

Exhibit 1

REPORTING INSTRUCTIONS

Form No. Purpose Prepared by When Issued Submit to

CA-1 (a) Notifies employee's Injured employee (a) By employee: (a) Original

CA-2 supervisor of traumatic or someone on within 2 workdays To appropriate injury of occupational  
behalf of the of the injury. district OWCP

disease. employee; and office (see

Exhibit 2).

(b) Provides injured Supervisor (b) By supervisor: (b) Copy

employee with a within 2 workdays To appropriate

receipt for notifi- of receipt from SPO through

cation of injury and employee when the the Area Safety

fulfills statutory injury is likely to: Health Manager.

time limits for (1) Cause disability

giving notice of beyond the day

injury should com- or shift it

pensation become occurred.

necessary at a (2) Result in medical

later date. cost or related

expenses.

(c) Documents injury for (3) Result in a

accident prevention continuation

program purposes. of pay.

(4) Require prolonged

treatment, future

or permanent dis-

ability, or serious

disfigurement of the

head, face, or neck.

Exhibit 1 (Continued)

Form No. Purpose Prepared by When Issued Submit to

CA-3 Notifies OWCP of Supervisor Immediately upon Same as above.

termination of injured employee's

disability or return to work.

employee's return

to work.

CA-2a Notifies OWCP that Supervisor Immediately upon Same as for CA-1

injured employee has receiving notice and CA-2 above.

stopped work as a result from the injured

of a recurrence of dis- employee.

ability due to the

initial injury.

CA-4 Claim for compensation Injured employee (a) Within 10 Same as above.

(CA-20 due to occupational or someone on calendar days

attached) disease. employee's behalf; after pay stops;

and or

Supervisor (b) When disability

terminates if

pay loss is less

than 10 calendar days.

CA-6 Notifies OWCP of Supervisor Immediately upon Same as above.

employee's death. death of employee.

Exhibit 1 (Continued)

Form No. Purpose Prepared by When Issued Submit to

CA-7 Claim for compensation Injured employee Within 5 workdays Same as above.

(CA-20 due to traumatic injury. or someone on following the end attached) employee's behalf; of the 45-calender- and day continuation of pay period.

Supervisor

CA-8 Claim for compensation Injured employee Every 2 weeks while To appropriate

(CA-20a for additional periods or someone on the temporary total district OWCP attached) of time after CA-4 or employee's behalf; disability continues office (see CA-7 has been submitted and or as required by Exhibit 2).

OWCP.

Supervisor

(CA-20a is completed

by the attending

physician.)

CA-16 Authorizes examination Injured employee; (a) Initial injury: To appropriate

or medical treatment for to be taken by district OWCP

occupational injury by a Supervisor; and injured employee office (see

qualified physician of to the attending Exhibit 2) through

the employee's choice. Attending physician. The the attending

physician attending physi- physician.

cian shall submit

This form is not to be completed CA-16

used for illness or (appropriate upon completion

disease cases. In such parts for each) of examination or

cases, contact the appro- treatment.

priate district OWCP

Exhibit 1 (Continued)

Form No. Purpose Prepared by When Issued Submit to

CA-16 office for instructions In emergencies, a  
(Continued) (see Exhibit 2). CA-16 must be issued  
to the attending  
physician within  
48 hours of treatment.

(b) Recurrence of

Disability:

immediately upon  
recurrence if it  
occurs within 6  
months of the

initial injury.

Not in use for

for recurrences

occurring 6

months or more

from date of

initial injury

(contact district

OWCP office, see

Exhibit 2, for

instructions).

CA-17 Used to obtain interim Attending As often as required (a) Original:

medical reports concern- physician (forms by OWCP. To appropriate

ing employee's duty must be provided supervisor.

status during period by supervisor).

of disability. (b) Copy:

To appropriate

district OWCP

office (see

Exhibit 2).

Exhibit 1 (Continued)

Form No. Purpose Prepared by When Issued Submit to

CA-20 Used to obtain attending physician's report which provides OWCP with medical information on which supervisor). physician. Exhibit 2).  
CA-7) to base decision on granting compensation.

CA-20a Used to obtain interim medical reports concerning employee's continued disability. provided by supervisor). required by OWCP.  
Attending physician while temporary disability. provided by supervisor). required by OWCP.  
Every 2 weeks To appropriate district OWCP office (see Exhibit 2).

