

Cross Reference List for Alabama First Report of Injury Form and IAIABC Releases 1 and 3

08/31/2007

R1 M – Mandatory C – Conditional O – Optional R – Restricted

R3 M – Mandatory MC – Mandatory/Conditional E – Expected EC – Expected/Conditional IA – If Applicable/Available NA – Not Applicable F – Fatal Technical X – Exclude

ALABAMA FIRST REPORT OF INJURY (FROI)				IAIABC REL 1 (148-RCD)			IAIABC REL 3 (148-RCD)			IAIABC REL 3 (R21-RCD)			
POS	CODES		FIELD DESCRIPTIONS	LGTH	148-DN	148-LEN	148-POS	148-DN	148-LEN	148-POS	R21-DN	R21-LEN	R21-POS
	R1	R3											
01	R	NA	Insured Report Number	25 A/N	DN0026	10 A/N	392-401				DN0026	25 A/N	0462-0486
02	M	F	Filing Office Claims Number	25 A/N	DN0015	25 A/N	205-229	DN0015	25 A/N	205-229	DN0015	25 A/N	0024-0048
03	R	NA	OSHA Log Case Number	25 A/N	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
04	M	M	Employer Business Name	40 A/N	DN0018	30 A/N	269-298				DN0018	40 A/N	0768-0807
05	M	M	Employer Physical Address 1	40 A/N	DN0019	30 A/N	299-328				DN0019	40 A/N	0823-0862
06	O	IA	Employer Physical Address 2	40 A/N	DN0020	30 A/N	329-358				DN0020	40 A/N	0863-0902
07	M	M	Employer Physical City	15 A/N	DN0021	15 A/N	359-373	DN0021	15 A/N	359-373			
08	M	M	Employer Physical State	2 A/N	DN0022	2 A/N	374-375	DN0022	2 A/N	374-375			
09	M	M	Employer Physical Zip	9 A/N	DN0023	9 A/N	376-384	DN0023	9 A/N	376-384			
10	R	IA	Employer Mailing Address 1	40 A/N							DN0168	40 A/N	1128-1167
11	R	IA	Employer Mailing Address 2	40 A/N							DN0169	40 A/N	1168-1207
12	R	IA	Employer Mailing City	15 A/N							DN0165	15 A/N	1101-1115
13	R	IA	Employer Mailing State	2 A/N							DN0170	2 A/N	1208-1209
14	R	IA	Employer Mailing Zip	9 A/N							DN0167	9 A/N	1119-1127
15	M	M	Employer Federal ID Number	9 A/N	DN0016	9 A/N	230-238	DN0016	9 A/N	230-238			
16	R	IA	Employer U.C Account Number	15 A/N							DN0329	15 A/N	0808-0822
17	O	IA	Employer NAICS	6 A/N	DN0025	6 A/N	386-391	DN0025	6 A/N	386-391			
18	M	M	Insurer Name	40 A/N	DN0007	30 A/N	050-079				DN0007	40 A/N	0496-0535
19	M	F	Insurer Federal ID Number	9 A/N	DN0006	9 A/N	041-049	DN0006	9 A/N	041-049			
20	R	M	Insurer Type Code	1 A/N							DN0185	1 A/N	0536-0536
21	C	M	Filing Office Name	40 A/N	DN0009	30 A/N	089-118				DN0188	40 A/N	0058-0097
22	M	M	Filing Office Mailing Address 1	40 A/N	DN0010	30 A/N	119-148				DN0010	40 A/N	0148-0187
23	O	IA	Mailing Address 2 or Phone Nbr	40 A/N	DN0011	30 A/N	149-178				DN0011	40 A/N	0188-0227
24	M	M	Filing Office Mailing City	15 A/N	DN0012	15 A/N	179-193	DN0012	15 A/N	179-193			
25	M	M	Filing Office Mailing State	2 A/N	DN0013	2 A/N	194-195	DN0013	2 A/N	194-195			
26	M	F	Filing Office Mailing Zip	9 A/N	DN0014	9 A/N	196-204	DN0014	9 A/N	196-204			
27	C	F	Filing Office Federal ID Nbr	9 A/N	DN0008	9 A/N	080-088				DN0187	9 A/N	0049-0057
28	M	M	Employee First Name	15 A/N	DN0044	15 A/N	698-712	DN0044	15 A/N	698-712			
29	O	IA	Employee Middle Name	15 A/N	DN0045	1 A/N	713-713				DN0045	15 A/N	0293-0307
30	M	M	Employee Last Name	40 A/N	DN0043	30 A/N	668-697				DN0043	40 A/N	0253-0292
31	R	IA	Employee Last Name Suffix	4 A/N							DN0255	4 A/N	0247-0250
32	M	MC	Employee ID Number	15 A/N	DN0042	9 A/N	659-667				DN0042 DN0152 DN0153 DN0154 DN0156	15 A/N	0232-0246

