

ECOMP For Supervisors

ECOMP

This training will provide supervisors with the steps necessary to review OSHA-301 forms and CA-1/CA-2 forms using the Department of Labor application ECOMP.

ECOMP

- ECOMP is a Department of Labor application that will allow DOD to file OSHA-301, CA-1, CA-2, and CA-7 forms electronically.
- ECOMP will be replacing the current EDI method DOD uses to file claims electronically.
- This switch will affect employees, supervisors, injury comp specialists, and safety personnel.

ECOMP

- As a supervisor you will see two main changes.
 - The current EDI system requires the employee and supervisor to sit down and file the claim together. ECOMP will allow the employee to fill out their portion of the claim form from any computer with internet access and then send it to their supervisor for further processing. Employee and supervisor no longer have to fill out the claim form together.

ECOMP

- As a supervisor you will see two main changes.
 - National Guard has elected ECOMP to enable the application for filing OSHA 301 forms. The employee is *required* to fill out the OSHA-301 form *first* and submit it *before* they are permitted to file a CA-1 or CA-2 form. If an employee submits an OSHA-301 the supervisor will need to provide certain information and submit the form to the appropriate Safety personnel.


ECOMP

- Processing of the OSHA-301 will not affect the processing of the CA-1 or CA-2 form. Once the employee submits the OSHA-301 form they can fill out the CA 1 or 2 form as necessary.
- The OSHA form has a separate routing process and will not delay or inhibit the processing or review of CA-1 or CA-2.

ECOMP

- The routing for the OSHA-301 and CA-1/CA-2 forms has been set up by the DOD ECOMP administrator. As the supervisor this will be invisible to you and you do not have to determine where the claims should be sent. This will already be set up within the application for you.

Employee Registration

**UNITED STATES DEPARTMENT OF LABOR**
ECOMP

ECOMP Home File a Form Upload Document Register with ECOMP

ECOMP / Register

You are not currently signed in | [Sign In](#) | [Register](#)

ECOMP Home

Employees & Claimants

- File New Form
- Access Existing Form
- Claim Status (CQS)

Track Status

Case Stakeholders

- Upload Document to an Existing Case
- Agency Query System (AQS)

Reviewers

- Agency Reviewers
- OSHA Record Keepers

Administration

- Agency Maintenance
- ECOMP/DFEC Administrator

Contact ECOMP Help

- About
- How to File a Form
- About Accessibility and 508 Compliance
- Filing Forms as an Injured

Register for ECOMP

Your ECOMP account enables you to file and manage forms with the Department of Labor. [Privacy Act](#). If you already have an account you can [Sign In here](#).

Account Basics

Employee name (first, middle, last)

Home telephone

Your email address

Social security number ☐ I am not a US citizen
Note: This setting changed after you

Confirm SSN

Government Organization

What part of the government were you working for at the time of your injury? [?](#)

Department.....

Agency-Group.....

Agency.....

Duty station.....

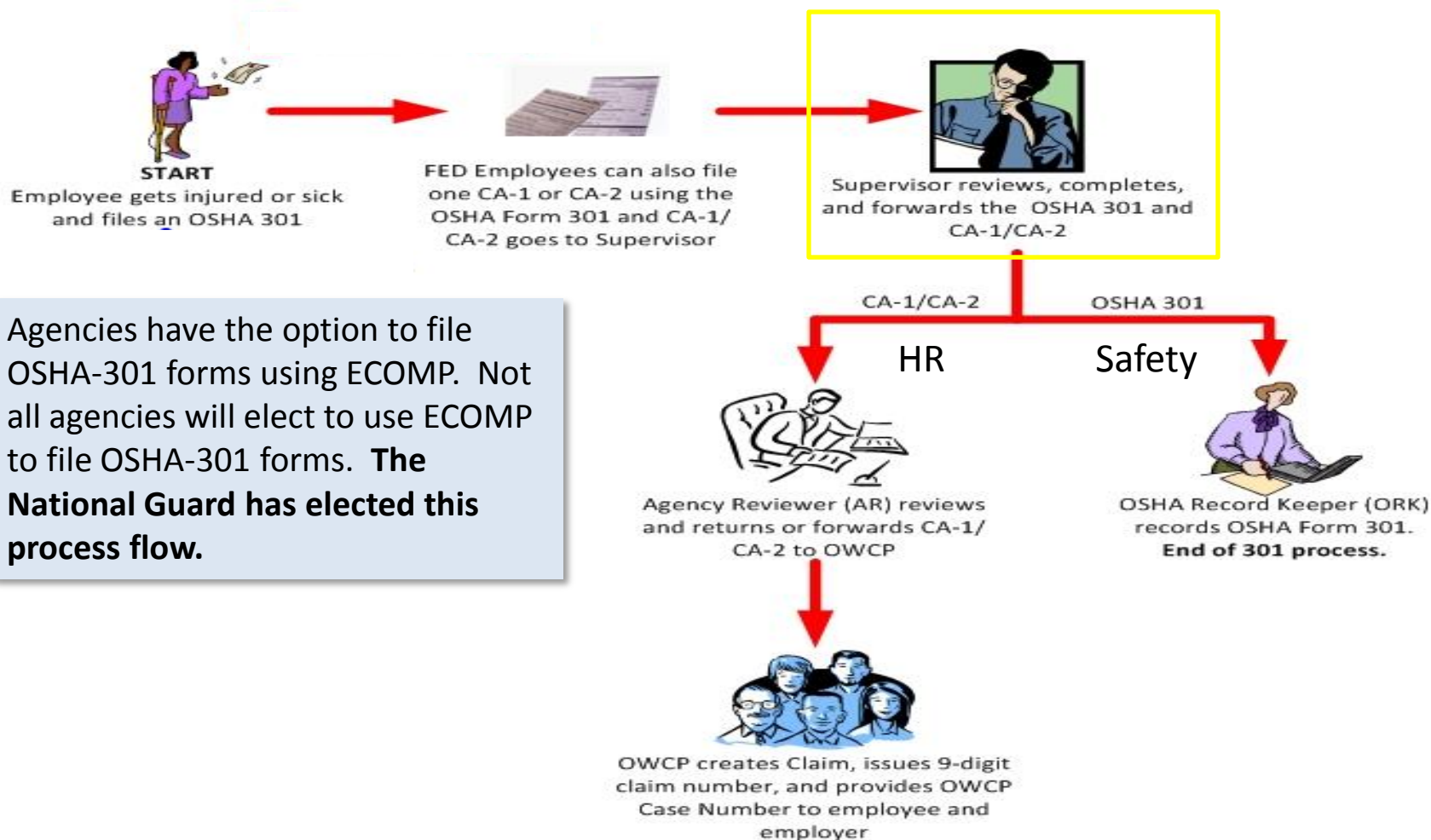
CHCO-HRMS-WORKERS' COMP COOR..
245 MURRAY LANE, SW, STOP 0175
WASHINGTON, DC 20528

