

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)										EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049 Expiration Date: 11/30/2026					
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 <input checked="" type="checkbox"/> YES (Employer Is Eligible to File) <input type="checkbox"/> NO (Employer Is Not Eligible to File) <input type="checkbox"/> EMPLOYER NO LONGER IN BUSINESS															
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): JJFKLG77BJ5 <input type="checkbox"/> YES (Single-Establishment Employer is Federal Contractor) <input checked="" type="checkbox"/> YES (Multi-Establishment Employer is Federal Contractor) <input checked="" type="checkbox"/> YES (Headquarters is Federal Contractor) <input type="checkbox"/> YES (Non-Headquarters Establishment is Federal Contractor) <input checked="" type="checkbox"/> 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	0	24	2	3	0	0	0	10	4	0	0	0	1	45
First/Mid-Level Officials and Managers	250	152	1809	104	316	3	6	39	1107	111	249	2	1	32	4181
Professionals	514	343	2369	209	756	17	7	75	1923	282	644	10	6	87	7242
Technicians	286	61	930	89	121	6	2	22	151	77	46	2	1	12	1806
Sales Workers	60	54	765	57	20	2	3	14	631	29	14	3	2	11	1665
Administrative Support Workers	128	224	245	105	47	5	1	19	638	256	102	3	5	19	1797
Craft Workers	25	4	245	78	51	1	2	9	23	13	6	1	0	1	459
Operatives	714	797	1311	666	377	32	19	49	911	487	346	24	17	36	5786
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	2	0	0	0	0	0	2
CURRENT 2023 REPORTING YEAR TOTAL	1978	1635	7698	1310	1691	66	40	227	5396	1259	1407	45	32	199	22983
PRIOR 2022 REPORTING YEAR TOTAL	2100	1838	8152	1537	1777	65	46	256	5801	1445	1502	53	36	221	24829
SECTION I – WORKFORCE SNAPSHOT PERIOD 12/3/2023 - 12/16/2023															
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>"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."</i> Knowingly and willfully false statements on this report are punishable by law, US Code, Title 18, Section 1001.				
DATE OF CERTIFICATION				
5/30/2024 1:35 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		