



# **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
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## 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

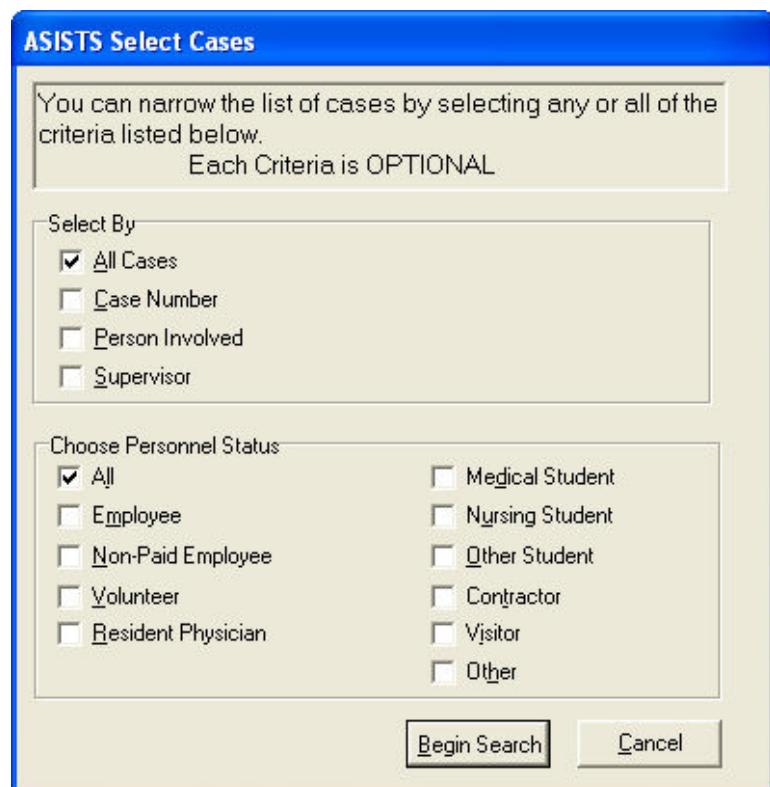
    Print Incident Report Status

    Print Report of Incident

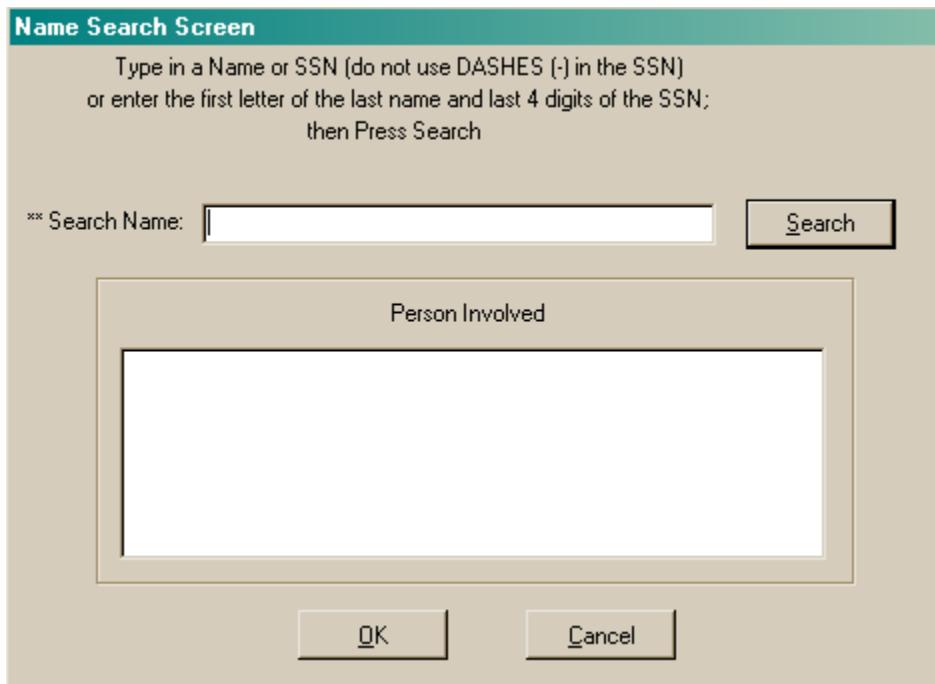
## Common Screens

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

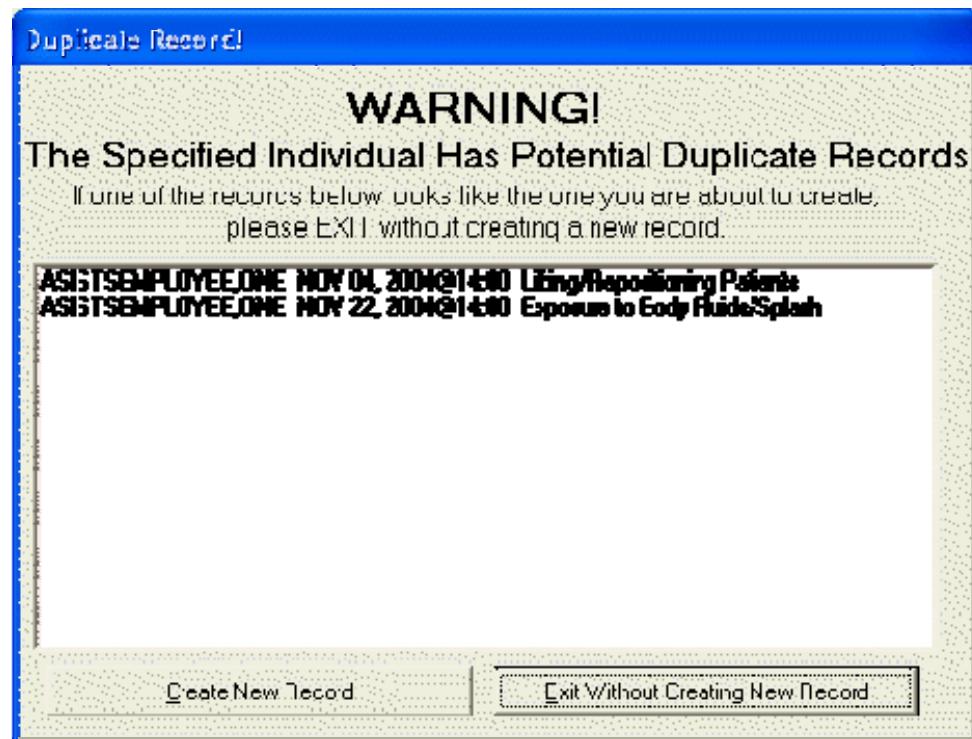


This screen allows the user to narrow the search criteria when selecting a case.

*Name Search Screen*

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

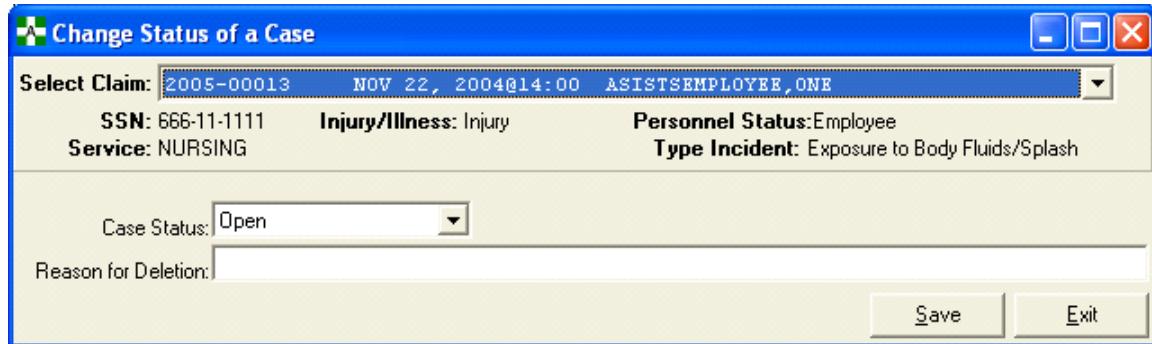
Request for Compensation (CA7)

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.



**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.

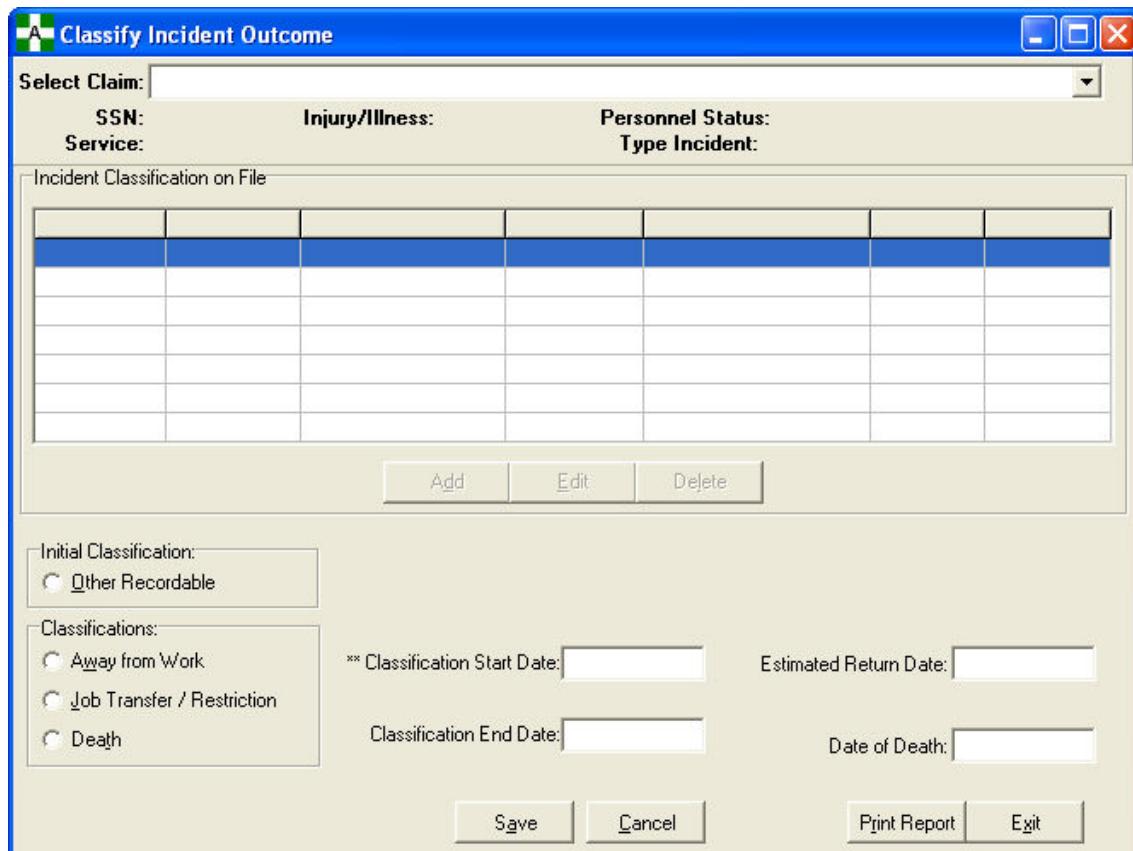
Date of Classification – Includes the Start Date and End Date

- 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



### 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.

## 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 Windows application window titled "Worker's Compensation Edit Employee CA-1 Form". At the top, there is a dropdown menu labeled "Select Claim". Below it, there are fields for "SSN" and "Service", and "Injury/Illness" and "Personnel Status". A tab bar at the top includes "Employee Data", "Injury/Witness Data" (which is selected), "Agency", "Work Schedule", "Third Party", "Physician", "Filing Instructions", and "DWCP".

The main area is divided into two sections: "Injury Data" and "Witness".

**Injury Data:** Contains fields for "Employee's Occupation", "Date/Time Injury Occurred", "Cause of Injury Code", "Cause of Injury" (with a note "(Identify both the injury and the part of the body: e.g. fracture of left leg)"), and "Nature of Injury".

**Witness:** Contains fields for "Name", "Street", "City", "State", and "Zip". It also includes a list box with the placeholder "Click on a name in the list to edit or delete" and buttons for "Add Witness", "Edit Witness", and "Delete Witness".

At the bottom, there are navigation buttons: "Prev" and "Next", "Print", "Sign/Validate", "Save" (highlighted in green), and "Exit".

## Complete/Validate/Sign CA1

### Agency Tab

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

The screenshot shows the 'Worker's Compensation Edit Employee CA-1 Form' window. At the top, there is a dropdown menu labeled 'Select Claim'. Below it, there are two rows of labels and input fields: 'SSN: Service:' and 'Injury/Illness: Type Incident:'. A horizontal navigation bar below these includes tabs for 'Employee Data', 'Injury/Witness Data', 'Agency' (which is selected), 'Work Schedule', 'Third Party', 'Physician', 'Filing Instructions', and 'DWCP'. The main content area is divided into three sections: 'Employee Duty Station' (containing fields for Duty Station, Street, City, State, Zip), 'Agency' (containing fields for Name, Street, City, State, Zip), and 'Employee Data Continued...' (containing fields for Education, Cost Center/Org, and Employee's Retirement). At the bottom, there are buttons for 'Prev' and 'Next', 'Print', 'Sign/Validate', 'Save' (highlighted in green), 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.

**Worker's Compensation Edit Employee CA-1 Form**

Select Claim: [dropdown menu]

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

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

\*\* Regular Work Hours  
\*\* From: [dropdown menu] \*\* To: [dropdown menu]

\*\* Regular Work Schedule  
Check the days of the week worked when the Incident occurred  
 Sunday  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday

Date/Time's  
\*\* Date/Time of Injury: [text box]  
\*\* Date of Notice Received: [text box]  
Date/Time Stopped Work: [text box]  
Date Pay Stopped: [text box]  
Date 45 Day Period Began: [text box]  
Date/Time Returned to Work: [text box]

\*\* Pay Rate when Employee Stopped Work: [text box] \*\* Per: [dropdown menu]

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

## Complete/Validate/Sign CA1

### Third Party Tab

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

The screenshot shows the "Worker's Compensation Edit Employee CA-1 Form" window. The title bar includes the application name and standard window controls. The main area is divided into several sections:

- Select Claim:** A dropdown menu.
- SSN:** Text input field.
- Injury/Illness:** Text input field.
- Service:** Text input field.
- Personnel Status:** Text input field.
- Type Incident:** Text input field.
- Employee Data | Injury/Witness Data | Agency | Work Schedule | Third Party | Physician | Filing Instructions | DWCP |** A navigation bar at the top of the form.
- NOTE Don't include Patient and/or Employee as 3rd Party:** A note message.
- \*\* Was Injury Caused by 3RD Party:** A question with two radio button options:  Yes (1) and  No (2).
- \*\* Was Injury caused by Employee's Misconduct, Intoxication, or Intent to Injure Self or Another:** A question with two radio button options:  Yes (5) and  No (6).
- Name and Address of Third Party:** A group of text input fields for Name, Street, City, State, and Zip.
- \*\* Was Employee Injured in Performance of Duty:** A question with two radio button options:  Yes (7) and  No (8).
- Date Employee first received medical care:** A date input field.
- \*\* Does your Knowledge of the Facts agree with Statements of the Employee:** A question with two radio button options:  Yes (9) and  No (0).
- \*\* Do medical reports show employee is Disabled for Work:** A question with two radio button options:  Yes(3) and  No(4).

