OSHA Form 301- Supervisor Email

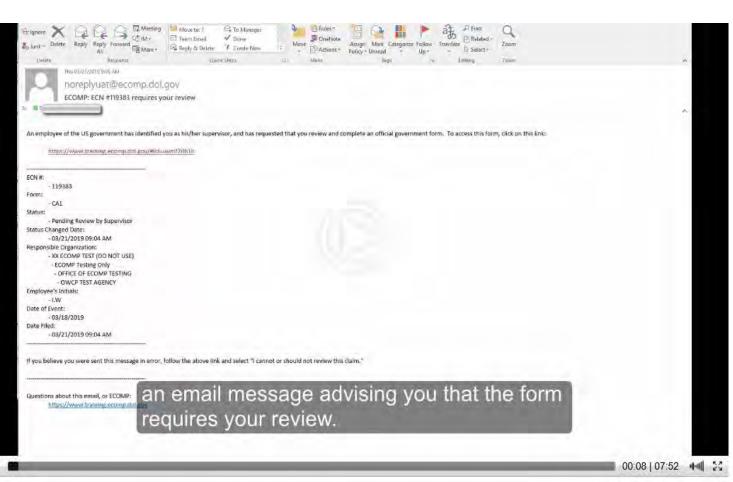
TUARD BILL	HIN HOWELLING THE HOWELLING
: noreplyuat@ecomp.dol.gov Revenaugh, Timothy G - OWCP ect: ECOMP: ECN #104706 requires your review	Sent: Tue 11/27/2012 1:4
https://www.training.ecomp.dol.gov/#lid=pktbzy0f4	and has requested that you review and complete an official government form. To access this form, click on this link:
N #: - 104706 - OSHA301 atus: - Pending review by Supervisor	a link to access the form for review
atus Changed Date: - 11/27/2012 01:40 PM sponsible Organization: - DEPARTMENT OF STATE - Other Agencies - BUREAU OF ADMINISTRATION - PER-ER-EP ployee's Initials:	The type of form to be reviewed
- G.R. te of Event: - 11/27/2012 te Filed: - 11/27/2012 01:42 PM	The initials of the employee
you believe you were sent this message in error, follow the above link a	and select "I cannot or should Pertinent dates
<pre>estions about this email, or ECOMP: <u>https://www.training.ecomp.dol.gov</u> ease direct problems or issues to: <u>uat@ecomp.dol.gov</u></pre>	
lessage ID: D7466445-A60F-4296-ABF7-E5146D011D8F]	



- Supervisor may need to remove caution then cut and paste ECOMP link out of email into browser (security blocks link)
- The OSHA 301 is the official notification to Safety for the injury information



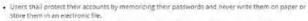






CA 1 Form - Supervisor Review





 Users shall change their passwords immediately should they suspect that someone else knows their passwords.

Awareness:

- Users shall complete the annual security training provided by their employer.
- · Users shall maintain up-to-date essential knowledge of computer security.

Reporting:

- Users shall immediately report security vulnerabilities and violations to proper authorities and their ECOMP Representatives.
- Users shall immediately report accidental or intentional disclosure of ECOMP information to proper authorities and their ECOMP Representatives.

Penalties for Non-compliance:

Users who do not comply with the ROB are subject to penalties that can be imposed under existing policy and regulations. including

- · official written reprimands
- suspension of system privileges
- temporary suspension from dur
- removal from current position
- termination of employment
- criminal prosecution

OWCP will enforce the use of penalities against any user who willfully violates any OWCP, Department, or Federal system security (and related) policy. <u>Click nerv</u> to view the complete Rules of Behavior document.

I have read the above document and agree to these Rules of Behavior



You will need to review and agree to the Rules of Behavior to proceed.

