

2010

Office of Worker's Compensation Program (OWCP) Standard Operating Procedures

Working your way through the worker's compensation process



I. PURPOSE

This SOP provides procedures for implementing specific Federal regulations concerning workplace injuries and illnesses; reviewing the Office of Worker's Compensation Program (OWCP) quarterly chargeback list; and reemploying injured workers. The goal is to provide medical and administrative case management of claims and to offer employees full or limited duty work consistent with any medical limitations.

The **Worker's Compensation Program Specialist (WCS)** is the employee designated by the OSM Human Resources Director to process and manage data necessary for complying with OWCP requirements for workers with occupational injuries or illnesses. These procedures outline a pro-active approach to managing workers' compensation cases and associated costs due to work-related injuries or illnesses. All employees, supervisors, managers and the worker's compensation specialist are responsible for compliance with these procedures.

II. AUTHORITY

5 U.S.C 8149 Office of Worker's Compensation Program

5 U.S.C. 8101 Federal Employees' Compensation Act as amended

Personnel Bulletin 09-01 Departmental Worker's Compensation Management

Personnel Bulletin 09-02 Worker's Compensation Return to Work Program

Personnel Bulletin 09-12 Department of Interior's Quarterly OWCP Chargeback Reporting

III. PROCEDURES

A. Reporting An Injury

Employees

- Report the work-related injury to their supervisor immediately.
- Get emergency medical treatment if needed, and notify their supervisor as soon as possible after receiving treatment.
- If sustain a traumatic injury, must obtain a form CA-16, Authorization for Examination and/or Treatment from supervisor or worker's compensation program specialist.

Supervisors

- Seek medical care for employee if necessary.
- Immediately notify WCS and OSM's Safety Officer during normal business hours. Make safe working conditions a top priority.
- Investigate the accident/incident and enter information into the Safety Management Information System (SMIS) (See Attachment 1).
- As necessary, arrange for transportation to medical provider and provide for reasonable immediate needs of employee (e.g., family notification).

Worker's Compensation Specialist

- *Initial Handling.* Upon notification of an injury, notify the OSM Safety Officer of employee's injury.
- Establish OWCP case file and maintain workers' compensation tracking log, case record form, or locally produced equivalents.
- Report, identify and investigate any potential abuse and/or fraud.
- If injured employee does not have access to SMIS workers' compensation specialist should allow injured employee to use his/her computer or other available office computer; or provide injured employee with paper copies of appropriate claim forms. Ensure that injured employees complete claim forms in the Safety Management System (SMIS), if available (<https://www.smis.doi.gov/>) (See Attachment 2).
- Advise employee of the right to elect continuation of pay (COP) 45 days.
- If the employee requires emergency medical treatment, ensure that he/she receives immediate care. Provide the employee with a Form CA-16, Authorization for Examination and/or Treatment that authorizes medical care to be provided to employee as soon as possible.

B. Filing a Claim

It is imperative that timeframes are adhered to by all responsible parties. Attachment 3 outlines all of the OWCP forms and the required timeframes for submission.

Employees

- Complete a Form CA-1, Federal Employee's Notice of Traumatic Injury, online in the SMIS system (see Attachment 1) as soon as possible, but not later than 30 days after your injury. Employee must complete a paper copy of the appropriate form if computer is not available.
- Notify supervisor of injury via e-mail or by providing printed copy of CA-1 or CA-2 to supervisor.

- Obtain witness(s) statement(s), either online in the SMIS system, or printed copy of form.
- Ensure that electronic SMIS transmittals were properly sent (e-mail back, view status, etc.).
- Ensure that all claims for disability compensation or medical treatment due to work-related injury or illness are supported by medical evidence in writing from a physician. If an employee fails to submit this required written medical evidence to supervisor or the WCS within 10 workdays or refuses suitable work that is offered, Continuation of Pay may be terminated.

Supervisors

- If the employee's injury results from a specific event or series of events during one day or shift, ensure that the employee has access to SMIS, or is provided the appropriate claim form, CA-1 for traumatic injury or CA-2 for occupational disease;
- Request the injured employee to initiate a claim online for an injury or illness in SMIS system (<https://www.smis.doi.gov/>). If employee does not have access to a computer, he/she could enter claim using his/her supervisor's computer. Employee must complete a paper copy of the appropriate form if computer is not available. When employee's CA-1 or CA-2 is completed, check to see if form is complete.
- Complete the supervisor's portion of the electronic form CA-1/2 promptly but no later than 10 workdays from receipt from the employee. If appropriate, complete the supervisor's section of the paper CA-16 and CA-17, and any other required forms as necessary. After any emergency telephone authorization of a CA-16, ensure the completed CA-16 form is submitted to the medical facility within 48 hours of treatment. Complete the supervisor's section of the form and forward it immediately to your designated workers' compensation program specialist, whether or not you feel the claim should be approved.
- Provide any specific supporting information to challenge the claim's validity. You must still forward the claim promptly. Failure to do so can result in fine, imprisonment, or both.
- Report and cooperate with the WCS manager and investigators to identify and investigate potential abuse and fraud.

