



DIA USE ONLY

**EMPLOYER'S FIRST REPORT OF INJURY  
 OR FATALITY**

**THIS FORM MUST BE FILED BY THE EMPLOYER IN THE EVENT OF AN INJURY THAT RESULTS IN DEATH OR FIVE OR MORE CALENDAR DAYS OF TOTAL OR PARTIAL INCAPACITY FROM EARNING WAGES. INSTRUCTIONS AND CODES ON THE REVERSE SIDE - Please Print Legibly or Type - Unreadable forms will be returned.**

EMPLOYEE	1. Employee's Name (Last, First, MI):		2. Home Telephone Number:		3. Social Security Number*:		4. Sex: <input type="checkbox"/> M <input type="checkbox"/> F	
	5. Home Address (No., Street, City, State & Zip Code):				6. Marital Status: <input type="checkbox"/> M <input type="checkbox"/> S		7. No. of Dependents:	
	8. Date of Hire (mm/dd/yyyy):		9. Date of Birth (mm/dd/yyyy):		10. Average Weekly Wage: \$ <input type="checkbox"/> Estimated <input type="checkbox"/> Actual			
EMPLOYER	11. Employer's Name:				12. Federal Tax I.D. Number:			
	13. Employer's Address (No., Street, City, State & Zip Code):				14. Employer's Telephone Number:			
	15. Industry Code (See Reverse Side):				16. Workers' Compensation Insurance Carrier and Tel. No. (NOT LOCAL AGENT/ADMINISTRATOR):			
	17. W.C. Policy Number:				18. Self-Insured? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Self-Insurer Number:			
INJURY INFORMATION	19. Business Type: <input type="checkbox"/> Service <input type="checkbox"/> Wholesale <input type="checkbox"/> Mfg. <input type="checkbox"/> Retail <input type="checkbox"/> Other _____							
	<b>20. DATE OF INJURY (mm/dd/yyyy):</b>							
	21. Was Employee Injured on Employer's Premises? <input type="checkbox"/> Yes <input type="checkbox"/> No				22. Location of Injury if not on Employer's Premises:			
	23. FIRST day of Total or Partial Incapacity to Earn Wages (mm/dd/yyyy):				24. FIFTH day of Total or Partial Incapacity to Earn Wages (mm/dd/yyyy):			
	25. If Employee has Died, Date of Death (mm/dd/yyyy):				26. Source of Injury (Chemicals, Machinery, etc.):			
	27. Briefly Describe How Injury/Exposure Occurred and Body Parts(s) involved:							
	28. Person to Whom Injury was Reported (list position):				29. Date Reported (mm/dd/yyyy):		30. Date reported as work related (mm/dd/yyyy):	
31. Injury Code(s)                      Body Part Code(s) a.                      to body part    a. b.                      to body part    b. c.                      to body part    c.				32. Witness(es) to Injury - Give Full Name(s), if none state as such:				
33. Has Employee Returned to Work? <input type="checkbox"/> Yes <input type="checkbox"/> No				34. Date Employee Returned to Work (mm/dd/yyyy):				
35. Employee's Regular Occupation:				36. Has Employee Returned to Regular Occupation: <input type="checkbox"/> Yes <input type="checkbox"/> No				
37. EMPLOYER'S Name (SEE INSTRUCTIONS ON REVERSE SIDE):				38. Title:				
39. EMPLOYER'S Signature (SEE INSTRUCTIONS ON REVERSE SIDE):				40. Date Prepared (mm/dd/yyyy):				

\*Disclosure of Social Security Number is Voluntary. It will aid in the processing of your report.

**THIS FORM DOES NOT CONSTITUTE AN EMPLOYEE'S CLAIM FOR BENEFITS UNDER WORKERS' COMPENSATION.**

# EMPLOYER'S FIRST REPORT OF INJURY OR FATALITY

## FILING INSTRUCTIONS

1. **WHEN TO FILE:** File this form within 7 calendar days, not including Sundays and legal holidays, of receipt of notice of any injury alleged to have arisen out of and in the course of employment, which totally or partially incapacitates an employee for a period of 5 or more calendar days from earning wages. This form is not an admission of liability, but must be filed even though the Employer may believe that the Employee is not injured, or that the Employee is not entitled to benefits under M.G.L. Chapter 152.
2. **WHERE TO FILE:** This form should be mailed to the Department of Industrial Accidents at the address shown on the front of the form. Copies must also be provided to the Employee and to the Employer's Workers' Compensation insurer.
3. **PENALTIES:** Failure to report injuries on this form may result in a fine of \$100.00 in accordance with M.G.L. Chapter 152, Section 6.
4. **EMPLOYER'S NAME & SIGNATURE IN BOXES 37 & 39:** This form must be filed by the employer or an authorized agent/representative of the employer.

