



**The Bureau of Labor Statistic's
Annual Survey of Occupational
Injuries & Illnesses (SOII):
Wisconsin**

Respondent Guide Part 1 of 4

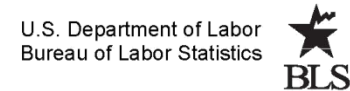


WISCONSIN
UNIVERSITY OF WISCONSIN-MADISON

Part 1: Survey Notification and Instructions Guide

The SOII Mailer

WISCONSIN STATE LAB OF HYGIENE
BLS OCCUPATIONAL SAFETY & HEALTH
2810 WALTON COMMONS LN STE 200
MADISON, WI 53718



For Help
Call: 800-884-1273
Fax: 608-221-6297

2012 Establishment ID: 55-123456789-0

User ID: 302007271410
Temporary Password: ANsu1111
NAICS: 331511 - Iron Foundries

Report for:
ABC Park Location

WISCONSIN COMPANY
XYZ CORP
%SAFETY MANAGEMENT
4321 ABC PARK DR
MADISON, WI 53718

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

Instructions for Completing the 2012 Survey of Occupational Injuries and Illnesses

YOUR RESPONSE IS REQUIRED BY LAW IN 30 DAYS.

Options to Report Your Data

If you receive multiple forms, please check the account numbers and establishment IDs as you may have more than one establishment to report.

Option 1: Report your data through the Internet Data Collection Facility (IDCF) on the Bureau of Labor Statistics (BLS) website: <https://idcf.bls.gov>

Option 2: Request an electronic fillable form of the survey by sending an e-mail to:
soii-Wisconsin@idcf.bls.gov

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
BLS-9300-IDCF

Contact Information

WISCONSIN STATE LAB OF HYGIENE
BLS OCCUPATIONAL SAFETY & HEALTH
2810 WALTON COMMONS LN STE 200
MADISON, WI 53718

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Fax: 608-221-6297



Our office
where the
survey can be
mailed directly.



Our *direct* phone
and fax numbers.
You can call us with
any questions or
fax your completed
survey to us.

Establishment Information

Your 12-digit **establishment ID** allows us to identify your survey. Have it available if you call us and make sure you enter it onto your survey form.

2012 Establishment ID: 55-123456789-0

Report for:
ABC Park Location

*Pay attention to what is listed under **“Report for”**. If you have multiple Wisconsin locations we may ask for information for only one location, or we may ask for all your Wisconsin locations together.*

Establishment Information (cont'd)

User ID: 302007271410
Temporary Password: ANsu1111
NAICS: 331511 - Iron Foundries

Your ***user ID*** and ***temporary password*** are needed if you want to complete your survey online using the Internet Data Collection Facility (<https://idcf.bls.gov>).

The ***NAICS*** is your North American Industry Classification System code which informs us what industry your business is in and what type of work the employees are doing.

Mailing Address

WISCONSIN COMPANY
XYZ CORP
%SAFETY MANAGEMENT
4321 ABC PARK DR
MADISON, WI 53718

This is the *mailing address* and *company name* we have on file for your business. If you would like the survey mailed elsewhere in the future, or would like it addressed to a specific person or position (e.g., “John Smith” or “HR Director”) let us know and we can update it.

Participation Requirement

%SAFETY MANAGEMENT
4321 ABC PARK DR
MADISON, WI 53718

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This survey is **mandatory** for you to complete per Public Law 91-596. The entire report should be completed and returned to us **within 30 days** of when you receive it in the mail, *whether or not* any of your employees were injured during the year.

Completing the Survey

Instructions for Completing the 2012 Survey of Occupational Injuries and Illnesses

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Option 2: Request an electronic fillable form of the survey by sending an e-mail to:
soii-Wisconsin@idcf.bls.gov

These are your options for submitting the survey electronically. If you had very few to no injuries, it may be easier for you to simply fax your survey to us at **(608) 221-6297**, or call us with the information.

Confidentiality

We are dedicated to ensuring your information remains confidential. At the bottom of the mailer, you'll find an overview of our policy:

“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.”

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U.S. Department of Labor
Bureau of Labor Statistics



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OMB No. 1220-0045
BLS-9300-IDCF

Links and Resources

To request a fillable PDF form for submitting your survey:

<http://www.bls.gov/respondents/iif/adobeforms.htm> and click on Wisconsin.

For an 8 page sample survey with detailed instructions:

<http://www.bls.gov/respondents/iif/forms/soii2012.pdf>

For OSHA recordkeeping forms:

<https://www.osha.gov/recordkeeping/new-osha300form1-1-04.pdf>

For the Bureau of Labor Statistics Injury, Illness, & Fatality homepage:

www.bls.gov/iif

Need Help?

If you still have questions on any component of the survey, or even if you need help with OSHA recordkeeping, give us a call. We enjoy talking with our respondents!

Toll free:

1-800-884-1273



We are available Monday through Friday, 8 AM to 5 PM. If we miss your call, please leave us a message, and we will respond within one business day.

For more detailed information about the Bureau of Labor Statistics and the Survey of Occupational Injuries & Illnesses, please visit

<http://www.bls.gov/respondents/iif/>.