

Quick Reference for SMIS Accident Reporting – DOI Employees Module

Accessing SMIS Accident Reporting

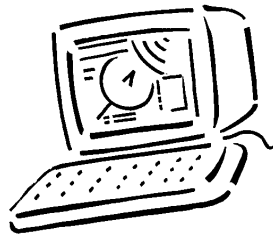
1. Open your browser and in the Address field, type **http://www.smis.doi.gov**.
2. Click **Accident Reporting**.
3. Click **DOI Employees**.

Logging In

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

- If you are initiating a new claim, in the **Enter your Internet E-Mail Address** field, type your email address and click **Verify E-mail and Request a Claim ID**.

If an email address already displays in the **Enter your Internet E-Mail Address** field, verify that it is correct and click **Verify E-mail and Request a Claim ID**.

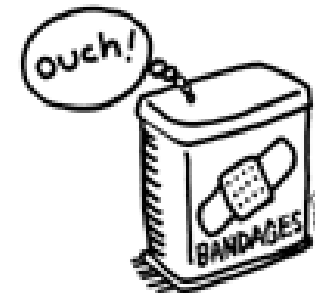


- If you are completing or reviewing an **existing claim**, type your claim ID in the **Enter your claim ID** field and click **Send Claim ID - Enter your Claim**.

Initiating an Injury Report (Claim)

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

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



Printing a Completed CA-1 or CA-2 Form

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

Viewing the Status of Your Claim

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

Completing the CA-1 Form

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

1. In the **9. Place Where Injury Occurred** box, type a detailed description of the location at which you injured yourself. Be specific.
2. In the **10. Date Injury Occurred** box, type the date on which the accident occurred (mm/dd/yy, mm/dd/yyyy, or dd/mm/yyyy).
3. In the **Time** box, select the time at which the accident occurred.
4. In the **12. Employee's Occupation** box, type your job title. If a job title already appears in this field, you cannot change it.
5. In the **13. Cause of Injury** box, describe, in detail, how and why the accident occurred.
6. In the **14. Nature of Injury** box, describe your injury.

In the Employee Certification section of the screen...

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

Completing the CA-2 Form

In the Claim Information section of the screen...

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

3. In the **11. Date you first became aware of disease or illness** box, type the date on which you first noticed you were ill (mm/dd/yy, mm/dd/yyyy, or dd/mm/yyyy).
4. In the **12. Date you first realized the disease or illness was caused or aggravated by your employment** box, type the date on which you first realized you were ill because of your job with the U.S. government (mm/dd/yy, mm/dd/yyyy, or dd/mm/yyyy).
5. In the **13. Explain the relationship to your employment and why you came to this realization** box, describe why you believe your disease or illness is job-related.
6. In the **14. Nature of Disease or Illness** box, describe your disease or illness and how it has affected your body.
7. In the **15. If this notice and claim was not filed with the employing agency within 30 days after the date you realized the disease was related to your employment, explain the reason for the delay** box, describe why you delayed completing this form. If you are completing this form within 30 days of becoming ill, leave this field blank.
8. In the **16. If the required employee statement is not included in this report, explain the reason for the delay** box, describe why you might be delayed in getting your statement within 30 days of your claim being processed.
9. In the **17. If the required medical reports are not submitted with this report, explain the reason for the delay** box, describe why you might be delayed in getting this report within 30 days of your claim being processed.

In the Employee Certification section of the screen...

1. In **box 18**, check the **I have read and understand the above statement** checkbox.
2. Click **Complete your Claim Submission** to file your claim.
3. Notify your supervisor that you have completed a CA-2 form:
 - In the **Enter Your Supervisor's Email Address** field, type his or her email address and click **Send Email to your Supervisor**.
 - If you do not know your supervisor's email address, type his or her name in the **Enter Your Supervisor's Name** field and click **Prepare Paper Notification**.