



**Automated Safety Incident Surveillance
Tracking System (ASISTS) V. 2.0**

Graphical User Interface (GUI)

User Manual

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Department of Veterans Affairs
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Revision History

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Date	Description (Patch # if applicable)	Project Manager	Technical Writer
09/02/08	Enhancements from Patch OOPS*2*15 – Privacy Act issues, modifications to the CA-7 to meet Department of Labor changes to the form	Zach Fain, Richard Muller	Corinne Bailey
04/03/12	Maintenance Patch OOPS*2*23 – Update pages 101, 103 regarding the "Reason for Controvert Report" and the "Reason for Dispute Report."	April Scott	Tim Dawson

Revision History

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Introduction

Welcome

Welcome to ASISTS GUI V. 2.0. This Graphical User Interface (GUI) version of the Automated Safety Incident Surveillance Tracking System (ASISTS) software package combines exciting new features with the established functionality ASISTS users have come to rely on. ASISTS GUI V. 2.0 is a full-featured, automated accident and illness reporting system designed for the Department of Veterans Affairs.

Background

The ASISTS software package stores data on accidents causing injuries and illnesses reported via the Report of Incident. The employee may choose to apply for compensation using the Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation (CA-1) when the incident is an injury and the Notice of Occupational Disease and Claim for Compensation (CA-2) for an illness.

Statistical reporting is performed on incidents occurring nationwide by extracting pertinent Report of Incident data from facilities and transmitting it to the ASISTS National Database (NDB). Reports are periodically generated from the NDB to identify systematic trends and to support prevention programs concerning front line health care worker exposure to bloodborne pathogens.

The ASISTS package provides the capability to electronically transmit CA-1 and CA-2 data to the Department of Labor (DOL). Federal Law requires that these forms be submitted within 14 days after the employee submits a claim for an accident or illness. The data is collected at each facility and is then transmitted to DOL via the Austin Automation Center (AAC). The transmission of each completed form is under the control of workers' compensation personnel at each facility.

Goals

ASISTS has three major goals.

- Better tracking of employee injuries and illnesses
ASISTS computerizes the Report of Incident as well as the OWCP CA-1 and CA-2 forms. These reports help improve the ability to trend and analyze accidental injuries and illnesses, thus helping to prevent future incidents from occurring.

- Reduce exposures to bloodborne pathogens from needlesticks, sharps, or body fluids
ASISTS instantly notifies Occupational Health and other medical personnel when the employee reports an incident involving a bloodborne pathogen exposure, so that proper tests and treatment can be initiated. The data concerning exposure to bloodborne pathogens will be collected in a national database to identify national trends, training needs, and best practices for the benefit of all employees at every VA medical center.
- Reduce worker compensation costs
ASISTS facilitates a case management approach to preventing future incidents and provides better management of workers' compensation claims. Through automation, the incident reporting process will be more accurate and be processed in a more timely fashion.

Reporting Process for the Incident Report

When an incident occurs causing injury or illness, or multiple instances occur over time causing illness, a Report of Incident must be created. The individual involved goes to his/her supervisor, Occupational Health Unit, safety official, or (if it is after hours) to the Administrative Officer of the Day (AOD) to report the incident. A stub record on the incident is created using the option Create Incident Report. The stub record contains basic information related to the incident.

A bulletin called the Employee Bill of Rights is sent to the employee explaining his/her rights and entitlements to benefits following a work-related injury or illness. The safety official, supervisor, union representatives, and workers' compensation personnel receive a bulletin informing them that an incident occurred. If it happens to be a bodily fluid exposure, Infection Control (where applicable) and Occupational Health are also notified so they may plan follow-up care.

Once the initial stub record is created and a case number is assigned, the supervisor, safety official, or workers' compensation personnel gathers information about the incident, counsels the employee to complete a CA-1 or CA-2, and completes the Report of Incident using the Complete/Validate/Sign Incident Report menu option. Once the supervisor electronically signs the case, a bulletin is triggered to inform the safety official that the Report of Incident can be reviewed. The employee does not need to wait until the Report of Incident is completed to begin the claim process and may choose to initiate a claim for compensation by using the menu options Complete/Validate/Sign CA-1 for an injury or the Complete/Validate/Sign CA-2 for an illness.

The safety official reviews the Report of Incident using the Complete/Validate/Sign Incident Report menu option and completes the safety official related questions and comments on the Signatures Tab. The case should remain open until it is successfully sent to the Dept. of Labor or when the reporting process is complete.

Reporting Process (CA-1/CA-2 Claims)

The employee enters data for the CA-1 or CA-2 using the Complete/Validate/Sign CA-1 option for injury and Complete/Validate/Sign CA-2 option for illness. When the employee signs their portion of the CA-1 or CA-2, this triggers a bulletin to the supervisor, union representatives, and workers' compensation personnel notifying them of the requirement to complete the form and file with the Department of Labor within 2-3 working days.

When the supervisor signs the CA-1 or CA-2 using the Complete/Validate/Sign CA-1 option for injury and Complete/Validate/Sign CA-2 option for illness, a bulletin is sent to the OOPS WCP mail group and also to the supervisor.

The case remains available to the employee for further editing until the supervisor signs it. If the employee retrieves a signed case, the electronic signature is removed and the claim must be resigned. However, once the supervisor signs the case, the original case is no longer available for edit by either the employee or the supervisor. To edit the claim, the safety official or the workers' compensation personnel must create an amendment.

If an employee is incapacitated and cannot electronically sign the claim, the workers' compensation personnel may sign for the employee via the Electronically Sign for Employee option.

The workers' compensation personnel should use the Complete/Validate/Sign CA-1 or Complete/Validate/Sign CA-2 menu option to complete and file the claim with the Dept. of Labor. The workers' compensation personnel should ensure that they have a hard copy of the claim with the employee and the supervisor's wet signature and any witness statements before electronically transmitting the claim to the Dept. of Labor. A hard copy of the CA-1 or CA-2 can be printed using the Print CA-1/CA-2 menu option. Two mailman messages will be sent to the OOPS WCP mail group when claims successfully process in ASISTS and transmit to the Dept. of Labor via the Austin Automation Center (AAC).

Data elements are extracted and transmitted from the ASISTS package to the AAC. In order for a case to be transmitted, it must have a "Closed" status. Members of the OOPS NDB MESSAGES mail group should be individuals who need to be notified of error messages or return messages from the AAC. The group must have at least one member for data to be transmitted to AAC. The date that a record is transmitted to the AAC is automatically recorded in ASISTS. Once the record is transmitted, it is no longer editable from ASISTS. ASISTS will not receive data back from the AAC.

The option, Scheduled Transmit National Database (2162) Data [OOPS SCHEDULED XMIT 2162 DATA], should be scheduled to run on a weekly basis during off-peak hours. Error checking is preformed to assure that the system is set up as required for mailing the mail messages and that the mail messages are created correctly. If an error occurs, a message will be sent to the mail group OOPS NDB MESSAGES advising of the problem.

508 Compliance

Throughout the ASISTS application, if the software detects an active screen reader is being used, additional text is displayed to the user welcoming them to the system and instructing them on how to use the menu options to navigate through the application.

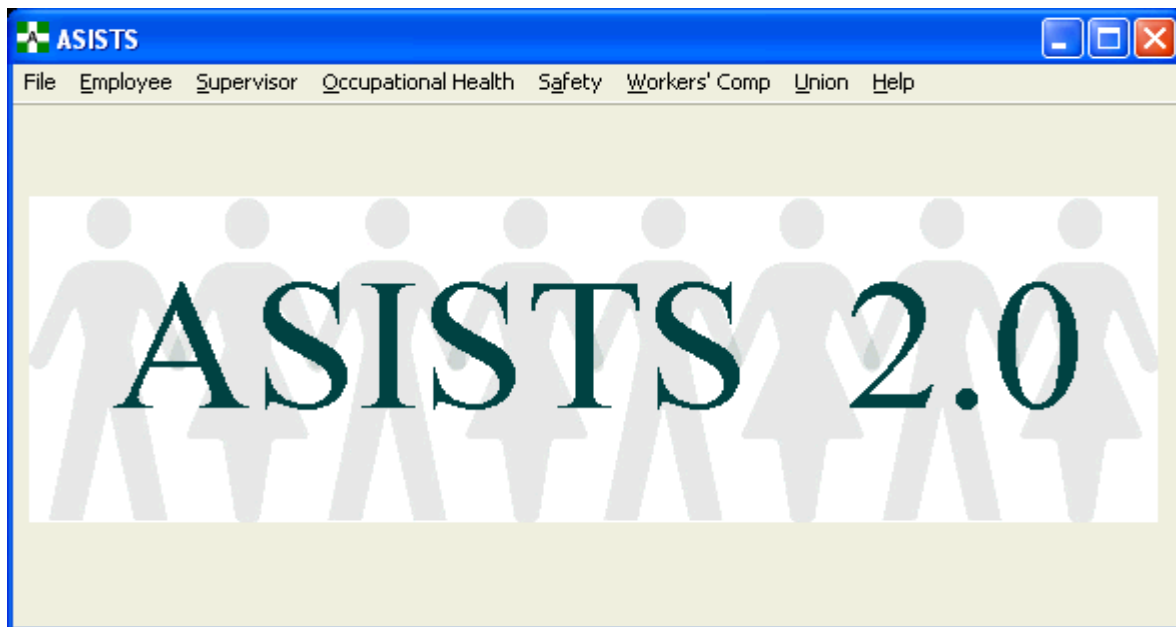
OSHA

For information on OSHA's recordkeeping requirements, go to their website at <http://www.osha.gov/> where you can see the entire regulation on recordkeeping for injury and illness tracking in the work environment.

ASISTS Menus

There are many different users of the ASISTS application - the employee, supervisor, Occupational Health worker, safety official, workers' compensation specialist, and union representative. Each user is assigned different privileges and a different set of menu options based on their role.

The ASISTS software is organized into the following menus: Employee, Supervisor, Occupational Health, Safety, Workers' Comp, and Union.



Employee Menu

All employees have Vista access and are assigned the Employee Menu options. The Employee Menu provides the employee access to initiate a worker's compensation claim. Other menu options ensure the employee has access to the Employee Bill of Rights, as well as the ability to electronically validate and sign their claims. Users of the Employee Menu can only see their own incidents. The Employee Menu contains these options.

- Complete/Validate/Sign CA1
- Complete/Validate/Sign CA2
- Employee Bill of Rights
- Request for Compensation (CA7)

Supervisor Menu

The Supervisor Menu may be assigned to any user with supervisory duties. The user creating the Incident Record will list the supervisor(s) of the employee involved. The Supervisor Menu provides a variety of tasks to facilitate efficient and accurate incident reporting.

Users with this menu only see records that have their name listed in the Supervisor or Secondary Supervisor fields on the Report of Incident. The Supervisor Menu contains these options.

- Create Incident Report
- Print CA1/CA2
- Complete/Validate/Sign Incident Report
- Complete/Validate/Sign CA1
- Complete/Validate/Sign CA2
- Employee Bill of Rights
- Print Report of Incident
- Print Incident Report Status

Occupational Health Menu

The Occupational Health Menu is assigned to users who work in the Occupational Health Unit (Employee Health). Infection Control can be enrolled in the OOPS EH mail group to receive email messages regarding bloodborne pathogen exposure. Users with this menu can access all incidents within their facility. The Occupational Health Menu contains these options.

- Create Incident Report
- Edit/Validate Stub Record
- Employee Bill of Rights
- Reports
 - Log of Needlestick Incidents
 - Print Incident Report Status
 - Print Report of Incident
 - Summary Incident Reports
 - Display OSHA 300 Log

Safety Menu

The Safety Menu is assigned to the safety official at the facility. Users with this menu can access all incidents within their facility. The Safety Menu contains these options.

- Change Status of Case
- Create Incident Report
- Create Amendment
- Complete/Validate/Sign Incident Report
- Edit Site Parameter
- Employee Bill of Rights
- Enter/Edit Location of Injury Detail
- Manual Transmission of National Database Data
- OSHA 300 Options
 - Classify Incident Outcome
 - Enter/Edit OSHA 300A Summary Data
 - Display Incident Outcome Report
 - Display Incidence Rates Worksheet
 - Display OSHA 300A Summary
 - Display OSHA 300 Log
- Reports
 - Log of Federal Occupational Injuries and Illnesses
 - Log of Needlestick Incidents
 - Print Incident Report Status
 - Print Report of Incident
 - Summary Incident Reports
 - Location of Injury Report

Workers' Comp Menu

The Workers' Comp Menu is assigned to workers' compensation specialists at the facility. Users with this menu can access all incidents within their facility. The Workers' Comp Menu contains these options.

- Change Status of Case
- Complete/Validate/Sign CA1
- Complete/Validate/Sign CA2
- Electronically Sign for Employee
- Employee Bill of Rights
- Enter/Edit Union Information
- Print Blank CA1/CA2/CA7
- Edit Site Parameter
- Print CA1/CA2
- Print CA-7
- Print Dual Benefits Form
- Manual Transmission of DOL Data
- OSHA 300 Options
 - Display OSHA 300A Summary
 - Display OSHA 300 Log
- Request for Compensation (CA7)
- Reports
 - Log of Needlestick Incidents
 - Print Incident Report Status
 - Print Report of Incident
 - Summary Incident Reports
 - Filing Instructions Report
 - Reason for Controvert Report
 - Reason for Dispute Report

Union Menu

The Union Menu is assigned to the union representative members of the Accident Review Board at the facility. The Union menu provides the ability to see the Employee Bill of Rights and modified reports without names. Users with this menu can access all incidents within their facility. The Union contains these options.

- Employee Bill of Rights

- Reports

 - Display OSHA 300 Log

 - Log of Federal Occupational Injuries and Illness

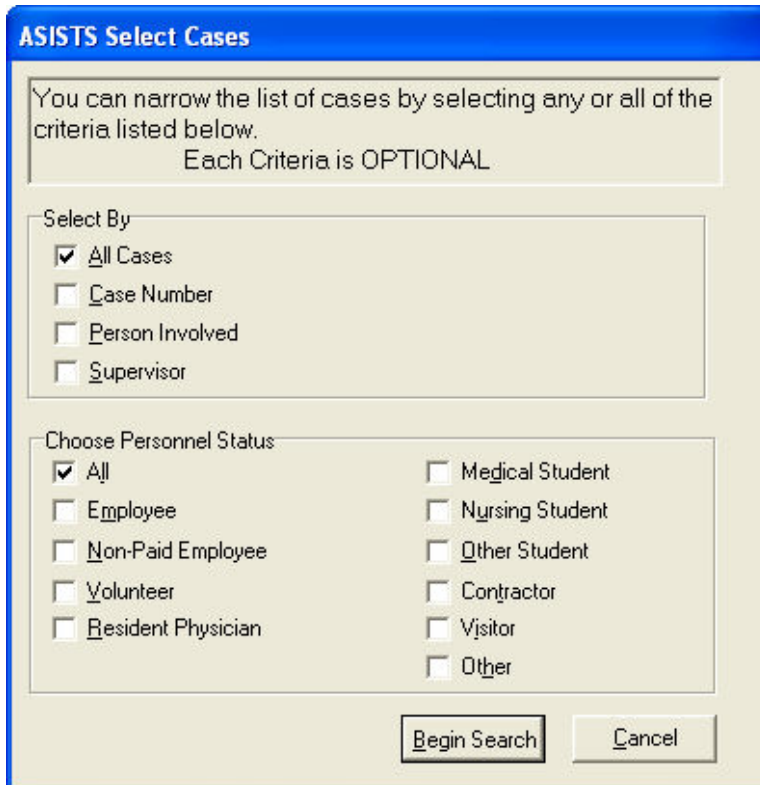
 - Print Incident Report Status

 - Print Report of Incident

Common Screens

The screens shown below are common to many of the ASISTS options. They are displayed here and, for the most part, not shown in each individual option documentation.

ASISTS Select Case Screen



The screenshot shows a dialog box titled "ASISTS Select Cases". At the top, a text box contains the instruction: "You can narrow the list of cases by selecting any or all of the criteria listed below. Each Criteria is OPTIONAL". Below this are two sections of checkboxes. The first section, "Select By", includes "All Cases" (checked), "Case Number", "Person Involved", and "Supervisor". The second section, "Choose Personnel Status", includes "All" (checked), "Employee", "Non-Paid Employee", "Volunteer", "Resident Physician", "Medical Student", "Nursing Student", "Other Student", "Contractor", "Visitor", and "Other". At the bottom right are "Begin Search" and "Cancel" buttons.

This screen allows the user to narrow the search criteria when selecting a case.

Name Search Screen

Name Search Screen

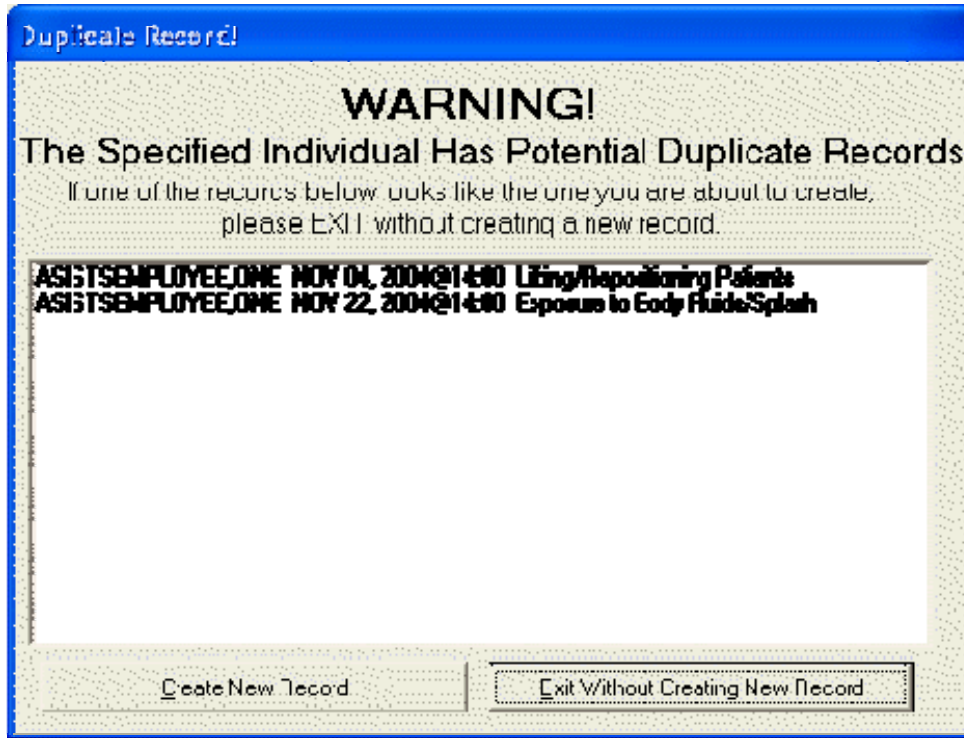
Type in a Name or SSN (do not use DASHES (-) in the SSN)
or enter the first letter of the last name and last 4 digits of the SSN;
then Press Search

** Search Name:

Person Involved

This screen allows the user to search for an individual who is in the PAID and/or ASISTS database.

Duplicate Record Screen



After the individual has been selected, the system will check to see if there is a currently Open case for any person with the same social security number. If applicable, the above screen is displayed.

Option Documentation

The Option Documentation Section contains documentation for all ASISTS software options presented in alphabetical order as listed below. In as much as different users may be assigned a variety of options, this section provides quick access to any specific option documentation.

- Change Status of Case
- Classify Incident Outcome
- Complete/Validate/Sign CA1
- Complete/Validate/Sign CA2
- Complete/Validate/Sign Incident Report
- Create Amendment
- Create Incident Report

- Display Incident Outcome Report
- Display Incidence Rates Worksheet
- Display OSHA 300 Log
- Display OSHA 300A Summary

- Edit Site Parameter
- Edit/Validate Stub Record
- Electronically Sign for Employee
- Employee Bill of Rights
- Enter/Edit Location of Injury Detail
- Enter/Edit OSHA 300A Summary Data
- Enter/Edit Union Information

- Filing Instructions Report

- Location of Injury Report
- Log of Federal Occupational Injuries and Illnesses
- Log of Needlestick Incidents

- Manual Transmission of DOL Data
- Manual Transmission of National Database Data

Option Documentation

Print Blank CA1/CA2/CA7

Print CA1/CA2

Print CA-7

Print Dual Benefits Form

Print Incident Report Status

Print Report of Incident

Reason for Controvert Report

Reason for Dispute Report

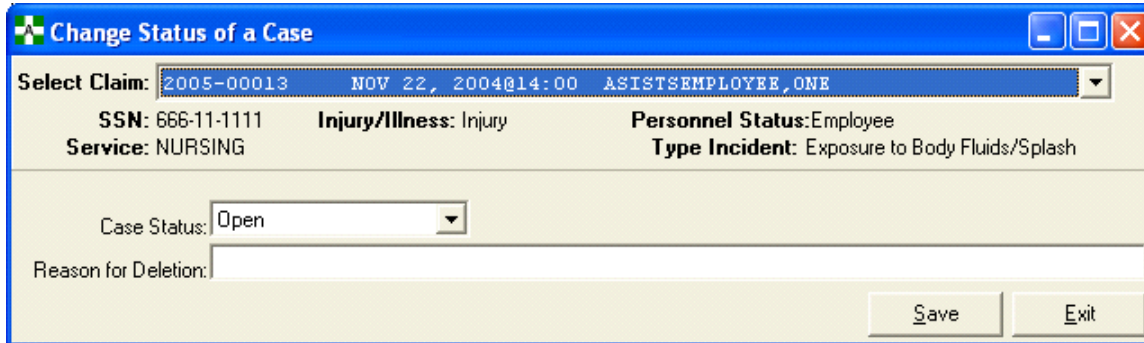
Request for Compensation (CA7)

Summary Incident Reports

Change Status of Case

This option is found on the Safety and Worker's Comp Menus.

