

Computerized Accident/Incident Reporting System (CAIRS) Data Fields

No.	Short Name	Long Name	No. Digits	Values	Description	Comments
1	ORG	Organization Code	7 digits		Seven digit number that has been assigned to that specific reporting organization. An organization code is a concatenation of a field office code, area office code, government unit or contractor organization, and operation types code that uniquely identifies that reporting organization	This is on the top right portion of the first data section labeled "Organization-Sublevel Code" on the 5484.3 form
2	CASEID	CASE Number	Up to 7 digits		Cases for a given reporting organization will be numbered in sequence, and must be unique with in a given year and accident type	This is field 15 on the 5484.3 form
3	MULT	Multiple-Case Code	Up to 7 digits		Mandatory if the accident involved 2 or more reporting organizations. If multiple organizations are involved in a common accident, the CAIRS data administrator must be contacted for assignment of a multiple case number	This is field 15 on the 5484.3 form
4	ATYPE	Accident Type	2 characters		One of (I)njury/Illness, (P)roperty,(V)ehicle. For recordable cases and for non-recordable cases NI,NP,NV	This is field 16 on the 5484.3 form
5	ITYPE	Investigation Type	1 character		One of A,B or C	This is field 17 on the 5484.3 form
6	OP_CODE	Operator of Vehicle or Equipment	1 character	(Y)es/(N)o	Answers the question,"was an operator of a vehicle or equipment involved in the accident?" Default is Y	There is no equivalent spot on the 5484.3 form for this
7	DEPARTMEN T	Department, Division, or ID Code	Up to 40 characters		Enter the Department, Division, or ID code as desired.	This is on the left portion of the first data section labeled "Information about the Organization" on the 5484.3 form
8	ADATE	Date of Occurrence	8 digit		YYYYMMDD	This is field 21 on the 5484.3 form
9	ATIME	Time of Accident	2 digits	24 hour clock		This is field 24 on the 5484.3 form
10	WTIME	Time Employee began Work	2 digits	24 hour clock		This is field 22 on the 5484.3 form
11	APLACE	Accident Place	1 character	(I)ndoor/ (O)utdoors	Indicates whether the accident occurred indoors or outdoors	This is field 18 on the 5484.3 form
12	EPREMISE	Employers Premise	1 character	(Y)es/(N)o	Indicates whether the accident occurred on the employer's premises	This is field 19 on the 5484.3 form
13	DSPECIFIC	Specific Location	up to 255		Specific location of the	This is field 20 on the

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			characters		accident (e.g. street address or name of building or laboratory).	5484.3 form
14	LNAME	Last Name	up to 40 characters		Last name of injured/ill employee	This is part of field 1 on the 5484.3 form
15	FNAME	First Name	up to 40 characters		First name of injured/ill employee	This is part of field 1 on the 5484.3 form
16	MNAME	Middle Name	up to 20 characters		Middle name of injured/ill employee	This is part of field 1 on the 5484.3 form
17	EMPADDR	Home address of injured or ill person	up to 100 characters		This information is access protected in CAIRS	This is part of field 13 on the 5484.3 form
18	SSN	ID Number, do not use Social Security Number of employee	9 digits		This information is access protected in CAIRS	This is field 2 on the 5484.3 form. This is now truncated to 7 characters, do not include Social Security number.
19	DOB	Date of Birth	8 digits		YYYYMMDD	This is field 4 on the 5484.3 form
20	AGE	Age	2 digits		If DOB is not specified, this field is then required, otherwise this is calculated from DOB (so you could leave it blank if you have DOB)	This is part of field 4 on the 5484.3 form
21	SEX	Sex	1 character	(M)ale/ (F)emale		This is field 6 on the 5484.3 form
22	OCCUP	Generic Occupation Code	4 digits		This code may be left blank for now and will be filled out by a CAIRS data administrator for you. This has been filled out for each organization by the CAIRS data administrators in the past	This is field 8 on the 5484.3 form
23	OCCUPD	Job Title	up to 100 characters			This is field 7 on the 5484.3 form
24	HLTH_PROVIDER	Name of health care provider	Up to 100 characters			This is part of field 11 on the 5484.3 form
25	HOSPITAL	Name and Address of treatment facility	Up to 100 characters			This is part of field 12 on the 5484.3 form
26	HOSP_OVRNITE	Hospitalized overnight?	1 character	(Y)es/(N)o		This is part of field 14 on the 5484.3 form
27	PEMPL	Length of employment	1 character		one of A=under 3 months, B=3 to 12 months, or C=over 12 months	This is part of field 10 on the 5484.3 form
28	LEQUIP	Experience on this job or equipment	1 character		one of A=under 3 months, B=3 to 12 months, or C=over 12 months	This is part of field 9 on the 5484.3 form
29	OSHA	OSHA Classification	1 digit		one of 1,2,3,4,5,6 as per field 25 on the 5484.3 form	This is field 25 on the 5484.3 form
30	WDL	Workdays Lost	up to 4 digits		The number of workdays lost	This is field 26 on the 5484.3 form
31	WDLR	Workdays Restricted	Up to 4 digits		The number of restricted workdays.	This is field 27 on the 5484.3 form
32	LWD	Lost Workdays	Up to 5 digits		can be calculated from wdl+wdlr. You may leave it	This field is not on the 5484.3 form