Worker's Compensation Specialist

- Review, complete and electronically submit, or fax when necessary, the CA-1 or CA-2 to OWCP within time guidelines established by the OSM and/or OWCP. **Note:** Please ensure you record the Agency OWCP Code on the reverse side of the CA-1 Form.
- Upon SMIS notification of an injury claim filed, follow-up with supervisor, offer assistance, and ensure that supervisor completes his/her section of the claim form in a timely manner.

- Act as liaison with OWCP claims examiners. Maintain contact with examiners on a regular basis for open claims if an injured employee's absence from work is likely to exceed 45 days, the "Claim for Compensation on Account of Traumatic Injury or Occupational Disease" Form (CA-7) will be submitted timely to ensure uninterrupted benefits.
- Advise employee of his/her responsibility to submit medical evidence.
- Send the "Duty Status Report" (Form CA-17), by fax or mail, to medical providers for updates on employees work status and maintain information and records as necessary. All periods of time off work must be accounted for by OWCP approved medical reports.

C. Returning Employee to Work:

Employees

- Return to regular duty as soon as employee is able to do so, and avoid activities while on workers' compensation that might aggravate the injury/condition.
- Return to light or regular duty as soon as the physician cleared to do so.
- Inform the supervisor immediately of any medical limitations or restrictions (these should be specified in writing by the physician). Discuss possible Alternative Work Assignments (AWAs) with supervisor.
- If the doctor thinks the employee will be disabled longer than 45 calendar days, a "Claim for Compensation on Account of Traumatic Injury or Occupational Disease" form (CA-7) must be submitted to the HR office during the last 2 weeks of the 45-day period. At that time, a medical report from the doctor must be provided showing why the employee is not able to return to work and when the employee can be expected to return to work with or without restrictions.
- At the time of treatment, inform the physician about the existence of AWAs.
- Accept suitable offers by the employer of temporary AWAs not in conflict with medical limitations caused by the work-related injury or illness. Pursuant to any local collective bargaining agreement request union representation and rights to participate in the grievance procedure.
- Respond promptly to any job offer made by the OSM or other Federal agency. Failure to accept the job or to provide OWCP within 30 days with an explanation for refusal may result in termination of compensation payments.

Supervisors

- In *long-term* cases, cooperate with the WCS and continue to look for opportunities for employee to return to duty.

- Identify potential Alternative Work Assignments (AWAs) to begin as soon as the employee's immediate medical needs are met, preferably the day of the incident. Delays can result in lost work time.
- Review the AWAs and identify assignments that may be performed in the event that an employee is unable to perform his or her regular duties. When an employee is unable to perform his or her regular duties, a light duty version of their regular position, select two or three AWAs to submit to the physician. Select and submit the AWAs to the physician through WCS. Several AWAs may be used for an employee as conditions dictate, provided each is approved by the attending physician. AWAs continue until such time as the physician permits the employee to return to regular duty or a final determination is made regarding the employee's work status.
- Provide employee with AWA form for employee's review and signature and provide a copy of the assignment to the employee. Provides any necessary instructions or training regarding those assignments to the employee.
- Sign all formal AWAs and forward the original to the WCS.
- Coordinate with the timekeeper to ensure that proper codes are entered on timesheets in order to correctly track any Continuation of Pay and light duty hours.
- Maintain frequent contact with the Worker's Compensation Specialist during a lost-time incident or AWA phase.
- Maintain personal contact at least weekly with any employee who is absent from work due to an injury or illness. The purpose of this contact is to show concern, to learn of any needs that may assist with, and to determine the employee's potential for returning to work; the purpose is not to pressure the employee to return to work.

