number of pay periods during the year. Use the 'Help me calculate this' hyperlink in 'Section 1' for assistance calculating this.

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

Version: 12.7

Section 1. Establishment Information

Update Establishment Location Information

Establishment ID: **16-999999999-9**
Add comments

Update

Establishment Location Information

Company Name
Secondary Company Name
Unit Description

Street Address 1
Street Address 2
City, State, Zip Code

Notification Preference : **Email address to appear here**

- Complete this survey only for the location(s) listed under *'Report for'* in your survey notification.
- Copy the information from your completed Calendar Year 2024 *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. Enter the annual average number of employees for 2024.

Help me calculate this

2. Enter the total hours worked by all employees for 2024.

Help me calculate this

Annual average hours worked per employee

3. Check any conditions that might have affected your annual average number of employees or total hours worked during 2024:

- ☐ 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:

4. Did you have ANY work-related injuries or illnesses during 2024?

- ○ Yes
- ○ No

Save & Continue

BUREAU OF LABOR STATISTICS
Survey of Occupational Injuries and Illnesses

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 1. Establishment Information

Update Establishment Location Information

Establishment ID: **16-999999999-9**
Add comments

Update

Establishment Location Information

Company Name
Secondary Company Name
Unit Description

Street Address 1
Street Address 2
City, State, Zip Code

Notification Preference : **Email address to appear here**

- 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 2024 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. Enter the annual average number of employees for 2024.

Help me calculate this

2. Enter the total hours worked by all employees for 2024.

Help me calculate this

Annual average hours worked per employee

3. Check any conditions that might have affected your annual average number of employees or total hours worked during 2024:

- ☐ 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:

BUREAU OF LABOR STATISTICS
Survey of Occupational Injuries and Illnesses

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 1. Establishment Information

Update Establishment Location Information

Establishment ID: **16-999999999-9**
Add comments

Update

Company Name
Secondary Company Name
Unit Description

Street Address 1
Street Address 2
City, State, Zip Code

Notification Preference : **Email address to appear here**

- Complete this survey only for the location(s) listed under *'Report for'* in your survey notification.
- Copy the information from your completed Calendar Year 2024 *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. Enter the annual average number of employees for 2024.

1 Help me calculate this

2. Enter the total hours worked by all employees for 2024.

2000 Help me calculate this

2000 Annual average hours worked per employee

3. Check any conditions that might have affected your annual average number of employees or total hours worked during 2024:

- ☐ 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

4. Did you have ANY work-related injuries or illnesses during 2024?

- ◉ Yes
- ○ No

(NOTE: work-related injuries or illnesses were previously entered.)

Save & Continue

BUREAU OF LABOR STATISTICS
Survey of Occupational Injuries and Illnesses

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

Establishment ID: **16-999999999-9**
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.

The information you entered in Section 2 is inconsistent with your response to question 4 in Section 1. Please enter necessary corrections to the data you have entered.

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	0	0	0
(G)	(H)	(I)	(J)

BUREAU OF LABOR STATISTICS
Survey of Occupational Injuries and Illnesses

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

Establishment ID: 16-999999999-9
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.

Your Number of Cases (columns G-J) should equal the Number of Injury and Illness Types (columns M1-M6).

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	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	10
(K)	(L)

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

Establishment ID: **16-999999999-9**
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
	40	10	
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
47	44
(K)	(L)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
47	44
(K)	(L)

Injury and Illness Types

Total number of... (M)			
1. Injuries	50	4. Poisonings	
2. Skin disorders		5. Hearing loss	
3. Respiratory conditions		6. All other illnesses	

Save & Continue

ADA Compliance Notice

The Bureau of Labor Statistics (BLS) is committed to making its online information and services accessible to the widest possible audience.

We work to insure that our documents are, to the maximum extent feasible, accessible to persons using special screen reading software and hardware.

If this information is not accessible for any reason, or you wish to comment on our accessibility efforts, please complete and submit help request form: Help Request Form.

If you are reporting a specific issue with any of the pages in the Data Collection Facility, please provide the survey name, URL of the page, and any relevant information as to the problem encountered.

You may also include a mailing address in case we have to mail any information to you.

