



Administration  
& Management

OFFICE OF THE SECRETARY OF DEFENSE  
1950 DEFENSE PENTAGON  
WASHINGTON, DC 20301-1950

March 17, 1988

Incorporating Through Change 2, March 25, 1994

## ADMINISTRATIVE INSTRUCTION NO. 83

SUBJECT: Federal Employees' Compensation Program

- References:
- (a) Administrative Instruction No. 83, subject as above, February 9, 1976 (hereby canceled)
  - (b) DoD Directive 1438.3, "DoD Injury Compensation Program," September 13, 1985
  - (c) Federal Personnel Manual (FPM), Chapter 810
  - (d) "Federal Employees' Compensation Act" September 7, 1916, as amended (Section 8101 *et seq.* of title 5, United States Code)
  - (e) through (f), see enclosure 1

### 1. REISSUANCE AND PURPOSE

This Instruction reissues and updates reference (a) to:

1.1. Comply with references (b) through (f).

1.2. Update the policies and procedures of reference (d) that prescribes benefits to civilian employees of the Federal Government for disabilities caused by personal injury or disease arising out of or within the scope of employment.

### 2. APPLICABILITY AND SCOPE

This Instruction:

2.1. Applies to the Office of the Secretary of Defense (OSD), the Chairman of the Joint Chiefs of *Staff*, and all other activities deriving administrative support from Washington Headquarters Services (WHS). These organizations are hereafter referred to collectively as "OSD Components."

2.2. Governs all civilian employees, except for nonappropriated fund employees, both permanent and temporary.

2.3. Covers contract employees, volunteers, and loaned employees under some circumstances; such determinations shall be made by the Office of Workers' Compensation (OWCP) on a case-by-case basis once a claim is filed.

2.4. Covers employees in the performance of duty when the injury occurred. In accordance with FPM, Chapter 810 (reference (c)) and 5 U.S.C. 8101 (reference (d)), the following are considered to be "in the performance of duty":

2.4.1. Agency Premises. An employee who is injured on Agency premises during working hours shall be protected by the Federal Employees' Compensation Act (FECA) unless engaged in an activity that removes him or her from the scope of employment. Coverage includes injuries that occur while the employee is performing assigned duties or engaged in an activity that is reasonably associated with employment. Such activities include use of facilities for the employee's comfort, health, and convenience as well as eating meals and snacks on the premises. The premises include areas immediately outside the building, such as steps or sidewalks, if these are federally owned or maintained.

2.4.2. Outside Working Hours. Coverage is extended to employees who are on the premises for a reasonable time before or after working hours. Employees who are visiting the premises for nonwork-related reasons are not covered.

2.4.3. Representational Functions. Injuries to employees performing representational functions entitling them to official time are covered.

2.4.4. Parking Facilities. An employee shall usually be covered if injured in parking facilities that the Department of Defense owns, controls, or manages.

2.4.5. Off-premises Injuries. Coverage is extended to workers such as chauffeurs and messengers who perform service away from the premises. It is also extended to workers who are sent on errands or special missions and workers who perform services at home.

2.4.6. To and From Work. Employees are not protected by the FECA when injured en route between work and home, except when the Agency furnishes transportation to and from work, when the employee is required to travel during a curfew or an emergency, or when the employee is required to use his or her vehicle during the workday.

2.4.7. Travel Status. Employees in a travel status are covered 24 hours a day for all reasonable incidents of their temporary duty.

2.4.8. Other. Some injuries occur under circumstances that are not governed by the premises' rule. These shall be determined on a case-by-case basis by the OWCP.

### 3. DEFINITIONS

Terms used in this Instruction are defined in enclosure 2.

### 4. COMPENSATION FORMS FOR PROCESSING

Specific information on forms cited in this Instruction is given in enclosure 3.

### 5. POLICY

5.1. Employees shall receive prompt medical attention and full assistance in claiming just compensation for injuries or occupational illnesses incurred while performing their duties.

5.2. A wholesome, safe, and healthful working area and equipment shall be provided.

5.3. Employees and/or supervisors shall promptly complete reports of accidents, both major and minor, resulting in injuries or illnesses.

5.4. Management officials and employees shall create and maintain an attitude of safety consciousness at all times.

5.5. On-the-job injuries shall be promptly and accurately reported to the Department of Labor, OWCP, so that fair and equitable settlement may be accomplished.