### INDUSTRY CODES

<u>Agriculture, Forestry and Fishing</u>	28 Chemicals and Allied Products	51 Wholesale Trade - Non-durable Goods	78 Motion Pictures
01 Agriculture Production - Crops	29 Petroleum and Coal Products		79 Amusements and Recreation Services
02 Agriculture Production - Livestock	30 Rubber and Misc. Plastic Products	<u>Retail Trade</u>	80 Health Services
07 Agricultural Services	31 Leather and Leather Products	52 Building Materials and Garden Supplies	81 Legal Services
08 Forestry	32 Stone, Clay and Glass Products	53 General Merchandizing	82 Educational Services
09 Fishing, Hunting and Trapping	33 Primary Metal Industries	54 Food Stores	83 Social Services
	34 Fabricated Metal Products	55 Automotive Dealers and Service Stations	84 Museums, Botanical, Zoological Gardens
<u>Mining</u>	35 Industrial Machinery and Equipment	56 Apparel and Accessory Stores	86 Membership Organizations
10 Metal Mining	36 Electronic and Other Electrical Equipment	57 Furniture and Home Furnishing Stores	87 Engineering and Management Services
12 Coal Mining	37 Transportation Equipment	58 Eating and Drinking Establishments	88 Private Households
13 Oil and Natural Gas	38 Instruments and Related Products	59 Miscellaneous Retail	89 Services, NEC
14 Nonmetallic Minerals, Except Fuels	39 Miscellaneous Manufacturing Industries		
<u>Construction</u>	<u>Transportation and Public Utilities</u>	<u>Finance, Insurance and Real Estate</u>	<u>Public Administration</u>
15 General Building Contractors	40 Railroad Transportation	60 Depository Institutions	91 Executive, Legislative and Garden
16 Heavy Construction, Ex. Building	41 Local and Interurban Passenger Transit	61 Non-depository Institutions	92 Justice, Public Order, and Safety
17 Special Trade Contractors	42 Trucking and Warehousing	62 Security and Commodity Brokers	93 Finance, Taxation, and Monetary Benefits
<u>Manufacturing</u>	43 U.S. Postal Service	63 Insurance Carriers	94 Administration of Human Services
20 Food and Kindred Products	44 Water Transportation	64 Insurance Agents, Brokers and Service	95 Environmental Quality and Housing
21 Tobacco Products	45 Transportation by Air	65 Real Estate	96 Administration of Economic Program
22 Textile Mill Products	46 Pipelines, Except Natural Gas	67 Holding and Other Investment Officers	97 National Security and International Affairs
23 Apparel and Other Textile Products	47 Transportation Services		
24 Lumber and Wood Products	48 Communications	<u>Services</u>	
25 Furniture and Fixtures	49 Electric, Gas and Sanitary Services	70 Hotels and Other Lodging Places	
26 Paper and Allied Products		72 Personal Services	<u>Non-classifiable Establishments</u>
27 Printing and Publishing	<u>Wholesale Trade</u>	73 Business Services	99 Non-classifiable Establishments
	50 Wholesale Trade - Durable Goods	75 Auto Repair Services and Parking	
		76 Miscellaneous Repair Services	

