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 Home telephone box, type your home telephone number.
4. Verify that the mailing address in the 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.

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.