Worker's Compensation Specialist

- Coordinate with employee's supervisor the selection of AWAs and submit potential assignments to employee's physician for approval and signature when required.
- Provide advice to supervisors and employees regarding details of workers' compensation case management, including lists of responsibilities to manage short-term and long-term cases
- Doctors may be reluctant to release an employee back to duty when the employee explains that his or her regular duties require hiking, heavy lifting, firefighting, etc. Therefore, when an injured employee is issued the "Authorization for Examination and/or Treatment" form (CA-16), the form should be annotated with the statement "LIGHT DUTY AVAILABLE, IF QUESTIONS CALL:_____." Without sufficient knowledge of what type of alternative work assignments might be available, and what the physical requirements of those assignments are, doctors may understandably be reluctant to release someone to alternative work.
- WCSs will become familiar with the OWCP nurse intervention and vocational rehabilitation programs. These programs have the potential for improving case management and/or reducing costs by assigning a nurse or rehabilitation counselor to work directly with the

employee with the intent of helping that employee return to the work environment as soon as possible.

- Where practical, contact local medical community to provide overview of the alternative work program.
- Send the “Duty Status Report” (Form CA-17), by fax or mail, to medical providers for updates on employees work status and maintain information and records as necessary. All periods of time off work must be accounted for by OWCP approved medical reports.
- Act as liaison with OWCP claims examiners. Maintain contact with examiners on a regular basis for open claims if an injured employee’s absence from work is likely to exceed 45 days, the “Claim for Compensation on Account of Traumatic Injury or Occupational Disease” Form (CA-7) will be submitted timely to ensure uninterrupted benefits.
- In long-term case management, determine whether employee is fit to return to duty, what medical restrictions may apply and what suitable positions are available. When a suitable position is identified, contact employee to advise them that a job is available, and confirm in writing, with a copy to OWCP. If it is determined a suitable job cannot be provided, OWCP should be notified immediately to initiate vocational rehabilitation services. Employees, who cannot return to work (RTW) within one year, should be considered for termination with appeal rights provided. Terminated employees may still be entitled to OWCP benefits; therefore, their medical, employment and benefit entitlement status must still be monitored.

D. Reviewing and Reconciling Chargeback Report Costs:

- ***Accessing Chargeback Reports from SMIS.*** The DOI Workers’ Compensation Specialist and other designated Workers’ Compensation personnel are able to download quarterly chargeback reports form SMIS by selecting the Workers’ Compensation Coordinator activity option and then choosing the “*Compensation Report*” option from the Workers’ Compensation Case Management menu. Chargeback information can be queried by chargeback year, injury date or Chargeback Report.

The Quarterly Chargeback Report is provided to OSM by the DOI Office of Occupational Health and Safety. The Worker’s Compensation Specialist must perform the following:

- Review the Quarterly Chargeback Report and determine if an appropriate official need to review the report to assess the charges for OSM’s employees. For the Chargeback Report, the WCS will perform the following: determine if each employee is/was a OSM employee at the time the claim arose; obtain Form CA- 801, also known as the *postcard*, for the employee; review the postcard and determine if it was reviewed by the appropriate official when it was received from Department of Labor; and if the postcard was not originally accurate, verify that correction was sent to Department of Labor. Information provided on the CA-801 includes agency mailing address, the assigned OWCP claim number and sender remarks to "Check AQS or contact Local District Office for Details." To protect Private Identifiable Information (PII), DOL will only provide the OWCP claim number.
- ***Errors.*** To prevent incorrect entries from appearing on the quarterly chargeback report and yearly bill, WCS shall review Forms CA-801 via Agency Query System (AQS) for accuracy and report errors to district offices as soon as possible. If no objection is raised upon receipt

of the form, OWCP assumes that the chargeback code is correct and charges cost associated with the case to that agency's account.

If WCS receives a Form CA-801 which they believe to be incorrect, WCS notifies the district office within 60 days of discrepancy. The district office will then review the disputed case to determine whether a keying or coding error occurred and correct the agency code if necessary.

- ***Quarterly Chargeback Report.*** The WCS receives a quarterly report from the Department, which list all cases and costs for which charges will appear on the yearly chargeback bill. This report can be used to identify and correct errors before the agency is billed for them. When the WCS believes that a case appearing on the chargeback report does not belong on the account, they shall check current personnel and payroll records as well as search the service record file and/or send an inquiry to the Federal Records Center. WCS may also review case files at the district office to resolve such discrepancies.
- ***Requesting Changes.*** Request for changes based on review of the quarterly chargeback report will be addressed to the District Director. The request must be made within 90 days of receipt of the report, and it must be accompanied by appropriate documentation, such as copy of an SF-50, service record card (SF-7), or response from the Federal Records Center. OWCP will review the case file and supporting evidence to determine whether an incorrect agency code was assigned. If the evidence does not support the agency request, OWCP will send the agency a copy of the Form CA-1, CA-2, or CA-6 from the case file and explain the basis for its finding.