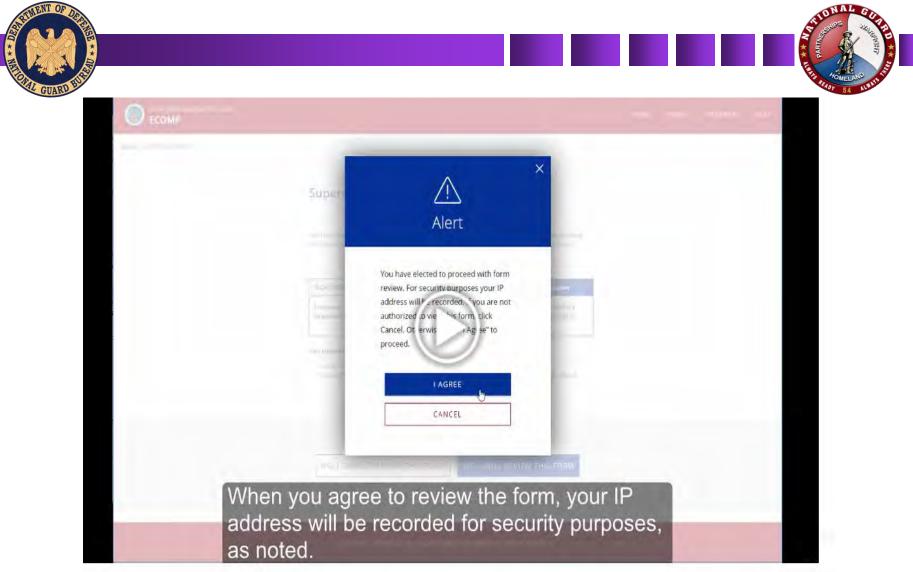
COPYRIGHT & UNITED STATES DEPARTMENT OF LABOR. ALL RIGHTS RESERVED.

00:34 | 07:52 44 53



ECOMP		HOME	FORMS	DOCUMENTS	HELP
COMP / SUPERVISION REVIEW					
	Supervisor Review				
	You have been named by an employee of the US government to review this form. You're being asked to fill this out as an employee's supervisor so it may reference you throughout as 'The Supervisor.'				
	ECN 119383 [CA-1 Pending Review by Supervisor Employee Injured Worker Date of Event 03/18/2019				
	Drganization OFFICE OF ECOMP 75 /TING Initiated 03/21/2019				
	You should review this form if both of to the are true: Your email is				
	NO. I CANNOT REVIEW THIS FORM		_		
	oceed with review of the claim, click	"Yes,			
will re	eview this form."				







STIME	NT OF DEED
**	
FOIR	FUARD BUTS

ECOMP	SARTIVENT OF LABOR							HOME	FORMS	DOCUMENTS	HELP
r CA-1	SUMMARY	Contra Contra	NUMERAL/20+	O.	Infines	Psysicism = WINESES	D TEACUMENTS	ALVIEN	0		
			CA-1 Traur	natic Injur g Review by Superviso							
			FORM SUMMA	RY	_						
			Claimant Email		edwor	pre itlook.com					
			ECN Date of Event	119	8/2019	/					
			Filed Supervisor	03/2	11/2019. k@do	ۍ M.gov					
			Agency		ICE OF ECOMP T						
			Clic	k "I Ag	ree"	to prod	Autosaved				