Privacy and Security Statement

Thank you for visiting the Bureau of Labor Statistics (BLS) Internet Data Collection Website. BLS is strongly committed to maintaining the privacy of your personal and company information, the confidentiality of your data, and the security of our computer systems.

With respect to the collection, use, and disclosure of personal information, BLS makes every effort to ensure compliance with applicable Federal law, including, but not limited to, the Confidential Information Protection and Statistical Efficiency Act (44 U.S.C. 3572), the Privacy Act of 1974, the Paperwork Reduction Act of 1995, the Trade Secrets Act, and the Freedom of Information Act.

Data submitted to the BLS are used for statistical purposes only. BLS and State agencies (when applicable) will hold your data in confidence to the full extent permitted by law.

When you visit our site, we authenticate the account number and password or other respondent identifier assigned to you by BLS. This information is used to ensure that only authorized BLS respondents are granted access to the website.

The BLS Data Collection Facility does not use cookies to store any permanent information about you or your business.

When you visit our site, we collect and store the following information:

- The IP address from which you accessed the Internet (an IP address is a number that is automatically assigned to your computer)
- The type of browser and operating system used to access our site
- The date and time you accessed our site

This information is permanently retained in a secure environment and is used by internal software programs to create summary statistics. These statistics allow us to assess site trends, the number of unique visitors to our site, and monitor system performance.

For security purposes and to ensure that this service remains available to all users, our website also employs software programs to monitor network traffic to identify unauthorized attempts to upload information other than survey data, alter the site, or other attempts to cause damage. Per the Cybersecurity Enhancement Act of 2015, Federal information systems are protected from malicious activities through cybersecurity screening of transmitted data.

Unauthorized attempts to upload information not associated with a specific survey, alter the site or to cause damage are strictly prohibited and may be punishable under the Computer Fraud and Abuse Act of 1986 and the National Information Infrastructure Protection Act of 1996.

If you identify yourself by sending an E-mail

You also may decide to send us identifying information in an electronic mail message. Information collected in this manner is used solely for responding to requests for information or assistance. We may forward your E-mail to other Government employees who are better able to respond to you. Should you wish to file a request under FOIA, instructions are provided at BLS - IDCF Freedom of Information Requests.

If you identify yourself by initiating a Respondent Change Request

As a BLS respondent you may alter your identifying personal or company information. Information collected in this manner will be forwarded to the responsible Government employees for processing. You will be contacted for verification purposes prior to processing.

If you link to other sites outside of the BLS Internet Data Collection Website

Our website has many links to other sites. When you link to any of these sites, you are no longer on our site and are subject to the privacy policy of the new site.

Help Request Form

Please complete the form below and click on the "Submit" button. You will be contacted by a SOII help desk representative.

(* Required Field)

Title:

* Name: Rob D

* Email Address: deetz.robert@bls.gov

* Phone Number: (202) 691-6156

What is your question?

- [ ] Which location should I report for?
- [ ] How do I calculate hours or employment?
- [ ] How do I report injuries or illnesses?
- [ ] Other

Additional Information:

Submit

Survey of Occupational Injuries and Illnesses (SOII) Help Index

Report My SOII Data

- Get Answers to Frequently Asked Questions about this Website
- Add new establishment ID(s) to my account
- Select my establishment ID
- Provide contact preference
- Update my contact information
- Update my establishment location information
- Select the answer for any work-related injuries or illnesses
- Add comments
- Enter my establishment information
- Estimate my annual average number of employees
- Estimate my total hours worked by all employees
- Enter my Summary of Work-Related Injuries and Illnesses Data
- Review the data I entered
- Save my work
- Print a copy of my data
- Enter data for another establishment
- Update previously submitted data

Learn More About SOII

- Find out about the Occupational Safety and Health Statistics (OSHS) Program
- Check SOII Terms and Definitions

Need Assistance?

