Workers' compensation insurers' interface technical specification

Version 2.3

Office of Industrial Relations
oir.qld.gov.au

Queensland Government

Table of contents

1 Introduction

1.1 Purpose

This document describes the technical specifications of the Workers' Compensation Insurers' Interface between the Insurers' claims management systems and the Office of Industrial Relations.

1.2 Content

This document specifies the technical file layout of the Workers' Compensation Insurers' Interface. This document includes the technical layout of each of the sixteen (16) individual files that can be submitted as part of the Workers' Compensation Insurers' Interface.

1.3 Audience

This specification is primarily designed for WorkCover Queensland, self-insurers and workers' compensation system providers and should be read in conjunction with the Workers' Compensation Insurers' Interface Data Specification.

1.4 Data frequency

Data is required each month and insurers are encouraged to supply data as early in the month as practically possible. Insurers must supply valid data to the Office of Industrial Relations no later than the 8th day of the month following the reporting month. For example, January data must be supplied by 8 February.

- If the 8th day is a public holiday or weekend, the data must be supplied by the previous working day.

In the event that no changes occurred during the reporting month, data is to be supplied containing only the Control file with the appropriate Control information.

1.5 Validation

This specification only provides for the technical layout for the Workers' Compensation Insurers' Interface. Validation of individual data items is provided within the Workers' Compensation Insurers' Interface Data Specification.

1.6 Office of Industrial Relations Assistance

Additional information regarding this Workers' Compensation Insurers' Interface Technical Specification can be obtained by contacting Data and Evaluation Services.

Email: datasubmission@oir.qld.gov.au
Website: www.worksafe.qld.gov.au/forms-and-resources/statistics/data-hub

2 Technical layout of files

Insurers are required to supply claim data to the Office of Industrial Relations, for regulatory and monitoring purposes as per section 327 of the *Workers' Compensation and Rehabilitation Act 2003*, which was created, modified or deleted during the reporting period.

Data supplied to the Office of Industrial Relations is contained in at least two files, one or more data files and the control file.

In the event that no changes occurred during the reporting month, data is to be supplied containing only the control file with the appropriate control information. If a claim has not been processed during the reporting period, claim details need not be supplied.

Data must be supplied in ASCII format. The data may be contained in several files. The files must contain fixed length records, where each record in the file is delimited by a carriage return and line feed.

A brief description of each field is included within the following tables. The field name corresponds with the name within each chapter of the Workers' Compensation Insurers' Interface Data Specification. For further information on these fields, please refer to the relevant chapters of the Workers' Compensation Insurers' Interface Data Specifications. Additional information is supplied in the tables as follows:

- Highlighted fields form the unique key to the table.
- Field names marked with an asterisk (*) are reported in the control file as the Control total.

For more information regarding the field format, refer to the common formats described in Section 3.

2.1 File name convention

The following sections define the format and description of each data field in the file(s) to be supplied by the insurer.

The table below provides a short description and purpose of each file to be supplied by the insurer in the data interface.

