

# ***SMIS***

**Safety Management Information System**

# **SMIS User Guide**

## **for the Supervisors Module**

Developed by:

Office of Safety and Occupational Health  
Managing Risk and Public Safety  
Department of the Interior

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# Chapter 1.

## Safety Management Information System (SMIS)

Safety Management Information System (SMIS) is an automated system used to manage safety information and report data throughout the Department of the Interior (DOI). Authorized DOI employees, volunteers, firefighters, and others working at DOI facilities can use SMIS to:

- Electronically file a Notice of Traumatic Injury or Illness (other types of accident reports can also be entered)
- Review a variety of information about managing safety in the workplace
- Access DOI safety resources and reference materials
- Access DOI's web site

This user guide discusses how to use the Supervisors module within SMIS Accident Reporting. Development and support for SMIS Accident Reporting is located in Denver, Colorado, 303-236-7158.

### How This User Guide is Organized

The following table describes the chapters included in this user guide.

Chapter	Description
Chapter 1 Safety Management Information System (SMIS)	This chapter presents a high-level overview of the intent of the SMIS application and describes how this user guide is organized. This chapter also describes how to access SMIS Accident Reporting.
Chapter 2 Accident Reporting Overview	This chapter presents a high-level description of SMIS Accident Reporting and the different modules and activities available to you. It describes the flow of Notice of Traumatic Injury or Illness - Personal Information Entry and accident report information through DOI, SMIS Accident Reporting, and finally the Office of Workers' Compensation Programs (OWCP). This chapter also describes how to access Accident Reporting.
Chapter 3 Using the Supervisors Module	This chapter presents step-by-step instructions on how to electronically complete a Notice of Traumatic Injury or Illness - Personal Information Entry and append an accident report to the claim.

Throughout this user guide, where step-by-step instructions are provided, required user selections are identified in bold text.

Screens are displayed throughout this user guide to give you an idea of what a screen will look like when you are using SMIS Accident Reporting. These screens are not intended to display details.

## Terminology Used Throughout This User Guide

The following list presents definitions for terms that are used throughout this user guide.

- **Accident report** – An electronic notice that someone was injured or ill, including property damage; created by supervisors in the SMIS Accident Reporting Supervisors module, an accident report includes a CA-1 or CA-2 form, injury or illness details about the claimant, injury information about any other parties involved in the accident, and property damages sustained from the accident
- **Browser** – A computer program used to access sites or information on the Internet; for example, Internet Explorer and Netscape
- **Claimant** – Any person filing a compensation claim (creating an Injury Report), including permanent and temporary DOI workers, emergency workers, job corpsmen, contractors, Youth Con Corps (staff and enrollees), volunteers, Vista persons, DOI employee family members, tribal members, CETA persons, Youth Adult Con Corps (staff and corps members), students (BIA), Menominee tribe members, and teachers (contractors)
- **Compensation coordinator** – The role of people that use the Comp Coordinators module; includes DOI compensation managers, specialists, and coordinators; throughout this user guide, all HR compensation managers, specialists, and coordinators are referred to as “compensation coordinators”
- **Notice of Injury** – A CA-1 or CA-2 form; also referred to as an “Injury Report” throughout this user guide; an injury report is initiated by a claimant, completed by a supervisor, and then reviewed and processed by a compensation coordinator

## Accessing and Using SMIS Accident Reporting

The following sections describe how to access and use SMIS Accident Reporting.

### Accessing SMIS Accident Reporting

You access SMIS Accident Reporting by opening a browser and typing <http://www.smis.doi.gov> in the Address field.

### Browsers

SMIS Accident Reporting works best with:

- Internet Explorer 4.0 or higher
- Netscape 6.0 with service pack 10A

## Enable JavaScript

Be sure to enable JavaScript. This helps validate field data entry.

**NOTE:** Depending on the version of your Internet browser, you may not see the commands as documented in the following steps.

1. If you are using Internet Explorer, from the **Tools** menu, select **Internet Options**.
2. Click the **Advanced** tab.
3. In the **Settings** list, scroll down until you see one of the following:
  - Use Java 2v1.4.2 for <applet> requires restart
  - Enable JavaScript
4. Make sure there is a check in the checkbox. Click **Apply** and then **OK** to save your settings.

## Window Display

You can change the way SMIS Accident Reporting displays. You can change the:

- Size of the fonts that display on screens
- Size of windows

## Larger or Smaller Fonts

You can make fonts larger or smaller by changing your monitor's resolution.

1. Right click your mouse (or left click if you have set the mouse for left handed use) any place on your desktop. A menu is displayed. Select **Properties**. The **Display Properties** dialog box is displayed.
2. Click the **Settings** tab.
3. In the **Screen resolution** box, select the desired screen resolution. The recommended resolution for SMIS Accident Reporting is 1024 by 768.
4. Click **Apply** and then **OK** to save your settings.

## Larger or Smaller Windows

You can make the browser window in which SMIS Accident Reporting displays larger or smaller.

- Maximize the window in which SMIS Accident Report is displayed.

**Maximize opens a window so that it fills your entire screen**

**When a screen is in this mode, you can "stretch" it to any size you would like**

**Minimize collapses the window so that you no longer see it, even though the application is still open**



**Close shuts down the application**

**Makes the window smaller, but still visible,  
so that it does not fill your entire screen**

**When a window is in this mode,  
you cannot stretch it**



**Minimize, Maximize, and Close buttons**

- Stretch the window in which SMIS Accident Reporting displays until the screens display as you would like.

## **Adobe Reader**

You must also have Adobe Reader 5.0 installed on your computer to be able to read online reports and forms. If you have not installed Adobe Reader, you will not be able to view these forms.

You can download Adobe Reader for free by going to the following web site:

<http://www.adobe.com/products/acrobat/readstep2.html>

## **Online Help**

Online help is available for many of the fields that display throughout SMIS Accident Reporting.

When your cursor changes to a “hand” (  ), click on the text to view information that helps you enter the correct information in the field.

## **SMIS Overview**

SMIS Accident Reporting includes the following components:

- **Accident Reporting** is a tool used to electronically report accidents and file workers' compensation claims (CA-1s and CA-2s).
- **Safety Smart! – On Line** is a collection of hundreds of safety talks, posters, management articles, case studies, and more.
- **DOI SafetyNet** is a safety information source for the Safety and Health Community.
- **Reference Library** contains DOI safety statistics and reference materials.
- **DOI SMIS Statistics** provides historical safety and health statistics and performance measures.
- **DOI Home Page** provides access to DOI's web site.

In the Address field, type  
<http://www.smis.doi.gov>



SMIS components

**SMIS Home Page**

# Chapter 2.

## Accident Reporting Overview

Accident Reporting is used to file workers' compensation claims and/or report "on-the-job" accidents and property damage via the Internet.

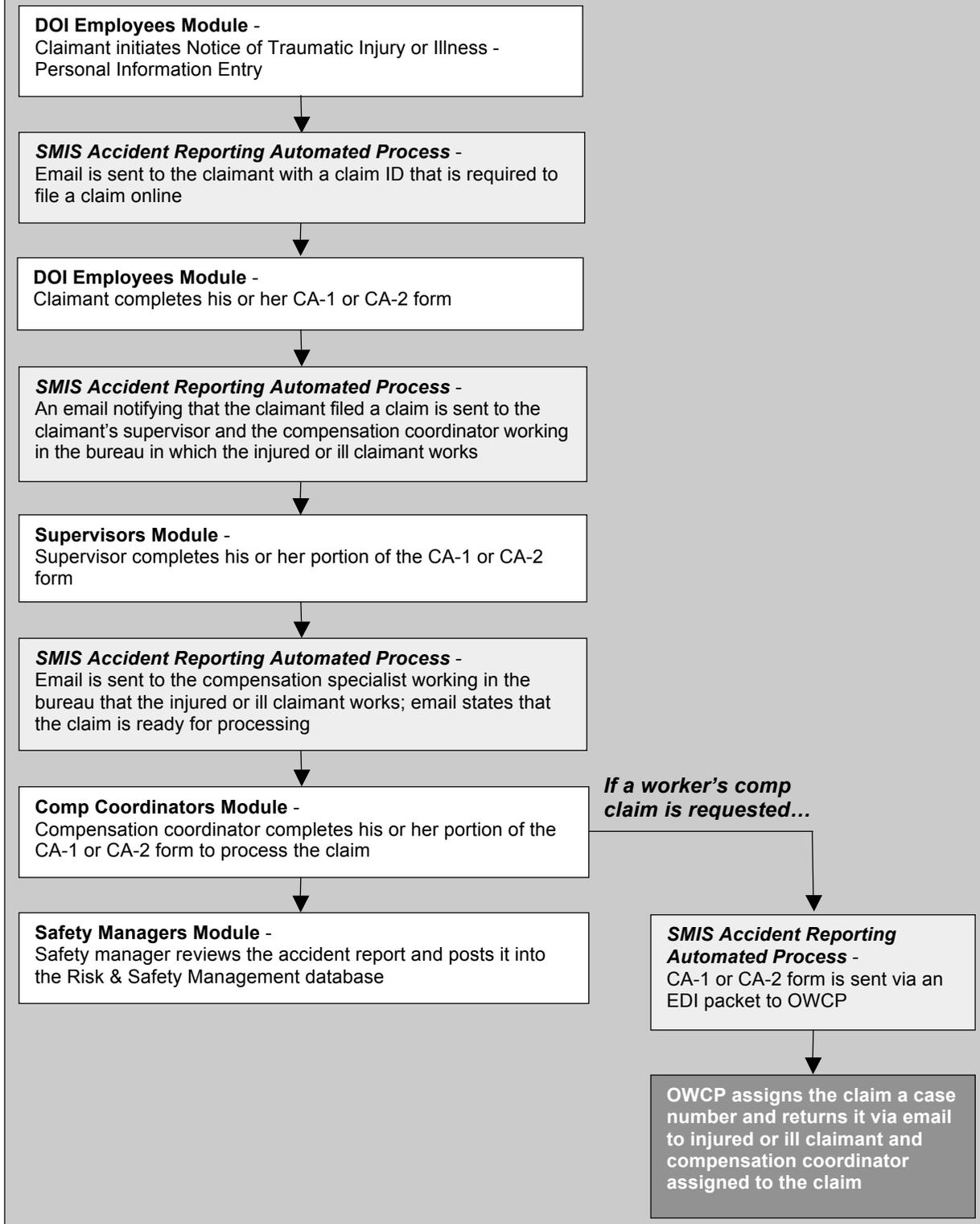
Accident Reporting can only be used by authorized DOI employees (refer to DM485 for a list of all the types of personnel that are eligible to file claims due to on-the-job accidents), proxies, supervisors, Human Resource (HR) compensation coordinators (including compensation managers and specialists), and safety managers.