5.6. The program shall be dedicated to returning injured workers to the job. Injured employees shall be placed in a leave without pay (LWOP) status for a period not

to exceed (NTE) 1 year from the date compensation begins. The 45-day period of continuation of regular pay (COP) is excluded since this is not considered compensation. Also excluded is any period of sick or annual leave the employees elects to take.

5.7. An OSD Component management official shall not attempt to prevent an employee from filing a claim under any circumstances, regardless of any opinion that official may hold relative to the merits of the claim.

5.8. The responsible medical authority shall identify and define situations where use of the Pentagon Civilian Employees' Health Clinic (CEHS) is practical and situations where civilian or local government emergency services should be utilized without delay.

## 6. RESPONSIBILITIES

6.1. The Under Secretaries of Defense (USDs), the Assistant Secretaries of Defense (ASDs), the Assistants to the Secretary of Defense (ATSDs), and Equivalents shall:

6.1.1. Be responsible for the protection of the interests of the employee and for safeguarding the Government against payments and claims not covered under the Federal Employees' Compensation Act.

6.1.2. Provide work sites that are safe and healthful.

6.1.3. Ensure that supervisors are informed of their responsibilities with respect to this program and consider the execution of such responsibilities when rating supervisory performance.

6.2. Supervisors shall:

6.2.1. Ensure that all employees understand their responsibilities for accident prevention and the procedures to follow by reporting accidents immediately when they occur.

6.2.2. Provide the employee with a Form CA-1 or CA-2, as appropriate, when apprised that an employee has sustained a traumatic injury or is disabled due to an occupational illness. Provide the employee with a copy of the occupational disease checklist (enclosure 3) appropriate to the condition and arrange for the submission of information on the checklist that is requested from the employing Agency. Upon

receipt of the executed form, review for completeness and accuracy, complete and sign the reverse side and furnish a copy to the employee.

6.2.3. Follow the procedures established by this Instruction for referring injured employees to the Pentagon CEHS for evaluation and first-aid treatment, when practical. When use of the Pentagon CEHS is not practical, the supervisor shall complete the Form CA-16 so the employee may seek care from a civilian physician or medical facility.

6.2.4. Utilize civilian or local government emergency services in emergency situations if the employee is located outside the Pentagon.

6.2.5. Complete Form CA-16, if the employee requires medical treatment, within 4 hours after the traumatic injury except in unusual circumstances.

6.2.6. Inform the employee of the right to elect COP, or annual or sick leave if time loss from work will occur *or LWOP*.

6.2.7. Investigate all reports of on-the-job injury to determine the facts and circumstances, and, if warranted, contest questionable claims for compensation.

6.2.8. Advise the employee whether COP will be controverted, and if so, whether pay will be terminated. The basis for the action must be explained to the employee.

6.2.9. Increase opportunity for return of employees by light-duty assignments for temporarily disabled employees and restructuring positions for partially disabled employees.

6.2.10. Carry claimants on the rolls with the goal of returning them to duty as soon as possible.

6.2.11. Complete Form CA-3 and forward to the servicing civilian personnel office (CPO) when:

6.2.11.1. COP terminates.

6.2.11.2. The disability terminates.

6.2.11.3. The employee returns to work.

6.3. Employees shall:

6.3.1. Observe all safety instructions, procedures, and regulations including the proper use of personal protective equipment.

6.3.2. Report all job connected injuries or illnesses to their supervisor immediately, using the appropriate form (enclosure 3).

6.3.3. Report for medical treatment as prescribed by this Instruction or as directed by their supervisor. Obtain medical evidence that supports disability for work, if applicable.

6.3.4. Seek restoration or return to duty as soon as the medical condition permits.

6.4. The Pentagon Civilian Employees' Health Service' (CEHS) shall:

6.4.1. Provide assessment and first treatment when practical. Make appropriate arrangements for referral to a U.S. medical officer or hospital, or any duly qualified physician or hospital of the employee's choice for further medical treatment if circumstances require. Advise the supervisor or the servicing civilian personnel office when the condition of the employee is such that emergency addressees should be notified.

6.4.2. Ensure that ambulance service is furnished a civilian employee working in the Pentagon who is seriously injured or becomes seriously ill during duty hours. After duty hours, emergency services are available from the U.S. Army Health Clinic, Pentagon Concourse.