- Get help reporting my data

BUREAU OF LABOR STATISTICS
Survey of Occupational Injuries and Illnesses

Update Respondent Information | Help | Logout

Establishment ID: **16-999999999-9**

Add comments

Establishment Location Information

Company Name
Secondary Company Name
Unit Description

Street Address 1
Street Address 2
City, State, Zip Code

Notification Preference : Email address to appear here

1. The Occupational Safety and Health Administration (OSHA) required many establishments to report their 2024 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 2024 to OSHA?
   - (●) Yes
   - ( ) No
   - ( ) Don't know

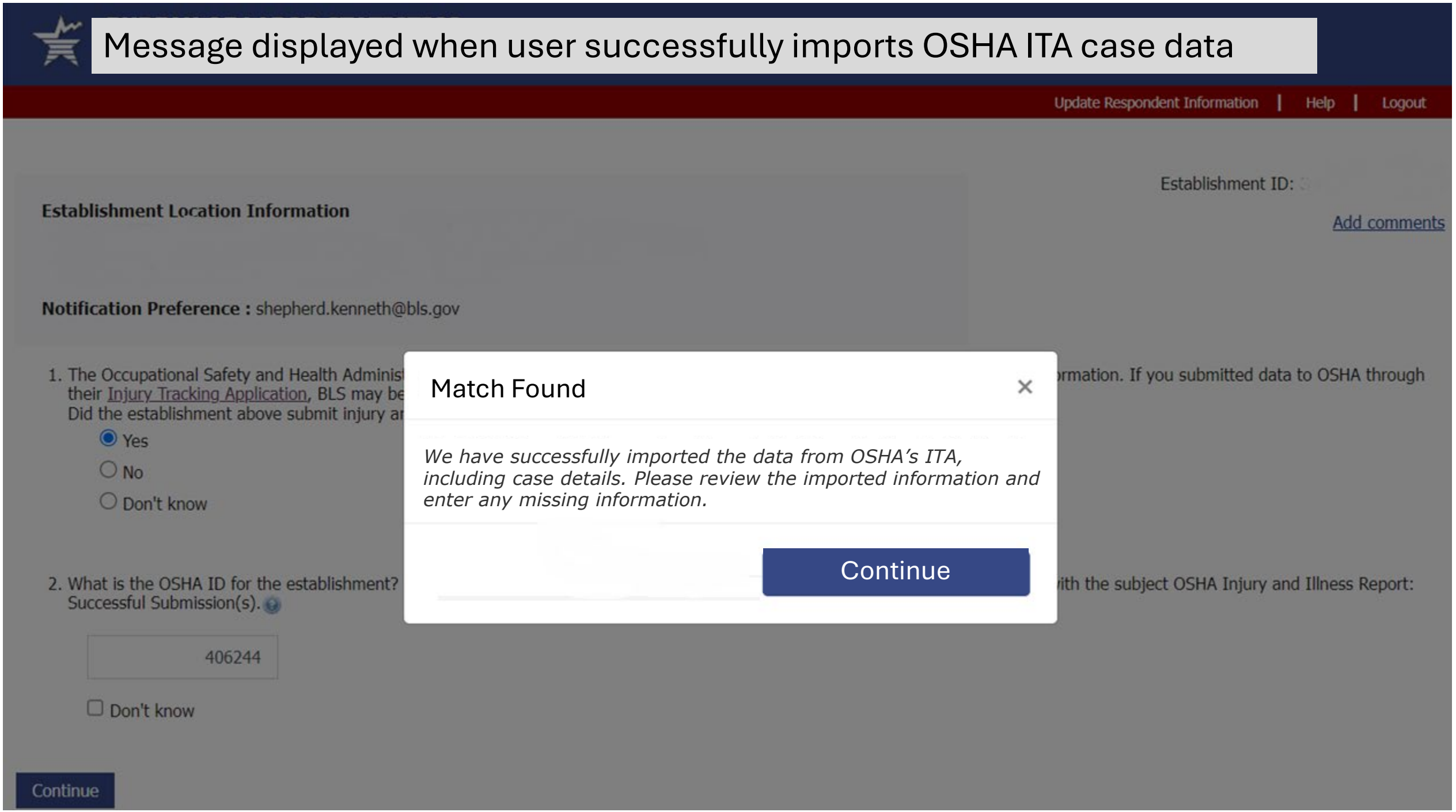
2. What is the OSHA ID for the establishment? The OSHA ID would appear in a confirmation email sent from DoNotReply@osha.gov with the subject OSHA Injury and Illness Report: Successful Submission(s).

