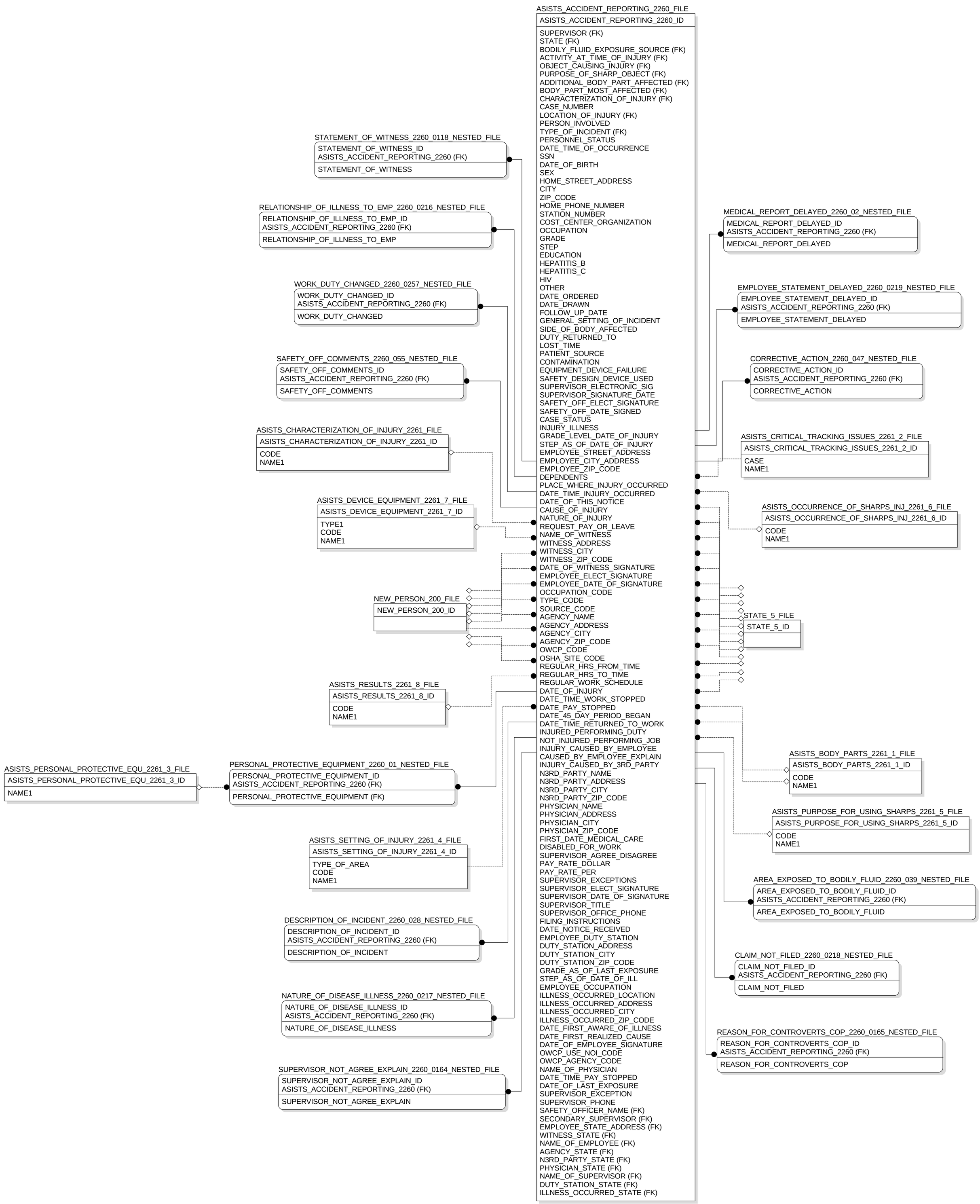
ASISTS_ACCIDENT_REPORTING_2260_FILE
ASISTS_ACCIDENT_REPORTING_2260_ID
SUPERVISOR (FK)
STATE (FK)
BODILY_FLUID_EXPOSURE_SOURCE (FK)
ACTIVITY_AT_TIME_OF_INJURY (FK)
OBJECT_CAUSING_INJURY (FK)
PURPOSE_OF_SHARP_OBJECT (FK)
ADDITIONAL_BODY_PART_AFFECTED (FK)
BODY_PART_MOST_AFFECTED (FK)
CHARACTERIZATION_OF_INJURY (FK)
CASE_NUMBER
LOCATION_OF_INJURY (FK)
PERSON_INVOLVED
TYPE_OF_INCIDENT (FK)
PERSONNEL_STATUS
DATE_TIME_OF_OCCURRENCE
SSN
DATE_OF_BIRTH
SEX
HOME_STREET_ADDRESS
CITY
ZIP_CODE
HOME_PHONE_NUMBER
STATION_NUMBER
COST_CENTER_ORGANIZATION
OCCUPATION
GRADE
STEP
EDUCATION
HEPATITIS_B
HEPATITIS_C
HIV
OTHER
DATE_ORDERED
DATE_DRAWN
FOLLOW_UP_DATE
GENERAL_SETTING_OF_INCIDENT
SIDE_OF_BODY_AFFECTED
DUTY_RETURNED_TO
LOST_TIME
PATIENT_SOURCE
CONTAMINATION
EQUIPMENT_DEVICE_FAILURE
SAFETY_DESIGN_DEVICE_USED
SUPERVISOR_ELECTRONIC_SIG
SUPERVISOR_SIGNATURE_DATE
SAFETY_OFF_ELECT_SIGNATURE
SAFETY_OFF_DATE_SIGNED
CASE_STATUS
INJURY_ILLNESS
GRADE_LEVEL_DATE_OF_INJURY
STEP_AS_OF_DATE_OF_INJURY
EMPLOYEE_STREET_ADDRESS
EMPLOYEE_CITY_ADDRESS
EMPLOYEE_ZIP_CODE
DEPENDENTS
PLACE_WHERE_INJURY_OCCURRED
DATE_TIME_INJURY_OCCURRED
DATE_OF_THIS_NOTICE
CAUSE_OF_INJURY
NATURE_OF_INJURY
REQUEST_PAY_OR_LEAVE
NAME_OF_WITNESS
WITNESS_ADDRESS
WITNESS_CITY
WITNESS_ZIP_CODE
DATE_OF_WITNESS_SIGNATURE
EMPLOYEE_ELECT_SIGNATURE
EMPLOYEE_DATE_OF_SIGNATURE
OCCUPATION_CODE
TYPE_CODE
SOURCE_CODE
AGENCY_NAME
AGENCY_ADDRESS
AGENCY_CITY
AGENCY_ZIP_CODE
OWCP_CODE
OSHA_SITE_CODE
REGULAR_HRS_FROM_TIME
REGULAR_HRS_TO_TIME
REGULAR_WORK_SCHEDULE
DATE_OF_INJURY
DATE_TIME_WORK_STOPPED
DATE_PAY_STOPPED
DATE_45_DAY_PERIOD_BEGAN
DATE_TIME_RETURNED_TO_WORK
INJURED_PERFORMING_DUTY
NOT_INJURED_PERFORMING_JOB
INJURY_CAUSED_BY_EMPLOYEE
CAUSED_BY_EMPLOYEE_EXPLAIN
INJURY_CAUSED_BY_3RD_PARTY
N3RD_PARTY_NAME
N3RD_PARTY_ADDRESS
N3RD_PARTY_CITY
N3RD_PARTY_ZIP_CODE
PHYSICIAN_NAME