Only the safety official or the workers' compensation specialist has the option to change the status of a case. After the case has been selected, the Case Status can be changed to Open, Closed, or Deleted. If the status is Deleted, the Reason for Deletion is required.



The screenshot shows a Windows-style dialog box titled "Change Status of a Case". The dialog has a blue title bar with standard minimize, maximize, and close buttons. The main area is light beige and contains the following elements:

- A "Select Claim:" dropdown menu with the text "2005-00013 NOV 22, 2004@14:00 ASISTSEMPLOYEE, ONE".
- Fields for "SSN: 666-11-1111", "Injury/Illness: Injury", and "Personnel Status: Employee".
- Fields for "Service: NURSING" and "Type Incident: Exposure to Body Fluids/Splash".
- A "Case Status:" dropdown menu currently set to "Open".
- A "Reason for Deletion:" text input field.
- Two buttons at the bottom right: "Save" and "Exit".

NOTE: Closing, deleting, or replacing a record by amendment removes it from all selection lists except for print options.

Classify Incident Outcome

This option can be found on the Safety Menu under OSHA 300 Options.

This option will enable either the safety official or workers' comp specialist to track how the incident impacted the individual. This screen is used to enter incident outcome data for any work-related case which is recorded on the OSHA 300 Log. The system will calculate the total days the individual has accumulated for all added incident outcome classification entries. The result will be the summation of the actual number of days for both *Away From Work* and *Job Transfer/Restriction* entries. If the calculated total days for a specific case exceeds 180 days, the maximum number of days that will be reported for that case on the OSHA 300 Log will be 180 days.

Cases available for incident outcome classification include both Open/Closed cases as well as any case that has been electronically transmitted to the National Database or the Department of Labor. *Deleted* and *Replaced by Amendment* cases cannot be selected.

The four Incident Outcome Classifications are as follows.

- Other Recordable – This classification can only be selected for the first entry for an individual. This is a recordable event from the 29 CFR1904 Occupational Injury and Illness Recording and Reporting Requirements.
- Job Transfer/Restriction – This classification is selected when an employee is restricted from performing routine tasks that occur more than once a week or is transferred to another position because of the work-related incident.
- Away From Work – This classification equates to any day after the date of injury that the employee is not at work.
- Death – This classification is selected when the incident results in a fatality and will require a date of death to be entered.

Date of Classification – Includes the Start Date and End Date

- Start Date – The start date cannot be a future date and cannot be on or before the previous entry's end date.
- End Date – This end date cannot precede the start date and cannot be a future date.

Date of Death - If the incident outcome classification is Death, then the Date of Death is required.

Estimated Return Date (must be future date) - The estimated return date is not used in any OSHA 300 Log calculations and it does not default from one outcome classification entry to the next.

Classify Incident Outcome

Select Claim:

SSN: Injury/Illness: Personnel Status:
 Service: Type Incident:

Incident Classification on File

Add Edit Delete

Initial Classification:
 Other Recordable

Classifications:
 Away from Work
 Job Transfer / Restriction
 Death

** Classification Start Date: Estimated Return Date:
 Classification End Date: Date of Death:

Save Cancel Print Report Exit

Add Incident

The Start Date and Incident Outcome Classification are required in order to add an entry. In order to add a second (or subsequent) entry, an end date must be entered for the previous entry.

Edit Incident

If an end date is not entered for the last incident outcome entry, it can be edited by clicking the edit button.

Delete Incident

If an end date is entered for the last incident outcome entry, the entry can be deleted.

Complete/Validate/Sign CA1

This option can be found on the Employee, Supervisor, and Worker's Comp Menus.

All CA-1s begin with an Incident Report.

The Complete/Validate/Sign CA1 option allows the supervisor to complete information on the Supervisor's Report of the CA-1. Certain data elements collected on the Incident Report are also used on the Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation (CA-1) and the Notice of Occupational Disease and Claim for Compensation (CA-2).

The Employee Data, Injury/Witness Data, Agency, Work Schedule, Third Party, Physician, Filing Instructions, and OWCP tabs comprise the CA-1 Form. Each user may see and/or access a different set of tabs according to the type of incident and/or the type of access the user has. For example, from the Employee Menu, the Case Selection List only displays the user's cases. Also, the supervisor can only retrieve cases where they are listed as the supervisor or secondary supervisor.

Required fields are indicated with a double asterisk (**).

Complete/Validate/Sign CA1

Employee Data Tab

The Employee Data Tab is the main entry/edit point for processing CA-1 claims.

Only the employee and/or the workers' compensation specialist may enter data on this screen. If the employee is incapacitated, the workers' compensation specialist may electronically sign for the employee via the Electronically Sign for Employee option.

The supervisor can see the fields on this screen, but may only edit the Supervisor or Secondary Supervisor fields. To make changes to the data on this screen, use the Edit/Validate Stub Record menu option.

The screenshot shows a software window titled "Worker's Compensation Edit Employee CA-1 Form". At the top, there is a "Select Claim:" dropdown menu. Below it are three columns of labels: "SSN: Service:", "Injury/Illness:", and "Personnel Status: Type Incident:". A horizontal tab bar contains the following tabs: "Employee Data", "Injury/Witness Data", "Agency", "Work Schedule", "Third Party", "Physician", "Filing Instructions", and "OWCP". The "Employee Data" tab is active. The form is divided into two main sections: "Employee Data" on the left and "Request Information" on the right. The "Employee Data" section includes fields for:

- ** Name: (text box)
- ** SSN: (text box)
- ** Date of Birth: (text box)
- ** Sex: (radio buttons for Female and Male)
- ** Home Phone: (text box)
- Grade/Step: (text box)
- ** Home Address: (text box)
- ** City: (text box)
- ** State: (dropdown menu)
- ** Zip Code: (text box)
- Dependents: (dropdown menu)

 The "Request Information" section includes:

- ** Date of This Notice: (text box)
- ** Request Pay or Leave: (dropdown menu)
- ** Place Where Injury Occurred Information:
 - ** Location: (text box)
 - ** Address: (text box)
 - ** City: (text box)
 - ** State: (dropdown menu) and ** Zip: (text box)
- ** Supervisor: (text box)
- Secondary Supervisor: (text box)

 At the bottom of the window, there is a navigation bar with buttons for "Prev", "Next", "Print", "Sign/Validate", "Save", and "Exit".

Complete/Validate/Sign CA1

Injury/Witness Data Tab

Miscellaneous injury data along with all the witness information is contained on this tab.

The screenshot shows a software window titled "Worker's Compensation Edit Employee CA-1 Form". At the top, there are fields for "Select Claim:" (a dropdown menu), "SSN: Service:", "Injury/Illness:", and "Personnel Status: Type Incident:". Below these is a tabbed interface with the following tabs: "Employee Data", "Injury/Witness Data" (which is selected), "Agency", "Work Schedule", "Third Party", "Physician", "Filing Instructions", and "OWCP".

The "Injury Data" section contains the following fields:

- ** Employee's Occupation: [text input]
- ** Date/Time Injury Occurred: [text input]
- ** Cause of Injury Code: [dropdown menu]
- ** Cause of Injury: [text input]
- (Identify both the injury and the part of the body: e.g. fracture of left leg)
- ** Nature of Injury: [text input]

The "Witness" section contains the following fields:

- Name: [text input]
- Street: [text input]
- City: [text input]
- State: [text input] Zip: [text input]
- Date Signed: [text input]

To the right of the witness fields is a large empty box with the instruction "Click on a name in the list to edit or delete". Below this box are three buttons: "Add Witness", "Edit Witness", and "Delete Witness".

At the bottom of the window is a navigation bar with buttons: "Prev", "Next", "Print", "Sign/Validate", "Save", and "Exit".

Complete/Validate/Sign CA1

Agency Tab

Duty station, agency, and additional employee information are contained on this tab.

The screenshot shows a software window titled "Worker's Compensation Edit Employee CA-1 Form". At the top, there is a "Select Claim:" dropdown menu. Below it are labels for "SSN: Service:", "Injury/Illness:", and "Personnel Status: Type Incident:". A horizontal tab bar contains "Employee Data", "Injury/Witness Data", "Agency", "Work Schedule", "Third Party", "Physician", "Filing Instructions", and "OWCP". The "Agency" tab is active. The form is divided into two main sections: "Employee Duty Station" and "Agency".

Employee Duty Station:

- ** Duty Station: [Dropdown]
- ** Street: [Text Box]
- ** City: [Text Box]
- ** State: [Dropdown] ** Zip: [Text Box]

Agency:

- ** Name: [Text Box]
- ** Street: [Text Box]
- ** City: [Text Box]
- ** State: [Dropdown] ** Zip: [Text Box]

Employee Data Continued...

- Education: [Text Box]
- Cost Center/Org: [Text Box]
- ** Employee's Retirement: [Dropdown]

At the bottom of the window, there is a navigation bar with buttons: "Prev", "Next", "Print", "Sign/Validate", "Save", and "Exit".

Complete/Validate/Sign CA1

Work Schedule Tab

Information pertaining to an individual's work hours, work schedule, incident dates/times, and pay rate are on this tab.

The screenshot shows a software window titled "Worker's Compensation Edit Employee CA-1 Form". At the top, there are fields for "Select Claim:", "SSN:", "Injury/Illness:", "Personnel Status:", and "Service:". Below these is a tabbed interface with "Work Schedule" selected. The "Work Schedule" tab contains several sections: "Regular Work Hours" with "From:" and "To:" dropdowns; "Regular Work Schedule" with checkboxes for days of the week (Sunday through Saturday); "Date/Time's" with fields for "Date/Time of Injury:", "Date of Notice Received:", "Date/Time Stopped Work:", "Date Pay Stopped:", "Date 45 Day Period Began:", and "Date/Time Returned to Work:"; and "Pay Rate when Employee Stopped Work:" with a text field and a "Per:" dropdown. At the bottom of the window are buttons for "Prev", "Next", "Print", "Sign/Validate", "Save", and "Exit".

Complete/Validate/Sign CA1

Third Party Tab

Information pertaining to the third party and incident specific questions is located on this tab.

Worker's Compensation Edit Employee CA-1 Form

Select Claim: [Dropdown]

SSN: [Field] Injury/Illness: [Field] Personnel Status: [Field]
 Service: [Field] Type Incident: [Field]

Employee Data | Injury/Witness Data | Agency | Work Schedule | **Third Party** | Physician | Filing Instructions | OWCP

NOTE Don't include Patient and/or Employee as 3rd Party:

*** Was Injury Caused by 3RD Party:
 Yes (1) No (2)

*** Was Injury caused by Employee's Misconduct, Intoxication, or Intent to Injure Self or Another:
 Yes (5) No (6)

Name and Address of Third Party:
 Name: [Field]
 Street: [Field]
 City: [Field]
 State: [Dropdown]
 Zip: [Field]

*** Was Employee Injured in Performance of Duty:
 Yes (7) No (8)

Date Employee first received medical care:
 [Field]

*** Does your Knowledge of the Facts agree with Statements of the Employee:
 Yes (9) No (0)

*** Do medical reports show employee is Disabled for Work:
 Yes(3) No(4)

Prev Next Print Sign/Validate Save Exit

Complete/Validate/Sign CA1

Physician Tab

Information pertaining to the physician providing medical care, agency controvert of claim, and agency dispute of claim is on this tab.

The screenshot shows a software window titled "Worker's Compensation Edit Employee CA-1 Form". The window has a blue title bar and standard Windows window controls. Below the title bar, there are several input fields: "Select Claim:" with a dropdown arrow, "SSN:" with a text box, "Injury/Illness:" with a text box, and "Personnel Status:" with a text box. Below these are "Service:" and "Type Incident:" labels. A tabbed interface is visible with tabs for "Employee Data", "Injury/Witness Data", "Agency", "Work Schedule", "Third Party", "Physician" (which is selected), "Filing Instructions", and "OWCP". The "Physician" tab contains two main sections. The first section, "Physician First Providing Medical Care", includes fields for "Physician Name:", "Title:" (with a dropdown), "Street:", "City:", "State:" (with a dropdown), and "Zip:". The second section contains two radio button questions: "Does the agency controvert this claim:" with options "Yes (1)" (selected) and "No (2)"; and "Does the agency dispute this claim:" with options "Yes (3)" and "No (4)". Below these is a "Reason For Dispute Code:" dropdown and a "State the Reason in Detail:" text area. A third section, "Reason for Controvert", lists ten radio button options: a) The disability was not caused by a traumatic injury; b) The employee is a volunteer working without pay or for nominal pay, or a member of the office staff of a former President; c) The employee is not a citizen or a resident of the United States or Canada; d) The injury occurred off the employing agency's premises and the employee was not involved in official "off premise" duties; e) The injury was proximately caused by the employees willful misconduct, intent to bring about injury or death to self of another person, or intoxication; f) The injury was not reported on Form CA-1 within 30 days following the injury; g) Work stoppage first occurred 45 days or more following the injury; h) The employee initially reported the injury after his or her employment was terminated; i) The employee is enrolled in the Civil Air Patrol, Peace Corps, Youth Conservation Corps, Work Study Programs, or other similar groups; and j) Unknown (selected). At the bottom of the window, there are buttons for "Prev", "Next", "Print", "Sign/Validate", "Save", and "Exit".

Complete/Validate/Sign CA1

Filing Instructions Tab

Filing instructions and supervisor information such as title and phone number are stored on this tab.

Worker's Compensation Edit Employee CA-1 Form

Select Claim:

SSN: Injury/Illness: Personnel Status:

Service: Type Incident:

Employee Data | Injury/Witness Data | Agency | Work Schedule | Third Party | Physician | **Filing Instructions** | OWCP

Exception and Filing Instructions

A Supervisor who knowingly certifies to any false statement, misrepresentation, concealment of fact, etc., in respect of this claim may also be subject to appropriate felony criminal prosecution.

I certify that the information given above and that furnished by the employee is true to the best of my knowledge with the following exception.

Exception:

*** Filing Instructions:

- 1) No Lost Time and no Medical Expenses
- 2) No Lost Time, Medical Expenses incurred
- 3) Lost Time covered by leave LWOP or COP
- 4) First Aid Injury

** Supervisor Title: ** Office Phone: Extension:

THE EMPLOYEE MUST ELECTRONICALLY SIGN BEFORE THE SUPERVISOR

Once you have electronically signed the CA-1, it is your responsibility to:

Print a hardcopy of the form
 Sign the hardcopy in blue Ink
 Have the Employee sign the hardcopy in blue ink
 Deliver the hardcopy to HRMS immediately

Prev Next Print Sign/Validate Save Exit

Complete/Validate/Sign CA1

OWCP Tab

Information only accessible to OWCP personnel is contained on this tab.

Worker's Compensation Edit Employee CA-1 Form

Select Claim: [Dropdown]

SSN: [Text] Service: [Text] Injury/Illness: [Text] Personnel Status: [Text]
Type Incident: [Text]

Employee Data | Injury/Witness Data | Agency | Work Schedule | Third Party | Physician | Filing Instructions | **OWCP**

** OWCP Chargeback Code: [Dropdown]

OWCP Chargeback Code Suffix: [Text]

** OWCP District Office: [Dropdown]

** OWCP Nature of Injury Code: [Dropdown]

** Injury Type Code: [Dropdown]

** Injury Source Code: [Dropdown]

Approve For Transmission to DOL

Prev Next Print Sign/Validate Save Exit

Complete/Validate/Sign CA1

Prevention of Dual Benefits

In order to prevent a veteran from receiving dual benefits for the same injury or death (Federal Employees' Compensation Act (FECA), Section 8116), a Dual Benefits form will be attached to the CA1 claim. This form must be signed by both the employee and workers' compensation personnel indicating that this claim is not a claim covered by another military claim.

When the employee selects the Complete/Validate/Sign CA-1 option, "Are you a Veteran" is displayed as a popup message. If the response is NO, the CA1 form will be displayed. If the response is YES, the Dual Benefits form will be displayed for the user to complete. If the user responds Yes to "Do you refuse to answer the Dual Benefits questions on this form", they will not be required to respond to the dual benefits questions and can save and exit the Dual Benefits form to get to the CA form. If the user responds NO, the user can answer the dual benefit questions and sign the Dual Benefit form prior to accessing the CA form. The employee will not have to sign the Dual Benefits form prior to signing the CA form.

The Dual Benefits form will be kept in the employee's workers' compensation file that is maintained by the facility. It is not transmitted to the DOL. It will be sent to the local VA Regional VBA Office for veteran employees filing an OWCP claim for injuries involving those for which they are service-connected and receiving compensation and pension funds from the Department of Veterans Affairs.

Complete/Validate/Sign CA1

Dual Benefit Questionnaire

PREVENTION OF DUAL BENEFITS FOR A JOB RELATED INJURY/ILLNESS

The Federal Employees' Compensation Act (FECA), Seciton 8116, prohibits an employee from receiving workers' compensation under the FECA and veterans benefits administered by Veterans Benefits Administration (VBA) for the same injury or death.

Name: ASISTS,EMPLOYEE TWENTYT **SSN:** 666-06-6623
Date of Job-Related Injury: JUL 30, 2008@06:30
Part(s) of the body (involved in job-related injury):

*** Do you refuse to answer the Dual Benefits questions on this form:
 Yes No

Are you currently receiving veteran benefits for a military-connected disability:
 Yes No Or:

Do you have a claim for a military-connected disability benefits pending:
 Yes (1) No (2)

Veteran Benefits Admin (VBA) Number:

Part(s) of body involved in your military claim:

Condition accepted in your military claim:

I was informed of the regulations involved in filing a claim for Workers' Compensation and a claim or increase in my VBA benefit for military-connected disability. If both are approved, I understand that I must make an election between the two benefits and will notify the Workers' Compensation Specialist at my employing facility of what I choose.

Employee Signature: _____ Date Signed: _____
Workers' Comp Specialist Signature: _____ Date Signed: _____

This form will be filed in your claim for workers' compensation benefits and with VA Regional Office, VBA office. If you have any questions regarding this form, please contact your Worker's Compensation Specialist

Print Sign/Validate Save Exit

Complete/Validate/Sign CA2

This option can be found on the Employee, Supervisor, and Worker's Comp Menus.

All CA2s begin with a Report of Incident.

Certain data elements collected on the Report of Incident are also used on the Notice of Occupational Disease and Claim for Compensation (CA-2).

The Employee Data, Claim Information, Agency, Work Schedule, Third Party, Physician, Signatures, and OWCP tabs comprise the CA-2 Form. Each user may see and/or access a different set of tabs according to the type of incident and/or the type of access the user has. For example, from the Employee Menu, the Case Selection List only displays the user's cases. Also, the supervisor can only retrieve cases where they are listed as the supervisor or secondary supervisor.

Required fields are indicated with a double asterisk (**).

Complete/Validate/Sign CA2

Employee Data Tab

The Employee Data Tab is the main entry/edit point for processing CA-2 claims.

Only the employee and/or the workers' compensation specialist may enter data on this screen. If the employee is incapacitated, the workers' compensation specialist may electronically sign for the employee via the Electronically Sign for Employee option.

The supervisor can see the fields on this screen, but may only edit the Supervisor or Secondary Supervisor fields. To make changes to the data on this screen, use the Edit/Validate Stub Record menu option.

Worker's Compensation Validate and Sign CA-2 form

Select Claim: [Dropdown]

SSN: Service: Injury/Illness: Personnel Status: Type Incident:

Employee Data | Claim Information | Agency | Work Schedule | Third Party | Physician | Signatures | OWCP

Employee Data:

** Name: [Text Box]
** SSN: [Text Box]
** Date of Birth: [Text Box]
** Sex: Female Male
** Home Phone: [Text Box]
Grade/Step: [Text Box]
** Home Address: [Text Box]
** City: [Text Box]
** State: [Dropdown]
** Zip Code: [Text Box]
Dependents: [Dropdown]

Illness Information:

** Employee's Occupation: [Text Box]
** Cause of Injury Code: [Dropdown]
** Location at Time of Illness: [Text Box]
** Street Address: [Text Box]
** City: [Text Box]
** State: [Dropdown]
** Zip Code: [Text Box]
** Supervisor: [Text Box]
Secondary Supervisor: [Text Box]

Prev Next Print Sign/Validate Save Exit

Complete/Validate/Sign CA2

Claim Information Tab

Information pertaining to the dates of disease or illness, nature of disease or illness, and reasons for delay is located on this tab.