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Exhibit 2

OFFICE OF WORKERS' COMPENSATION PROGRAM (OWCP)

DISTRICT OFFICES

ADDRESS AND FAX LISTING

AREA OF JURISDICTION

District Office 1 - Boston

U.S. Department of Labor, ESA/OWCP Connecticut, Maine,

One Congress Street Massachusetts, New Hampshire,

11th Floor Rhode Island, and Vermont

[http://imagepc/fd/shemb\\_tools/manual230\\_93ver/B\\_ARS](http://imagepc/fd/shemb_tools/manual230_93ver/B_ARS) Occupational Safety & Health

Boston, Massachusetts 02114

COM 617-565-2129

FAX 565-2025

District Office 2 - New York

U.S. Department of Labor, ESA/OWCP New Jersey, New York,  
201 Varick Street, Room 750 Puerto Rico, and the  
New York, New York 10014 Virgin Islands

COM 212-337-2044

FAX 600-2023

District Office 3 - Philadelphia

U.S. Department of Labor, ESA/OWCP Delaware, Pennsylvania,  
3535 Market Street West Virginia, and the  
Philadelphia, Pennsylvania 19104 District of Columbia

COM 215-596-1431

FAX 596-4265

District Office 6 - Jacksonville

U.S. Department of Labor, ESA/OWCP Alabama, Florida, Georgia,  
214 North Hogan Street, Suite 1006 Kentucky, Mississippi, North  
Jacksonville, Florida 32202 Carolina, South Carolina, and  
Tennessee

COM 904-791-3426

FAX 946-2783

District Office 7 - New Orleans

Office of Workers' Compensation Programs Arkansas and Louisiana

Hale Boggs Federal Building

500 Camp Street, Room 840

New Orleans, Louisiana 70130

Exhibit 2 (Continued)

District Office 9 - Cleveland

U.S. Department of Labor, ESA/OWCP Indiana, Michigan, and Ohio

1240 East Ninth Street, Room 851

Cleveland, Ohio 44199

COM 216-522-3800

FAX 886-3219

District Office 10 - Chicago

U.S. Department of Labor, ESA/OWCP Illinois, Minnesota, and  
230 South Dearborn Street, 8th Floor Wisconsin  
Chicago, Illinois 60604

COM 312-886-5001

FAX 353-3835

District Office 11 - Kansas City

U.S. Department of Labor, ESA/OWCP Iowa, Kansas, Missouri,  
Federal Office Building, Room 1910 and Nebraska  
Kansas City, Missouri 64106

COM

FAX 867-3482

District Office 12 - Denver

U.S. Department of Labor, ESA/OWCP Colorado, Montana, North  
Federal Office Building, Drawer 3558 Dakota, South Dakota, Utah,  
1961 Stout Street and Wyoming  
Denver, Colorado 80294

COM 303-844-5402

FAX 564-6323/3607

District Office 13 - San Francisco

U.S. Department of Labor, ESA/OWCP Arizona, California, and

71 Stevenson Street, 2nd Floor Nevada

San Francisco, California 94105

COM 415-484-6878

FAX 744-6711

Exhibit 2 (Continued)

District Office 14 - Seattle

[http://imagepc/fd/shemb\\_tools/manual230\\_93ver/B\\_ARS](http://imagepc/fd/shemb_tools/manual230_93ver/B_ARS) Occupational Safety & Health

U.S. Department of Labor, ESA/OWCP Alaska, Idaho, Oregon, and

1111 Third Avenue, Suite 615 Washington

Seattle, Washington 98101-3212

COM 206-442-5255

FAX 399-1663/1917

District Office 16 - Dallas

U.S. Department of Labor, ESA/OWCP New Mexico, Texas, and

525 Griffin Street, Room 100 Oklahoma

Dallas, Texas 75202

COM 214-767-2580

FAX 729-2730

[http://imagepc/fd/shemb\\_tools/manual230\\_93ver/B\\_ARS](http://imagepc/fd/shemb_tools/manual230_93ver/B_ARS) Occupational Safety & Health

District Office 25 - Washington, D.C.

U.S. Department of Labor, ESA/OWCP District of Columbia,

1100 L Street, N.W., Room 9101 Maryland, and Virginia

Washington, D.C. 20211

COM 202-724-0702

FAX 275-4840