### NATURE OF INJURY OR ILLNESS CODES

100 Amputation or Eruclotion	157 Tuberculosis	281 Aluminumosis	<u>Other</u>
110 Asphyxia or Strangulation, Etc.	159 Other Infective or Parasitic Diseases	282 Anthracosis	265 Carpal Tunnel Syndrome
120 Burns (Heat)	<u>Dermatitis</u>	283 Asbestosis	510 Cardiovascular and Other Conditions of the Circulatory System
130 Burns (Chemical)	180 Dermatitis, UNS*	284 Byssinosis	520 Complications Peculiar to Medical Care
140 Concussion	183 Primary Infections of the Skin	285 Siderosis	500 Effects of Changes in Atmospheric Pressure
160 Contusion, Crushing, Bruise	184 Other Skin Conditions	286 Silicosis	240 Effects of Environmental Heat
170 Cut, Laceration, Puncture	185 Dermatitis, Allergenic or Contact	287 Other Pneumoconioses	220 Effects of Exposure to Low Temperature
190 Dislocation	189 Skin Condition, NEC**	289 Pneumoconioses with Tuberculosis	530 Eye, other Diseases of the Eye
200 Electric Shock, Electrocution	<u>Poisoning, Systemic</u>		230 Hearing Loss or Impairment
210 Fracture	270 Poisoning, Systemic, UNS*	<u>Nervous System, Conditions of</u>	991 Heart Condition, Excludes Heart Attack
250 Hernia, Rupture	271 Due to Toxic Materials other than Lead	560 Nervous System, Conditions of - NEC	320 Hemorrhoids
300 Scratches, Abrasions	272 Diseases of the Blood and Blood Forming Organs	561 Diseases of the Central Nervous System	330 Hepatitis, Serum and Infective
310 Sprains, Strains	273 Upper Respiratory Conditions	562 Diseases of the Nerves and Peripheral Ganglia	275 Hepatitis, Toxic
400 Multiple Injuries	274 Influenza, Pneumonia, Etc.	<u>Neoplasm Tumor</u>	260 Inflammation of Joints, Etc.
900 No Injury	276 Other Diseases of the Gastro-Intestinal Tract	550 Neoplasm Tumor UNS**	540 Mental Disorders
950 Damage to Prosthetic Devices	278 Effects of Lead	551 Malignant	900 No Illness
995 No Other Injury, NEC**	279 Other Toxic Effects of One System Only	552 Benign	999 Non-classifiable
999 Non-classifiable	<u>Respiratory Systems, Conditions of</u>		990 Occupational Disease, NEC**
<u>Infective or Parasitic Disease</u>	570 Respiratory Systems, Conditions of	<u>Radiation Effects</u>	580 Symptoms and Ill-defined Conditions
150 Infective or Parasitic Disease, UNS*	571 Upper Respiratory	290 Radiation Effects, UNS*	
151 Amebiasis	572 Asthma, Influenza, Pneumonia	291 Non-ionizing Radiation	
152 Anthrax	<u>Pneumoconiosis</u>	292 Microwaves	
153 Brucellosis	280 Pneumoconiosis	293 Ionizing Radiation - X-Ray	
154 Conjunctivitis and Ophthalmia		294 Ionizing Radiation - Isotopes	
156 Tetanus		295 Welder's Flash	

### BODY PART AFFECTED CODES

<u>Head</u>	160 Skull	398 Upper Extremities, Multiple	513 Knee(s)
100 Head, UNS*	198 Head Multiple	400 Trunk, UNS*	515 Lower Leg(s)
110 Brain	200 Neck & Cervical Vertebrae	410 Abdomen, Internal Organs,	518 Leg(s), Multiple
120 Ear(s), UNS*	<u>UPPER EXTREMITIES</u>	Inguinal Hernia	519 Leg(s), NEC**
121 Ear(s), External	300 Upper Extremities, NEC**	420 Back	520 Ankle(s)
124 Ear(s), Internal	310 Arm(s), UNS*	430 Chest, Ribs, Breastbone,	530 Foot or Feet., Not Ankle
130 Eye(s) UNS*	311 Upper Arm	Internal Organs	540 Toe(s)
140 Face, UNS*	313 Elbow(s)	440 Hip(s)...Pelvis, Organs and Buttocks	598 Lower Extremities, Multiple
141 Jaw, Chin	315 Forearm(s)	450 Shoulder(s)	700 MULTIPLE PARTS
144 Mouth and Throat (vocal cords, larynx)	318 Arm(s), Multiple	498 Trunk, Multiple	Applies when more than one major body part as been effected such as an arm and a leg
146 Nose	319 Arm(s), NEC**	<u>LOWER EXTREMITIES</u>	
148 Face, Multiple Parts	320 Wrist(s)	500 Lower Extremities	
149 Face, NEC**	330 Hand(s), Not Wrists or Fingers	510 Leg(s), UNS*	999 NON-CLASSIFIABLE - Insufficient information to identify part of body effected. Includes damage to prosthetic devices.
150 Scalp	340 Finger(s)		

\*UNS - UNSPECIFIED

\*\* NEC - NOT ELSEWHERE CLASSIFIED