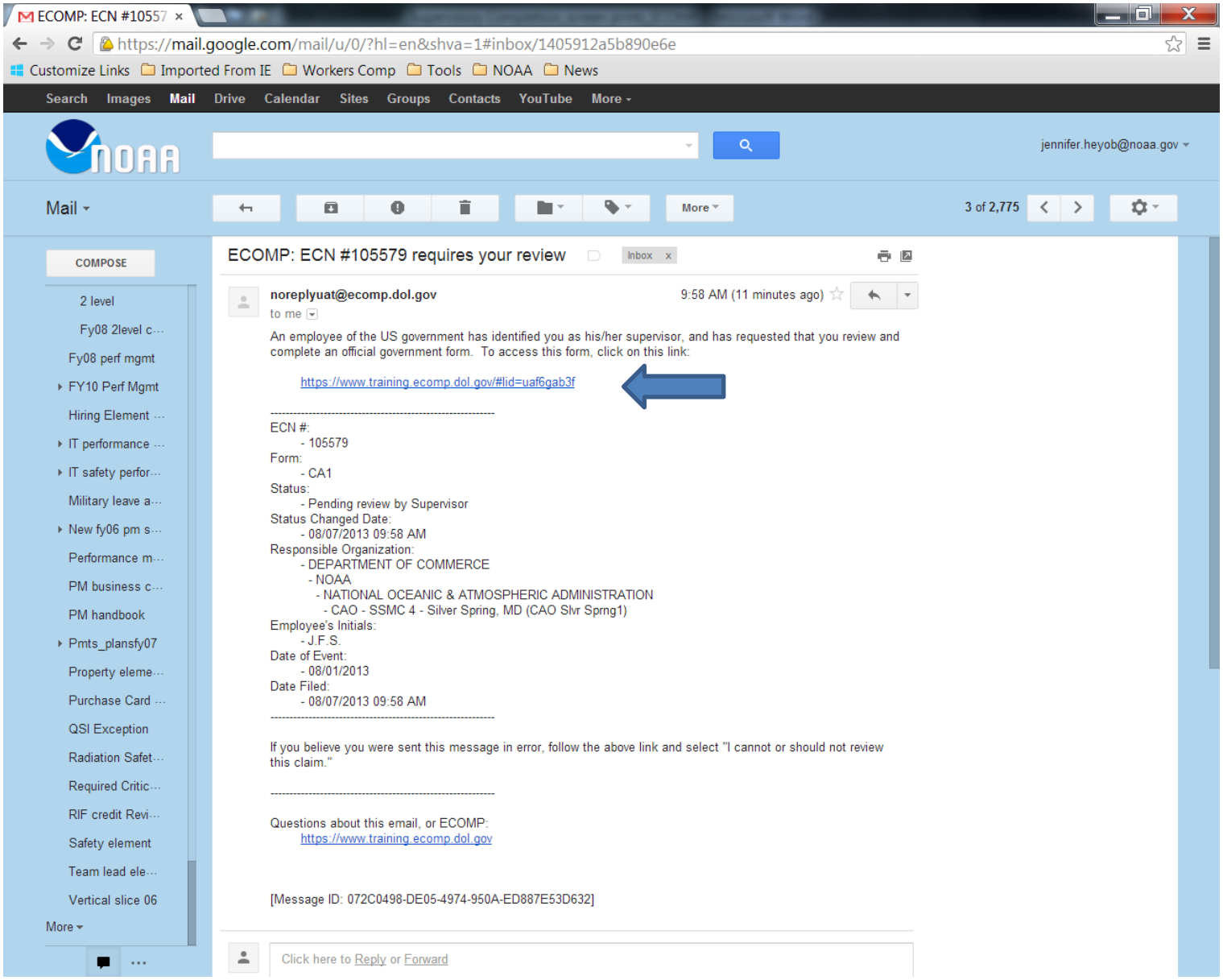
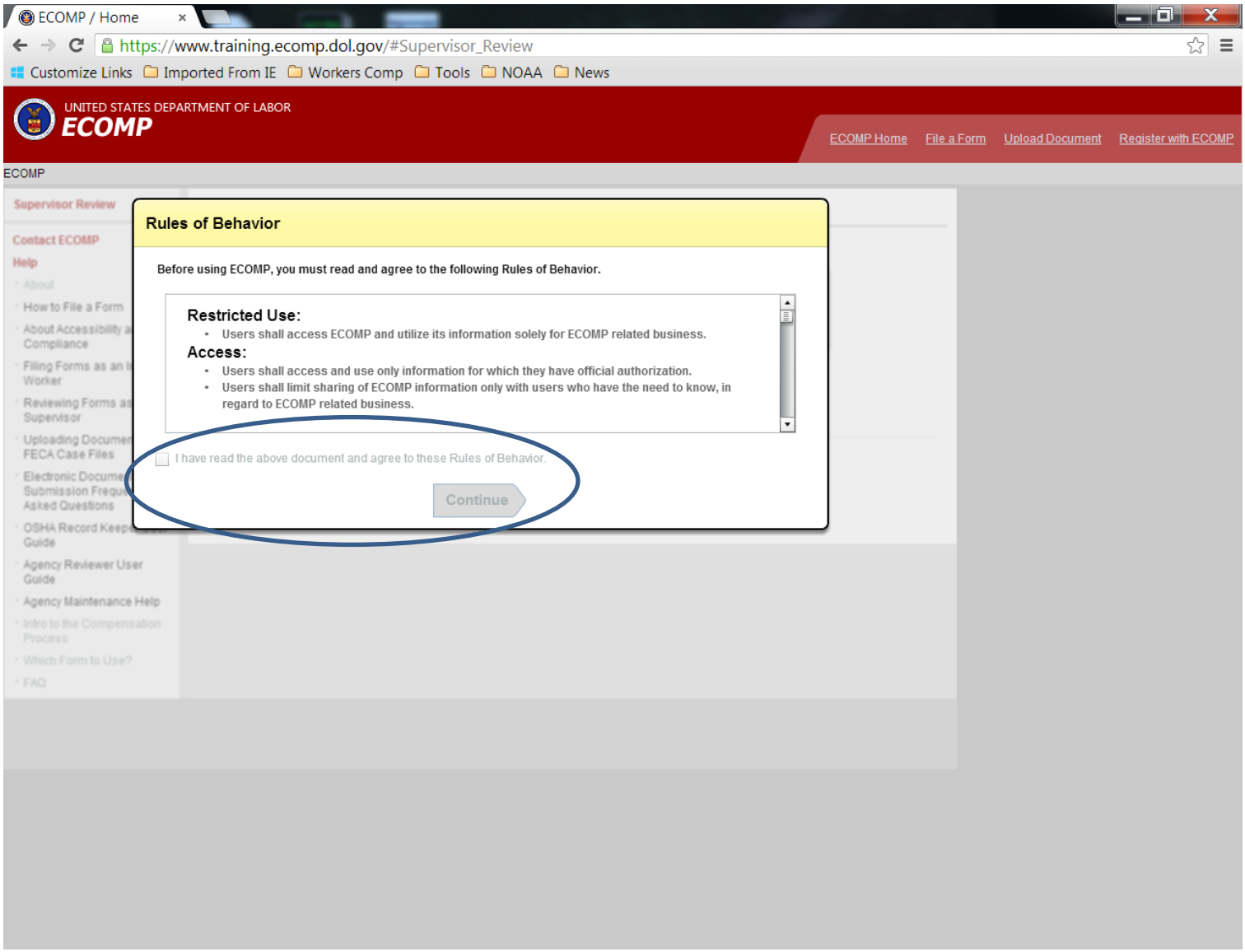
Completing the CA-1 as a Supervisor in ECOMP

