

**Injured Carrier Checklist
Traumatic Injury (CA-1)**

Name of Carrier

Date of Injury

Was the Injury caused by a specific event one (1) work shift? _____

(If yes complete CA-1 in ECOMP and follow instructions below)

Yes

No

**Report Injury immediately and inform Management you want to file a
Workers' Compensation Claim (OWCP)**

Injury Reported to:

Name of Supervisor

Date Reported

Manager or Supervisor Email address: _____

Create ECOMP Account then file CA-1 in ECOMP.

- www.ECOMP.DOL.GOV
- File CA-1 in ECOMP within 30 calendar days of injury.
- Select Continuation of Pay (COP)
 - 3-day waiting period before COP begins to be paid, use with LWOP, S/L, or A/L the first 3 days of COP.
 - If you Miss 14 days or more you can get the first 3 days of leave changed to COP.
- District:
- Area:

Request the following forms from management not found in ECOMP and take to your physician:

Provider Search online: <https://owcpmed.dol.gov/portal/provider/search>

CA-16 signed by management to be valid.

- Authorizes payment of medical for the first 60 days, even if the claim is denied. _____

(CA-16 must be supplied to injured employee within 4 hours of the traumatic injury or 48 hours of verbal approval from management to see the physician of your choice: **(make sure to see an MD or DO)**)

Must see a qualified physician, which an MD or a DO. A Physician's Assistant (PA) is not considered qualified under OWCP unless the medical is counter signed by MD or DO.

CA-17 (Duty Status Report must be supplied immediately with left side completed by management)

- Have your medical provider complete right side of CA-17 _____

Initial medical report must be provided within 10 days to OWCP, or COP will not be paid to injured employee.

- Can be uploaded to your case in ECOMP.
- Your Medical provider MUST be given your OWCP Claim number so they can submit bills to OWCP for payment.

Follow the restrictions of your doctor 24 hours a day/7-days a week