✓ You can file forms **OSHA-301, CA-1, CA-2, CA-7 and CA-7a** for this organization through ECOMP [? What is this?](#)

Immediate supervisor's email [?](#) @

ECOMP's Workflow

The ECOMP Claims Process



Agencies have the option to file OSHA-301 forms using ECOMP. Not all agencies will elect to use ECOMP to file OSHA-301 forms. **The National Guard has elected this process flow.**

Filing an OSHA 301: Email to Supervisor

From: noreplyuat@ecomp.dol.gov
To: supervisor.mil@mail.mil
Cc:
Subject: ECOMP: ECN #104706 requires your review

Sent: Tue 11/27/2012 1:41 PM

An employee of the US government has identified you as his/her supervisor, and has requested that you review and complete an official government form. To access this form, click on this link:

<https://www.training.ecomp.dol.gov/#lid=pkbtzy0f4>

ECN #:
- 104706
Form:
- OSHA301
Status:
- Pending review by Supervisor
Status Changed Date:
- 11/27/2012 01:40 PM
Responsible Organization:
- NATIONAL GUARD
- Other Agencies
- ARMY NATIONAL GUARD-TITLE 32
- IDAHO
Employee's Initials:
- J.E
Date of Event:
- 11/27/2012
Date Filed:
- 11/27/2012 01:42 PM

If an employee files an OSHA-301 form in ECOMP, the supervisor associated with the employee's account will be sent an email alerting that supervisor to the fact that a form needs their review.

Reminder email notifications will be automatically sent to National Guard supervisors every two days.

If you believe you were sent this message in error, follow the above link and select "I cannot or should not review this claim."

Questions about this email, or ECOMP:
<https://www.training.ecomp.dol.gov>

Please direct problems or issues to:
uat@ecomp.dol.gov

[Message ID: D7466445-A60F-4296-ABF7-E5146D011D8F]

Filing an OSHA 301: Email to Supervisor

From: noreplyuat@ecomp.dol.gov
To: supervisor.mil@mail.mil
Cc:
Subject: ECOMP: ECN #104706 requires your review

Sent: Tue 11/27/2012 1:41 PM

An employee of the US government has identified you as his/her supervisor, and has requested that you review and complete an official government form. To access this form, click on this link:

<https://www.training.ecomp.dol.gov/#lid=pktbzy0f4>

ECN #:
- 104706
Form:
- OSHA301
Status:
- Pending review by Supervisor
Status Changed Date:
- 11/27/2012 01:40 PM
Responsible Organization:
- NATIONAL GUARD
- Other Agencies
- ARMY NATIONAL GUARD-TITLE 32
- IDAHO
Employee's Initials:
- J.E.
Date of Event:
- 11/27/2012
Date Filed:
- 11/27/2012 01:42 PM

If you believe you were sent this message in error, follow the above link and select "I can't find my supervisor"

Questions about this email, or ECOMP:
<https://www.training.ecomp.dol.gov>
Please direct problems or issues to:
uat@ecomp.dol.gov

[Message ID: D7466445-A60F-4296-ABF7-E5146D011D8F]


The email will contain a link to access the form for review

The type of form to be reviewed

The initials of the employee

Pertinent dates

Filing an OSHA 301 : Supervisor Portion



UNITED STATES DEPARTMENT OF LABOR
ECOMP

Supervisor Review

Upload Document

SUPERVISOR

Supervisor Review

Help

- About
- How to File a Form
- About Accessibility and 508 Compliance
- Filing Forms as an Injured Worker
- Reviewing Forms as a Supervisor
- Uploading Documents to FECA Case Files
- Electronic Document Submission Frequently Asked Questions
- OSHA Record Keeper User Guide
- Agency Reviewer User Guide
- Agency Maintenance Help
- Intro to the Compensation Process
- Which Form to Use?
- FAQ

Supervisor Review

You have been named by an employee of the US government to review this form:

ECN 104706	OSHA-301	
Employee	Joe Employee	Date
Organization	ARMY NATIONAL GUARD-TITLE 32	Initial

You should review this form if both of these are true:

Your email is supervisor.mil@mail.mil

You work as a supervisor at ARMY NATIONAL GUARD-TITLE 32

Yes, I will review this form

No, I cannot review this form

Clicking on the link in the email will take the supervisor to ECOMP. If the employee sends the form to the incorrect supervisor or selects an incorrect agency when filing the form, the supervisor can return the form to the employee by selecting the **No, I cannot review this form** button at the bottom of the screen.

Filing an OSHA 301 : Supervisor Portion

You should review this form if both of these are true:

Your email is

You work as a

Yes, I will review

No, I cannot review

The supervisor then selects a reason why the form cannot be reviewed. A notification will be sent to the employee and the Agency Comp Specialist informing them that the supervisor cannot review the form and the reason why.

Return Reason



If you do not review this form, it will be sent to the OSHA Record Keeper.




Why are you unable to review this form?