If the evidence shows that the disputed case belongs on another agency's account OWCP will notify the new agency and forward a copy of Form CA-1, CA-2 or CA-6 from the case file. Before changing the agency code, OWCP will provide the new agency 60 days to advance any arguments for disputing ownership of the case. Due to the time needed to verify information and correct errors, problems brought to OWCP's attention during the fourth quarter of a fiscal year may not be corrected in time for that year's bill. If incorrect charges appear on the bill, adjustment will be handled as described below.

If the assigned chargeback code represents the wrong organization or command within the agency, the request for change of code must be made by an agency official with the authority to speak for the entire department, rather than for a single command or organizational unit.

- ***Adjustments to the Chargeback Bill.*** When an adjustment to the yearly chargeback bill is desired, the WCS must send the request directly to the OWCP National Office. It must be accompanied either by documentation which shows that the disputed charge did not involve an employee of that agency, or by a complete explanation of the basis for the agency's objection. OWCP will make a decision and correct verified errors by crediting the next year's billing statement.

If another agency should have been charged, OWCP will so advise that agency and a debit will appear on your next bill. Credits or debits will be made only for charges appearing on OSM's most recent bill. An adjustment will be made only if it will affect the total for the particular billing entity. OWCP will not transfer charges from one organization to another on the same bill.

- Review and verify data found in the SMIS WC Case Management. Ensure the WC case file contains current information for all cases on the SMIS WC Case Management and Chargeback Reports.
- Review and verify data found in the SMIS WC Case Management and Chargeback Reports. Ensure the WC case file contains current information for all cases on the SMIS WC Case Management and Chargeback Reports.
- Maintain SMIS tables associated with OSM organization codes and chargeback.
- While employees have the choice of initial treatment for injury or illness, they should be encouraged to, when possible, schedule a regular office visit to a physician instead of routinely using an emergency room for diagnosis and treatment. The use of an emergency room often costs four or five times what a normal office visit costs.
- Eliminating or reducing time away from work through the use of light duty assignments or AWAs will also reduce Continuation-Of-Pay (COP) hours/costs and the potential for employees to be placed on long-term compensation rolls. The WCS must review and coordinate the review by impacted offices, as necessary, the SMIS “WC Case Management/Chargeback Reports” on a regular basis (normally quarterly as provided by the department). The reports should be reviewed to ensure proactive case management of all cases and identify problem safety areas.
- WCSs must remain current on all (short and long term) cases by keeping up to date on employee’s medical conditions and case status.
- WCSs must become familiar with the OWCP nurse intervention and vocational rehabilitation programs. These programs have the potential for improving case management and/or reducing costs by assigning a nurse or rehabilitation counselor to work directly with the employee with the intent of helping that employee return to the work environment as soon as possible.
- Potential instances of WC abuse or fraud must be reported to the HR Director immediately.

Quick Reference for SMIS Accident Reporting – DOI Employees Module

Accessing SMIS Accident Reporting

1. Open your browser and in the Address field, type **http://www.smis.doi.gov**.
2. Click **Accident Reporting**.
3. Click **DOI Employees**.

Logging In

1. From the main “Safety Management Information System” screen, click **DOI Employees**.
2. In the **Last Name** field, type your last name.
3. In the **SSN Last-4** field, type the last four digits of your social security number.
4. Press **Enter** or click **Employee Login**.
5. What you do next depends on whether you are initiating a new claim OR completing or reviewing an existing claim.
 - If you are initiating a new claim, in the **Enter your Internet EMail Address** field, type your email address and click **Verify E-mail and Request a Claim ID**.

If an email address already displays in the **Enter your Internet E-Mail Address** field, verify that it is correct and click **Verify E-mail and Request a Claim ID**.
 - If you are completing or reviewing an **existing claim**, type your claim ID in the **Enter your claim ID** field and click **Send Claim ID - Enter your Claim**.

Initiating an Injury Report (Claim)

Once you have your claim ID, you can file a CA-1 or CA-2 form online.

1. In the **Enter your Claim ID** field, type the claim ID that you received in an email.
2. Click **Send Claim ID - Enter your Claim** to proceed completing a CA-1 or CA-2 form.
3. In the **5. Home telephone** box, type your home telephone number.
4. Verify that the mailing address in the **7. Employee’s home mailing address** (including city, state, and zip code) box is correct. Change the information as required.
5. Identify all your dependents.
6. Select the type of report you are filing:
 - (CA-1)
Injury/Traumatic Injury
 - (CA-2)
Occupational
Disease/Illness
7. Click **Proceed to Description of your Injury/Illness**.