   [ ]

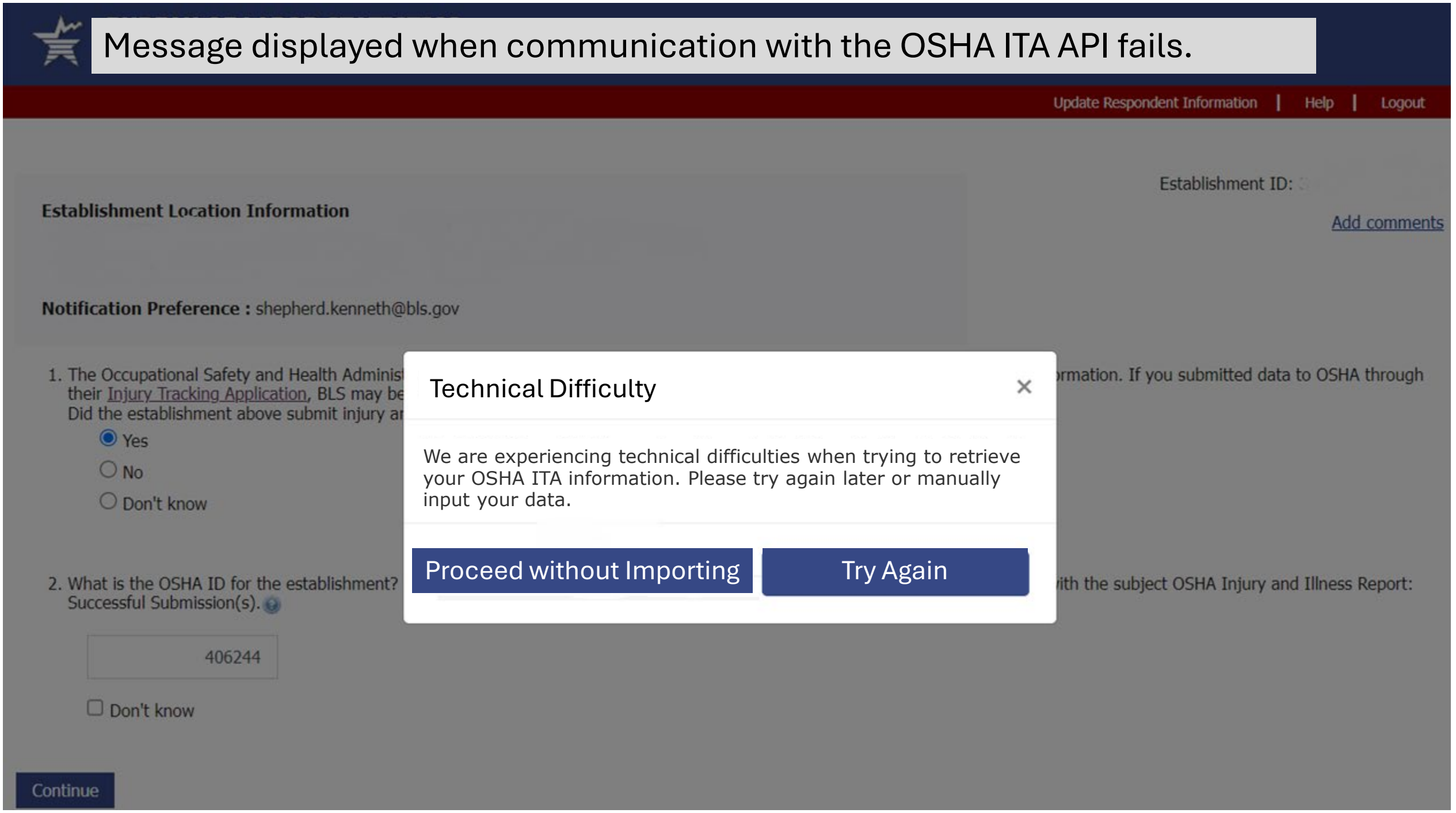
   [ ] Don't know

Continue

