

STATE OF ALABAMA
EMPLOYER'S FIRST REPORT OF INJURY
OR OCCUPATIONAL DISEASE

| CLAIM REFERENCE | | | | | |
|--|--|--|---|------------------------------------|---|
| 1. Insured Report Number | 2. Filing Office Claim Number | | 3. OSHA Log Case Number | | |
| EMPLOYER | | | | | |
| 4. Employer Business Name | | | ADDRESS, IF LOCATION DIFFERENT FROM BUSINESS ADDRESS | | |
| 5. Physical Address 1 | | | 10. Mailing Address 1 | | |
| 6. Physical Address 2 | | | 11. Mailing Address 2 | | |
| 7. City | 8. State | 9. Zip | 12. City | 13. State | 14. Zip |
| 15. Federal ID Number | | 16. U.C. Account Number | | 17. NAICS | |
| INSURER / FILING OFFICE | | | | | |
| 18. Insurer Name | | | 21. Filing Office Name | | |
| 19. Insurer Federal ID Number | | | 22. Mailing Address 1 | | |
| 20. Type Insurer Ins Co <input type="checkbox"/> Self-Insurer <input type="checkbox"/> Group Fund <input type="checkbox"/> | | | 23. Mailing Address 2 or Telephone Number | | |
| | | | 24. City | 25. State | 26. Zip |
| | | | 27. Filing Office Federal ID Number | | |
| EMPLOYEE / WAGES | | | | | |
| 28. First Name | | | 32. Employee ID Number | | |
| 29. Middle Name | | | 33. Type Employee ID Number | | |
| 30. Last Name | | | SSN <input type="checkbox"/> Passport Number <input type="checkbox"/> Green Card <input type="checkbox"/> | | |
| 31. Last Name Suffix (ie. Jr., Sr., III) | | | Employment Visa <input type="checkbox"/> Assigned by Jurisdiction <input type="checkbox"/> | | |
| 34. Mailing Address 1 | | | 40. Gender | | 41. Date of Birth |
| 35. Mailing Address 2 | | | Male <input type="checkbox"/> | | 42. Nbr of Dependents |
| 36. City | | | Female <input type="checkbox"/> | | |
| 37. State | | | 38. Zip | | 39. Phone |
| 43. Marital Status Unmarried (Single or Divorced or Widowed) <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unknown <input type="checkbox"/> | | | | | 44. Date Hired |
| 45. Occupation Description | | | | 46. Number of Days Worked Per Week | |
| 47. Wages \$ | | | 49. Received Full Pay For Day of Injury? Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| 48. Hourly <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> | | | 50. Did Salary Continue? Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| INJURY / TREATMENT | | | | | |
| 51. Date of Injury | 52. Time of Injury a.m. <input type="checkbox"/> p.m. <input type="checkbox"/> unk <input type="checkbox"/> | | 53. Time Employee Began Work a.m. <input type="checkbox"/> p.m. <input type="checkbox"/> | | 54. Date Disability Began |
| 55. Date of Death | | | | | |
| PLACE OF ACCIDENT, INJURY, OR EXPOSURE | | | 61. Injury Occurred on Employer's Premises? Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| 56. Site Address | | | 62. Date Employer Notified | | |
| 57. City | | | 58. State | | 59. Zip |
| 60. County | | | | | |
| 63. DESCRIBE WHAT THE EMPLOYEE WAS DOING JUST BEFORE THE INCIDENT AND HOW THE INJURY OCCURRED. (Ex. While climbing a ladder and carrying roofing materials, ladder slipped on wet floor causing worker to fall 20 feet.) | | | | | |
| PROVIDE DESCRIPTION CODES to identify Nature of Injury, Part of Body that was affected, and Cause of Injury. (FOR COMPLETE LIST OF CODES, GO TO HTTP:// LABOR.ALABAMA.GOV/WC) | | | | | |
| 64. Nature of Injury Code | | 65. Part of Body Code | | 66. Cause of Injury Code | |
| 67. Initial Treatment | | No Medical Treatment <input type="checkbox"/> | | 68. Name of Treatment Facility | |
| First Aid By Employer <input type="checkbox"/> | | Minor Clinic / Hospital <input type="checkbox"/> | | 69. Address | |
| Emergency Room <input type="checkbox"/> | | Hospitalized Overnight <input type="checkbox"/> | | 70. City | |
| Hospitalized > 24 Hours <input type="checkbox"/> | | Outpatient Treatment <input type="checkbox"/> | | 71. State | 72. Zip |
| 73. Name of Physician or Other Health Care Professional | | | 74. Has Injured Returned to Work Yes <input type="checkbox"/> No <input type="checkbox"/> | | If so, 75. Date |
| | | | | | 76. Time a.m. <input type="checkbox"/> p.m. <input type="checkbox"/> |
| OTHER | | | | | |
| 77. Date Prepared | 78. Preparer's First Name | | 79. Last Name | | 80. Title |
| | | | | | 81. Preparer's Telephone Number |