6.4.3. Provide the employee with a Form CEHS-4, "Injury Record," indicating where the first treatment was provided and WRAMC Form 356, "Patient Referral," if applicable. Contact the employee's supervisor to confirm that the injury or illness is job related if the employee has not been properly furnished a Form CA-16 by his or her supervisor.

6.5. The Director, Personnel and Security, Washington Headquarters Services (WHS), or the Civilian Personnel Officer, Chairman of the Joint Chiefs of *Staff*, shall:

6.5.1. Appoint a FECA Program Administrator who shall:

6.5.1.1. Inform supervisors and employees of benefits and reporting procedures required in administering the FECA.

6.5.1.2. Counsel employees who suffer traumatic injury or occupational disease concerning specific procedures and requirements for submitting claims.

6.5.1.3. Forward appropriate claims forms to the OWCP, Department of Labor. After this is done, the OWCP will deal directly with the employee.

6.5.1.4. File a copy of the CA-1 as a permanent part of the employee's official *medical* folder if the injury need not be reported to the OWCP.

6.5.1.5. Counsel employees of their rights and responsibilities. An employee who is being separated or placed on leave without pay as a result of a compensable injury or disease shall be informed of the following:

6.5.1.5.1. How benefits such as health and life insurance, leave and retirement shall be affected;

6.5.1.5.2. Restoration rights and how to exercise them;

6.5.1.5.3. Any options available such as disability retirement;

6.5.1.5.4. Time limits that apply;

6.5.1.5.5. What is expected of the employee;

6.5.1.5.6. What the appeal rights are; and

6.5.1.5.7. The obligation to seek restoration as soon as the medical condition permits.

6.5.1.6. Monitor the recovery of disabled employees, require medical examination and data when indicated, and maintain contact with claimants.

6.5.1.7. Work with the Department of Labor to provide rehabilitation when indicated.

6.5.1.8. Inform examining physicians in writing of possible light-duty assignments and request specific medical information.

6.5.2. Make written job offers to recovering, recovered, and partially recovered claimants. Placement actions may include temporary assignments to light-duty, job restricting, reassignment, change to lower grade, and placement assistance.

6.5.3. Ensure that recovered individuals on the reemployment priority list are given bona fide consideration and placed in vacancies for which they are qualified.

6.6. Administrative and Executive Officers shall maintain a supply of forms listed in enclosure 3 for the use and convenience of supervisors and employees in the OSD Component.

## 7. PROCEDURES

### 7.1. Traumatic Injury

7.1.1. When an employee sustains a traumatic injury in the performance of duty, the employee shall complete a Form CA-1 and give it to the supervisor within 2 working days of the injury. If the employee is incapacitated, this action may be taken by someone acting on his or her behalf such as a family member, union official, or Agency official. The form must contain the original signature of the person giving notice.

7.1.2. After receiving Form CA-1, the supervisor shall:

7.1.2.1. Review it for completeness and accuracy (all items must be completed using N/A, if not applicable) and assist the claimant in correcting any deficiencies found.

7.1.2.2. Complete and sign the reverse of it and insert appropriate codes on the form (enclosure 4); and indicate a telephone number where he or she can be reached.

7.1.2.3. Sign and return to the employee the receipt attached to Form CA-1 and furnish a copy of the form to the employee.

7.1.2.4. Authorize medical care if needed, by completing Form CA-16 and first referring the employee to the Pentagon CEHS, if practical and appropriate. In an emergency, and the patient is unable to go to the CEHS, the request for authorization of medical treatment may be made by telephone. When the use of the Pentagon CEHS

is not practical, complete the Form CA-16 so the employee may seek care from a civilian physician or medical facility.

7.1.2.5. Inform the employee of the right to elect COP or annual or sick leave if time loss will occur *or LWOP*. A supervisor must approve COP if the employee elects to take it unless the supervisor determines it shall be controverted (denied). This is initially a supervisory determination.

7.1.2.6. Advise the employee whether COP will be controverted, and if so, whether pay will be terminated. The basis for the action shall be explained to the employee.

7.1.2.7. Forward the Form CA-1 to the servicing CPO FECA Program Administrator. The FECA Program Administrator shall send the form to the OWCP if employee loses time from work beyond the date of injury; otherwise it shall be retained in the employee's official *medical* folder.