At the bottom are navigation buttons: **Prev**, **Next**, **Print**, **Sign/Validate**, **Save** (highlighted in green), and **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 the 'Worker's Compensation Edit Employee CA-1 Form' application window. At the top, there are three dropdown menus: 'Select Claim:', 'SSN:', and 'Injury/Illness:'. Below these are two buttons: 'Personnel Status:' and 'Type Incident:'. A navigation bar at the top includes tabs for 'Employee Data', 'Injury/Witness Data', 'Agency', 'Work Schedule', 'Third Party', 'Physician' (which is selected), 'Filing Instructions', and 'OWCP'. The main area is titled 'Physician First Providing Medical Care' and contains fields for 'Physician Name', 'Title', 'Street', 'City', 'State', and 'Zip'. To the right of these fields are two groups of radio buttons: 'Does the agency controvert this claim?' (Yes [1], No [2]) and 'Does the agency dispute this claim?' (Yes [3], No [4]). Below these are dropdown menus for 'Reason For Dispute Code' and 'State the Reason in Detail'. A large section below is titled 'Reason for Controvert' and lists ten options (a-j) for reasons why the agency might controvert the claim. At the bottom of the form are buttons for 'Prev', 'Next', 'Print', 'Sign/Validate', 'Save' (highlighted in green), 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.

The screenshot shows the "Worker's Compensation Edit Employee CA-1 Form" window. At the top, there are fields for "Select Claim:", "SSN:", "Injury/Illness:", "Service:", "Personnel Status:", and "Type Incident:". Below these are tabs for "Employee Data", "Injury/Witness Data", "Agency", "Work Schedule", "Third Party", "Physician", "Filing Instructions", and "OWCP".

The "Filing Instructions" tab is selected. It contains sections for "Exception and Filing Instructions" and "\*\* Filing Instructions".

**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: [Text Box]

\*\* Supervisor Title: [Text Box]    \*\* Office Phone: [Text Box] - [Text Box]    Extension: [Text Box]

**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

At the bottom are buttons for "Prev" (disabled), "Next", "Print", "Sign/Validate", "Save" (highlighted in green), and "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] Injury/Illness: [text] Personnel Status: [text]  
Service: [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: [dropdown]  
\*\* 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** [Minimize] [Close]

**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:** 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.

The screenshot shows a Windows application window titled "Worker's Compensation Validate and Sign CA-2 form". At the top, there is a dropdown menu labeled "Select Claim:" and three buttons: "SSN:", "Injury/Illness:", and "Personnel Status: Type Incident:". Below the title bar is a horizontal navigation bar with tabs: "Employee Data", "Claim Information", "Agency", "Work Schedule", "Third Party", "Physician", "Signatures", and "OWCP".

The main area is divided into two sections: "Employee Data" on the left and "Illness Information" on the right.

**Employee Data:**

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

**Illness Information:**

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

At the bottom of the window are several buttons: "Prev" (disabled), "Next", "Print", "Sign/Validate", "Save", and "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.

The screenshot shows a Windows application window titled "Worker's Compensation Validate and Sign CA-2 form". The window has a blue header bar with the title and standard window controls (Minimize, Maximize, Close). Below the header is a toolbar with buttons for "Select Claim:", "Employee Data", "Claim Information", "Agency", "Work Schedule", "Third Party", "Physician", "Signatures", and "DWCP".

The main area contains several input fields and text areas:

- SSN:** [Text Box]
- Injury/Illness:** [Text Box]
- Service:** [Text Box]
- Personnel Status:** [Text Box]
- Type Incident:** [Text Box]
- \*\* 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]

At the bottom of the window are buttons for "Prev" (with a left arrow), "Next" (with a right arrow), "Print", "Sign/Validate", "Save" (with a disk icon), and "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 menu]

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

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

Employee Duty Station:

\*\* Duty Station: [dropdown menu]  
\*\* Street: [text box]  
\*\* City: [text box]  
\*\* State: [dropdown menu] \*\* Zip: [text box]

Agency:

\*\* Name: [text box]  
\*\* Street: [text box]  
\*\* City: [text box]  
\*\* State: [dropdown menu] \*\* Zip: [text box]

Employee Data Continued

Cost Center/Org: [text box]  
\*\* Employee's Retirement: [dropdown menu]

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.

The screenshot shows a Windows application window titled "Worker's Compensation Validate and Sign CA-2 form". The window has a blue header bar with standard window controls (Minimize, Maximize, Close). Below the header is a toolbar with buttons for "Select Claim:", "SSN:", "Injury/Illness:", "Personnel Status:", "Service:", and "Type Incident:". A dropdown menu is open under "Select Claim:". Below the toolbar is a navigation bar with tabs: Employee Data, Claim Information, Agency, Work Schedule (which is selected and highlighted in blue), Third Party, Physician, Signatures, and DWCP. The main content area is titled "Work Schedule". It contains fields for "Regular Work Hours From:" and "Regular Work Hours To:" with dropdown menus. Below these are checkboxes for the days of the week: Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, and Saturday. A section titled "Dates/Times" contains fields for "Date Employee First reported Condition to Supervisor", "Date/Time Employee Stopped Work", "Date/Time Employee Pay Stopped", and "Date Employee was Last Exposed to conditions that are alleged to have caused Disease or Illness". There is also a field for "Date/Time Returned to Work". A large text area is provided for "If Employee has returned to Work and Work Assignment has Changed, Describe Employee's New Duties". At the bottom of the window are buttons for "Prev", "Next", "Print", "Sign/Validate", "Save", and "Exit".

## Complete/Validate/Sign CA2

### Third Party Tab

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

The screenshot shows a Windows application window titled "Worker's Compensation Validate and Sign CA-2 form". At the top, there are fields for "Select Claim:" (dropdown), "SSN:", "Service:", "Injury/Illness:", and "Personnel Status:". Below these are tabs: Employee Data, Claim Information, Agency, Work Schedule, Third Party, Physician, Signatures, and OWCP. The "Third Party" tab is selected. A question "\*\*Was Illness Caused by third Party? Do not Include Patient or Employee" has two radio button options: "Yes (1)" and "No (2)". Below this is a section for "Name and Address of Third Party" with fields for Name, Street, City, State, and Zip. At the bottom are navigation buttons: "Prev" and "Next", "Print", "Sign/Validate", "Save", and "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 menu]

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

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

Physician First Providing Medical Care

Physician Name:	[text box]
Title:	[text box]
Street:	[text box]
City:	[text box]
State:	[text box]
Zip:	[text box]

Medical

Date Employee first received medical care: [text box]

\*\* 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.

The screenshot shows a Windows application window titled "Worker's Compensation Validate and Sign CA-2 form". The window has a blue header bar with the title and standard window controls (Minimize, Maximize, Close). Below the header is a toolbar with tabs: "Select Claim:", "Employee Data", "Claim Information", "Agency", "Work Schedule", "Third Party", "Physician", "Signatures", and "DWCP".

The main content area is titled "Signature of Supervisor and Filing Instructions". It contains the following text:

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:

\*\* Supervisor Title:

\*\* Office Phone:  -

Extension:

**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**

At the bottom of the window are buttons for navigation: "Prev" and "Next", "Print", "Sign/Validate", "Save", and "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 menu]

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

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

\*\* OWCP Chargeback Code: [dropdown menu]  
OWCP Chargeback Code Suffix: [dropdown menu]  
\*\* OWCP District Office: [dropdown menu]  
\*\* OWCP Nature of Injury Code: [dropdown menu]  
\*\* Injury Type Code: [dropdown menu]  
\*\* Injury Source Code: [dropdown menu]

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.

<b>Name:</b> ASISTSEMPLOYEE,ONE	<b>SSN:</b> 666-11-1111	
<b>Date of Job-Related Injury:</b> NOV 22, 2004@14:00		
<b>Part(s) of the body (involved in job-related injury):</b> SINGLE EYE		
<input type="checkbox"/> Are you a Veteran: <input checked="" type="radio"/> Yes <input type="radio"/> No	If Yes: <input type="checkbox"/> Are you currently receiving veteran benefits for a military-connected disability: <input checked="" type="radio"/> Yes <input type="radio"/> No	Or: <input type="checkbox"/> Do you have a claim for a military-connected disability benefits pending: <input checked="" type="radio"/> Yes <input type="radio"/> No
** Veteran Benefits Admin (VBA) Number: <input type="text"/>		
** Part(s) of body involved in your military claim: <input type="text"/>		
** Condition accepted in your military claim: <input type="text"/>		
<p>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.</p> <p>Employee Signature: _____ Date Signed: _____</p> <p>Workers' Comp Specialist Signature: _____ Date Signed: _____</p> <p><b>This form will be filed in your claim for workers' compensation benefits and with VA Regional Office, VBA office.</b></p>		
<input type="button" value="Sign/Validate"/> <input type="button" value="Save"/> <input type="button" value="Exit"/>		

## 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.

The screenshot shows the "Safety Officer Incident Report" window. At the top, there is a dropdown menu labeled "Select Claim:" and several input fields: "SSN:", "Injury/Illness:", "Personnel Status:", and "Type Incident:". Below these are tabs for "Employee Data", "General Setting", "Other Factors", "Exposure", "Equipment", "OSHA", and "Signatures".

The main area contains two large rectangular form sections. The left section is for "Person Involved" and includes fields for "Name", "SSN", "Date of Birth", "Sex" (radio buttons for Female and Male), and "Hire Date". The right section is for "Occupation" and includes fields for "Station Number", "Type of Incident", "Time Work Began", and "Press Button to Select Supervisor".

Below these sections is another rectangular form for "Home Address" with fields for "Street", "City", "State", "Zip Code", and "Phone". To the right of the address form is a section for "Supervisor" and "Secondary Supervisor" with fields for "Supervisor" and "Sec Super".

At the bottom of the window are navigation buttons: "Prev" and "Next", "Print", "Sign/Validate", "Save" (with a red X icon), and "Exit".

## 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 shows the "Safety Officer Incident Report" application window. The title bar reads "Safety Officer Incident Report". The main area is titled "Employee Data". At the top, there are dropdown menus for "Select Claim:" and "Type Incident:". Below these are sections for "Cost Center/Organization" and "Occupation". Under "Person Involved", there are fields for Name, SSN, Date of Birth, Sex (radio buttons for Female and Male), and Hire Date. To the right, there are fields for Station Number, Type of Incident, and Time Work Began. Under "Home Address", there are fields for Street, City, State, Zip Code, and Phone number. On the right side, there is a section titled "Press Button to Select Supervisor" with buttons for "Supervisor" and "Secondary Supervisor", and fields for "Supervisor" and "Sec Super". At the bottom, there are navigation buttons for "Prev" and "Next", and function buttons for "Print", "Sign/Validate", "Save" (with a database icon), and "Exit".

## 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 shows the 'Safety Officer Incident Report' application window. At the top, there is a toolbar with icons for Print, Sign/Validate, Save, and Exit. Below the toolbar, a menu bar includes 'Employee Data', 'General Setting' (which is selected), 'Other Factors', 'Exposure', 'Equipment', 'OSHA', and 'Signatures'. The main area is titled 'General Setting of Incident' and contains several dropdown menus for selecting information about the incident location and body parts affected. The 'General Setting' tab is highlighted in the menu bar.

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

Employee Data General Setting Other Factors Exposure Equipment OSHA Signatures

\*\* General Setting of Incident: [dropdown]  
\*\* Characterization of Injury: [dropdown]  
\*\* Location of Injury: [dropdown]  
Location of Injury Detail: [dropdown]  
\*\* Side of Body Affected: [dropdown]  
Body Part Group: [dropdown] \*\* Body Part Most Affected: [dropdown]  
Add Body Part Group: [dropdown] Add Body Part Affected: [dropdown]  
\*\* How is the Incident Related to a Medical Emergency: [dropdown]

Prev Next Print Sign/Validate Save 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.

The screenshot shows the 'Safety Officer Incident Report' application window. At the top, there is a title bar with the application name and standard window controls (minimize, maximize, close). Below the title bar is a toolbar with buttons for 'Select Claim', 'SSN', 'Injury/Illness', 'Personnel Status', 'Service', and 'Type Incident'. A navigation bar below the toolbar includes tabs for 'Employee Data', 'General Setting', 'Other Factors' (which is currently selected), 'Exposure', 'Equipment', 'OSHA', and 'Signatures'. The main content area contains six dropdown boxes arranged in two rows of three. The first row contains 'Weather Factor' and 'Cause of Incident'. The second row contains 'Source of Incident' and 'Additional Cause of Incident'. The third row contains 'Prevention Method' and 'Status of Corrective Action'. Below these dropdowns is a large text area labeled '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!' followed by '\*\* Description of Incident'. At the bottom of the window is a toolbar with buttons for 'Prev', 'Next', 'Print', 'Sign/Validate', 'Save' (with a checkmark icon), and '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 shows the "Safety Officer Incident Report" application window. At the top, there is a toolbar with icons for Print, Sign/Validate, Save, and Exit. Below the toolbar, a menu bar includes "File", "Edit", "View", "Select Claim:", "SSN:", "Service:", "Injury/Illness:", "Personnel Status:", and "Type Incident:". A navigation bar at the bottom contains tabs for "Employee Data", "General Setting", "Other Factors", "Exposure" (which is selected), "Equipment", "OSHA", and "Signatures".

The main area contains several input fields and buttons:

- Patient Source:** Radio buttons for "Identifiable", "Unidentifiable", and "NA [1]" (selected).
- Contamination:** Radio buttons for "Yes" (selected) and "No".
- Area Exposed to Body Fluids:** A list box labeled "Available Area Exposed" containing one item, with "Add (1)" and "Remove" buttons. An "Exposure Source:" dropdown menu is below it.
- Purpose of Sharp Object:** A dropdown menu.
- Activity at Time of Injury:** A dropdown menu.
- Object Causing Injury:** A dropdown menu.
- Device Size:** A dropdown menu.
- Brand:** A dropdown menu.

## 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.

**Safety Officer Incident Report**

Select Claim: [dropdown menu]

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

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

Equipment/Device/Product Failure Description:

\*\* Was there a device/equipment failure:  
 Yes (1)  No (2)

Was a Safety Device Used:  
 Yes (3)  No (4)

Did Injury occur before Safety Device was Engaged:  
 Yes (5)  No (6)

Safety Characteristics: [dropdown menu]

Explain why a Safety Device was not used:  
[large text area]

Personal Protective Equipment (PPE):

Available PPE: [list box]  
PPE to (on) file: [list box]  
Add  
Remove

Prev | 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 the "Safety Officer Incident Report" application window. The title bar reads "Safety Officer Incident Report". The main menu bar has "File", "Edit", "View", "Help", and "Print". A toolbar below the menu bar includes "New", "Open", "Save", "Print", "Sign/Validate", and "Exit". The left side of the window is titled "Select Claim:" and contains tabs for "Employee Data", "General Setting", "Other Factors", "Exposure", "Equipment", "OSHA" (which is selected), and "Signatures". The "OSHA" tab contains several groups of questions with radio button options:

- \*\* 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
- \*\* Was non-Rx medication ordered/given at Rx strength:  Yes (9)  No (B)  Unknown

To the right of these questions, there are fields for "Physician First Providing Medical Care" (Physician Name: [text box]), "Other Treating Medical Facility" (Was Individual treated at a different Facility:  Yes (C)  No (D)), and address fields (Facility: [text box], Street: [text box], City: [text box], State: [dropdown], Zip: [text box]).