Within Accident Reporting, there are four modules:

- **DOI Employees** – DOI employees, proxies, or other authorized people use this module to create an Injury Report, or file a claim, when they injure themselves on the job or become ill because of their job or while visiting a DOI-managed site.
- **Supervisors** – DOI supervisors use this module to complete Injury Reports started by claimants OR create accident reports that do not involve DOI employee compensation claims but that involve property damage, motor vehicle accidents (MVAs), contractors, volunteers, or anyone else that is not able or authorized to complete an Injury Report using the DOI Employees module.
- **Safety Managers** – Safety managers use this module to process, create, edit, review, or post accident reports.
- **Comp Coordinators** – HR compensation coordinators use this module to process workers' compensation claims or assist claimants to enter OWCP claims.

The following diagram illustrates the flow of Injury Reports and accident report information from the time someone is injured or becomes ill through SMIS Accident Reporting and finally to OWCP.

## SMIS Accident Reporting Process Overview



The following instructions describe how to start Accident Reporting. Instructions for starting the Supervisors module are presented in “Logging into the Supervisors Module” on page 10.

1. Open your browser and in the Address field, type <http://www.smis.doi.gov>.
2. Click **Accident Reporting**. The “Safety Management Information System” screen is displayed (this can also be called the Accident Reporting “home page”).
3. Select the Accident Reporting module that you want to use:
  - DOI Employees
  - Supervisors
  - Safety Managers
  - Comp Coordinators

**SMIS** Safety Management Information System

References & Links

- [User Manual](#)
- [SMIS Instructional Slides](#)
- [Offline Report Worksheet](#)
- [Report Codes](#)
- [Frequently Asked Questions](#)
- [Privacy Act](#)
- [Return To Homepage](#)

SMIS is divided into four major functional components:

**DOI Employees:** Used by individuals (or a designated representative) who have been injured or sick on the job and wish to file a claim for compensation (CA-1 or CA-2), or file a report "for the record" to preserve their rights to file a claim in the future. May also be used to enter witness information about another employee's claim for compensation.

**Supervisors:** Used by supervisors to either complete a claim for compensation initiated by someone in their area of responsibility or to initiate a SMIS accident report.

**Safety Managers:** Used by permanent or collateral duty safety managers to review accident reports submitted by employees and supervisors, enter reports, analyze safety data statistics, or perform a variety of other safety related activities.

**Comp Coordinators:** Used by Compensation Coordinators in DOI Personnel offices to review and finalize compensation claims prior to being sent to OWCP.

[DOI Employees](#)      [Supervisors](#)  
[Safety Managers](#)      [Comp Coordinators](#)

**Privacy Act statement** →

**NOTICE OF CONDITIONS UNDER WHICH THIS INFORMATION IS COLLECTED AND USED**

Pursuant to Section 3(e)(3) of the Privacy Act of 1974 (Public Law 93-579), the individual furnishing information on this form is hereby advised as follows:

1. The Authority for solicitation of the information is Section 19 of the Occupational Safety and health Act of 1970 (Public Law 91-596); 5 U.S.C. 7902; 29 CFR 1960; Executive Order No. 12196 (February 26, 1980); and 28 U.S.C. 2671-80.
2. The principal purpose for which the information is intended to be used is to provide summary data of injury and property loss information for analytical purposes to be used in establishing programs to reduce or eliminate loss producing problem areas.
3. The routine uses of the information are: (1) To Provide quarterly listings of fatalities, disabling injuries, illnesses and property damage to the Department of Labor, in compliance with 29 CFR 1960.69 (2) Transfer to the U.S. Department of Justice in the event of litigation involving the records or the subject matter of the records (3) Transfer, in the event there is indicated a violation or potential violation of a statute, regulation, whether civil, criminal or regulatory in nature, to the appropriate agency or agencies, whether federal, state, local or foreign, charged with the responsibility of investigation or prosecution of such violation or charged with enforcing or implementing the statute, rule, regulation, order or license violated or potentially violated.
4. The effect on the individual of not providing all or any part of the requested information may be to render impossible or to delay the Department's documenting the injury and/or property loss. Every effort will be made to obtain the factual information relating to an incident from other sources, should the individual involved refuse to provide the requested information.

[Return to SMIS Menu](#)

**The main SMIS page (Accident Reporting home page)**

# Chapter 3.

## Using the Supervisors Module

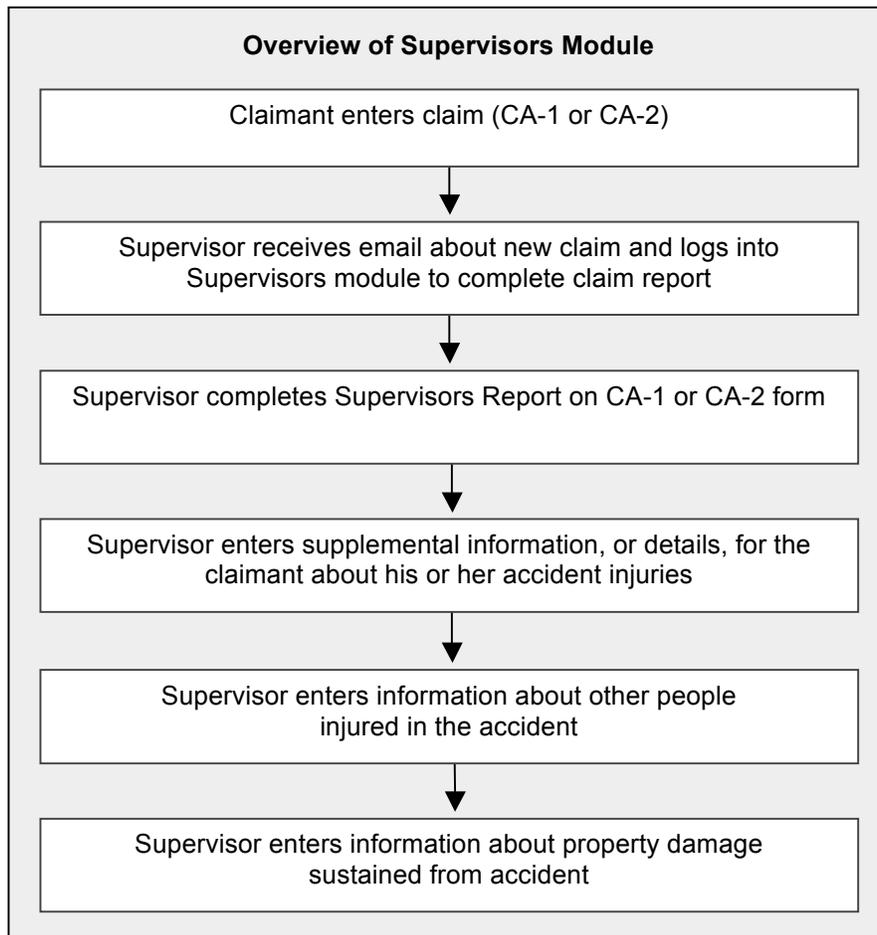
The Supervisors module is one of three modules intended to work together to expedite the time that it takes to receive an “OWCP claim number” from OWCP and process a worker’s compensation claim. The Supervisor module is used by you (a DOI supervisor) to:

- Electronically complete an accident report should a claimant, such as one of your employees, injure him or her self on the job or suffer an illness or disease due to his or her job. There are two types of accident report forms, or claims, that you and a claimant can complete: CA-1 and CA-2
- Enter information about injuries that other people (DOI personnel and non-DOI personnel) receive due to an accident
- Enter information about property damage due to an accident

As a claimant’s supervisor there are several tasks for you to complete:

- **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.
- **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 the HR compensation coordinator(s) assigned to the injured claimant’s organization.
- **Enter supplemental information** – Supplemental information is required and helps clarify the injuries that a claimant received in an accident. This information is used by safety managers for safety analysis, management reports, and evaluations. For OWCP’s sake, you should be specific about things such as which *part of the body* and which *side* was injured.
- **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 those people and their injuries. Likewise, if other people were injured as a result of someone’s illness that triggered the initial claim, you must enter information about those people and their injuries. (For example, if an employee passes out because of an illness sustained on the job, and during his fall he hurts another person, you must note the injured person in the same claim being filed for the ill employee.) This ensures that the accident report includes information about all parties that were injured from a single accident.
- **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.

The following illustration describes the workflow process for a supervisor.



## Logging into the Supervisors Module

Only supervisors and authorized accident or injury reporters can log in to the Supervisors module.

1. From the “Safety Management Information System” screen, click **Supervisors**. The “Accident Reporter Validation” screen is displayed.

The screenshot shows the "SMIS Accident Reporter Validation" login screen. At the top left is the "SMIS" logo. Below it is a disclaimer: "The Safety Management Information System (SMIS) reporting module is intended for DOI supervisors and authorized accident/injury reporters only. If you are a DOI supervisor or reporter and cannot login using your Last Name and Last 4 of your SSN, your name may not be in the SMIS database (especially if you are a new supervisor), contact the Department Safety Office (202) 236-7130 Ext. 232, to report the problem. For additional help [click here](#)." On the top right is a "VeriSign Secure Site" logo with a "click to verify" button. The main content area is a brown box titled "Enter your supervisor login information:" containing a "Last Name:" text box, a "DOI User Validation:" text box, and a "Login to the SMIS Accident Reporter Module >>" button. Below the box is a note: "• Use the last-4 digits of your SSN as your DOI User Validation".

**Supervisors Login**

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 **Login to the SMIS Accident Reporter Module**.
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**.

If you are logging into the Supervisors module for the first time, you will be asked to verify your email address.

Though an email address is not required to use SMIS Accident Reporting to complete an accident report, it is helpful. Emails are used to notify you when a claimant submits a claim and after a compensation coordinator reviews and processes the claim. Safety managers may also use emails to notify you if additional information is needed to clarify a report.

**SMIS** *Welcome Your Last Name ; Please enter your E-Mail address*

SMIS will notify you (the reporter of this accident report) via e-mail at each stage in the processing of this accident report. You can expect to be notified when a Safety Manager reviews and posts your report, and when the report is permanently filed into the SMIS database. You may also be notified if your Safety Manager needs additional information from you to clarify the report.

The E-Mail address that you provide does not need to be your personal email address, but must be an address to which you have regular access.

Please provide a valid internet e-mail address where these notifications can be sent.

Please verify/enter your Internet E-Mail Address below:

Type your email address here →

### ***Supervisors Email Verification***

If you are a supervisor or accident reporter and cannot log in using your last name and the last four digits of your social security number, you may not be in the SMIS personnel database. (This could be the case if you are a new supervisor.) If you cannot log in, contact Support at 303-236-7158 to report the problem.