7.1.3. The employee is entitled to select the physician and/or facility that is to provide treatment according to the provisions stipulated in FPM, Chapter 810, reference (c).

7.1.4. An employee may only change physicians after the initial choice with the written approval of OWCP. The reasons for requesting the change must be provided in writing to the OWCP.

7.1.5. If an employee is incapacitated for work, the employee is responsible for obtaining medical evidence that supports the disability.

## 7.2. Occupational Disease

7.2.1. The disabled employee, or someone acting on his or her behalf, shall give notice of the occupational disease on Form CA-2. After receiving such notice, the supervisor shall:

7.2.1.1. Review the front of the Form CA-2 for completeness and accuracy, and assist the employee in correcting any deficiencies found.

7.2.1.2. Complete and sign the reverse of Form CA-2 and insert the appropriate codes in accordance with enclosure 4. Indicate a contact telephone number.

7.2.1.3. Sign and return the receipt attached to Form CA-2 to the employee and provide a copy of the form to the employee.

7.2.1.4. Provide the employee with two copies of the appropriate Form CA-35 A-G, "Occupational Disease Checklist" (enclosure 3).

7.2.1.5. Explain to the employee the need for detailed information and advise him or her to furnish supporting medical and factual information requested on the checklist. If possible, this information should accompany the form when it is submitted.

7.2.1.6. Review the employee's portion of the form and provide comments on the employee's statement.

7.2.1.7. Prepare a supporting statement to include exposure data, test results, copies of previous medical examinations, and/or witness statements, depending on the nature of the case.

7.2.1.8. Advise the employee of the right to elect sick or annual leave or leave without pay pending adjudication of the claim.

7.2.1.9. Submit the completed Form CA-2 to the servicing CPO FECA Program Administrator within five working days of receipt from the employee. The Form CA-2 shall not be held for receipt of supporting documentation.

7.2.2. Only in rare instances is medical care authorized in occupational disease claims. The FECA Program Administrator must contact OWCP before issuing a Form CA-16 in such a claim.

### 7.3. Recurrences

7.3.1. If a recurrence of the disability develops, the employee and the supervisor shall complete Form CA-2a and submit it through the FECA Program Administrator to OWCP. If the employee was entitled to use COP and the 45 calendar days of COP have not been exhausted, the employee may elect to use the remaining days if 90 days have not elapsed since the employee first returned to duty. If more than 90 days have elapsed, the employee may elect to use sick or annual leave pending adjudication of the claim for recurrence. An employee who is no longer entitled to COP shall file a claim for compensation on Form CA-7 or CA-8.

7.3.2. The supervisor may issue Form CA-16 to authorize examination or treatment for recurrence of a disability if it resulted from an injury previously recognized as compensable by OWCP. The supervisor may not authorize examination or treatment when OWCP has disallowed the original claim or when more than 6 months have elapsed since the employee last returned to work.

#### 7.4. Restoration Rights

7.4.1. Restoration rights apply to all employees, except those serving under a time-limited appointment.

7.4.2. Rights. Fully recovered within 1 year follow:

7.4.2.1. A disabled employee has mandatory restoration rights for a period of 1 year from the date compensation begins. The 1-year period begins as of the date compensation is payable. The 45-day period of COP is excluded since this is not considered "compensation." Also excluded is any period of sick or annual leave the employee elects to take.

7.4.2.2. The employee shall be restored immediately and unconditionally to the former position or with the employee's concurrence an equivalent position in the commuting area in which the employee was formerly employed.

7.4.3. Rights. Fully recovered after 1 year follow:

7.4.3.1. An employee who takes longer than 1 year to recover and who has been separated from work because of injury or occupational disease, is entitled to priority consideration for the former position or an equivalent one if the employee applies for restoration within 30 days of the date compensation ceases or 30 days from the resolution of an appeal for continuation of compensation.

7.4.4. Physically Disqualified. An employee who is physically disqualified for the position previously held or an equivalent position is entitled, within 1 year of the date compensation begins, to be placed in a position for which qualified that most closely approximates the seniority, status, and pay to which he or she would otherwise have been entitled, consistence with the circumstances in each case. After 1 year, the employee is entitled to the rights accorded employees who fully or partially recover, as applicable.