FUNDANT OF DEPART

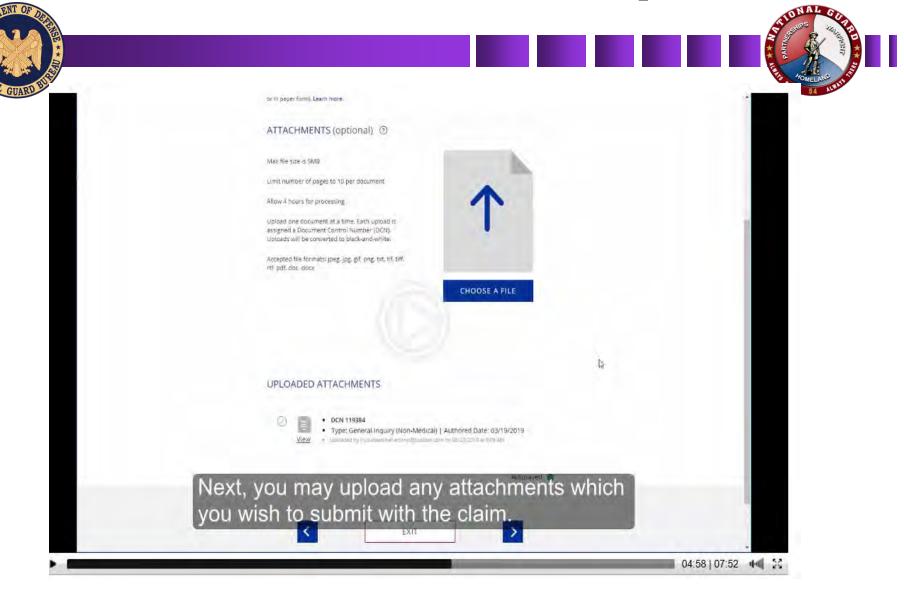
CA 1 Form - Supervisor Review



Optional information for the CA-1 form

- OSHA Site Code
- Medical care first received date
- Date and Time employee stopped work
- Date employee pay stopped
- Date 45 day period began

- Third party address
- Anatomical location
- Nature of Injury
- Cause of Injury
- Extent of Injury
- Physician name
- Physician address

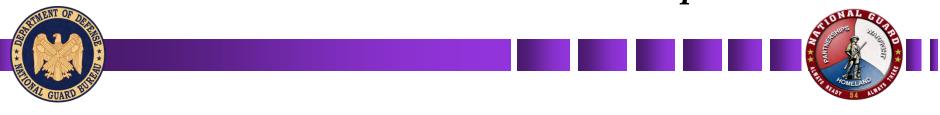


ECOMP / CA-T								HOME	FORMS	DOCUMENTS	HELP
	SUMMARY	REVIEW EA L	NUPERVISON	BADIES	Inguar	PHYELDIAN &	MITACHMENTS	REVISW	SIGN		
			CA-1 Traun	natic Iniur	ry Claim						
			ECN 119383 Pendin								
			SIGN								
			Actino to Take Sign & Forwa	red or File	Request h	ubmission					
			Signa Potive	and of the	A Desired	domission .					
						11					
			EVENT (option	al)	\sim	e					
			is this form related	to one of these ever	nts? (optional)		~				
									₽.		

ENT OF

in HOLPE C.	AIMED and a summary and a		
And Sources	\triangle	×	
DATES A	Attention		
source in the second	I understand that a supervisor who knowingly certifies to new false statement,		
i ABRO	misrepresent aion, conceali, ant of fact, etc., in rest act to samm my be subject to a prop arony riminal prosecution	-	
caurie altern	IAGREE		
	CANCEL		

CA 1 Form - Supervisor Review



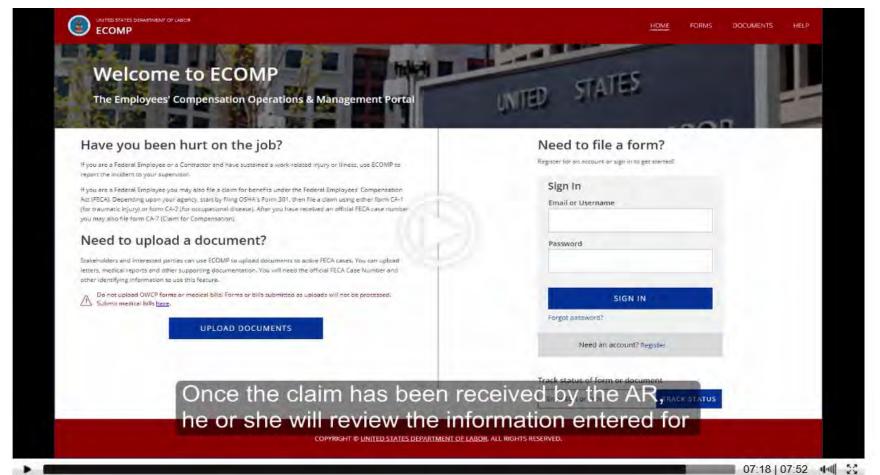
	This form has been forwarded for review.	×
UNITED STATES DEPARTMENT OF LABOR		HOME FORMS DOCUMENTS HELP
ECOMP / CA.1	CA-1 Traumatic Injury Claim ECN 118383 Pending Final Review by FECA Agency Reviewer	
	ECN 119383 [CA-1 Pending Final Review by FECA Agency Revi Employee Injuned Worker Organization OFFICE OF ECOMP TESTING Tinitiated 03/18/2019 View Ger E You can print a copy of this form using the 'Ge button pove. A digital copy of this form will be kept by BL TMP for 5 Lars. (Public Law 91-596 and 29 CFR 1904)	9 9 9 <u>00</u>
	ISSUE CA-16 DONE	
	When finished, click "Done" to	exit.
		07:12 07:52