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POS	CODES		FIELD DESCRIPTIONS	LGTH	148-DN	148-LEN	148-POS	148-DN	148-LEN	148-POS	R21-DN	R21-LEN	R21-POS
	R1	R3											
33	R	M	Type Employee ID Number	1 A/N							DN0270	1 A/N	0231-0231
34	M	M	Employee Mailing Address 1	40 A/N	DN0046	30 A/N	714-743				DN0046	40 A/N	0308-0347
35	O	IA	Employee Mailing Address 2	40 A/N	DN0047	30 A/N	744-773				DN0047	40 A/N	0348-0387
36	M	M	Employee Mailing City	15 A/N	DN0048	15 A/N	774-788	DN0048	15 A/N	774-788			
37	M	M	Employee Mailing State	2 A/N	DN0049	2 A/N	789-790	DN0049	2 A/N	789-790			
38	M	M	Employee Mailing Zip	9 A/N	DN0050	9 A/N	791-799	DN0050	9 A/N	791-799			
39	O	IA	Employee Telephone Number	15 A/N	DN0051	10 A/N	800-809				DN0051	15 A/N	0391-0405
40	M	M	Employee Gender	1 A/N	DN0053	1 A/N	818-818	DN0053	1 A/N	818-818			
41	O	IA	Employee Date of Birth	8 N	DN0052	8 N	810-817	DN0052	8 A/N	810-817			
42	O	IA	Employee Nbr of Dependents	2 N	DN0055	2 N	820-821	DN0055	2 N	820-821			
43	M	M	Employee Marital Status	1 A/N	DN0054	1 A/N	819-819	DN0054	1 A/N	819-819			
44	O	IA	Employee Date Hired	8 N	DN0061	8 A/N	874-881	DN0061	8 A/N	874-881			
45	O	IA	Employee Occupation Descrip.	50 A/N	DN0060	30 A/N	844-873				DN0060	50 A/N	1260-1309
46	O	IA	Employee Nr Days Wrk PerWk	1 A/N	DN0064	1 A/N	895-895	DN0064	1 A/N	895-895			
47	O	IA	Wages	11 N	DN0062	11 N	882-892	DN0062	11 N	882-892			
48	O	IA	Wage Period	2 A/N	DN0063	2 A/N	893-894	DN0063	2 A/N	893-894			
49	O	IA	Rec'd Full Pay For Injury Day	1 A/N	DN0066	1 A/N	904-904	DN0066	1 A/N	904-904			
50	O	IA	Did Salary Continue	1 A/N	DN0067	1 A/N	905-905				DN0273	1 A/N	1485-1485
51	M	M	Date of Injury	8 N	DN0031	8 N	463-470	DN0031	8 N	463-470			
52	R	NA	Time of Injury	4 N	DN0032	4 N	471-474	DN0032	4 N	471-474			
53	R	NA	Time Employee Began Work	4 N	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
54	O	IA	Date Disability Began	8 A/N	DN0056	8 A/N	822-829	DN0056	8 N	822-829			
55	C	IA	Date of Death	8 N	DN0057	8 N	830-837	DN0057	8 N	830-837			
56	R	NA	Accident Site Address	40 A/N							DN0122	40 A/N	0714-0753
57	R	IA	Accident Site City	15 A/N							DN0121	15 A/N	0699-0713
58	R	IA	Accident Site State	2 A/N							DN0123	2 A/N	0754-0755
59	O	IA	Accident Site Zip	9 A/N	DN0033	9 A/N	475-483	DN0033	9 A/N	475-483			
60	R	IA	Accident Site County	20 A/N							DN0118	20 A/N	0579-0598
61	M	M	Injury on Employer's Premises	1 A/N	DN0034	1 A/N	484-484				DN0249	1 A/N	0578-0578
62	M	M	Date Employer Notified	8 N	DN0040	8 N	643-650	DN0040	8 N	643-650			
63	R	NA	Accident Description	500A/N	DN0038	150 A/N	491-640				DN0038	500 A/N	1601-2100
64	M	M	Nature of Injury Code	2 A/N	DN0035	2 A/N	485-486	DN0035	2 A/N	485-486			
65	M	M	Part of Body Code	2 A/N	DN0036	2 A/N	487-488	DN0036	2 A/N	487-488			
66	M	M	Cause of Injury Code	2 A/N	DN0037	2 A/N	489-490	DN0037	2 A/N	489-490			
67	R	NA	Initial Treatment	2 A/N	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
68	R	NA	Name of Treatment Facility	40 A/N	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
69	R	NA	Treatment Facility Address	40 A/N	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

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	R1	R3											
70	R	NA	Treatment Facility City	15 A/N	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
71	R	NA	Treatment Facility State	2 A/N	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
72	R	NA	Treatment Facility Zip	9 A/N	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
73	R	NA	Physician/Health Care Name	40 A/N	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
74	R	IA	Has Injured Returned to Work	1 A/N	n/a	n/a	n/a	n/a	n/a	n/a	DN0189	1 A/N	410-410
75	O	IA	Returned to Work Date	8 A/N	DN0068	8 A/N	906-913	DN0068	8 A/N	906-913			
76	R	NA	Returned to Work Time	4 A/N	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
77	R	NA	Date Prepared	8 A/N	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
78	R	NA	Preparer's First Name	15 A/N	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
79	R	NA	Preparer's Last Name	40 A/N	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
80	R	NA	Preparer's Title	40 A/N	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
81	R	NA	Preparer's Telephone Number	15 A/N	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a