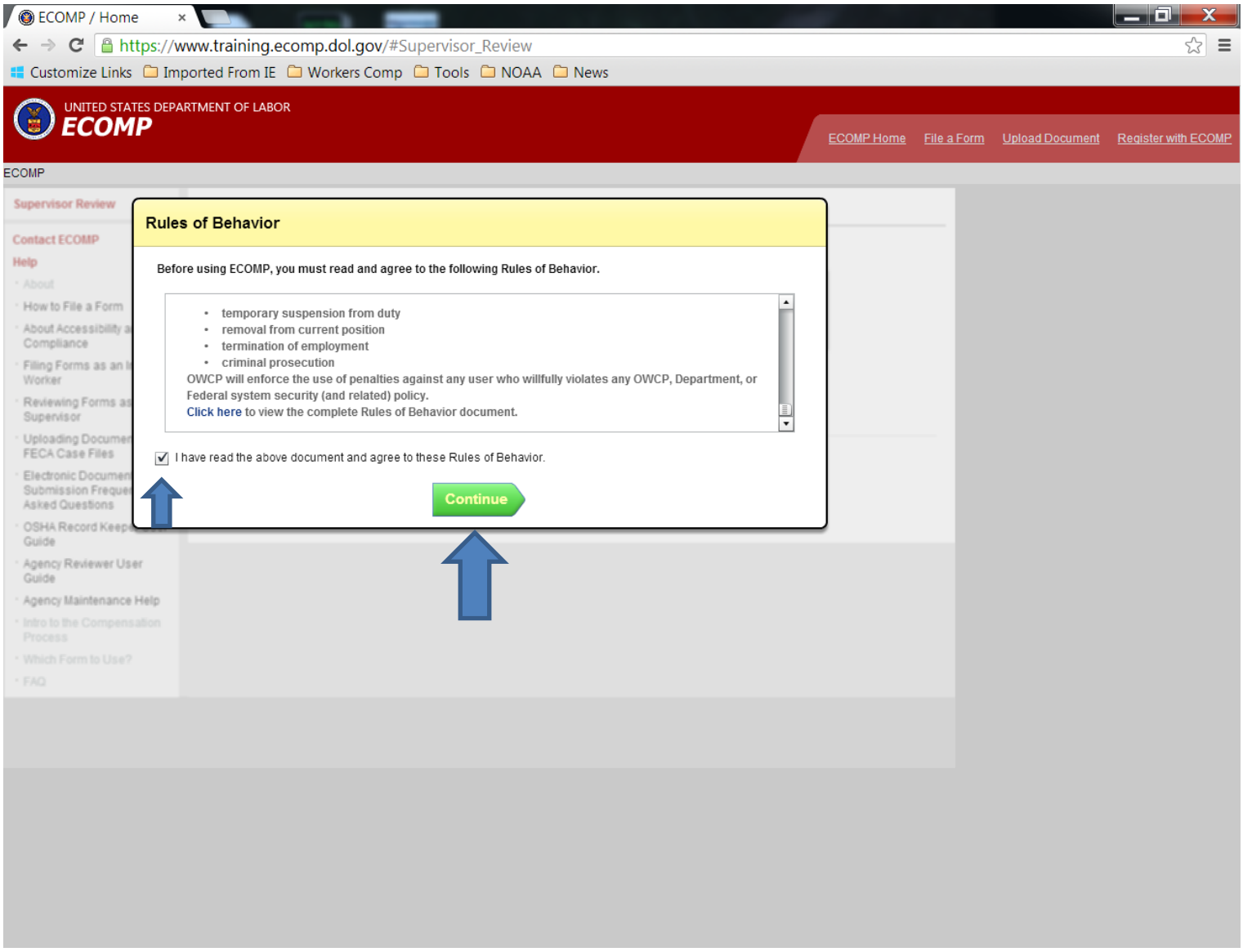
Last Updated: September 27, 2016

When an employee has filed a CA-1 in ECOMP, the supervisor receives an email stating that the form needs to be reviewed. Clicking on the link below brings the supervisor directly to ECOMP.





The ECOMP Rules of Behavior appear. Note that the checkbox to indicate agreement with the rules is still greyed out. The entire Rules of Behavior must be reviewed by scrolling down before the supervisor can indicate agreement with them.



Once all of the Rules of Behavior have been reviewed, click in the checkbox to indicate agreement and then hit “Continue.”

ECOMP / Home

https://www.training.ecomp.dol.gov/#Supervisor_Review

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Supervisor Review

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Supervisor Review

You have been named by an employee of the US government to review this form:

ECN 105579	CA-1		Pending review by Supervisor
Employee	Jane F Smith	Date of event	08/01/2013
Organization		Initiated	08/07/2013

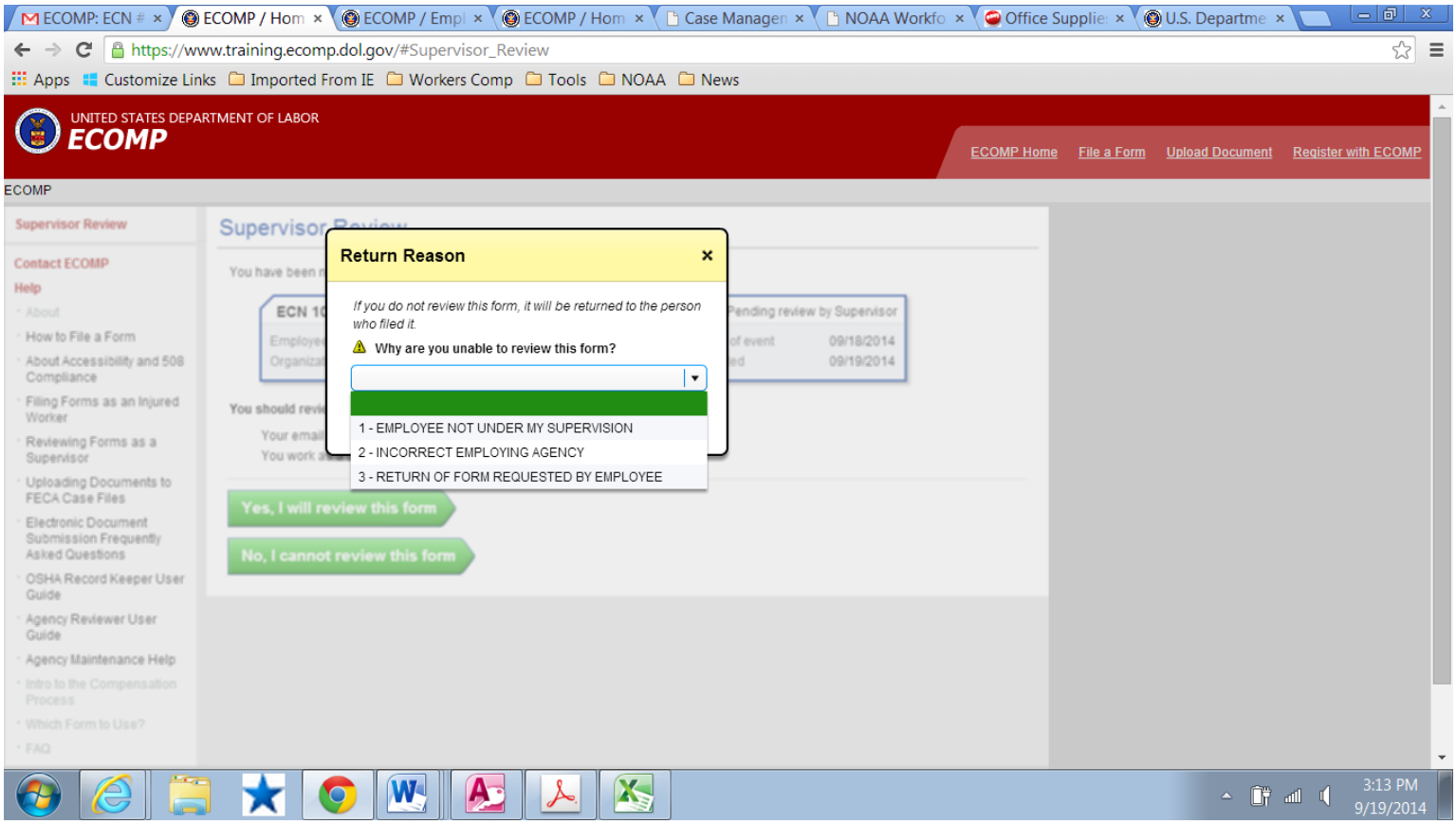
You should review this form if both of these are true:

Your email is **jennifer.heyob@noaa.gov**
You work as a supervisor at the **DEPARTMENT OF COMMERCE**

Yes, I will review this form

No, I cannot review this form

If the employee works for NOAA and the supervisor is the appropriate party to review the CA-1, the supervisor should click on "Yes, I will review this form". If the employee does not work for NOAA or does not report to this supervisor, then the supervisor should click on "No, I cannot review this form."



If the supervisor selects, No, I cannot review this form….”