Worker's Compensation Validate and Sign CA-2 form

Select Claim: [Dropdown]

SSN: Service: Injury/Illness: Personnel Status: Type Incident:

Employee Data | Claim Information | Agency | Work Schedule | Third Party | Physician | Signatures | OWCP

** Date you first became aware of the disease or illness: [Text Box]

** Date you first realized the disease or illness was caused or aggravated by your employment: [Text Box]

** Explain the relationship to your employment and why you came to this realization: [Text Area]

** Nature of Disease or Illness: [Text Area]

If this notice and claim was not filed with the employing agency within thirty days explain the reason for the delay below: [Text Area]

If a separate narrative statement is not submitted with this form explain the reason for delay: [Text Area]

If medical reports are not submitted with this form explain the reason for the delay: [Text Area]

Prev Next Print Sign/Validate Save Exit

Complete/Validate/Sign CA2

Agency Tab

Duty station, agency, and additional employee information is located here.

Worker's Compensation Validate and Sign CA-2 form

Select Claim: [Dropdown]

SSN: Service: Injury/Illness: Personnel Status: Type Incident:

Employee Data | Claim Information | **Agency** | Work Schedule | Third Party | Physician | Signatures | OWCP

Employee Duty Station:

** Duty Station: [Dropdown]

** Street: [Text Box]

** City: [Text Box]

** State: [Dropdown] ** Zip: [Text Box]

Agency:

** Name: [Text Box]

** Street: [Text Box]

** City: [Text Box]

** State: [Dropdown] ** Zip: [Text Box]

Employee Data Continued

Cost Center/Org: [Text Box]

** Employee's Retirement: [Dropdown]

Prev Next Print Sign/Validate Save Exit

Complete/Validate/Sign CA2

Work Schedule Tab

Information pertaining to work hours and schedule along with incident dates/times are contained here.

Complete/Validate/Sign CA2

Third Party Tab

Information pertaining to third party and incident specific questions is located on this tab.

Worker's Compensation Validate and Sign CA-2 form

Select Claim: [Dropdown]

SSN: Service: Injury/Illness: Personnel Status: Type Incident:

Employee Data | Claim Information | Agency | Work Schedule | **Third Party** | Physician | Signatures | OWCP

*** Was Illness Caused by third Party? Do not Include Patient or Employee

Yes (1) No (2)

Name and Address of Third Party:

Name: [Text Box]

Street: [Text Box]

City: [Text Box]

State: [Dropdown]

Zip: [Text Box]

Prev Next Print Sign/Validate Save Exit

Complete/Validate/Sign CA2

Physician Tab

Information pertaining to the physician and medical treatment is contained here.

Worker's Compensation Validate and Sign CA-2 form

Select Claim: [Dropdown]

SSN: [Field] Injury/Illness: [Field] Personnel Status: [Field]
Service: [Field] Type Incident: [Field]

Employee Data | Claim Information | Agency | Work Schedule | Third Party | **Physician** | Signatures | OWCP

Physician First Providing Medical Care

Physician Name: [Field]
Title: [Dropdown]
Street: [Field]
City: [Field]
State: [Dropdown]
Zip: [Field]

Medical

Date Employee first received medical care: [Field]

*** Do medical reports show employee is Disabled for Work:
 Yes (1) No (2)

Prev Next Print Sign/Validate Save Exit

Complete/Validate/Sign CA2

Signatures Tab

Filing instructions and supervisor information such as title and phone number are located on this tab.

Worker's Compensation Validate and Sign CA-2 form

Select Claim: [Dropdown]

SSN: Service: Injury/Illness: Personnel Status: Type Incident:

Employee Data | Claim Information | Agency | Work Schedule | Third Party | Physician | Signatures | QWCP

Signature of Supervisor and Filing Instructions

A Supervisor who knowingly certifies to any false statement, misrepresentation, concealment of fact, etc., in respect of this claim may also be subject to appropriate felony criminal prosecution.

I certify that the information given above and that furnished by the employee is true to the best of my knowledge with the following exception.

Exception: [Text Box]

** Supervisor Title: [Text Box]

** Office Phone: [Text Box] - [Text Box]

Extension: [Text Box]

Once you have electronically signed the CA-2, it is your responsibility to:

Print a hardcopy of the form
Sign the hardcopy in blue ink
Have the Employee sign the hardcopy in blue ink
Deliver the hardcopy to HRMS immediately

Prev Next Print Sign/Validate Save Exit

Complete/Validate/Sign CA2

OWCP Tab

Information only available to OWCP personnel is located on this tab.

Worker's Compensation Validate and Sign CA-2 form

Select Claim: [Dropdown]

SSN: [Field] Injury/Illness: [Field] Personnel Status: [Field]
 Service: [Field] Type Incident: [Field]

Employee Data | Claim Information | Agency | Work Schedule | Third Party | Physician | Signatures | **OWCP**

** OWCP Chargeback Code: [Dropdown]
 OWCP Chargeback Code Suffix: [Text Field]
 ** OWCP District Office: [Dropdown]
 ** OWCP Nature of Injury Code: [Dropdown]
 ** Injury Type Code: [Dropdown]
 ** Injury Source Code: [Dropdown]

Approve For Transmission to DOL

Prev | Next | Print | Sign/Validate | Save | Exit

Complete/Validate/Sign CA2

Prevention of Dual Benefits

In order to prevent a veteran from receiving dual benefits for the same injury or death (Federal Employees' Compensation Act (FECA), Section 8116), a Dual Benefits form will be attached to the CA2 claim. This form must be signed by both the employee and workers' compensation personnel indicating that this claim is not a claim covered by another military claim.

When the employee selects the Complete/Validate/Sign CA-2 option, "Are you a Veteran" is displayed as a popup message. If the response is NO, the CA2 form will be displayed. If the response is YES, the Dual Benefits form will be displayed for the user to complete. If the user responds Yes to "Do you refuse to answer the Dual Benefits questions on this form", they will not be required to respond to the dual benefits questions and can save and exit the Dual Benefits form to get to the CA form. If the user responds NO, the user can answer the dual benefit questions and sign the Dual Benefit form prior to accessing the CA form. The employee will not have to sign the Dual Benefits form prior to signing the CA form.

The Dual Benefits form will be kept in the employee's workers' compensation file that is maintained by the facility. It is not transmitted to the DOL. It will be sent to the local VA Regional VBA Office for veteran employees filing an OWCP claim for injuries involving those for which they are service-connected and receiving compensation and pension funds from the Department of Veterans Affairs.

Complete/Validate/Sign CA2

Dual Benefit Questionnaire

PREVENTION OF DUAL BENEFITS FOR A JOB RELATED INJURY/ILLNESS

The Federal Employees' Compensation Act (FECA), Section 8116, prohibits an employee from receiving workers' compensation under the FECA and veterans benefits administered by Veterans Benefits Administration (VBA) for the same injury or death.

Name: ASISTSEMPLOYEE_ONE **SSN:** 666-11-1111

Date of Job-Related Injury: NOV 22, 2004@14:00

Part(s) of the body (involved in job-related injury): SINGLE EYE

Are you a Veteran: <input type="radio"/> Yes <input type="radio"/> No	If Yes:	Are you currently receiving veteran benefits for a military-connected disability: <input type="radio"/> Yes <input type="radio"/> No	Or:	Do you have a claim for a military-connected disability benefits pending: <input type="radio"/> Yes <input type="radio"/> No
--	---------	---	-----	---

** Veteran Benefits Admin (VBA) Number:

** Part(s) of body involved in your military claim:

** Condition accepted in your military claim:

I was informed of the regulations involved in filing a claim for Workers' Compensation and a claim or increase in my VBA benefit for military-connected disability. If both are approved, I understand that I must make an election between the two benefits and will notify the Workers' Compensation Specialist at my employing facility of what I choose.

Employee Signature:	Date Signed:
Workers' Comp Specialist Signature:	Date Signed:

This form will be filed in your claim for workers' compensation benefits and with VA Regional Office, VBA office.

Complete/Validate/Sign Incident Report

This option can be found on the Supervisor and Safety Menus.

The Complete/Validate/Sign Incident Report option allows the supervisor to enter information about an incident. It provides the foundation for entering data for the Report of Incident. Some data elements collected on the Report of Incident are also used on the Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation (CA-1) and the Notice of Occupational Disease and Claim for Compensation (CA-2) forms.

There are seven tabs - Employee Data, General Setting, Other Factors, Exposure, Equipment, OSHA, and Signatures - that comprise the Incident Form. Each user may see and/or access a different set of tabs according to the type of incident and/or the type of access the user has. The supervisor can only retrieve cases where they are listed as the supervisor or secondary supervisor.

Required fields are indicated with a double asterisk (**) and must be completed before the record can be saved.

Complete/Validate/Sign Incident Report

Employee Data Tab

The supervisor can see the fields on this tab, but may only edit the Supervisor or Secondary Supervisor fields. To make changes to the data on this screen, use the Edit/Validate Stub Record menu option.

The screenshot displays the 'Safety Officer Incident Report' application window. At the top, there is a 'Select Claim:' dropdown menu. Below it are labels for 'SSN:', 'Injury/Illness:', and 'Personnel Status:'. A 'Service:' dropdown is also present. A horizontal tab bar includes 'Employee Data', 'General Setting', 'Other Factors', 'Exposure', 'Equipment', 'OSHA', and 'Signatures'. The 'Employee Data' tab is active, showing fields for 'Cost Center/Organization:', 'Occupation:', 'Grade/Step:', and 'Education:'. The 'Person Involved' section contains fields for Name, SSN, Date of Birth, Sex (Female/Male), and Hire Date. The 'Home Address' section includes Street, City, State, Zip Code, and Phone. On the right, there are fields for Station Number, Type of Incident, and Time Work Began. Below these are buttons for 'Supervisor:' and 'Secondary Supervisor:'. At the bottom, there are input fields for 'Supervisor:' and 'Sec Super:'. The bottom navigation bar contains 'Prev', 'Next', 'Print', 'Sign/Validate', 'Save', and 'Exit' buttons.

Complete/Validate/Sign Incident Report

General Setting Tab

Information relating to the general setting/location of the incident is collected in the General Setting tab.

The screenshot displays the 'Safety Officer Incident Report' application window. At the top, there is a title bar with the text 'Safety Officer Incident Report' and standard window controls. Below the title bar, a 'Select Claim:' dropdown menu is visible. The main area is divided into three columns: 'SSN: Service:', 'Injury/Illness:', and 'Personnel Status: Type Incident:'. A tabbed interface is shown below these columns, with the 'General Setting' tab selected. The 'General Setting' tab contains several dropdown menus for data entry: 'General Setting of Incident:', 'Characterization of Injury:', 'Location of Injury:', 'Location of Injury Detail:', 'Side of Body Affected:', 'Body Part Group:', 'Body Part Most Affected:', 'Add Body Part Group:', 'Add Body Part Affected:', and 'How is the Incident Related to a Medical Emergency:'. At the bottom of the window, there is a navigation bar with buttons for 'Prev', 'Next', 'Print', 'Sign/Validate', 'Save', and 'Exit'.

Complete/Validate/Sign Incident Report

Other Factors Tab

This tab contains information concerning the environmental and contributing factors leading to the incident. It also contains the Description of Incident which was previously on the General Settings tab. The six dropdown box fields must be answered before the supervisor can electronically sign the form.

Safety Officer Incident Report

Select Claim: [Dropdown]

SSN: [Text] Injury/Illness: [Text] Personnel Status: [Text]

Service: [Text] Type Incident: [Dropdown]

Employee Data | General Setting | **Other Factors** | Exposure | Equipment | OSHA | Signatures

Weather Factor: [Dropdown] Cause of Incident: [Dropdown]

Source of Incident: [Dropdown] Additional Cause of Incident: [Dropdown]

Prevention Method: [Dropdown] Status of Corrective Action: [Dropdown]

When completing the accident narrative, the basic questions to consider are: What, Where, When, Why, and How did the accident happen. Describe the activity and any tools, equipment, or material the employee was using. Tell us how the injury occurred. What object or substance directly harmed the employee. NOTE: No personal identifiers should be used!
 ** Description of Incident

[Text Area]

Prev Next Print Sign/Validate Save Exit

Complete/Validate/Sign Incident Report

Exposure Tab

If the Type of Incident selected is Exposure to Body Fluids, Needlesticks, Sharps Exposure, or Hollow Bore Needlestick, then the Exposure tab is visible and many of the fields are required.

The screenshot displays the 'Safety Officer Incident Report' application window. The title bar reads 'Safety Officer Incident Report'. Below the title bar, there is a 'Select Claim:' dropdown menu. Below that, there are three labels: 'SSN: Service:', 'Injury/Illness:', and 'Personnel Status: Type Incident:'. A tabbed interface is visible with the following tabs: 'Employee Data', 'General Setting', 'Other Factors', 'Exposure' (which is the active tab), 'Equipment', 'OSHA', and 'Signatures'. The 'Exposure' tab contains several sections: 'Patient Source:' with radio buttons for 'Identifiable', 'Unidentifiable', and 'NA (1)'; 'Contamination:' with radio buttons for 'Yes', 'No', and 'Unknown'; 'Area Exposed to Body Fluids:' which includes an 'Available Area Exposed:' list box, an 'Add (1)' button, a 'Remove' button, and an 'Area Exposed to (on) file:' list box; and an 'Exposure Source:' dropdown menu. Below these sections are several more dropdown menus: 'Purpose of Sharp Object:', 'Activity at Time of Injury:', 'Object Causing Injury:', 'Device Size:', and 'Brand:'. At the bottom of the window, there is a navigation bar with buttons for 'Prev', 'Next', 'Print', 'Sign/Validate', 'Save', and 'Exit'.

Complete/Validate/Sign Incident Report

Equipment Tab

The Equipment tab captures data specific to any equipment or safety device in use at the time of the incident.

The screenshot shows the 'Safety Officer Incident Report' application window. The 'Equipment' tab is selected, showing various input fields and buttons for recording incident details related to equipment and safety devices.

Form Fields and Controls:

- Select Claim:** A dropdown menu.
- SSN:** A text input field.
- Injury/Illness:** A text input field.
- Personnel Status:** A text input field.
- Service:** A text input field.
- Type Incident:** A text input field.
- Navigation Tabs:** Employee Data, General Setting, Other Factors, Exposure, **Equipment**, OSHA, Signatures.
- Was there a device/equipment failure:** Radio buttons for Yes (1) and No (2).
- Equipment/Device/Product Failure Description:** A large text area.
- Was a Safety Device Used:** Radio buttons for Yes (3) and No (4).
- Did Injury occur before Safety Device was Engaged:** Radio buttons for Yes (5) and No (6).
- Safety Characteristics:** A dropdown menu.
- Explain why a Safety Device was not used:** A large text area.
- Personal Protective Equipment (PPE):**
 - Available PPE:** A list box.
 - PPE to (on) file:** A list box.
 - Add** and **Remove** buttons between the two list boxes.

Bottom Navigation Bar: Previ, Next, Print, Sign/Validate, Save, Exit.

Complete/Validate/Sign Incident Report

OSHA Tab

The OSHA tab displays information pertaining to data entry for the OSHA 300 log.

The screenshot shows a software window titled "Safety Officer Incident Report" with a standard Windows-style title bar. At the top, there is a "Select Claim:" dropdown menu. Below this, the form is organized into three main sections: "SSN: Service:", "Injury/Illness:", and "Personnel Status: Type Incident:". A horizontal tab bar is located below these sections, with "OSHA" currently selected and highlighted. The "OSHA" tab contains several groups of radio button options for data entry. On the left side, there are seven groups of radio buttons, each with a label and a count in parentheses: "Include on OSHA Log:" (Yes, No), "Is this a Privacy Case (exclude name on Log):" (Yes, No (1)), "Was there Loss of Consciousness:" (Yes, No (2)), "Was Individual treated in a non-VA Emergency Room:" (Yes (3), No (4)), "Was Individual hospitalized overnight as an in-patient:" (Yes (5), No (6)), "Was prescription strength medication ordered/given:" (Yes (7), No (8), Unknown), and "Was non-Rx medication ordered/given at Rx strength:" (Yes (9), No (8), Unknown). On the right side of the "OSHA" tab, there are two sections for medical care: "Physician First Providing Medical Care" with a "Physician Name:" text field, and "Other Treating Medical Facility" with a "Was Individual treated at a different Facility:" radio button group (Yes (C), No (D)), and text fields for "Facility:", "Street:", "City:", "State:" (with a dropdown arrow), and "Zip:". At the bottom of the window, there is a navigation bar with buttons for "Prev", "Next", "Print", "Sign/Validate", "Save" (with a floppy disk icon), and "Exit".

Complete/Validate/Sign Incident Report

Signatures Tab

The Signatures tab displays both the supervisor and safety officials' signature information. When the Report of Incident is signed, the name and date will appear.

The supervisor must enter corrective action information and the safety official must enter safety comments on this tab.

The screenshot shows a software window titled "Safety Officer Incident Report" with a standard Windows-style title bar. The window contains several fields and tabs:

- Select Claim:** A dropdown menu.
- SSN:** A text field.
- Injury/Illness:** A text field.
- Personnel Status:** A text field.
- Service:** A text field.
- Type Incident:** A text field.
- Tabs:** A row of tabs including "Employee Data", "General Setting", "Other Factors", "Exposure", "Equipment", "OSHA", and "Signatures" (which is currently selected).
- Initial return to work status:** A section with two radio buttons: "Full-duty" and "Job Transfer / Restriction". Below "Full-duty" is a sub-option "Days away work (not including day of injury)".
- Corrective Action (No personal identifiers should be used):** A large text area with a vertical scrollbar.
- Signed by Supervisor: Unsigned** and **Date Signed: dt signed**
- Safety Comments (No personal identifiers should be used):** Another large text area with a vertical scrollbar.
- Signed by Safety Officer: Unsigned** and **Date Signed: dt signed**
- Buttons:** A row of buttons at the bottom: "Prev", "Next", "Print", "Sign/Validate", "Save" (with a floppy disk icon), and "Exit".

Create Amendment

This option can be found on the Safety Menu.

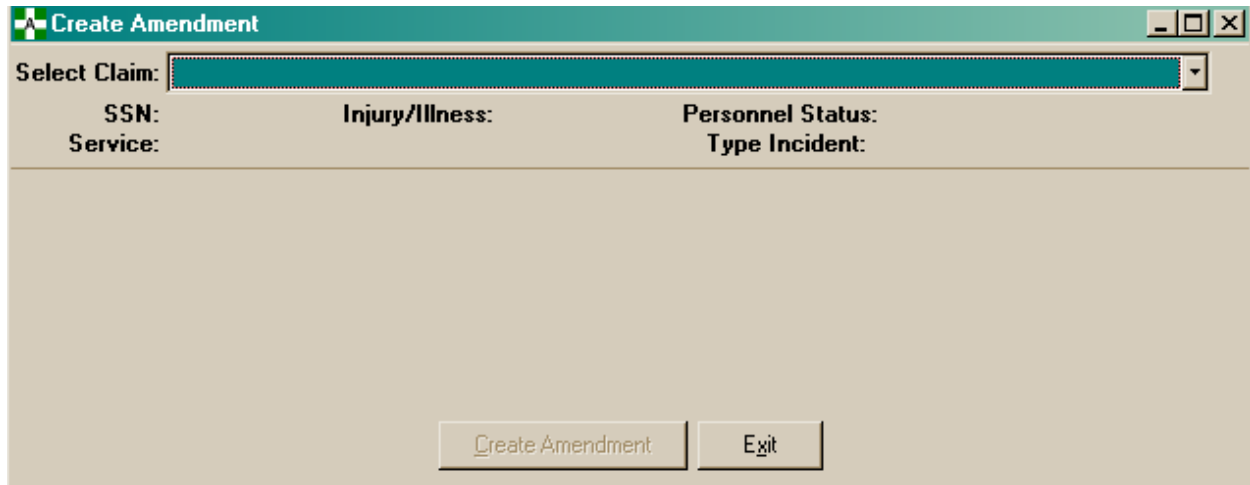
The Create Amendment option should be used to correct an ASISTS case when the case is no longer available for edit because the supervisor or employee has signed it.

Only cases with the case status of *Open* can be selected. The original case record is duplicated and all signatures are removed. The original case status is changed to *Replaced by Amendment*. The case number references the duplicate case with an alpha character added to the end. For example, case 2002-00100 will be copied into case 2002-00100A and all electronic signatures will be removed.

The original date/time of occurrence cannot be changed using an amendment. If the original date/time of occurrence is incorrect, use the Change Status of Case option to change the case status to *Deleted* and create a new case with the correct date/time of occurrence.

After the new record has been created, the case may be corrected using one or more of the following options: Edit/Validate Stub Record, Complete/Validate/Sign Incident Report, Complete/Validate/Sign CA1, or Complete/Validate/Sign CA2.

NOTE: After a claim is successfully transmitted and accepted at DOL, an amendment should NOT be retransmitted to DOL, even to correct information on the claim. The facility will need to submit the change request via hardcopy.



The screenshot shows a software dialog box titled "Create Amendment". At the top, there is a "Select Claim:" dropdown menu. Below the menu, there are three labels: "SSN: Service:", "Injury/Illness:", and "Personnel Status: Type Incident:". At the bottom of the dialog, there are two buttons: "Create Amendment" and "Exit".