## 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 the 'Safety Officer Incident Report' application window. At the top, there is a 'Select Claim:' dropdown menu. Below it, there are sections for 'SSN:', 'Injury/Illness:', 'Personnel Status:', and 'Service:'. Under 'Personnel Status:', there are two radio buttons: 'Full-duty' (selected) and 'Job Transfer / Restriction'. Under 'Service:', there are two radio buttons: 'Days away work (not including day of injury)' (selected) and 'Initial return to work status:'. A note states: 'xx Initial return to work status:'. Below these sections is a large text area labeled 'Corrective Action (No personal identifiers should be used):' with a scroll bar. To the left of this area, it says 'Signed by Supervisor: Unsigned'. To the right, it says 'Date Signed: dt signed'. Below this is another text area labeled 'Safety Comments (No personal identifiers should be used):' with a scroll bar. To the left, it says 'Signed by Safety Officer: Unsigned'. To the right, it says 'Date Signed: dt signed'. At the bottom of the window are buttons for 'Prev', 'Next', 'Print', 'Sign/Validate', 'Save' (with a red exclamation mark icon), and 'Exit'.

## Create Amendment

This option can be found on the Safety Menu.

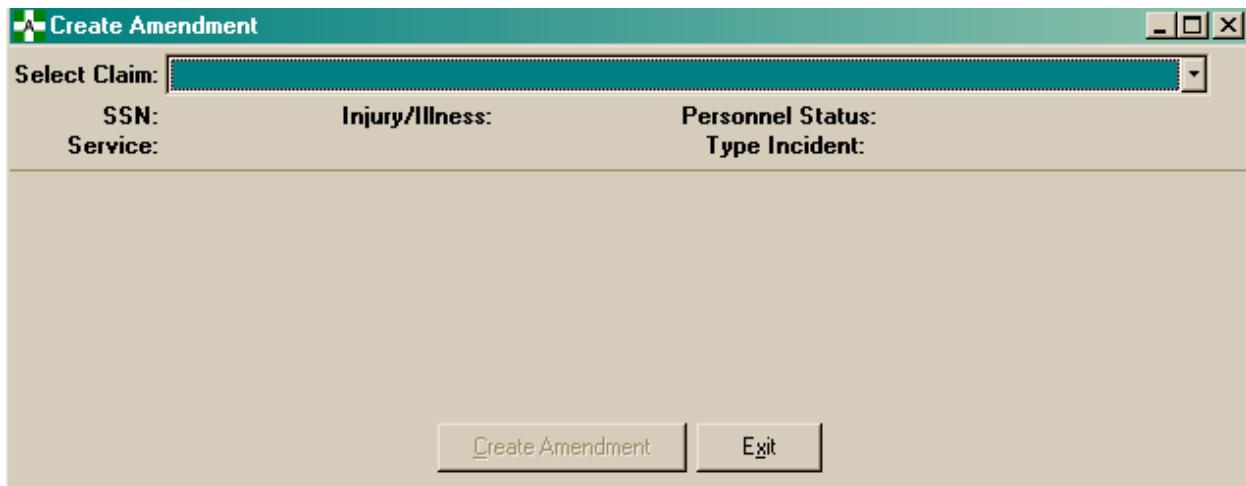
The Create Amendment option should be used to correct an ASISTS case when the case is no longer available for edit because the supervisor or employee has signed it.

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 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.

**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:**

Press a button to select a supervisor:

     \*\* Supervisor: \_\_\_\_\_

     Secondary Super: \_\_\_\_\_

\*\* Name: \_\_\_\_\_

\*\* SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      \*\* DOB: \_\_\_\_\_

\*\* Sex:  Female  Male

**Home Address:**

\*\* Street: \_\_\_\_\_

\*\* City: \_\_\_\_\_

\*\* State: \_\_\_\_\_

\*\* Zip Code: \_\_\_\_\_      \*\* Phone: \_\_\_\_\_ - \_\_\_\_\_

**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 (8)
- Unknown

\*\* Hospitalized overnight as in-patient:

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

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

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

\*\* Treated in non-VA Emergency Room:

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

Initial return to work status:

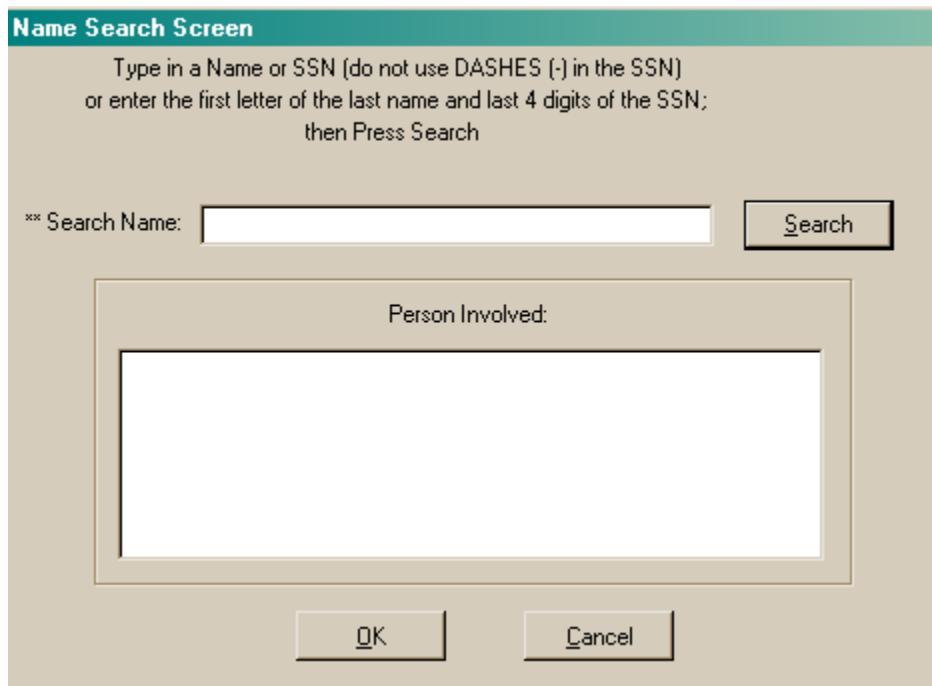
- None Selected
- Full-duty
- Days away work (not including day of injury)
- Job Transfer / Restriction

**Save/Exit**

## Create Incident Report

### *Name Search Screen*

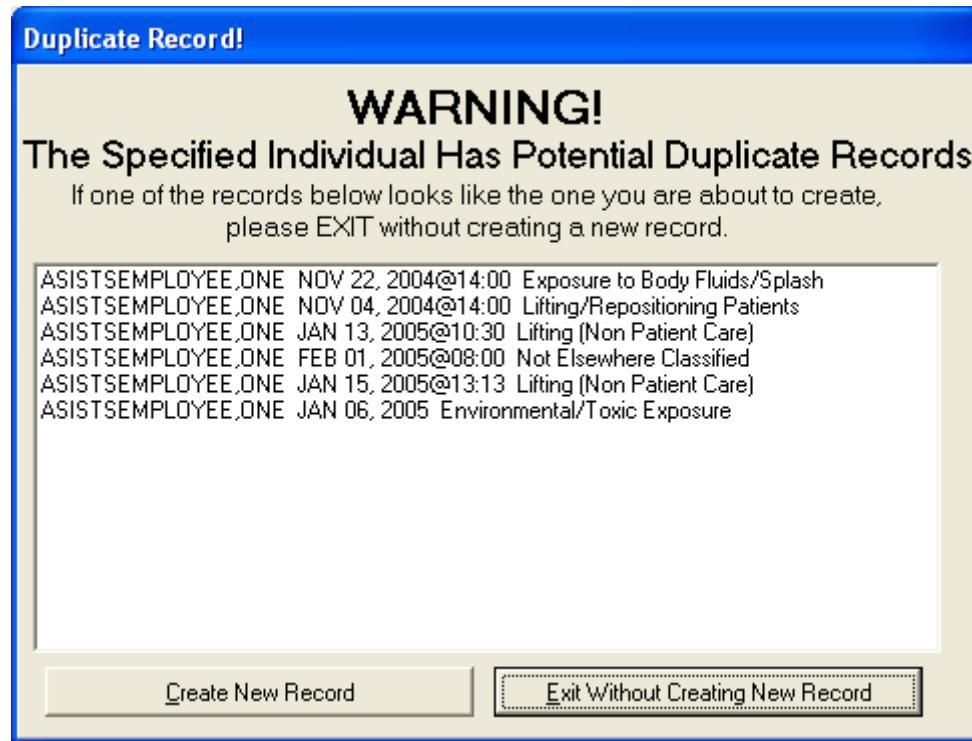
If employee or non-paid employee is selected, the following Name Search Screen is displayed. It allows the user to enter a partial name, SSN, or last initial and last four of the SSN. It returns all the individuals found that match the search criteria and allows the user to select an individual.



## 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.



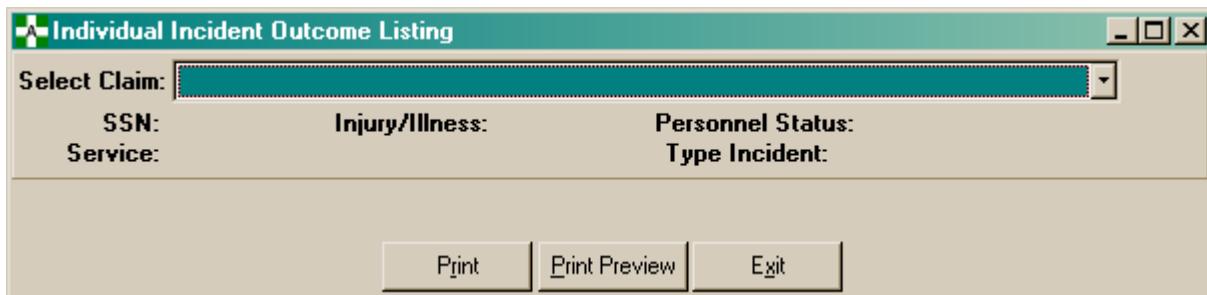
If the case currently being entered is a new case and not a duplicate, press the Create New Record button.

## 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.



## Display Incident Outcome Report

The screenshot shows a 'Print Preview' window with a toolbar at the top containing icons for zoom, orientation, and close. The main area displays a report titled 'Display Incident Outcome Report Data for OSHA 300' for individual ASISTEMPLOYEE,ONE. The report includes the ASISTS Claim No - 2005-00031. Below the title is a table with the following data:

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

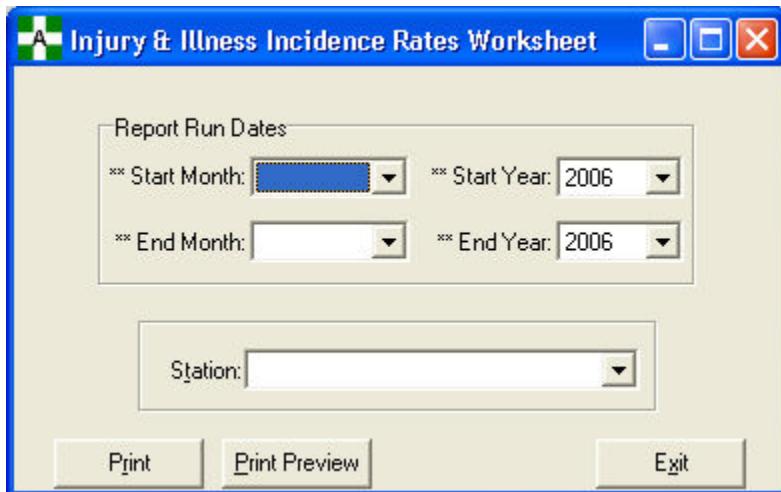
At the bottom left of the preview window, it says 'Page 1 of 1'.

## 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

**Injury & Illness Incidence Rates Worksheet**  
for Period - JAN 2004 through OCT 2004  
for Station - LONG BEACH, CA

Total Number Of Injuries and Illnesses <input type="text" value="10"/>	x 200,000	+	Number Of Hours Worked By All Employees <input type="text" value="53996"/>	=	Total Recordable Case Rate <input type="text" value="33"/>
Number of Entries In Column H + Column I <input type="text" value="7"/>	x 230,000	+	Number of Hours Worked By All Employees <input type="text" value="53996"/>	=	DART Incidence Rate <input type="text" value="23"/>

0% Page 1 of 1

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.

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

**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).

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

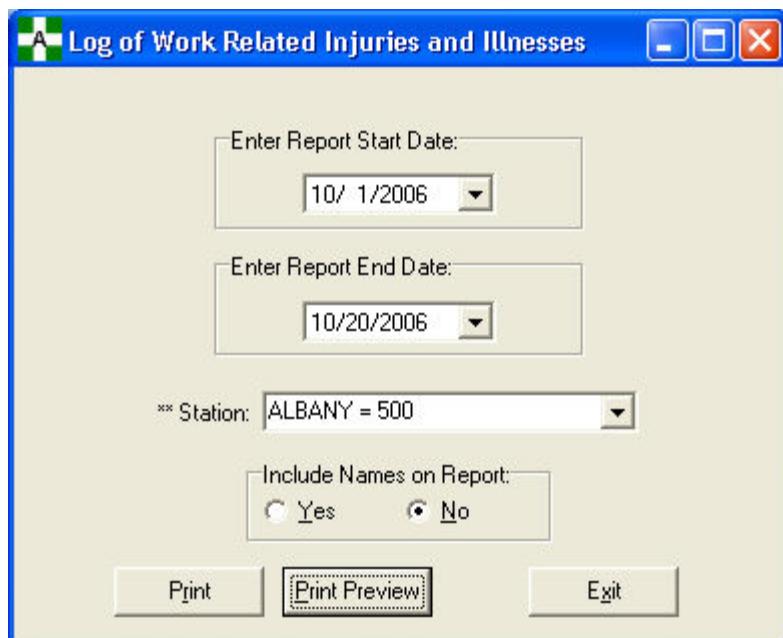
**NOTE:** Column H = Days Away from Work and Column I = Job Transfer/Restriction on the OSHA 300 form.

## 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.



## 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 300 Log

**Print Preview**

**OSHA's Form 300 (Rev. 07/2004)**  
**Log of Work Related Injuries & Illnesses**

**Attention:** This form contains information relating to employee health and safety which is intended to protect the confidentiality of employees. It is the responsibility of the employer to make this information available to the OSHA office for inspection.