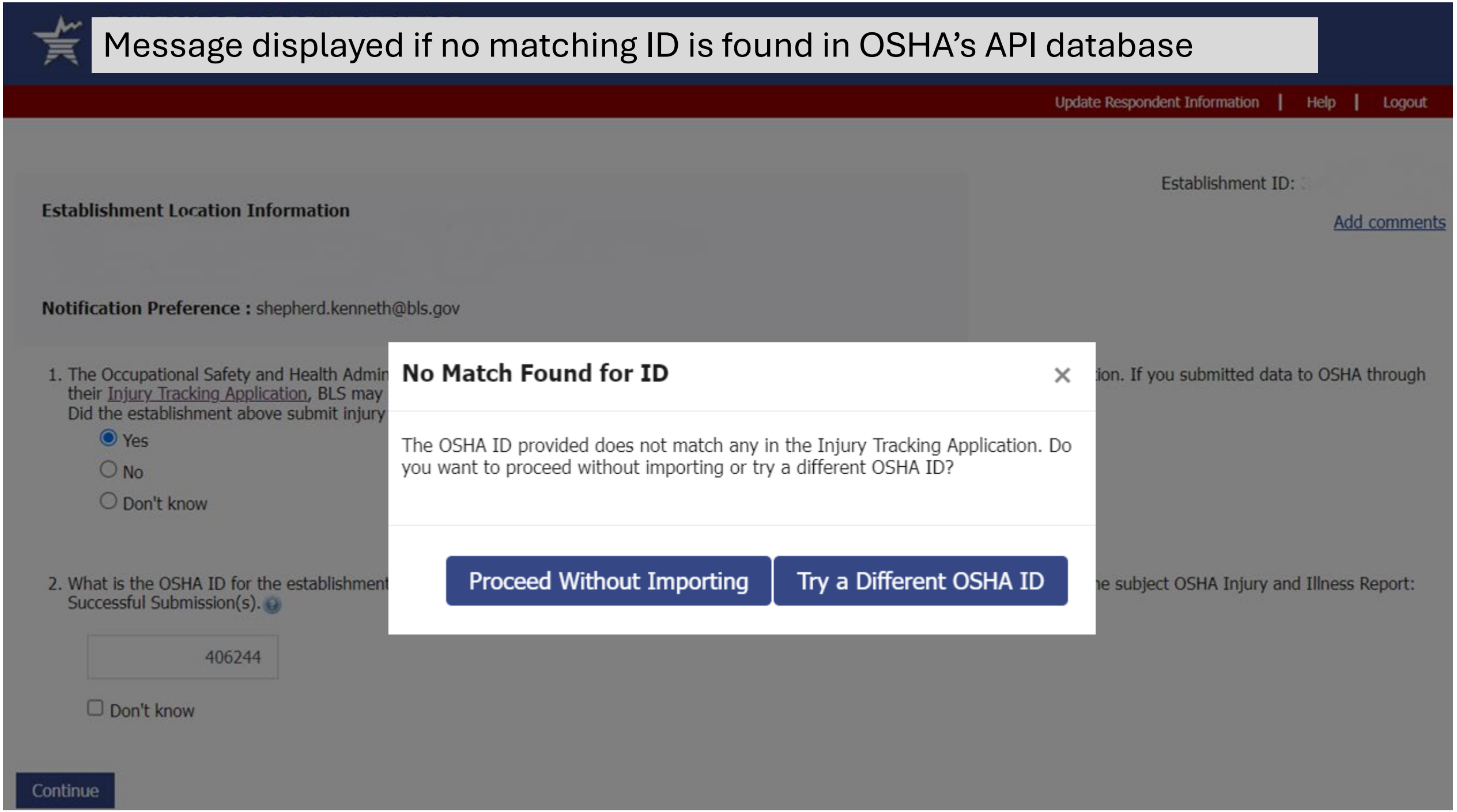
Message displayed when user successfully imports OSHA ITA case data