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					blank and we'll calculate it for you	
33	DEATH	Death	1 character	(Y)es/(N)o	Indicates if a death occurred	This is part of field 35 on the 5484.3 form
34	DDATE	Date of Death	8 digits		(YYYYMMDD) if death occurred	This is part of field 35 on the 5484.3 form
35	TRANSFER	Permanent Transfer	1 character	(Y)es/(N)o	Indicate if injured/ill employee was given a permanent transfer to a different job because of the accident	This is part of field 28 on the 5484.3 form
36	TERM	Termination	1 character	(Y)es/(N)o	Indicates if injured/ill employee was terminated because of the accident.	This is part of field 29 on the 5484.3 form
37	ICLOSED	Returned to Work	1 character	(Y)es/(N)o	Has employee returned to work with no further anticipated workdays lost or restricted?	This is field 30 on the 5484.3 form
38	PVCODE	Property or Vehicle Loss Type	2 character	Codes for Property Cases are different than codes for vehicle cases	Codes are assigned to each of the available boxes on the 5484.3 form. CAIRS data administrators will fill if needed	This is field 27 or 28 on the old 5484.3 form. 27 if ATYPE is P 28 if ATYPE is V. Property and Vehicle reports are no longer required to be submitted
39	PV_REC_INJ	Recordable Injury	1 character	(Y)es/(N)o	Did vehicle accident involve a recordable injury	This is field 30 on the old 5484.3 form. Property and Vehicle reports are no longer required to be submitted
40	SEATB	Seat Belts	1 character	(Y)es/(N)o	Was vehicle equipped with seat belts	This is part of field 29 on the old 5484.3 form. Property and Vehicle reports are no longer required to be submitted
41	SEATBW	Seat Belt In Use	1 character	(Y)es/(N)o	Was seat belt in user	This is part of field 29 on the old 5484.3 form. Property and Vehicle reports are no longer required to be submitted
42	TLOSS	Total Accident Damage	Up to 12 digits	May be calculated from DLOSS + OLOSS	System will calculate from DLOSS and OLOSS	This is part of field 31 on the old 5484.3 form. Property and Vehicle reports are no longer required to be submitted
43	DLOSS	DOE Property or Vehicle Damage	Up to 12 digits		DOE Property/Vehicle loss. Round to nearest dollar	This is part of field 31 on the old 5484.3 form. Property and Vehicle reports are no longer required to be submitted
44	OLOSS	Non-DOE Property or Vehicle Damage	Up to 12 digits		Non-DOE Property/Vehicle loss Round to nearest dollar	This is part of field 31 on the old 5484.3 form Property and Vehicle reports are no longer required to be submitted
45	CLAIM	Claims against DOE for damage to non-	Up to 12 digits			This is part of field 32 on the old 5484.3 form.