1 - EMPLOYEE NOT UNDER MY SUPERVISION

2 - INCORRECT EMPLOYING AGENCY

Filing an OSHA 301 : Supervisor Portion

UNITED STATES DEPARTMENT OF LABOR
ECOMP

Supervisor Review

Upload Document

SUPERVISOR

Signed in as supervisor.mil@mail.mil | Sign Out

Supervisor Review

Help

- About
- How to File a Form
- About Accessibility and 508 Compliance
- Filing Forms as an Injured Worker
- Reviewing Forms as a Supervisor
- Uploading Documents to FECA Case Files
- Electronic Document Submission Frequently Asked Questions
- OSHA Record Keeper User Guide
- Agency Reviewer User Guide
- Agency Maintenance Help
- Intro to the Compensation Process
- Which Form to Use?
- FAQ

Supervisor Review

You have been named by an employee of the US government to review this form:

ECN 104706	OSHA-301	
Employee	Joe Employee	Da
Organization	ARMY NATIONAL GUARD-TITLE 32	Init

You should review this form if both of these are true:

Your email is **supervisor.mil@mail.mil**


You work as a supervisor at the **ARMY NATIONAL GUARD-TITLE 32**

Yes, I will review this form

No, I cannot review this form

If the supervisor elects to review the form because they do indeed supervise the employee that submitted the form then the supervisor would select the ***Yes, I will review this form*** button at the bottom of the screen.

Filing an OSHA 301 : Supervisor Portion

 UNITED STATES DEPARTMENT OF LABOR
ECOMP

Supervisor Review

Upload Document

Signed in as supervisor.mil@mail.mil | Sign Out

Supervisor Review

Help

- About
- How to File a Form
- About Accessibility and 508 Compliance
- Filing Forms as an Injured Worker
- Reviewing Forms as a Supervisor
- Uploading Documents to FECA Case Files
- Electronic Document Submission Frequently Asked Questions
- OSHA Record Keeper User Guide
- Agency Reviewer User Guide
- Agency Maintenance Help
- Intro to the Compensation Process
- Which Form to Use?
- FAQ

Supervisor Review

You have been named by an employee of the US government to review this form:

ECN 104706	OSHA-301
Employee	Joe Employee
Organization	ARMY NATIONAL GUARD-TITLE 32


You should review this form if both of these are true:

Your email is supervisor.mil@mail.mil

You work as a supervisor at the ARMY NATIONAL GUARD-TITLE 32

Yes, I will review this form

No, I will not review this form


Warning

You have elected to proceed with form review. For security purposes your IP address will be recorded. If you are not authorized to view this form, click Cancel. Otherwise, click "I Agree" to proceed.

Cancel **I Agree**

The system will capture the IP address of the computer used to review the claim as a security measure.

Filing an OSHA 301 : Supervisor Portion

 UNITED STATES DEPARTMENT OF LABOR
ECOMP

Supervisor Review

Upload Document

SUPERVISOR

1) Form Summary

2) Review OSHA 301

3) Reviewer Info & File Form

OSHA Form 301

OSHA-301

Pending review by Supervisor

Step 1

Form Summary

Continue

Claimant: Joe Employee

Email: joe.employee.mil@mail.mil

ECN 104706

Date of event 11/27/2012

Filed 11/27/2012

Supervisor supervisor.mil@mail.mil

Agency ARMY NATIONAL GUARD-TITLE 32

Continue

Actions


• Save Progress for Later

Help

• DOL's Privacy Policy

To start the review, the supervisor will click on the **Continue** button.

Filing an OSHA 301 : Supervisor Portion

 UNITED STATES DEPARTMENT OF LABOR
ECOMP

Supervisor Review

Upload Document

SUPERVISOR

1) Form Summary

2) Review OSHA 301

3) Reviewer Info & File Form

Actions

• Save Progress for Later

Help

• DOL's Privacy Policy


OSHA Form 301

Step 2 Review OSHA 301

Employee name	Joe Employee
Government organization	NATIONAL GUARD ARMY NATIONAL GUARD-TITLE 32 4794 GENERAL MANNING AVENUE-BUILDING 442 BOISE, ID 83705-8112 supervisor.mil@mail.mil
Reviewer	
Date of birth	*****
Date hired	04/01/1998
Sex	Male
Job title	SURFACE MAINTENANCE MECHANIC
Home mailing address	***** ** *****
Name of physician or health care professional (first, middle, last)	<input type="text"/> <input type="text"/> <input type="text"/>
Place where event occurred	MATES FACILITY 33400 ORCHARD ACCESS ROAD
Was treatment given at the worksite?	Yes
If not, where was the treatment given?	<input type="text"/> (<input type="text"/> <input type="text"/> <input type="text"/>
Was the employee treated in an emergency room?	No
Was the employee hospitalized overnight?	No
Date injury occurred	11/27/2012
Time employee began work	07:00 am
Time of event	08:00 am
Just before the event...	Moving equipment
Description of event	I was moving equipment and hurt my back
Description of injury	back strain
Object or substance which directly harmed employee	box

The supervisor would then review the information on the form. **Changes cannot be made to information submitted by the employee.** If information submitted by the employee is incorrect or needs modification, the form will need to be sent back to the employee for correction and resubmission.

Filing an OSHA 301 : Supervisor Portion

 UNITED STATES DEPARTMENT OF LABOR
ECOMP

Supervisor Review

SUPERVISOR

1) Form Summary

2) Review OSHA 301

3) Reviewer Info & File Form

Actions

- Save Progress for Later

Help

- DOL's Privacy Policy


OSHA Form 301

Step 3 Reviewer Info & File Form

Supervisor contact

Supervisor telephone ☐ International

Did this incident result in the employee's death? ☐ Yes ☐ No

Date of death 

Work-related consequences


Incident resulted in ☐ Days away from work ☐ Job transfer or restriction ☐ None of the above

Nature of incident

Type of illness ☐ Injury ☐ Illness


☐ Skin disorder
☐ Respiratory condition
☐ Poisoning
☐ Hearing Loss
☐ All other illness

Back

 **File Form**

The supervisor would also add any additional information into the form as well. Once the supervisor is done processing the form the **File Form** button at the bottom of the screen is selected.

Filing an OSHA 301 : Supervisor Portion

 UNITED STATES DEPARTMENT OF LABOR
ECOMP

[Supervisor Review](#)[Upload Document](#)

SUPERVISOR

1) Form Summary

2) Review OSHA 301

3) Reviewer Info & File Form

Actions

[Save Progress for Later](#)

Help

[DOL's Privacy Policy](#)

OSHA Form 301

 This form has been forwarded for review

ECN 104706

OSHA-301

Employee	Joe Employee	Date of event	11/27/2012
Organization	ARMY NATIONAL GUARD-TITLE 32	Initiated	11/27/2012

 Form Locked

 View

 Get PDF

 Upload Attachments

 More...