The user must select a claim and click the Create Amendment button to initiate the process.

Create Amendment

Once a selection has been made, the following message box will appear automatically. Clicking on the Yes button or pressing the Enter key will create the amendment. Click on the No button or press the ESC key to cancel the request.



If the Yes button is pressed, the following message box will display the new case number.



Create Incident Report

This option can be found on the Supervisor, Occupational Health, and Safety Menus.

When an incident occurs causing injury or illness, or multiple instances occur over time causing illness, a Report of Incident must be created. The individual involved goes to his/her supervisor, Occupational Health Unit, safety official, or (if it is after hours) to the Administrative Officer of the Day (AOD) to report the incident. A stub record is created using this menu option. The stub record contains basic information related to the incident.

Required fields are indicated with a double asterisk (***) and must be completed before the record can be saved.

If *Illness* is checked on the Incident Information panel, *Illness Type* is prompted for; if *Injury* is checked, *Injury Severity* is prompted for.

Create Incident Report

*** Personnel Status

- None Selected
- Employee
- Volunteer
- Contractor
- Visitor
- Non-Paid Employee
- Resident Physician
- Medical Student
- Nursing Student
- Other Student
- Other

Incident Information

*** Injury / Illness: Injury Illness

*** Date/Time of Injury:

Illness Type:

*** Type of Incident:

Time Work Began:

*** Station:

Person Involved

*** Name:

*** SSN: - -

*** DOB:

*** Sex: Female Male

Home Address

*** Street:

*** City:

*** State:

*** Zip Code:

*** Phone:

Press a button to select a supervisor:

*** Supervisor:

Secondary Super:

Quick OSHA Log Assessment (QOLA):

*** Was there Loss of Consciousness:

- None Selected
- Yes (1)
- No (2)

*** Was prescription strength medication ordered/given:

- None Selected
- Yes (Z)
- No (B)
- Unknown

*** Hospitalized overnight as in-patient:

- None Selected
- Yes (3)
- No (4)

*** Was non-Rx medication ordered/given at Rx strength:

- None Selected
- Yes (y)
- No (w)
- Unknown(x)

*** Treated in non-VA Emergency Room:

- None Selected
- Yes (5)
- No (6)

Initial return to work status:

- None Selected
- Full-duty
- Days away work (not including day of injury)
- Job Transfer / Restriction

Create Incident Report

Name Search Screen

If employee or non-paid employee is selected, the following Name Search Screen is displayed. It allows the user to enter a partial name, SSN, or last initial and last four of the SSN. It returns all the individuals found that match the search criteria and allows the user to select an individual.

Name Search Screen

Type in a Name or SSN (do not use DASHES (-) in the SSN)
or enter the first letter of the last name and last 4 digits of the SSN;
then Press Search

** Search Name:

Person Involved:

Create Incident Report

Duplicate Record Checking

To help prevent duplicate records from being created, after the individual has been selected, the system will check to see if there is a currently Open case for any person with the same SSN. If applicable, the following form is displayed.

Duplicate Record!

WARNING!

The Specified Individual Has Potential Duplicate Records

If one of the records below looks like the one you are about to create, please EXIT without creating a new record.

ASISTSEMPLOYEE,ONE	NOV 22, 2004@14:00	Exposure to Body Fluids/Splash
ASISTSEMPLOYEE,ONE	NOV 04, 2004@14:00	Lifting/Repositioning Patients
ASISTSEMPLOYEE,ONE	JAN 13, 2005@10:30	Lifting (Non Patient Care)
ASISTSEMPLOYEE,ONE	FEB 01, 2005@08:00	Not Elsewhere Classified
ASISTSEMPLOYEE,ONE	JAN 15, 2005@13:13	Lifting (Non Patient Care)
ASISTSEMPLOYEE,ONE	JAN 06, 2005	Environmental/Toxic Exposure

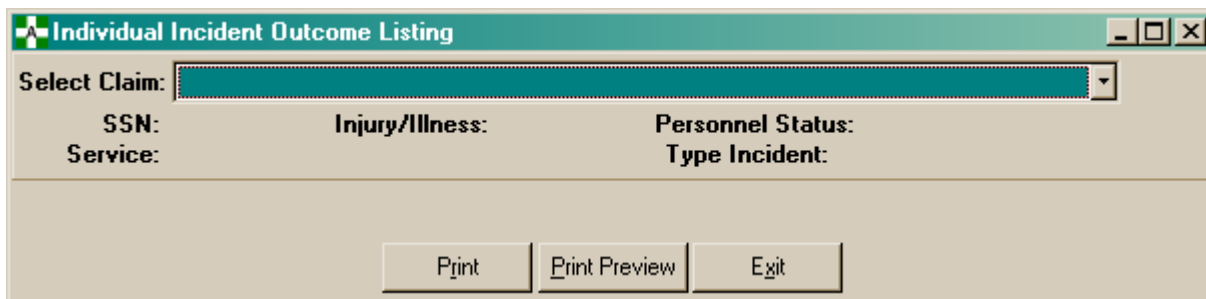
If the case currently being entered is a new case and not a duplicate, press the Create New Record button.

Display Incident Outcome Report

This option can be found on the Safety Menu under OSHA 300 Options.

This report lists all incident outcome entries collected for an individual in the Classify Incident Outcome option. Cases that are available for selection (search) include both Open/Closed cases as well as any case that has been electronically transmitted to the National Database or the Department of Labor. *Deleted* and *Replaced by Amendment* cases cannot be selected.

Once the claim has been selected, the report may be sent to the your default printer or previewed on the computer screen.



Individual Incident Outcome Listing

Select Claim: [Dropdown Menu]

SSN: Service: Injury/Illness: Personnel Status: Type Incident:

Print Print Preview Exit

Display Incident Outcome Report

Display Incident Outcome Report Data for OSHA 300
for Individual - ASISTSEMPLOYEE, ONE
ASISTS Claim No - 2005-00031

Start Date	End Date	Incident Outcome	Days Away from Work	Days Job Tran/Rstr	Total	Estimated Rtn Date	Last Edited By	Last Edit Dt	Status
2/10/2005		Away Work			15	3/1/2005	CHEN,JOY	2/12/2005	Added
2/1/2005	2/8/2005	Job Transfer/Restriction		8	15		CHEN,JOY	2/12/2005	Added
1/25/2005	1/31/2005	Away Work	7		7		CHEN,JOY	2/12/2005	Added
1/15/2005	1/18/2005	Other Recordable			0		CHEN,JOY	2/12/2005	Added

Page 1 of 1

Display Incidence Rates Worksheet

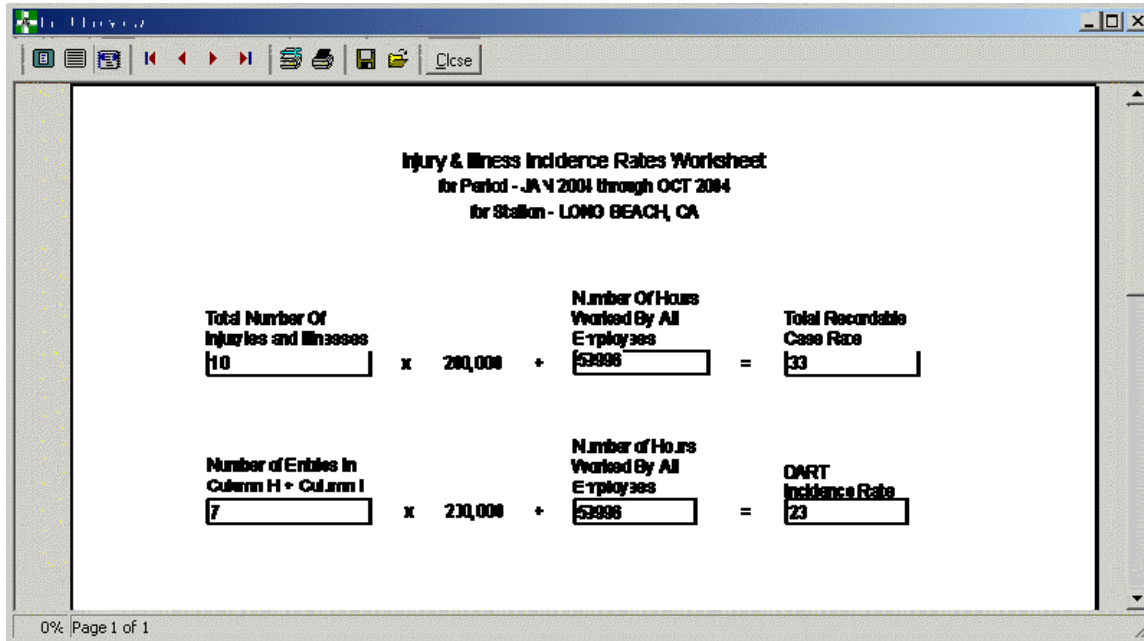
This option can be found on the Safety Menu under OSHA 300 Options.

The Calculate Injury and Illness Incidence Rates Worksheet will only include cases where the *Include on OSHA Log* field equals YES (that is, OSHA eligible cases).

The user will be prompted to enter a start date, end date, and station. The specified date range must be for 2004 or greater. The selected date range and date/time the report was generated will be displayed in the footer of the Injury and Illness Incidence Rates Worksheet.

The Incidence Rates Worksheet report will display the following information for the specified date range and station: Total Number Of Injuries and Illnesses, Number Of Hours Worked By All Employees, Total Recordable Case Rate, Number Of Entries In Column H + Column I (columns on the OSHA 300 Log), and DART Incidence Rate.

Display Incidence Rates Worksheet



To calculate the Total Recordable Case Rate for the specified period, the system sums the Total Number of Injury and Illness incidents for that year, multiplies the number by 200,000, then divides the number by the Number of Hours Worked By All Employees. To calculate the DART Incidence Rate for the specified period, the system sums the Total Number of Injury and Illness entries on the OSHA 300 Log that involved days away from work and job transfer/restriction, multiplies the number by 200,000, then divides the number by the Number of Hours Worked By All Employees.

DEFINITION OF TOTAL RECORDABLE CASE RATE – An incidence rate is the number of recordable injuries and illnesses occurring among a given number of full-time workers (usually 100 full-time workers) over a given period of time (usually one year). The system shall compute the Incidence Rate for all recordable cases of injuries and illnesses.

$$\begin{array}{l} \text{Total Number of} \\ \text{Injuries \& Illnesses} \end{array} \times 200,000 \div \begin{array}{l} \text{Number of Hours} \\ \text{Worked by All Employees} \end{array} = \begin{array}{l} \text{TOTAL RECORDABLE} \\ \text{CASE RATE} \end{array}$$

NOTE: To find out the total number of recordable injuries and illnesses that occurred during the year, count the number of OSHA eligible cases and sum the entries for Columns (G), (H), (I) and (J) on the OSHA 300 Log.

NOTE: The safety official will enter the number of hours worked by all employees on a monthly basis in the Enter/Edit OSHA 300A Summary Data option. The system will retrieve and use this information in the calculations for the Injury and Illness Incidence Rates Worksheet.

Display Incidence Rates Worksheet

DEFINITION OF DART INCIDENCE RATE – System will compute the incidence rate for OSHA eligible cases involving days away from work, days of restricted work activity, or job transfer (DART).

$$\begin{array}{l} \text{Number of Entries in} \\ \text{Column H + Column I} \end{array} \times 200,000 \div \begin{array}{l} \text{Number of Hours} \\ \text{Worked by All Employees} \end{array} = \begin{array}{l} \text{DART} \\ \text{Incidence Rate} \end{array}$$

NOTE: Column H = Days Away from Work and Column I = Job Transfer/Restriction on the OSHA 300 form.

Display OSHA 300 Log

This option can be found on the Occupational Health Menu and Union Menu under Reports and on the Safety and Workers' Comp Menus under OSHA 300 Options.

Before the OSHA 300 Log can be displayed or printed, the user must select the start and end dates along with the station from the drop down list. The user must also indicate whether or not to include individuals' names on the OSHA 300 Log (including names is not available if option is selected from the Union Menu).

If names are included and an OSHA eligible case has been marked as a privacy case in the Complete/Validate/Sign Incident Report option, the name field will display the words *Privacy Case* in the OSHA 300 Log. Additionally, if the Type of Incident for a claim is Hollow Bore Needlestick, Sharps Exposure, Exposure to Body Fluids/Splash, or Suture Needlestick, the words *Privacy Case* will print as the name if Include Names is Yes.

The screenshot shows a Windows-style dialog box titled "Log of Work Related Injuries and Illnesses". The dialog has a light beige background and a blue title bar. It contains the following elements:

- Enter Report Start Date:** A text box with a dropdown arrow, currently showing "10/ 1/2006".
- Enter Report End Date:** A text box with a dropdown arrow, currently showing "10/20/2006".
- ** Station:** A text box with a dropdown arrow, currently showing "ALBANY = 500".
- Include Names on Report:** A section with two radio buttons: "Yes" (unselected) and "No" (selected).
- Buttons:** Three buttons at the bottom: "Print", "Print Preview", and "Exit".

Display OSHA 300 Log

For the specified date range and station, the system will sum the number of OSHA eligible cases with the following incident outcome classifications and display the total number to the user on the OSHA 300 Log report.

- Death
- Days Away from Work
- Job Transfer or Restriction
- Other Recordable Cases

For the specified date range and station, the system will sum the number of days that the injured or ill worker was (K) On Job Transfer/Restriction or (L) Away From Work and display this total number to the user on the OSHA 300 Log report.

When the total number of days for either (K) On Job Transfer/Restriction is equal to or greater than 180 days, then the system will display the total number as 180 days. (OSHA 300 only demands tracking for 180 days.)

The maximum total number of days for column (K) On Job Transfer/Restriction plus column (L) Away from Work is 180 days. The system will sum the total number of OSHA eligible cases with the following illness or injury types and display the total number to the user on the OSHA 300 Log report.

- (M1) Injury
- (M2) Skin Disorder
- (M3) Respiratory Condition
- (M4) Poisoning
- (M5) Hearing Loss
- (M6) All Other Illnesses

When there are no OSHA eligible cases to print on the OSHA 300 Log report, the system will default a zero in all the report fields.

The system will display the selected date range and date/time the report was generated on the footer of the OSHA 300 Log report.

Display OSHA 300A Summary

This option can be found on the Safety and Workers' Comp Menu under OSHA 300 Options.

The Display OSHA 300A Summary option includes all cases where the *Include on OSHA Log* field equals YES (OSHA eligible cases). The OSHA 300A summary information is retrieved and calculated from the data entered in the Enter/Edit OSHA 300A Summary Data option, the Create Incident Report option, and the Complete/Validate/Sign Incident Report option. If a case has more than one classification (e.g., the case begins as a restricted duty then becomes a lost time or days away from work claim), the system will only count the most severe classification on the OSHA 300A Summary report. A case can only be included once in the summary totals.

Before the OSHA 300A Summary information can be displayed or printed, the user must select the start and end dates (along with the station from the drop down list.

OSHA'S Form 300A (Rev. 01/2004)
Summary of Work Related Injuries & Illnesses
 Year 2004
 U.S. Department of Labor
 Occupational Safety and Health Administration

All establishments covered by Fed. 304 must complete this Summary page for all work-related injuries or illnesses occurring during the year. Refer back to review the Log to verify that the entries are complete and accurate before completing this summary. Using the Log, count the individual entries you monitor for each category. Then enter the totals below, making sure you've added the entries from every page of the Log. If you had no cases, enter "0". Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.55. In OSHA's record keeping rule, further details on the access provisions for these forms.

Number of Cases			
Total number of Deaths	Total number of cases with days away from work	Total number of cases with job loss or restriction	Total number of illnesses with cases
0	1	1	0
(A)	(B)	(C)	(D)

Number of Days	
Total number of Days away from work	Total number of Days of job loss or restriction
5	51
(E)	(F)

Injury and Illness Type			
Total number of ...			
(1) Injury	2	(4) Poisoning	0
(2) Skin disorder	0	(5) Hearing loss	0
(3) Respiratory condition	0	(6) All Other illnesses	3

For this Summary page from February 1 to April 30 of the year to which the year covered by the form.

Establishment Information
 Your establishment name: ALBANY
 Street: STREET ADDRESS 1
 City: ALBANY State: NY Zip: 12208-1998
 Industry description (e.g., Manufacturer of Motor Vehicle Engines): NADA
 Standard Industrial Classification (SIC) of location (e.g., 3713): 8062
 NAICS: 621493
 North American Industrial Classification (NAICS) of location (e.g., 336212): 621493

Employment Information (If you don't know these figures, use the best estimate available from the payroll records.)
 Annual average number of employees: 4
 Total hours worked by all employees last year: 2332

Sign Here
 The undersigned certifies that this document is true and correct.
 I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.
 Date of signature: 2/15/2005
 Title: 298-091-8987
 Name: _____

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing the instructions, searching existing data sources, gathering the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Washington, DC 20503. Do not send this information to the office.

0% Page 1 of 1

Edit Site Parameter

This option can be found on the Safety and Workers' Comp Menus.

The Edit Site Parameter option provides the safety official the capability to create default information for the facility. If the site is an integrated facility, every station within the network can be defined with default information. The information entered here will populate the Agency, Station, and Physician fields on a CA-1 or CA-2.

The default values for the following fields can be set for each station: Station Number, OWCP Chargeback Code, OWCP Chargeback Suffix, Physician Name, Physician Address, Physician City, Physician State, Physician Zip Code, and Physician Title.

The following information is displayed on the Edit Site Parameter screen.

Site Name	The name of your facility in the Site Parameter file.
OWCP District Office	The Department of Labor District office that serves your facility.
Station List	The list of stations that currently have default information entered.
Station/Physician Info	Includes the chargeback code, chargeback suffix, physician name/address/title.

The screenshot shows the 'Edit Site Parameter' window with the following details:

- Site Name:** ORLANDO OPC TEST
- OWCP District Office:** BOSTON, CHICAGO, CLEVELAND, DALLAS, DENVER (selected)
- Station Information:**
 - Station: ALBANY = 500 (selected)
 - UPSTATE NEW YORK HCS = 528
 - LONG BEACH HCS = 600
 - ALBUQUERQUE = 722
 - BALTIMORE = 313
 - CAMP NELSON = 833
 - AIR FORCE = 381
 - AMARILLO HCS = 504
- Physician Information:**
 - Physician Name: Smith, Johan
 - Physician Address: 405 Wilso Blvd.
 - Physician City: Albany
 - Physician State: NEW YORK
 - Phy Zip: 13760
 - Physician Title: Doctor of Osteopathy
 - Chargeback Code: 4201
 - Chargeback Suffix: AB
- Buttons:** Add Station, Edit Station, Delete Station, Exit

Edit Site Parameter

Add/Edit Station

To edit or add a station, press the appropriate button. The form shown below is used to add a new station or edit an existing station in the Site Parameter file. The number of stations that can be added is unlimited.

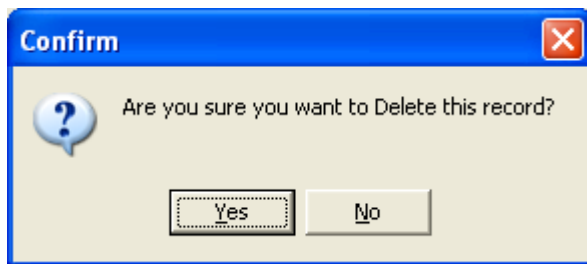
The following information can be entered when adding or editing a station in the Edit Site Parameter option.

Station	The station that is selected from the drop-down menu to have default information added or the station that is selected for editing.
OWCP Chargeback Code	The default chargeback code for the station.
OWCP Chargeback Suffix	The default chargeback code suffix for the station.
Physician Information	The default Physician data for the station. The information includes the Physician Name, Physician Address, Physician City, Physician State, and Physician Zip Code.

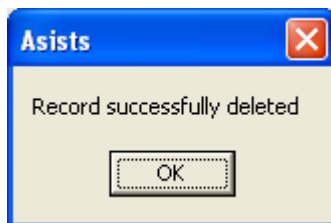
Edit Site Parameter

Delete Station

To delete a station, select the desired station from the station list and press the Delete button. The following confirmation message will be displayed.



If Yes, the Station and all default information will be deleted. The following message will be displayed to verify that the station has been deleted.



Edit/Validate Stub Record

This option can be found on the Occupational Health Menu.

This menu option is used to edit the top portion of the Report of Incident. The stub record contains basic information related to the incident and the person involved.

The supervisor and safety official can edit the stub record using the Complete/Validate/Sign Incident Report option.