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		DOE vehicle/property				Property and Vehicle reports are no longer required to be submitted
46	CLAIMP	Amount of claim actually paid by DOE	Up to 12 digits			This is part of field 32 on the old 5484.3 form. Property and Vehicle reports are no longer required to be submitted
47	REIMB	The dollar loss, if any, to DOE vehicles/property that should be reimbursable	Up to 12 digits			This is part of field 32 on the old 5484.3 form. Property and Vehicle reports are no longer required to be submitted
48	REIMBR	Amount of reimbursable dollars actually paid to DOE	Up to 12 digits			This is part of field 32 on the old 5484.3 form. Property and Vehicle reports are no longer required to be submitted
49	PVCLOSED	Dollar amounts final	1 character	(Y)es/(N)o	Indicates if the dollar amounts are final	This is field 33 on the old 5484.3 form. Property and Vehicle reports are no longer required to be submitted
50	EQ1_G	Code for primary material, substance, or equipment involved in the accident	4 digits	Codes are looked up by data entry person	This field will be filled out by CAIRS data administrator	This is derived in part from field 34-a on the 5484.3 form.
51	EQ2_G	Code for other Material or Equipment(Injury/Illness) or Equipment/Material (Property or Vehicle)	4 digits	Codes have different interpretation for ATYPE=I than for ATYPE=P,V	This field may be filled out by CAIRS data administrator. This is "Other Material or Equipment" if it's ATYPE=I and its "Equipment/Material" if it's ATYPE=P,V	This is derived in part from field 34-b on the 5484.3 form.
52	EQ_C	Equipment design or defect	1 character	(Y)es/(N)o	To indicate if equipment design or defect contributed to the accident cause of severity	This is field 34-c on the 5484.3 form.
53	DCAUSE	DCAUSE-Direct Cause	2 character	DW,DD,DP, DE,DO	This field may be filled out by a CAIRS data administrator. CAIRS data administrator chooses code based on contents of narrative data	This is field 36-a on the 5484.3 form.
54	ICAUSE	Indirect Cause	Up to 8 characters	IW,ID,IP,IE,IO	This field may be filled out by a CAIRS data administrator. May have up to three choices separated by commas (hence 8 characters). CAIRS data administrator chooses code(s) based on contents of narrative data	This is field 36-a on the 5484.3 form.
55	LOSSEVENT CODE	Loss producing event	4 digits	Codes are looked up by data entry person	This field may be filled out by a CAIRS data administrator. CAIRS data administrator chooses code based on contents of narrative data.	This is field 32-a on the 5484.3 form.
56	BODYPARTII	Body part injured	4 digits	Codes are	This field may be filled out by	This is field 33-b on the

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				looked up by data entry person	a CAIRS data administrator. CAIRS data administrator chooses code based on contents of narrative data.	5484.3 form.
57	IITYPE	Injury/Illness Type	4 digits	Codes are looked up by data entry person	This field may be filled out by a CAIRS data administrator. CAIRS data administrator chooses code based on contents of narrative data.	This is field 33-a on the 5484.3 form.
58	DMG_TARGET	Target of Property Damage	4 digits	Codes are looked up by data entry person	This field may be filled out by a CAIRS data administrator. CAIRS data administrator chooses code based on contents of narrative data.	This is derived from fields 36,37,38 on the old 5484.3 form. Property and Vehicle reports are no longer required to be submitted
59	PPECODES	Personal Protective Equipment Used	4 digits	Codes are looked up by data entry person	This field may be filled out by a CAIRS data administrator. CAIRS data administrator chooses code based on contents of narrative data.	This is field 34-d on the 5484.3 form.
60	ACTIVITYCODE	Activity Code	4 digits	Codes are looked up by data entry person	This field may be filled out by CAIRS data administrator. CAIRS data administrator chooses code based on contents of narrative data.	This is field 31-a on the 5484.3 form.
61	HIRE_DATE	Date of Hire	8 digits		YYYYMMDD	This is field 5 on the 5484.3 form.
62	NeedsCoding	Needs Coding by CAIRS Data Staff	1 character	(Y)es/(N)o	Indicates to the data administrator coding fields need to be determined and filled in by CAIRS data administration staff	This is default to YES for all Bulk upload data for now.
63	PROGOFF	Program Office	3 characters	Codes are looked up by data entry person	This field may be filled out by CAIRS data administrator.	This is on the right portion of the first data section labeled "Information about the Organization" on the 5484.3 form
64	CADATE	Implementation Date	8 characters		YYYYMMDD. Implementation date for recommended corrective actions	This is field 37 on the 5484.3 form.
65	INVEST	Accident Investigator	Up to 40 characters		Name of accident investigator	This is the bottom most section of the last page of the form on the left side. "Name of Person Who Completed Form"
66	INVESTP	Accident Investigator Phone	Up to 12 characters		Phone number of accident investigator	This is the bottom most section of the last page of the form on the right side. This is the phone number of the person who completed the form
67	INVESTD	Date of signature of person completing	8 characters		YYYYMMDD	This is the bottom most section of the last page

