

OSHA WORK-RELATED INJURY AND ILLNESS DATA COLLECTION FORM, 2010



U.S. Department of Labor
Occupational Safety and Health Administration

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OSHA Form 196B
(1/2011)



Public Law 91-596 requires you to participate in the data initiative collection.

OSHA estimates that it will take you, on average, 10 minutes to complete the forms in this data collection, including the time you'll spend reviewing the instructions, searching and gathering the data needed, and completing and reviewing the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments regarding these estimates or any other aspects of this data collection, send them to:

U.S. Department of Labor
Occupational Safety and Health Administration
Directorate of Evaluation and Analysis
Office of Statistical Analysis
Room N-3644
200 Constitution Ave. N.W.
Washington, D.C. 20210

Place Label Here

Please make any necessary corrections to your establishment site address, SIC, and NAICS.

DO NOT SEND THE COMPLETED FORM TO THIS ADDRESS. Send the completed form to the Return Address indicated on the mailing label.



To submit your data electronically, access our electronic survey at <http://www.osha.gov/form196/collection.htm>