Occupational Health Edit Stub

Select Claim: 2007-00027 OCT 09, 2006 ASISTS, 508EMPLOYEE

SSN: 000-00-0005 Injury/Illness: Illness/disease Personnel Status: Volunteer
 Service: Type Incident: Environmental/Toxic Exposure

Employee Data

Cost Center/Organization: Occupation: 9999
 Grade/Step: / Education:

Person Involved

** Name: ASISTS, 508EMPLOYEE ** Station Number: ALBANY = 500
 ** SSN: 000-00-0005 ** Date of Birth: MAY 05, 1935 ** Type of Incident: Environmental/Toxic Exposure
 ** Sex: Female Male Time Work Began: 07:00A
 Hire Date: JUL 22, 1963

Home Address

** Street: 5555 JAW'S ROAD
 ** City: PLANO
 ** State: TEXAS ** Zip Code: 75025
 ** Phone: (555)555-5555

Press Button to Select Supervisor:

Voluntary Svc Super Secondary Supervisor:

** Voluntary Svc: SUPERVISOR,ASISTS
 ** Sec Super: SUPERVISOR,TWO

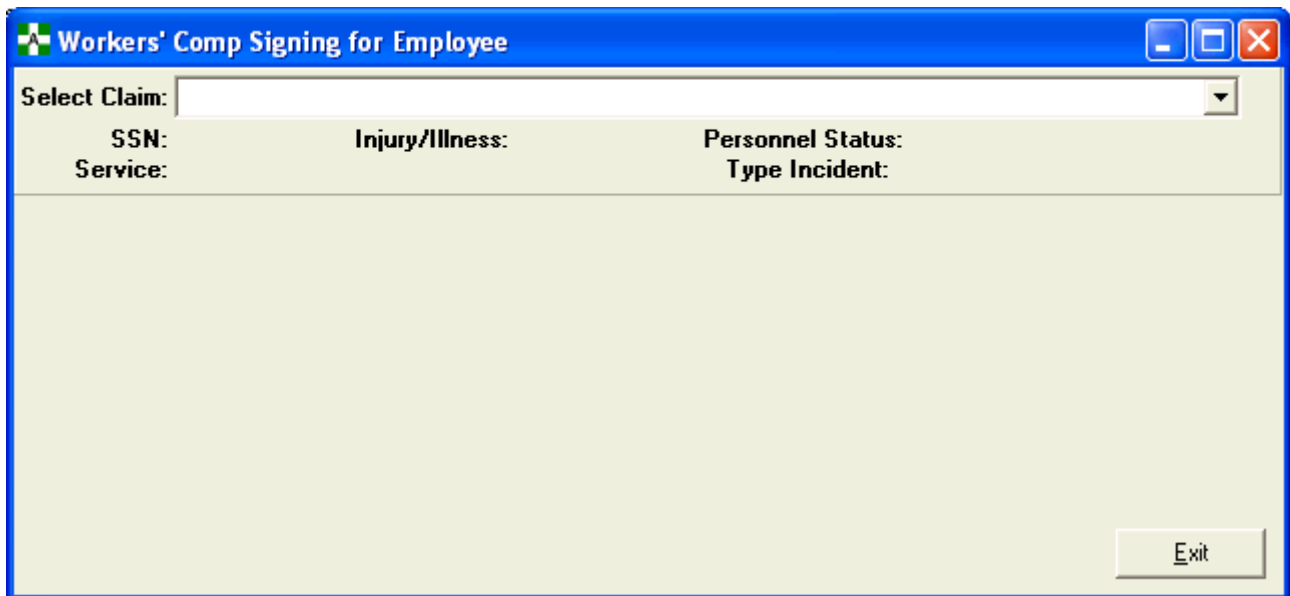
Prev Next Print Save Exit

Electronically Sign for Employee

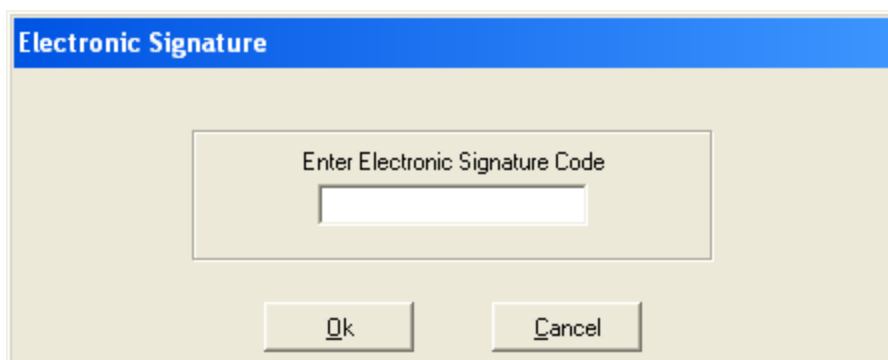
This option can be found on the Workers' Compensation Menu.

The Electronically Sign for Employee option provides a mechanism to allow the workers' compensation specialist to sign the Employee portion of a CA1 or CA2 claim. This would only be necessary if the employee was incapacitated and unable to sign for themselves.

Note: Obtaining approval from the Occupational Health Unit and safety officer for the workers' comp specialist to sign for the employee is no longer required.



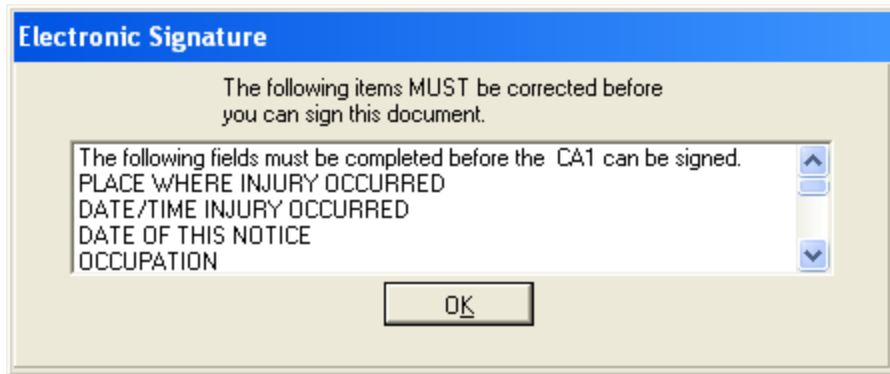
Once the case is selected, the user is prompted for their electronic signature. Enter the electronic signature and press the Ok button to file or press the Cancel button to stop the action.



Once the electronic signature is successfully entered, a confirmation message will appear.

Electronically Sign for Employee

If the fields on the employee's portion of the CA-1 or CA-2 are incomplete or missing, an error message will appear with the related fields. Use the Complete/Validate/Sign CA1 or the Complete/Validate/Sign CA2 option to complete the employee's portion of the claim and resign.

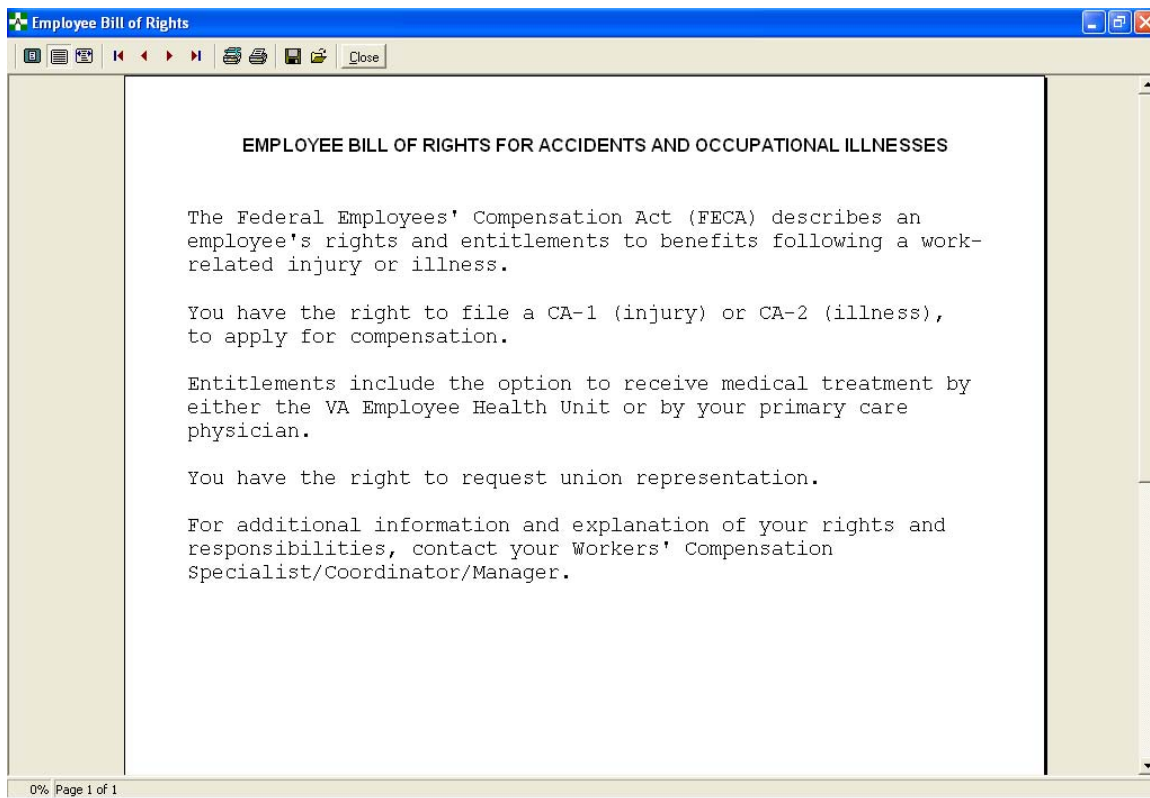


Employee Bill of Rights

This option can be found on all ASISTS menus.

The Employee Bill of Rights option provides the capability to print a hardcopy of the Employee Bill of Rights or view it on a computer screen.

The Employee Bill of Rights is sent to the employee notifying them of their rights and entitlements to benefits following a work related injury or illness. If an employee does not have computer access, and therefore would not receive a message containing the Bill of Rights, this option can be used to print a hard copy.



Enter/Edit Location of Injury Detail

This option can be found on the Safety Menu.

The Enter/Edit Location of Injury Detail option is used to enter/edit details on incident locations.

- Select a station and location of injury from the dropdown lists.
- If you are adding a new detail, click the Add button. Enter the text (maximum 30 characters) and click the OK button. Click the Save button to save your entry.
- If editing an existing detail, select the detail in the Location of Injury Details box and click the Edit button. Edit the text as necessary and click the OK button. Click the Save button to save your entry.

Location of Injury Detail entries may not be deleted. This would invalidate any existing cases that were linked to the entry.

Enter/Edit Location of Injury Detail

Station Number: DAYTON = 552

Location of Injury: Engineering shop

Location of Injury Details:

Add Edit Save Exit

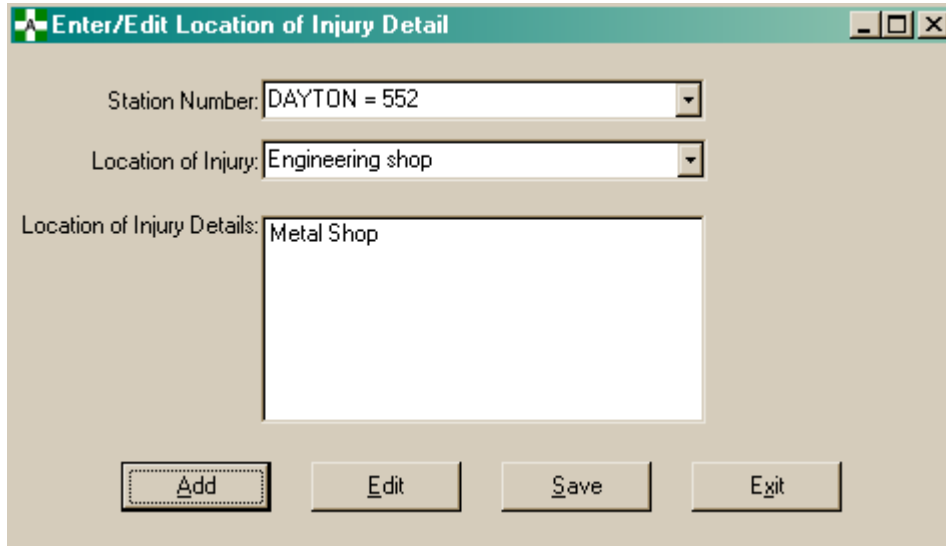
Enter Location of Injury Detail

Enter Text (cannot be longer than 30 characters).

Metal Shop

OK Cancel

Enter/Edit Location of Injury Detail



The screenshot shows a software window titled "Enter/Edit Location of Injury Detail". The window has a light beige background and a green title bar. It contains the following elements:

- Station Number:** A dropdown menu with the text "DAYTON = 552".
- Location of Injury:** A dropdown menu with the text "Engineering shop".
- Location of Injury Details:** A text area containing the text "Metal Shop".
- Buttons:** Four buttons are located at the bottom: "Add" (with a dotted border), "Edit", "Save", and "Exit".

Enter/Edit OSHA 300A Summary Data

This option can be found on the Safety Menu under OSHA 300 Options.

The Enter/Edit OSHA 300A Summary option allows the safety official to enter station-specific safety and industrial information, in addition to month/year specific OSHA 300 information. The safety official chooses the station selection from a list box. All the station entries that have been entered through the Edit Site Parameter option will be displayed as valid selections for the station.

Station Information

Station: ABILENE = 519HA
KNOXVILLE = 855
ALBANY = 500

** Safety Official Name: SUPERVISOR_ASISTS
** Safety Official Title:
** Safety Phone Number: (555)555-5555
Safety Phone Ext:

Industrial Information

** Industry Description: Skilled Nursing
Std Industrial Class. (SIC): 8051 - Skilled Nursing Care Facilities
N.A. Industrial Class. (NAICS): 621340 - Offices of Phy., Occ Speech Therapists, & Audiok

OSHA 300A Summary Data

Month / Year	Avg # of Emp	Tot Hrs Wked
AUG 2006	8888	180000
JUL 2006	777222	77000000
JUN 2006	666111	660000
MAY 2006	555121	5500000
APR 2006	444555	4400000

Month: Jan, Feb, Mar, Apr, May, Jun, Jul, Aug, Sep, Oct, Nov, Dec

Data for Month/Year:
** Avg. Num. of Emp:
** Tot. Hrs Emp. Worked:

Buttons: Add, Edit, Save, Cancel, Update Display, Exit

The station-specific safety information includes the Safety Official Name, Safety Official Title, Safety Phone Number, and Safety Phone Extension.

Enter/Edit OSHA 300A Summary Data

The station-specific industrial information includes the Industry Description, Standard Industrial Classification (SIC) code, and North America Industrial Classification (NAICS) code. For an integrated site, the industrial information must be entered for each station.

- Industry Description – free text, no special characters such as *^()&\$#@?<>, required field
- Standard Industrial Classification (SIC) – numeric value, must be 4 digits with range 0000-9999; table-driven
- North America Industrial Classification (NAICS) – numeric value, must be 6 digits with range 000000-999999; table-driven

The Month/Year specific OSHA 300A summary information consists of the Average Number of Employees and Total Hours Worked By Employees per month for the current year. When the safety official chooses to enter/edit OSHA 300A information, the following data fields are included.

- Month – defaults to current month; selectable values are January through December (calendar year)
- Average Number of Employees and Total Hours Employee Worked information is entered by month per year. This information is required.

The monthly OSHA 300A Summary information can be edited for the current year until the end of Feb of the next year. Beginning on March 1st, the previous year's information can be viewed but not edited.

A user can enter/edit the safety information and industrial information and save their changes without affecting the OSHA 300A Summary information.

A user can add or edit the OSHA 300A Summary data for one or more months and view the changes (i.e., update the display) before saving or canceling the information.

Enter/Edit Union Information

This option can be found on the Workers' Comp Menu.

The Enter/Edit Union Information option provides workers' compensation personnel the ability to enter or edit union representative information. This information is used to determine which union representative shall receive union bulletins when so designated by the employees.

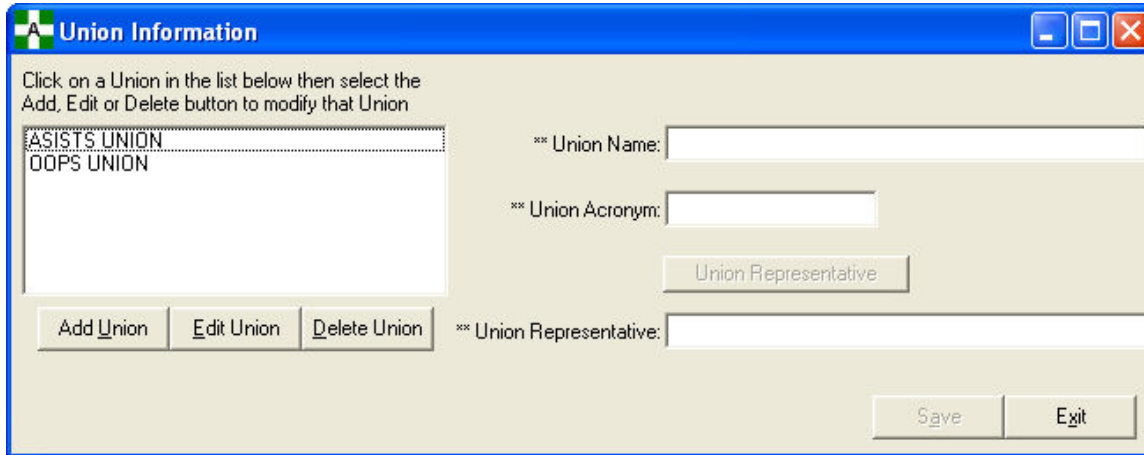
Add/Edit Union

To add or edit a union, press the appropriate button. The number of unions that can be added is unlimited. Press the Save button to save the changes.

The following information is displayed on the Union Information screen.

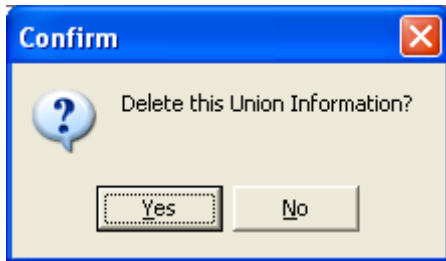
Union Name	This is the formal name of the union.
Union Acronym	This field is the union's acronym or abbreviation; e.g., AFGE.
Union Representative	Click this button to select the union representative .
Union Representative Name	This field contains the union representative's name for the union. It will be used to send the Mailman bulletin if the employee consents to sending information regarding their claim to the union.

Enter/Edit Union Information



Delete Union

To delete a union, select the desired union from the union list and press the Delete button. The following confirmation message will be displayed.



Press Yes to delete the union or No to return to the union form without deleting. If Yes is pressed and the union is successfully deleted, the following message will display.



Filing Instructions Report

This option can be found on the Workers' Comp Menu under Reports.

Use this screen to print or print preview the Filing Instruction Report for a given time frame, for a single station, or all stations.

Filing Instructions Report

** Report Start Date:
1/23/2006

** Report End Date:
10/20/2006

** Station:
 All Stations Single Station

Select Single Station:
[Empty Dropdown]

Print Print Preview Exit

Filing Instructions Report

Filing Instructions [Blk 39] Report
for 10/1/2006 through 10/20/2006
for Station - All Stations

<u>Filing Instructions</u>	<u>Number of Occurrences</u>
No lost time and no medical expenses	0
No lost time, medical expenses incurred	0
Lost time covered by leave LWOP or COP	1
First aid injury	1
No Data Entered	4
Total	<hr/> 6

10/20/2006 2:35:59 AM

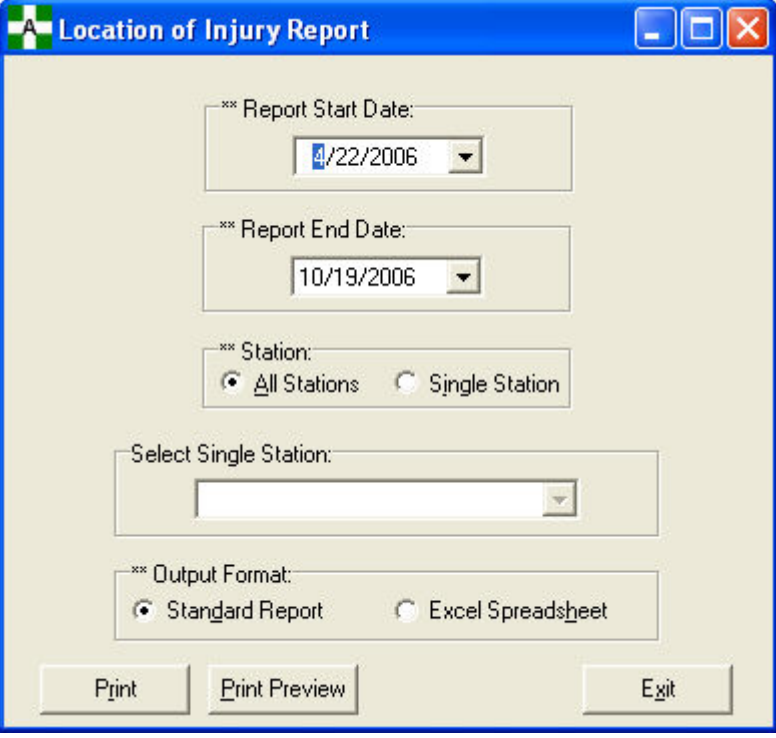
page 1

Location of Injury Report

This option can be found on the Safety Menu under Reports.

The Location of Injury Report displays the number of incidents for a user-selected date range for all stations or a single station. Information provided includes type of incident, location of injury, location detail, and the total number of incidents for each. A cumulative total is also displayed.

Output formats include Standard Report or Excel spreadsheet.