**Year 2004**  
**U.S. Department of Labor Occupational Safety and Health Administration**

Establishment name: **ALBANY - 501**  
 City: **ALBANY** State: **NEW YORK**

<b>Identify the person</b>			<b>Describe the case</b>			<b>Check the OSHA 300 box for each case based on the actual duration/occurrence for that case:</b>		<b>Classify the case</b>	
(A)	(B)	(C)	(D)	(E)	(F)				
Case no.	Employee's name	Job Title (e.g., Worker)	Date of injury or onset of illness	Where the event occurred (e.g., Loading dock area)	Describe injury or illness, parts of body affected, and the object/substance that directly injured or made person ill				
Z04-0018	WEDICAL STUDENT		1/12 month/day	Grounds (Roof/Loft)	Skin/Throat/Arms/MULTIPLE/ES	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 0 Days 0 Days	
Z04-0021	CONTRACTOR TEST COINNA		2/1 month/day	Office	Other BONES OF FACE/OTHER/S	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> 0 Days 37 Days		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> X	
Z04-0027	SHETH ANTHONETTE	OFFICE AUTOMATION ASSIST	3/1 month/day	Cooling plant	Abdomen/NE	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 0 Days 0 Days	
Z04-0033	KENWELL LYNN	BTM	3/1 month/day	Cooling plant	Lifting (Non Patient Care)/BOT/BL/ONE/S	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 0 Days 0 Days		<input type="checkbox"/> X <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 0 Days 0 Days	
Z04-0028	ASISTS/AF AD SAKOF		3/18 month/day	Radiology/Nuclear Medicine	Other/SCALP	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> 3 Days 0 Days		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> X 0 Days 0 Days	

For reporting incidents that result in the loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses before diagnosed by a physician or licensed healthcare professional. You must also record non-work-related injuries and illnesses between one specific recording criteria listed in 29 CFR 1904.8 through 1904.12. Feel free to use lines for a single case if you need to. You must complete an injury and illness incident report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're unsure whether a case is recordable, call your local OSHA office for help.

For more information about OSHA's Injury and Illness Reporting and Recordkeeping Requirements, see the OSHA Injury and Illness Reporting and Recordkeeping Rule at 29 CFR Part 1904. The rule is located in Title 29 of the Code of Federal Regulations. If you have comments about the rule, you may submit them to the Office of Occupational Safety and Health Rulemaking Analysis, Room N-3944, 3rd Floor, NLC Annex, NW, Washington DC 20210. Document the comments reference identifier

Date Printed: 2/15/2005 11:13:40 PM  
 Report Date Range: 1/1/2004 - 6/30/2004

Page Total: 0 1 1 0 5 37 2 0 0 0 0 0 0 3  
The sum of totals from the Summary page (Form 300A) before you print it.

Page 1 of 1  
(1) (2) (3) (4) (5) (6)

Page 1 of 1

## Display OSHA 300A Summary

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

All establishments covered by Part 1904 must complete this Summary page at least once each year for work related injuries or illnesses occurring during the year. Remember to review the Log to verify that entries are complete and accurate before completing this summary.

Using this form, you can quickly access and file each entry. Then enter the date being analyzed so you'll add the entries from every page of the Log. If you have 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 1904.5, in OSHA's record keeping rule for further details on the access provisions for these forms.

<b>Number of Cases</b>			
Total number of Days off	Total number of cases with days away from work	Total number of cases with partial or no restriction	Total number of other recordable cases
0	1	1	0
(G)	(H)	(I)	(J)

<b>Number of Days</b>	
Total number of days away from work	Total number of days lost due to restriction
5	51
(K)	(L)

<b>Injury and Illness Type</b>			
Total number of... (M)	(1) Injuries	(2) Illnesses	(3) Latent/潛在的 conditions
(M)	2	0	0
	(+) Permanent	(+) Temporary	(+) All Other Illnesses
	0	0	3

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

Submitting this form to the Department of Labor is voluntary. It is subject to review by OSHA, including review of the information, validity and nature of the data, and analysis of trends and other information contained in the form. This information may be used to support the selection of enforcement targets if OSHA deems it appropriate. OSHA does not have any automatic right to audit or inspect any other agency or organization that receives information from the OSHA Form 300. OSHA's Office of Statistical Analysis, Room N-204, 200 Constitution Avenue, NW, Washington, DC 20510. Do not mail or fax completed forms to this office.

**Establishment Information**

Year established: **ALBANY**

Street: **STREET ADDRESS 1**

City: **ALBANY** State: **NY** Zip: **12205-1998**

Industry description (e.g., Manufacture of Motor vehicles): **NADA**

Standard Industrial Classification (SIC) of firm (e.g., 3715): **8 0 6 2**

NAICS:

North American Industry Classification System (NAICS) of firm (e.g., 336212): **6 2 1 4 9 3**

**Employment Information**

For data on the back of this page or reverse.

Annual average number of employees: **2332**

Total hours worked by all employees last year:

**Sign Here**

I'm signing this document to my knowledge.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Employee signature: **John Doe**

Date: **2/15/2005**

## Edit Site Parameter

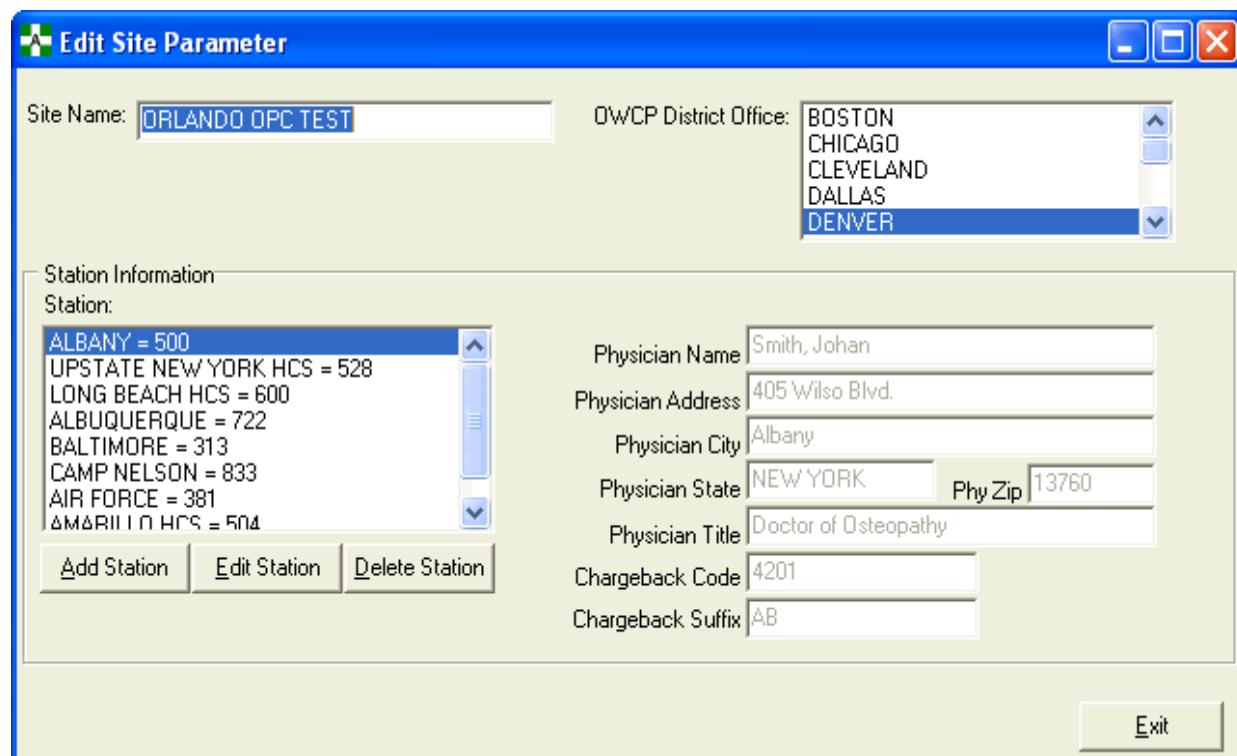
This option can be found on the Safety and Workers' Comp Menus.

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.



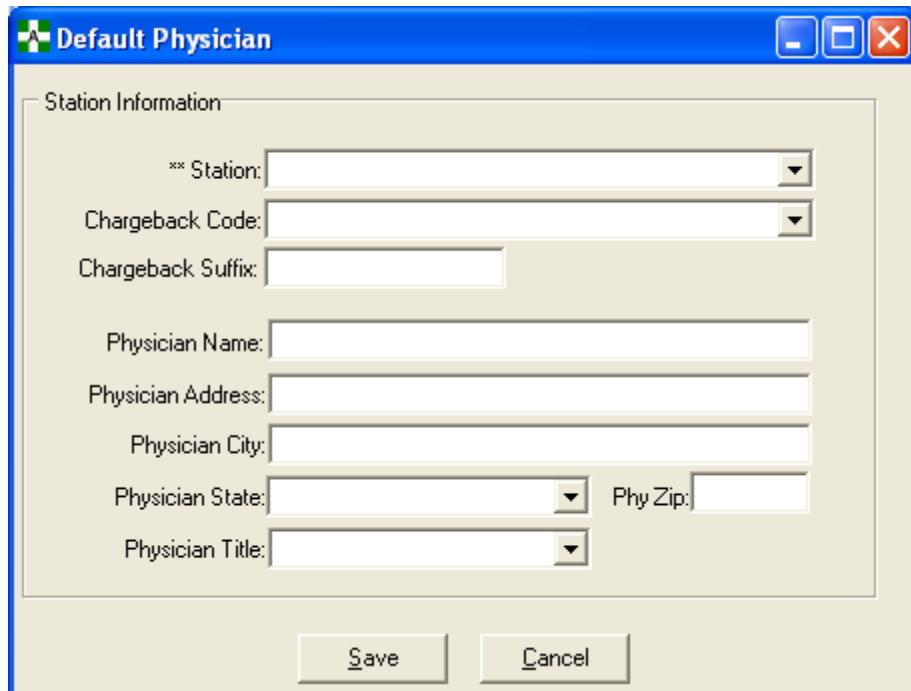
## Edit Site Parameter

### 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.

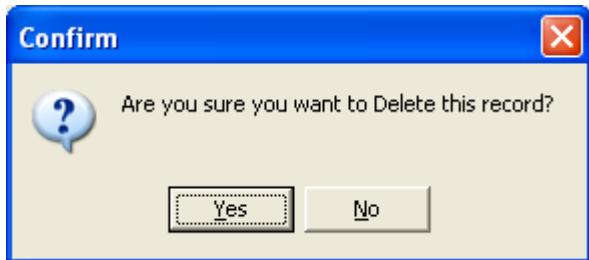
Station	The station that is selected from the drop-down menu to have default information added or the station that is selected for editing.
OWCP Chargeback Code	The default chargeback code for the station.
OWCP Chargeback Suffix	The default chargeback code suffix for the station.
Physician Information	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: Employee Data Type Incident: Environmental/Toxic Exposure

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

Person Involved

\*\* Name: ASISTS, 508EMPLOYEE  
\*\* SSN: 000-00-0005 \*\* Date of Birth: MAY 05, 1935  
\*\* Sex:  Female  Male  
Hire Date: JUL 22, 1963

\*\* Station Number: ALBANY = 500  
\*\* Type of Incident: Environmental/Toxic Exposure  
Time Work Began: 07:00A

Home Address

\*\* Street: 5555 JAWS 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

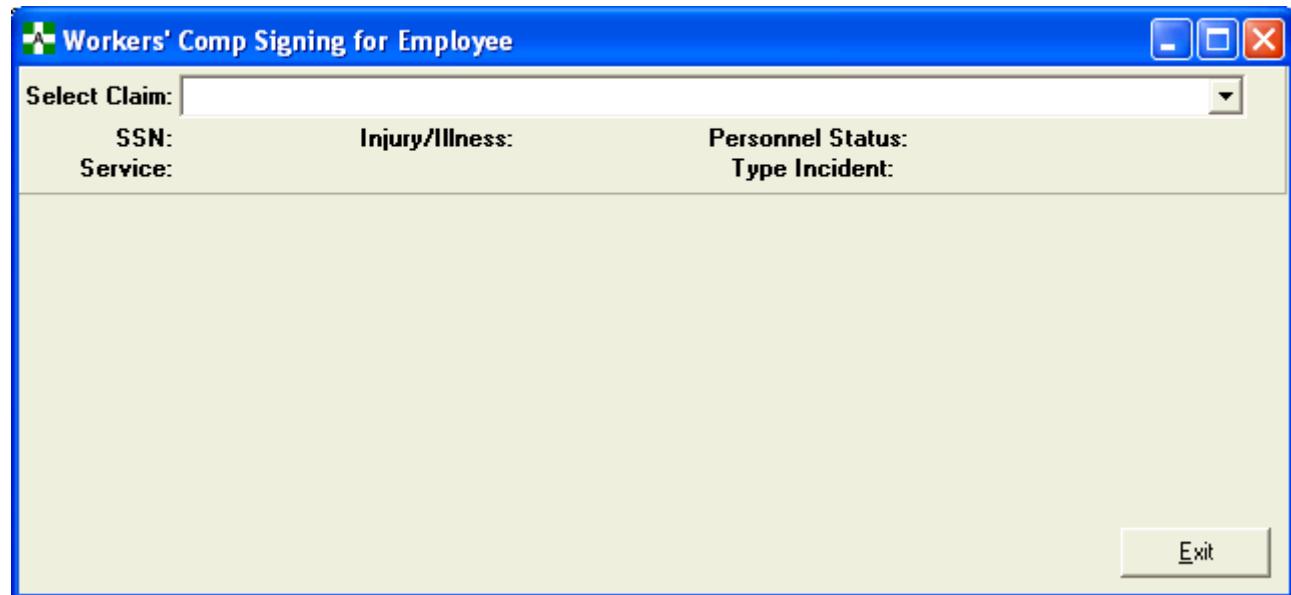
Prev Next Print Save Exit

## Electronically Sign for Employee

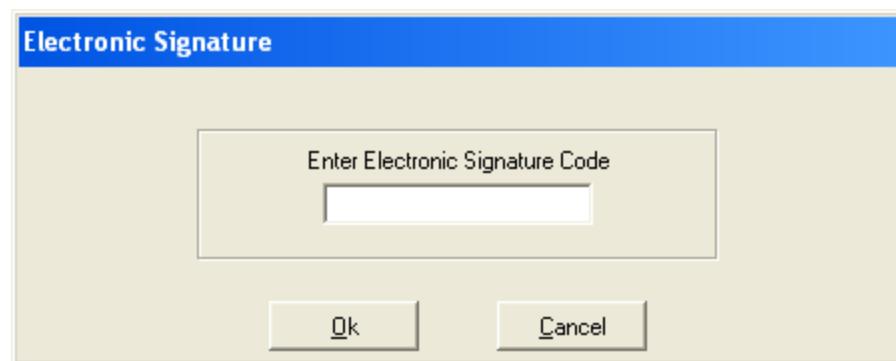
This option can be found on the Workers' Compensation Menu.

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.



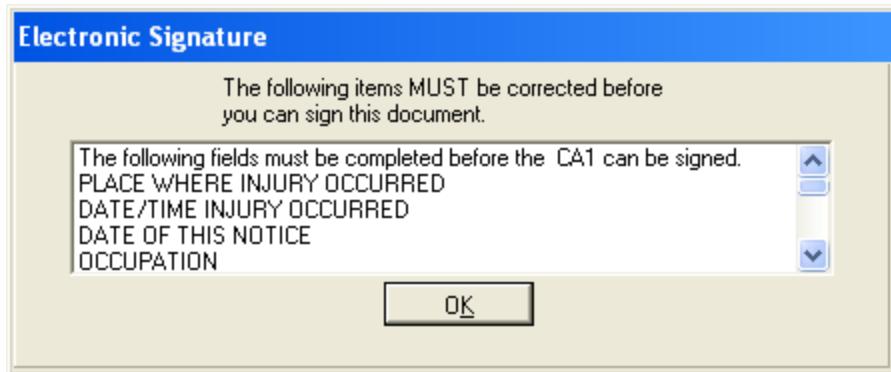
Once the case is selected, the user is prompted for their electronic signature. Enter the electronic signature and press the Ok button to file or press the Cancel button to stop the action.