Printing a Completed CA-1 or CA-2 Form

1. Open the claim you want to print and click **Print CA-1 Form** or **Print CA-2 Form**, depending on the type of report you have completed. (You cannot change any information from this view.)
2. From the **File** menu, select **Print**. The form prints exactly as it appears on screen.

Viewing the Status of Your Claim

1. Open the claim you want to view.
2. Click **Claim Status** at the top of the screen to view the status of your claim. The “Status of Claim for Compensation filed by <Claimant Name>” screen is displayed

Completing the CA-1 Form

In the Description of Injury section of the screen...

1. In the **9. Place Where Injury Occurred** box, type a detailed
2. In box **10. Date of injury Occurred** box, type the date on which the Accident occurred (mm/dd/yy, mm/dd/yyyy, or dd/mm/yyyy).
3. In the **Time** box, select the time at which the accident occurred. **caused or aggravated by your employment** box, type the date on which you first realized you were ill because of your job with the U.S. government (mm/dd/yy, mm/dd/yyyy, or dd/mm/yyyy).
4. In box **12. Employee's Occupation** box, type your job title. If a job title already appears in this field, you cannot change it.
5. In box **13. Cause of injury** box, describe in detail, how and why the Accident occurred.
6. In box **14. Nature of injury** box, describe your injury.

In the Employee Certification section of the screen.....

1. In **box 15**, determine how you wish to receive payment by selecting **Continuation of regular pay (COP)** or **Sick and/or Annual Leave**.
2. Check the **I have read and understand the above statement** box.
3. Click **Complete your Claim Submission** to file your claim.
4. Notify your supervisor that you have completed a CA-1 form:
 - In the **Enter Your Supervisor's Email Address** field, type his or her email address and click **Send Email to your Supervisor**.
 - If you do not know your supervisor's email address, type his or her name in the **Enter Your Supervisor's Name** field and click **Prepare Paper Notification**.

Completing the CA-2 Form

In the Claim Information section of the screen...

1. In box **9. Employee's Occupation** box, type your job title. If a job Title already appears in this field, you cannot change it.
2. In box **10. Location (address) where you worked when disease or Illness occurred** box, type the street address, city, state, and zip code of the location where you first became ill.

3. In box **11. Date you first became aware of disease or illness** box, type the date on which you first noticed you were ill (mm/dd/yy, mm/dd/yyyy, or dd/mm/yyyy).

4. In box **12. Date you first realized the disease or illness was caused or aggravated by your employment** box, type the date on which you first realized you were ill because of your job with the U.S. government (mm/dd/yy, mm/dd/yyyy, or dd/mm/yyyy).

5. In box **13. Explain the relationship to your employment and why you came to this realization** box, describe why you believe your disease or illness is job-related.

6. In box **14. Nature of Disease or Illness** box, describe your disease or illness and how it has affected your body.

7. In box **15. If this notice and claim was not filed with the employing agency within 30 days after the date you realized the disease was related to your employment, explain the reason for the delay** box, describe why you delayed completing this form. If you are completing this form within 30 days of becoming ill, leave this field blank.

8. In box **16. If the required employee statement is not included in this report, explain the reason for the delay** box, describe why you might be delayed in getting your statement within 30 days of your claim being processed.

9. In the **17. If the required medical reports are not submitted with this report, explain the reason for the delay** box, describe why you might be delayed in getting this report within 30 days of your claim being processed.

14. Nature of Injury box, describe your injury.

In the Employee Certification section of the screen...

1. In box **18**, check the **I have read and understand the above statement** checkbox.

2. Click **Complete your Claim Submission** to file your claim.

3. Notify your supervisor that you have completed a CA-2 form:

In the **Enter Your Supervisor's Email Address** field, type his or Her e-mail address and click **Send Email to your Supervisor**.

If you do not know your supervisor's e-mail address, type his or Name in the **Enter Your Supervisors' Name** field and click **Prepare Paper Notification**.

Quick Reference for SMIS Accident Reporting – Supervisors Module

Accessing SMIS Accident Reporting

1. Open your browser and in the Address field, type <http://www.smis.doi.gov>.
2. Click **Accident Reporting**.
3. Click **Supervisors**.