UNCLASSIFIED

CA 1 Form - Supervisor Review



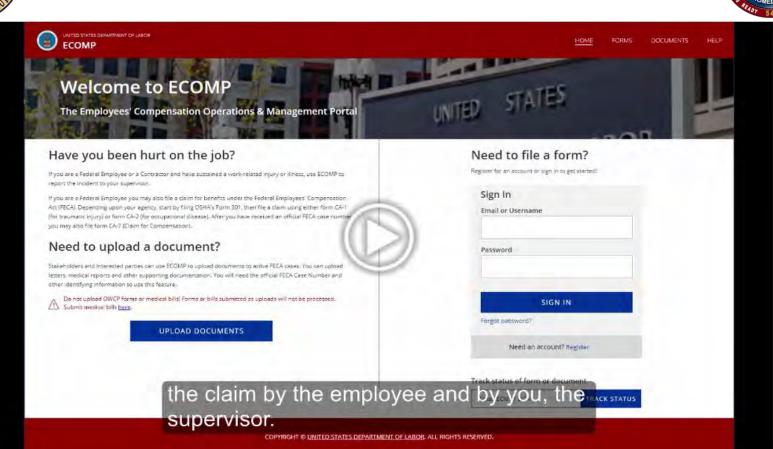




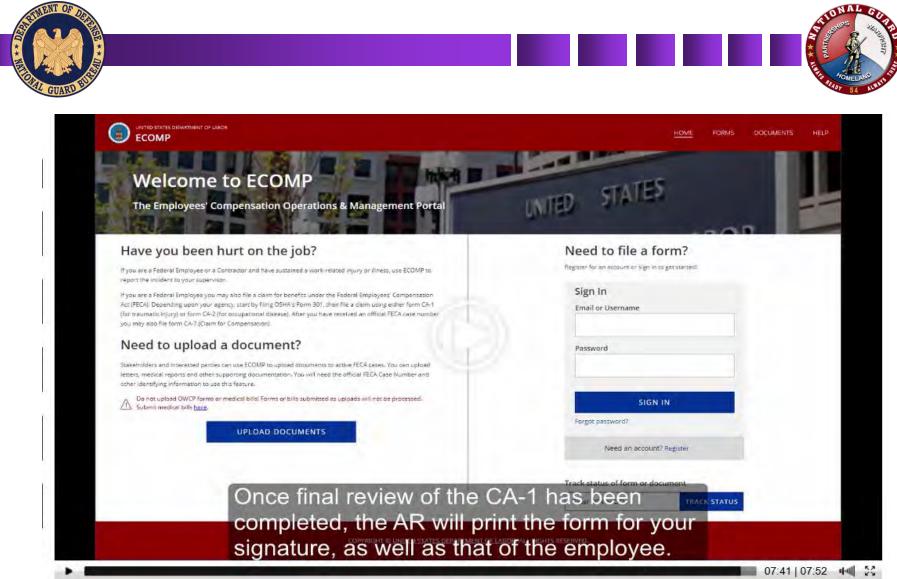
UNCLASSIFIED







CA 1 Form - Supervisor Review



UNCLASSIFIED

Additional Training Resources





HOME	FORMS	DOCUMENTS	HELP

ABOUT ECOMP **USER GUIDES USEFUL LINKS** FAQS & CONTACT FORM AGENCY QUERY SYSTEM (AQS) AGENCY MAINTENANCE HELP HOW TO FILE A FORM AGENCY REVIEWER - FILING FORMS DISTRICT OFFICE ACCESSIBILITY & 508 COMPLIANCE AGENCY REVIEWER - MANAGING DISABILITY OFFICE OF WORKERS COMPENSATION PROGRAMS (OWCP) AGENCY REVIEWER - COMMUNICATING WITH OWCP INJURED WORKER OSHA RECORD KEEPER use SUPERVISOR FORM REVIEW UPLOADING DOCUMENTS TO FECA CASE FILES s' Col ther fc A case number, you may