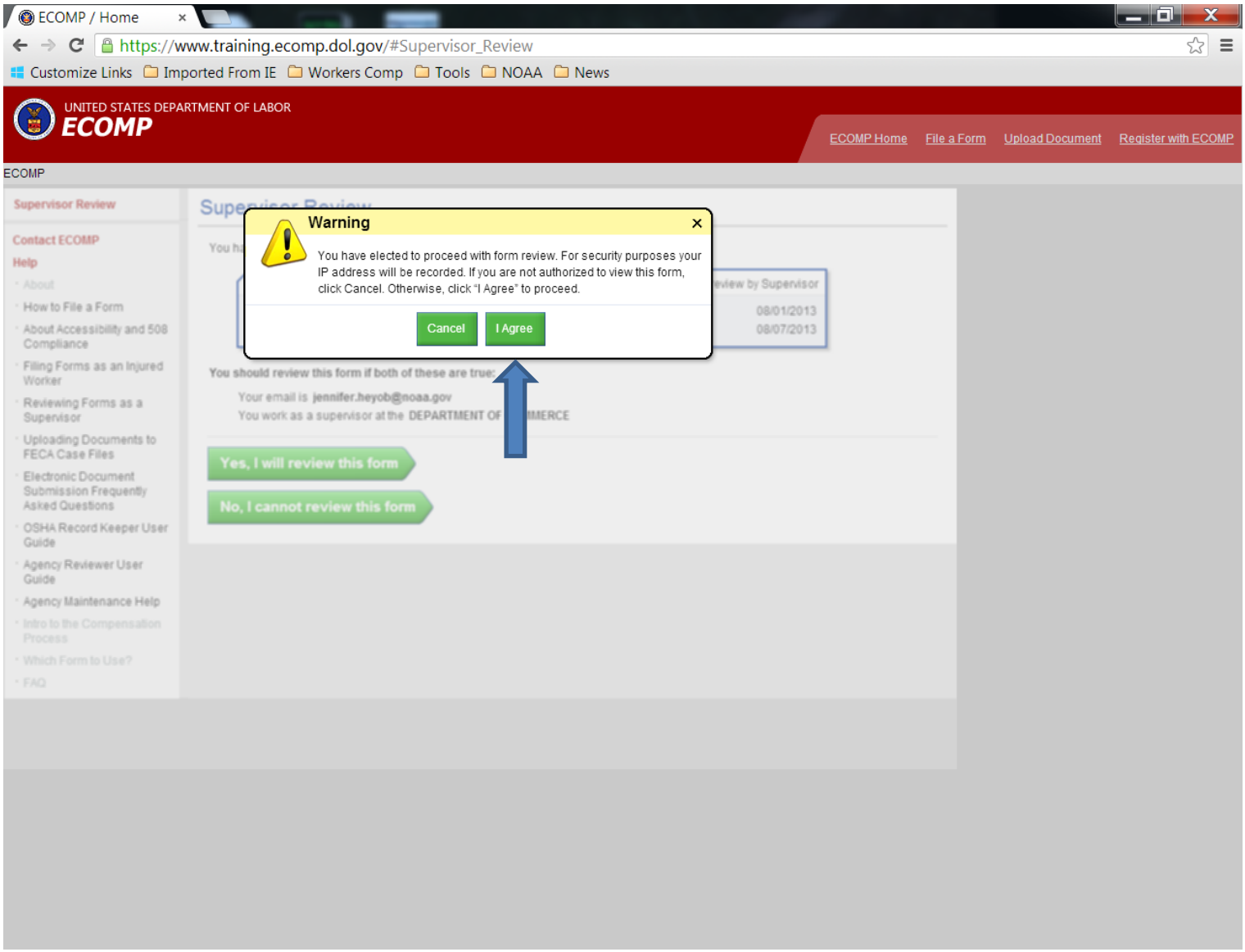
The drop-down menu consists of 3 reasons a supervisor can select to indicate that he/she cannot review the CA-1:

1) Employee Not Under My Supervision or

2) Incorrect Employing Agency or

3) Return of Form Requested By Employee.

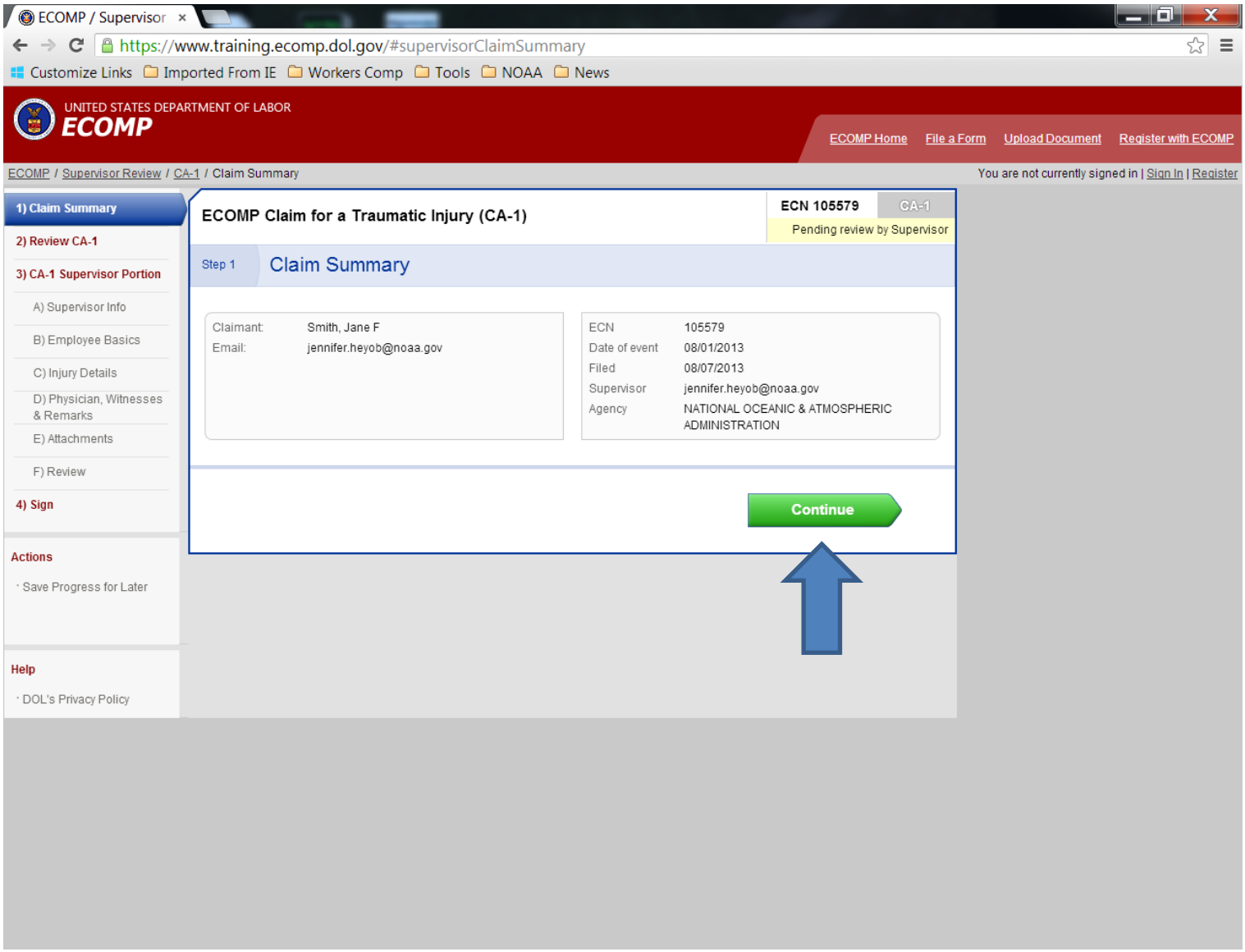
If any of these is true, the supervisor should select the correct reason and then click on “Return to Filer.” This ends the supervisor’s session in ECOMP.



If the supervisor selects "Yes, I will review this form…."

Clicking on "Yes, I will review this form" brings up a pop-up screen stating that the supervisor's IP address will be collected for security purposes.

Click on "I Agree."



The CA-1 claim summary screen appears. Click on “Continue.”

ECOMP / Supervisor

https://www.training.ecomp.dol.gov/#supervisorCa1Review

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3) CA-1 Supervisor Portion

- A) Supervisor Info
- B) Employee Basics
- C) Injury Details
- D) Physician, Witnesses & Remarks
- E) Attachments
- F) Review

4) Sign

Actions

- Save Progress for Later

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Step 2 **Review CA-1** Back Continue

Review this information carefully before continuing.

Your Name	Jane F Smith
Government organization	DEPARTMENT OF COMMERCE NATIONAL OCEANIC & ATMOSPHERIC ADMINISTRATION CAO - SSMC 4 - Silver Spring, MD (CAO Slvr Sprng1) 1305 East-West Highway (SSMC 4) Silver Spring, MD 20910
Reviewer	jennifer.heyob@noaa.gov
Social security number	*****6789
Date of birth / sex	********** / Female
Home telephone	(301) 546-8779
Grade / step as of last injury	3 / 1
Home mailing address	********** ********** ** *****
Dependents	Wife, Husband, Children under 18 years
Place where injury occurred	11th Floor near elevators SSMC 4
Address where injury occurred	1305 East-West Highway Silver Spring MD 20910
Date injury occurred	08/01/2013 10:00 am
Date of this notice	08/07/2013
Employee's occupation	Safety and Occupational Health Specialist
Cause of injury	Headed to meeting on 12th floor so I was walking around the corner to the elevator area As I was walking around the corner, someone was wheeling large office supplies (cubicle walls) on a handtruck around the corner. The handtruck ran over my foot.
Nature of the injury	Right foot was runover by heavy handtruck; was wearing open toed shoes.
Witness Name	Barry Baldwin
Witness Address	Silver Spring MD 20906
Date of Witness Statement	08/01/2013
Attachments	*Add/Modify attachments*

The CA-1 information as provided by the employee appears. The supervisor should review this information and then click on "Continue."

ECOMP / Supervisor

https://www.training.ecomp.dol.gov/#supervisorCa1SupervisorBasics

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3) CA-1 Supervisor Portion
A) Supervisor Info
B) Employee Basics
C) Injury Details
D) Physician, Witnesses & Remarks
E) Attachments
F) Review
4) Sign

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ECOMP Claim for a Traumatic Injury (CA-1)

ECN 105579 CA-1
Pending review by Supervisor

Step 3A Supervisor Info

Back Continue

38 Supervisor name: Jennifer Middle name: Heyob
Supervisor title: :cupational Health Specialist
Office phone: (301) 713-6348 International

17 Agency name and address of reporting office (include city, state, and zip code)
Agency name: NOAA/CAO OSHA site code:
Address: 1305 East-West Highway Non-US address
City: Silver Spring State: MD - Maryland Zip code: 20910

Back Continue

The Supervisor Info screen appears requiring the supervisor to indicate his/her name, title, office phone number, and the agency name and address. **Leave the OSHA site code blank.**

Click on "Continue" when all of this information has been provided.