 A digital copy of this form will be kept by ECOMP for 5 years. (Public Law 91-596 and 29 CFR 1904)

Done

Once the Supervisor completes the OSHA-301 form review they are finished with that form. The designated safety representative will complete processing of that form.

Filing a CA-1 or CA-2: Email to Supervisor

From: noreplyuat@ecomp.dol.gov
To: supervisor.mil@mail.mil
Cc:
Subject: ECOMP ECN #104707 requires your review

Sent: Tue 11/27/2012 2:34 PM

An employee of the US government has identified you as his/her supervisor, and has requested that you review and complete an official government form. To access this form, click on this link:

<https://www.training.ecomp.dol.gov/#lid=v9ng96zza>

ECN #:
- 104707
Form:
- CA1
Status:
- Pending review by Supervisor
Status Changed Date:
- 11/27/2012 02:33 PM
Responsible Organization:
- NATIONAL GUARD
- Other Agencies
- ARMY NATIONAL GUARD-TITLE 32
- IDAHO
Employee's Initials:
- J.E.
Date of Event:
- 11/27/2012
Date Filed:
- 11/27/2012 02:35 PM

For National Guard technician employees, once the employee files the OSHA-301 form then they can file a CA-1 or CA-2 form. If they do this, the supervisor will receive a notification email alerting them that a form is awaiting their review.

If you believe you were sent this message in error, follow the above link and select "I cannot or should not review this claim."

Questions about this email, or ECOMP:
<https://www.training.ecomp.dol.gov>

Please direct problems or issues to:
uat@ecomp.dol.gov

[Message ID: FC5D90CF-A99B-4344-BB6E-966D813D7D66]

Filing a CA-1 or CA-2: Email to Supervisor

From: noreplyuat@ecomp.dol.gov
To: supervisor.mil@mail.mil
Cc:
Subject: ECOMP ECN #104707 requires your review

Sent: Tue 11/27/2012 2:34 PM

An employee of the US government has identified you as his/her supervisor, and has requested that you review and complete an official government form. To access this form, click on this link:

<https://www.training.ecomp.dol.gov/#lid=v9ng96zza>

ECN #:
- 104707
Form:
- CA1
Status:
- Pending review by Supervisor
Status Changed Date:
- 11/27/2012 02:33 PM
Responsible Organization:
- NATIONAL GUARD
- Other Agencies
- ARMY NATIONAL GUARD-TITLE 32
- IDAHO
Employee's Initials:
- J.E.
Date of Event:
- 11/27/2012
Date Filed:
- 11/27/2012 02:35 PM

If you believe you were sent this message in error, follow the above link and select "

Questions about this email, or ECOMP:
<https://www.training.ecomp.dol.gov>

Please direct problems or issues to:
uat@ecomp.dol.gov

[Message ID: FC5D90CF-A99B-4344-BB6E-966D813D7D66]


The email will contain
a link to access the
form for review

The type of form to be
reviewed

The initials of the
employee

Pertinent dates

Filing a CA-1 or CA-2: Supervisor Portion



UNITED STATES DEPARTMENT OF LABOR
ECOMP

Supervisor Review

Upload Document

SUPERVISOR

Supervisor Review

Help

- About
- How to File a Form
- About Accessibility and 508 Compliance
- Filing Forms as an Injured Worker
- Reviewing Forms as a Supervisor
- Uploading Documents to FECA Case Files
- Electronic Document Submission Frequently Asked Questions
- OSHA Record Keeper User Guide
- Agency Reviewer User Guide
- Agency Maintenance Help
- Intro to the Compensation Process
- Which Form to Use?
- FAQ

Supervisor Review

You have been named by an employee of the US government to review this form:

ECN 104707	CA-1	
Employee	Joe Employee	Date
Organization	ARMY NATIONAL GUARD-TITLE 32	Initial

You should review this form if both of these are true:

Your email is **supervisor.mil@mail.mil**

You work as a supervisor at the | **ARMY NATIONAL GUARD-TITLE 32**

Yes, I will review this form

No, I cannot review this form

Clicking on the link in the email will take the supervisor to ECOMP. If the employee sends the form to the incorrect supervisor or selects an incorrect agency when filing the form, the supervisor can return the form to the employee by selecting the **No, I cannot review this form** button at the bottom of the screen.

Filing a CA-1 or CA-2: Supervisor Portion

The screenshot shows the ECOMP Supervisor Review interface. A text box highlights the supervisor's selection of a return reason. A modal window titled 'Return Reason' is open, showing a dropdown menu with three options: '1 - EMPLOYEE NOT UNDER MY SUPERVISION', '2 - INCORRECT EMPLOYING AGENCY', and '3 - RETURN OF FORM REQUESTED BY EMPLOYEE'.

UNITED STATES DEPARTMENT OF LABOR
ECOMP

[Supervisor Review](#) [Upload Document](#) [SUPERVISOR](#) [Sign Out](#)

Supervisor Review

Help

- About
- How to File a Form
- About Accessibility and 508 Compliance
- Filing Forms as an Injured Worker
- Reviewing Forms as a Supervisor
- Uploading Documents to FECA Case Files
- Electronic Document Submission Frequently Asked Questions
- OSHA Record Keeper User Guide
- Agency Reviewer User Guide
- Agency Maintenance Help
- Intro to the Compensation Process
- Which Form to Use?
- FAQ

Supervisor

You have been notified that an employee has filed a form.

ECN 10
Employee
Organization

You should review this form if both of these are true:

Your email is

You work as a supervisor at the

Yes, I will review this form

No, I cannot review this form


Return Reason ✕

If you do not review this form, it will be returned to the person who filed it.

⚠ Why are you unable to review this form?