# Completing the Supervisor's Portion of a CA-1

After a claimant submits a CA-1 claim form, you receive an email with the subject line: "An Electronic CA1 for <Claimant's Name> requires your action." The email reads as follows:

*SUBJECT: An electronic CA1 for <CLAIMANT> requires your action.*

*On <DATE> a claimant, <CLAIMANT>, filed an electronic CA1 (Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation) for an injury sustained on <DATE and TIME>.*

*It is important that this notice/claim be processed expeditiously to avoid possible hardship to the claimant. Should you dispute the facts or validity of the claim, you can express your doubts when you complete the Supervisor section of the claim. Do not let your dispute delay your processing of the claim.*

*To process this claim, go to the following Web site: [www.smis.doi.gov](http://www.smis.doi.gov). Click on the Supervisors button and log in using your last name and last four digits of your social security number. After logging in, click the "Complete (Employee Initiated) CA1/CA2" link and enter the following Claim ID: <CLAIM ID>.*

*The Supervisors module will guide you through completing the Supervisor section of the CA1. Thank you for your assistance in quickly processing this claim to better serve the claimant.*

## Completing a Supervisor's Report for a CA-1

The following steps explain how to complete all the boxes on a CA-1 Supervisor's Report. Depending on your organization's procedures, you may not be required to complete all these boxes. Contact your HR compensation coordinator to determine what boxes you are required to complete.

1. From the "Injury/Illness and Property Damage Reporting" screen, click **Complete (employee initiated) CA1/CA2** to select and complete a CA-1 or CA-2 claim. The "Entry of Employee's Claim Number ID" screen is displayed.

**Reports that you need to finish are listed here**

**Reports that are awaiting review by a safety manager are listed here**

Your Previously Entered Reports			
Incomplete Reports (Missing Injury or Property Damage)			
<a href="#">Finish</a>	<a href="#">Delete</a>	Mar 6, 2004 12:00AM 80202 (Occ Illness)	Missing Inj-Person/Impairment
<a href="#">Finish</a>	<a href="#">Delete</a>	Mar 6, 2004 08:00AM 80202 (Prop Damage)	Missing Property
Accident Reports Awaiting Review by Safety Manager			
<a href="#">View/Edit</a>		Mar 6, 2004 10:00AM 80202 (Pers Injury)	

<< Return to Login Page

**Injury/Illness and Property Damage Reporting**

2. In the **Enter Employee's Claim Identifier** field, type the claim ID for the claimant's claim and click **Submit Employee's Claim ID**.

### **Entry of Employee's Claim Number ID**

The claim ID was sent to you in an email after the claimant submitted his or her claim. If you do not have this email, the claimant should be able to give you the claim ID. If claimant does not know his or her claim ID, contact your compensation coordinator. The “Supervisor’s Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation (CA-1)” screen is displayed.

3. Complete the **18. Employee's duty station** box. Use the following table to help you complete this box.

<b>Field</b>	<b>What You Should Enter or Select</b>
<b>Addr</b>	Type the street address of the location where the injured claimant works
<b>In the City</b>	Type the city in which the claimant works
<b>State</b>	Type the state in which the claimant works
<b>Zip</b>	Type the zip code for the address at which the claimant works

4. In the **19. Employee's retirement coverage** box, select the retirement system under which the claimant is covered. Contact your compensation coordinator if you do not know this information.
5. In the **20. Regular Work Hours** box, enter the start and end time of the claimant's normal work day.
6. In the **21. Regular Work Schedule** box, select the days on which the claimant works.
7. In the **24. Date Stopped Work** box, enter the day and select the time on which the claimant could no longer work due to his or her injury. Enter the date in one of the following formats: mm/dd/yy OR mm/dd/yyyy.
8. In the **25. Date Pay Stopped** box, type the date the claimant went on “leave without pay” (LWOP). If the claimant's pay did not stop, leave this field blank. Enter the date in one of the following formats: mm/dd/yy OR mm/dd/yyyy.

9. In the **26. Date 45 Day Period Began** box, type the date the claimant went on Continuation of Pay (COP). Usually, this is the same date as the date on which the claimant stopped working because of his or her injury (the date entered in step 7). However, the date on which the claimant was injured is not included in the 45-day period. The date of injury is a day of “administrative leave.” The date you enter in this box should be the first day after that that the claimant lost time from work.
10. In the **27. Date Returned to Work** box, type the date on which the employee returned to work. Enter the date in one of the following formats: mm/dd/yy OR mm/dd/yyyy.
11. In the **28. Was the employee injured in the performance of duty?** box, select **Yes** or **No**. If you select No, type an explanation of why you believe the injury is not due to the claimant’s job.
12. In the **29. Was injury caused by employee’s willful misconduct, intoxication, or intent to injure self or another?** box, select **Yes** or **No**. If you select Yes, type an explanation of why you believe the injury was because of claimant misconduct, intoxication, or intent to harm his or her self or someone else. If you believe intoxication was involved, be sure to submit any test results or hospital reports documenting the level of intoxication.
13. In the **30. Was injury caused by third party?** box, do the following:
  - Select **Yes** or **No** based on your investigation of the accident. If injury was caused by another person or non-person (such as an organization or company), select **Yes**.
  - If you selected Yes, from the **The Third Party is a** drop-down list, select whether the third party that caused the injury is a person or non-person (such as an organization or company).
14. If you selected Yes in step 13, the **31. Name and address of third party** box, type the name and address of the third party (another person or organization) that caused the accident. Use the following tables to help you complete this box. If you selected No in step 13, go to step 15.

If the third-party is a “person”...	
Field	What You Should Enter or Select
Last Name	Type the third party’s surname name
First Name	Type the third party’s first name
If the third-party is an “organization”...	
Field	What You Should Enter or Select
Org Name	Type the name of organization responsible for your accident
Title	Type the title of the organization’s official, such as president, personnel officer, financial officer; this is the person to whom you want to address your claim

Field	What You Should Enter or Select
<b>Addr</b>	Type the street address at which the third party works or is located
<b>City</b>	Type the city in which the third party works or is located
<b>State</b>	Type the state in which the third party works or is located
<b>Zip</b>	Type the zip code for the address

15. In the **32. Name and address of physician first providing medical care** box, type the name and office address of the doctor who first examined the claimant filing the claim. If the physician is a “private physician,” complete the box as described in the following table.

Field	What You Should Enter or Select
<b>Last Name</b>	Type the physician’s surname name
<b>First</b>	Type the physician’s first name
<b>Middle</b>	Type the physician’s middle name or initial
<b>Suffix</b>	Type the physician’s suffix, such as “MD,” “PA,” “DO,” “DDS”
<b>Addr</b>	Type the street address at which the physician’s office is located
<b>City</b>	Type the city in which the physician’s office is located
<b>State</b>	Type the state in which the physician’s office is located
<b>Zip</b>	Type the zip code for the address at which the physician’s office is located

If the claimant did not see a private physician but instead went to a medical clinic or hospital, complete the box as described in the following table.

Field	What You Should Enter or Select
<b>Last Name</b>	Type the name of the clinic or hospital
<b>First</b>	Type the first and last name of the physician who saw the injured claimant
<b>Middle</b>	Type the attending physician’s middle name or initial
<b>Suffix</b>	Type the suffix of the person who took care of the claimant, such as “MD,” “PA,” “DO,” “DDS”
<b>Addr</b>	Type the street address of the clinic or hospital
<b>City</b>	Type the city in which the clinic or hospital is located
<b>State</b>	Type the state in which the clinic or hospital is located
<b>Zip</b>	Type the zip code for the address at which the clinic or hospital is located

16. In the **33. First date medical care received** box, type the date on which the injured claimant first went to the doctor because of his or her injury. Enter the date in one of the following formats: mm/dd/yy OR mm/dd/yyyy.
17. In the **34. Do medical reports show employee is disable for work?** box, select **Yes**, **No**, or **Unknown**.
18. In the **35. Does your knowledge of the facts about this injury agree with statements of the employee and/or witness?** box, select **Yes** or **No**. Select **No** if you believe the injury is questionable. In the box below, explain in what way your knowledge of the injury differs.
19. In the **36. Does the employing agency controvert continuation of pay?** box, select **Yes** or **No**. Select **Yes**, if you decide that the claimant's injury is not work-related as determined in boxes 28, 29, and 35. This means that the claimant cannot elect to use COP but rather the claimant must use his or her sick or annual leave. Then, in the box below, explain your reasons for challenging the claim, as well as any concerns you have.
20. In the **37. Pay Rate When Employee Stopped Working** box, if it is not already displayed in this box, type the injured employee's salary.
  - The number you enter in the **\$** field is used in conjunction with what you enter in the next field.
  - In the next field, select whether the salary you entered in the **\$** field is annual, biweekly, weekly, daily, hourly, or single (paid one time for services rendered).
21. If you believe a claim should be challenged, place a check in the **The Agency is challenging the claim, additional info will follow under separate cover** checkbox. Leave the checkbox empty if the claim is to be processed by OWCP without contest.
22. Place a check in the **I have read and understand the above statement** checkbox.
23. In the **Supervisor Title** box, type your job title.
24. In the **Office Phone** box, type your work telephone number.
25. In **39. Filing Instructions**, select one of the following options:
  - No lost time and no medical expense: Print and then place this form in employee's medical folder (SF-66-D)
  - No lost time, medical expense incurred or expected: Forward this form to OWCP
  - Lost time covered by leave, LWOP, or COP: forward this form to OWCP
  - First Aid Injury
26. In the **Local Case Notes** box, type any notes about the accident or claim that you feel are pertinent and that the compensation coordinator should read. Information entered in this box is not submitted to OWCP; it is retained within DOI.
27. Click **Submit Your Supervisor Report**. The "Completed Submission of your Employee's CA1 Form" screen is displayed.

After submitting your supervisor's report, SMIS Accident Reporting automatically sends two emails:

- An email to the HR compensation coordinator(s) that is responsible for reviewing and processing the claim. The email reads as follows:

*SUBJECT: An electronic CA1 for <CLAIMANT NAME> has been submitted.*

*On <DATE and TIME> a compensation report submitted by a claimant in your area of responsibility, <CLAIMANT NAME>, was processed by his/ her supervisor: <CLAIMANT'S SUPERVISOR'S NAME>.*

*The claim for compensation is now awaiting review before being sent to OWCP. You, or a colleague with compensation coordinator authority for this individual should review this claim as soon as possible to prevent potential hardship. Log into the Comp Coordinators module using your compensation coordinator user ID and password; then open the claim identified by the claim ID: <CLAIM ID>.*

- An email to the claimant letting him or her know that you have completed your section of the claim form. The email reads as follows:

*SUBJECT: Your supervisor has forwarded your claim for compensation.*

*On <DATE and TIME> your supervisor, <CLAIMANT NAME>, processed your recently submitted CA1 (Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation) for an injury sustained on <DATE and TIME>.*

*The next stage in the processing of your claim is a review by your personnel office. Your claim has been forwarded to the appropriate personnel office for review. You will again be notified when personnel has processed your claim and it is ready for dispatch to the Office of Workers Compensation Programs.*

*This message is only to advise you on the status of your claim and no action is required on your part.*

## **Printing the CA-1 Form**

After completing the Supervisor's report, the "Completed Submission of your Employee's CA-1 Form" screen is displayed.