Logging In

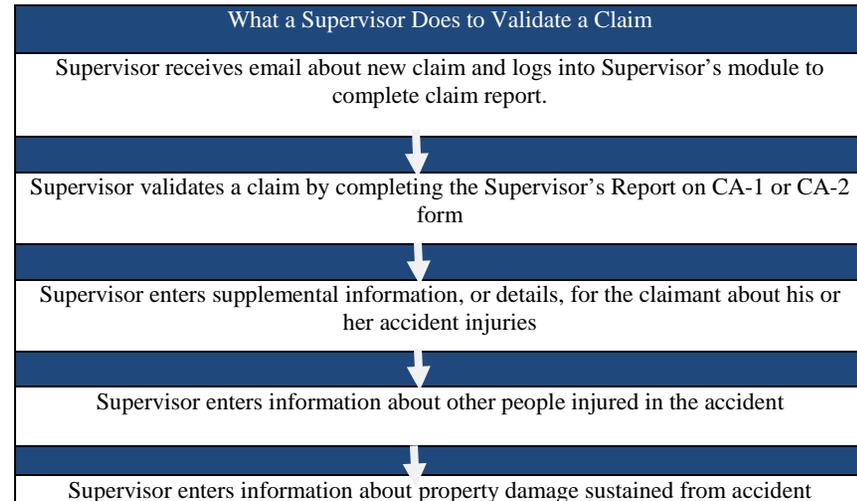
1. From the main “Safety Management Information System” screen, click **Supervisors**.
2. In the **Last Name** field, type your last name.
3. In the **DOI User Validation** field, type the last four digits of your social security number.
4. Press **Enter** or click **Employee Login**.
5. In the **Please verify/enter your Internet E-Mail Address below** field, type or verify your email address and click **Submit your E-mail Address**.

Overview of Validating a Claim

As a claimant’s supervisor, you must complete several tasks to validate a claim:

1. **Complete a supervisor’s report** – The Supervisor’s Report is acknowledgement by an injured employee’s supervisor that the employee was indeed injured on the job.
2. **Print and sign the CA-1 or CA-2 form** – Depending on your organization’s procedures, you might need to print, sign, and date all completed CA-1 and CA-2 forms. Copies should be kept by the injured claimant, the claimant’s supervisor, and your HR compensation coordinator(s).
3. **Enter supplemental information** – Supplemental information is required and helps clarify the injuries that a claimant received in an accident.
4. **Report injuries of other persons** – If other people were injured as a result of the accident that triggered the initial claim, you must enter information about

5. **Report property damage** – You must report property damage that was sustained in an accident. Entering this information ensures that the accident Report includes details about damaged property.



Validating a CA-1 or CA-2

Validating a CA-1

Though there are several fields that you can complete, at a minimum, you must:

1. Complete the fields in the block **18. Employee’s duty station box**.
2. In **box 38**, check **I have read and understand the above statement** checkbox.
3. In the **Supervisor Title** box, type your job title.
4. In the **Office Phone** box, type your work telephone number.
5. Print, sign and date the claim form.

those people and their injuries. This ensures that the accident report includes information about all parties that were injured from a single accident.

Validating a CA-2

Though there are several fields that you can complete, at a minimum, you must:

1. Complete the fields in box **20. Employee's duty station**.
2. In the **26. Date Employee First Reported Condition to Supervisor** box, type the date (mm/dd/yy OR mm/dd/yyyy) on which you were first notified by the claimant about his or her illness.
3. Check the **I have read and understand the above statement** checkbox.
4. In the **Supervisor Title** box, type your job title.
5. In the **Office Phone** box, type your work telephone number.
6. Print, sign, and date the claim form.

Printing a Completed CA-1 or CA-2 Form

1. Log in to the Supervisors module.
2. In the Enter Employee's Claim Identifier field, type the claim ID of the claim you want to print and click **Submit Employee's Claim ID**. The claim is displayed on the following screen.
3. Click **Print CA-1 Form or Print CA-2 Form** at the top of the screen, depending on the type of report you want to print. The report is displayed automatically. You cannot change any information from this view.
4. From the **File** menu, select **Print**. The form prints as it appears on screen.

Reporting Only Property Damage

1. Log into the Supervisors module.
2. Click **Enter a NEW Report for a NEW Incident in the Enter a New Accident Report** box to report an accident involving property damage or
3. Select the option that best describes the type of accident and click **Continue Entering Report**.

8. In the **Correct Actions** box, type a description of what the parties involved can do to prevent such an accident from happening again.