- 1 - EMPLOYEE NOT UNDER MY SUPERVISION
- 2 - INCORRECT EMPLOYING AGENCY
- 3 - RETURN OF FORM REQUESTED BY EMPLOYEE

Filing an OSHA 301 : Supervisor Portion



UNITED STATES DEPARTMENT OF LABOR
ECOMP

Supervisor Review

Upload Document

SUPERVISOR

Sign Out

Supervisor Review

Help

- About
- How to File a Form
- About Accessibility and 508 Compliance
- Filing Forms as an Injured Worker
- Reviewing Forms as a Supervisor
- Uploading Documents to FECA Case Files
- Electronic Document Submission Frequently Asked Questions
- OSHA Record Keeper User Guide
- Agency Reviewer User Guide
- Agency Maintenance Help
- Intro to the Compensation Process
- Which Form to Use?
- FAQ

Supervisor Review

You have been named by an employee of the US government to review this

ECN 104706	CA-1
Employee	Joe Employee
Organization	ARMY NATIONAL GUARD-TITLE 32

You should review this form if both of these are true:

Your email is supervisor.mil@mail.mil


You work as a supervisor at the ARMY NATIONAL GUARD-TITLE 32

Yes, I will review this form

No, I cannot review this form

If the supervisor elects to review the form because they do indeed supervise the employee that submitted the form then the supervisor would select the ***Yes, I will review this form*** button at the bottom of the screen.

Filing an OSHA 301 : Supervisor Portion

**UNITED STATES DEPARTMENT OF LABOR**
ECOMP

Supervisor Review

Upload Document

SUPERVISOR

Sign Out

Supervisor Review

Help

- About
- How to File a Form
- About Accessibility and 508 Compliance
- Filing Forms as an Injured Worker
- Reviewing Forms as a Supervisor
- Uploading Documents to FECA Case Files
- Electronic Document Submission Frequently Asked Questions
- OSHA Record Keeper User Guide
- Agency Reviewer User Guide
- Agency Maintenance Help
- Intro to the Compensation Process
- Which Form to Use?
- FAQ

Supervisor Review

You have been named by an employee of the US government to review this

ECN 104706	CA-1		
Employee	Joe Employee	Date of event	11/27/2012
Organization	ARMY NATIONAL GUARD-TITLE 32	Initiated	11/27/2012


You should review this form if both of these are true:

Your email is supervisor.mil@mail.mil

You work as a supervisor at the ARMY NATIONAL GUARD-TITLE 32

Yes, I will review this form

No

**Warning** ×


You have elected to proceed with form review. For security purposes your IP address will be recorded. If you are not authorized to view this form, click Cancel. Otherwise, click "I Agree" to proceed.

Cancel

I Agree

The system will capture the IP address of the computer used to review the claim as a security measure.

Filing a CA-1 or CA-2: Supervisor Portion

 UNITED STATES DEPARTMENT OF LABOR
ECOMP

Supervisor Review

SUPERVISOR

Sign Out

CA-1

Pending review by Supervisor

To start the review, the supervisor will click on the **Continue** button.

1) Claim Summary

2) Review CA-1

3) CA-1 Supervisor Portion

A) Supervisor Info

B) Employee Basics

C) Injury Details

D) Physician, Witnesses & Remarks

E) Attachments

F) Review

4) Sign

Actions

* Save Progress for Later

Help

* DOL's Privacy Policy

ECOMP Claim for a Traumatic Injury (CA-1)

Step 1 **Claim Summary**

Continue

Claimant: Joe Employee

Email: joe.employee.mil@mail.mil

ECN 104707

Date of event 11/27/2012


Filed 11/27/2012

Supervisor supervisor.mil@mail.mil

Agency ARMY NATIONAL GUARD-TITLE 32

Continue

Filing a CA-1 or CA-2: Supervisor Portion

 UNITED STATES DEPARTMENT OF LABOR
ECOMP

Supervisor Review

Upload Document

SUPERVISOR

1) Claim Summary

2) Review CA-1

3) CA-1 Supervisor Portion

4) Sign

Actions

Help

ECOMP Claim for a Traumat

Step 2

Review CA-1

Review this information carefully before

Your Name

Government organization

Reviewer

Social security number

Date of birth / sex

Home telephone

Grade / step as of last injury

Home mailing address

Dependents

Place where injury occurred

Address where injury occurred

Date injury occurred

Date of this notice

Employee's occupation

Cause of injury

Nature of the injury

Witness Name

Witness Address

Date of Witness Statement

Attachments

MATES FACILITY

33400 ORCHARD ACESS ROAD

11/27/2012 08:00 am

11/27/2012

SURFACE MAINTENANCE MECHANIC

Moving equipment

I was moving equipment and hurt my back

back strain


[Add/Modify attachments](#)

The information entered by the employee can be viewed by the supervisor but cannot be changed. If the supervisor notices information that he/she believes should be changed by the employee then there are two ways to handle the situation:

1. Talk to the employee and if they agree the information should be changed the form can be sent back to the employee for resubmission.
2. If the employee disagrees that the information should be changed then the supervisor can annotate areas where they do not agree with what the employee submitted.

Both processes will be discussed later in the presentation.

Filing a CA-1 or CA-2: Supervisor Portion

**UNITED STATES DEPARTMENT OF LABOR**
ECOMP

Supervisor ReviewUpload DocumentSUPERVISOR

1) Claim Summary

2) Review CA-1

3) CA-1 Supervisor Portion

→ A) Supervisor Info

B) Employee Basics

C) Injury Details

D) Physician, Witnesses & Remarks

E) Attachments

F) Review

4) Sign

Actions

· Save Progress for Later

Help

· DOL's Privacy Policy

ECOMP Claim for a Traumatic

Step 3A Supervisor Info

38

Supervisor name

Super

Middle name

Visor

Supervisor title

Manager

Office phone

(208) 272-7666

☐ International

17

Agency name and address of reporting office (include city, state, and zip code)

Agency name

NATIONAL GUARD-TITLE 32

OSHA site code

Address

4794 GENERAL MANNING AVE-BUILDING 442

☐ Non-US address

City

BOISE

State

IDAHO

Zip code

83705

Back


Continue

The supervisor will enter information into the claim form. Not all information is required so some information is optional and does not have to be entered by the supervisor.