Self-Insurer File Name	WorkCover File Name	Short description	Purpose
CONTROL.DTA	WCONTROL.DTA	Control File	Contains control information to verify the contents of the load.
CLAIMBSE.DTA	WCLAIMBS.DTA	Claim Base File	Contains the base details for the claim. Must only be one record per claim.
WORKER.DTA	WWORKER.DTA	Injured Worker File	Contains injured worker detail. One or more claims can be associated with an injured worker.
LODGE.DTA	WLODGE.DTA	Lodgement File	Contains the lodgement date of the application for workers' compensation by the injured worker. Multiple records per claim.
CLAIMSTA.DTA	WCLAIMST.DTA	Claim Status File	Contains details on the status of the claim. Multiple records per claim.
COMPPER.DTA	WCOMPPER.DTA	Compensation Period File	Contains details on a weekly compensation period for the claim. Multiple records per claim.
FATALAPP.DTA	WFATALAPP.DTA	Fatal Application File	Contains details on a fatal application lodged against the claim. Multiple records per claim.
FORMNAME.DTA	WFORMNAM.DTA	Former Names File	Contains details on a former name of the injured worker. Multiple records per injured worker.
DAMAGESB.DTA	WDAMGESB.DTA	Damages Base File	Contains the base details of a damages claim. This damages claim is associated with the statutory claim. Must only be one record per claim.
DAMAGESR.DTA	WDAMGESR.DTA	Damages Resolution File	Contains details that describe the resolution of the damages claim. Must only be one record per claim.
CONTNEG.DTA	WCONTNEG.DTA	Damages Contributory Negligence File	Contains details that describe the circumstances under which a reduction of damages occurred because of contributory negligence. Multiple records per claim.
PAYMENTS.DTA	WPAYMENT.DTA	Payments File	Contains a total of payments made against the claim per month, based on a predetermined list of payment types and categories. Multiple records per claim.
PAYTOTAL.DTA	WPAYTOTL.DTA	Payment Total File	Contains two 'as at' totals of payments made against the claim, as a statutory claim initially and later as a damages claim. Must only be one record per claim.
PI.DTA	WPI.DTA	Permanent Impairment File	Contains details of injuries for which offers of permanent impairment have been made to the injured worker. Multiple records per claim.
EARN.DTA	WEARN.DTA	Ordinary Earnings File	Contains details of the ordinary earnings for the worker including normal weekly earnings and award rate. Multiple records per claim.
MULTINJ.DTA	WMULTINJ.DTA	Multiple Injury File	Contains details of all injuries on the claim including the most serious injury. Multiple records per claim.

2.2 Detailed file specification

The following tables contain technical layouts for each file, within the Workers' Compensation Insurers' Interface Data specification.

The address relates to the position of the field within the data file. The fields must be at the correct address for the data to load into the Office of Industrial Relations system. It is also useful as a reference to import the data into other programs such as Excel.

2.2.1 Control file

(Data Specification section 4.1)

Address		Field	Format	Brief description
From	To			
1	11	Insurer Number	Char(11)	The unique Insurer Identifier.
12	19	Reporting Period From	Date	The start date of the reporting period.
20	27	Reporting Period To	Date	The end date of the reporting period.
28	39	Filename	Char(12)	The name of the file supplied.
40	48	Number of Bytes	Num(9)	The number of characters (bytes) in each file supplied.
49	54	Number of Records	Num(6)	The number of records in each file supplied.
55	66	Control Total	Amt(12)	The total of a predetermined amount defined for each file.

2.2.2 Claim base file

(Data Specification section 4.2)

Address		Field	Format	Brief description
From	**To**			
1	**11**	**Insurer Number**	**Char(11)**	**The unique insurer identifier.**
12	19	Reporting Period From	Date	The start date of the reporting period.
20	27	Reporting Period To	Date	The end date of the reporting period.
28	**42**	**Claim Number**	**Char(15)**	**The unique claim identifier.**
43	50	Liability Commencement Date	Date	The date liability commenced for the claim.
51	300	Injury Narrative	Char(250)	A description of the injury.
301	308	Injury Date	Date	The date of the injury.
309	316	Injury Time	Time	The time of the injury.
317	318	Injury Occurrence Code	Num(2)	The type of occurrence of the injury.
319	338	Injured Worker identifier	Char(20)	The unique injured worker identifier.
339	378	Injured Worker Occupation Description	Char(40)	The description of the injured worker's occupation.
379	386	Injured Worker Deceased Date	Date	The date the injured worker died.
387	416	Injury Occurred Address	Char(30)	The address where the injury occurred (first address line).
417	446		Char(30)	Second address line
447	471		Char(25)	Third address line
472	475		Num(4)	Postcode
476	476	Injury Identifier	Char(1)	The side of the body where the injury occurred.
477	479	(*) Injury Location	Num(3)	The location on the body where the injury occurred.
480	482	Injury Nature	Num(3)	The nature of the injury.
483	484	Injury Mechanism	Num(2)	The mechanism of the Injury.
485	487	Injury Agency	Num(3)	The agency of the injury (no longer used but can be supplied if available).
488	493	WorkCover Industry Code / Industry Business Code	Num(6)	The WorkCover proprietary code to identify the workplace of the injured worker.
494	533	Workplace industry description	Char(40)	The description of the workplace of the injured worker.
534	545	Employer number	Char(12)	The Insurer employer number.
546	548	Previous Insurer number	Char(3)	The unique identifier for the insurer who had liability for the claim prior to the current insurer.
549	563	Previous Insurer claim number	Char(15)	The unique identifier for the claim assigned by the insurer who had liability for the claim prior to the current insurer.
564	568	Psychological WRI/DPI percent	Pct(5)	The WRI/DPI percent for a psychological or psychiatric resulting from an event.
569	573	Physical WRI/DPI percent	Pct(5)	The WRI/DPI percent for a physical injuries resulting from an event.
574	575	Return to Work Status	Num(2)	A code for the return to work outcome of the claim.
576	583	Date injury first reported to employer	Date	Date the employer was first aware of the injury
584	584	Liability for Workplace Fatality	Char(1)	A flag to identify whether the claim was accepted as a workplace fatality
585	588	Agency of Injury or Disease	Num(4)	The agency of the injury directly involved in inflicting the most serious injury.
589	592	Breakdown Agency	Num(4)	The breakdown agency of the injury, the point at which things started to go wrong.