9. From the **Unsafe Act** drop-down list, select up to two options that best describe the unsafe acts that took place that led to the accident.

10. From the **Unsafe Condition** drop-down list, select up to two options that best describe condition that led to the accident

11. From the **Management Casual Factor** drop-down list, select the factor that best describes how management had anything to do with the accident.

12. Click **Send this Info**.

13. From the **Type of Property** drop-down list, select the option that best describes the property that was damaged.

14. In the **Description** box, type a description about the damaged property. Include information such as make, name, model number, size, type, color, and license number.

15. From the **Property Owner** drop-down list, select the option that best describes who owns the damaged property.

16. From the **Cause of Damage** drop-down list, select the option that best describes list, select the option that best describes what precipitated the event that caused the property damage. For example, an automobile skids on ice and strikes a curb, damaging the axle. The cause of this damage is probably the icy road surface, assuming driver negligence was not an issue.

17. From the **Source of Damage** drop-down list, select the option that best in describes the thing that inflicted physical injury. For example, someone is walking, slips on a wet floor, and drops a computer monitor on the floor. The source of the damage is the wet floor on which the monitor fell.

18. In the Estimated dollar value of this damage box, type the cost of repairing the damage. A dollar sign (\$) is not required in this field. Round the cost to the nearest dollar.

19. In the **If this damage involves a motor vehicle, were seatbelts worn?** box, select Yes if the involved parties were wearing seatbelts. Select No if the involved parties were not wearing seatbelts.

4. In the **Incident ID** box, enter the date and time which the accident took place, as well as the zip code for the location.

5. In the **Place of Incident** box, type a detailed description of where the accident took place. Include street address, city, park, state, and other information that help describe the location.

6. From the **Result** list, select the option that describes the accident's outcome. For example, only property damage or property damage and injuries.

7. In the **Incident Narrative** box, type a description of what happened.

20. Click **Send this Info**.

21. Select the category that best represents the person responsible for the damage property and click **Continue to Next Page**.

22. Enter the requested information about the responsible party to complete the Property Damage report.

Workmen's Compensation Forms

FORM NO.	FORM TITLE	PURPOSE	PREPARED BY	WHEN SUBMITTED	COMPLETED FORMS SENT TO
CA-1	Federal Employee's Notice of Traumatic Injury and Claim for continuation Pay	Notifies supervisor of a traumatic injury and serves as the report to OWCP when (1) the employee has sustained a traumatic injury which is likely to result in a medical charge against the compensation fund; (2) the employee loses time from work on any day after the injury date, whether the time is charged to leave or to continuation of pay; (3) permanent impairment appears likely; or (5) serious disfigurement of the face, head, or neck is likely to result	Employee or someone acting in employee's behalf; witness (if any); supervisor	By employee within 30 days (but will meet statutory time requirements if file no later than three years after the injury); by supervisory within 10 work days following receipt of the from the employee	Supervisor, by employee or someone action on employee's behalf; then to appropriate OWCP office by supervisor.
CA-2	Federal Employee's Notice of Occupational Disease and Claim for Compensation	Notifies supervisor of an occupational disease and serves as the report to OWCP when (1) the disease is likely to result in a medical charge against the compensation fund; (2) the employee loses time from work because of the disease, whether the time is charged to leave or the employee claims injury compensation; (3) disability for work may subsequently occur; (4) permanent impairment appears likely; or (5) serious disfigurement of the face, head, or neck is likely to result	Employee or someone acting on employee's behalf; witness (if any); supervisor	By employee within 30 days (but will meet statutory time requirements if filed no later than three years after the injury); by supervisor within 10 work days after receipt of the form from the employee	Supervisor, by employee or someone action on employee's behalf; then to appropriate OWCP office by supervisor.
CA-2a	Notice of Employee's Recurrence of Disability and Claim for Pay	Notifies OWCP that an employee, after returning to work, is again disabled due to a prior injury or occupational disease. It also serves as a claim for continuation of pay or for compensation based on the recurrence of a previously reported disability	Employee	Immediately upon receiving notice that the employee has suffered a recurrence. An employee who stops work as result of recurring disability shall advise the supervisor whether he or she wishes to continue receiving regular pay (if eligible) or charge the absence to sick or annual leave	Supervisor, by employee or someone acting on employee's behalf, then to appropriate OWCP office. An employee no longer employed by the Federal government should complete Parts A and C and submit all materials directly to appropriate OWCP office.