Filing a CA-1 or CA-2: Supervisor Portion

- Optional information for the CA-1 form:
 - OSHA Site Code
 - Date and Time employee stopped work
 - Date employee pay stopped
 - Date 45 day period began
 - Date and hour returned to work
 - Third party address
 - Anatomical location
 - Nature of Injury
 - Cause of Injury
 - Extent of Injury
 - Physician name
 - Physician address
 - Medical care first received date
 - Pay Rate
 - Remarks

Filing a CA-1 or CA-2: Supervisor Portion

 UNITED STATES DEPARTMENT OF LABOR
ECOMP

Supervisor Review

Upload Document

SUPERVISOR

1) Claim Summary

2) Review CA-1

3) CA-1 Supervisor Portion

✓ A) Supervisor Info

→ B) Employee Basics

C) Injury Details

D) Physician, Witnesses & Remarks

E) Attachments

F) Review

4) Sign

Actions

• Save Progress for Later

Help

• DOL's Privacy Policy

ECOMP Claim for a Traumatic Injury or Illness

Step 3B Employee Basics

a Employee occupation code

b Type code

c Source code

19 Employee's retirement coverage

Does employee work a regular schedule?

20 Regular work hours

21 Regular work schedule

22 Date of injury

23 Date notice received

24 Date and hour employee stopped work

25 Date employee's pay stopped

26 Date 45 day period began

27 Date and hour returned to work

W5801 - SURFACE MAINTENANCE MECHANIC

210 - FELL ON SAME LEVEL

140 - FURNITURE, FURNISHINGS, OFFICE EQUIPMENT

☐ CSRS ☒ FERS ☐ Other (identify)

☒ Yes ☐ No

From 06:00 AM To 03:00 PM

☐ Sun ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐ Sat

11/27/2012

11/27/2012

MM/DD/YYYY

MM/DD/YYYY

MM/DD/YYYY


MM/DD/YYYY

Back

Continue

Continue to enter all required information into the claim form. When you are finished with one screen, select **Continue** to move to the next screen.

Filing a CA-1 or CA-2: Supervisor Portion

 UNITED STATES DEPARTMENT OF LABOR
ECOMP

Supervisor Review

Upload Document

SUPERVISOR

1) Claim Summary

2) Review CA-1

3) CA-1 Supervisor Portion

4) Sign

✓ A) Supervisor Info

✓ B) Employee Basics

→ C) Injury Details

D) Physician, Witnesses & Remarks

E) Attachments

F) Review

Actions

• Save Progress for Later

Help

• DOL's Privacy Policy

ECOMP Claim for a Traumat

Step 3C Injury Details

28 Was the employee injured in performance of duty?

☒ Yes ☐ No

Explain why not.

29 Was the injury caused by employee's willful misconduct, intoxication, or intent to injure self or another?

☐ Yes ☒ No

Explain why.

30 Was the injury caused by third party?

☐ Yes ☒ No

31 Who was the third party?

Name

Address *Example: 123 Pleasant Lane, apt. A*

City *Example: Fairview* State Zip code

☐ Non-US address

Anatomical location of injury

Nature of the injury

Cause of injury


Extent of Injury

Back

Continue

Continue to enter all required information into the claim form. When you are finished with one screen, select **Continue** to move to the next screen.

Filing a CA-1 or CA-2: Supervisor Portion

UNITED STATES DEPARTMENT OF LABOR
ECOMP

Supervisor ReviewUpload DocumentSUPERVISOR

1) Claim Summary

2) Review CA-1

3) CA-1 Supervisor Portion

✓ A) Supervisor Info

✓ B) Employee Basics

✓ C) Injury Details

→ D) Physician, Witnesses & Remarks

E) Attachments

F) Review

4) Sign

Actions

• Save Progress for Later

Help

• DOL's Privacy Policy

ECOMP Claim for a Traumatic Injury or Illness

Step 3D Physician, Witnesses & Remarks

32

Name and address of physician for medical care

Name

First name

Address

Example: 123 Pleasant Street

City

Example: Fairview

33

First date medical care received

34

Do medical reports show employee injured or ill?

35

Does your knowledge of the facts indicate that the employee was injured or ill?

☐ Yes

☐ No

Explain why

36

If the employing agency controverts compensation or pay, state the reason in detail (otherwise, leave blank).

37

Pay rate when employee stopped work

per

38


I certify that the information I have given and the information furnished by the employee on this form is true to the best of my knowledge with the following exception:

Back

Continue

Continue to enter all required information into the claim form. If the supervisor disagrees with any information entered by the employee and the employee does not want to change what was entered on the form the he/she can annotate the disagreement in the area (outlined in red) at the bottom of the screen. For example if the DOI were entered erroneously by the employee and they did not want to change the DOI they entered the supervisor could provide what they believe to be the correct DOI in this field.

Filing a CA-1 or CA-2: Supervisor Portion

**UNITED STATES DEPARTMENT OF LABOR**
ECOMP

Supervisor ReviewUpload DocumentSUPERVISOR

1) Claim Summary

2) Review CA-1

3) CA-1 Supervisor Portion

✓ A) Supervisor Info

✓ B) Employee Basics

✓ C) Injury Details

✓ D) Physician, Witnesses & Remarks

→ E) Attachments

F) Review

4) Sign

Actions

• Save Progress for Later

Help

• DOL's Privacy Policy

ECOMP Claim for a Traumat


Step 3EAttachments

This step is optional.
You can attach supporting documents to this claim now, or submit them at a later date through ECOMP once a claim number has been assigned. Examples of supporting documents include witness statements, job descriptions, and medical documentation.


NOTE: Do not upload OWCP forms or medical bills here. Medical bills should be submitted using OWCP's Central Bill Processing Center and OWCP forms should be submitted through your agency's established procedures (either electronically or in paper format). Forms or bills submitted as uploads will not be processed.

Click to attach a new document

There are currently 0 attachments for this form.

 Attach New Document...

Delete selected attachment


 Have Questions?
[View Frequently Asked Questions.](#)

Back

Continue

The supervisor can attach any additional document that is felt to be pertinent to the claim and should be considered by the Claims Examiner when adjudicating the claim.