2.2.3   Injured worker file

(Data Specification section 4.3)

Address From	To	Field	Format	Brief description
1	**11**	**Insurer Number**	**Char(11)**	**The unique insurer identifier.**
12	19	Reporting Period From	Date	The start date of the reporting period.
20	27	Reporting Period To	Date	The end date of the reporting period.
28	**47**	**Injured Worker Identifier**	**Char(20)**	**The unique injured worker identifier.**
48	48	Delete Flag	Char(1)	A flag to identify whether the data is to be deleted.
49	56	Injured Worker Date of Birth	Date	Date of birth of the injured worker.
57	126	Injured Worker Name	Char(70)	The Name of the injured worker.
127	127	Injured Worker Name Change Reason	Char(1)	The reason the injured worker name changed.
128	157	Injured Worker Residential Address	Char(30)	The residential address of the injured worker. (First address line).
158	187		Char(30)	Second address line.
188	212		Char(25)	Third address line.
213	216		Num(4)	Postcode.
217	217	Injured Worker Gender	Char(1)	The gender of the injured worker.

2.2.4   Lodgement file

(Data Specification section 4.4)

Address From	To	Field	Format	Brief description
1	**11**	**Insurer Number**	**Char(11)**	**The unique insurer identifier.**
12	19	Reporting Period From	Date	The start date of the reporting period.
20	27	Reporting Period To	Date	The end date of the reporting period.
28	**42**	**Claim Number**	**Char(15)**	**The unique claim identifier.**
43	**52**	**Lodgement Record Identifier**	**Char(10)**	**A unique identifier for each lodgement for each claim.**
53	53	Delete Flag	Char(1)	A flag to identify whether the data is to be deleted.
54	61	Lodgement Date	Date	The dates of lodgements for workers' compensation.

2.2.5 Claim status file

(Data Specification section 4.5)

Address From	Address To	Field	Format	Brief description
1	11	**Insurer Licence Number**	**Char(11)**	**The unique insurer identifier.**
12	19	Reporting Period From	Date	The start date of the reporting period.
20	27	Reporting Period To	Date	The end date of the reporting period.
28	42	**Claim Number**	**Char(15)**	**The unique claim identifier.**
43	52	**Status Record Identifier**	**Char(10)**	**A unique identifier for each claim status of the claim.**
53	53	Delete Flag	Char(1)	A flag to identify whether the data is to be deleted.
54	56	Claim Status	Char(3)	The status of the claim.
57	73	Claim Status Date	Date/Time	The date the claim became the status.
74	74	Liability Reversed Indicator	Char(1)	A flag to indicate whether the claim has had liability reversed.
75	144	Claim Staff Name	Char(70)	The name of the insurer staff member who decided the status.
145	146	Reason for Status	Num(2)	Code supplied and maintained by the Office of Industrial Relations for reasons why the claim was rejected, ceased or suspended.