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.

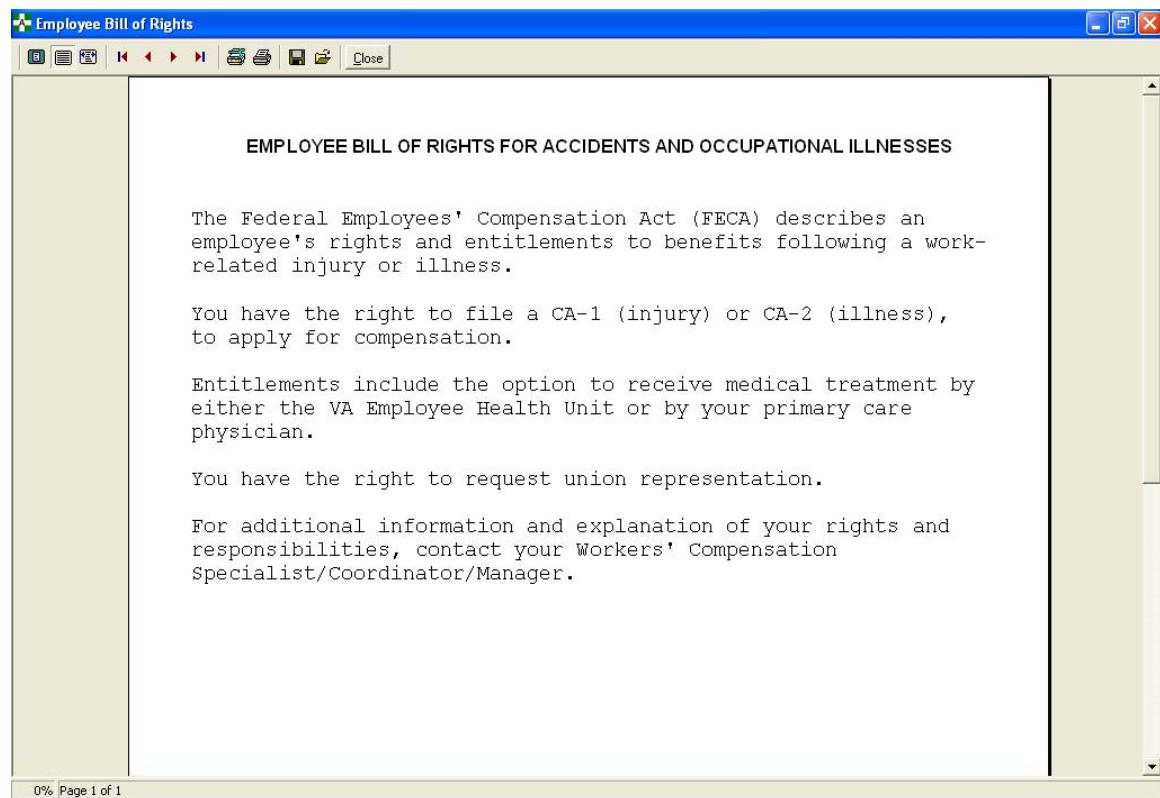


## Employee Bill of Rights

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.



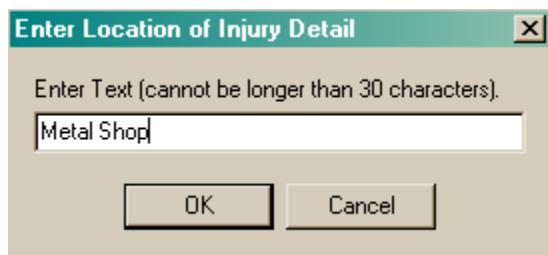
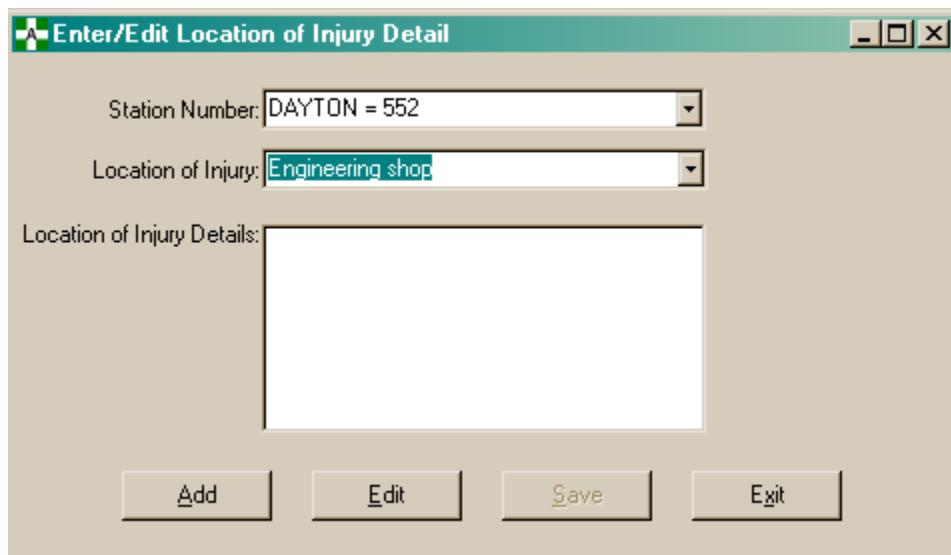
## Enter/Edit Location of Injury Detail

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

 Enter/Edit Location of Injury Detail

Station Number:

Location of Injury:

Location of Injury Details:

## 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, & Audiologists

**OSHA 300A Summary Data**

Month / Year	Avg # of Emp	Tot Hrs Wkld
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:

Add Edit Update Display Save Cancel 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 1<sup>st</sup>, the previous year's information can be viewed but not edited.

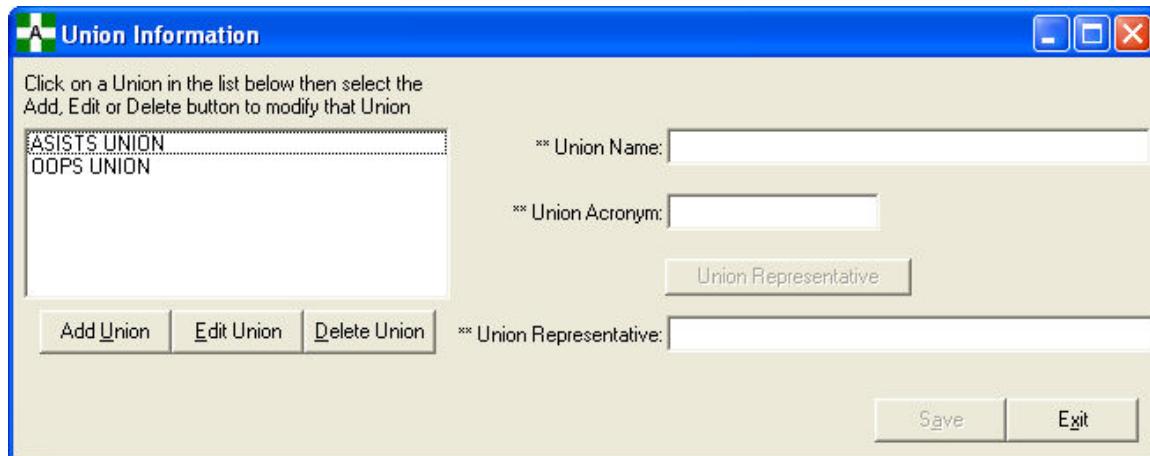
A user can enter/edit the safety information and industrial information and save their changes without affecting the OSHA 300A Summary information.

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.



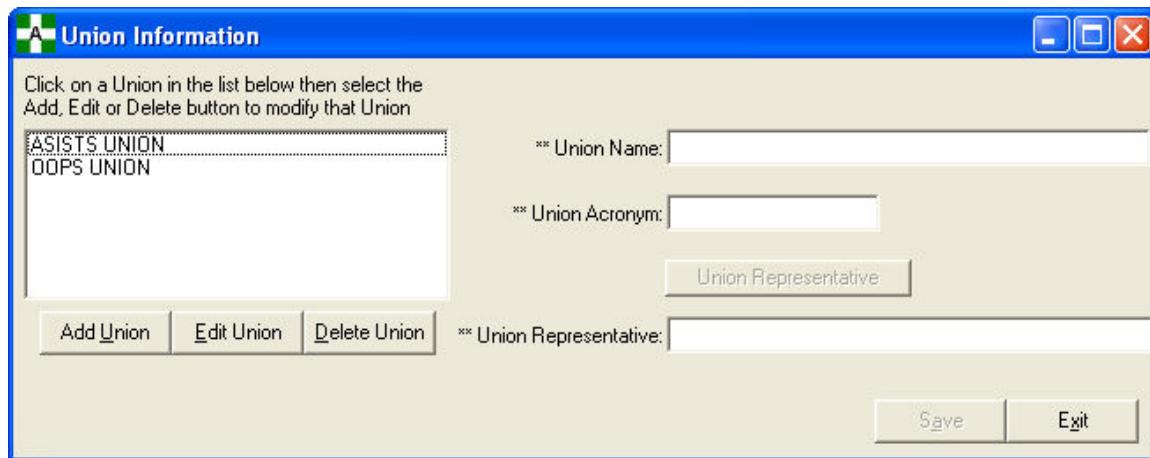
### Add/Edit Union

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.

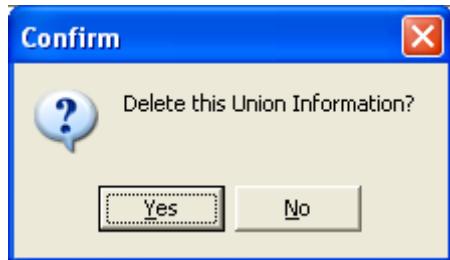
Union Name	This is the formal name of the union.
Union Acronym	This field is the union's acronym or abbreviation; e.g., AFGE.
Union Representative	Click this button to select the union representative .
Union Representative Name	This field contains the union representative's name for the union. It will 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

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
<b>Total</b>	<b>6</b>

10/20/2006 2:35:59 AM

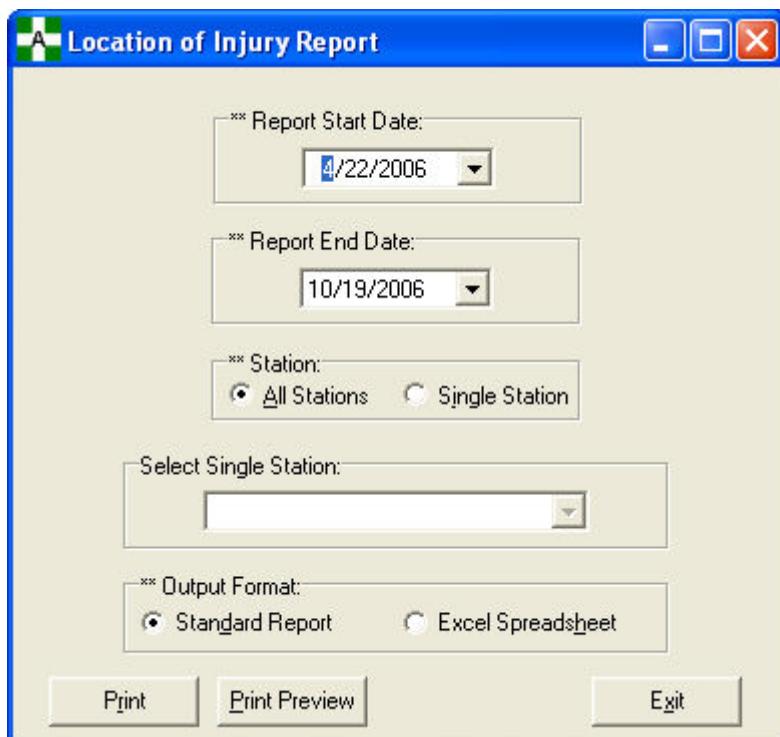
page 1

## 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.



## Location of Injury Report

### Example of Standard Report format

**Print Preview**

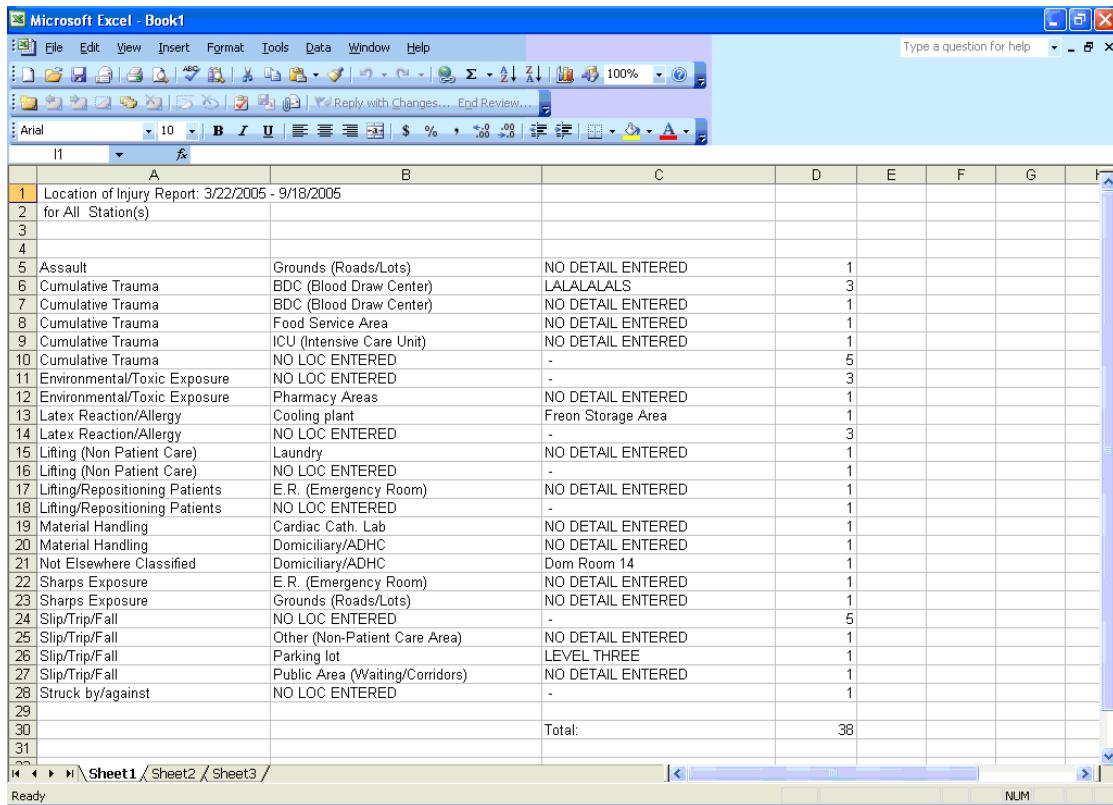
Location of Injury Report  
for 3/22/2005 through 9/18/2005  
for Station - All Stations

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



The screenshot shows a Microsoft Excel window titled "Microsoft Excel - Book1". The spreadsheet contains data from row 1 to 30, with a total count of 38 entries in row 30. The columns are labeled A through H. Column A lists injury types, column B lists locations, column C lists details, and column D lists counts.