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		form				of the form on the right side.
68	INVESTT	Investigators job title	Up to 40 characters		Choice of “supervisor”, “safety pro” or “other”	This is the bottom most section of the last page of the form on the left side.
69	SUPER	Supervisor responsible for Corrective Action	Up to 40 characters		Name of supervisor responsible for corrective action	This is the bottom most section of the last page of the form on the left side.
70	SUPERD	Date of signature of supervisor	8 characters		YYYYMMDD	This is the bottom most section of the last page of the form on the left side.
71	SUPERP	Supervisors phone	12 characters			This is the bottom most section of the last page of the form on the right side.
72	CONTACT	Accident Investigation Contact	Up to 40 characters		Name of the person to contact if different from INVEST	This is the bottom most section of the last page of the form on the left side.
73	CONTACTP	Accident Investigation Contact Phone Number	12 characters			This is the bottom most section of the last page of the form on the right side.
74	ACTIVITY	Activity Description	Free form text	Text should be URL encoded	Description of the activity in progress at the time of the accident	This is field 31 on the 5484.3 form.
75	ACTIONS	Corrective Actions Taken	Free form text	Text should be URL encoded	Description of the actions taken to prevent recurred of accident/incident	This is field 37 on the 5484.3 form.
76	ACTIONS_REQD	Corrective Actions Recommended	Free form text	Text should be URL encoded	Recommended corrective actions are those that are planned by line management and require time for implementation	This is field 37 on the 5484.3 form.
77	CAUSES	State the conditions that existed at the time of the event, the actions on the part of the employee that contributed to the incident, and the factors or underlying causes that contributed to the incident.	Free form text	Text should be URL encoded		This is field 36 the subpart labeled “Actions” on the 5484.3 form.
78	CONDITIONS	Conditions that existed at the time of the accident	Free form text	Text should be URL encoded		This is field 36 the subpart labeled “Conditions” on the 5484.3 form.
79	EVENTS	Event description	Free form text	Text should be URL encoded	Description of the accident, in order of sequence, beginning with the initiating event, and followed by the secondary and	This is part of field 32 on the 5484.3 form

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					tertiary events. End with nature and extent of injury/damage. Name any objects or substances involved and tell how they were involved	
80	FACTORS	Influencing Factors or causes, that contributed	Free form text	Text should be URL encoded	Influencing factors or underlying causes, either conditions or actions or both, that contributed to the accident/incident	This is field 36 the subpart labeled "Factors" on the 5484.3 form.
81	MATERIALS	Materials	Free form text	Text should be URL encoded	Lists all equipment, materials, or chemicals the employee was using when the event occurred.	This is part of field 34 on the 5484.3 form.
82	EMERG	Emergency room?	1 character	(Y)es/(N)o	Was employee treated in an emergency room?	This is part of field 13 on the 5484.3 form.
83	ACCIDENTKNOWN	Accident Known	1 character	(Y)es/(N)o	Is the time of the event known	This is part of field 23 on the 5484.3 form.
84	NATURE	Nature of Injury/Illness	Free form text	Text should be URL encoded	What was the injury or illness? Tell us the part of body that was affected and how it was affected; be more specific than "hurt", "pain", or "sore." Examples: "strained back"; "chemical burn, hand"; "carpal tunnel syndrom."	
85	ORGSUB	Organization Sub-level code	8 digits			This is on the top right portion of the first data section labeled "Organization-Sublevel Code" on the 5484.3 form