

State of Oregon department responsible for collecting your survey

your survey

OR DEPT OF CONSUMER & BUSINESS SVCS
CENTRAL SERVICES DIVISION/RESEARCH
350 WINTER ST NE ROOM 300
SALEM, OR 97301-3880

Your establishment ID

2019 Establishment ID: 41-240831422-4

Location or employees you should report for

Report for:
BEST PRICE EMPLOYEES @ 123 MAIN ST

Name and mailing address of your company

BEST PRICE AUTO SALES INC
ATTN SAFETY MANAGER
123 MAIN ST
SALEM, OR 97301

OMB No. 1220-0045

U.S. Department of Labor
Bureau of Labor Statistics



Oregon BLS Survey Hotline

Call us if you need help!

For Help
Call: 503-947-7030
Fax: 503-947-7312

Your user ID and password to submit your data online

User ID: 302240831422
Temporary Password: aNSu0427
NAICS: 441100 - New car dealers

Your NAICS industry code

43 50

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

Year for which injuries & illnesses are reported

Instructions for Completing the
2019 Survey of Occupational Injuries and Illnesses

YOUR RESPONSE IS REQUIRED BY LAW WITHIN 30 DAYS

How to Report Your Data

BLS IDCF data submission website

- 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). Completing the BLS Survey of Occupational Injuries and Illnesses does not fulfill the OSHA reporting requirement
- Use the login credentials above when logging in for 2019; credentials are reset every year
- Check the User IDs and Establishment IDs if you receive multiple forms; you may have to report data for more than one establishment
- Contact us using the telephone number(s) listed above for questions about this survey

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 (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 2019.

EXAMPLE MAILING LABEL

SURVEY OF OCCUPATIONAL INJURIES AND ILLNESSES