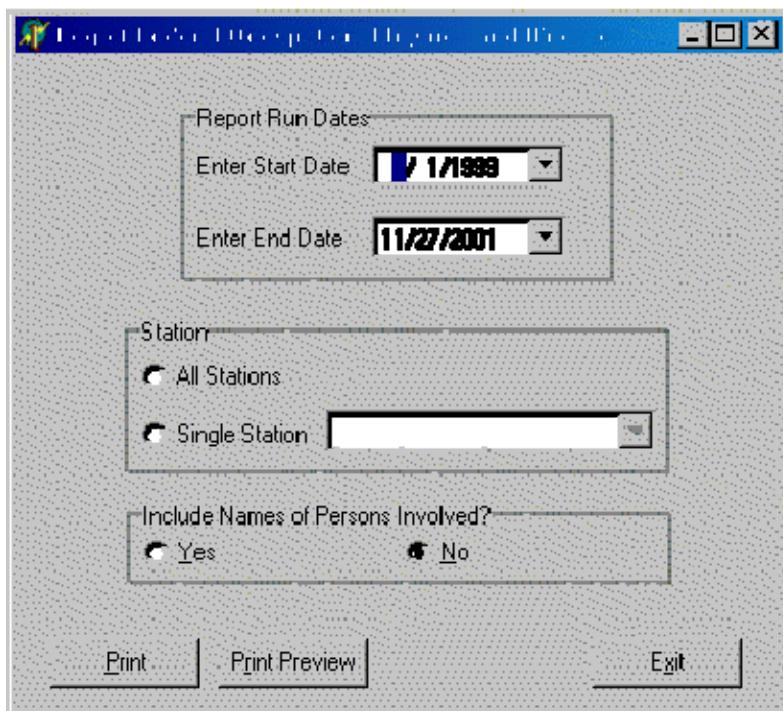
	A	B	C	D
1	A	B	C	D
2	Location of Injury Report: 3/22/2005 - 9/18/2005			
3	for All Station(s)			
4				
5	Assault	Grounds (Roads/Lots)	NO DETAIL ENTERED	1
6	Cumulative Trauma	BDC (Blood Draw Center)	LALALALALS	3
7	Cumulative Trauma	BDC (Blood Draw Center)	NO DETAIL ENTERED	1
8	Cumulative Trauma	Food Service 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	Dom 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.



## Log of Federal Occupational Injuries and Illnesses

**Log of Federal Occupational Injuries and Illnesses**  
S-170001 through S-19299915-PI Continues

Case Number	Date of Occur.	Employee's Name	Dept.	Case of Injury or Illness Body Part(s) Involved	Injuries Part(s) Involved Date Last Tracked	Illnesses Part(s) Involved Date Last Tracked
S-192999	10/25/01	TOPPER, JAMES	00021	Came in to work this morning multiple fractures, both LE hands	X X	
S-192999	10/25/01	TOPPER, JAMES	926	Came in to work this morning multiple fractures		X
S-192999	10/25/01	WILSON, JAMES	W0021	INFO LURIDIA SOURCE OF INJURY Lumberjack 101 be found it TBL, BK, EXTREMAL, MUL, "SICK"		X
S-192999	10/25/01	WILSON, JAMES	W0021	INFO LURIDIA SOURCE OF INJURY Came in to work this morning TBL, BK, EXTREMAL, MUL, "SICK"	X X	
S-192999	10/25/01	TOPPER, JAMES	00021	Came in to work this morning multiple fractures	X X	
S-192999A	10/25/01	FIREMAN, TONY	C-00000000000000000000000000000000	Chances 100% Specia lize	X X	
S-192999A	10/25/01	CONTRACTOR, TESTER		Lumberjack 101 be found it MUL, "SICK"		

10/25/2001 3:39:30 PM

Page 1 of 1

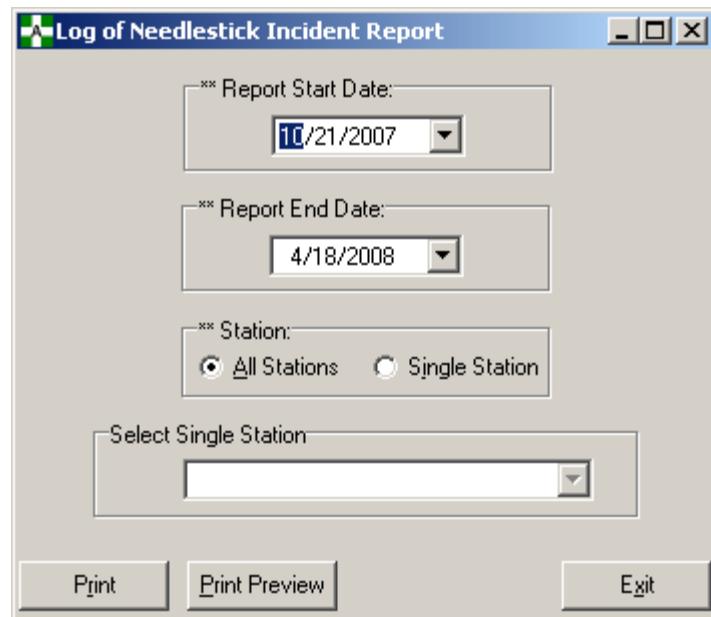
## Log of Needlestick Incidents

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 Incidents

**Print Preview**

Case Number	Dt of Incident	Name	Injury/Illn	Case Status	C Ctr	Lost Time
Occupation				Service		
Type of Incident		Place Where Injury Occurred				Body Part
Characterization of Injury				Activity at Time of Injury		
Object Causing Injury					Model and Brand of Object Causing Injury	
2006-00009	JAN 01, 2006	Privacy Case	Illness	Open	No	INFORMATION RESOURCES MGMT
Hollow Bore Needlestick						
Blisters						
Description:  THIS IS THE DESCRIPTION OF THE INCIDENT. WHAT HAPPENED AND HOW IT HAPPENED WOULD GO HERE						
2006-00028	MAR 13, 2006	Privacy Case	Illness	Open	8421	Yes
PSYC					INFORMATION SYSTEMS CENTER	
Hollow Bore Needlestick					BONES OF FACE, OTHER(S)	
Abrasion/Scratch				Device in inappropriate place		
Bone chip				BD (BECTON-DICKINSON) VACUTAINER NEEDLES W/ECLIPSE		
Description: THIS IS WHERE THE DESCRIPTION OF INCIDENT GOES						
2006-00029A	MAR 14, 2006	Privacy Case	Illness	Open	8241	Yes
NURS					PERSONNEL	
Hollow Bore Needlestick					ABDOMEN	
Abrasion/Scratch						
4/22/2008 1:04:20 PM						
page 1						

Page 1 of 9

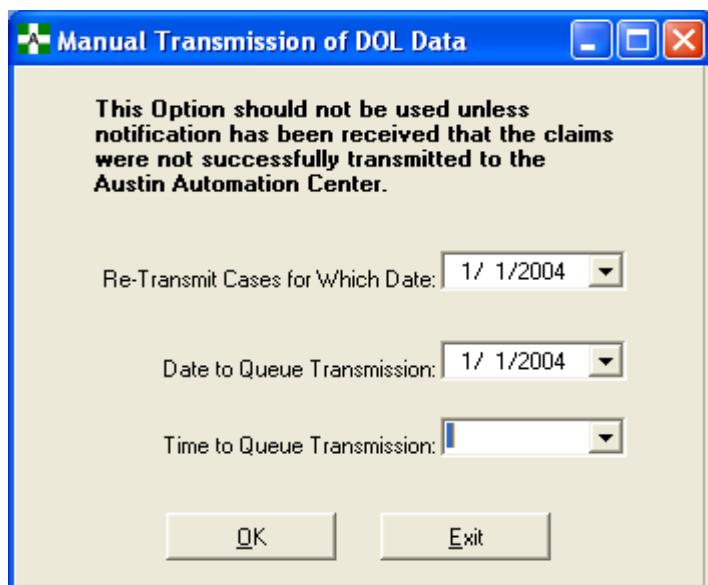
## Manual Transmission of DOL Data

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.



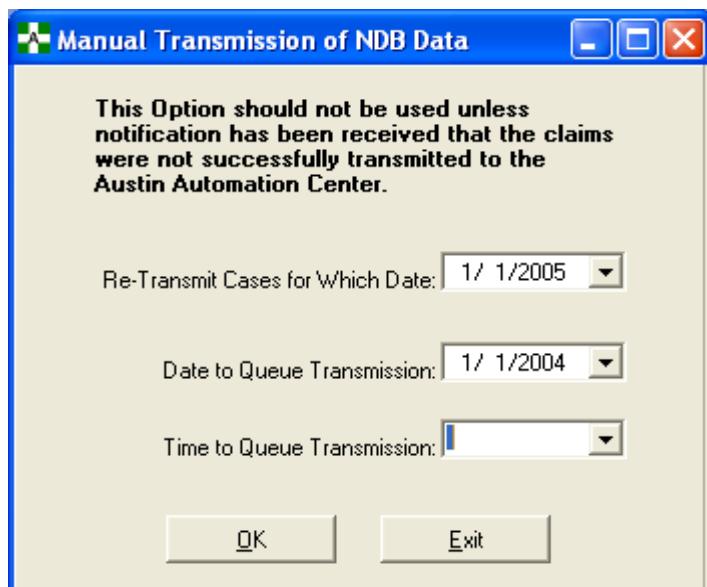
## Manual Transmit of National Database Data

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.

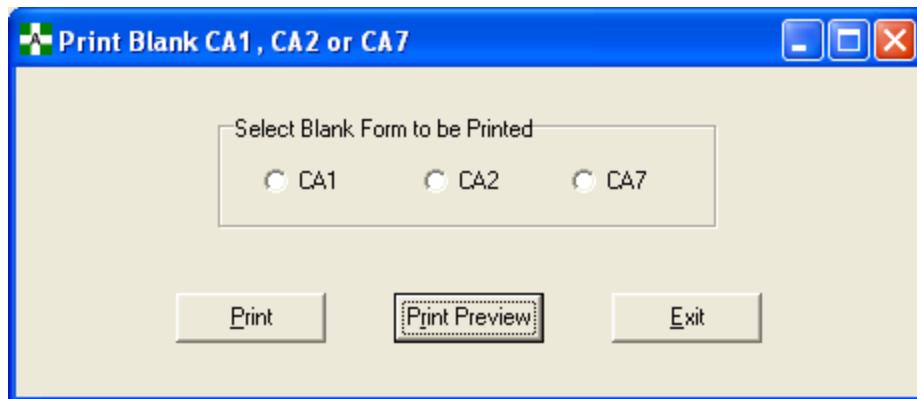
This option should ONLY be used when the transmission to the AAC was corrupt or not completely received. This option is NOT designed to retransmit a single case.



## 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

**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.**

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 <input type="checkbox"/> Wife, Husband <input type="checkbox"/> Children under 18 years <input type="checkbox"/> Other					
<b>Description of Injury</b>					
9. Place where injury occurred (e.g. 2nd floor, Main Post Office Bldg., 12th & Pine)					
10. Date injury occurred Mo. Day Yr.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	11. Date of this notice Mo. Day Yr.	12. Employee's occupation		
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 )					
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: <input type="checkbox"/> a. Continuation of regular pay (COOP) and to exceed 12 days and continuation for non-work related disabilities due to accident or					

**Print Blank CA1/CA2/CA7****Blank CA2**

**Print Preview**

Notice of Occupational Disease and Claim for Compensation

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

**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.**

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		
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

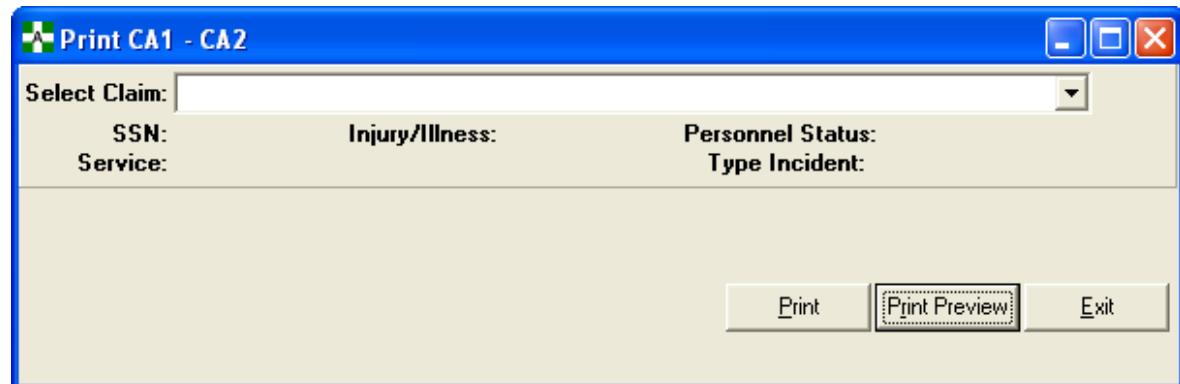
**Print Blank CA1/CA2/CA7****Blank CA7****Claim for Compensation****U.S. Department of Labor**Employment Standards Administration  
Office of Workers' Compensation Programs

<b>SECTION 1</b>				<b>EMPLOYEE PORTION</b>			
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	
				d. Date of Injury			
				Month	Day	Year	e. Social Security Number
E-Mail Address (Optional)							
<b>SECTION 2</b> Compensation is claimed for: Inclusive Date Range				f. Telephone No./FAX No.			
From _____ To _____				Intermittent?			
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.	Type: _____		<input type="checkbox"/> Yes		<input type="checkbox"/> No	Go to Section 3	
d. <input type="checkbox"/> Schedule Award (Go to Section 4)			If intermittent, complete Form CA-7a, Time Analysis Sheet				
<b>SECTION 3</b> 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. <b>Have you worked outside your federal job for the period(s) claimed in Section 2?</b>							
Name and Address of Business:							
<input type="checkbox"/> Yes							
<input type="checkbox"/> No	Name		Address		City	State	ZIP Code
Goto Section 4	Dates Worked:		Type of Work:				
<b>SECTION 4</b> 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.



