

IAIABC Release 1 148 Record for Alabama First Report of Injury Form

IAIABC REL 1 (148-RCD)			COMMENTS	AL FIRST REPORT OF INJURY (FROI)		
148-POS	148-LEN	148-DN		FLD	FIELD DESCRIPTIONS	LGTH
001-003	3 A/N	DN0001	Transaction Set ID 148			
004-005	2 A/N	DN0002	Maintenance Type Code 00			
006-013	8 A/N	DN0003	Maintenance Type Code Date CCYYMMDD			
014-015	2 A/N	DN0004	Jurisdiction Code AL			
016-040	25 A/N		Spaces			
041-049	9 A/N	DN0006		19	Insurer Federal ID Number	9 A/N
050-079	30 A/N	DN0007		18	Insurer Name	30 A/N
080-088	9 A/N	DN0008		27	Filing Office Federal ID Number	9 A/N
089-118	30 A/N	DN0009		21	Filing Office Name	30 A/N
119-148	30 A/N	DN0010		22	Filing Office Mailing Address 1	30 A/N
149-178	30 A/N	DN0011		23	Filing Office Mailing Address 2	30 A/N
179-193	15 A/N	DN0012		24	Filing Office Mailing City	15 A/N
194-195	2 A/N	DN0013		25	Filing Office Mailing State	2 A/N
196-204	9 A/N	DN0014		26	Filing Office Mailing Zip	9 A/N
205-229	25 A/N	DN0015		02	Filing Office Claim Number	25 A/N
230-238	9 A/N	DN0016		15	Employer Federal ID Number	9 A/N
239-268	30 A/N		Spaces			
269-298	30 A/N	DN0018		04	Employer Business Name	30 A/N
299-328	30 A/N	DN0019		34	Employer Physical Address 1	30 A/N
329-358	30 A/N	DN0020		35	Employer Physical Address 2	30 A/N
359-373	15 A/N	DN0021		07	Employer Physical City	15 A/N
374-375	2 A/N	DN0022		08	Employer Physical State	2 A/N
376-384	9 A/N	DN0023		09	Employer Physical Zip	9 A/N
385-385	1 A/N	DN0024	(Y or N)		Self Insured Indicator	1 A/N
386-391	6 A/N	DN0025		17	Employer NAICS	6 A/N
392-462	71 A/N		Spaces			
463-470	8 A/N	DN0031		51	Date of Injury	8 A/N
471-474	4 A/N	DN0032		52	Time of Injury	4 A/N
475-483	9 A/N	DN0033		59	Accident Site Zip	9 A/N
484-484	1 A/N	DN0034		61	Employers Premises Indicator	1 A/N
485-486	2 A/N	DN0035		64	Nature of Injury Code	2 A/N
487-488	2 A/N	DN0036		65	Part of Body Code	2 A/N
489-490	2 A/N	DN0037		66	Cause of Injury Code	2 A/N
491-642	152 A/N		Spaces			
643-650	8 A/N	DN0040		62	Date Employer Notified	8 A/N
651-658	8 A/N		Spaces			
659-667	9 A/N	DN0042		33	Employee Social Security Nr	9 A/N
668-697	30 A/N	DN0043		30	Employee Last Name	30 A/N

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148-POS	148-LEN	148-DN		FLD	FIELD DESCRIPTIONS	LGTH
698-712	15 A/N	DN0044		28	Employee First Name	15 A/N
713-713	1 A/N	DN0045		29	Employee Middle Name	1 A/N
714-743	30 A/N	DN0046		34	Employee Mailing Address 1	30 A/N
744-773	30 A/N	DN0047		35	Employee Mailing Address 2	30 A/N
774-788	15 A/N	DN0048		36	Employee Mailing City	15 A/N
789-790	2 A/N	DN0049		37	Employee Mailing State	2 A/N
791-799	9 A/N	DN0050		38	Employee Zip	9 A/N
800-809	10 A/N	DN0051		39	Employee Telephone Nr	
810-817	8 A/N	DN0052		41	Employee Date of Birth	8 A/N
818-818	1 A/N	DN0053		40	Employee Gender	1 A/N
819-819	1 A/N	DN0054		43	Employee Marital Status	1 A/N
820-821	2 A/N	DN0055		42	Employee Nr of Dependents	2 A/N
822-829	8 A/N	DN0056		54	Date Disability Began	8 A/N
830-837	8 A/N	DN0057		55	Date of Death	8 A/N
838-843	6 A/N		Spaces			
844-873	30 A/N	DN0060		45	Occupation Description	30 A/N
874-881	8 A/N	DN0061		44	Employee Date Hired	8 A/N
882-892	11 N	DN0062		47	Wages	11 N
893-894	2 A/N	DN0063		48	Wage Period	2 A/N
895-895	1 A/N	DN0064		46	Employee Nr Days Work Per Wk	1 A/N
896-903	8 A/N		Spaces			
904-904	1 A/N	DN0066		49	Rec'd Full Pay For Day of Injury	1 A/N
905-905	1 A/N	DN0067		50	Did Salary Continue?	1 A/N
906-913	8 A/N	DN0068		75	Returned to Work Date	8 A/N