

Quick Reference for SMIS Accident Reporting – Supervisors 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 **Supervisors**.

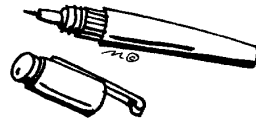
Logging In

1. From the main “Safety Management Information System” screen, click **Supervisors**.
2. In the **Last Name** field, type your last name.
3. In the **DOI User Validation** field, type the last four digits of your social security number.
4. Press **Enter** or click **Employee Login**.
5. In the **Please verify/enter your Internet E-Mail Address below** field, type or verify your email address and click **Submit your E-mail Address**.

Overview of Validating a Claim

As a claimant's supervisor, you must complete several tasks to validate a claim:

1. **Complete a supervisor's report** – The Supervisor's Report is acknowledgement by an injured employee's supervisor that the employee was indeed injured on the job.
2. **Print and sign the CA-1 or CA-2 form** – Depending on your organization's procedures, you might need to print, sign, and date all completed CA-1 and CA-2 forms. Copies should be kept by the injured claimant, the claimant's supervisor, and your HR compensation coordinator(s).
3. **Enter supplemental information** – Supplemental information is required and helps clarify the injuries that a claimant received in an accident.
4. **Report injuries of other persons** – If other people were injured as a result of the accident that triggered the initial claim, you must enter information about those people and their injuries. This ensures that the accident report includes information about all parties that were injured from a single accident.



5. **Report property damage** – You must report property damage that was sustained in an accident. Entering this information ensures that the accident report includes details about damaged property.



Validating a CA-1 or CA-2

Validating a CA-1

Though there are several fields that you can complete, at a minimum, you must:

1. Complete the fields in the **18. Employee's duty station** box.
2. In **box 38**, check the **I have read and understand the above statement** checkbox.
3. In the **Supervisor Title** box, type your job title.
4. In the **Office Phone** box, type your work telephone number.
5. Print, sign, and date the claim form.

Validating a CA-2

Though there are several fields that you can complete, at a minimum, you must:

1. Complete the fields in box **20. Employee's duty station**.
2. In the **26. Date Employee First Reported Condition to Supervisor** box, type the date (mm/dd/yy OR mm/dd/yyyy) on which you were first notified by the claimant about his or her illness.
3. Check the **I have read and understand the above statement** checkbox.
4. In the **Supervisor Title** box, type your job title.
5. In the **Office Phone** box, type your work telephone number.
6. Print, sign, and date the claim form.

Printing a Completed CA-1 or CA2 Form

1. Log in to the Supervisors module.
2. In the **Enter Employee's Claim Identifier** field, type the claim ID of the claim you want to print and click **Submit Employee's Claim ID**. The claim is displayed on the following screen.
3. Click **Print CA-1 Form** or **Print CA-2 Form** at the top of the screen, depending on the type of report you want to print. The report is displayed automatically. You cannot change any information from this view.
4. From the **File** menu, select **Print**. The form prints as it appears on screen.

Reporting Only Property Damage

1. Log in to the Supervisors module.
2. Click **Enter a NEW Report for a NEW Incident** in the **Enter a New Accident Report** box to report an accident involving property damage or injury to an individual who is not filing a claim for compensation.
3. Select the option that best describes the type of accident and click **Continue Entering Report**.
4. In the **Incident ID** box, enter the date and time which the accident took place, as well as the zip code for the location.
5. In the **Place of Incident** box, type a detailed description of where the accident took place. Include street address, city, park, state, and other information that help describe the location.
6. From the **Result** list, select the option that describes the accident's outcome. For example, only property damage or property damage and injuries.
7. In the **Incident Narrative** box, type a description of what happened.

8. In the **Correct Actions** box, type a description of what the parties involved can do to prevent such an accident from happening again.
9. From the **Unsafe Act** drop-down list, select up to two options that best describe the unsafe acts that took place that led to the accident.
10. From the **Unsafe Condition** drop-down list, select up to two options that best describe condition that led to the accident
11. From the **Management Casual Factor** drop-down list, select the factor that best describes how management had anything to do with the accident.
12. Click **Send this Info**.
13. From the **Type of Property** drop-down list, select the option that best describes the property that was damaged.
14. In the **Description** box, type a description about the damaged property. Include information such as make, name, model number, size, type, color, and license number.
15. From the **Property Owner** drop-down list, select the option that best describes who owns the damaged property.
16. From the **Cause of Damage** drop-down list, select the option that best describes what precipitated the event that caused the property damage. For example, an automobile skids on ice and strikes a curb, damaging the axle. The cause of this damage is probably the icy road surface, assuming driver negligence was not an issue.
17. From the **Source of Damage** drop-down list, select the option that best describes the thing that inflicted physical injury. For example, someone is walking, slips on a wet floor, and drops a computer monitor on the floor. The source of the damage is the wet floor on which the monitor fell.
18. In the **Estimated dollar value of this damage** box, type the cost of repairing the damage. A dollar sign (\$) is not required in this field. Round the cost to the nearest dollar.
19. In the **If this damage involves a motor vehicle, were seatbelts worn?** box, select Yes if the involved parties were wearing seatbelts. Select No if the involved parties were not wearing seatbelts.
20. Click **Send this Info**.
21. Select the category that best represents the person responsible for the damaged property and click **Continue to Next Page**.
22. Enter the requested information about the responsible party to complete the Property Damage report.