Depending on your organization's procedures, you may need to print the completed CA-1 form. Both you and the claimant must sign this report and each keep a copy on file. You may also need to give your compensation coordinator a copy of the claim form. In addition, OWCP may conduct an audit to verify that this signed copy is on file. For information about printing a CA-1 form, see "Printing a Completed CA-1 or CA-2 Form" on page 43.

## Completing the Supervisor's Portion of a CA-2

After a claimant submits a CA-2 form, you receive an email with the subject line: "An Electronic CA-2 for <Claimant's Name> requires your action" The email reads as follows:

*SUBJECT: An electronic CA2 for <CLAIMANT> requires your action.*

*On <DATE> a claimant, <CLAIMANT>, filed an electronic CA2 (Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation) for an injury sustained on <DATE and TIME>.*

*It is important that this notice/claim be processed expeditiously to avoid possible hardship to the claimant. Should you dispute the facts or validity of the claim, you can express your doubts when you complete the Supervisor section of the claim. Do not let your dispute delay your processing of the claim.*

*To process this claim, go to the following Web site: [www.smis.doi.gov](http://www.smis.doi.gov). Click on the Supervisors button and log in using your last name and last four digits of your social security number. After logging in, click the "Complete (Employee Initiated) CA1/CA2" link and enter the following Claim ID: <CLAIM ID>.*

*The Supervisors module will guide you through completing the Supervisor section of the CA2. Thank you for your assistance in quickly processing this claim to better serve the claimant.*

## Completing a Supervisor Report for a CA-2

The following steps explain how to complete all the boxes on a CA-2 Supervisor's Report. Depending on your organization's procedures, you may not be required to complete all these boxes. Contact your HR compensation coordinator to determine what boxes you are required to complete.

1. From the "Selection of Incident Context" screen, click **Complete (employee initiated) CA1/CA2** to select to complete a claimant's CA-1 or CA-2 form. The "Entry of Employee's Claim Number ID" screen is displayed.
2. In the **Enter Employee's Claim Identifier** box, type the claim ID for the claimant's claim and click **Submit Employee's Claim ID**. The claimant should have this ID. If the claimant does not know the claim ID, contact your compensation coordinator. The "Supervisor's Notice of Occupational Disease and Claim for Compensation (CA-2)" screen is displayed.
3. Complete the **20. Employee's duty station** box. Use the following table to help you complete this box.

Field	What You Should Enter or Select
<b>Addr</b>	Type the street address of the location at which the ill claimant works
<b>In the City</b>	Type the city in which the claimant works
<b>State</b>	Type the state in which the claimant works
<b>Zip</b>	Type the zip code for the address at which the claimant works

4. In the **21. Regular Work Hours** box, enter the start and end time of the claimant's normal work day.
5. In the **22. Regular Work Schedule** box, select the days on which the claimant works.
6. In the **23. Name and address of physician first providing medical care** box, type the name and office address of the doctor who first examined the claimant filing the claim.

If the physician is a "private physician," complete the box as described in the following table.

Field	What You Should Enter or Select
<b>Last Name</b>	Type the physician's surname name
<b>First</b>	Type the physician's first name
<b>Middle</b>	Type the physician's middle name or initial
<b>Suffix</b>	Type the physician's suffix, such as "MD," "PA," "DO," "DDS"
<b>Addr</b>	Type the street on which the third party works or the organization located
<b>City</b>	Type the city in which the physician's office is located
<b>State</b>	Type the state in which the physician's office is located
<b>Zip</b>	Type the zip code for the address at which the physician's office is located

If the claimant did not go see a private physician but instead went to a medical clinic or hospital, complete the box as described in the following table.

Field	What You Should Enter or Select
<b>Last Name</b>	Type the name of the clinic or hospital
<b>First</b>	Type the first and last names of the physician who saw the injured claimant
<b>Middle</b>	Type the attending physician's middle name or initial
<b>Suffix</b>	Type the suffix of the person who took care of the claimant, such as "MD," "PA," "DO," "DDS"
<b>Addr</b>	Type the street address of the clinic or hospital
<b>City</b>	Type the city in which the clinic or hospital is located
<b>State</b>	Type the state in which the clinic or hospital is located
<b>Zip</b>	Type the zip code for the address at which the clinic or hospital is located

7. In the **24. First Date Medical Care Received** box, type the date on which the claimant first went to the doctor because of his or her illness. Enter the date in one of the following formats: mm/dd/yy OR mm/dd/yyyy.

8. In the **25. Do Medical Reports Show Employee is Disabled for Work?** box, select **Yes, No, or Unknown**.
9. In the **26. Date Employee First Reported Condition to Supervisor** box, type the date on which you were first notified by the claimant about his or her illness. Enter the date in one of the following formats: mm/dd/yy OR mm/dd/yyyy.
10. In the **27. Date and Hour Employee Stopped Working** box, enter the day and select the time on which the claimant could no longer work due to his or her illness. Enter the date in one of the following formats: mm/dd/yy OR mm/dd/yyyy.
11. In the **28. Date and Hour Employee's Pay Stopped** box, type the date on which the claimant went on "leave without pay" (LWOP). If the claimant's pay did not stop (the claimant continued working), leave this box blank. Enter the date in one of the following formats: mm/dd/yy OR mm/dd/yyyy.
12. In the **29. Date Employee was last exposed to conditions alleged to have caused disease or illness** box, type the date on which the claimant was last exposed at work. Enter the date in one of the following formats: mm/dd/yy OR mm/dd/yyyy.
13. In the **30. Date Returned to Work** box, type the date on which the claimant returned to work. If the claimant never stopped working, leave this box blank. Enter the date in one of the following formats: mm/dd/yy OR mm/dd/yyyy.
14. In the **31. If employee has returned to work and work assignment has changed, describe new duties** box, describe the claimant's new position.
15. In the **32. Employee's retirement coverage** box, select the retirement system under which the claimant is covered. Contact your compensation coordinator if you do not know this information.
16. In the **33. Was injury caused by third party?** box, do the following:
  - Select **Yes** or **No** based on your investigation of the accident. If injury was caused by another person or non-person (such as an organization or company), select **Yes**.
  - If you selected Yes, from the **The Third Party is a** drop-down list, select whether the third party that caused the injury is a person or non-person (such as an organization or company).
17. In the **34. Name and address of third party** boxes, enter the name and address of the third party that caused the illness.

If the third-party is a "person"...	
Field	What You Should Enter or Select
Last Name	Type the third party's surname name
First Name	Type the third party's first name
If the third-party is an "organization"...	
Field	What You Should Enter or Select
Org Name	Type the name of organization responsible for your accident
Title	Type the title of the organization's official, such as president, personnel officer, financial officer; this is the person to whom you want to address your claim

Field	What You Should Enter or Select
<b>Addr</b>	Type the street address at which the third party works or is located
<b>City</b>	Type the city in which the third party works or is located
<b>State</b>	Type the state in which the third party works or is located
<b>Zip</b>	Type the zip code for the address

18. If you believe a claim should be challenged, place a check in **The Agency is challenging the claim, additional info will follow under separate cover** checkbox. Leave the checkbox empty if the claim is to be processed by OWCP.
19. Place a check in the **I have read and understand the above statement** checkbox.
20. In the **Supervisor Title** box, type your job title.
21. In the **Office Phone** box, type your work telephone number.
22. In the **Local Case Notes** box, type any notes about the accident or claim that you feel are pertinent and that the compensation coordinator should read. Information entered in this box is not submitted to OWCP; it is retained within DOI.
23. Click **Submit your Supervisor Report**.

After submitting your supervisor's report, SMIS Accident Reporting automatically sends two emails:

- An email to the HR compensation coordinator(s) that is responsible for reviewing and processing the claim. The email reads as follows:  
*SUBJECT: An electronic CA2 for <CLAIMANT NAME> has been submitted.*  
*On <DATE and TIME> a compensation report submitted by a claimant in your area of responsibility, <CLAIMANT NAME>, was processed by his/ her supervisor: <CLAIMANT'S SUPERVISOR'S NAME>.*  
*The claim for compensation is now awaiting review before being sent to OWCP. You, or a colleague with compensation coordinator authority for this individual should review this claim as soon as possible to prevent potential hardship. Log into the Comp Coordinators module using your compensation coordinator user ID and password; then open the claim identified by the claim ID: <CLAIM ID>.*
- An email to the claimant letting him or her know that you have completed your section of the claim form. The email reads as follows:  
*SUBJECT: Your supervisor has forwarded your claim for compensation.*  
*On <DATE and TIME> your supervisor, <CLAIMANT NAME>, processed your recently submitted CA2 (Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/ Compensation) for an injury sustained on <DATE and TIME>.*  
*The next stage in the processing of your claim is a review by your personnel office. Your claim has been forwarded to the appropriate personnel office for review. You will again be notified when personnel has processed your claim and it is ready for dispatch to the Office of Workers Compensations Programs.*  
*This message is only to advise you on the status of your claim and no action is required on your part.*

## Printing the CA-2 Form

After completing the Supervisor's report, the "Completed Submission of your Employee's CA-2 Form" screen is displayed.

Depending on your organization's procedures, you may need to print a copy of the completed CA-2 form. Both you and the claimant must sign this report and keep it on file. Your personnel office is also likely to request that you provide them with a signed copy for their records. In addition, OWCP may conduct an audit to verify that this signed copy is on file. For information about printing a CA-2 form, see "Printing a Completed CA-1 or CA-2 Form" on page 43.

## Entering Supplemental Information for Claims

Supplemental information is required and helps clarify the injuries that a claimant received in an accident. This information is used by safety managers to help report on injuries and claims throughout DOI.

1. From the "Completed Submission of your Employee's CA1 Form" or "Completed Submission of your Employee's CA2 Form" screens, select the option that best describes the context in which the claimant was injured.

The option that you select in this field impacts the screens that follow. Options include:

- Non Fire-Fighting-Related Incident – This is the most common selection. Select one of the other options if the claimant is a firefighter performing firefighter duties or training.
  - During Management of a Wildland Fire
  - During Suppression of a Structure Fire
  - During a Prescribed Fire/Fuels Treatment
  - During Training (including physical training)
  - During a Work Capacity Test
2. Click **Complete DOI Accident Report Supplemental Information**. The "Please enter information about the incident/accident" screen is displayed. Use the table on the following pages to complete the fields that are displayed. Click **Send this Info** when you are done.