7.4.5. Partially Recovered. A partially recovered employee has no right to restoration. However, every effort shall be made to place the employee in an appropriate position in the commuting area. This shall include re-engineering the former position if feasible, or placing the employee in any other position he or she is able to perform.

7.4.6. Status Upon Restoration. An employee who is restored following a compensable injury or disease is treated as though he or she had never left; however, an

employee does not earn sick and annual leave while off the rolls or in a non-pay status. The entire period the employee was receiving COP or compensation is creditable for purposes of rights and benefits based upon length of service, including within-grade increases, career tenure, and completion of probationary period.

## 7.5. Appeals

7.5.1. In accordance with 5 CFR 353.401 (reference (f)), an employee may appeal the following actions to the Merit Systems Protection Board (MSPB):

7.5.1.1. Failure of the Agency to restore him or her after the employee gives proper notice within the time limits specified.

7.5.1.2. A determination by the Agency that it is not feasible to restore the employee.

7.5.1.3. Refusal by the Agency to restore the employee.

7.5.1.4. Improper restoration.

7.5.2. Injured employees who partially recover may appeal to the MSPB for a determination of whether their Agencies are acting arbitrarily and capriciously in denying them restoration.

7.6. Death. When an employee dies because of an injury or occupational disease incurred while in the performance of duty, the FECA Program Administrator shall immediately notify OWCP. The FECA Program Administrator shall also contact any survivors, provide them with claim forms, and assist them in preparing the claim. Form CA-6 shall be completed by the FECA Program Administrator to report the work-related death of an employee.

## 8. PENALTIES

8.1. In accordance with 20 CFR, Part 10.23 (reference (e)):

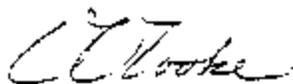
8.1.1. Any employee, beneficiary, official superior, representative, or other person who knowingly makes or certifies to any false statement, misrepresentation, concealment of fact, or any other act of fraud with respect to a claim under the Act, or who knowingly accepts compensation to which that person is not entitled, is subject to criminal prosecution and may, under appropriate U.S. Criminal Code provisions, be punished by a fine of not more than \$10,000 or imprisonment for not more than 5 years, or both.

8.1.2. Any employee, beneficiary, official superior, representative, or other person who, with respect to a claim under the Act, enters into any agreement, combination, or conspiracy to defraud the United States by obtaining or aiding to obtain the payment or allowance of any false, fictitious or fraudulent claim is subject to criminal prosecution and may, under appropriate U.S. Criminal Code provisions, be punished by a fine of not more than \$10,000 or imprisonment for not more than 10 years, or both.

8.1.3. Any person charged with the responsibility of making reports in connection with any injury who willfully fails, neglects or refuses to do so; induces, compels, or directs an injured employee to forego filing a claim or willfully retains any notice, report or paper required in connection with an injury, is subject to a fine of no more than \$500 or imprisonment for no more than 1 year, or both.

9. EFFECTIVE DATE

This Instruction is effective immediately.



David O. Cooke  
Deputy Assistant Secretary of Defense  
(Administration)

Enclosures - 5

- E1. References, continued
- E2. Definitions
- E3. Compensation Forms for Processing Injury/Disability Claims
- E4. Injury/Illness Type and Source Codes
- E5. Coding Data on Notices of Work-Related Injury

E1. ENCLOSURE 1

REFERENCES, continued

- (e) Title 20, Code of Federal Regulations, Part 10.23
- (f) Title 5, Code of Federal Regulations, Part 353.401

## E2. ENCLOSURE 2

### DEFINITIONS

E2.1.1. Continuation of Pay (COP). An employee's regular pay that may be continued for up to 45 calendar days of wage loss due to disability and/or medical treatment following a traumatic injury. However, the employee's appointment is not continued beyond the date it would have terminated had the injury not occurred. Continuation of pay is not considered "compensation."

E2.1.2. Controversion of COP. The objection of the Agency to pay a claim for COP, either for one of the reasons stated in FPM Chapter 810, Subchapter 5 (reference (c)), or for some other reason.

E2.1.3. Fully Recovered. Compensation payments or eligibility for compensation have been terminated on the basis that the employee is able to perform all the duties of the former position or an equivalent one.

E2.1.4. Occupational Disease. A condition produced in the work environment over a period longer than 1 workday or shift. It may result from systemic infection, repeated stress or strain, exposure to toxins, poisons, or fumes, or other continuing conditions of the work environment.