**Notice of Occupational Disease and Claim for Compensation**

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

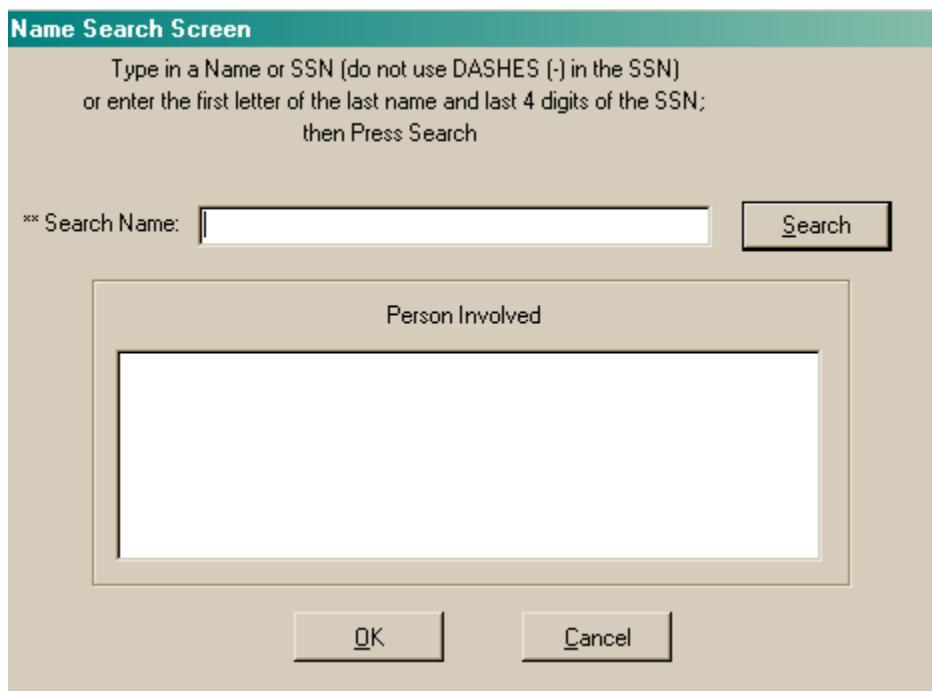
**Employee: Please complete all boxes 1 - 18 below. Do not complete shaded areas.**  
**Employing Agency (Supervisor or Compensation Specialist): Complete shaded boxes a, b, and c.**

1. Name of Employee (Last, First, Middle)	ASISTEMPLOYEE,ONE	2. Social Security Number	666-11-1111			
3. Date of Birth	Mo. Day Yr.	4. Sex	5. Home telephone	6. Grade as of date of last exposure	Level 12	Step 6
JAN 11 1951				123-123-1234		
7. Employee's home mailing address (including city, state, and zip code) 1111 ASISTS AVE ALBANY, NEW YORK 12210				8. Dependents <input type="checkbox"/> Wife, Husband <input type="checkbox"/> Children under 18 years <input type="checkbox"/> Other		
<b>Claim Information</b> 9. Employee's Occupation      060013				a. Occupation Code      0600 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 - ICD 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.						

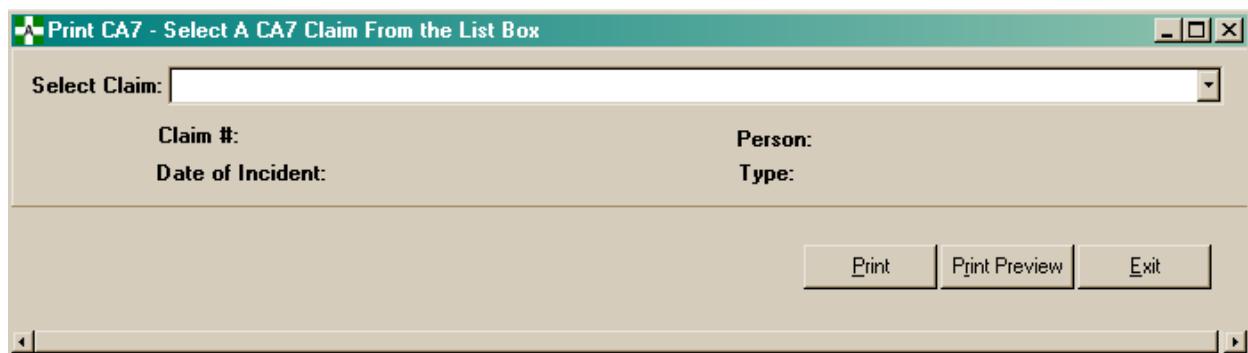
0% Page 1 of 4

## Print CA7

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



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.



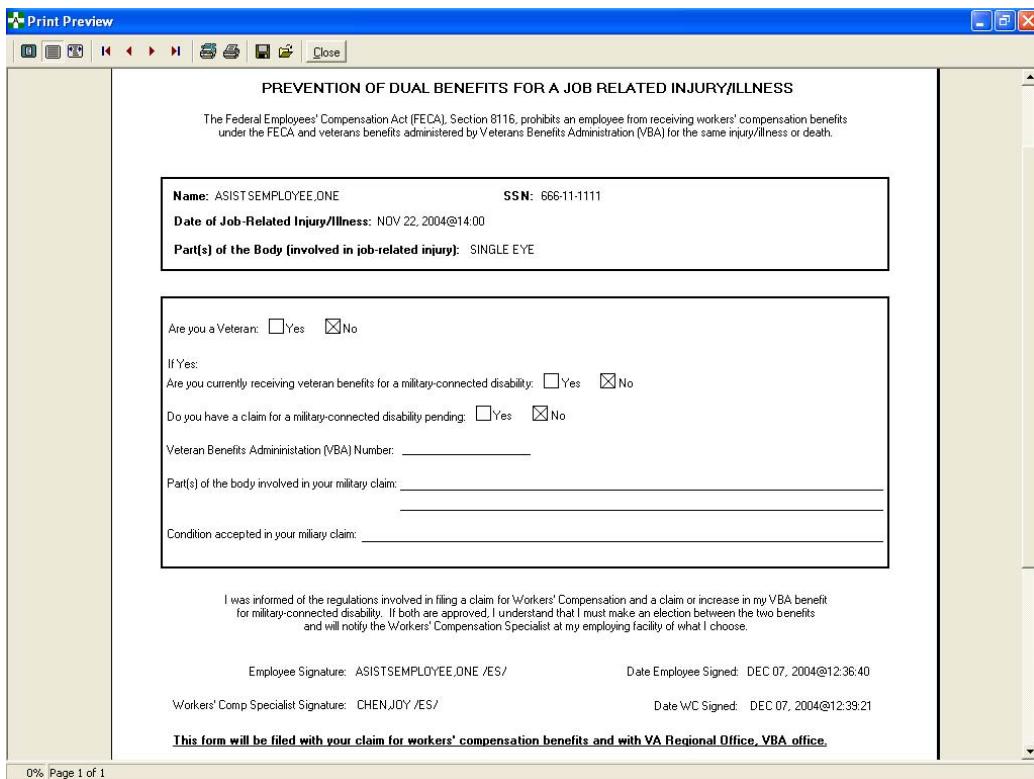
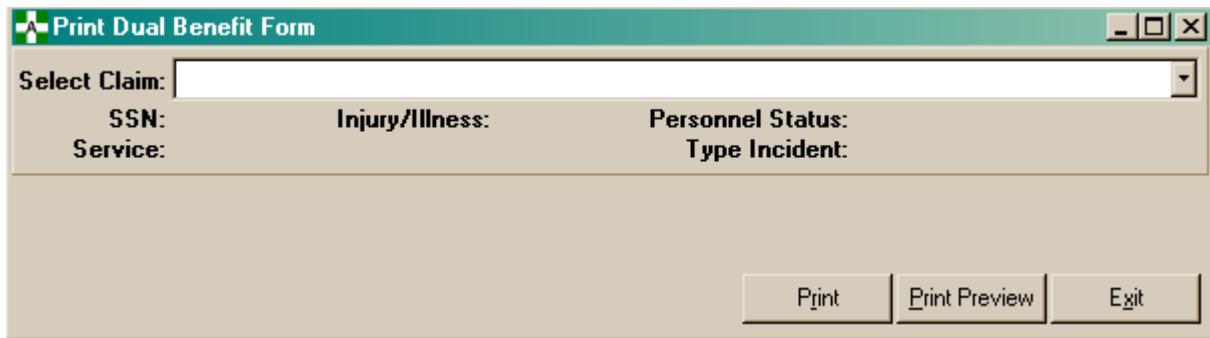
**Print CA7**

<b>Claim for Compensation</b>		<b>U.S. Department of Labor</b> Employment Standards Administration Office of Workers' Compensation Programs		
<b>SECTION 1</b> <b>EMPLOYEE PORTION</b>				
a. Name of Employee ASISTS		First EMPLOYEE TWENTYTWO	Middle	OMB No. 1215-0103 Expires: 10/31/2008
b. Mailing Address (Including City State, ZIP Code)				c. OWCP File Number CA7-001
E-Mail Address (Optional)		d. Date of Injury Month Day Year	e. Social Security Number 6   6   6   0   6   6   6   2   2	f. Telephone No./FAX No.
<b>SECTION 2</b> Compensation is claimed for: Inclusive Date Range From _____ To _____				Intermittent? <input type="checkbox"/> Yes <input type="checkbox"/> No Go to Section 3 <input type="checkbox"/> Yes <input type="checkbox"/> No Go to Section 3, and Complete Form CA-7b <input type="checkbox"/> Yes <input type="checkbox"/> No Go to Section 3
a. <input type="checkbox"/> Leave without Pay	_____	_____		If intermittent, complete Form CA-7a, Time Analysis Sheet
b. <input type="checkbox"/> Leave buy back	_____	_____		
c. <input type="checkbox"/> Other wage loss; specify type, such as downgrade, loss of night differential, etc.	_____	_____		
d. <input type="checkbox"/> Schedule Award (Go to Section 4)	Type: _____			
<b>SECTION 3</b> 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. <b>Have you worked outside your federal job for the period(s) claimed in Section 3?</b>				
Name and Address of Business:				
<input type="checkbox"/> Yes	Name	Address	City	State ZIP Code
<input checked="" type="checkbox"/> No Go to Section 4	Dates Worked: -	Type of Work:		
<b>SECTION 4</b> Is this the first CA-7 claim for compensation you have filed for this injury?				

## 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 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.



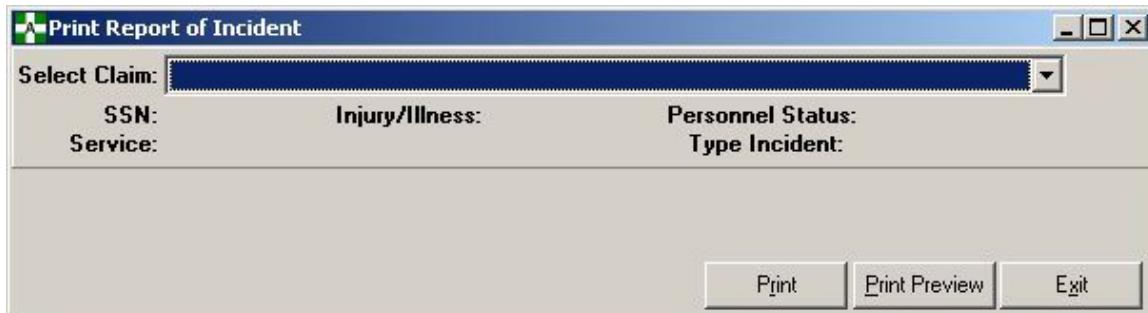
**Print Incident Report Status**

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-6667	Open	JAN 01, 2008@12:01	2162	WCP
			CA1	CA2	---	---
			---	---	----	---
	Employee:	Un-Signed				
	AS ISTSEMPLOYEE, ONE, Supervisor:	Un-Signed				
	Safety Officer:					
	Workers' Comp:					Un-Signed
Case Number	Name	SSN	Case Status	Date/Time of Incident		
2008-00010	PAID,OIF0 A	XXX-XX-6001	Open	JAN 01, 2008@12:01	2162	WCP
			CA1	CA2	---	---
			---	---	----	---
	Employee:	Un-Signed				
	PAID,TESTLFE FOUR, Supervisor:	Un-Signed				
	Safety Officer:					
	Workers' Comp:					Un-Signed
Case Number	Name	SSN	Case Status	Date/Time of Incident		
2008-00002	VISITOR, TWO	XXX-XX-0867	Open	JAN 02, 2008@12:02	2162	WCP
			CA1	CA2	---	---
			---	---	----	---
	Employee:	N/A(Visitor)				
	PAID,TESTLFE LGFIVE, 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.



An example report begins on the following page.

## Print Report of Incident

**Print Preview**

4/22/2008 12:48:51 PM

<b>Veterans Health Administration</b>		<b>INCIDENT REPORT</b>		
<b>ACCIDENT IDENTIFICATION SECTION</b>				
Case Number 2006-00029	Report Type Initial	Type of Incident Not Elsewhere Classified	Date and Time of Occurrence JAN 28, 2006 at 08:00	General Setting of Incident Patient care setting
<b>PERSONNEL INVOLVED SECTION</b>				
Person Involved ASSETS EMPLOYEE, TWO		Service <b>NURSING</b>		
SSN xxx-xx-2222	Age at Time of Incident 53	Personnel Status Employee	Care Status Open	
Gender Female	Home Phone 222-222-2222	Educational PROFESSIONAL DEGREE (O THER)		
Injury/illness Injury	Work Center / Org Outpatient Clinic	Home Address 222 00 PO DRIVE		
Occupation 8224	Grade/Step 12/6	ALBANY, NEW YORK 12210		
<b>INJURY/ILLNESS DATA SECTION</b>				
Location of Injury E.R. (Emergency Room)	Characterization of Injury Rash	Medical Emergency Cleanup Following Medical		
Body Part(s) of Affected BO TH FO REARMS		Side of Body Affected Both		
Additional Body Part		Job Transfer/Restriction 0	Days Away Work 0	
<b>DESCRIPTION OF INCIDENT</b>				
who what when where how and why				
<b>CORRECTIVE ACTION TAKEN</b>				
corrective action taken				
Station: ALBANY - 500				
CASE# 2006-00029 Date Created: FEB02, 2006@14:56		Created By: CHENJOY		Report Run Date: 4/22/2008 12:48:51 PM

0% Page 1 of 3

## Print Report of Incident

**Print Preview**

SHARPS/EXPOSURE DATA SECTION

Patient Source: Unidentifiable	Contamination: Unknown
Area Exposed to Bodily Fluids:	
Personal Protective Gear Used:	
Activity at time of injury	Object Causing Injury
Bodily Fluid Exposure Source	Purpose of Sharp Object
Device Size:	Safety Chart:
Brand	
<input type="checkbox"/> Equipment/Device Failure Occurred	
Safety Design Device Used:	Injury Prior to Device Usage:
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 accordance 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 U.S.C. 7902; 29 CFR 1960, 28 U.S.C. 2571-80 and Executive Order 12156 (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 on injury, illness and property loss experience in support of the Departmental, Agency, Region and State Office, Safety and Health Programs as well as required statistical submissions 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 1980; 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 administrative subpoenas in administrative or civil suits; and (d) Transferring to the appropriate governmental or regulatory entities, whether federal, state, local or foreign, such information as is relevant to investigations or when a violation of a statute or regulation is indicated.
4. The effect on the individual employee providing all or part of the requested information may be rendered 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 invited refuse to provide the requested information.

CASE# 2008-00028 Date Created: FEB02, 2008@1436 Created By: CHBIJOY Report Run Date: 4/22/2008 12:46:51 PM

0% Page 2 of 3

## Print Report of Incident

**Print Preview**

Print Preview window showing the layout of a Print Report of Incident.