**NOTE:** The fields that you see on the screen depend on the option you selected in step 1.

Option Selected in Step 1	Field That You See	What to Enter or Select
<ul style="list-style-type: none"><li>▪ Non Fire-Fighting-Related Incident</li><li>▪ During Management of a Wildland Fire</li><li>▪ During Suppression of a Structure Fire</li><li>▪ During a Prescribed Fire/Fuels Treatment</li><li>▪ During Training (including physical training)</li><li>▪ During a Work Capacity Test</li></ul>	<b>Place of Incident</b>	Type where the accident occurred, including the name of the field or duty station, city, state, phone number for the location; for example, "R4 Regional Safety Office; Atlanta, GA; 404-679-4186 fax-4183; @ Alligator River NWR, Crest Cut Trail"

Option Selected in Step 1	Field That You See	What to Enter or Select
<ul style="list-style-type: none"> <li>▪ Non Fire-Fighting-Related Incident</li> <li>▪ During Management of a Wildland Fire</li> <li>▪ During Suppression of a Structure Fire</li> <li>▪ During a Prescribed Fire/Fuels Treatment</li> <li>▪ During Training (including physical training)</li> <li>▪ During a Work Capacity Test</li> </ul>	<p><b>Incident Narrative</b></p>	<p>Type a detailed description of what happened, including “who, what, where, when, why.”</p> <p>This is the one opportunity you have to include all pertinent facts about the accident.</p>
<ul style="list-style-type: none"> <li>▪ Non Fire-Fighting-Related Incident</li> <li>▪ During Management of a Wildland Fire</li> <li>▪ During Suppression of a Structure Fire</li> <li>▪ During a Prescribed Fire/Fuels Treatment</li> <li>▪ During Training (including physical training)</li> <li>▪ During a Work Capacity Test</li> </ul>	<p><b>Corrective Action</b></p>	<p>Type any direction or corrective actions that you provided the claimant to help avoid a repeat accident. Type “none applicable” if no action applies.</p> <p>Examples:</p> <ul style="list-style-type: none"> <li>▪ “Trail will be cleared of debris and wash out area will be filled in and leveled to reduce hazard”</li> <li>▪ “Claimant will not drive GOV until after completion of DDC”</li> <li>▪ “Claimant will not use equipment without proper guards attached”</li> </ul>
<ul style="list-style-type: none"> <li>▪ Non Fire-Fighting-Related Incident</li> <li>▪ During Management of a Wildland Fire</li> <li>▪ During Suppression of a Structure Fire</li> <li>▪ During a Prescribed Fire/Fuels Treatment</li> <li>▪ During Training (including physical training)</li> <li>▪ During a Work Capacity Test</li> </ul>	<p><b>Unsafe Act</b></p>	<p>Select the appropriate option that best describes why the accident happened.</p> <p>For example, select “Inattention to footing or surroundings” if the claimant fell while walking on a trail.</p> <p>You can select up to two different reasons.</p>

Option Selected in Step 1	Field That You See	What to Enter or Select
<ul style="list-style-type: none"> <li>▪ Non Fire-Fighting-Related Incident</li> <li>▪ During Management of a Wildland Fire</li> <li>▪ During Suppression of a Structure Fire</li> <li>▪ During a Prescribed Fire/Fuels Treatment</li> <li>▪ During Training (including physical training)</li> <li>▪ During a Work Capacity Test</li> </ul>	<p><b>Unsafe Condition</b></p>	<p>Select the appropriate option that best describes environmental conditions that contributed to the cause of the accident.</p> <p>For example, select “Dress or Apparel Hazards” if the claimant’s accident was caused in part to pants being too long and the claimant tripped on the bottom of his pants.</p> <p>You can select up to two different reasons.</p>
<ul style="list-style-type: none"> <li>▪ Non Fire-Fighting-Related Incident</li> <li>▪ During Management of a Wildland Fire</li> <li>▪ During Suppression of a Structure Fire</li> <li>▪ During a Prescribed Fire/Fuels Treatment</li> <li>▪ During Training (including physical training)</li> <li>▪ During a Work Capacity Test</li> </ul>	<p><b>Mgmt Causal Factor</b></p>	<p>Select the appropriate option that best describes how management had anything to do with why the accident happened.</p>
<ul style="list-style-type: none"> <li>▪ During Management of a Wildland Fire</li> <li>▪ During a Prescribed Fire/Fuels Treatment</li> </ul>	<p><b>Fire Identifier</b></p>	<p>In the <b>Fire Name</b> field, type the name given to the fire.</p> <p>In the <b>Fire Nr</b> field, type the number assigned to the fire.</p> <p>In the <b>Fire Location</b> field, type where the fire occurred.</p> <p>Contact a safety manager if you do not know this information or leave this field empty.</p>

Option Selected in Step 1	Field That You See	What to Enter or Select
During Management of a Wildland Fire	<b>Fire Status</b>	<p>From the <b>Incident Mgmt Type (IMT)</b> drop-down list, select a level between I through V (1 through 5) to identify the level of fire fighting management that was performed for the fire.</p> <p>In the <b>Transfer of Command</b> field, select <b>Yes</b> if fire fighting management was transferred to a different management type. Select <b>No</b> if fire fighting management remained the same.</p> <p>Contact a safety manager if you do not know this information or leave this field empty.</p>
<ul style="list-style-type: none"> <li>▪ During Management of a Wildland Fire</li> <li>▪ During a Prescribed Fire/Fuels Treatment</li> </ul>	<b>Vegetation</b>	<p>Select the primary type of vegetation that was consumed by the fire:</p> <ul style="list-style-type: none"> <li>• Timber</li> <li>• Brush</li> <li>• Grass</li> <li>• Slash</li> </ul> <p>Contact a safety manager if you do not know this information or leave this field empty.</p>
During Suppression of a Structure Fire	<b>Fire Incident Nr</b>	In the <b>Fire Nr</b> field, type the number assigned to the fire.

3. Use the following table to complete the fields that appear on the “Injury report of: <Claimant’s Name>” screen. Click **Send this Info** when you are done.

**NOTE:** The fields that you see on the screen depend on the option you selected in step 1.

Option Selected in Step 1	Field That You See	What to Enter or Select
<ul style="list-style-type: none"> <li>▪ Non Fire-Fighting-Related Incident</li> <li>▪ During Management of a Wildland Fire</li> <li>▪ During Suppression of a Structure Fire</li> <li>▪ During a Prescribed Fire/Fuels Treatment</li> <li>▪ During Training (including physical training)</li> <li>▪ During a Work Capacity Test</li> </ul>	<p><b>Activity</b></p>	<p>Select the option that best describes what the employee was doing when the accident occurred.</p>
<ul style="list-style-type: none"> <li>▪ Non Fire-Fighting-Related Incident</li> <li>▪ During Management of a Wildland Fire</li> <li>▪ During Suppression of a Structure Fire</li> <li>▪ During a Prescribed Fire/Fuels Treatment</li> <li>▪ During Training (including physical training)</li> <li>▪ During a Work Capacity Test</li> </ul>	<p><b>Is this a Fatality?</b></p>	<p>Select <b>No</b> if the claimant did not die from the accident. Select <b>Yes</b> if the claimant died as a direct result of the accident.</p>
<ul style="list-style-type: none"> <li>▪ Non Fire-Fighting-Related Incident</li> <li>▪ During Management of a Wildland Fire</li> <li>▪ During Suppression of a Structure Fire</li> <li>▪ During a Prescribed Fire/Fuels Treatment</li> <li>▪ During Training (including physical training)</li> <li>▪ During a Work Capacity Test</li> </ul>	<p><b>If yes, Date of Death</b></p>	<p>Type the date on which the claimant died.</p> <p>You can enter the date in any format that includes day, month, and year. For example:</p> <ul style="list-style-type: none"> <li>▪ 2/4/2004</li> <li>▪ 2-4-2004</li> <li>▪ 02-04-2004</li> <li>▪ 4 Feb 2004</li> <li>▪ Feb 4, 2004</li> </ul>

Option Selected in Step 1	Field That You See	What to Enter or Select
<ul style="list-style-type: none"> <li>▪ Non Fire-Fighting-Related Incident</li> <li>▪ During Management of a Wildland Fire</li> <li>▪ During Suppression of a Structure Fire</li> <li>▪ During a Prescribed Fire/Fuels Treatment</li> <li>▪ During Training (including physical training)</li> <li>▪ During a Work Capacity Test</li> </ul>	<p><b>Days Lost Time</b></p>	<p>Enter the number of days that the claimant missed work because of his or her injuries.</p> <p>You must enter a number in this field, even if it is zero (0).</p>
<ul style="list-style-type: none"> <li>▪ Non Fire-Fighting-Related Incident</li> <li>▪ During Management of a Wildland Fire</li> <li>▪ During Suppression of a Structure Fire</li> <li>▪ During a Prescribed Fire/Fuels Treatment</li> <li>▪ During Training (including physical training)</li> <li>▪ During a Work Capacity Test</li> </ul>	<p><b>Seatbelts Worn?</b></p>	<p>Select <b>No</b> if the accident did not involve an automobile OR the claimant was involved in an automobile accident and was not wearing his or her seatbelt.</p> <p>Select <b>Yes</b> if the claimant was involved in an automobile accident and was wearing his or her seatbelt.</p>
<ul style="list-style-type: none"> <li>▪ During Management of a Wildland Fire</li> <li>▪ During Suppression of a Structure Fire</li> <li>▪ During a Prescribed Fire/Fuels Treatment</li> <li>▪ During Training (including physical training)</li> <li>▪ During a Work Capacity Test</li> </ul>	<p><b>Protective Equipment for this Body Part</b></p>	<p><b>For the Required row –</b></p> <ul style="list-style-type: none"> <li>▪ Select <b>Yes</b> if protective equipment was required to be worn by the individual on the injured body part for the activity being performed.</li> <li>▪ Select <b>No</b> if protective equipment was not required to be worn.</li> <li>▪ Select <b>N/A</b> if no protective equipment exists for the injured body part or protective equipment would have been inappropriate for the activity being performed.</li> </ul>

Option Selected in Step 1	Field That You See	What to Enter or Select
		<p><b>For the Provided row –</b></p> <ul style="list-style-type: none"> <li>▪ Select <b>Yes</b> if protective equipment was provided.</li> <li>▪ Select <b>No</b> if protective equipment was not provided.</li> <li>▪ Select <b>N/A</b> if no protective equipment exists for the specified body part or protective equipment would have been inappropriate for the activity being performed.</li> </ul> <p><b>For the Worn row –</b></p> <ul style="list-style-type: none"> <li>▪ Select <b>Yes</b> if protective equipment was worn.</li> <li>▪ Select <b>No</b> if protective equipment was not worn.</li> <li>▪ Select <b>N/A</b> if no protective equipment exists.</li> </ul>

## Reporting Other Injuries

If other people (not DOI employees or people who can file worker’s compensation claims) are injured as a result of the accident that triggered a claim, you must enter information about those people and their injuries. This ensures that the accident report includes information about all parties injured from a single accident.