E2.1.5. Partially Recovered. The employee, though not yet able to resume the full range of his or her regular duties, has recovered sufficiently to return to part-time or light duty or to another position with less demanding physical requirements. Ordinarily, it is expected that a partially recovered employee will fully recover eventually.

#### E2.1.6. Physically Disqualified (Medically Disqualified)

E2.1.6.1. For medical reasons, the employee is unable to perform the duties of the position formerly held or an equivalent one; or

E2.1.6.2. There is a medical reason to restrict the employee from some or all essential duties because of possible incapacitation or because of the risk of health impairment.

E2.1.7. Recurrence. A spontaneous return or increase of disability due to a previous injury or occupational disease without intervening cause, or a return or increase of disability due to a consequential injury.

E2.1.8. Traumatic Injury. A wound or other condition of the body caused by external force, including stress or strain. The injury must be identifiable by time and place of occurrence and member of the body affected; it must be caused by a specific event or incident or series of events or incidents within a single day or work shift. Traumatic injuries also include damage to or destruction of prosthetic devices or appliances, including eyeglasses and hearing aids if they were damaged incidental to a personal injury requiring medical services.

E3. ENCLOSURE 3COMPENSATION FORMS FOR PROCESSING INJURY/DISABILITY CLAIMS

FORMNO.	FORMTITLE	PURPOSE	PREPARED BY	WHEN SUBMITTED
CA-1	Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation	Notifies Supervisor of a traumatic injury and serves as report to OWCP when the employee has sustained a traumatic injury.	Employee or someone on employee's behalf; witness (if any); supervisor.	Employee--within 2 workdays; Supervisor--within 2 workdays following receipt from the employee.
CA-2	Federal Employee's Notice of Occupational Disease and Claim for Compensation	Notifies supervisor of an occupational disease and serves as report to OWCP.	Employee or someone on employee's behalf; witness (if any); supervisor.	Employee--within 30 days; Supervisor--after receipt from the employee.
CA-2a	Notice of Employee's Recurrence of Disability and Claim for Pay/Compensation	Notifies OWCP after employee's return to work, is again disabled due to prior injury or disease. Also, claim for COP based on recurrence	Supervisor	Immediately upon receiving notice that the employee has suffered a recurrence.
CA-3	Report of Termination of Disability and/or Payment	Notifies OWCP that disability from injury has terminated an/or COP has terminated and/or that employee has returned to work.	Supervisor	Immediately after the disability of COP terminates, or the employee returns to work.
CA-4/CA-20	Claim for Compensation on Account of Occupational Disease	Claims Compensation for a permanent impairment or is unable to resume usual work.	Employee or someone acting on employee's behalf; supervisor; and attending physician (on CA-20)	Not to move than 5 workdays after entering a non-pay status or upon return to work.
CA-5	Claim for Compensation by Widow, Widower, and/or Children	Claims compensation on behalf of these dependents when injury results in death.	Person claiming compensation (for self or on behalf of children) and attending physician.	Within 30 days, but not later than 3 years after death.
CA-5b	Claim for Compensation by Parents, Brothers, Sisters, Grandparents, or Grandchildren	Claims compensation for these dependents when injury results in death.	Person claiming compensation (or guardian on behalf of children) and attending physician.	Within 30 days, but not later than 3 years after death.