2.2.6 Compensation period file

(Data Specification section 4.6)

Address From	Address To	Field	Format	Brief description
1	11	**Insurer Licence Number**	**Char(11)**	**The unique insurer identifier.**
12	19	Reporting Period From	Date	The start date of the reporting period.
20	27	Reporting Period To	Date	The end date of the reporting period.
28	42	**Claim Number**	**Char(15)**	**The unique claim identifier.**
43	52	**Compensation Record Identifier**	**Char(10)**	**A unique identifier for each compensation period of the claim.**
53	53	Delete Flag	Char(1)	A flag to identify whether the data is to be deleted.
54	61	Compensation From Date	Date	The start of the compensation period.
62	69	Compensation To Date	Date	The end of the compensation period.
70	73	Normal Work Hours	Dec(4)	The normal hours worked by the injured worker.
74	79	(*) Workdays Lost	Num(6)	The number of workdays lost in the compensation period.
80	87	First Compensation Payment Date	Date	The actual payment date to the injured worker.
88	93	Hour Lost	Dec(6)	The number of hours lost from work reported in decimal format.
94	94	Partial / Total Incapacity Flag	Char(1)	A flag to indicate whether there were only partial days lost during the compensation period.
95	95	Excess Flag	Char(1)	A flag to identify excess.

2.2.7 Fatal application file

(Data Specification section 4.7)

Address		Field	Format	Brief description
From	To			
1	**11**	**Insurer Number**	**Char(11)**	**The unique insurer identifier.**
12	19	Reporting Period From	Date	The start date of the reporting period.
20	27	Reporting Period To	Date	The end date of the reporting period.
28	**42**	**Claim Number**	**Char(15)**	**The unique claim identifier.**
43	**52**	**Fatal Application Record Identifier**	**Char(10)**	**A unique identifier for each fatal application for the claim.**
53	53	Delete Flag	Char(1)	A flag to identify whether the data is to be deleted.
54	61	Fatal Application Date	Date	The date an application for workers' compensation was lodged due to a fatal injury.
62	62	Fatal Application Decision	Char(1)	The decision on the fatal application.

2.2.8 Former names file

(Data Specification section 4.8)

Address		Field	Format	Brief description
From	To			
1	**11**	**Insurer Number**	**Char(11)**	**The unique insurer identifier.**
12	19	Reporting Period From	Date	The start date of the reporting period.
20	27	Reporting Period To	Date	The end date of the reporting period.
28	**47**	**Injured Worker Identifier**	**Char(20)**	**The unique injured worker identifier.**
48	**57**	**Former Name Record Identifier**	**Char(10)**	**A unique identifier for each former name of the injured worker.**
58	58	Delete Flag	Char(1)	A flag to identify whether the data is to be deleted.
59	128	Former Name	Char(70)	The former name of the injured worker.

2.2.9 Damages base file

(Data Specification section 4.9)

From	To	Field	Format	Brief description
Address		**Field**	**Format**	**Brief description**
From	**To**			
1	**11**	**Insurer Number**	**Char(11)**	**The unique insurer identifier.**
12	19	Reporting Period From	Date	The start date of the reporting period.
20	27	Reporting Period To	Date	The end date of the reporting period.
28	**42**	**Claim Number**	**Char(15)**	**The unique claim identifier.**
43	**57**	**Damages Claim Number**	**Char(15)**	**The damages claim identifier.**
58	58	Delete Flag	Char(1)	A flag to identify whether the data is to be deleted.
59	66	Date Notification Received of Damages Claim	Date	The date the Notice of Claim was received from the injured worker.
67	74	Intimation Date	Date	The date the damages claim was registered on the system.
75	75	Amount on NOC Indicator	Char(1)	To indicate whether the first offer is on the Notice of Claim or not.
76	87	(*) Amount of First Offer	Amt(12)	The amount of the first offer.
88	88	Other Defendants Indicator	Char(1)	To indicate whether other defendants are involved in the damages.
89	96	Notice of Claim Compliant Date	Date	The date the Notice of Claim was accepted as compliant.
97	104	Liability Decision Date	Date	The date liability was decided on the damages claim.
105	116	Estimated Damages	Amt(12)	The estimated damages payable on the claim.
117	128	Estimated Costs	Amt(12)	The estimated costs of managing the damages claim.
129	129	Urgent Proceedings Indicator	Char(1)	A flag to indicate whether there is an urgent need for the claimant to start a proceeding for damages.
130	130	Legal Representation	Char(1)	A flag to indicate whether the injured worker has legal representation.
131	200	Plaintiff Lawyer Firm	Char(70)	The legal entity name of the plaintiff lawyer firm representing the injured worker.
201	204	Plaintiff Lawyer Location Postcode	Num(4)	The postcode of the plaintiff lawyer representing the injured worker.
205	205	Liability Response	Char(1)	A flag to indicate the liability response.
206	213	Date of Compulsory Conference	Date	The date the compulsory conference is held.
214	215	CTP Contributors	Num(2)	Number of third party CTP Contributors.
216	217	Public Liability Contributors	Num(2)	Number of third party Public Liability Contributors.
218	219	Other Contributors	Num(2)	Number of third party Other Contributors.