The report includes the following sections:

- OTHER FACTORS SECTION**

Weather Factor:	Source of incident:
Cause of incident:	Additional Cause of incident:
Preventive Method:	Corrective Status:
Severity of injury (incident was an injury):	
- OSHA 301 DATA SECTION**

Date Hired: FEB 02, 2002	Time Began Work: 08:00A
Line or Type (incident was an line or):	
Include On OSHA Log: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Include a Privacy Case: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of Death: FEB 01, 2005	
- Information about the physician or other Health Care Professional:**

Name of Physician: chen, joy

Was individual hospitalized overnight as an In-Patient:  Yes  No

Was individual treated in a non-VA Emergency Room:  Yes  No
- Non-VA Facility Information:**

Facility Name:  
 Street:  
 City:  
 State:  
 Zip Code:
- Safety Official Information:**

Safety Official Name: SUPERVISOR, AGENTS  
 Safety Official Title: dcd  
 Safety Official Phone #: 3334445555  
 Safety Official Phone Ext: ABC588

Page Footer: CASE# 2006-00028 Date Created: FEB 02, 2006 @ 14:56 Created By: CHENJOY Report Run Date 3/22/2008 12:49:51 PM

Page Number: 0% Page 3 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

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
<b>Total</b>	<b>0</b>
<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

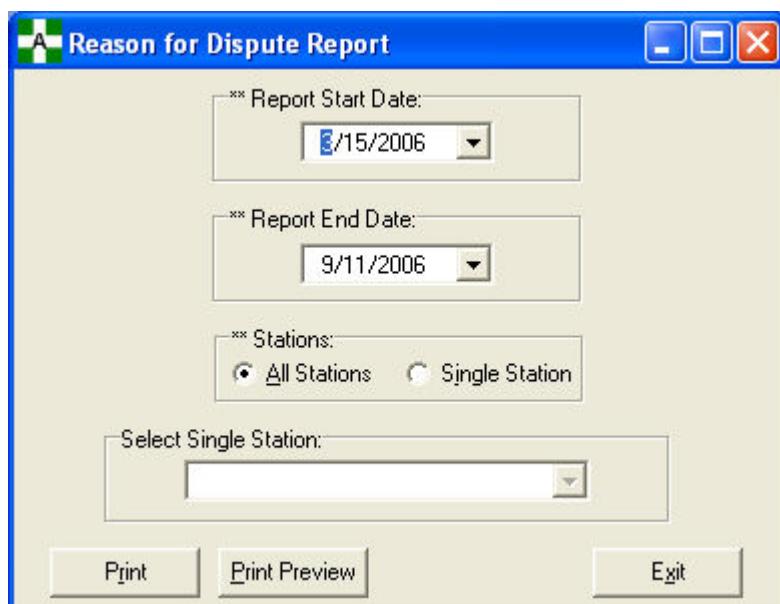
This option can be found on the Workers' Comp Menu under Reports.

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.



## Reason for Dispute Report

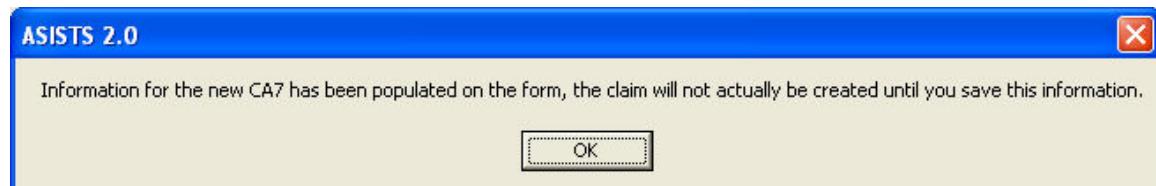
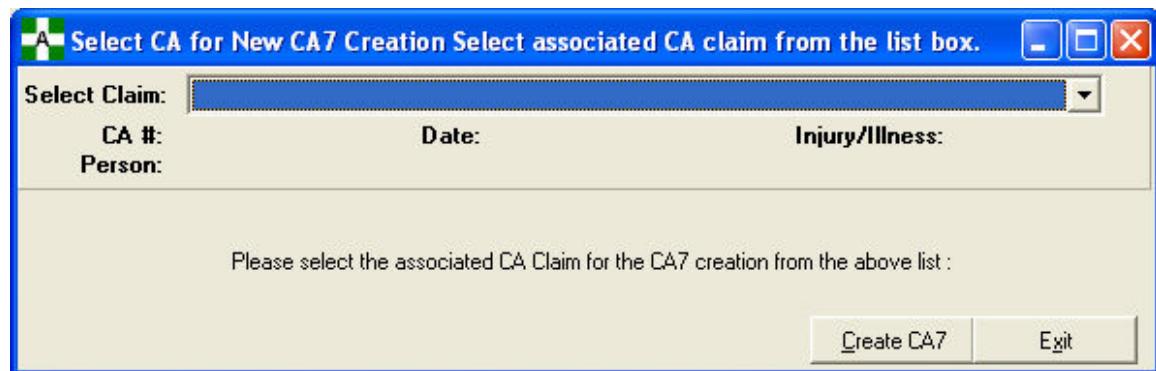
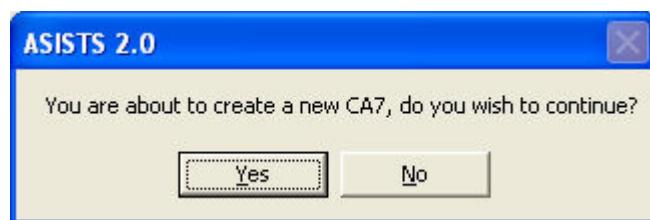
Reason for Dispute Report for 11/19/2010 through 5/18/2011 for Station - All Stations		
Reason for Dispute Code	Lost Time Cases	No Lost Time Cases
A personal, emotional, reaction to administrative activities	0	0
Different medical opinions about injury; weight of evidence	0	0
Different stories about what 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
<b>Total Cases:</b> 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 Menus.

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.

The screenshot shows the CA7 - Request for Compensation Form window. At the top, there is a dropdown menu labeled "Select Claim:". Below it, there are fields for "Claim #: \_\_\_\_\_" and "Person: \_\_\_\_\_". Under "Person:", there are two dropdown menus: "Type:" and "Date of Incident: \_\_\_\_\_". A horizontal navigation bar below these fields includes links for "Sections 1 - 2", "Sections 3 - 4", "Sections 5 - 6", "Sections 8-9", "Sections 10-13", and "Sections 14-15".

The main content area is divided into two sections:

- SECTION 1 Employee Portion:** Contains fields for Name, Date of Injury, SSN, OWCP File #, Mailing Address, Email Address, City, Home Phone, State, Fax, and Zip Code.
- SECTION 2:** Contains a group of radio buttons for "Compensation is claimed for:" (Leave Without Pay, Leave Buy Back, Other Wage Loss, Schedule Award, Unknown), an "Inclusive Date Range" field with "From:" and "To:" dropdowns, an "Intermittent?" checkbox with options "Yes (1)" and "No (2)", and a "Other Wage Loss Type:" dropdown.

At the bottom of the form are standard navigation buttons: "Prev", "Next", "View Read Only Fields", "New", "Print", "Sign/Validate", "Save" (highlighted in green), and "Exit".

## 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 the CA7 - Request for Compensation Form window with the 'Sections 3-4' tab selected. The window has a blue header bar with the title 'CA7 - Request for Compensation Form' and standard window controls. Below the header is a toolbar with dropdown menus for 'Select Claim', 'Claim #', 'Person', 'Date of Incident', 'Type', and buttons for 'New', 'Print', 'Sign/Validate', 'Save', and 'Exit'. The main area is divided into sections:

- SECTION 3:** A question asking if the user worked outside their federal job during the period(s) claimed in Section 2. The options are 'Yes (1)' (selected) and 'No (2)'.
- Outside Business Information:** Fields for Name, Type of Work, Address, Start Date, City, End Date, State, and Zip Code.
- SECTION 4:** A question asking if this is the first CA-7 claim for compensation filed for this injury. The options are 'Yes (3)' and 'No (4)' (selected).
- Dependent and Direct Deposit Information:** A question asking if there has been a change in dependents or direct deposit information since the last claim. The options are 'Yes (5)' and 'No (6)'.

## 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?	
SSN: [ ]	<input type="radio"/> Yes (1) <input type="radio"/> No (2)	
Relationship: [ ]	Date of Birth: [ ]	
Are you making support payments for any of the dependents not living with you ?		
<input checked="" type="radio"/> Yes (3) <input type="radio"/> No (4)		
Support Payments are made to:		
** Name: [ ]	** Address: [ ]	** City: [ ]
** State: [ ]	** Zip Code: [ ]	** Court Ordered support payments?
		<input type="radio"/> Yes (5) <input type="radio"/> 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 (0)

\*\* 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 (1)    No (2)

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

**Buttons:** 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.

The screenshot shows the CA7 - Request for Compensation Form window with the Sections 8-9 tab selected. The window has a blue header bar with the title "CA7 - Request for Compensation Form". Below the header is a toolbar with buttons for "Select Claim:", "Claim #:", "Person:", "Date of Incident:", "Type:", and navigation buttons for "Prev", "Next", "New", "Print", "Sign/Validate", "Save", and "Exit".

**SECTION 8:**

- Show Pay Rate as of
- Date of Injury: [ ]
- Base Pay: [ ] Per: [ ]
- Grade: [ ] Step: [ ]

**SECTION 9:**

- Additional Pay
- Type: [ ] \$ Amount: [ ] Add | Edit | Delete | Per: [ ]
- Date Employee Stopped Work
- Date: [ ]
- Base Pay: [ ] Per: [ ]
- Grade: [ ] Step: [ ]
- Additional Pay (Stopped Work)
- Type: [ ] \$ Amount: [ ] Add(\*) | Edit | Delete | Per: [ ]
- Does employee work a fixed 40-hour per week schedule?
- Yes (1)    No (2)
- Scheduled Days:  Sun  Mon  Tue  Wed  Thu  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)

## 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: [dropdown menu]

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?	Code: [ ]	Optional Use Insurance?	Class: [ ]
<input type="radio"/> Yes (1) <input type="radio"/> No (2)		<input type="radio"/> Yes (3) <input type="radio"/> No (4)	
Basic Life Insurance?		Retirement System?	Plan: [ ]
<input type="radio"/> Yes (5) <input type="radio"/> No (6)		<input type="radio"/> Yes (7) <input type="radio"/> No (8)	

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

From: [ ]	To: [ ]	Intermittent?
		<input type="radio"/> Yes (9) <input type="radio"/> No (0)

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

Sick leave From: [ ]	To: [ ]	Intermittent?
		<input type="radio"/> Yes (t) <input type="radio"/> No (u)
Annual Leave From: [ ]	To: [ ]	Intermittent?
		<input type="radio"/> Yes (y) <input type="radio"/> No (z)
Leave Without Pay From: [ ]	To: [ ]	Intermittent?
		<input type="radio"/> Yes (f) <input type="radio"/> No (g)
Work From: [ ]	To: [ ]	Intermittent?
		<input type="radio"/> Yes (h) <input type="radio"/> No (i)

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?	Date: [ ]	With the same number of hours and duties?
<input checked="" type="radio"/> Yes (j) <input type="radio"/> No (k)		<input type="radio"/> Yes (l) <input checked="" type="radio"/> 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.

The screenshot shows the CA7 - Request for Compensation Form window with the 'Sections 14-15' tab selected. The window has a title bar 'CA7 - Request for Compensation Form'. Below it is a dropdown menu labeled 'Select Claim:' with several options listed. The main area contains fields for 'Claim #: Person:' and 'Date of Incident: Type:'. Below these are tabs for 'Sections 1 - 2', 'Sections 3 - 4', 'Sections 5 - 6', 'Sections 8-9', 'Sections 10-13', and 'Sections 14-15'. A large text area labeled 'Section 14: Remarks:' is present. Below this is a section titled 'Section 15' containing a note about agency certification and a statement of truth. It includes fields for '\*\* Title:', '\*\* Date:', '\*\* Name of Agency:', '\*\* Date Claim Form Received from Employee:', and a section for 'If DWCP needs specific pay information, the person who should be contacted is:' with fields for '\*\* Name:', '\*\* Title:', '\*\* Telephone No.', '\*\* Fax No.', and '\*\* Email Address:'. At the bottom are navigation buttons: 'Prev', 'Next', 'New', 'Print', 'Sign/Validate', 'Save' (highlighted in green), and '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

**Report Selection**

**Type of Report: <input type="button" value="Type of Incidents"/>	** Station: <input checked="" type="radio"/> All Stations <input type="radio"/> Single Station <input type="button" value="Select Single Station"/>	
** Report Start Date: <input type="button" value="2/ 3/2008"/>	Choose Personnel Status <input checked="" type="checkbox"/> All <input type="checkbox"/> Medical Student (7) <input type="checkbox"/> Employee (1) <input type="checkbox"/> Nursing Student (8) <input type="checkbox"/> Non-Paid Employee (6) <input type="checkbox"/> Other Student (9) <input type="checkbox"/> Volunteer (2) <input type="checkbox"/> Contractor (3) <input type="checkbox"/> Resident Physician (10) <input type="checkbox"/> Visitor (4) <input type="checkbox"/> Other (5)	
** Report End Date: <input type="button" value="8/ 1/2008"/>	Report Output Format <input checked="" type="radio"/> Standard Report <input type="radio"/> Pie Chart <input type="radio"/> Excel SpreadSheet <input type="radio"/> Bar Graph	
<input type="button" value="Print"/>	<input type="button" value="Print Preview"/>	<input type="button" value="Exit"/>

### Example of Standard Report Output Format

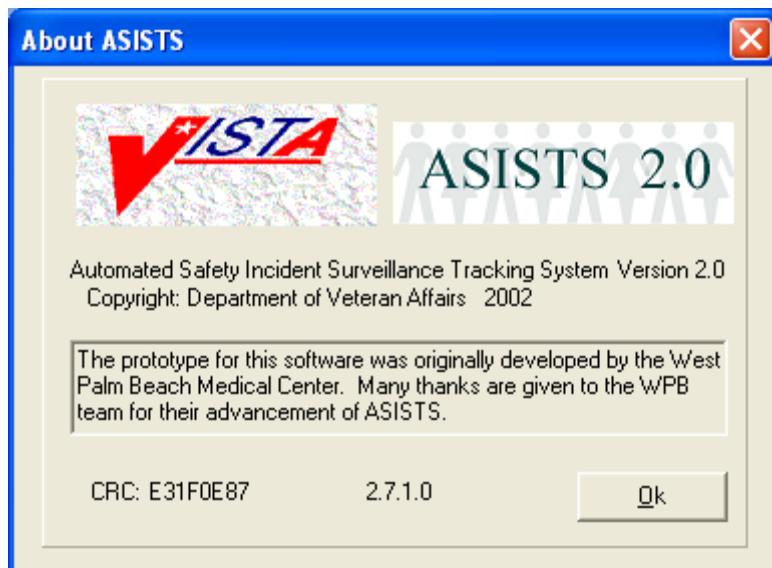
Type of Incidents Report  
From: 2/3/2008 To: 8/1/2008  
For Open & Closed Cases, All Station(s), All Cases (Lost Time / No Lost Time Incidents)  
Includes Per Status: All Status

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/>