The screenshot shows a Windows-style dialog box titled "Location of Injury Report". The dialog has a blue title bar with standard minimize, maximize, and close buttons. The main area is light gray and contains several input fields and controls:

- "** Report Start Date:" with a date picker showing "4/22/2006".
- "** Report End Date:" with a date picker showing "10/19/2006".
- "** Station:" with two radio buttons: "All Stations" (selected) and "Single Station".
- "Select Single Station:" with an empty dropdown menu.
- "** Output Format:" with two radio buttons: "Standard Report" (selected) and "Excel Spreadsheet".

At the bottom of the dialog are three buttons: "Print", "Print Preview", and "Exit".

Location of Injury Report

Example of Standard Report format

Location of Injury Report
for 3/22/2005 through 9/18/2005
for Station - All Stations

Type of Incident:	Location of Injury:	Location Detail	Total:
Assault	Grounds (Roads/Lots)	NO DETAIL ENTERED	1
Cumulative Trauma	BDC (Blood Draw Center)	LALALALALS	3
Cumulative Trauma	BDC (Blood Draw Center)	NO DETAIL ENTERED	1
Cumulative Trauma	Food Service Area	NO DETAIL ENTERED	1
Cumulative Trauma	ICU (Intensive Care Unit)	NO DETAIL ENTERED	1
Cumulative Trauma	NO LOC ENTERED	-	5
Environmental/Toxic Exposure	NO LOC ENTERED	-	3
Environmental/Toxic Exposure	Pharmacy Areas	NO DETAIL ENTERED	1
Latex Reaction/Allergy	Cooling plant	Freon Storage Area	1
Latex Reaction/Allergy	NO LOC ENTERED	-	3
Lifting (Non Patient Care)	Laundry	NO DETAIL ENTERED	1
Lifting (Non Patient Care)	NO LOC ENTERED	-	1
Lifting/Repositioning Patients	E.R. (Emergency Room)	NO DETAIL ENTERED	1
Lifting/Repositioning Patients	NO LOC ENTERED	-	1
Material Handling	Cardiac Cath. Lab	NO DETAIL ENTERED	1
Material Handling	Domiciliary/ADHC	NO DETAIL ENTERED	1
Not Elsewhere Classified	Domiciliary/ADHC	Dom Room 14	1
Sharps Exposure	E.R. (Emergency Room)	NO DETAIL ENTERED	1
Sharps Exposure	Grounds (Roads/Lots)	NO DETAIL ENTERED	1
Slip/Trip/Fall	NO LOC ENTERED	-	5
Slip/Trip/Fall	Other (Non-Patient Care Area)	NO DETAIL ENTERED	1
Slip/Trip/Fall	Parking lot	LEVEL THREE	1
Slip/Trip/Fall	Public Area (Waiting/Corridors)	NO DETAIL ENTERED	1
Struck by/against	NO LOC ENTERED	-	1
		Total:	38

Page 1 of 1

Location of Injury Report

Excel Spreadsheet format

	A	B	C	D	E	F	G	H
1	Location of Injury Report: 3/22/2005 - 9/18/2005							
2	for All Station(s)							
3								
4								
5	Assault	Grounds (Roads/Lots)	NO DETAIL ENTERED	1				
6	Cumulative Trauma	BDC (Blood Draw Center)	LALALALALS	3				
7	Cumulative Trauma	BDC (Blood Draw Center)	NO DETAIL ENTERED	1				
8	Cumulative Trauma	Food Service Area	NO DETAIL ENTERED	1				
9	Cumulative Trauma	ICU (Intensive Care Unit)	NO DETAIL ENTERED	1				
10	Cumulative Trauma	NO LOC ENTERED	-	5				
11	Environmental/Toxic Exposure	NO LOC ENTERED	-	3				
12	Environmental/Toxic Exposure	Pharmacy Areas	NO DETAIL ENTERED	1				
13	Latex Reaction/Allergy	Cooling plant	Freon Storage Area	1				
14	Latex Reaction/Allergy	NO LOC ENTERED	-	3				
15	Lifting (Non Patient Care)	Laundry	NO DETAIL ENTERED	1				
16	Lifting (Non Patient Care)	NO LOC ENTERED	-	1				
17	Lifting/Repositioning Patients	E.R. (Emergency Room)	NO DETAIL ENTERED	1				
18	Lifting/Repositioning Patients	NO LOC ENTERED	-	1				
19	Material Handling	Cardiac Cath. Lab	NO DETAIL ENTERED	1				
20	Material Handling	Domiciliary/ADHC	NO DETAIL ENTERED	1				
21	Not Elsewhere Classified	Domiciliary/ADHC	Dem Room 14	1				
22	Sharps Exposure	E.R. (Emergency Room)	NO DETAIL ENTERED	1				
23	Sharps Exposure	Grounds (Roads/Lots)	NO DETAIL ENTERED	1				
24	Slip/Trip/Fall	NO LOC ENTERED	-	5				
25	Slip/Trip/Fall	Other (Non-Patient Care Area)	NO DETAIL ENTERED	1				
26	Slip/Trip/Fall	Parking lot	LEVEL THREE	1				
27	Slip/Trip/Fall	Public Area (Waiting/Corridors)	NO DETAIL ENTERED	1				
28	Struck by/against	NO LOC ENTERED	-	1				
29								
30			Total:	38				
31								

Log of Federal Occupational Injuries and Illnesses

This option can be found on the Safety and Union Menus under Reports.

The option prints the Log of Federal Occupational Injuries and Illnesses. Logs can be printed for a date range determined by when the record was first created (Date/Time of Occurrence). This report compiles data from the Report of Incident where the *Include on OSHA Log field* equals YES.

The log prints the Case Number, Date of Occurrence, Name, Pay Plan and Occupation Code, Department, Type of Incident, and Body Part Affected. It also indicates with an X whether the claim resulted in a fatality, lost time, or no lost time, for both injuries and illnesses.

The screenshot shows a Windows-style dialog box titled "Log of Federal Occupational Injuries and Illnesses". It contains three main sections of controls:

- Report Run Dates:** A group box containing two date pickers. "Enter Start Date" is set to "1/1/1999" and "Enter End Date" is set to "11/27/2001".
- Station:** A group box with two radio buttons: "All Stations" (selected) and "Single Station". The "Single Station" option is followed by an empty text input field.
- Include Names of Persons Involved?:** A group box with two radio buttons: "Yes" (selected) and "No".

At the bottom of the dialog box, there are three buttons: "Print", "Print Preview", and "Exit".

Log of Federal Occupational Injuries and Illnesses

Agenc: Veterans Administration

Log of Federal Occupational Injuries and Illnesses
5/1/2001 through 1/31/2001 - All Offices

From: Veterans Health Administration

Case Number	Sub of Occur	Employer's Name	Occur	Department	Description of Injury or Illness	Injury Federal Last The	Illness Federal Last The
2001-0000	LABOR	TRUMP, JANE	00001		Case in to Body Part: Other 1 MULTIPLE FINGERING, MULTIPLE HAND	X	X
2001-0000	TRUCK	TRUMP, JANE	00001		Case in to Body Part: Other 1 ALLERG. MULTIPLE OTHER		X
2001-0000	MANUAL	WILSON, CAROL	00001	INFO SERVICE RESPONSE CD 000	Illnesses: Skin Reaction to TUB. SK. IRRITATION, MULTIPLE		X
2001-0000	MANUAL	WILSON, CAROL	00001	INFO SERVICE RESPONSE CD 000	Case in to Body Part: Other 1 TUB. SK. IRRITATION, MULTIPLE	X	X
2001-0000	MANUAL	TRUMP, JANE	00001		Case in to Body Part: Other 1 TUB. SK. MULTIPLE OTHER	X	X
2001-0000	LABOR	FURNITURE TYING, CARRANCO PABLO	00001		Case in to Body Part: Other 1 FACE	X	X
2001-0000	LABOR	CONTRACTOR, TAYLOR	00001		Illnesses: Skin Reaction to ALLERG. OTHER		X

Page 1 of 1

1/31/2001 2:25:10 PM

Log of Needlestick Incidents

This option can be found on the Occupational Health, Safety, and Workers' Comp Menus under Reports.

This option prints the Log of Needlestick Incidents report. This report compiles data from the Report of Incident when the Type of Incident is a Hollow Bore Needlestick, Sharps Exposure, Exposure to Body Fluids/Splash, or a Suture Needlestick.

Before the report can be displayed or printed, the user must select the start and end dates along with the station. The report can be run for all stations or a single station. If all stations is selected, the report is not sorted by station. The words *Privacy Case* will print in place of the name for every case on this report.

The Lost Time column has been added back into this report. If the response to the "Initial Return to Work Status" is *Days Away Work*, then YES will be printed in this column; otherwise, NO will be printed.

Log of Needlestick Incident Report

** Report Start Date:
11/21/2007

** Report End Date:
4/18/2008

** Station:
 All Stations Single Station

Select Single Station
[Empty dropdown menu]

Print Print Preview Exit

Log of Needlestick Incidents

Print Preview

Log of Needlestick Incidents
for 10/25/2005 through 4/22/2008
for Station - All Stations

Case Number	Dt of Incident	Name	Injury/Illn	Case Status	C Ctr	Lost Time
2006-00009	JAN 01, 2006	Privacy Case	Illness	Open		No
Occupation: INFORMATION RESOURCES MGMT Type of Incident: Hollow Bore Needlestick Characterization of Injury: Blister Object Causing Injury:						
Description:						

2006-00028	MAR 13, 2006	Privacy Case	Illness	Open	8421	Yes
Occupation: P.S.Y.C. Type of Incident: Hollow Bore Needlestick Characterization of Injury: Abrasion/Scratch Object Causing Injury: Bone chip						
Place Where Injury Occurred: INFORMATION SYSTEMS CENTER Activity at Time of Injury: Device in inappropriate place Model and Brand of Object Causing Injury: BD (BECTON-DICKINSON) VACUTAINER NEEDLES W/CLIP SE						
Description: THIS IS THE DESCRIPTION OF THE INCIDENT. WHAT HAPPENED AND HOW IT HAPPENED WOULD GO HERE						

2006-00029A	MAR 14, 2006	Privacy Case	Illness	Open	8241	Yes
Occupation: NURS Type of Incident: Hollow Bore Needlestick Characterization of Injury: Abrasion/Scratch						
Place Where Injury Occurred: PERSONNEL Activity at Time of Injury:						
Model and Brand of Object Causing Injury: ABDOMEN						
Description: THIS IS WHERE THE DESCRIPTION OF INCIDENT GOES						

4/22/2008 1:04:20 PM page 1

Page 1 of 9

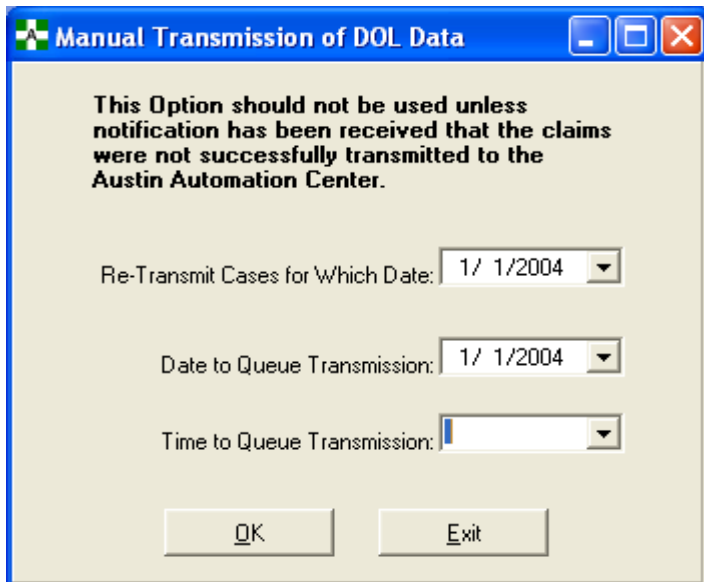
Manual Transmission of DOL Data

This option can be found on the Workers' Comp Menu.

The Manual Transmission of DOL Data option provides workers' compensation personnel the ability to manually resend CA-1 or CA-2 data that was previously queued to the Austin Automation Center (AAC) for transmission to the Department of Labor (DOL). The CA-1 or CA-2 data can be transmitted immediately or queued for future transmission.

A security key is required to access this option and should be assigned to individuals responsible for sending CA-1 or CA-2 data to the AAC.

This option should ONLY be used when the transmission to the AAC was corrupt or not completely received. This option is NOT designed to retransmit a single case.



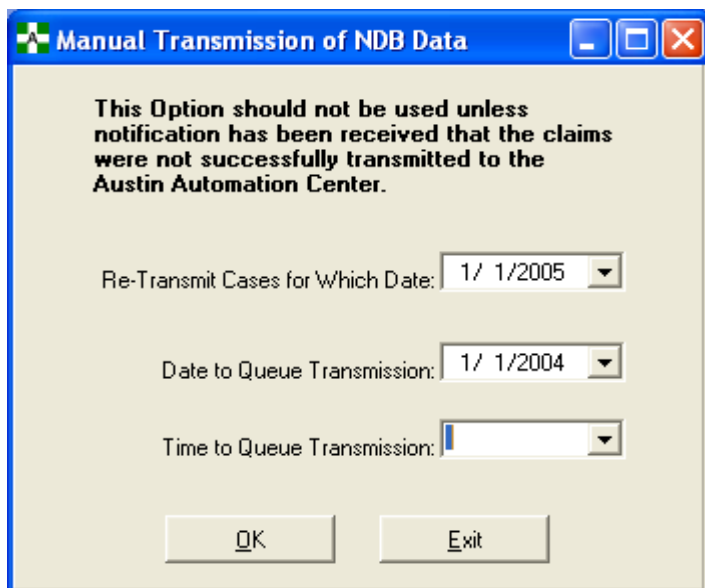
Manual Transmit of National Database Data

This option can be found on the Safety Menu.

The Manual Transmit of National Database Data option provides the safety official the ability to manually resend incident data that was previously queued to the Austin Automation Center (AAC) for transmission to the ASISTS National Database (NDB). The data can be transmitted immediately or queued for future transmission.

Data is extracted from incident reports to provide statistical reporting on safety incidents that occur at facilities nationwide. Reports will be periodically generated from the NDB to identify safety incident trends and to support prevention programs for health care workers' exposure to bloodborne pathogens. The data collected from the Report of Incident should be transmitted to the ASISTS National Database (NDB) on a daily basis.

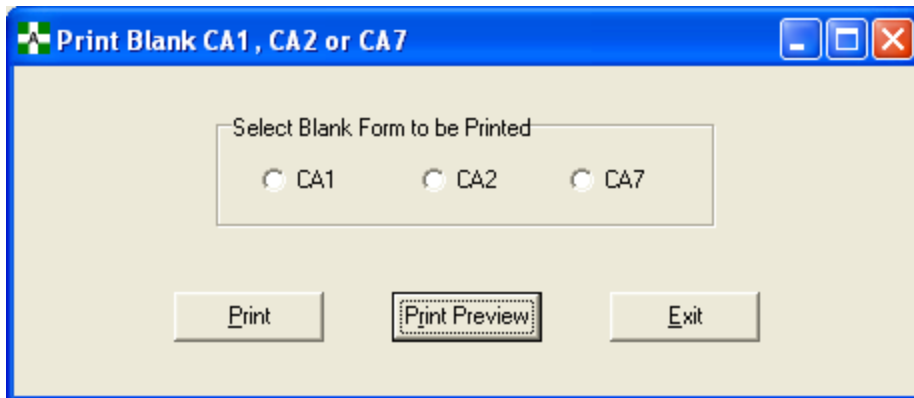
This option should ONLY be used when the transmission to the AAC was corrupt or not completely received. This option is NOT designed to retransmit a single case.



Print Blank CA1/CA2/CA7

This option can be found on the Workers' Comp Menu.

The Print Blank CA1/CA2/CA7 option provides workers' comp personnel the ability to print a blank CA1, CA2, or CA7 form should there be a need to fill one out manually.



Blank CA1

Print Preview

Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation

U.S. Department of Labor
Employment Standards Administration
Office of Workers' Compensation Programs

Employee: Please complete all boxes 1 - 15 below. Do not complete shaded areas.
Witness: Complete bottom section 16.
Employing Agency (Supervisor or Compensation Specialist): Complete shaded boxes a, b, and c.

Employee Data

1. Name of Employee (Last, First, Middle) 2. Social Security Number

3. Date of Birth Mo. Day Yr. 4. Sex 5. Home telephone 6. Grade as of date Level Step

7. Employee's home mailing address (including city, state, and zip code) 8. Dependents
 Wife, Husband
 Children under 18 years
 Other

Description of Injury

9. Place where injury occurred (e.g. 2nd floor, Main Post Office Bldg., 12th & Pine)

10. Date injury occurred Mo. Day Yr. a.m. 11. Date of this notice Mo. Day Yr. 12. Employee's occupation
 p.m.

13. Cause of injury (Describe what happened and why)

14. Nature of injury (Identify both the injury and the part of body, e.g. fracture of left leg)

a. Occupation code
b. Type code c. Source code
OWCP Use - NOI Code

Employee Signature

15. I certify, under penalty of law, that the injury described above was sustained in performance of duty as an employee of the United States Government, and that it was not caused by my willful misconduct, intent to injure myself or another person, nor by my intoxication. I hereby claim medical treatment, if needed, and the following, as checked below, while disabled for work:

a. Continuation of regular pay (COR) not to exceed 45 days and compensation for wage loss if disability for work continues

0% Page 1 of 4

Print Blank CA1/CA2/CA7

Blank CA2

Print Preview

U.S. Department of Labor
 Employment Standards Administration
 Office of Workers' Compensation Programs

Notice of Occupational Disease and Claim for Compensation

Employee: Please complete all boxes 1 - 18 below. Do not complete shaded areas.
 Employing Agency (Supervisor or Compensation Specialist): Complete shaded boxes a, b, and c.

Employee Data

1. Name of Employee (Last, First, Middle)				2. Social Security Number			
3. Date of Birth	Mo.	Day	Yr.	4. Sex	5. Home telephone	6. Grade as of date of last exposure	Level Step
7. Employee's home mailing address (including city, state, and zip code)						8. Dependents <input type="checkbox"/> Wife, Husband <input type="checkbox"/> Children under 18 years <input type="checkbox"/> Other	

Claim Information

9. Employee's Occupation				a. Occupation Code			
10. Location (address) where you worked when disease or illness occurred (Include city, state, and ZIP code)						11. Date you first became aware of disease or illness Mo. Day Yr.	
12. Date you first realized the disease or illness was caused or aggravated by your employment Mo. Day Yr.				13. Explain the relationship to your employment, and why you came to this realization			

14. Nature of disease or illness				OWCP Use - HOI Code			
				b. Type code		c. Source code	

15. If this notice and claim was not filed with the employing agency within 30 days after date shown above in item #12, explain the reason for the delay.