Filing a CA-1 or CA-2: Supervisor Portion

 UNITED STATES DEPARTMENT OF LABOR
ECOMP

Supervisor Review

Upload Document

SUPERVISOR

Signed in as supervisor.mil@mail.mil | Sign Out

1) Claim Summary

2) Review CA-1

3) CA-1 Supervisor Portion

☒ A) Supervisor Info

☒ B) Employee Basics

☒ C) Injury Details

☒ D) Physician, Witnesses & Remarks

☒ E) Attachments

→ F) Review

4) Sign

Actions

[Save Progress for Later](#)

Help

[DOL's Privacy Policy](#)

ECOMP Claim for a Traumatic Injury (CA-1)

ECN 104707 CA-1

Pending review by Supervisor

Step 3F Review

Back Continue

Review this information carefully by

Supervisor name

Supervisor title

Email & office phone

Agency name

OSHA site code

Address

Employee occupation code

Type code 210

Source code 140

Employee's retirement coverage FERS

Does employee work a regular schedule? Yes

Regular work hours 06:00 am - 03:00 pm

Regular work schedule

Date of injury 11/27/2012

Date notice received 11/27/2012

Date and hour employee stopped work 11/27/2012

Date employee's pay stopped

Date 45 day period began

Date and hour returned to work

Injured in performance of duty? Yes

Misconduct, intoxication, or intent to injure? No

Injury caused by third party? No

Third party address

Anatomical location of injury

Finally, once all the information has been entered by the supervisor, one final review is done. Any changes can be made at this point by placing the cursor near the field and selecting the **Go to field** button that will appear.

Filing a CA-1 or CA-2: Supervisor Portion

If the supervisor has discovered an entry by the employee is erroneous and the employee is willing to change the information entered into the form then the claim form can be sent back to the employee from this screen. The supervisor would select the ***Request Resubmission*** button and select **RETURN OF FORM REQUESTED BY EMPLOYEE** as the reason why. The form will be returned to the employee. They can then correct the erroneous information and resubmit the form to the supervisor.

The supervisor cannot refuse to process the form even if the employee does not change the erroneous information.

The screenshot shows the 'Supervisor Review' interface for a 'Traumatic Injury (CA-1)' claim. The header includes 'Supervisor Review', 'Upload Document', and 'SUPERVISOR'. The user is signed in as 'supervisor.mil@mail.mil' with a 'Sign Out' link. The claim details show 'ECN 103194' and 'CA-1', with a status of 'Pending review by Supervisor'. There are two buttons: 'Back' and 'Request Resubmission'. Below these, there are two radio button options: 'Sign & Forward or File' and 'Request Resubmission'. The 'Request Resubmission' option is selected and highlighted with a red box. A dropdown menu is open next to the 'Request Resubmission' option, showing three reasons: '1 - EMPLOYEE NOT UNDER MY SUPERVISION', '2 - INCORRECT EMPLOYING AGENCY', and '3 - RETURN OF FORM REQUESTED BY EMPLOYEE'. The third option is highlighted. At the bottom, there are again 'Back' and 'Request Resubmission' buttons.

Supervisor Review Upload Document SUPERVISOR

Signed in as supervisor.mil@mail.mil Sign Out

Traumatic Injury (CA-1) ECN 103194 CA-1

Pending review by Supervisor

Back Request Resubmission

☐ Sign & Forward or File

☒ Request Resubmission


Why?

Is this form re

- 1 - EMPLOYEE NOT UNDER MY SUPERVISION
- 2 - INCORRECT EMPLOYING AGENCY
- 3 - RETURN OF FORM REQUESTED BY EMPLOYEE

Back Request Resubmission

Filing a CA-1 or CA-2: Supervisor Portion



UNITED STATES DEPARTMENT OF LABOR
ECOMP

1) Claim Summary

2) Review CA-1

3) CA-1 Supervisor Portion

- ✓ A) Supervisor Info
- ✓ B) Employee Basics
- ✓ C) Injury Details
- ✓ D) Physician, Witnesses & Remarks
- ✓ E) Attachments
- ✓ F) Review

4) Sign

Actions

- Save Progress for Later

Help

- DOL's Privacy Policy

ECOMP Claim for a Traumatic Injury (CA-1)

ECN 104707 CA-1

Pending review by Supervisor

Step 4 **Sign** [Back](#) [Sign & Forward](#)

Action to take

☒ **Sign & Forward or File**

☐ **Request Resubmission**

Why?

Event

Is this form related to one of these events?

[Back](#) [Sign & Forward](#)

If the supervisor is completed reviewing the form then the **Sign & Forward or File** option will be selected and then the Sign & Forward button will be clicked.

Filing a CA-1 or CA-2: Supervisor Portion

The screenshot displays the ECOMP (Employee Complaint Processing) system interface for the Supervisor Portion. The top header includes the United States Department of Labor logo and the ECOMP title. The main navigation pane on the left lists the following steps: 1) Claim Summary, 2) Review CA-1, 3) CA-1 Supervisor Portion, and 4) Sign. Under step 3, there are sub-items A) Supervisor Info, B) Employee Basics, C) Injury Details, D) Physician, Witnesses & Remarks, E) Attachments, and F) Review, all marked with green checkmarks. Step 4, 'Sign', is currently selected. The main content area shows the 'ECOMP Claim for a Traumatic Injury' form, with 'Step 4 Sign' highlighted. A yellow warning dialog box is overlaid on the form, containing the text: 'I understand that a supervisor who knowingly certifies to any false statement, misrepresentation, concealment of fact, etc., in respect to this claim may be subject to appropriate felony criminal prosecution.' Below this text are two buttons: 'I Agree' and 'Cancel'. A red warning icon is positioned above the dialog box. In the background, the form includes sections for 'Action to take' and 'Event', and a 'Sign & Forward' button is visible at the bottom right. A blue box at the top right of the form area contains the text: 'The supervisor will click **I Agree** to finish processing the form.'

UNITED STATES DEPARTMENT OF LABOR
ECOMP

Supervisor Review Upload Document SUPERVISOR

1) Claim Summary
2) Review CA-1
3) CA-1 Supervisor Portion
4) Sign

✓ A) Supervisor Info
✓ B) Employee Basics
✓ C) Injury Details
✓ D) Physician, Witnesses & Remarks
✓ E) Attachments
✓ F) Review

Actions
- Save Progress for Later

Help
- DOL's Privacy Policy

ECOMP Claim for a Traumatic Injury

Step 4 Sign

Action to take

Event

I understand that a supervisor who knowingly certifies to any false statement, misrepresentation, concealment of fact, etc., in respect to this claim may be subject to appropriate felony criminal prosecution.