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https://www.training.ecomp.dol.gov/#supervisorCa1EmployeeBasics

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D) Physician, Witnesses & Remarks
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4) Sign

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ECOMP Claim for a Traumatic Injury (CA-1)

ECN 105579 CA-1
Pending review by Supervisor

Step 3B Employee Basics

Back Continue

a Employee occupation code
b Type code
c Source code

19 Employee's retirement coverage: CSRS FERS Other (identify)

Does employee work a regular schedule? Yes No

20 Regular work hours: From To

21 Regular work schedule: Sun Mon Tue Wed Thu Fri Sat

22 Date of injury 08/01/2013

23 Date notice received 08/07/2013

24 Date and hour employee stopped work MM/DD/YYYY

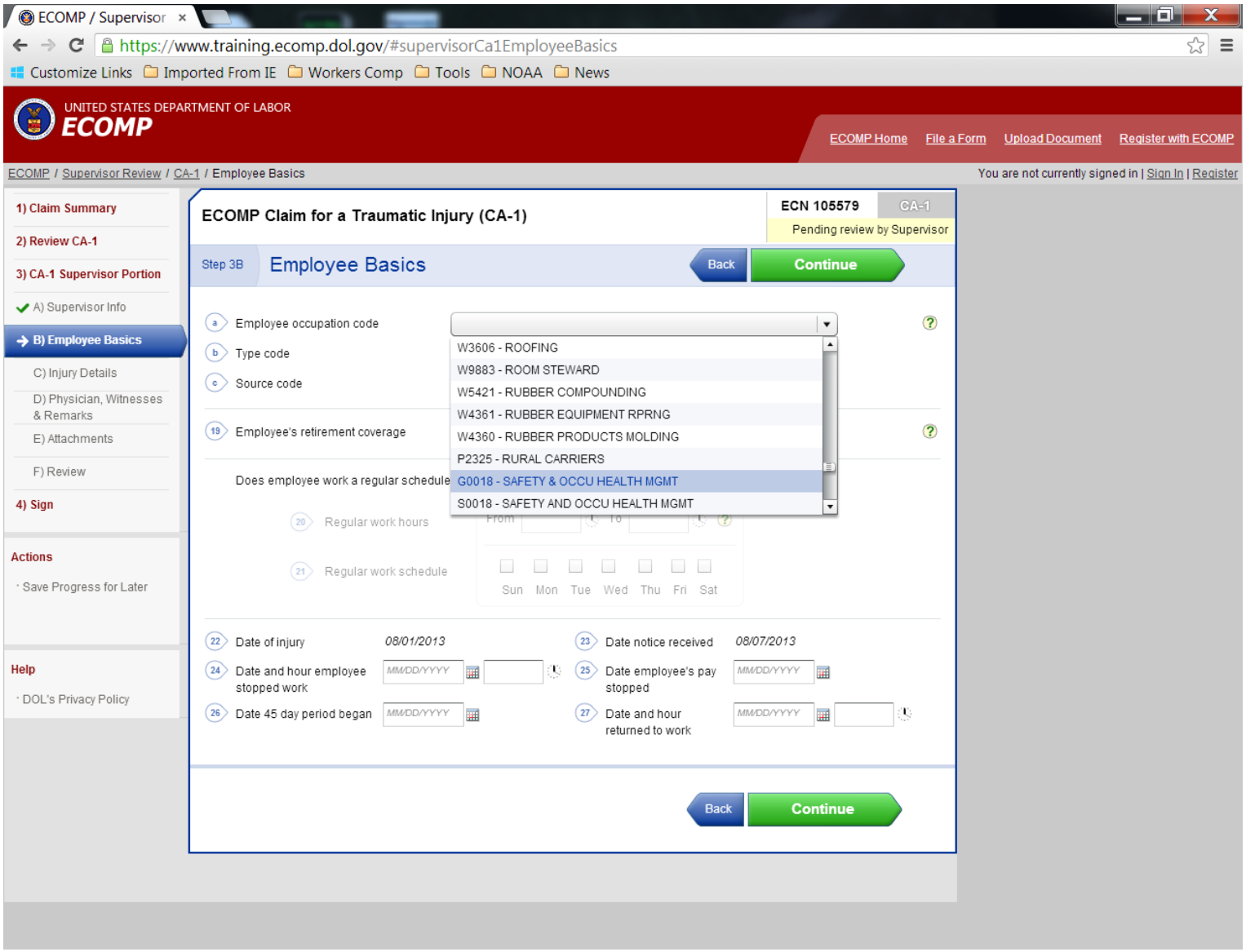
25 Date employee's pay stopped MM/DD/YYYY

26 Date 45 day period began MM/DD/YYYY

27 Date and hour returned to work MM/DD/YYYY

Back Continue

The screen above appears and requires the supervisor to complete all of the information except for the Date of Injury and the Date notice received.



Use the drop-down menu to indicate the "Employee occupation code." There is no effective way to search for an occupation in this drop-down. The supervisor must scroll through the alphabetical list of occupations. It is possible that the supervisor may not initially find the employee's occupational title; alternative titles must be selected in some cases. For example, "Human Resources Specialist" is not in the drop-down menu, but "Personnel Management" is. Select the occupational title that most closely indicates the employee's position.

For a complete listing of Occupational Codes, please visit: https://aqsweb.dol-esa.gov/AgcyData/

- Click on the "Occupation Code [v05]" link (*note, you can search the page by series by hitting "Ctrl F" and typing in the 4 digit series of the employee's position*).

ECOMP / Supervisor

https://www.training.ecomp.dol.gov/#supervisorCa1EmployeeBasics

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ECOMP Claim for a Traumatic Injury (CA-1)

ECN 105579 CA-1
Pending review by Supervisor

Step 3B Employee Basics

Back Continue

a Employee occupation code: G0018 - SAFETY & OCCU HEALTH MGMT

b Type code

c Source code

410 - PUNCTURED BY
420 - CUT BY
430 - STUNG BY
440 - BITTEN BY
500 - CONTACT
510 - CONTACT WITH (MOTION OF PERSON)
520 - CONTACT BY (MOTION OF OBJECT)
600 - EXERTION

19 Employee's retirement coverage

Does employee work a regular schedule

20 Regular work hours

21 Regular work schedule: Sun Mon Tue Wed Thu Fri Sat

22 Date of injury 08/01/2013

23 Date notice received 08/07/2013

24 Date and hour employee stopped work MM/DD/YYYY

25 Date employee's pay stopped MM/DD/YYYY

26 Date 45 day period began MM/DD/YYYY

27 Date and hour returned to work MM/DD/YYYY

Back Continue

In the "Type code" drop-down menu, the supervisor must indicate the best description of what happened to the employee. In this example, the employee's foot was run over by a handtruck so one of the best descriptors is "Contact By (Motion of Object)."

See Appendix A for a listing of "Injury/Illness Type Codes."

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https://www.training.ecomp.dol.gov/#supervisorCa1EmployeeBasics

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ECOMP Claim for a Traumatic Injury (CA-1)

ECN 105579 CA-1
Pending review by Supervisor

Step 3B Employee Basics

Back Continue

a Employee occupation code: G0018 - SAFETY & OCCU HEALTH MGMT

b Type code: 520 - CONTACT BY (MOTION OF OBJECT)

c Source code:

630 - GASES
840 - GLASS
420 - GOVERNMENT-OWNED VEHICLE
340 - GUARD, SHIELD (FIXED, MOVEABLE, DEADMAN)
320 - HAND TOOL (NON-POWERED)
310 - HAND TOOL (POWERED: SAW, GRINDER, ETC.)
560 - HANDTRUCKS, DOLLIES
370 - HEATING EQUIPMENT

19 Employee's retirement coverage

Does employee work a regular schedule

20 Regular work hours

21 Regular work schedule

Sun Mon Tue Wed Thu Fri Sat

22 Date of injury 08/01/2013

23 Date notice received 08/07/2013

24 Date and hour employee stopped work MM/DD/YYYY

25 Date employee's pay stopped MM/DD/YYYY

26 Date 45 day period began MM/DD/YYYY

27 Date and hour returned to work MM/DD/YYYY

Back Continue

In the "Source code" drop-down menu, the supervisor must select the item/object/person that caused the injury. In this example, "Handtrucks, Dollies" is the best option.

See Appendix B for a listing of "Injury/Illness Source Codes."

