

# Survey of Occupational Injuries and Illnesses, 2007



U.S. Department of Labor  
Bureau of Labor Statistics

**YOUR RESPONSE IS REQUIRED IN 30 DAYS.**

A large, empty rectangular box with a black border, intended for the respondent to provide their company address.

Please correct your company address as needed.

## 2 Ways to Report Your Data

- You can report your Survey of Occupational Injuries and Illnesses data on the BLS Internet at <https://idcf.bls.gov>.
- You can receive an electronic copy of the survey form by e-mail at [OSH2007@idcf.bls.gov](mailto:OSH2007@idcf.bls.gov), enter your data, and then return it to us via e-mail.

If you need help or are unable to report electronically,  
you can call the phone number listed for your State on the back cover.

We estimate it will take you an average of 24 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 send them to the Bureau of Labor Statistics, Occupational Safety and Health Statistics (1220-0045), 2 Massachusetts Avenue, N.E., Washington, DC 20212. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. **DO NOT SEND THE COMPLETED FORM TO THIS 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 of 2002 (Title 5 of Public Law 107-347) and other applicable Federal laws, your responses will not be disclosed in identifiable form without your informed consent.

OMB No. 1220-0045  
Approval expires xx-xx-xx  
BLS-9300-IDCF

In December 2006, you were notified of your participation in the Bureau of Labor Statistics' 2007 Survey of Occupational Injuries and Illnesses and asked to maintain records of workplace injuries and illnesses throughout 2007. It is now time to provide those data to BLS. Your data will be part of national and in many cases, State estimates that will be published later this year. Below are instructions for reporting your data. 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 2007.

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## Using the Internet to Report Your Data

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### Step 1: Register with the BLS

Before you can report your injury and illness data on the BLS Internet, you must register with the BLS.

Even if you registered with us in previous years, we have streamlined our registration process. Please follow these instructions below to register with BLS to report your 2007 survey data. If you need help, please contact

[IDC.Helpdesk@bls.gov](mailto:IDC.Helpdesk@bls.gov).

1. Open your Internet browser and type <https://idcf.bls.gov> in the address box. The "s" in "https" is required.

If a Client Authentication or Choose a Digital Certificate pop-up window appears, click on the *Cancel* button. You will get this pop-up window if you already have another digital certificate on your computer.

2. Enter the 12-digit Permanent User ID in the field labeled "Account Number" and the Temporary Password in the field labeled "Password". See Exhibit 1 to locate the Permanent User ID and Password on the front cover of your survey booklet. Click on the *I Accept* button.
3. Enter your information on the Enter New User Information page. You must complete the items with a red asterisk. Click on the *Continue* arrow.
4. Create a permanent password. Write down your password and keep it in a safe place. Click on the *Continue* arrow.
5. Print the confirmation page that lists your permanent account number. You will need this permanent account number to access our system in the future. Click on the *Continue* arrow.

Note: This account number will also be sent to the e-mail address entered in #3.

6. On the next screen, select *Survey of Occupational Injuries and Illnesses* from the *Please Select a Survey* drop-down box and then click on the *Continue* arrow.

Additional registration instructions can be found at <http://www.bls.gov/idcf/instructions.htm>. Our website cannot be accessed through these instructions.

### Step 2: Report Your Data

1. Read the "Dear Employer" letter and click *Continue*.
2. Find your establishment ID in the first column on the screen. This number can be found on the mailing label on

the front cover of your survey booklet. An example of an ID is 123456789-1. See Exhibit 1. Click *Select*.

3. Begin to enter your data. Follow the onscreen instructions. The electronic form corresponds to your hardcopy survey booklet. Your data are saved when you move from one screen to another.
4. When you are finished, click *Print* on the 'Review and Print the Data You Entered' screen to get a copy of your data. Be sure to click *Submit your Data to BLS* on the bottom of the screen to transmit your information to BLS.
5. If you have more than one survey to complete, click on the link to *Enter data for another establishment* from the 'Thank You' page.
6. To logout, click the link to *Logout* found in the top right-hand corner of the screen.

Online help is available by clicking on the *Help* link that appears on each screen.

If you have reported via the Internet, you do not need to mail your survey form to us.

If you find that you need to make changes to the data you report to us, you can. Simply log on to our site and navigate to the place in the form where changes are necessary and enter the revised data. Once you have made your changes, be sure to click *Submit Your Data to BLS* to transmit your revised information to us.

If you have questions regarding your participation in the survey, please send e-mail to [OSH.helpdesk@bls.gov](mailto:OSH.helpdesk@bls.gov).

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## Using E-Mail to Report Your Data

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Before you can report your injury and illness data via e-mail you must obtain an electronic copy of the survey form.