**COMPENSATION FORMS FOR PROCESSING INJURY/DISABILITY CLAIMS, continued**

FORM NO.	FORM TITLE	PURPOSE	PREPARED BY	WHEN SUBMITTED
CA-6	Official Superior's Report of Employee's Death	Notifies OWCP of the employment-related death of an employee.	Supervisor	Immediately upon knowledge by supervisor of the employment-related death of an employee.
CA-7/CA-20	Claim for Compensation on Account of Traumatic Injury	Claims compensation if disability is expected or has resulted in permanent impairment and loss of wage earning capacity.	Employee or someone acting on employee's behalf; supervisor; and attending physician (on CA-20).	For traumatic injury, not more than 5 workdays before the termination of the 45 days.
CA-8/CA-20A	Claim for Continuing Compensation on Account Disability	Claims compensation when loss of pay continues beyond the time covered by the claim on Form CA-7.	Employee or someone acting on employee's behalf; supervisor and attending physician (on Form CA-20A).	At least 5 days before the end of the period claimed on Form CA-7 or CA-8 for the period of disability supported by medical evidence.
CA-16	Authorization for Examination and/or Treatment	Authorizes an injured employee to obtain examination and/or treatment for up to 60 days and provides OWCP with initial medical report.	Part A- Supervisor Part B- Attending physician.	In duplicate, within 48 hours of first examination or treatment. ASAP after initial examination.
CA-17	Duty Status Report	For traumatic injury, provides supervisor and OWCP with interim medical report as to employee's ability to return to any type of work.	Supervisor and attending physician.	Promptly upon completion of examination or most recent treatment.
CA-20	Attending Physicians Report	Provides medical support for claim and is attached to Form CA-7; provides OWCP with medical information.	Supervisor and attending physician.	Promptly upon completion of examination or most recent treatment.
CA-20A	Attending Physicians Supplemental Report	Provides OWCP with additional medical information in connection with supplemental claim and is attached to Form CA-8.	Supervisor and attending physician.	Promptly upon completion of examination or most recent treatment.

COMPENSATION FORMS FOR PROCESSING INJURY/DISABILITY CLAIMS, continued

FORM NO.	FORM TITLE	PURPOSE	PREPARED BY	WHEN SUBMITTED
CA-35A-G	Occupational Disease Check-List (See below)	Provides employee and the Agency with list of information needed by OWCP in connection with claim filed on CA-2.	Employee, supervisor, and servicing CPO.	Promptly upon submission of CA-2.
OWCP-1500a/ HCFA-1500	Instructions for completing and/ Health Insurance Claim Form	Provides OWCP with standard billing form to facilitate payment of medical bills. Form should accompany CA-16 when employee is referred to a physician.	Attending physician; employee must sign in item 12.	Promptly upon completion of examination or treatment; physician may submit in usual billing cycle.

OCCUPATIONAL CHECK LISTS

1. Form CA-35A, "Evidence Required in Support of a Claim for Occupational Disease"
2. Form CA-35B, "Evidence Required in Support of a Claim for Work-Related Hearing Loss"
3. Form CA-35C, "Evidence Required in Support of a Claim for Asbestos-Related Illness"
4. Form CA-35D, "Evidence Required in Support of a Claim for Work-Related Coronary/Vascular Condition"
5. Form CA-35E, "Evidence Required in Support of a Claim for Work-Related Skin Disease"
6. Form CA-35F, "Evidence Required in Support of a Claim for Work-Related Pulmonary Illness"
7. Form CA-35G, "Evidence Required in Support of a Claim for Work-Related Psychiatric Illness"

Forms in this enclosure may be obtained from DSSW Forms Center or the Administrative/Executive Officer of each organization.

E4. ENCLOSURE 4INJURY/ILLNESS TYPE AND SOURCE CODESInjury/Illness Type Codes

100	STRUCK		500	CONTACT
110	Struck by		510	Contact with (motion of person)
111	Struck by falling object		511	Rubbed, abraded
120	Struck against		520	Contact by (motion of object)
200	FELL, SLIPPED, TRIPPED		600	EXERTION
210	Fell on same level		610	Lifted, strained by (single action)
220	Fell on different level		620	Stressed by (repeated action)
230	Slipped, tripped (no fall)			
300	CAUGHT		700	EXPOSURE
310	Caught on		710	Inhalation
320	Caught in		720	Ingestion
330	Caught between		730	Absorption
400	PUNCTURED, LACERATED			
410	Punctured by		800	TRAVELING IN
420	Cut by			
430	Stung by		999	UNCLASSIFIED OR INSUFFICIENT DATA
440	Bitten by			

Injury/Illness Source Codes, continued

0100	BUILDING OR WORKING AREA		0260	Light
0110	Walking/working surface (floor, street, curbs, porches)		0270	Ventilation
0120	Stairs, steps		0271	Tobacco smoke
0130	Ladder		0280	Stress (emotional)
0140	Furniture, furnishings, office equipment		0290	Confined space
0150	Boiler, pressure vessel			
0160	Equipment layout (ergonomic)		0300	MACHINE OR TOOL
0170	Windows, doors		0310	Hand tool (powered: saw, grinder, etc.)
0180	Electric, electricity		0320	Hand tool (nonpowered)
			0330	Mechanical power transmission apparatus
0200	ENVIRONMENTAL CONDITION		0340	Guard, shield (fixed, moveable, deadman)
0210	Temperature extreme (indoor)		0350	Video Display Terminal
0220	Weather (ice, rain, heat, etc.)		0360	Pump, compressor, air pressure tool
0230	Fire, flame, smoke (not tobacco)		0370	Heating equipment
0240	Noise		0380	Welding equipment
0250	Radiation			