0% Page 1 of 4

Print Blank CA1/CA2/CA7

Blank CA7

Claim for Compensation

U.S. Department of Labor
 Employment Standards Administration
 Office of Workers' Compensation Programs

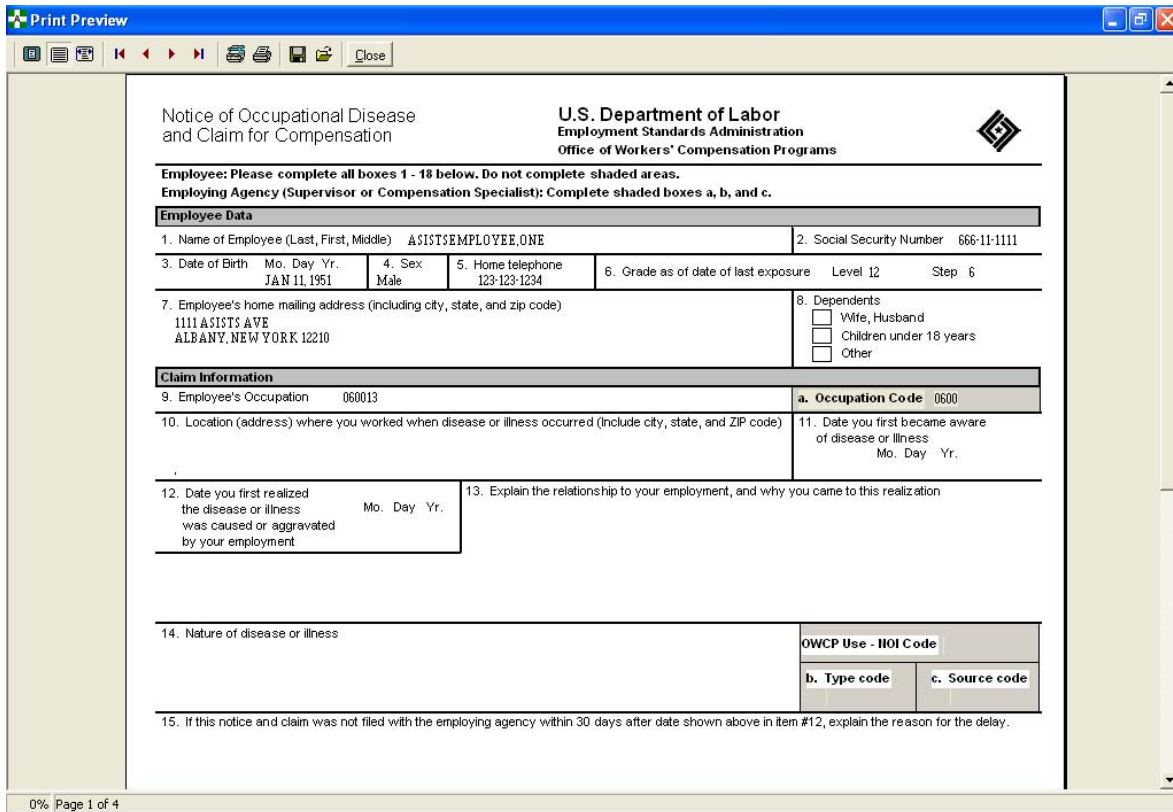
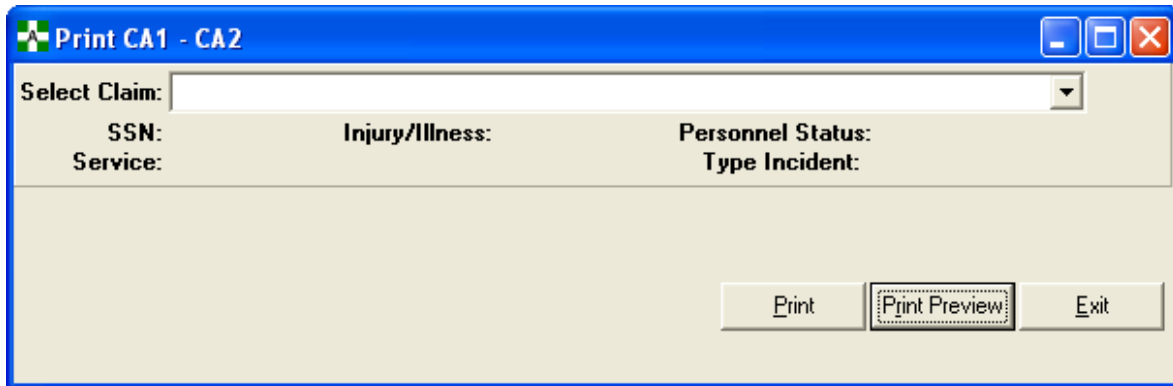


SECTION 1 EMPLOYEE PORTION									
a. Name of Employee			Last		First	Middle	OMB No. 1215-0103	Expires: 10/31/2008	
b. Mailing Address (Including City, State, ZIP Code)						c. OWCP File Number			
E-Mail Address (Optional)				d. Date of Injury		e. Social Security Number			
				Month	Day	Year			
SECTION 2 Compensation is claimed for:						f. Telephone No./FAX No.			
		Inclusive Date Range		Intermittent?					
		From	To						
a.	<input type="checkbox"/>	Leave without Pay	_____	_____	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Go to Section 3
b.	<input type="checkbox"/>	Leave buy back	_____	_____	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Go to Section 3, and Complete Form CA-7b
c.	<input type="checkbox"/>	Other wage loss; specify type, such as downgrade, loss of night differential, etc.	_____	_____	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Go to Section 3
		Type: _____			If intermittent, complete Form CA-7a, Time Analysis Sheet				
d.	<input type="checkbox"/>	Schedule Award (Go to Section 4)							
SECTION 3 You must report all earnings from employment (outside your federal job); include any employment for which you received a salary, wages, income, sales commissions, piecework, or payment of any kind during the period(s) claimed in Section 2. Include self-employment, involvement in business enterprises, as well as service with the military forces. Fraudulent concealment of employment or failure to report income may result in forfeiture of compensation benefits and/or criminal prosecution. Have you worked outside your federal job for the period(s) claimed in Section 2?									
Name and Address of Business:									
<input type="checkbox"/> Yes									
<input type="checkbox"/> No									
Go to Section 4		Name	Address			City	State	ZIP Code	
		Dates Worked:	Type of Work:						
SECTION 4 Is this the first CA-7 claim for compensation you have filed for this injury?									

Print CA1/CA2

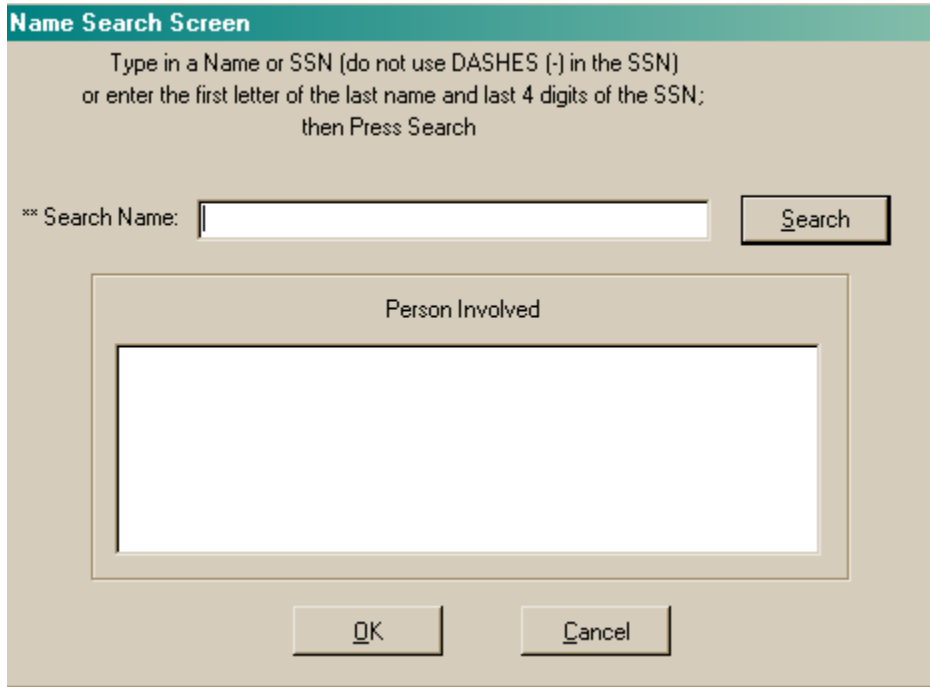
This option can be found on the Supervisor and Workers' Comp Menus.

The Print CA1/CA2 option provides personnel the capability to view on a computer screen or print a hardcopy of the CA1 or CA2 form for an individual. This option also serves as a means to view/print a list of open cases noting the presence or lack of electronic signatures.



Print CA7

This option can be found on the Workers' Comp Menu.



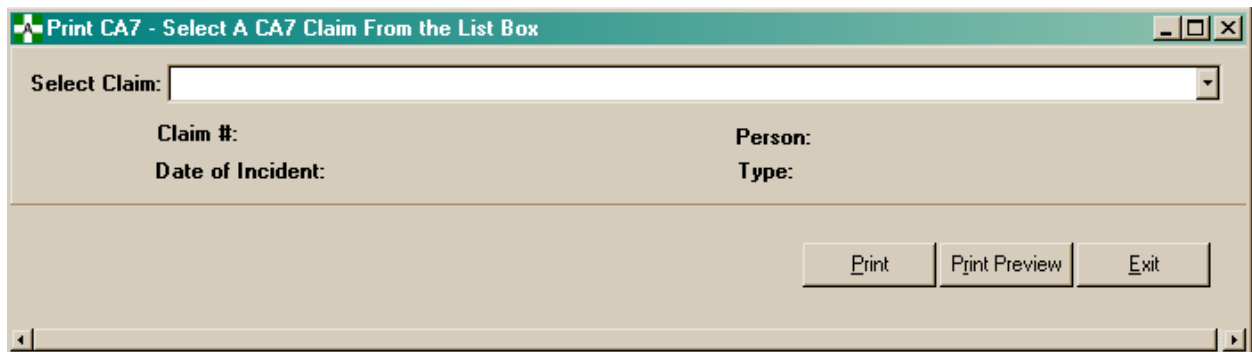
Name Search Screen

Type in a Name or SSN (do not use DASHES (-) in the SSN)
or enter the first letter of the last name and last 4 digits of the SSN;
then Press Search

** Search Name:

Person Involved

Use this selection screen to either print or print preview a selected claim from the list box. The Print button sends the printed version of the selected claim to the windows default printer. Print Preview displays the report to the screen.




Print CA7 - Select A CA7 Claim From the List Box

Select Claim:

Claim #:	Person:
Date of Incident:	Type:

Print CA7

<p>Claim for Compensation</p>		<p>U.S. Department of Labor Employment Standards Administration Office of Workers' Compensation Programs</p>																		
<p>SECTION 1 EMPLOYEE PORTION</p>																				
<p>a. Name of Employee Last First Middle</p> <p style="text-align: center;">ASISTS EMPLOYEE TWENTYTWO</p>			<p>OMB No. 1215-0103 Expires: 10/31/2008</p>																	
<p>b. Mailing Address <i>(Including City, State, ZIP Code)</i></p>			<p>c. OWCP File Number CA7-001</p>																	
<p>E-Mail Address <i>(Optional)</i></p>			<p>d. Date of Injury</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; border-right: 1px solid black;">Month</td> <td style="width: 15%; border-right: 1px solid black;">Day</td> <td style="width: 15%; border-right: 1px solid black;">Year</td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> </tr> <tr> <td style="border-right: 1px solid black; text-align: center;">6</td> <td style="border-right: 1px solid black; text-align: center;">6</td> <td style="border-right: 1px solid black; text-align: center;">0</td> <td style="text-align: center;">6</td> <td style="text-align: center;">6</td> <td style="text-align: center;">2</td> </tr> </table>		Month	Day	Year				6	6	0	6	6	2				
Month	Day	Year																		
6	6	0	6	6	2															
<p>SECTION 2 Compensation is claimed for:</p>			<p>f. Telephone No./FAX No.</p>																	
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"></td> <td style="width: 20%; text-align: center;">Inclusive Date Range</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td></td> <td style="text-align: center;">From To</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>				Inclusive Date Range						From To					<p>Intermittent?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <i>Go to Section 3</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <i>Go to Section 3, and Complete Form CA-7b</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <i>Go to Section 3</i></p> <p>If intermittent, complete Form CA-7a, Time Analysis Sheet</p>					
	Inclusive Date Range																			
	From To																			
<p>a. <input type="checkbox"/> Leave without Pay</p> <p>b. <input type="checkbox"/> Leave buy back</p> <p>c. <input type="checkbox"/> Other wage loss; specify type, such as downgrade, loss of night differential, etc. Type: _____</p> <p>d. <input type="checkbox"/> Schedule Award (Go to Section 4)</p>																				
<p>SECTION 3 You must report all earnings from employment (outside your federal job); include any employment for which you received a salary, wages, income, sales commissions, piecework, or payment of any kind during the period(s) claimed in Section 2. Include self-employment, involvement in business enterprises, as well as service with the military forces. Fraudulent concealment of employment or failure to report income may result in forfeiture of compensation benefits and/or criminal prosecution. Have you worked outside your federal job for the period(s) claimed in Section 2?</p> <p>Name and Address of Business:</p>																				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"><input type="checkbox"/> Yes</td> <td style="width: 85%;"></td> </tr> <tr> <td><input type="checkbox"/> No</td> <td></td> </tr> <tr> <td style="border: 1px solid black;">Go to Section 4</td> <td style="border: 1px solid black;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Name</td> <td style="width: 30%;">Address</td> <td style="width: 10%;">City</td> <td style="width: 10%;">State</td> <td style="width: 10%;">ZIP Code</td> </tr> <tr> <td>Dates Worked: -</td> <td colspan="4">Type of Work:</td> </tr> </table> </td> </tr> </table>					<input type="checkbox"/> Yes		<input type="checkbox"/> No		Go to Section 4	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Name</td> <td style="width: 30%;">Address</td> <td style="width: 10%;">City</td> <td style="width: 10%;">State</td> <td style="width: 10%;">ZIP Code</td> </tr> <tr> <td>Dates Worked: -</td> <td colspan="4">Type of Work:</td> </tr> </table>	Name	Address	City	State	ZIP Code	Dates Worked: -	Type of Work:			
<input type="checkbox"/> Yes																				
<input type="checkbox"/> No																				
Go to Section 4	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Name</td> <td style="width: 30%;">Address</td> <td style="width: 10%;">City</td> <td style="width: 10%;">State</td> <td style="width: 10%;">ZIP Code</td> </tr> <tr> <td>Dates Worked: -</td> <td colspan="4">Type of Work:</td> </tr> </table>	Name	Address	City	State	ZIP Code	Dates Worked: -	Type of Work:												
Name	Address	City	State	ZIP Code																
Dates Worked: -	Type of Work:																			
<p>SECTION 4 Is this the first CA-7 claim for compensation you have filed for this injury?</p>																				

Print Dual Benefits Form

This option can be found on the Workers' Comp Menu.

Use this screen to select the claim for which you wish to print the Dual Benefits Form. You can print the report to your Window's default printer or display the report to the computer screen.

Print Dual Benefit Form

Select Claim: [Dropdown]

SSN: Service: Injury/Illness: Personnel Status: Type Incident:

Print Print Preview Exit

Print Preview

PREVENTION OF DUAL BENEFITS FOR A JOB RELATED INJURY/ILLNESS

The Federal Employees' Compensation Act (FECA), Section 8116, prohibits an employee from receiving workers' compensation benefits under the FECA and veterans benefits administered by Veterans Benefits Administration (VBA) for the same injury/illness or death.

Name: ASISTSEMPLOYEE,ONE SSN: 666-11-1111
Date of Job-Related Injury/Illness: NOV 22, 2004@14:00
Part(s) of the Body (involved in job-related injury): SINGLE EYE

Are you a Veteran: Yes No
If Yes:
Are you currently receiving veteran benefits for a military-connected disability: Yes No
Do you have a claim for a military-connected disability pending: Yes No
Veteran Benefits Administration (VBA) Number: _____
Part(s) of the body involved in your military claim: _____
Condition accepted in your military claim: _____

I was informed of the regulations involved in filing a claim for Workers' Compensation and a claim or increase in my VBA benefit for military-connected disability. If both are approved, I understand that I must make an election between the two benefits and will notify the Workers' Compensation Specialist at my employing facility of what I choose.

Employee Signature: ASISTSEMPLOYEE,ONE /ES/ Date Employee Signed: DEC 07, 2004@12:36:40
Workers' Comp Specialist Signature: CHENJODY /ES/ Date WC Signed: DEC 07, 2004@12:39:21

This form will be filed with your claim for workers' compensation benefits and with VA Regional Office, VBA office.

0% Page 1 of 1

Print Incident Report Status

This option can be found on the Supervisor Menu and on the Occupational Health, Safety, Workers' Comp, and Union Menus under Reports.

The Print Incident Report Status option provides Occupational Health Unit personnel, supervisor, safety official, union personnel, or workers' compensation personnel the ability to view the Incident Report Status on a computer screen or print a hardcopy. This option also serves as a means to view/print a list of open cases noting the presence or lack of electronic signatures.

Before the Incident Report Status can be displayed or printed, the user must select the start and end dates along with the station. The report can be run for all stations or single station. If all stations is selected, the report is not sorted by station. The user must also indicate the case status to be included on the report.

Print Incident Report Status

*** Report Start Date: 11/23/2007

*** Report End Date: 5/21/2008

*** Station

All Stations Single Station

Select Single Station:

*** Case Status:

Both Open and Closed Cases

Open Cases Only

Closed Cases Only

Print Print Preview Exit

Print Incident Report Status

Incident Report Status						
for Open & Closed Cases 1/1/2008 through 2/1/2008 for All Stations						
Case Number	Name	SSN	Case Status	Date/Time of Incident		
2008-00001	VOLUNTEER, TESTNEXT	XXX-XX-4687	Open	JAN 01, 2008@12:01	2162	WCP
		---	CA1	---	---	---

		Employee:	Un-Signed			
	ASISTSEMPLOYEE, ONE,	Supervisor:	Un-Signed	Un-Signed		
	Safety Officer:			Un-Signed		
	Workers' Comp:					Un-Signed
2008-00010	PAID, OIPO A	XXX-XX-6001	Open	JAN 01, 2008@12:01	2162	WCP
		---	CA1	---	---	---

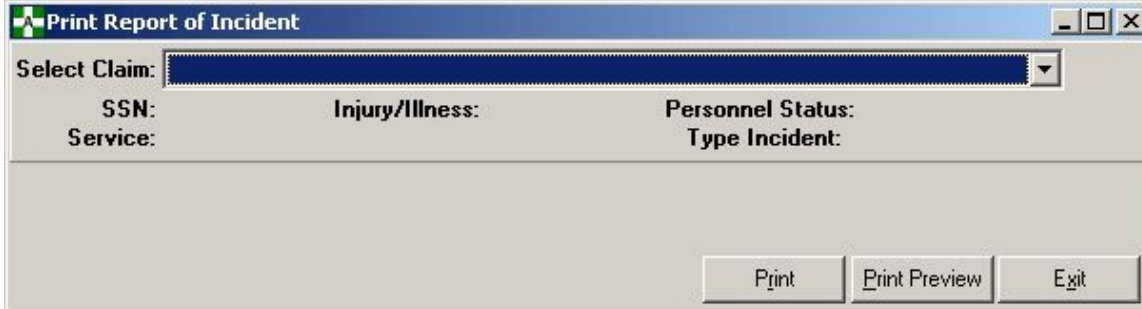
		Employee:	Un-Signed			
	PAID, TESTLFE FOUR,	Supervisor:	Un-Signed	Un-Signed		
	Safety Officer:			Un-Signed		
	Workers' Comp:					Un-Signed
2008-00002	VISITOR, TWO	XXX-XX-0987	Open	JAN 02, 2008@12:02	2162	WCP
		---	CA1	---	---	---

		Employee:	N/A(Visitor)			
	PAID, TESTLFE LG FIVE,	Supervisor:		Un-Signed		
	Safety Officer:			Un-Signed		
	Workers' Comp:					

Print Report of Incident

This option can be found on the Supervisor Menu and on the Occupational Health, Safety, Workers' Comp, and Union Menus under Reports.

The Print Report of Incident option provides Occupational Health Unit personnel, supervisor, safety official, union personnel, or workers' compensation personnel the ability to print a hardcopy of the Report of Incident or view the report on the computer screen.



The screenshot shows a standard Windows-style dialog box titled "Print Report of Incident". At the top, there is a "Select Claim:" dropdown menu. Below this, there are three input fields arranged horizontally: "SSN: Service:", "Injury/Illness:", and "Personnel Status: Type Incident:". At the bottom right of the dialog, there are three buttons: "Print", "Print Preview", and "Exit".

An example report begins on the following page.

Print Report of Incident

Print Preview

4/22/2008 12:48:51 PM

Veterans Health Administration **INCIDENT REPORT**

ACCIDENT IDENTIFICATION SECTION				
Case Number 2006-00029	Report Type Initial	Type of Incident Not Elsewhere Classified	Date and Time of Occurrence JAN 28, 2005 at 09:00	General Setting of Incident Patient care setting
PERSONNEL INVOLVED SECTION				
Person Involved ASST GEN PLD YEE, TAO		Service NURSING		
SSN XXX-XX-2222	Age at time of incident 53	Personnel Status Employee	Case Status Open	
Gender Female	Home Phone 222-222-2222	Education PROFESSIONAL DEGREE (OTHER)		
Injury/line of Injury	Co of Center / Org	Home Address 222 00 PS DRIVE ALBANY, NEW YORK 12210		
Occupation 8224	Grade/Step 1216			
INJURY/ILLNESS DATA SECTION				
Location of Injury E.R. (Emergency Room)	Characterization of Injury Rash		Medical Emergency Cleanup Following Medical	
Body Part(s) of Affected BOTH FOREARMS			Side of Body Affected Both	
Additional Body Part			Job Trans/Restriction 0	Days Away Wk 0
DESCRIPTION OF INCIDENT				
who what when where how and why				
CORRECTIVE ACTION TAKEN				
corrective action taken				
Station: ALBANY - 500				
CASE#: 2006-00029 Date Created: FEB02, 2006@1436 Created By: CHEN,JOY Report Run Date: 4/22/2008 12:48:51 PM				

0% Page 1 of 3

Print Report of Incident

Print Preview
_ □ ×

Close

SHARPS/EXPOSURE DATA SECTION	
Patient Source: <input type="text" value="Unidentifiable"/>	Contamination: <input type="text" value="Unknown"/>
Area Exposed to Bodily Fluid:	
Personal Protective Gear Used:	
Activity at Time of Injury:	Object Causing Injury:
Bodily Fluid Exposure Source:	Purpose of Sharp Object:
Device Size: <input type="text"/>	Safety Guard: <input type="text"/>
Brand:	
<input type="checkbox"/> Equipment/Device Failure Occurred	
Safety Design Device Used:	Injury Prior to Device Engaging:
Explain Why Safety Device Not Used:	

SAFETY OFFICIAL COMMENTS

Signature of Safety Official	Date
Signature of Supervisor	Date

NOTICE OF CONDITIONS UNDER WHICH THIS INFORMATION IS COLLECTED

In compliance with the Privacy Act of 1974, the following is provided:

1. Collection of the information is authorized by the Occupational Safety and Health Act of 1970 (PL 91-596); 5 USC 7902; 29 CFR 1950.28; 43 CFR 2571-33 and Executive Order 12195 (1 Oct 1980); these authorities do not require that penalties be imposed for failure to respond to this report.
2. The principal purpose for which this information is collected is to provide statistical data and analysis of injury, illness and property loss experience in support of the Departmental, Agency, Region and Staff Office Safety and Health Programs, as well as required statistical summations or reports to the Department of Labor and other governmental entities or functions requiring such information.
3. Routine uses of this information include: (a) Providing the means for complying with the reporting requirements of the Occupational Safety and Health Act of 1970; 29 CFR 1950; and such other reports as may be required by legislative or regulatory obligations; (b) Providing such summary statistical data and analysis as is necessary to appropriately evaluate the effectiveness of the safety management programs and assist appropriate departmental functions in the initiation and support of corrective or preventive actions; (c) Responding to court subpoenas or court or competent jurisdiction in administrative or civil suits; and (d) Transmitting to the appropriate governmental or regulatory entities, whether Federal, State, Local or foreign, such information as is relevant to investigate action or when a violation of a statute or regulation is indicated.
4. The effect on the individual of providing all or part of the requested information may be to render impossible or to delay the Department's documenting the injury, illness, 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.