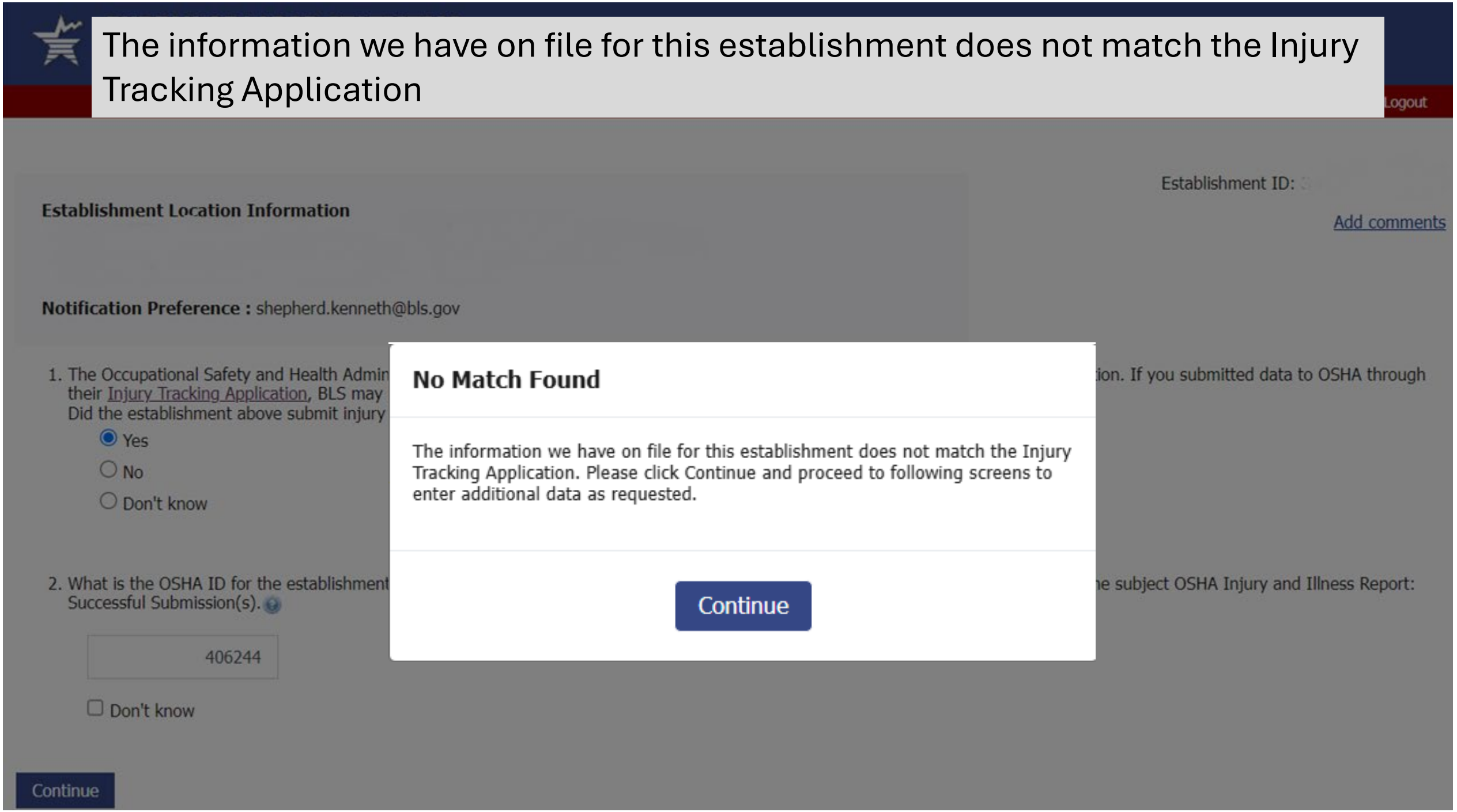
Message displayed when communication with the OSHA ITA API fails.



Message displayed if no matching ID is found in OSHA's API database



The information we have on file for this establishment does not match the Injury Tracking Application



Tooltip to find OSHA ITA ID

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

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).

	Employee's Name	Job Title	Date of Injury	Days Away from Work	Days of Restriction
	Enter Case 1				
	Enter Case 2				
	Enter Case 3				
	Enter Case 4				
	Enter Case 5				
	Enter Case 6				

Back Continue

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.

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:

153 case(s) with days away from work (Column H)
100 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 253 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	Days of Restriction	
12th	Edit		Carpenter	05/01/2023	1	2	Clear
44th	Edit		Foreman	06/01/2023	10	11	Clear
75th	Edit		Electrician	08/15/2023	15	78	Clear
107th	Edit		Drywaller	02/02/2023	180	0	Clear

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Survey of Occupational Injuries and Illnesses

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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: 16-999999999-9

1 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.