PHYSICIAN_ADDRESS
PHYSICIAN_CITY
PHYSICIAN_ZIP_CODE
FIRST_DATE_MEDICAL_CARE
DISABLED_FOR_WORK
SUPERVISOR_AGREE_DISAGREE
PAY_RATE_DOLLAR
PAY_RATE_PER
SUPERVISOR_EXCEPTIONS
SUPERVISOR_ELECT_SIGNATURE
SUPERVISOR_DATE_OF_SIGNATURE
SUPERVISOR_TITLE
SUPERVISOR_OFFICE_PHONE
FILING_INSTRUCTIONS
DATE_NOTICE_RECEIVED
EMPLOYEE_DUTY_STATION
DUTY_STATION_ADDRESS
DUTY_STATION_CITY
DUTY_STATION_ZIP_CODE
GRADE_AS_OF_LAST_EXPOSURE
STEP_AS_OF_DATE_OF_ILL
EMPLOYEE_OCCUPATION
ILLNESS_OCCURRED_LOCATION
ILLNESS_OCCURRED_ADDRESS
ILLNESS_OCCURRED_CITY
ILLNESS_OCCURRED_ZIP_CODE
DATE_FIRST_AWARE_OF_ILLNESS
DATE_FIRST_REALIZED_CAUSE
DATE_OF_EMPLOYEE_SIGNATURE
OWCP_USE_NOI_CODE
OWCP_AGENCY_CODE
NAME_OF_PHYSICIAN
DATE_TIME_PAY_STOPPED
DATE_OF_LAST_EXPOSURE
SUPERVISOR_EXCEPTION
SUPERVISOR_PHONE
SAFETY_OFFICER_NAME (FK)
SECONDARY_SUPERVISOR (FK)
EMPLOYEE_STATE_ADDRESS (FK)
WITNESS_STATE (FK)
NAME_OF_EMPLOYEE (FK)
AGENCY_STATE (FK)
N3RD_PARTY_STATE (FK)
PHYSICIAN_STATE (FK)
NAME_OF_SUPERVISOR (FK)
DUTY_STATION_STATE (FK)
ILLNESS_OCCURRED_STATE (FK)
STATEMENT_OF_WITNESS_2260_0118_NESTED_FILE
STATEMENT_OF_WITNESS_ID
ASISTS_ACCIDENT_REPORTING_2260 (FK)
STATEMENT_OF_WITNESS
RELATIONSHIP_OF_ILLNESS_TO_EMP_2260_0216_NESTED_FILE
RELATIONSHIP_OF_ILLNESS_TO_EMP_ID
ASISTS_ACCIDENT_REPORTING_2260 (FK)
RELATIONSHIP_OF_ILLNESS_TO_EMP
WORK_DUTY_CHANGED_2260_0257_NESTED_FILE
WORK_DUTY_CHANGED_ID
ASISTS_ACCIDENT_REPORTING_2260 (FK)
WORK_DUTY_CHANGED
SAFETY_OFF_COMMENTS_2260_055_NESTED_FILE
SAFETY_OFF_COMMENTS_ID
ASISTS_ACCIDENT_REPORTING_2260 (FK)
SAFETY_OFF_COMMENTS
ASISTS_CHARACTERIZATION_OF_INJURY_2261_FILE
ASISTS_CHARACTERIZATION_OF_INJURY_2261_ID
CODE
NAME1
ASISTS_DEVICE_EQUIPMENT_2261_7_FILE
ASISTS_DEVICE_EQUIPMENT_2261_7_ID
TYPE1
CODE
NAME1
NEW_PERSON_200_FILE
NEW_PERSON_200_ID
ASISTS_RESULTS_2261_8_FILE
ASISTS_RESULTS_2261_8_ID
CODE
NAME1
ASISTS_PERSONAL_PROTECTIVE_EQU_2261_3_FILE