**IMPORTANT:** Each DOI employee involved in an accident must file his or her own claim.

There are two times when you can report accident injuries:

- When you initially complete the Supervisor’s Report for a claim
- After you have submitted a claim (see “Adding Injury Reports or Property Damages After Submitting a Claim” for more information on page 40)

This section describes how to enter this information when you initially complete the Supervisor’s Report for a claim. Use the Add Injury Outcome option at the top of the “Congratulations... Supplemental Data Entry is Complete!” screen to report all injuries.

Click Add Injury Outcome to report injuries that resulted from an accident

**SMIS** *Congratulations... Supplemental Data Entry is Complete! (Unsecure Test Data)*

Print CA-1 Form | SMIS Incident Report | **Add Injury Outcome** | Add Property Damage | Help | Exit

**You reported an incident with an injury.**

Thank you for completing your SMIS accident report and your employee's claim for compensation.

What you have completed is a stream-lined version of the SMIS supplemental accident entry program which was designed to be appropriate (and simplify the work) for 95% of supervisors using the system who must report an incident involving only one injured individual. If this is the case for you, you are done and can exit the program.

You may fall into the 5%, if you must report two or more injury outcomes. This might occur, for example, if two people were injured in an automobile accident and one was a DOI employee (the person you just completed reporting on) and the other was not a DOI employee.

If you need to add additional outcomes to this incident, such as additional injured persons or property damage, click the appropriate menu item above. If you need to edit the information you have just entered, restart a new session by clicking the "Exit" menu item, and then log into the system again. After logging in, you will find this recently entered record in the "Your Previously Entered Reports" list. Click the item to make any necessary corrections or additions to your report.

**Congratulations... Supplemental Data Entry is Complete!**

1. From the "Congratulations... Supplemental Data Entry is Complete!" screen, click **Add Injury Outcome**. The "Injured Individual's Personal Category" screen is displayed.

**SMIS** *Injured Individual's Personal Category (Unsecure Test Data)*

Select this injured individual's personnel category:

<input checked="" type="radio"/> <b>DOI Employees</b>	Select <b>DOI Employees</b> if the injured individual is a GS/WG permanent or temporary government employee of the Department of the Interior.
<input type="radio"/> <b>All Others</b>	Select <b>All Others</b> if the injured individual is a visitor, contractor, volunteer, emergency-fire-fighter, or any other person whether paid or unpaid who is not a regular GS/WG employee of the Department of the Interior.

Continue to Next Page >>

**Injured Individual's Personal Category**

2. Select the category that best represents the injured person.
  - Select **DOI Employee** if the injured individual is a “GS/WG” permanent or temporary government employee of the Department of the Interior. Click **Continue to Next Page**.
  - Select **All Others** if the injured individual is a visitor, contractor, volunteer, emergency firefighter, or any other person, whether paid or unpaid, who is not a regular GS/WG employee of the Department of the Interior. Click **Continue to Next Page**.
3. The option that you selected in step 2 determines the fields that you need to complete next. If you selected **DOI Employee**, the “DOI Employee Personal Identification” screen is displayed.

**DOI Employee Personal Identification**

- a. In the **DOI Employee ID** field, type the employee’s social security number.
- b. Click **Submit Personal ID**. The “Injury report of: <Claimant>” screen is displayed.
- c. Go on to step 4.

If you selected **All Others**, the “Non Employee Personal Identification” screen is displayed. Do one of the following:

- Enter the injured person’s social security number
- Create “pseudo” ID for the person

**Non-DOI Employee Personal Identification**

- In the **Known SSN** box, enter the individual’s social security number in the **SSN** field and click **Submit SSN**. SMIS Accident Reporting looks up the individual’s personal information from the database.

If information is not found, either click **X Mistyped SSN Re-enter X** if you want to return to the previous screen and try typing in a social security number again OR enter personal information for the person.

Use the following table to complete these fields and then click **Add to SMIS DB** to add the person to the SMIS database so that you can continue entering injury information.

Field	What You Should Enter or Select
<b>Name</b>	Type the person’s last and first names, as well as a middle initial if it is used
<b>Birth Date</b>	Type the person’s date of birth. You can enter the date in any format that includes day, month, and year. For example: “2/4/2004,” “2-4-2004,” “02-04-2004,” “4 Feb 2004,” and “Feb 4, 2004”
<b>Sex</b>	Select <b>Male</b> or <b>Female</b>
<b>Address</b>	Type the mailing address (street, city, state, and zip code) of the person whom you are adding
<b>Personnel Status</b>	Select the status that best describes the person’s employment relationship with the DOI
<b>Responsible Org</b>	Select the DOI organization responsible for the accident

- In the **Unknown SSN** box, enter the individual’s last name, first name, and middle initial and click **Submit Name**. SMIS will generate a fake social security number and ID.

**SMIS** Non-DOI Personal Data for ID: SMITSALL0 (Unsecure Test Data)

This individual is not in the SMIS database. If you mistyped the SSN and want to try again click the "Re-Enter different SSN" button below. Otherwise, enter the required information:

**Name** Last:  First:  MI:

**Birth Date**

**Sex** Male  Female

**Address** Street:   
City:  State:  ZIP:

**Personnel Status**

**Responsible Org** 60100000 ( DEP ASST SECY-PLCY & INTRNL AFFR)

**Action**

**Non-DOI  
Personal Data  
for ID:  
<Name>**

Use the following table to enter the requested additional information and then click **Add to SMIS DB** to add the person to the SMIS personnel database so that you can continue entering injury information.

Field	What You Should Enter or Select
<b>Birth Date</b>	Type the person's date of birth. You can enter the date in any format that includes day, month, and year. For example: "2/4/2004," "2-4-2004," "02-04-2004," "4 Feb 2004," and "Feb 4, 2004"
<b>Sex</b>	Select <b>Male</b> or <b>Female</b>
<b>Address</b>	Type the mailing address (street, city, state, and zip code) of the person whom you are adding
<b>Personnel Status</b>	Select the status that best describes the person's employment relationship with the DOI
<b>Responsible Org</b>	Select the DOI organization responsible for the accident

## Entering Injury Reporting Information

There are two screens you complete when entering injury report information.

**SMIS** Injury report of: Sally Smith (Unsecure Test Data)

Enter information about the person who was injured.

Activity	Unknown
Is this a Fatality?	No <input checked="" type="radio"/> Yes <input type="radio"/>
If yes, Date of Death	<input type="text"/>
Date Work Stopped	<input type="text"/>
Date Return to Work	<input type="text"/>
Days Lost Time	0 (If you are unsure, you may estimate lost time days)
Describe Cause of this Injury	fell when Karen fell herself
Seatbelts	Yes <input checked="" type="radio"/> No <input type="radio"/>

Send this Info >>

### Injury report of <Name> - First screen

1. From the **Activity** drop-down list, select the option that best describes what the injured person was doing when he or she was injured.
2. In the **Is this a Fatality?** field, select **Yes** or **No**. Select Yes if the injured person died as a direct result of the accident. Select No if the injured person did not die from the accident.
3. In the **If yes, Date of Death** field, type the date on which the injured person died. You can enter the date in any format that includes a day, month, and year. For example: "2/4/2004," "2-4-2004," "02-04-2004," "4 Feb 2004," and "Feb 4, 2004."

4. In the **Date Work Stopped** field, type the date that the injured person was unable to come to work due to the injury. Leave this field empty if no work was missed. You can enter the date in any format that includes a day, month, and year. For example: "2/4/2004," "2-4-2004," "02-04-2004," "4 Feb 2004," and "Feb 4, 2004."
5. In the **Date Returned to Work** field, type the date that the injured person returned to work. You can enter the date in any format that includes a day, month, and year. For example: "2/4/2004," "2-4-2004," "02-04-2004," "4 Feb 2004," and "Feb 4, 2004."
6. In the **Days Lost Time** field, enter the number of days that the injured person missed work because of his or her accident injuries. You must enter a number in this field, even if it is zero (0).
7. In the **Describe Cause of this Injury** field, type a description of what happened to cause the person's injury.

**NOTE:** This information is entered on block 13, "Cause of injury (Describe what happened and why)," on a CA-1 form. This block is limited to approximately 200 characters. Any characters beyond this will not appear on the CA-1 form but will be stored in the SMIS database.

8. In the **Seatbelts** field, select **Yes** or **No**. Select Yes if the injured person was involved in an automobile accident and was wearing his or her seatbelt. Select No if the accident did not involve an automobile OR the injured person was involved in an automobile accident and was not wearing his or her seatbelt.
9. Click **Send this Info**. The second "Injury report of: <Injured Party's Name>" screen is displayed with a new set of data entry fields.

***Injury report of <Name> - Second screen***

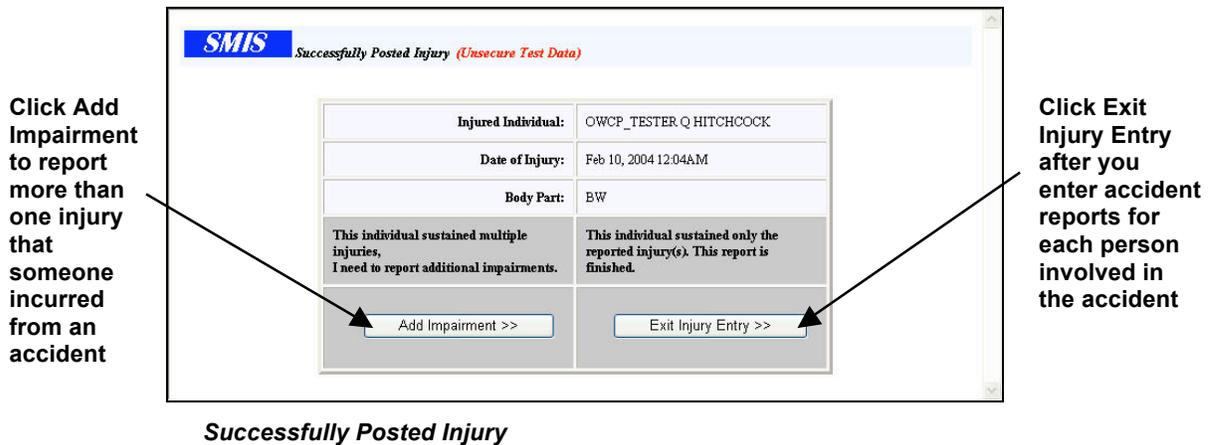
10. From the **Severity of Injury** drop-down field, select the description that best fits the injuries that were incurred.
11. From the **Body Part Affected** drop-down field, select the body part that was injured.
12. From the **Nature of Injury** drop-down field, select the option that best describes the general nature of the injury.