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

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

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Enter Information about a Case with Days Away from Work, Job Transfer, or Restriction

To complete the information below, you will need:

Establishment ID: **16-999999999-9**

- 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 2024 work-related injury or illness ONLY if it resulted in days away from work or job transfer or restriction.

Employee's name (column B)	Rob		
Job title (column C)	Economist		
Date of injury or onset of illness (column D)	01-Jan	01	2024
Number of days away from work (column K)			
Number of days of job transfer or restriction (column L)			

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

☐ Office, professional, business, or management staff

☐ Repair, installation or service of machines, equipment

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: _____

OR

Date of Birth: MM ▾ DD YYYY ▾

4. Employee's date hired: MM ▾ DD YYYY ▾

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 sex:

- ☐ 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: hh MM

9. Time of event: hh MM

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)

Walking

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)

Fell

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)

Ground

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)

Ground

14. Case Comments:

Enter additional case information here (optional).

Back | Save & Continue

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Survey of Occupational Injuries and Illnesses

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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: **16-999999999-9**

1 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.

	Employee's Name	Job Title	Date of Injury	Days		
				Away from Work	of Restriction	
Edit	Rob	Economist	01/01/2024	10		Clear

Back Continue

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

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

In Section 2 you reported:

Establishment ID: **16-999999999-9**

40 case(s) with days away from work (Column H)
10 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 50 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 50 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 **50th**. 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 **50th**.
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.

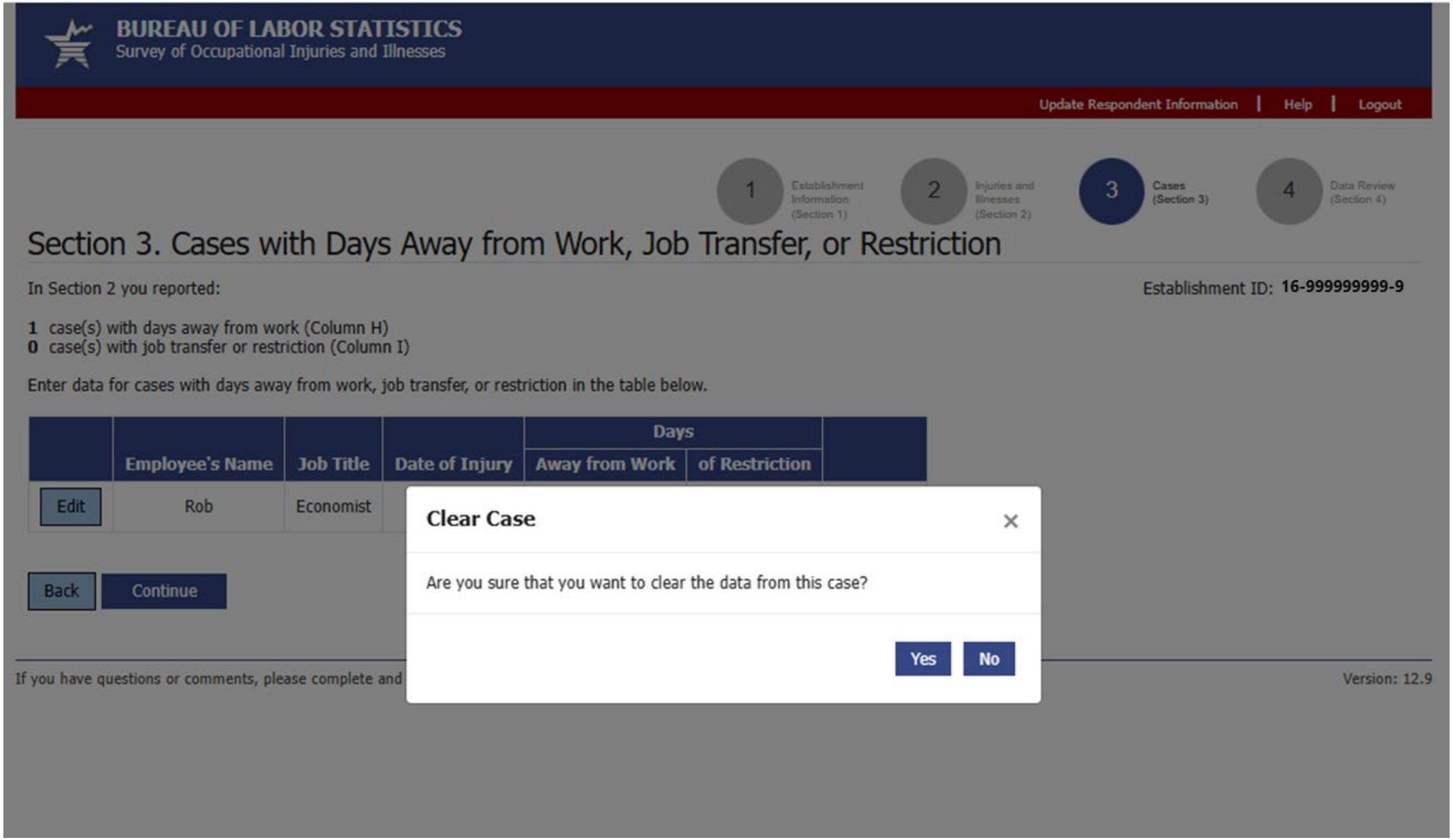
What if my list doesn't have 50 cases?