Injury/Illness Source Codes, continued

0400	VEHICLE		0723	Explosives
0410	POV (includes rental)		0724	Flammable
0411	As driver		0730	Plastic
0412	As passenger		0740	Water
0420	Government-owned vehicle		0750	Medicine
0421	As driver			
0422	As passenger		0800	INANIMATE OBJECT
0430	Common carrier (airline, bus, etc.)		0810	Box, barrel, container, etc.
0440	Aircraft (not commercial schedule)		0820	Paper
0450	Boat, ship, barge		0830	Metal item, mineral
			0831	Needle
0500	MATERIAL HANDLING EQUIPMENT		0840	Glass
0510	Earthmover (tractor, backhoe, etc.)		0850	Scrap, trash
0520	Conveyor (for material and equipment)		0860	Wood
0530	Elevator, escalator, personnel hoist		0870	Food
0540	Hoist, sling chain, jack (for material & equipment)		0880	Personal clothing, apparel, shoes
0550	Forklift, crane			
0560	Handtrucks, dollies		0900	ANIMATE OBJECT
			0910	Animal
0600	DUST, MIST, VAPOR, ETC.		0911	Bite (dog)
0610	Dust (silica, coal, grain, cotton)		0912	Bite (other)
0620	Fibers		0913	Disease
0621	Asbestos		0920	Plant
0630	Gases		0930	Insect
0631	Carbon monoxide		0940	Human (violence)
0640	Mist, steam, vapor, fume		0950	Human (communicable disease)
0650	Particles (unidentified)		0960	Bacteria, virus (not human contact)
0700	CHEMICAL, PLASTIC, ETC.		1000	PERSONAL PROTECTIVE EQUIPMENT
0710	Chemical dry		1010	Protective clothing, shoes, glasses/goggles
0711	Corrosive		1020	Respirator, mask
0712	Toxic		1021	Diving equipment
0713	Explosives		1030	Safety belt, harness
0714	Flammable		1040	Parachute
0720	Chemical liquid			
0721	Corrosive		9999	UNCLASSIFIED OR INSUFFICIENT DATA
0722	Toxic			

NOTE: Select most specific type and source for event that initiated injury/illness. Use TYPE as "verb" and SOURCE as "noun" to describe incident.

Example: Employee slipped on ice, cut hand on rock.

TYPE: 210 fell on same level

SOURCE: 0220 weather

E5. ENCLOSURE 5CODING DATA ON NOTICES OF WORK-RELATED INJURY

E5.1.1. The Occupational Safety and Health Administration (OSHA) requires Federal Agencies to code specific items on forms CA-1, "Federal Employees' Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation," CA-2, "Federal Employee's Notice of Occupational Disease and Claim for Compensation," and CA-6, "Official Superior's Report of Employee's Death" prior to submission to OWCP.

E5.1.2. Forms CA-1 and CA-2 have been revised to accommodate coding; however, until the 1986 version is available, the 1978 or 1983 versions shall be coded as follows:

ITEM	CA-1	CA-2	CA-6
Occupation Code (GS, GM, or WG plus 4-digit occupational series, i.e., 0301) plus Title	12. Employee's Occupation	7. Occupation	13. Was employee in performance of duty?
Type of Injury/Illness (From enclosure 4)	13. Cause of Injury	15. Nature of the Disease	12. Describe how injury occurred
Source Injury/Illness Code (From enclosure 4)	13. Cause of Injury	15. Nature of the Disease	12. Describe how injury occurred.
Agency Code (1936 for OSD or check with servicing CPO)	22. Bureau or Office (1936) or appropriate code	23. Bureau or Office (1936) or appropriate code	6. Bureau or Office (1936) or appropriate code
Duty Station Zip Code (Zip code of assigned duty location)	7. Name and Address of Employing Agency	8. Name and Address of Employing Agency	5. Department or Agency