

# EMPLOYER'S FIRST REPORT OF INJURY OR OCCUPATIONAL DISEASE

(Alabama)

## **INSTRUCTIONS:**

This First Report is to be used by the Employer and sent to the Insurance Carrier or, if self-insured, to the designated office handling their workers' compensations claims. The Insurance Carrier or designated office should then forward the form on to the Workers' Compensation Division, Department of Industrial Relations, Montgomery, Alabama so that it reaches the **Division within fifteen (15) days** from the date of injury or date of notification to the employer for all injuries for which compensation is claimed or paid.

Complete the form as follows:

Block 1. through 3. Claim Reference Information

Block 4. through 17. Employer Information

Block 18. through 27. Insurer/Filing Office Information

Block 28. through 50. Employee/Wages Information

Block 51. through 76. Injury/Treatment Information

Block 77. through 81. Other Information

Be sure to date the report and sign it in ink in a legible manner. (If your signature is not legible, please type your name under the line.)

**Department of Industrial Relations  
649 Monroe Street  
Montgomery, AL 36131**