CASE#: 2006-00029 Date Created: FEB02, 2006 @ 14:56 Created By: CHEN,JOY Report Run Date: 4/22/2008 12:48:51 PM

0%
Page 2 of 3

Reason for Controvert Report

This option can be found on the Workers' Comp Menu under Reports.

The user is asked to enter a start date, end date, and either a single station or all stations. The report gives a count of the number of each of the following reason for controvert codes for both lost time and no lost time cases.

- The disability was not caused by a traumatic injury
- The employee is a volunteer working without pay or for nominal pay, or a member of the office staff of a former president
- The employee is not a citizen or resident of the United States or Canada
- The injury occurred off the employing agencies premises and the employee was not involved in official off premises duty
- The injury was proximately caused by the employee misconduct, intent to bring about injury or death to self or another person, or intoxication
- The injury was not reported on Form CA-1 within 30 days following the injury
- Work stoppage first occurred 45 days or more following the injury
- The employee initially reported the injury after his or her employment was terminated
- The employee is enrolled in the Civil Air Patrol, Peace Corps, Youth Conservation Corps, Work Study Programs, or other similar groups

Note: The last item is NOT a Controvert code but is included to handle those possible scenarios.

The report will indicate the number of cases in the total count that had data in block 36 (State the Reason in Detail) and the number of cases not controverted in the report date range.

Reason for Controvert Report

Reason for Controvert Report

*** Report Start Date: 8/15/2006

*** Report End Date: 9/11/2006

*** Station:
 All Stations Single Station

Select Single Station:

Print Print Preview Exit

Reason for Controvert Report

Reason for Controvert [Blk 36] Report for 11/19/2010 through 5/18/2011 for Station - All Stations	
<u># of Occurrences</u>	<u>Controvert Code</u>
0	a The disability was not caused by a traumatic injury.
0	b The employee is a volunteer working without pay or for nominal pay, or a member of the office staff of a former President.
0	c The employee is not a citizen or a resident of the United States or Canada.
0	d The injury occurred off the employing agency's premises and the employee was not involved in official off premise duties.
0	e The injury was proximately caused by the employee willful misconduct, intent to bring about injury or death to self of another person, or intoxication.
0	f The injury was not reported on Form CA-1 within 30 days following the injury.
0	g Work stoppage first occurred 45 days or more following the injury.
0	h The employee initially reported the injury after his or her employment was terminated.
0	i The employee is enrolled in the Civil Air Patrol, Peace Corps, Youth Conservation Corps, Work Study Programs, or other similar groups.
0	Controvert question checked Yes, but no Controvert Code entered
Total	<u>0</u>
	<i>Number of Cases (from above) with additional "State the reason in detail" data in Block 36:</i> 0
	<i>Number of Cases not controverted during report date range</i> 1

Reason for Dispute Report

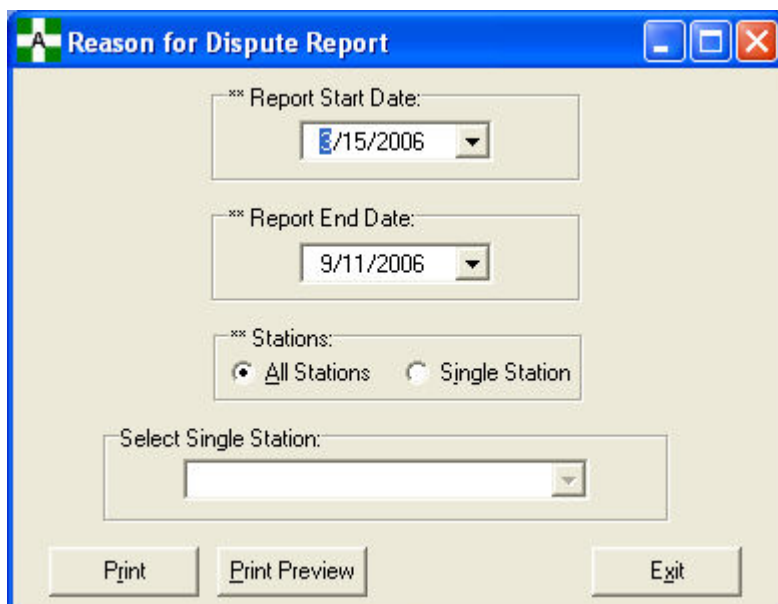
This option can be found on the Workers' Comp Menu under Reports.

The Reason for Dispute Report provides the capability to view the number of dispute code occurrences (for lost time and no lost time cases) for a single station or all stations within a user-specified date range.

The user is asked to enter a start date, end date, and either a single station or all stations. The report gives a count of the number of each of the following reason for dispute codes for both lost time and no lost time cases.

- A personal, emotional, reaction to administrative activities
- Different medical opinions about injury; weight of evidence
- Different stories about what happened
- Employee did not follow facility policies/procedures
- Inappropriate medical provider
- Injury was not work related
- Investigation of incident does not support employee's statement
- Medical diagnosis/treatment not related to claimed condition
- No medical evidence to support work related injury
- Timeliness of reporting incident

The report will indicate the number of cases in the total count that had data in block 36 (State the Reason in Detail) and the number of cases not disputed in the report date range.



The screenshot shows a Windows-style dialog box titled "Reason for Dispute Report". It contains the following fields and controls:

- "** Report Start Date:" with a date picker showing 8/15/2006.
- "** Report End Date:" with a date picker showing 9/11/2006.
- "** Stations:" with two radio buttons: "All Stations" (selected) and "Single Station".
- "Select Single Station:" with an empty dropdown menu.
- Buttons at the bottom: "Print", "Print Preview", and "Exit".

Reason for Dispute Report

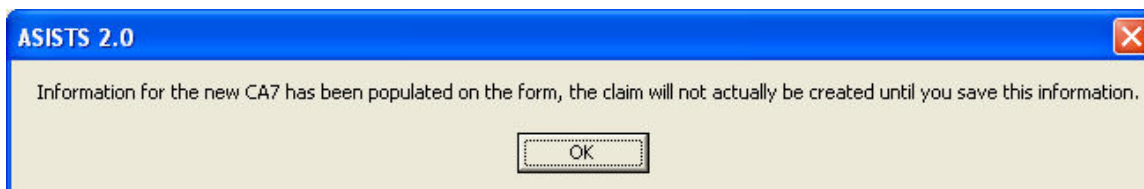
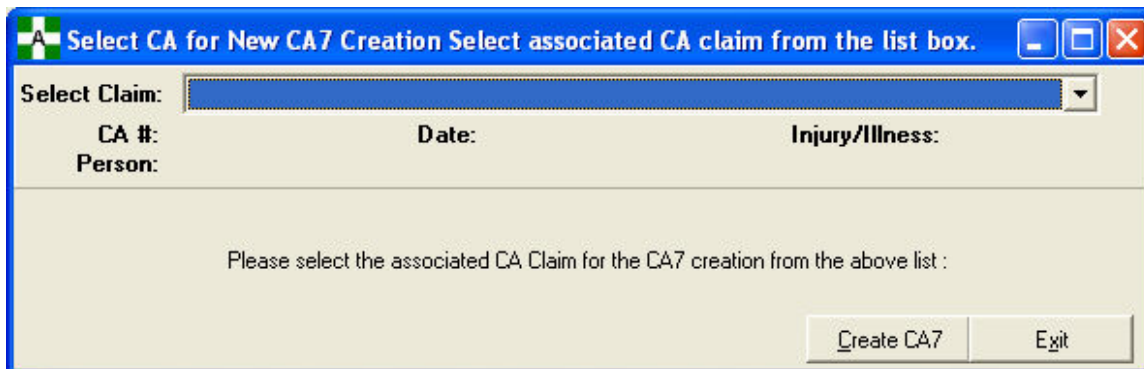
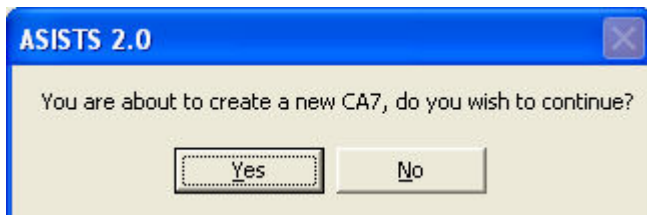
Reason for Dispute Report for 11/19/2010 through 5/18/2011 for Station - All Stations		
Reason for Dispute Code	Lost Time Cases	No Lost Time Cases
A personal, emotional, reaction to administrative activities	0	0
Different medical opinions about injury; weight of evidence	0	0
Different stories about what happened	0	0
Employee did not follow facility policies/procedures	0	0
Inappropriate medical provider	0	0
Injury was not work related	0	0
Investigation of incident does not support employee's statement	0	0
Medical diagnosis/treatment not related to claimed condition	0	0
No medical evidence to support work related injury	0	0
Timeliness of reporting incident	0	0
Total Cases: 0	0	0
<i>Number of Cases (from above) with additional "State the reason in detail" data in Block 36:</i>	0	0
<i>Number of Cases not disputed during report date range</i>	0	1

Request for Compensation (CA7)

This option can be found on the Employee and Workers' Comp Menu.

The Request for Compensation (CA7) option allows either the employee or worker's compensation personnel to enter information for a request for compensation. There are 6 tab sheets on the CA7 Form. The first three tabs of the form are accessible by both the employee and worker's compensation personnel; the last 3 tabs on the form can only be accessed by workers' compensation personnel.

Selecting the Create CA7 button after you have selected the associated CA claim will initiate and create a new CA7 claim with some of the fields auto populated. The CA7 screen is then displayed with all of the associated tab fields available for editing. It is important to remember that the claim will not actually be created/saved until you either click Save on the CA7 form or try to exit the form. After you have selected a CA claim and have clicked the Create CA7 button, a message is displayed that the information for the new CA7 has been populated on the form, but the claim will not be created until the information is saved.



Request for Compensation (CA7)

Sections 1-2 Tab

The Sections 1-2 tab contains the majority of the employee information such as mailing address, Date of Incident, OWCP file number. This tab can be accessed by both the employee and workers' compensation representative.

Section 2 of this tab involves the reason for filing the CA7. A separate CA7 must be completed by the employee for each option they choose to file.

Request for Compensation (CA7)

Sections 3-4 Tab

The Sections 3-4 tab contains outside business work information and questions concerning previous claims and dependent information. This tab can be accessed by both the employee and workers' compensation representative.

The screenshot shows a software window titled "CA7 - Request for Compensation Form". At the top, there is a "Select Claim:" dropdown menu. Below it are labels for "Claim #:", "Date of Incident:", "Person:", and "Type:". A navigation bar contains tabs for "Sections 1 - 2", "Sections 3 - 4" (which is selected), "Sections 5 - 6", "Sections 8-9", "Sections 10-13", and "Sections 14-15".

SECTION 3
Have you worked outside your federal job during the period(s) claimed in Section 2? (include salaried, self-employed, commission, volunteer, etc.)
 Yes [1] No [2]

Outside Business Information

** Name:	<input type="text"/>	** Type of Work:	<input type="text"/>
** Address:	<input type="text"/>	** Start Date:	<input type="text"/>
** City:	<input type="text"/>	** End Date:	<input type="text"/>
** State:	<input type="text"/>		
** Zip Code:	<input type="text"/>		

SECTION 4
Is this the first CA-7 claim for compensation you have filed for this injury?
 Yes [3] No [4]

Has there been a change in your dependents, or has your direct deposit information changed, or has there been a claim filed with U.S. Civil Service Retirement, another federal retirement or disability law, or with the Department of Veterans Affairs since your last CA-7 claim?
 Yes [5] No [6]

At the bottom of the window is a navigation bar with buttons: "Prev", "Next", "New", "Print", "Sign/Validate", "Save", and "Exit".

Request for Compensation (CA7)

Sections 5-6 Tab

The Sections 5-6 tab contains dependent, support payments, and questions concerning previous disability claims and annuity information. This tab can be accessed by both the employee and workers' compensation representative.

CA7 - Request for Compensation Form

Select Claim:

Claim #: Person:
 Date of Incident: Type:

Sections 1 - 2 | Sections 3 - 4 | Sections 5 - 6 | Sections 8-9 | Sections 10-13 | Sections 14-15

SECTION 5 List your dependents including spouse

Name: Living with you?
 Yes (1) No (2)

SSN: Relationship: Date of Birth:

Add(+) Edit Delete

Are you making support payments for any of the dependents not living with you?
 Yes (3) No (4)

Support Payments are made to:

** Name: ** Address: ** City:
 ** State: ** Zip Code: ** Court Ordered support payments?
 Yes (5) No (6)

SECTION 6

Have you ever applied for or received disability benefits from the Department of Veterans Affairs?
 Yes (7) No (8)

Was/Will there be a claim made against a 3rd party?
 Yes (9) No (10)

** Claim Number: ** Nature of Disability: ** Name of VA Office Where Claim was filed:

** Office Address: ** Office City: ** Office State: ** Office Zip: ** Monthly Payment:

Have you applied for or received payment under any Federal Retirement or Disability law?
 Yes (11) No (12)

** Claim Number: ** Date Annuity Began: ** Amount of Monthly Payment: ** Retirement System:

Prev Next New Print Sign/Validate Save Exit

Request for Compensation (CA7)

Section 7

Section 7 is the Election of Benefits Statement. This is a statement signed by the employee to certify that he/she has been truthful on the CA-7 form. There is not a Section 7 tab displayed in this option because there is no data for the user to input. This statement is printed when the user elects to print the CA-7 form.

I hereby make claim for compensation because of the injury sustained by me while in the performance of my duty for the United States. I certify that the information provided above is true and accurate to the best of my knowledge and belief. Official statement made by the employee that the information they wrote on this CA-7 form is the truth as it is against the law to make any false statements or hide information to get money from OWCP.

Employee's Electronic Signature _____
Date: _____

The employee must print out the CA-7, sign it in blue ink, then give the original to the Workers' Compensation office at their facility on the same day they sign it. The employee should also keep a copy for their records.

Request for Compensation (CA7)

Sections 8-9 Tab

The Sections 8-9 tab contains the employee's pay rate information (both current and pay when work stopped) along with their work schedule. This tab is available only to workers' compensation personnel.

CA7 - Request for Compensation Form

Select Claim:

Claim #: Person:
 Date of Incident: Type:

Sections 1 - 2 | Sections 3 - 4 | Sections 5 - 6 | Sections 8-9 | Sections 10-13 | Sections 14-15

SECTION 8

Show Pay Rate as of

Date of Injury:

Base Pay: Per:

Grade: Step:

Additional Pay

Type:
 \$ Amount: Per:

Add Edit Delete

Date Employee Stopped Work

Date:

Base Pay: Per:

Grade: Step:

Additional Pay (Stopped Work)

Type:
 \$ Amount: Per:

Add() Edit Delete

SECTION 9

Does employee work a fixed 40-hour per week schedule?

Yes (1) No (2)

Scheduled Days

Sun Mon Tue Wed Thr Fri Sat

Show Scheduled Hours for the two week pay period in which work Stopped.

Week 1 From: To: Sun: Mon: Tue: Wed: Thr: Fri: Sat:

Week 2 From: To: Sun: Mon: Tue: Wed: Thr: Fri: Sat:

Pay Stopped Week: Pay Stopped Day:

Did employee work in position for 11 months prior to injury? Yes (3) No (4)

Would position have afforded employment for 11 months but for the injury? Yes (5) No (6)

Prev Next New Print Sign/Validate Save Exit

Request for Compensation (CA7)

Sections 10-13 Tab

The Sections 10-13 tab contains health benefits, insurance, and retirement questions. This is also the tab where continuation of pay (COP), pay status, and whether or not the employee returned to work information is entered. This tab is available only to workers' compensation personnel.

CA7 - Request for Compensation Form

Select Claim:

Claim #: Person:
 Date of Incident: Type:

Sections 1 - 2 | Sections 3 - 4 | Sections 5 - 6 | Sections 8-9 | **Sections 10-13** | Sections 14-15

SECTION 10 On date pay stopped, was employee enrolled in:

Health Benefits under the FEHBP? Yes (1) No (2) Code: Optional Use Insurance? Yes (3) No (4) Class:
 Basic Life Insurance? Yes (5) No (6) Retirement System? Yes (7) No (8) Plan:

SECTION 11 Continuation of Pay (COP) Received (Show inclusive dates)

From: To: Intermittent? Yes (9) No (10)

SECTION 12 Show pay status and inclusive dates for period(s) claimed (at least one entry is required)

Sick leave From: To: Intermittent? Yes (l) No (u)
 Annual Leave From: To: Intermittent? Yes (v) No (z)
 Leave Without Pay From: To: Intermittent? Yes (f) No (g)
 Work From: To: Intermittent? Yes (h) No (j)

If intermittent, Complete Form CA-7a, Time Analysis Sheet
 If leave buy back, also submit complete Form CA-7b.

SECTION 13

Did employee return to work? Yes (i) No (k) Date: With the same number of hours and duties? Yes (l) No (m)

Explanation:

Prev Next New Print Sign/Validate Save Exit

Request for Compensation (CA7)

Sections 14-15 Tab

The Sections 14-15 tab contains the workers' compensation remarks and their information including a place to enter a third party that could be contacted for further information on the claim. This tab is available only to workers' compensation personnel.

CA7 - Request for Compensation Form

Select Claim:

Claim #: Person:
 Date of Incident: Type:

Sections 1 - 2 | Sections 3 - 4 | Sections 5 - 6 | Sections 8-9 | Sections 10-13 | **Sections 14-15**

Section 14: Remarks:

Section 15

An employing agency official who knowingly certifies to any false statement, misrepresentation, or concealment of fact, with respect to this claim may also be subject to appropriate felony criminal prosecution.

I certify that the information given above and furnished by the employee on this form is true to the best of my knowledge, with any exceptions noted in the Remarks above.

** Title: ** Date:
 ** Name of Agency:
 ** Date Claim Form Received from Employee:

If DWCP needs specific pay information, the person who should be contacted is:

** Name: ** Title:
 ** Telephone No: ** Fax No. ** Email Address:

Prev Next New Print Sign/Validate Save Exit

Summary Incident Reports

This option can be found on the Occupational Health, Safety, and Workers' Comp Menus under Reports.

Each report summarizes the number of incidents grouped by various fields. The input criteria is the same for each report type. The report types are as follows.

Type of Incidents	Summarizes the number of incidents grouped on the critical tracking issues
Occupational Code	Summarizes the number of incidents grouped by the occupational code of the individual
Characterization of Injury	Summarizes the number of incidents grouped by the Characterization of Injury field
Service	Summarizes the number of incidents grouped by the service of the individual
Body Part	Summarizes the number of incidents grouped by major body part
Day of Week	Summarizes the number of incidents grouped by each day of the week the incident occurred
Time of Day	Groups each incident by hour and summarizes the number of incidents within those time periods

The different output formats include Standard Report, Excel Spreadsheet, Pie Chart, and Bar Graph. The pie chart and bar graph formats print in the landscape orientation.

Summary Incident Reports

Example of Standard Report Output Format

Type of Incidents Report
 From: 2/3/2008 To: 8/1/2008
 For Open & Closed Cases, All Station(s), All Cases (Lost Time / No Lost Time Incidents)
 Includes Per Status: All Status

Type of Incidents	Number of Incidents	% of Total
Assault	4	44.44
Environmental/Toxic Exposure	1	11.11
Hollow Bore Needlestick	1	11.11
Not Elsewhere Classified	1	11.11
Slip/Trip/Fall	2	22.22
Total	9	99.99

About ASISTS

This screen acknowledges the West Palm Beach programming staff for their contribution to the ASISTS software. It also provides version and CRC (Delphi-generated identification) code information.



Technical Support

The VA Service Desk (formerly Help Desk) can be reached at 1-888-596-4357.

Release Notes

To access the Release Notes for current and past ASISTS GUI V. 2.0 patches, please go to the ASISTS Training page on the VistaU website at: <http://vaww.vistau.med.va.gov/VistaU/asists/>