FORM NO.	FORM TITLE	PURPOSE	PREPARED BY	WHEN SUBMITTED	COMPLETED FORMS SENT TO
CA-5	Claim for Compensation by Widow, Widower and/or Children	Claims compensation on behalf of these dependents when injury results in death	Person claiming compensation (for self or on behalf of children) and attending physician	Within 30 days, if possible, but no later than three years after death. If the death resulted from an injury for which a disability claim was timely filed, the time requirements for filing the death claim have been met	Supervisor, by claimant or someone acting on claimant's behalf; then to appropriate OWCP office
CA-5b	Claim for Compensation by Parents, Brothers, Sisters, Grandparents/ children	Claims compensation for these dependents when injury results in death	Person claiming compensation (or guardian on behalf of children) and attending physician	Within 30 days, if possible, but no later than three years after death. If the death resulted from an injury for which a disability claim was timely filed, the time requirements for filing the death claim have been met	Supervisor, by claimant or someone acting on claimant's behalf; then to appropriate OWCP office
CA-6	Official Superior's Report of Employee's Death	Notice of OWCP of the work-related death of an employee	Supervisor	Within 10 work days after knowledge by supervisor of an employee's work related death	Appropriate OWCP office
CA-7	Claim for Compensation on Account of Traumatic Injury/Occupational Disease	Claims compensation if (1) medical evidence shows disability is expected (and is not covered by COP in traumatic cases); (2) the injury has resulted in permanent impairment involving the total or partial loss, or loss of use, of certain parts of the body or serious disfigurement of the face, head or neck; (3) loss of wage-earning capacity has resulted	Employee or someone acting on employee's behalf; supervisor and attending physician (on attached Form CA-20)	In traumatic injury cases, the form must be completed and filed with OWCP not more than five work days before the termination of the 45 days of COP, or within 10 days following termination of pay. In occupational disease cases, the form should be submitted as soon as pay stops.	Supervisor, by employee or someone acting on employee's behalf; then to appropriate OWCP office by the supervisor
CA-7a	Time Analysis Form	Provides a day by day breakdown of leave usage submitted with the CA-7 used mainly in Leave Buy Back (LBB), but can also be used for LWOP when there intermittent periods of leave usage.	Supervisor and Employee	The form should accompany the form CA-7	

FORM NO.	FORM TITLE	PURPOSE	PREPARED BY	WHEN SUBMITTED	COMPLETED FORMS SENT TO
CA-7b	Leave Buy Back (LBB) Worksheet Certification and Election	Provides a day by day breakdown of leave usage submitted with the CA-7 used mainly in Leave Buy Back (LBB), but can also be used for LWOP when there are intermittent periods of leave usage	Supervisor and Employee	The form should accompany the form CA-7	OWCP
CA-16	Authorization for Examination and/or Treatment	Authorized an injured employee to obtain examination and/or treatment for up to 60 days and provides OWCP within initial medical report. Treatment may be obtained from a local hospital or physician (who may be a surgeon, osteopath, podiatrist, dentist, clinical psychologist, optometrist, or under certain circumstances, a chiropractor) for from a U.S. medical facility, if available. May also be used for illness or disease if prior approval is obtained from OWCP. The employee may initially select the medical provider of his or her choice but must request any change from OWCP	Part A – Supervisor Part B – Attending Physician	Part A – By supervisor, in duplicate, within 48 hours following first examination and/or treatment Part B – By attending physician or medical facility as promptly as possible after initial examination	Part A – Physician or medical facility Part B – Appropriate OWCP office
CA-17	Duty Status Report	In traumatic injury cases, provides supervisor and OWCP within interim medical report containing information as to employee’s ability to return to any type of work	Supervisor and attending physician	Promptly upon completion of examination or most recent treatment	Original to employing agency, which should send copy to appropriate OWCP office
CA-20	Attending Physician’s Report (attached to Form CA-7; also available separately)	Provides medical support for claim and is attached to Form CA-7; provides OWCP with medical information	Attending Physician	Promptly upon completion of examination or most recent treatment	Appropriate OWCP office
OWCP-1500a	Health Insurance Claim Form	Provides OWCP with standard billing form to facilitate payment of medical bills. The form should accompany the CA-16 when employee is referred to a physician	Attending physician; employee must sign in item 12	Promptly upon completion of examination or treatment; physician may submit in usual billing cycle	Appropriate OWCP office

Note: Forms may be ordered from the Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402. The purchase order must include Interior’s appropriation symbol and the requestor’s signature. Forms may also be ordered by telephone at (202) 783-3238 or at OWCP’s website: <http://www.dol.gov/dol/esa/owcp.htm>