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https://www.training.ecomp.dol.gov/#supervisorCa1EmployeeBasics

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ECOMP Claim for a Traumatic Injury (CA-1)

ECN 105579 CA-1
Pending review by Supervisor

Step 3B Employee Basics

Back Continue

a Employee occupation code: G0018 - SAFETY & OCCU HEALTH MGMT
b Type code: 520 - CONTACT BY (MOTION OF OBJECT)
c Source code: 560 - HANDTRUCKS, DOLLIES

19 Employee's retirement coverage: CSRS FERS Other (identify)

Does employee work a regular schedule? Yes No

20 Regular work hours: From 08:00 AM To 04:30 PM

21 Regular work schedule: Sun Mon Tue Wed Thu Fri Sat

22 Date of injury: 08/01/2013
23 Date notice received: 08/07/2013
24 Date and hour employee stopped work: 08/01/2013 11:15 AM
25 Date employee's pay stopped: MM/DD/YYYY
26 Date 45 day period began: 08/02/2013
27 Date and hour returned to work: MM/DD/YYYY

Back Continue

The remainder of this screen requires the supervisor to indicate:

- The employee's retirement coverage
- The employee's work schedule – *please note that time should be reflected in 12-hour format and "AM" or "PM" must be selected in the drop-down menus in order for it to be entered correctly in ECOMP.*
- When the employee stopped work due to the injury and
- The "Date 45 day period" began. The "Date 45 day period began" is frequently the day after the injury. This 45 day period is known as Continuation of Pay. **Please contact NOAA's workers' compensation contractor, Managed Care Advisors, Inc. (MCA) for help with determining the 45 day (Continuation of Pay) window.**

MCA can be reached on 1-844-DOC-CLAIM (1-844-362-2524) or DOCWCClaims@managedcareadvisors.com

The "Date employee's pay stopped" and "Date and hour returned to work" sections can be left blank if the supervisor does not know or cannot answer these questions.

Click on "Continue."

ECOMP / Supervisor

https://www.training.ecomp.dol.gov/#supervisorCa1InjuryDetails

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ECOMP Claim for a Traumatic Injury (CA-1)

ECN 105579 CA-1
Pending review by Supervisor

Step 3C Injury Details

Back Continue

28 Was the employee injured in performance of duty?
Yes No Explain why not.

29 Was the injury caused by employee's willful misconduct, intoxication, or intent to injure self or another?
Yes No Explain why.

30 Was the injury caused by third party?
Yes No 31 Who was the third party?
Name
Address Example: 123 Pleasant Lane, apt. A Non-US address
City Example: Fairview State Zip code

Anatomical location of injury
Nature of the injury
Cause of injury
Extent of Injury

Back Continue

The next screen also requires completion by the supervisor. The supervisor should answer questions 28, 29, and 30 using the radio buttons and indicating the name and address of the third party (if necessary). The third party information can be left blank.

Please contact NOAA's workers' compensation contractor, Managed Care Advisors, Inc. (MCA) for help with determining whether a third party was involved in the injury and should be indicated on the CA-1.

MCA can be reached on 1-844-DOC-CLAIM (1-844-362-2524) or DOCWCClaims@managedcareadvisors.com

The next 3 screen prints in this document address the 4 drop-down menus required to complete this ECOMP screen.

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https://www.training.ecomp.dol.gov/#supervisorCa1InjuryDetails

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ECOMP Claim for a Traumatic Injury (CA-1)

ECN 105579 CA-1
Pending review by Supervisor

Step 3C Injury Details

Back Continue

28 Was the employee injured in performance of duty?
Yes No Explain why not.

29 Was the injury caused by employee's willful misconduct, intoxication, or intent to injure self or another?
Yes No Explain why.

30 Was the injury caused by third party?
Yes No 31 Who was the third party?
Name Barry Baldwin
Address Example: 123 Pleasant Lane, apt. A Non-US address
City Silver Spring State MD - Maryland Zip code 20904

Anatomical location of injury
Nature of the injury
Cause of injury
Extent of Injury

LS - SINGLE LEG/HIP/ANKLE/BUTTOCK
LX - LEG(S), MULTIPLE SITES
LZ - LEG(S), OTHER
MB - BOTH HANDS
MS - SINGLE HAND
PB - BOTH FEET
PS - SINGLE FOOT
R1 - SINGLE CLAVICLE

The supervisor then must indicate the "Anatomical location of injury" using the drop-down menu.

See Appendix C for a listing of "Anatomical Location Codes."

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https://www.training.ecomp.dol.gov/#supervisorCa1InjuryDetails

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ECOMP Claim for a Traumatic Injury (CA-1)

ECN 105579 CA-1
Pending review by Supervisor

Step 3C Injury Details

Back Continue

28 Was the employee injured in performance of duty?
Yes No Explain why not.

29 Was the injury caused by employee's willful misconduct, intoxication, or intent to injure self or another?
Yes No Explain why.

30 Was the injury caused by third party?
Yes No

31 Who was the third party?
Name Barry Baldwin
Address Example: 123 Pleasant Lane, apt. A
Non-US address
City Silver Spring State MD - Maryland Zip code 20904

Anatomical location of injury PS - SINGLE FOOT
Nature of the injury
Cause of injury
Extent of Injury

T8 - TRAUMATIC INJURY - UNCLASS. (EXCEPT DISEASE, ILLNESS)
TA - AMPUTATION
TB - BACK SPRAIN/STRAIN, BACK PAIN, SUBLUXATION, IVD DISORDERS
TC - CONTUSION
TD - DISLOCATION
TE - INJURY DUE TO ENVIRONMENTAL CAUSES
TF - FRACTURE
TG - EFFECTS OF ELECTRICAL CURRENT

The next drop-down menu, “Nature of the injury” requires the supervisor to indicate the type of injury sustained by the employee.

See Appendix D for a listing of “Nature of Injury” codes.

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https://www.training.ecomp.dol.gov/#supervisorCa1InjuryDetails

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ECOMP Claim for a Traumatic Injury (CA-1)

ECN 105579 CA-1
Pending review by Supervisor

Step 3C Injury Details

Back Continue

28 Was the employee injured in performance of duty?
Yes No Explain why not.

29 Was the injury caused by employee's willful misconduct, intoxication, or intent to injure self or another?
Yes No Explain why.

30 Was the injury caused by third party?
Yes No 31 Who was the third party?
Name Barry Baldwin
Address Example: 123 Pleasant Lane, apt. A Non-US address
City Silver Spring State MD - Maryland Zip code 20904

Anatomical location of injury PS - SINGLE FOOT
Nature of the injury TF - FRACTURE
Cause of injury
Extent of Injury

28 - HANDLING MACHINERY
29 - HANDLING TOOLS OR INSTRUMENTS
30 - HANDLING FABRIC CONTAINERS
31 - HANDLING MAIL CONTAINERS
32 - HANDLING LUMBER OR DUNNAGE
33 - HANDLING FURNITURE/OFFICE EQUIP
34 - HANDLING HAND TRUCKS/DOLLIES
35 - HANDLING MUNITIONS

The "Cause of injury" drop-down menu asks the supervisor to select the description that most accurately reflects how the employee was injured.

See Appendix E for a listing of "Cause of Injury" codes.

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https://www.training.ecomp.dol.gov/#supervisorCa1InjuryDetails

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ECOMP Claim for a Traumatic Injury (CA-1)

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Pending review by Supervisor

Step 3C Injury Details

Back Continue

28 Was the employee injured in performance of duty?
Yes No Explain why not.

29 Was the injury caused by employee's willful misconduct, intoxication, or intent to injure self or another?
Yes No Explain why.

30 Was the injury caused by third party?
Yes No

31 Who was the third party?
Name Barry Baldwin
Address Example: 123 Pleasant Lane, apt. A
Non-US address
City Silver Spring State MD - Maryland Zip code 20904

Anatomical location of injury: PS - SINGLE FOOT
Nature of the injury: TF - FRACTURE
Cause of injury: 34 - HANDLING HAND TRUCKS/DOLLIES
Extent of Injury:

0 - FATAL
1 - NLT (NO LOST TIME)
2 - FIRST AID
8 - INOCULATION
X - LT COVERED BY COP OR LEAVE

The final drop-down menu on this screen, "Extent of injury" asks the supervisor to indicate how the employee was affected by the injury. The two items most likely to be selected in this drop-down are "NLT (No Lost Time)" and "LT Covered by COP or Leave." COP stands for Continuation of Pay.

This last selection means that if the employee takes time off due to the injury, he/she will either use his/her own leave (sick, annual, etc.) or that he/she will use Continuation of Pay to account for time off.

Please contact NOAA's workers' compensation contractor, Managed Care Advisors, Inc. (MCA) for help with determining whether or not Continuation of Pay (COP) is appropriate in this workers' compensation claim.

MCA can be reached on 1-844-DOC-CLAIM (1-844-362-2524) or DOCWCClaims@managedcareadvisors.com

Further information about Continuation of Pay can be found in Chapter 5 of the CA-810, Injury Compensation for Federal Employees: http://www.dol.gov/owcp/dfec/regs/compliance/DFECfolio/CA-810.pdf

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A) Supervisor Info
B) Employee Basics
C) Injury Details
D) Physician, Witnesses & Remarks
E) Attachments
F) Review
4) Sign

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ECOMP Claim for a Traumatic Injury (CA-1)

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Pending review by Supervisor

Step 3C Injury Details

Back Continue

28 Was the employee injured in performance of duty?
Yes No Explain why not.

29 Was the injury caused by employee's willful misconduct, intoxication, or intent to injure self or another?
Yes No Explain why.

30 Was the injury caused by third party?
Yes No

31 Who was the third party?
Name: Barry Baldwin
Address: Example: 123 Pleasant Lane, apt. A
Non-US address
City: Silver Spring
State: MD - Maryland
Zip code: 20904

Anatomical location of injury: PS - SINGLE FOOT
Nature of the injury: TF - FRACTURE
Cause of injury: 34 - HANDLING HAND TRUCKS/DOLLIES
Extent of Injury: X - LT COVERED BY COP OR LEAVE

Back Continue

Once of all the information on this screen has been provided, click on “Continue.”