2.2.10 Damages resolution file

(Data Specification section 4.10)

From	To	Field	Format	Brief description
1	**11**	**Insurer Number**	**Char(11)**	**The unique insurer identifier.**
12	19	Reporting Period From	Date	The start date of the reporting period.
20	27	Reporting Period To	Date	The end date of the reporting period.
28	**42**	**Claim Number**	**Char(15)**	**The unique claim identifier.**
43	**57**	**Damages Claim Number**	**Char(15)**	**The damages claim identifier.**
58	58	Delete Flag	Char(1)	A flag to identify whether the data is to be deleted.
59	66	Resolution Date	Date	The date the damages claim was resolved.
67	68	(*) Resolution Outcome	Num(2)	The outcome of the damages claim.
69	70	Resolution Stage	Num(2)	The stage the damages claim reached when resolved.
71	78	Finalisation Date	Date	The date the damages claim was finalised by the insurer.
79	83	Dominant Injury Item Number	Num(5)	The item number for the dominant injury.
84	86	Injury Scale Value	Num(3)	The Injury Scale Value for the dominant injury
87	88	Multiple Injury Indicator	Num(2)	The ISV score relating to any multiple injuries.
89	100	Gross Settlement Amount	Amt(12)	The gross settlement amount at the agreed offer stage of settlement.
101	112	HOD – General Damages	Amt(12)	The general damages amount at the agreed offer stage of settlement.
113	124	HOD – Past Economic Loss	Amt(12)	The past economic loss amount at the agreed offer stage of settlement.
125	136	HOD – Future Economic Loss	Amt(12)	The future economic loss amount at the agreed offer stage of settlement.
137	148	HOD – Treatment and Rehabilitation	Amt(12)	The treatment and rehabilitation amount at the agreed offer stage of settlement.
149	160	HOD – Care	Amt(12)	The care amount at the agreed offer stage of settlement.
161	172	HOD – Other	Amt(12)	The other amount at the agreed offer stage of settlement.

2.2.11 Damages contributory negligence file

(Data Specification section 4.11)

From	To	Field	Format	Brief description
1	**11**	**Insurer Number**	**Char(11)**	**The unique insurer identifier.**
12	19	Reporting Period From	Date	The start date of the reporting period.
20	27	Reporting Period To	Date	The end date of the reporting period.
28	**42**	**Claim Number**	**Char(15)**	**The unique claim identifier.**
43	**57**	**Damages Claim Number**	**Char(15)**	**The damages claim identifier.**
58	58	Delete Flag	Char(1)	A flag to identify whether the data is to be deleted.
59	**60**	**(*) Contributory Negligence Section**	**Num(2)**	**The circumstance to reduce the amount of damages.**
61	62	Contributory Negligence Percentage	Num(2)	The percentage the damages were reduced due to a particular circumstance.