Nature codes include items such as burns, fractures, punctures, and illnesses. Nature codes are divided into two categories: “traumatic injuries” and “disease illnesses.” The Federal Employee Compensation Administration (FECA) defines a traumatic injury as an injury or condition that must be caused by a specific incident or event that occurred during a single work day or shift (refer to FECA Bulletin 96-1). This means if you choose a code not beginning with a “T,” the injury will be charged as an employee illness on the OSHA Log and OSHA Summary Report.

The following table describes the available Nature of Injury options.

Nature of Injury Categories	Category Description	Explanation
C	Cardiovascular Disease	Illness
D	Disability Disease	Illness
G	Gastrointestinal Disease	Illness
M	Musculoskeletal Disease	Illness
O	Occupational Disease	Illness
R	Respiratory Disease	Illness
S	Skin Disease	Illness
T	Traumatic Injury	Trauma
V	Virological Disease	Illness

13. From the **Type of Injury** drop-down field, select the accident code that describes the action that actually inflicted the injury, such as “exposed,” “bitten by,” or “contact by.”
14. From the **Cause** drop-down list, select the option that best describes what precipitated the event causing the injury. For example, someone is walking, slips on a wet floor and strikes his head on a desk. The cause of this injury is the wet floor, not the desk.
15. From the **Source** drop-down list, select the option that best describes what inflicted the physical injury. For example, someone is walking, slips on a wet floor and strikes his head on a desk. The source of this injury is the desk on which the individual struck causing a head injury.
16. Click **Send this Info**. The “Successfully Posted Injury” screen is displayed.



17. Do one of the following:

- If the person sustained more than one injury, click **Add Impairment**. Repeat steps 1 through 16.
- If the person only sustained injuries already reported, click **Exit Injury Entry**.

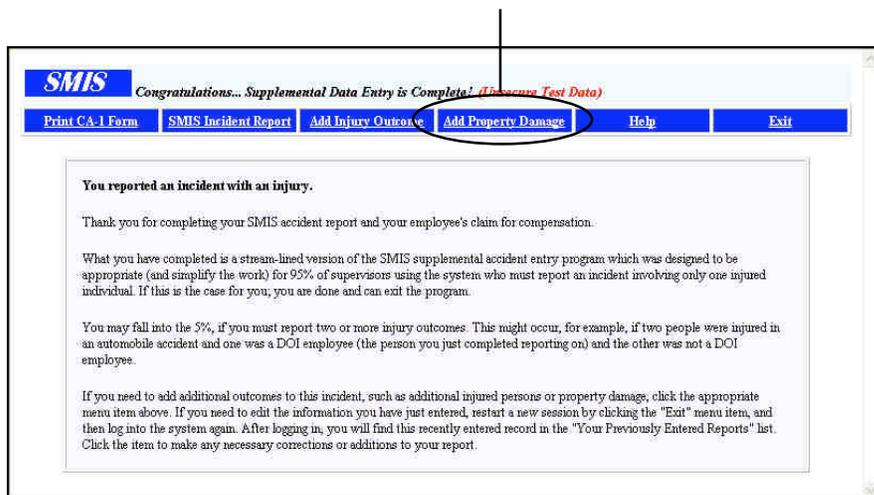
When you finish an accident report, it is listed on the “You have recently Input an Accident Report” screen in the Your Previously Entered Report – Accident Reports Awaiting Review By Safety Manager list. You do not need to do anything at this point. However, if you want to edit an accident report, click the View/Edit link. After a safety manager reviews the accident report, it will no longer display in this list.

## Reporting 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.

Use the Add Property Damage option at the top of the “Congratulations... Supplemental Data Entry is Complete!” screen to report any property damage.

**Click Add Property Damage to report property damages that resulted from an accident**



***Congratulations...  
Supplemental Data  
Entry is Complete!***

You can report property damage:

- When you initially complete the Supervisor's Report for a claim
- After you have submitted a claim (see "Adding Injury Reports or Property Damages After Submitting a Claim" for more information on page 40)

This section describes how to enter this information when you initially complete the Supervisor's Report for a claim.

1. At the top of the "Congratulations... Supplemental Data Entry is Complete!" screen, click **Add Property Damage**. The "Property Entry form – damage occurred on: <accident date and time>" screen is displayed.

**SMIS** Property Entry form - damage occurred on: Feb 16, 2004 12:04AM (Unsecure Test Data)

Enter information about the item of property that was damaged

Type of Property	<input type="text"/>
Description	<input type="text"/>
Property Owner	<input type="text"/>
Cause of Damage	<input type="text"/>
Source of Damage	<input type="text"/>
Estimated dollar value of this damage	<input type="text"/> (round to nearest dollar)
If this damage involves a motor vehicle, were seatbelts worn?	Y <input type="radio"/> N <input type="radio"/>

Send this info >>

**Property Entry form – damage occurred on: <accident date and time>**

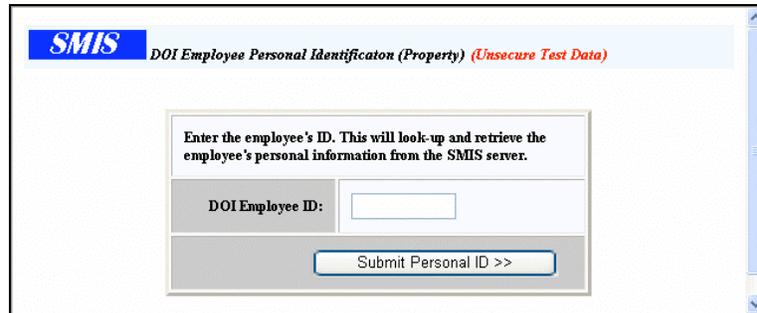
2. From the **Type of Property** drop-down list, select the option that best describes the property that was damaged.
3. In the **Description** field, type a description about the damaged property. Include information such as make, name, model number, size, type, color, and license number.
4. From the **Property Owner** drop-down list, select the option that best describes who owns the damaged property.
5. From the **Cause of Damage** drop-down 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.
6. From the **Source of Damage** drop-down list, select the option that best 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.
7. In the **Estimated dollar value of this damage** field, type the cost of repairing the damage. A dollar sign (\$) is not required in this field. Round the cost to the nearest dollar. Any cents that you enter will be ignored; for example, if you enter \$29.99, the system will interpret this as \$29.
8. In the **If this damage involves a motor vehicle, were seatbelts worn?** field, select **Yes** or **No**. Select Yes if the involved parties were wearing seatbelts. Select No if the involved parties were not wearing seatbelts.
9. Click **Send this Info**. The “Responsible party/owner’s Personal Category” screen is displayed.

***Responsible party/owner’s Personal Category***

10. Select the category that best represents the person responsible for the damaged property.
  - Select **DOI Employees** if the owner or responsible individual is an employee of the Department of the Interior. Click **Continue to Next Page**.
  - Select **All Others** if the owner or responsible individual is a visitor, contractor, volunteer, emergency firefighter, or any other person, whether paid or unpaid, who is not a regular GS/WG employee of the Department of the Interior. Click **Continue to Next Page**.

11. The option that you selected in step 10 determines the fields that you need to complete next.

If you selected **DOI Employee**, the “DOI Employee Personal Identification” screen is displayed.

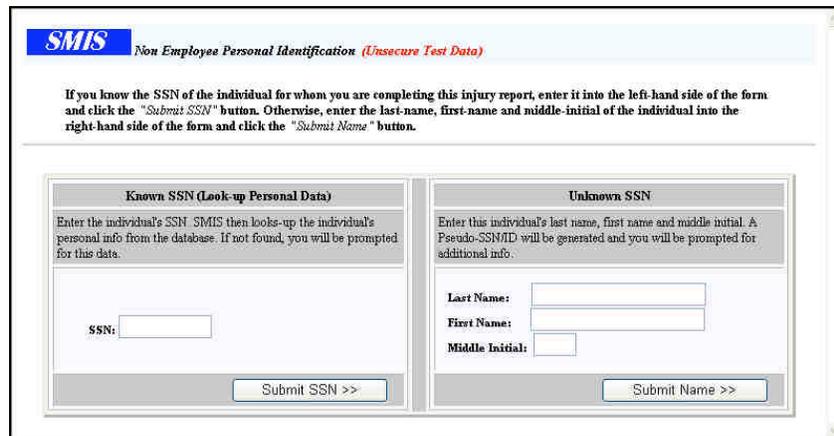


**DOI Employee Personal Identification**

- a. In the **DOI Employee ID** field, type the person’s social security number.
- b. Click **Submit Personal ID**.

If you selected **All Others**, the “Non Employee Personal Identification” screen is displayed. Do one of the following:

- Enter the injured person’s social security number
- Create “pseudo” ID for the person



**Non-DOI Employee Personal Identification**

- In the **Known SSN** box, enter the individual’s social security number in the **SSN** field and click **Submit SSN**. SMIS Accident Reporting looks up the individual’s personal information from the database.

If information is not found, either click **X Mistyped SSN Re-enter X** if you want to return to the previous screen and try typing in a social security number again OR enter personal information for the person. Use the following table to complete these fields and then click **Add to SMIS DB** to add the person to the SMIS database so that you can continue entering injury information.

Field	What You Should Enter or Select
<b>Name</b>	Type the person's last and first names, as well as a middle initial if it is used
<b>Birth Date</b>	Type the person's date of birth. You can enter the date in any format that includes day, month, and year. For example: "2/4/2004," "2-4-2004," "02-04-2004," "4 Feb 2004," and "Feb 4, 2004"
<b>Sex</b>	Select <b>Male</b> or <b>Female</b>
<b>Address</b>	Type the mailing address (street, city, state, and zip code) of the person whom you are adding
<b>Personnel Status</b>	Select the status that best describes the person's employment relationship with the DOI
<b>Responsible Org</b>	Select the DOI organization responsible for the accident

- In the **Unknown SSN** box, enter the individual's last name, first name, and middle initial and click **Submit Name**. SMIS will generate a fake social security number and ID. Use the following table to enter the requested additional information and then click **Add to SMIS DB** to add the person to the SMIS personnel database so that you can complete entering property damage information.

