

**U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)
2022 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)**

EEOC Standard Form 100 (SF 100)
Revised 08/2023
OMB Control Number: 3046-0049
Expiration Date: 08/31/2024

SECTION A – TYPE OF REPORT
CONSOLIDATED REPORT

SECTION B – EMPLOYER IDENTIFICATION

OFS COMPANY ID 0652170	EMPLOYER NAME BECTON DICKINSON			
ADDRESS 1 BECTON DRIVE	CITY/TOWN FRANKLIN LAKES	STATE NJ	ZIP CODE 07417	

SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)

HQ/ESTABLISHMENT-LEVEL UNIT ID	HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME			
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE	

SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)
220760120

SECTION E – EMPLOYER FILING ELIGIBILITY

YES (Employer Is Eligible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS

SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)

Unique Entity ID (UEI): **JJKLGY7TBJ5**

YES (Single-Establishment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)
 YES (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)
 YES (One or More Non-Headquarters Establishments is Federal Contractor)

SECTION G – NAICS INFORMATION

339112 - Surgical and Medical Instrument Manufacturing

SECTION H – WORKFORCE DEMOGRAPHIC DATA

JOB CATEGORIES	Race/Ethnicity														Row Total
	Hispanic or Latino		Not Hispanic or Latino												
			Male						Female						
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
Executive/Senior Level Officials and Managers	1	1	27	2	4	0	0	0	9	3	0	0	0	1	48
First/Mid-Level Officials and Managers	247	156	1872	122	317	5	3	41	1149	118	261	2	2	37	4332
Professionals	511	369	2415	207	799	15	6	76	1961	297	720	10	11	85	7482
Technicians	277	68	947	98	163	7	5	28	185	80	54	2	1	13	1928
Sales Workers	58	48	787	56	23	1	3	13	634	33	15	2	0	15	1688
Administrative Support Workers	129	278	254	114	40	5	2	15	739	296	98	5	6	25	2006
Craft Workers	40	2	314	107	51	3	3	12	31	23	5	1	0	1	593
Operatives	837	916	1535	831	380	29	24	71	1092	595	349	31	16	44	6750
Laborers and Helpers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Service Workers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
CURRENT 2022 REPORTING YEAR TOTAL	2100	1838	8152	1537	1777	65	46	256	5801	1445	1502	53	36	221	24829
PRIOR 2021 REPORTING YEAR TOTAL	1838	1577	8471	1360	1762	65	44	206	6052	1352	1417	56	33	192	24425

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/16/2022 - 12/31/2022

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

Not Applicable

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SECTION K – OFFICIAL CERTIFICATION OF SUBMISSION

EMPLOYER IDENTIFICATION

OFS COMPANY ID
0652170

EMPLOYER NAME
BECTON DICKINSON

ADDRESS
1 BECTON DRIVE

CITY/TOWN
FRANKLIN LAKES

STATE
NJ

ZIP CODE
07417

CERTIFICATION COMMENTS (optional)

No Certification Comments Provided

CERTIFICATION STATEMENT

"I certify that the information, including any workforce demographic data, provided in this report is correct and true to the best of my knowledge and was prepared in conformity with the directions set forth in the form and accompanying instructions."

Knowingly and willfully false statements on this report are punishable by law, US Code, Title 18, Section 1001.

DATE OF CERTIFICATION

11/20/2023 3:40 PM [EST]

EMPLOYER'S CERTIFYING OFFICIAL

Name of Employer's Certifying Official

LYNDA FOUTS

Title of Certifying Official

Assoc. Director HR Compliance

Email Address of Certifying Official

LYNDA.FOUTS@BD.COM

Telephone Number of Certifying Official

858-201-0989

PRIMARY POINT OF CONTACT (POC) FOR EEO-1 COMPONENT 1 REPORTING

Name of Primary POC

LYNDA FOUTS

Title and Employer of Primary POC

Assoc. Director HR Compliance
BECTON DICKINSON

Email Address of Primary POC

LYNDA.FOUTS@BD.COM

Telephone Number of Primary POC

858-201-0989