

# Injured Carrier Checklist

\_\_\_\_\_  
Name of Carrier

\_\_\_\_\_  
Date of Injury

Was the Injury caused by a specific event  
(If yes complete CA-1 follow instructions below) Yes \_\_\_\_\_

\_\_\_\_\_  
No

## Step 1 – Report Injury

Immediately report Injury to Supervisor

\_\_\_\_\_  
Name of Supervisor and date reported

Request the following forms:

CA-1 (Report of Injury must be supplied immediately) \_\_\_\_\_

A CA-16 signed by management (Authorization for Treatment  
must be supplied within 4 hours) \_\_\_\_\_

CA-17 (Duty Status Report must be supplied immediately  
w/ left side completed) \_\_\_\_\_

## Step 2 - Paperwork

Fill out CA-1 yourself (if immediate medical attention is not needed) \_\_\_\_\_

Request COP or S/L (if COP is requested the first 3 days must be  
sick or annual leave) **IF YOU REQUEST & DONT GET PAID**  
**COP CONTACT YOUR STEWARD - FILE A GRIEVANCE!!!!!!** \_\_\_\_\_

Sign & and give completed CA-1 to Supervisor and get receipt  
on page 4 of CA-1 \_\_\_\_\_

## Step 3 – Seek Medical Attention

Bring CA-16 & CA-17 with you to your medical appointment \_\_\_\_\_

If you are seen by a PA (physician's assistant or CNP (Nurse  
Practitioner) all medical reports must be countersigned by MD \_\_\_\_\_

Have your medical provider complete right side of CA-17 \_\_\_\_\_

Initial Medical Report must be provided within 10 days \_\_\_\_\_

**Follow the restrictions of your Doctor**

## Step 4 – Dealing with OWCP

Receive Claim number from OWCP within 21 days  
(if not contact the Branch or Regional Office) \_\_\_\_\_

OWCP Request's for more information – You have 30 days to submit  
the information requested. \_\_\_\_\_

Acceptance letter – When your case is accepted, the letter will  
identify those conditions that are accepted along with proper  
coding (payment for other conditions may be denied) \_\_\_\_\_

Denial Letter – Contact the Branch or Regional Office to discuss your  
appeal rights as some options have different time limits \_\_\_\_\_