The survey form is a Microsoft Word ® form that is formatted to allow you to type your information into each of the data fields. The fields in the electronic survey form correspond exactly to the fields on the hard copy survey form you received in the mail.

1. To obtain an electronic copy of the survey form, send an e-mail to: [OSH2007@idcf.bls.gov](mailto:OSH2007@idcf.bls.gov). By an automated response, you will receive an electronic copy of the survey form to complete. Do not reply to this message—it is from an unattended mailbox and any replies will not be responded to or forwarded.



# If You Need Help. . .

If you have any questions about your participation in this survey, call the phone number that is listed below for your State. The phone number may be for an office outside of your State, but they will be able to help you.

**Alabama**

(334) 242-3462  
(334) 240-3417 fax

**Alaska**

(907) 465-4539  
(800) 325-9872 fax

**Arizona**

(602) 542-3739  
(602) 542-6360 fax

**Arkansas**

(501) 682-4542

**California**

(415) 703-3020  
(415) 703-3029 fax

**Colorado**

(816) 426-2483

**Connecticut**

(860) 263-6941  
(860) 263-6950 fax

**Delaware**

(302) 761-8221  
(302) 761-6605 fax

**District of Columbia**

(202) 442-5923, 5920  
(202) 442-4833 fax

**Florida**

(850) 413-1611  
(850) 922-0024 fax

**Georgia**

(404) 679-1746  
(404) 679-0520 fax

**Guam**

(671) 475-7056  
(671) 475-7063 fax

**Hawaii**

(808) 586-9001

**Idaho**

(415) 975-4473

**Illinois**

(217) 524-2098  
(217) 558-4122 fax

**Indiana**

(317) 232-2668  
(317) 233-3790 fax

**Iowa**

(515) 281-3618  
(515) 242-5076 fax

**Kansas**

(785) 296-1640  
(785) 296-2151 fax

**Kentucky**

(502) 564-3070  
ext. 276, 277, 278  
(502) 564-1682 fax

**Louisiana**

(225) 342-3126  
(225) 342-3269 fax

**Maine**

(207) 624-6447  
(207) 624-6450 fax

**Maryland**

(410) 767-2371, 2373  
(410) 333-7909 fax

**Massachusetts**

(617) 727-3593  
(617) 727-5726 fax

**Michigan**

(517) 322-1848  
(517) 322-5117 fax

**Minnesota**

(651) 284-5428  
(888) 589-6322  
(651) 284-5726 fax

**Mississippi**

(404) 562-2518

**Missouri**

(573) 751-2719, 2663, 3802  
(573) 751-2319 fax

**Montana**

(800) 541-3904  
(406) 444-2638 fax

**Nebraska**

(402) 471-3547, 1545  
(800) 599-5155  
(402) 742-2352 fax

**Nevada**

(775) 684-7083, 7081  
(775) 687-3826 fax

**New Hampshire**

(617) 565-2302  
(617) 565-3847 fax

**New Jersey**

(609) 292-8999  
(609) 633-0618 fax

**New Mexico**

(505) 476-8740  
(505) 476-8735 fax

**New York**

(212) 621-9382  
(212) 621-9328 fax

**North Carolina**

(919) 733-2758  
(919) 733-2186 fax

**North Dakota**

(312) 353-7253  
(312) 353-7230 fax

**Ohio**

(312) 353-7253  
(312) 353-7230 fax

**Oklahoma**

(405) 528-1500 ext. 257, 236  
(405) 528-3412 fax

**Oregon**

(503) 947-7030  
(503) 378-3134 fax

**Pennsylvania**

(215) 861-5638, 5625  
(215) 861-5736 fax

**Puerto Rico**

(787) 754-5343, 5737, 2467  
(787) 756-1172  
(787) 756-1116 fax

**Rhode Island**

(401) 462-8820  
(401) 462-8766 fax

**South Carolina**

(803) 896-7659, 7683  
(803) 896-7670 fax

**South Dakota**

(312) 353-7253  
(312) 353-7230 fax

**Tennessee**

(615) 741-1748  
(800) 778-3966  
(615) 253-5501 fax

**Texas**

(866) 237-6405  
(512) 804-4652 fax

**Utah**

(801) 530-6926, 6823  
(801) 536-7906 fax

**Vermont**

(802) 828-5076  
(802) 828-2195 fax

**Virgin Islands**

(340) 776-3700 ext. 2135  
(340) 777-4803 fax

**Virginia**

(804) 786-8011  
(804) 786-8418 fax

**Washington**

(360) 902-5640  
(360) 902-4249 fax

**West Virginia**

(304) 558-3322  
(800) 652-9033  
(304) 558-0301 fax

**Wisconsin**

(800) 884-1273  
(608) 221-6297 fax

**Wyoming**

(866) 518-6680  
(307) 473-3863 fax