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https://www.training.ecomp.dol.gov/#supervisorCa1PhysicianAndWitnesses

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ECOMP Claim for a Traumatic Injury (CA-1)

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Step 3D Physician, Witnesses

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32 Name and address of physician first providing medical care

Name: Sherry Bonner

Address: 18177 Georgia Ave. Non-US address

City: Olney State: MD - Maryland Zip code: 20832

33 First date medical care received: 08/01/2013

34 Do medical reports show employee is disabled for work? Yes No

35 Does your knowledge of the facts about this injury agree with statements of the employee and/or witnesses?

Yes No Explain why not:

36 If the employing agency controverts continuation of pay, state the reason in detail (otherwise, leave blank).

37 Pay rate when employee stopped work per

38 I certify that the information I have given and the information furnished by the employee on this form is true to the best of my knowledge with the following exception:

Back Continue

On this screen, the supervisor indicates the name and address of the physician (if necessary). This field can be left blank if the name and address of the physician are not known.

Question 33 asks the supervisor to indicate the "First date medical care received" if known. This field can be left blank.

Questions 34 and 35 **must** be answered – question 35 is where the supervisor can challenge the facts of the claim if the employee seems to have misstated the information surrounding the injury. If the explanation box is not large enough, the supervisor can write a separate statement. The next screen in ECOMP will allow the supervisor to upload this document and attach it to the CA-1.

Question 36 asks if the agency wants to controvert (challenge) Continuation of Pay. The agency will not normally do so unless the employee has completely misstated the facts of the injury. The box in Question 36 will usually be left blank. **Please contact NOAA's workers' compensation contractor, Managed Care Advisors, Inc. (MCA) for help with determining the whether controversion of Continuation of Pay (COP) is appropriate. MCA can be reached on 1-844-DOC-CLAIM (1-844-362-2524) or DOCWCClaims@managedcareadvisors.com.**

Question 37 can be answered or left blank.

Question 38 provides the supervisor with another opportunity to clarify any statements about the injury/incident that may have been captured incorrectly by the employee.

When the supervisor is done with this screen, click “Continue.”

ECOMP / Supervisor

https://www.training.ecomp.dol.gov/#supervisorAttachments

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Step 3E Attachments

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This step is optional.
You can attach supporting documents to this claim now, or submit them at a later date through ECOMP once a claim number has been assigned. Examples of supporting documents include witness statements, job descriptions, and medical documentation.

NOTE: Do not upload OWCP forms or medical bills here. Medical bills should be submitted using OWCP's Central Bill Processing Center and OWCP forms should be submitted through your agency's established procedures (either electronically or in paper format). Forms or bills submitted as uploads will not be processed.

Click to attach a new document

There are currently 0 attachments for this form.

Attach New Document...

Delete selected attachment

Have Questions? View Frequently Asked Questions.

Back Continue

This screen allows the supervisor to upload any supporting documentation (if necessary) using the “Attach New Document” button. *Ideally, the supervisor should attach a copy of the employee’s position description at this time; it will help the Department of Labor make important decisions about the case.

Additional supporting documentation can include but is not limited to witness statements, a statement from the office refuting the facts in the CA-1 (see question 35 from the previous screen), or medical information/documentation.

When all supporting documentation has been attached, or if no supporting documentation is attached, click on “Continue.”

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3) CA-1 Supervisor Portion

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- E) Attachments
- F) Review

4) Sign

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Step 3F **Review** Back Continue

Review this information carefully before continuing.

Supervisor name	Jennifer Heyob
Supervisor title	Supervisory Safety and Occupational Health Specialist
Email & office phone	jennifer.heyob@noaa.gov (301) 713-6348
Agency name	NOAA/CAO
OSHA site code	
Address	1305 East-West Highway Silver Spring MD 20910
Employee occupation code	G0018
Type code	520
Source code	560
Employee's retirement coverage	CSRS
Does employee work a regular schedule?	Yes
Regular work hours	08:00 am - 04:30 pm
Regular work schedule	Mon Tue Wed Thu Fri
Date of injury	08/01/2013
Date notice received	08/07/2013
Date and hour employee stopped work	08/01/2013 11:15 am
Date employee's pay stopped	
Date 45 day period began	08/02/2013
Date and hour returned to work	
Injured in performance of duty?	Yes
Misconduct, intoxication, or intent to injure?	No
Injury caused by third party?	Yes Barry Baldwin
Third party address	Silver Spring MD 20904
Anatomical location of injury	SINGLE FOOT
Nature of the injury	FRACTURE
Cause of injury	HANDLING HAND TRUCKS/DOLLIES
Extent of Injury	LT covered by COP or leave

This screen provides a summary of supervisory portion of the CA-1.

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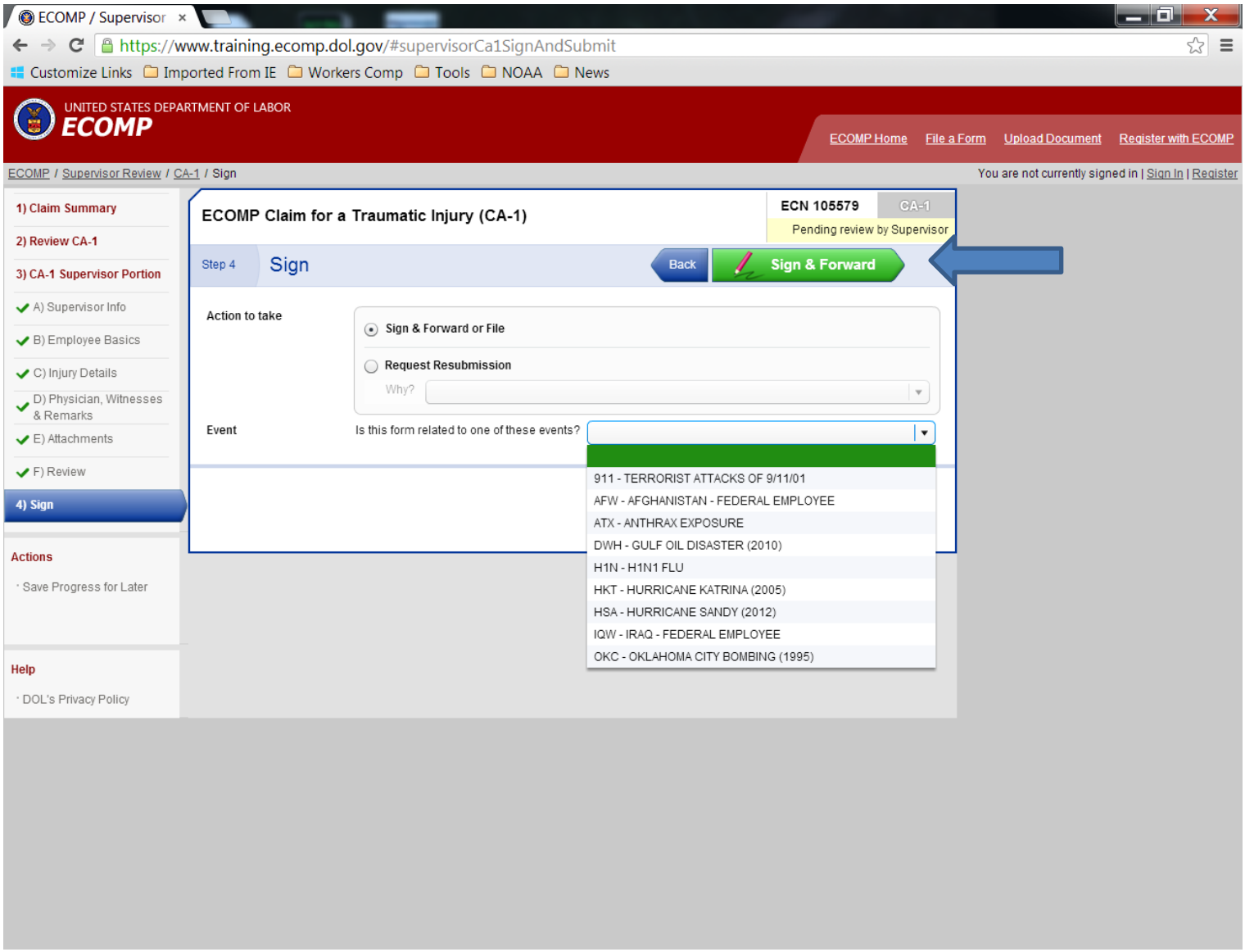
Does employee work a regular schedule?	Yes
Regular work hours	08:00 am - 04:30 pm
Regular work schedule	Mon Tue Wed Thu Fri
Date of injury	08/01/2013
Date notice received	08/07/2013
Date and hour employee stopped work	08/01/2013 11:15 am
Date employee's pay stopped	
Date 45 day period began	08/02/2013
Date and hour returned to work	
Injured in performance of duty?	Yes
Misconduct, intoxication, or intent to injure?	No
Injury caused by third party?	Yes Barry Baldwin
Third party address	Silver Spring MD 20904
Anatomical location of injury	SINGLE FOOT
Nature of the injury	FRACTURE
Cause of injury	HANDLING HAND TRUCKS/DOLLIES
Extent of Injury	LT covered by COP or leave
Physician name	Bonner Sherry
Physician address	18177 Georgia Ave. Olney MD 20832
Medical care first received	08/01/2013
Do medical reports agree?	Yes
Does supervisor agree?	Yes
Does agency controvert continuation of pay?	
Pay rate	
Remarks	

Back | Continue

After all of the information has been reviewed by the supervisor, click “Continue.”



