Subject: Mandatory 2026 Survey of Occupational Injuries and Illnesses Notice [Ref-C1000001]

Dear Employer,

Welcome to the 2026 Survey of Occupational Injuries and Illnesses (SOII). We notified you in December 2025 that your establishment was chosen to participate in this survey.

Under Public Law 91-596, all establishments that receive this survey must complete it, even if they had no work-related injuries and illnesses during 2025.

Please follow the instructions below and complete this survey within 30 days.

1. Register your account to complete the survey online.

Note: Previously registered accounts for the SOII have been reset and you must register this year using the credentials located in the attached PDF.

a. Select a User ID from the attached PDF.

b. Go to https://idcf.bls.gov and use the User ID that you selected and its corresponding temporary password to login. Follow the on-screen instructions to register your account.

c. If your attached PDF lists more than one establishment, click on the “Add establishment” button and enter the “Establishment ID” located in far-right column of the PDF attachment.

Note: You, or others in your company, may receive additional notifications instructing you to report for the other establishments. Once registered, accounts are tied to the email address used to register the account. Please register only one

email address and use the "Add Establishment" button to link the other establishments to that account. Only one email address can be used to register your establishment(s). Please only register establishments for which you are responsible for reporting; once an establishment is registered, it cannot be registered to another email address.

2. Contact us if you need help.

a. For help registering your account, adding establishments, or accessing the credentials we emailed you, please email the SOII Helpdesk at osh.helpdesk@bls.gov.

b. For help completing the SOII please call your state office at the phone number located at https://www.bls.gov/respondents/iif/.

Your participation in this survey is essential for understanding the nature and frequency of work-related injuries and illnesses in your industry.

More information about this survey can be found at https://www.bls.gov/respondents/iif and in our Frequently Asked Questions https://www.bls.gov/respondents/iif/faqs.htm

Thank you,

U.S. Department of Labor

Bureau of Labor Statistics

This survey, which is conducted by the Bureau of Labor Statistics in cooperation with state agencies, is mandatory under Public Law 91-596, and is approved under OMB No. 1220-0045.

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.

The Bureau of Labor Statistics (BLS) is committed to the responsible treatment of confidential information and takes rigorous security measures to protect confidential information in its possession. This email contains confidential information. If you believe you are not the intended recipient of this message, please notify the sender and delete this email without disclosing, copying, or further disseminating its contents.