2.2.12 Payments file

(Data Specification section 4.12)

Address		Field	Format	Brief description
From	**To**			
1	**11**	**Insurer Number**	**Char(11)**	**The unique insurer identifier.**
12	19	Reporting Period From	Date	The start date of the reporting period.
20	27	Reporting Period To	Date	The end date of the reporting period.
28	**42**	**Claim Number**	**Char(15)**	**The unique claim identifier.**
43	**50**	**Payment Month**	**Date**	**The month associated with the payments total.**
51	**52**	**Payment Category**	**Num(2)**	**The categories for totalling payments made by the self-insurer.**
53	**55**	**Payment Type**	**Num(3)**	**The types for totalling payments made by the self-insurer**
56	56	Delete Flag	Char(1)	A flag to identify whether the data is to be deleted.
57	68	(*) Net Claims Cost	Amt(12)	Cost before GST, plus any GST paid, less any input tax credits claimable.
69	80	Total GST Amount	Amt(12)	GST payable on the total price of goods or services.
81	92	Gross Claims Cost	Amt(12)	The total amount payable inclusive of GST.
93	**100**	**Item Number**	**Num(8)**	The relevant item number from the following fee schedules for medical and allied health professionals.

2.2.13 Payment total file

(Data Specification section 4.13)

Address		Field	Format	Brief description
From	**To**			
1	**11**	**Insurer Number**	**Char(11)**	**The unique insurer identifier.**
12	19	Reporting Period From	Date	The start date of the reporting period.
20	27	Reporting Period To	Date	The end date of the reporting period.
28	**42**	**Claim Number**	**Char(15)**	**The unique claim identifier.**
43	43	Delete Flag	Char(1)	A flag to identify whether the data is to be deleted.
44	55	(*) Total Statutory Claim Cost	Amt(12)	The total net claims cost of the statutory claim.
56	67	Total Damages Claim Cost	Amt(12)	The total net claims cost of the damages claim.
68	68	Replace All Payments Flag	Char(1)	A flag to identify whether all past reported payments are to be replaced by the payments supplied in the current submission.

2.2.14 Permanent impairment injury file

(Data Specification section 4.14)

Address		Field	Format	Brief description
From	**To**			
1	**11**	**Insurer Number**	**Char(11)**	**The unique insurer identifier**
12	19	Reporting Period From	Date	The start date of the reporting period.
20	27	Reporting Period To	Date	The end date of the reporting period.
28	**42**	**Claim Number**	**Char(15)**	**The unique claim identifier.**
43	43	Delete Flag	Char(1)	A flag to identify whether the data is to be deleted.
44	**53**	**Permanent Impairment Injury Identifier**	**Char(10)**	**A unique identifier for the injury to allow for modification and deletion of permanent impairment injury assessments.**
54	57	Injury Code	Num(4)	A code based on the *Workers' Compensation and Rehabilitation Regulation 2003* or valid code as indicated in the data specification.
58	62	Permanent Impairment Percent	Pct(5)	Percentage of permanent impairment assessed for the injury code.
63	74	Permanent Impairment Lump Sum Compensation Amount	Amt(12)	The amount of permanent impairment lump sum available for each injury code.
75	75	Outcome Permanent Impairment Percent	Num(1)	Outcome of the assessment for permanent impairment lump sum.
76	83	Date Permanent Impairment Assessed	Date	Date the permanent impairment assessed.
84	84	Outcome of Offer of Lump Sum Compensation	Num(1)	Outcome of the offer of permanent impairment lump sum compensation.
85	85	Origin of Assessment	Num(1)	The origin of the assessment being undertaken.
86	86	Assessment Initiator	Num(1)	The initiator or requestor of the assessment.
87	87	Assessment Stage	Num(1)	The stage that the assessment represents.
88	95	Date of Offer	Date	Date the offer of lump sum compensation issued.

2.2.15 Ordinary earnings file

(Data Specification section 4.15)

Address		Field	Format	Brief description
From	**To**			
1	**11**	**Insurer Number**	**Char(11)**	**The unique insurer identifier**
12	19	Reporting Period From	Date	The start date of the reporting period.
20	27	Reporting Period To	Date	The end date of the reporting period.
28	**42**	**Claim Number**	**Char(15)**	**The unique claim identifier.**
43	**52**	**Ordinary Earnings Record Identifier**	**Char(10)**	**A unique identifier for earnings to allow for modification and deletion of ordinary earning.**
53	53	Delete Flag	Char(1)	A flag to identify whether the data is to be deleted.
54	61	Ordinary Earnings From Date	Date	The date the earnings rate commenced will be from the start of the claim or from compensation being paid.
62	69	Ordinary Earnings To Date	Date	If the earnings rate changes at any point during the claim, this is the date this level of payment is valid to.
70	81	(*) Normal Weekly Earnings	Amt(12)	The amount of normal weekly earnings used in calculating benefits as per the *Queensland Workers' Compensation Act 2003*.
82	93	Award Rate	Amt(12)	The amount of earnings as per the injured workers industrial agreement.