Field	What You Should Enter or Select
<b>Birth Date</b>	Type the person's date of birth. You can enter the date in any format that includes day, month, and year. For example: "2/4/2004," "2-4-2004," "02-04-2004," "4 Feb 2004," and "Feb 4, 2004"
<b>Sex</b>	Select <b>Male</b> or <b>Female</b>
<b>Address</b>	Type the mailing address (street, city, state, and zip code) of the person whom you are adding
<b>Personnel Status</b>	Select the status that best describes the person's employment relationship with the DOI
<b>Responsible Org</b>	Select the DOI organization responsible for the accident

## Adding Injury Reports or Property Damages after Submitting a Claim

After you submit a claim, it awaits review and processing by an HR compensation coordinator. If you determine that you need to add more information to a claim while it awaits review and processing, you can do so from the “Supervisor’s Accident Report Entry Module” screen. You can:

- Add new injury reports for individuals not already reported as injured
- Add new property damage reports

You can also perform the following tasks; however, these tasks are not described in this user guide. Additional documentation for how to complete the forms that display from this option is available in the original *Supervisor’s Accident Report Module WEB based Accident Reporting System USER MANUAL* SMIS documentation.

- View and/or edit information about existing injury reports
- View and/or edit information about reported property damage
- View and/or edit information reported for a specific bureau
- Prepare incident reports

### Add Injury Reports for Individuals Not Already Reported as Injured

1. Log into the Supervisors module. The “Supervisor’s Accident Report Entry Module” screen lists all the claims for which you have completed a Supervisor’s report.
2. Click **View/Edit** for the claim for which you want to enter injury reports. The “View/Edit Incident” screen is displayed.

**SMIS** Injury/Illness and Property Damage Reporting

<p><b>Supervisor portion of CA1/CA2</b></p> <p>Click the link below if an employee of yours has filed a claim for compensation and provided you with a Claim Number ID. You will be guided through the process of completing your portion of the employee's claim for compensation and the Department's supplemental accident data requirements.</p> <p><a href="#">Complete (employee initiated) CA1/CA2</a></p>	<p><b>Enter a New Accident Report</b></p> <p>Click the link below if you need to report an accident involving property damage or injury to an individual who is <u>not</u> filing a claim for compensation. If your employee is injured severely enough to have missed work or incurred medical expenses, have your employee initiate a claim for compensation rather than enter the report here.</p> <p><a href="#">Enter a NEW Report for a NEW Incident</a></p>
---	--

**Your Previously Entered Reports**

Accident Reports Awaiting Review by Safety Manager	
<a href="#">View/Edit</a>	Mar 6, 2004 10:00AM 80202 (Pers Injury)

[<< Return to Login Page](#)

**Injury/Illness and Property Damage Reporting**

3. Click **Add Additional Injured Persons** to add information about other people that were injured in the accident. The “Injury report of <Claimant’s Name>” screen is displayed.

Click **Add Additional Injured Person** to add injury reports for injured parties

**View/Edit Incident**

4. Enter information about the additional injured individuals. See “Entering Injury Reporting Information” on page 32 for instructions on how to complete the fields that follow.
5. After you complete the “Injury report of <Claimant’s Name>” screens, the “Successfully Posted Injury” screen is displayed. From this screen, do one of the following:
  - Add additional injury information for *this* victim. To do this, click **This victim**.
  - Add injury information for a different injured individual person involved in this accident. To do this, click a **DIFFERENT injured individual**.
  - Return to the “View/Edit Incident” screen if you are done entering injury information. To do this, click **DONE**. From this screen, click **Return-Write Changes** to save the new injury report.

**Successfully Posted Injury**

## Add New Property Damage Reports

1. Log into the Supervisors module. The “Supervisor’s Accident Report Entry Module” screen lists all the claims for which you have completed a Supervisor’s report.

Click Add Additional Property Damage to add information about additional property damage

View/Edit Incident - Entered: 26-Feb-04 by: OWCP\_TESTER Q HITCHCOCK

**Supervisor's Accident Report Entry Module**

Action: Return-Write Changes, Change Date/Time or Zip, Delete Incident, Return - No Change

View/Edit: Existing Injuries (Persons), Existing Property Damage, Bureau Specific Data

New Outcomes: Add Additional Injured Person, Add Additional Property Damage

Date/Time: 10-Feb-04 12:04 AM, Zip: [field], Incident Result: Personal Injury with Property Damage, Prepare Incident Report

Place: [field]

Narrative: [field]

Corr Actions: [field]

Unsafe Act: [field], Unsafe Condition: [field]

Management Causal Factor: [field]

### View/Edit Incident

2. Click **View/Edit** for the claim that you want to enter property damages. The “View/Edit Incident” screen is displayed.
3. Click **Add Additional Property Damage** to add information about property damages not already reported. The “Property Entry form – damage occurred on: <accident date and time>” screen is displayed. Enter property damage information; see “Reporting Property Damage” on page 35 for instructions.
4. After you complete the property damage report, the “View/Edit Incident” screen is displayed again. Click **Return-Write Changes** to save the new damage report.

## Entering a New Accident Report

You can report an accident involving property damage or injury to an individual who is not filing a claim for compensation. If the claimant is injured severely enough to have missed work or incurred medical expenses, have the claimant initiate a claim for compensation rather than you enter the report here. Additional documentation for how to complete the forms that display from this option is available in the original *Supervisor's Accident Report Module WEB based Accident Reporting System USER MANUAL* SMIS documentation.

## Printing a Completed CA-1 or CA-2 Form

You can print a CA-1 or CA-2 form. These forms are created and displayed through Adobe Reader. If you have not installed Adobe Reader, you will not be able to view these forms. (You can download Adobe Reader for free by going to the following web site:  
<http://www.adobe.com/products/acrobat/readstep2.html>

1. Log in to the Supervisors module. The “Welcome <Supervisor Name>” screen is displayed.
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. The report is displayed automatically. You cannot change any information from this view.
4. From the **File** menu, select **Print**. The form prints exactly as it appears on screen.

## Viewing the Status of a Claim

You can view the status of a claim at any time during its process through SMIS Accident Reporting. You cannot enter or change information on this screen.

1. Log in to the Supervisors module. The “Welcome <Supervisor Name>” screen is displayed.
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**.
3. Click **Claim Status** at the top of the screen to view the status of a claim. The “Status of Claim for Compensation filed by <Claimant’s Name>” is displayed.

Claim Information:	
Type of Claim	Claim for compensation of a Traumatic Injury (CA-1)
Accident Date	10-Feb-04 - 12:00 AM
Accident ZIP	20171
Claimant	OWCP_TESTER.MESSICK
Designated Rep.	
Supervisor	
DOI Claim ID	MESS4057-0095 *Temporary ID assigned by DOI until Case Number Received from OWCP
OWCP Case ID	Not yet established

Claim Timeline:		
Step in Process	Occured	Date Completed
Claim Identifier Issued by DOI	Yes	26-Feb-04 - 09:05 AM
Employee Submits Claim	Yes	26-Feb-04 - 10:25 AM
Witness Statement (opt.)	No	
Supervisor Processes Claim	No	
Personnel Office Review	No	
Electronically Sent to OWCP	No	
Received Claim Number from OWCP	No	

**Status of Claim for Compensation filed by <Claimant’s Name>**

# Completing a Witness Statement

A witness is someone who saw an accident or can attest that someone's disease or illness is job-related. It is important to capture any information that you can from a witness about an accident. From the Witness Statement option at the top of the screen, you can enter and/or view a witness statement.

There are a number of people who can enter information in the Witness Statement form:

- Claimant that has access to SMIS Accident Reporting
  - Supervisor of the employee who had the accident or became ill
  - Compensation coordinator
1. Log in to the Supervisors module. The "Welcome <Supervisor Name>" screen is displayed.
  2. In the Enter your **Claim ID** field, type the claim ID for which you are adding or viewing a witness statement.
  3. Click **Witness Statement** at the top of the screen to view the Witness Statement form. The "Get Witness Statement" screen is displayed.

**SMIS** Get Witness Statement (Unsecure Test Data)

Help Privacy Act Exit Witness Form

In the space provided below, enter the requested information. *Note: all blocks are mandatory except the middle name of the witness.*

After adding or changing any information in the witness statement form, be sure to click the "Submit the Witness Statement" button below, to save your data. Simply exiting, using the "Exit Witness Form" menu item above, does not save your data, it only closes the form and returns you where you were when you entered the Witness Statement form.

Witness Statement

16. Statement of witness (Describe what you saw, heard, or know about this injury)

Name of Witness: Last  First  Middle

Address:  City:  State:  Zip:

Date of Statement:

Submit the Witness Statement >>

Privacy Act

In accordance with the Privacy Act of 1974, as amended (5 U.S.C. 552a) you are hereby notified that: (1) The Federal Employees' Compensation Act, as amended and extended (5 U.S.C. 8101, et seq.) (FECA) is administered by the Office of Workers' Compensation Programs of the U.S. Department of Labor, which receives and maintains personal information on claimants and their immediate families. (2) Information which the Office has will be used to determine eligibility for and the amount of benefits payable under FECA, and may be verified through computer matches or other appropriate means. (3) Information may be given to the Federal agency which employed the claimant at the time of injury in order to verify statements made, answer questions concerning the status of the claim, verify billing, and to consider issues relating to retention, release, or other relevant matters. (4) Information may also be given to other Federal agencies, other government entities, and to private-sector agencies and/or employers as part of rehabilitative and other return-to-work programs and services. (5) Information may be disclosed to physicians and other health care providers for use in providing treatment or medical/vocational rehabilitation, making evaluations for the Office, and for other purposes related to the medical management of the claim. (6) Information may be given to Federal, state and local agencies for law enforcement purposes, to obtain information relevant to a decision under the FECA, to determine whether benefits are being paid properly, including whether prohibited dual payments are being made, and, where appropriate to pursue salary/administrative offset and debt collection actions required or permitted by the FECA and/or the Debt Collection Act. (7) Disclosure of the claimant's social security number (SSN) or tax identifying number (TIN) on this form is mandatory: the SSN and/or TIN and other information maintained by the Office, may be used for identification, to support debt collection efforts carried on by the Federal government, and for other purposes required or authorized by law. (8) Failure to disclose all requested information may delay the processing of the claim or the payment of benefits, or may result in an unfavorable decision or reduced level of benefits.

Note: This notice applies to all forms requesting information that you might receive from the Office in connection with the processing and adjudication of the claim you filed under the FECA.

Return to Witness Form

You must also print the Witness Statement and have the witness sign it

Get Witness Statement

4. In the **Statement of witness** field, type a description of what happened.
5. In the **Name of Witness** fields, type the witness' surname, first name, middle name or initial.
6. In the **Address** field, type the street address at which the witness lives.
7. In the **City** field, type the city in which the witness lives.
8. In the **State** field, type the state in which the witness lives.
9. In the **Zip** field, type the zip code for the street address at which the witness lives.
10. The **Date of Statement** field displays today's date. Change this date if the witness statement was taken on a day other than today.
11. Click **Submit the Witness Statement** to save witness information as part of the claim.

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