ASISTS_PERSONAL_PROTECTIVE_EQU_2261_3_ID
NAME1
PERSONAL_PROTECTIVE_EQUIPMENT_2260_01_NESTED_FILE
PERSONAL_PROTECTIVE_EQUIPMENT_ID
ASISTS_ACCIDENT_REPORTING_2260 (FK)
PERSONAL_PROTECTIVE_EQUIPMENT (FK)
ASISTS_SETTING_OF_INJURY_2261_4_FILE
ASISTS_SETTING_OF_INJURY_2261_4_ID
TYPE_OF_AREA
CODE
NAME1
DESCRIPTION_OF_INCIDENT_2260_028_NESTED_FILE
DESCRIPTION_OF_INCIDENT_ID
ASISTS_ACCIDENT_REPORTING_2260 (FK)
DESCRIPTION_OF_INCIDENT
NATURE_OF_DISEASE_ILLNESS_2260_0217_NESTED_FILE
NATURE_OF_DISEASE_ILLNESS_ID
ASISTS_ACCIDENT_REPORTING_2260 (FK)
NATURE_OF_DISEASE_ILLNESS
SUPERVISOR_NOT_AGREE_EXPLAIN_2260_0164_NESTED_FILE
SUPERVISOR_NOT_AGREE_EXPLAIN_ID
ASISTS_ACCIDENT_REPORTING_2260 (FK)
SUPERVISOR_NOT_AGREE_EXPLAIN
MEDICAL_REPORT_DELAYED_2260_02_NESTED_FILE
MEDICAL_REPORT_DELAYED_ID
ASISTS_ACCIDENT_REPORTING_2260 (FK)
MEDICAL_REPORT_DELAYED
EMPLOYEE_STATEMENT_DELAYED_2260_0219_NESTED_FILE
EMPLOYEE_STATEMENT_DELAYED_ID
ASISTS_ACCIDENT_REPORTING_2260 (FK)
EMPLOYEE_STATEMENT_DELAYED
CORRECTIVE_ACTION_2260_047_NESTED_FILE
CORRECTIVE_ACTION_ID
ASISTS_ACCIDENT_REPORTING_2260 (FK)
CORRECTIVE_ACTION
ASISTS_CRITICAL_TRACKING_ISSUES_2261_2_FILE
ASISTS_CRITICAL_TRACKING_ISSUES_2261_2_ID
CASE
NAME1
ASISTS_OCCURRENCE_OF_SHARPS_INJ_2261_6_FILE
ASISTS_OCCURRENCE_OF_SHARPS_INJ_2261_6_ID
CODE
NAME1
STATE_5_FILE
STATE_5_ID
ASISTS_BODY_PARTS_2261_1_FILE
ASISTS_BODY_PARTS_2261_1_ID
CODE
NAME1
ASISTS_PURPOSE_FOR_USING_SHARPS_2261_5_FILE
ASISTS_PURPOSE_FOR_USING_SHARPS_2261_5_ID
CODE
NAME1
AREA_EXPOSED_TO_BODILY_FLUID_2260_039_NESTED_FILE
AREA_EXPOSED_TO_BODILY_FLUID_ID
ASISTS_ACCIDENT_REPORTING_2260 (FK)
AREA_EXPOSED_TO_BODILY_FLUID
CLAIM_NOT_FILED_2260_0218_NESTED_FILE
CLAIM_NOT_FILED_ID
ASISTS_ACCIDENT_REPORTING_2260 (FK)
CLAIM_NOT_FILED
REASON_FOR_CONTROVERTS_COP_2260_0165_NESTED_FILE
REASON_FOR_CONTROVERTS_COP_ID
ASISTS_ACCIDENT_REPORTING_2260 (FK)
REASON_FOR_CONTROVERTS_COP