2.2.16 Multiple injury file

(Data Specification section 4.16)

Address		Field	Format	Brief description
From	**To**			
1	**11**	**Insurer Number**	**Char(11)**	**The unique insurer identifier**
12	19	Reporting Period From	Date	The start date of the reporting period.
20	27	Reporting Period To	Date	The end date of the reporting period.
28	**42**	**Claim Number**	**Char(15)**	**The unique claim identifier.**
43	**52**	**Multiple Injury Record Identifier**	**Char(10)**	**A unique identifier for the multiple injuries to allow for modification and deletion of multiple injuries.**
53	53	Delete Flag	Char(1)	A flag to identify whether the data is to be deleted.
54	56	(*) Injury Location for all injuries	Num(3)	A code to identify the location of injuries.
57	59	Injury Nature for all injures	Num(3)	A code to identify the nature of injuries.
60	60	Injury identifier for all injuries	Char(1)	A code to identify the injury identifier of all injuries.

3   Common formats

This document uses the following list of common data field formats:

Format	Format Content	Description
Char(nn)	Characters	Alpha/numeric characters, left justified, spaced filled, (where 'nn' is the length of the field).
Num(nn)	Numbers	Numeric integer, right justified, zero filled, (where 'nn' is the length of the field), for example, '073419' defined as a Num(6) represents the integer value of 73,419.
Date	CCYYMMDD	8 character field containing a date, where DD is day in month, MM is month in year, YY is year in the century, and CC is the Century, for example, '19970523' is 23 May 1997.
Date/Time	CCYYMMDD HH:MM:SS	17 character field containing date and time, where CC is the century, YY is the year in the century, MM is the month in the year and DD is day in month, HH is the hour of the day (in 24 hour format), MM is the minute of the hour, and SS is the second in the minute. For example, 23rd August 1997 at 3:24pm is defined as '19970823 15:24:00'.

One space exists between the day and hour. |
Time	HH:MM:SS	8 character field containing time, HH is the hour of the day (in 24 hour format), MM is the minute of the hour, and SS is the second in the minute, for example, 3:24pm is defined as '15:24:00. Midnight is 00:00:00.
Decimal(nn)	Numbers	A numeric field with two (2) decimal places implied (no decimal point physically supplied in the field), where nn is the total length of the field including the two implied decimal places, for example, 3419 defined as a decimal(4) represents the decimal number of 34.19.
Amt(nn)	Numbers	Numeric field with two (2) decimal places implied (no decimal point physically supplied in the field) and a leading floating negative sign (only present if amount is negative). nn is the total length of the field including the two implied decimal places and the floating negative sign, for example, -073419 defined as Amt(7) represents the decimal number of -734.19.
Pct(nn)	Numbers	Numeric field with two (2) decimal places implied (no decimal point physically supplied in the fields), where nn is the total length of the field including the two implied decimal places. There are no negative values. A blank field implies null. For example, 00000 defined as Pct(5) represents 0.00%; 10000 defined as Pct(5) represents 100.00%; 08285 defined as Pct(5) represents 82.85% and ' ' defined as Pct(5) represents null.

The following are null values of the common data field formats (this is the value supplied when the field has no value to be reported):

FORMAT	DESCRIPTION OF NULL VALUE	EXAMPLE OF NULL VALUES
Char(nn)	Spaces	Char(5) is ' '
Num(nn)	Zero	Num(5) is '00000'
Date	Spaces	Date is ' '
Date/Time	Spaces	Date/Time is ' '
Time	Spaces	Time is ' '
Decimal(nn)	Zero	Decimal(5) is '00000'
Amt(nn)	Zero	Amt(5) is '00000'
Pct(nn)	Spaces	Pct(5) is ' '