- **Make sure that you have excluded Other recordable cases (Column J) and nonrecordable cases.**
- Make sure that 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	Edit	Adam	Actuary	01/01/2024	10	5	Clear
8th	Edit	Bruce	Bartender	02/02/2024	5	3	Clear
14th	Edit	Carly	Cashier	03/03/2024	5	3	Clear
21st	Edit	Danielle	Dentist	04/04/2024	10	6	Clear
27th	Edit	Edwin	Economist	04/04/2024	10	5	Clear
33rd	Edit	Francis	Ferrier	05/05/2024	1	10	Clear
39th	Edit	Georgia	Grocer	07/07/2024	1	10	Clear
46th	Edit	Hank	Historian	01/08/2024	5	2	Clear

Back Continue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Survey of Occupational Injuries and Illnesses
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: 16-999999999-9
1 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.
Employee's Name
Job Title
Date of Injury
Days
Away from Work
of Restriction
Edit
Rob
Economist
Back
Continue
Clear Case
Are you sure that you want to clear the data from this case?
Yes
No
If you have questions or comments, please complete and
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1 Establishment Information (Section 1) — 2 Injuries and Illnesses (Section 2) — 3 Cases (Section 3) — 4 Data Review (Section 4)

You can click on the buttons above to return to a section to correct an entry.

Review your data

Section 1. Establishment Information

Establishment ID: **16-999999999-9**

Establishment Address

Company Name
Street Address
City, State, Zip Code

Employment Information

- Annual average number of employees: 1
- Total hours worked by all employees last year: 2000

Conditions that might have affected your annual average number of employees or total hours worked during 2024:

- ☐ 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, 2024

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	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
10	0

Injury and Illness Types			
Total number of... (M)			
(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Establishment Comments - Section 1 & Section 2

- No comments to report.

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

Case 1

Employee Name: **Rob**
Job Title: **Economist**
Date of Injury or onset of illness: **01/01/2024**
Number of days away from work: **10**

1. Type of Job or Work:
2. Employee's race or ethnic background:
3. Employee's age:
   Employee's date of birth:
4. Employee's date hired:
   Employee's length of service when incident occurred:
5. Employee's sex:
6. Treated in emergency room?
7. Hospitalized overnight as in-patient
8. Time employee began work:
9. Time of event:
10. What was the employee doing before the incident?
    Walking
11. What happened?
    Fell
12. What was the injury or illness?
    Ground
13. What object or substance directly harmed the employee?
    Ground

Case Comments:

Click the Submit button to send your data to BLS.

Back Submit

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Help | Logout

Thank you for Reporting!

Establishment ID: **16-999999999-9**

Your data were received by BLS on 04/04/2025 at 12:19 PM EDT.

You will receive a confirmation e-mail at the address you used to register this account. Keep a copy of the confirmation for your records. If questions arise during review of the data, a Bureau of Labor Statistics representative may contact you for clarification.

If you are included in the 2025 survey, the survey materials will be sent to you in January 2026.

Enter data for another establishment

Return to SOII Home Page

Return to IDCF Home Page

Print Submission

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

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