I Agree Cancel

Back Sign & Forward

Pending review by Supervisor

The supervisor will click **I Agree** to finish processing the form.

Filing a CA-1 or CA-2: Supervisor Portion

UNITED STATES DEPARTMENT OF LABOR
ECOMP

SUPERVISOR
Out
lower

1) Claim Summary

2) Review CA-1

3) CA-1 Supervisor Portion

- ✓ A) Supervisor Info
- ✓ B) Employee Basics
- ✓ C) Injury Details
- ✓ D) Physician, Witnesses & Remarks
- ✓ E) Attachments
- ✓ F) Review

4) Sign

Actions

· Save Progress for Later

Help

· DOL's Privacy Policy

ECOMP Claim for a Trauma

The form will now be submitted to the Injury Compensation Specialist for the agency to finish processing.

This form has been forwarded for review

ECN 104707	CA-1	Pending final review by FECA Agency Reviewer	
Employee	Joe Employee	Date of event	11/27/2012
Organization	ARMY NATIONAL GUARD-TITLE 32	Initiated	11/27/2012
Form Locked	View	Get PDF	Upload Attachments More...

You can print a copy of this form using the Save/Print button above.

➔ A digital copy of this form will be kept by ECOMP for 5 years. (Public Law 91-596 and 29 CFR 1904)

Done

Additional Training

Employee & Claimants

- File a Form
- Access Existing Form
- Claim Status (CQS)

Track Status

Case Stakeholders

- Upload Document to an Existing Case
- Agency Query System (AQS)

Reviewers

- Agency Reviewers
- OSHA Record Keepers

Administration

- Agency Maintenance
- ECOMP/DFEC Administrator

Contact ECOMP

Help

- About
- How to File a Form
- About Accessibility and 508 Compliance
- Filing Forms as an Injured Worker
- Reviewing Forms as a Supervisor
- Uploading Documents to FECA Case Files
- Electronic Document



Have you been hurt on the job?

If you are a **Federal Employee** or a **Contractor** and have related injury or illness, use ECOMP to report the supervisor.

If you are a **Federal Employee** you may also file a claim the Federal Employees' Compensation Act (FECA). Dep agency, start by filing **OSHA's Form 301**, then file a claim **CA-1 (for traumatic injury)** or form **CA-2 (for occupational disease)**. After you have received an official FECA case number, you may also file form **CA -7 (Claim for Compensation)**.

File Form

Sign In / Register

Track status of form or document



Enter ECN or DCN

Go!

Additional training can be found on the ECOMP website at www.ecomp.dol.gov/ under the **Help** section.

⚠ Do not upload OWCP forms or medical bills! Forms or bills submitted as uploads will not be processed. Submit medical bills [here](#).



Access Case & Upload Document



Agency Reviewers & OSHA Record Keepers Sign In

Additional Training

Employee & Claimants

- File a Form
- Access Existing Form
- Claim Status (CQS)

Track Status

Case Stakeholders

- Upload Document to an Existing Case
- Agency Query System (AQS)

Reviewers

- Agency Reviewers
- OSHA Record Keepers

Administration

- Agency Maintenance
- ECOMP/DFEC Administrator

Contact ECOMP

Help

- About
- How to File a Form
- About Accessibility and 508 Compliance
- Filing Forms as an Injured Worker
- **Reviewing Forms as a Supervisor**
- Uploading Documents to FECA Case Files
- Electronic Document



Have you been hurt on the job?

If you are a **Federal Employee** or a **Contractor** and have sustained a work-related injury or illness, use ECOMP to report the incident to your supervisor.

If you are a **Federal Employee** you may also file a claim for benefits under the Federal Employees' Compensation Act (FECA). Depending upon your agency, start by filing **OSHA's Form 301**, then file a claim using either form **CA-1 (for traumatic injury)** if you have received an offer of compensation or **CA-7 (Claim for Compensation)** if you have not.

[File Form](#)

Track status of form

Enter ECN or DCN

Training is available for employees, supervisors, safety personnel and ICPAs. To view training for supervisors click on the **Reviewing Forms as a Supervisor** link

Need to upload a document?

Stakeholders and interested parties can use ECOMP to upload documents to active FECA cases. You can upload letters, medical reports and other supporting documentation. You will need the official FECA Case Number and other identifying information to use this feature.

Do not upload OWCP forms or medical bills! Forms or bills submitted as uploads will not be processed. Submit medical bills [here](#).

[Access Case & Upload Document](#)

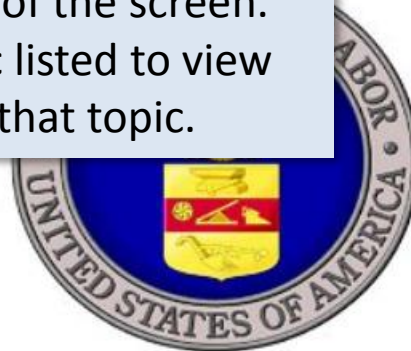
[Agency Reviewers & OSHA Record Keepers Sign In](#)

Additional Training



Reviewing Forms as a Supervisor

The available topics are shown on the left side of the screen. Select any topic listed to view the training on that topic.



ECOMP User Guide

Introduction

Reviewing
OSHA
Form 301

Reviewing
Form CA-1

Reviewing
Form CA-2

Reviewing
Form CA-7

Reviewing
Form CA-
7a

Additional Training



UNITED STATES DEPARTMENT OF LABOR
ECOMP

Reviewing Forms
as a Supervisor



Introduction

Reviewing
OSHA
Form 301

Reviewing
Form CA-1

Reviewing
Form CA-2

Reviewing
Form CA-7

Reviewing
Form CA-
7a

Reviewing Form CA-1, Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation

This form is used when an employer reports a traumatic injury on the job. A traumatic injury is an injury caused by a specific event or incident, within a single workday. Examples of traumatic injury include: a dog bite, slip and fall.

Click [here](#) to read or print a tutorial on reviewing a CA-1 as a supervisor in ECOMP.

Click [here](#) to view a video tutorial.

For each topic you can view either a written tutorial or view the actual steps via screen recording that will walk you through the necessary actions step by step.