The signature screen appears. In most cases, the supervisor will use the radio button to "Sign & Forward or File." If the supervisor needs to "Request Resubmission", he/she should click on this radio button and indicate the reason for the resubmission:

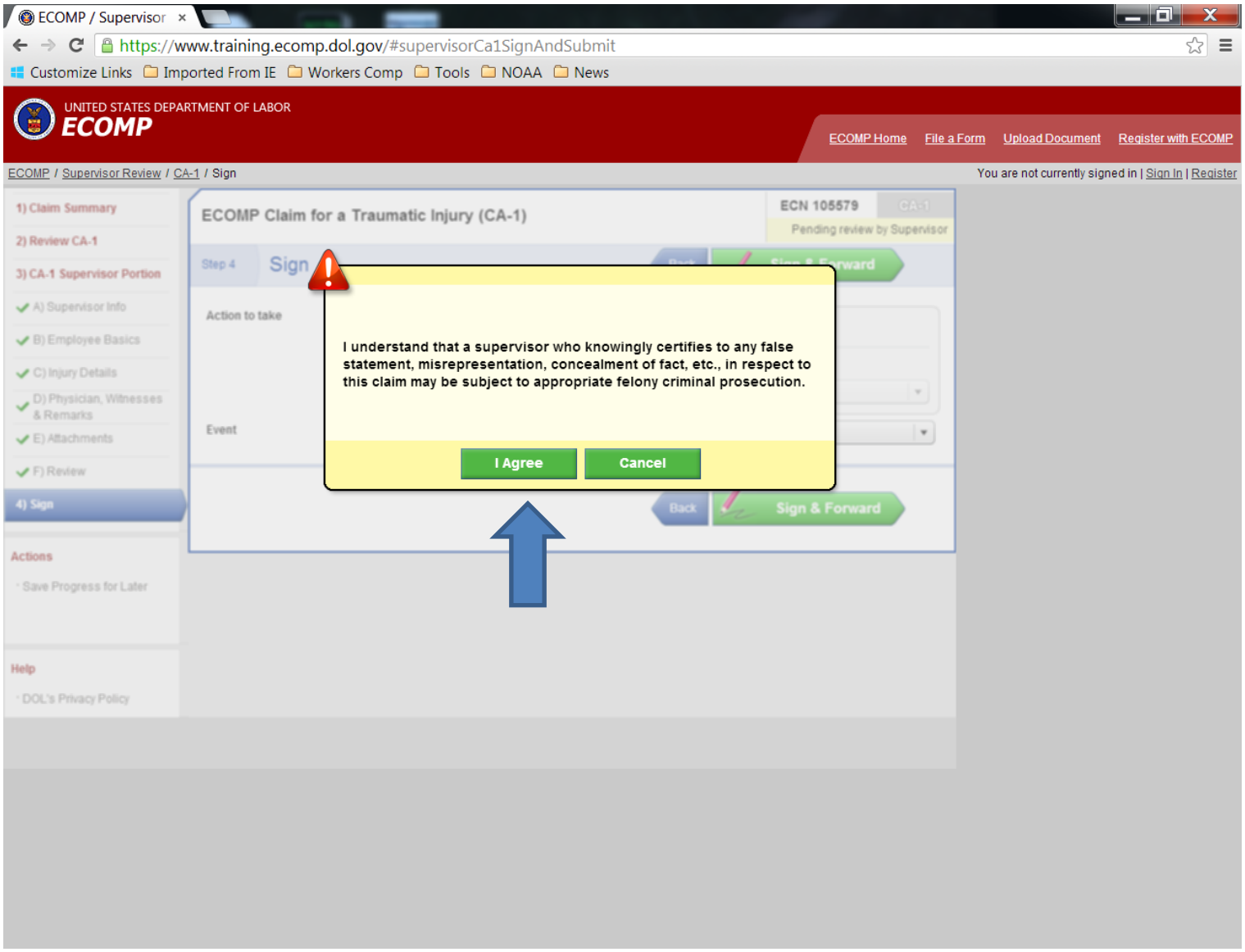
1) Employee Not Under My Supervision or

2) Incorrect Employing Agency or

3) Return of Form Requested By Employee.

The drop-down menu on this screen asks the supervisor to indicate whether or not the injury was related to one of the listed events. It will be rare for an injury to be related to one of these events. Usually, this field will remain blank.

Click on "Sign & Forward."



A pop-up window appears with a fraud statement. The supervisor should click “I Agree.”

ECOMP / Supervisor

https://www.training.ecomp.dol.gov/#supervisorCa1SubmisssionSuccessful

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ECOMP Claim for a Traumatic Injury (CA-1)

ECN 105579 CA-1
Pending final review by FECA Agency Reviewer

This form has been forwarded for review

ECN 105579 CA-1 Pending final review by FECA Agency Reviewer

Employee	Jane F Smith	Date of event	08/01/2013
Organization		Initiated	08/07/2013

Form Locked | View | Get PDF | Upload Attachments | More...

You can print a copy of this form using the Save/Print button above.

A digital copy of this form will be kept by ECOMP for 5 years. (Public Law 91-596 and 29 CFR 1904)

Done

The CA-1 has now been submitted to ECOMP for final review by a NOAA workers' compensation official. The supervisor can view and save a PDF version of the form at this time. When the supervisor is done with this screen, he/she can click on "Done" to return to the ECOMP homepage.

Appendix A – Injury/Illness Type Codes

100 STRUCK

110 Struck by
111 Struck by falling object 120 Struck against

200 FELL, SLIPPED, TRIPPED

210 Fell on same level
220 Fell on different level
230 Slipped, tripped (no fall)

300 CAUGHT

310 Caught on
320 Caught in
330 Caught between

400 PUNCTURED, LACERATED

410 Punctured by
420 Cut by
430 Stung by
440 Bitten by

500 CONTACT

510 Contact with (motion of person)
520 Contact by (motion of object)

600 EXERTION

610 Lifted, strained by (single action)
620 Stressed by (repeated action)

700 EXPOSURE

710 Inhalation
720 Ingestion
730 Absorption

800 TRAVELING IN

999 UNCLASSIFIED OR INSUFFICIENT DATA

Appendix B – Injury/Illness Source Codes

440	Aircraft (not commercially scheduled)
910	Animal
900	ANIMATE OBJECT
421	As driver
411	As driver
412	As passenger
422	As passenger
621	Asbestos
960	Bacteria, virus (not human contact)
911	Bite (dog)
912	Bite (other)
450	Boat, ship, barge
150	Boiler, pressure vessel
810	Box, barrel, container, etc.
100	Building or Working Area
631	Carbon monoxide
710	Chemical dry
720	Chemical liquid
700	CHEMICAL, PLASTIC, ETC.
430	Common carrier (airline, bus, etc.)
290	Confined space
520	Conveyor (for material and equipment)
711	Corrosive
721	Corrosive
1021	Diving equipment
610	Dust (silica, coal, grain, cotton)
600	DUST, MIST, VAPOR, ETC.
510	Earthmover (tractor, backhoe, etc.)
180	Electric, electricity
530	Elevator, escalator, personnel hoist
200	ENVIRONMENTAL CONDITION
160	Equipment layout (ergonomic)
713	Explosive
723	Explosive
620	Fibers
230	Fire, flame, smoke (not tobacco)
714	Flammable
724	Flammable
870	Food
550	Forklift, crane
140	Furniture, furnishings, office equipment
630	Gases
840	Glass
420	Government-owned vehicle
340	Guard, shield (fixed, moveable, deadman)
320	Hand tool (non-powered)
310	Hand tool (powered: saw, grinder, etc.)
560	Handtrucks, dollies
370	Heating equipment
540	Hoist, sling chain, jack (for material and equipment)
950	Human (communicable disease)
940	Human (violence)
800	INANIMATE OBJECT
930	Insect
130	Ladder
260	Light
300	MACHINE OR TOOL
500	MATERIAL HANDLING EQUIPMENT
330	Mechanical power transmission apparatus
750	Medicine
830	Metal item, mineral
640	Mist, steam, vapor, fume
831	Needle
240	Noise
820	Paper
1040	Parachute
650	Particles (unidentified)
880	Personal clothing, apparel, shoes
1000	PERSONAL PROTECTIVE EQUIPMENT
920	Plant
730	Plastic
410	Privately-owned vehicle (includes rental)
1010	Protective clothing, shoes, glasses/goggles
360	Pump, compressor, air pressure tool
250	Radiation
1020	Respirator, mask
1030	Safety belt, harness
850	Scrap, trash
120	Stairs, steps
280	Stress (emotional)
210	Temperature extreme (indoor)
271	Tobacco smoke
712	Toxic
722	Toxic
9999	UNCLASSIFIED OR INSUFFICIENT DATA
400	VEHICLE
270	Ventilation
350	Video Display Terminal
110	Walking/working surface (floor, street, curbs, porches)
740	Water
220	Weather (ice, rain, heat, etc.)
380	Welding equipment
170	Windows, doors
860	Wood

