

# EMPLOYER'S FIRST REPORT OF OCCUPATIONAL INJURY OR DISEASE

(Note: the DN numbers represent a crosswalk to the IAIABC Claims EDI data elements.)

1. WCB FILE NUMBER (if known): **DN5**  
 1a. OSHA 300 CASE NUMBER (if applicable): **NA**

## REASON FOR REPORT (check all that apply)

2a.  LOST TIME - ONE OR MORE DAYS **DN74** 2b. WAS EMPLOYEE PAID FOR 1/2 DAY OR MORE ON DAY OF INJURY?  YES  NO **DN66**  
 3.  LOST EARNINGS BUT NO LOST TIME **NA** 4.  MEDICAL/HEALTH CARE **DN74** 5.  FATALITY DATE OF DEATH: \_\_\_/\_\_\_/\_\_\_ **DN57**  
 Also see **DN146** MM DD YYYY  
 6a.  OCCUPATIONAL DISEASE **DN290** 6b. DATE OF LAST EXPOSURE: \_\_\_/\_\_\_/\_\_\_ **DN31** 6c. DATE OF DIAGNOSIS AS OCCUPATIONALLY RELATED: \_\_\_/\_\_\_/\_\_\_ **NA**  
 MM DD YYYY MM DD YYYY  
 7a.  CORRECT PRIOR REPORT **DN2** 7b. DATE OF CORRECTION: \_\_\_/\_\_\_/\_\_\_ **DN3** 7c. DATE CORRECTION SENT TO WCB: \_\_\_/\_\_\_/\_\_\_ **DN3**  
 Note: also see correction process & **DN295, 296** MM DD YYYY MM DD YYYY

8. STATE EMPLOYER UNEMPLOYMENT INSURANCE ACCOUNT NUMBER (UIAN): **DN329** 9. FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN): **DN16** 10. EMPLOYER NAME: **DN18**

11. STREET/P.O. BOX MAILING ADDRESS: **DN168-169** 12. CITY: **DN165** 13. STATE: **DN170** 14. ZIP: **DN167** 15. TELEPHONE NUMBER: **DN159**  
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16. PRIMARY BUSINESS PERFORMED BY EMPLOYER WHERE INJURY OCCURRED: **DN25** 17. EMPLOYER LOCATION IF DIFFERENT FROM MAILING ADDRESS: **DN19-23**  
 EMPLOYER PHYSICAL COUNTRY CODE = **DN164** 18. DID INJURY OR EXPOSURE OCCUR ON EMPLOYER'S PREMISES?  YES  NO **DN249**  
 IF NO, THEN GIVE NAME AND PHYSICAL ADDRESS OF THE EMPLOYER WHERE THE EMPLOYEE WAS INJURED OR EXPOSED: **DN120, 119, 122, 121, 123, 33, 118**  
 ACCIDENT SITE COUNTRY CODE = **DN280**

(check one)  **INSURER**  **THIRD PARTY ADMINISTRATOR (TPA)**  **SELF-ADMINISTERED EMPLOYER**

19. INSURANCE / TPA COMPANY NAME: **DN7/188** 20. POLICY NUMBER: **DN28** 21. INSURER FILE NUMBER: **DN15**

22. STREET/P.O. BOX MAILING ADDRESS: **DN10-11** 23. CITY: **DN12** 24. STATE: **DN13** 25. ZIP: **DN14** 26. TELEPHONE NUMBER: **NA**  
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27. LAST NAME: **DN43 & DN255** 28. FIRST NAME: **DN44** 29. MI: **DN45** 30. TELEPHONE NUMBER: ( ) **DN51** 31. SOCIAL SECURITY NUMBER: **DN42** 32. GENDER: **DN53**  
 MALE  FEMALE

33. STREET/P.O. BOX MAILING ADDRESS: **DN46-47** 34. CITY: **DN48** 35. STATE: **DN49** 36. ZIP: **DN50** 37. DATE OF BIRTH: **DN52**  
 \_\_\_/\_\_\_/\_\_\_  
 MM DD YYYY

38. OCCUPATION/JOB TITLE: **DN60** 39. DATE OF HIRE: **DN61** 40. WEEKLY WAGE AT TIME OF INJURY: \$ **DN62** 41. DOES EMPLOYEE WORK FOR ANOTHER EMPLOYER?  
 YES  NO **NA** IF YES, GIVE NAME AND ADDRESS: **NA**  
 \_\_\_/\_\_\_/\_\_\_  
 MM DD YYYY

42. DATE OF INJURY OR ILLNESS: \_\_\_/\_\_\_/\_\_\_ **DN31** 43. DATE OF INCAPACITY: \_\_\_/\_\_\_/\_\_\_ **DN56** 44. TIME EMPLOYEE BEGAN WORK (e.g. 7:30 a.m.): **NA** 45. DATE EMPLOYER NOTIFIED INSURER/TPA: \_\_\_/\_\_\_/\_\_\_ **DN41**  
 MM DD YYYY MM DD YYYY MM DD YYYY  
 DATE EMPLOYER NOTIFIED: \_\_\_/\_\_\_/\_\_\_ **DN40** 46. TIME OF INJURY (e.g. 1:10 p.m.): **DN32** 47. HAS EMPLOYEE RETURNED TO WORK?  YES  NO **DN189**  
 MM DD YYYY MM DD YYYY IF YES, GIVE DATE: \_\_\_/\_\_\_/\_\_\_ **DN68**  
 MM DD YYYY

48. SPECIFIC INJURY OR ILLNESS (e.g. second degree burn or toxic hepatitis): **DN35** 49. BODY PART(S) AFFECTED (e.g. lower right forearm): **DN36** 50. ALL EQUIPMENT, MATERIALS, OR CHEMICALS EMPLOYEE WAS USING WHEN THE EVENT OCCURRED (e.g. acetylene torch, metal plate): **DN37**

51. SPECIFY ACTIVITY THE EMPLOYEE WAS ENGAGED IN WHEN THE EVENT OCCURRED (e.g. cutting metal plate for flooring): **NA** 52. HOW INJURY OR ILLNESS OCCURRED. DESCRIBE THE SEQUENCE OF EVENTS AND INCLUDE ANY OBJECTS OR SUBSTANCES THAT DIRECTLY INJURED OR MADE THE EMPLOYEE ILL. (e.g. worker stepped back to inspect work and slipped on some scrap metal. As worker fell, worker brushed against hot metal.): **DN38**

53. HOSPITALIZED OVERNIGHT AS INPATIENT?  YES  NO **DN39** 54. WAS THE EMPLOYEE TREATED IN AN EMERGENCY ROOM?  YES  NO: **DN39** 55. HEALTH CARE PROVIDER NAME: **NA** 56. MAILING ADDRESS: **NA** 57. TELEPHONE NUMBER: **NA**

58. PREPARER NAME AND TITLE (TYPE OR PRINT): **DN140** 59. TELEPHONE NUMBER: **DN137** 60. DATE SENT TO WCB: **DN100**  
 ( ) \_\_\_/\_\_\_/\_\_\_  
 MM DD YYYY