Appendix C – Anatomical Locations of Injuries/Illnesses

A1 = Single Upper Arm
A2 = Both Upper Arms
A3 = Single Forearm
A4 = Both Forearms
A5 = Single Wrist
A6 = Both Wrists
AB = Arm And Wrist
AS = Arm Or Wrist
AX = Arm(S), Multiple Sites
AZ = Arm(S), Other
B1 = Single Breast
B2 = Both Breasts
B3 = Single Testicle
B4 = Both Testicles
B5 = Vulva/Vagina
BA = Abdomen
BC = Chest
BL = Lower Back
BP = Penis
BS = Side
BU = Upper Back
BW = Waist
BX = Undefined
BZ = Not Otherwise Classified
C1 = Single Ear Internal
C2 = Both Ears Internal
C3 = Single Eye Internal
C4 = Both Eyes Internal
CB = Brain
CC = Cranial Bones
CD =Teeth
CJ = Jaw
CK = Bones of Face, Other(S)
CL = Throat; Larynx
CM = Mouth
CN = Nose
CR = Throat; Other
CS = Sinus (ES)
CT = Tongue
CX = Head, Internal Multiple Sites
CZ = Not Otherwise Classified
EB = Both Elbows
ES = Single Elbow
F1 = Single First Finger
F2 = Both First Fingers
F3 = Single Second Finger
F4 = Both Second Fingers
F5 = Single Third Finger
F6 = Both Third Fingers
F7 = Single Fourth Finger
F8 = Both Fourth Fingers
FB = Multiple Fingers Both Hands
FS = Multiple Fingers Single Hand
G1 = Single Great Toe
G2 = Both Great Toes
G3 = Single Other Toes
G4 = Multiple Other Toes
H1 = Single Eye External
H2 = Both Eyes External
H3 = Single Ear External
H4 = Both Ears External
HC = Chin
HF = Face
HK = Neck/Throat
HM = Mouth/Lips
HN = Nose
HS = Scalp
HX = Head, External Multiple Sites
HZ = Head External Other
KB = Both Knees
KS = Single Knee
L1 = Single Hip/Thigh
L2 = Both Hips/Thighs
L3 = Single Lower Leg/Ankle
L4 = Both Lower Legs/Ankles
LB = Both Legs/Hips/Ankles/Buttocks
LS = Single Leg/Hip/Ankle/Buttock
LX = Leg(S)
LZ = Legs(S) other
MB = Both Hands
MS = Single Hand
PB = Both Feet
PS = Single Foot
R1 = Single Clavicle/Collar Bone
R2 = Both Clavicles/Collar Bones
R3 = Single Scapula/Shoulder Blade
R4 = Both Scapulae/Shoulder Blades
RB = Rib
RC = Ribs, Multiple
RP = Pelvis
RS = Sternum Breast Bone
RV = Vertebrae Spine; Disc
RX = Trunk, Multiple Bones
RZ = Trunk, Bones Unclassified
SB = Both Shoulders
SS = Single Shoulder
TB = Both Thumbs
TS = Single Thumb
V1 = Lung, Single
V2 = Lung, Both
V3 = Kidney, Single
V4 = Kidney, Both
V5 = Bladder, Urethra
VC = Spinal Cord
VH = Heart
VL = Liver
VS = Stomach
VI = Intestines
VL = Liver
VM = Spleen
VN = Nerve
VR = Reproductive Organs
VS = Stomach
VV = Intestines
VX = Trunk, Internal, Multiple Organs
VZ = Trunk, Internal Unclassified
XX = Multiple Anatomical Sites
XZ = Anatomic Site Not Mentioned, Other Site
00 = Mis-Coded
98 = Mis-Coded 98/All Other
99 = Old Converted

Appendix D – Nature of Injury Codes

T0 = NO INJURY STATED
T1 = NERVOUS SYSTEM INJURIES
T2 = ACOUSTIC TRAUMA
T3 = CARDIOVASCULAR CONDITIONS
T4 = MENTAL, EMOTIONAL, NERVOUS CONDITIONS
T5 = HEADACHES
T6 = DEATH SUDDEN/VIOLENT
T7 = GENERAL SYMPTOMS
T8 = TRAUMATIC INJURY - UNCLASS. (EXCEPT DISEASE, ILLNESS)
TA = AMPUTATION
TB = BACK SPRAIN/STRAIN, BACK PAIN, SUBLUXATION, IVD DISORDERS
TC = CONTUSION
TD = DISLOCATION
TE = INJURY DUE TO ENVIRONMENTAL CAUSES
TF = FRACTURE
TG = EFFECTS OF ELECTRICAL CURRENT
TH = INGUINAL HERNIA
TI = SKIN CONDITIONS: ALLERGY, ECZEMA, DERMATITIS
TJ = CRUSH INJURY
TK = CONCUSSION
TL = LACERATION
TM = EXPOSURE TO ALL CHEMICAL OR BIOLOGICAL CAUSES
TN = SUPERFICIAL WOUNDS
TO = PAIN, SWELLING, REDNESS, STIFFNESS, NOT IN JOINT
TP = PUNCTURE WOUND
TQ = GASTROINTESTINAL CONDITIONS
TR = RESPIRATORY CONDITIONS
TS = SPRAIN/STRAIN OF LIGAMENT, MUSCLE, TENDON, NOT BACK
TT = INJURIES TO TEETH
TU = BURNS
TV = FOREIGN BODY IN ANY BODY PART
TW = TB INCLUDING EXPOSURE AND POSITIVE SKIN TEST
TX = INFECTIOUS DISEASES: BACTERIA, VIRUSES, PARASITES
TY = INSECT BITE
TZ = PAIN/SWELLING/STIFFNESS/REDNESS IN JOINT

Appendix E – Cause of Injury Codes

01 = Railroad or Street Cars
02 = Aircraft
03 = Watercraft
04 = Elevator
05 = Vehicle Accident (Driver)
06 = Vehicle Accident (Passenger)
07 = Vehicle Accident (Pedestrian)
08 = Working On/Around Vehicles
09 = Pressure Equipment
10 = Explosion
11 = Fire/Smoke
12 = Electricity
13 = Flash Burn
14 = Galvo Fume Poisoning
15 = Paint/Paint Fumes/Lead
16 = Carbon Monoxide
17 = Oil
18 = Zinc
19 = Solvents
1A = Anthrax
1F = Fumes/Solvents
1M =Immunization
1P = Personal Protective Equipment
1R = Respiratory Distress
1S = Smallpox
1T = Terrorism Catastrophe
20 = Fiberglass
21 = Carbon Dioxide
22 = Silica
23 = Dust/Gas/Chemical
24 = Handling Packaged Material, Weight Stated
25 = Handling Packaged Material, Weight Not Stated
26 = Handling Fabrication Metals
27 = Handling Vehicular Equipment
28 = Handling Machinery
29 = Handling Tools or Instruments
30 = Handling Fabric Containers
31 = Handling Mail Containers
32 = Handling Lumber or Dunnage
33 = Handling Furniture/Office Equip
34 = Handling Hand Trucks/Dollies
35 = Handling Munitions
36 = Handling Cable/Rope/Nets/Chains
37 = Using Windows or Doors
38 = Handling Wire
39 = Handling Stone/Clay/Glass/Cement
40 = Handling Trash
41 = Handling or Using Ladders
42 = Handling or Using Scaffolds
43 = Using Gangways or Platforms
44 = Handling Pallets/Hatchboards
45 = Handling Electrical Equipment
46 = Handling Magazines or Papers
47 = Handling Tool Boxes
48 = Handling Fire Extinguishers
49 = Cranking Motors
50 = Changing Tires
51 = Handling Manual Equipment
52 = Falling Desk or Chair
53 = Falling Work Bench or Table
54 = Falling Hand Truck or Dollie
55 = Falling Ladder
56 = Falling Scaffold
57 = Falling Window
58 = Falling Shelving
59 = Falling Cargo
60 = Falling Walls or Ceilings
61 = Falling Filing Cabinet
62 = Falling Machinery
63 = Falling Objects
64 = Fall On Floor/Work Surface/Aisle
65 = Fall On Stairway or Steps
66 = Fall On Walkways/Curbs/Porches
67 = Fall From Scaffold or Platform
68 = Fall From Ladder
69 = Fall From Chair/Stool/Restbar
70 = Fall From Desk/Table/Workbench
71 = Fall Into Hole/Hatch/Chute
72 = Fall On Deck
73 = Fall On Road/Highway/Street
74 = Fall From Stacked Cargo
75 = Fall On Hill or Slope
76 = Fall From Ramp/Runway/Gangplank
77 = Fall Off Dock
78 = Fall From Machinery
79 = Fall From Stopped Vehicle
80 = Fall Getting On/Off Elevator
81 = Fall Inside Moving Vehicle
82 = Fall
83 = Jumping To/From Places
84 = Striking Against Material Equip
85 = Flying Particles
86 = Hand Tools
87 = Machinery
88 = Cave-In
89 = Drowning
90 = Violence
91 = Slip - Not Falling
92 = Slip/Twist/Trip - Not Falling
93 = Weather Exposure
94 = Poison Oak/Ivy/Sumac
95 = Animals/Insects
96 = Accidental Shooting
97 = Enemy Action
98 = Dog Bite
99 = Cause Unknown