



## Paycom Workplace Injury (OSHA) Module Instruction Guide

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paycom

### EMPLOYEE SELF-SERVICE ®

Username \*

Password \*

Last 4 digits of SSN \*

LOG IN

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- Paycom will **never** ask you to log in to our site through email.

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## Workplace Injury & Illness Module Instruction Guide



Use a COMPUTER (not cellphone) to go through the module

- 1 Click on Human Resources
- 2 Click on Government and Compliance
- 3 Click on Workplace Injury and Illness (OSHA)

Please note:

You will need the First Report of Injury that was submitted to AmTrust or LNI (WA State) to complete this section in Paycom.

Entering this information into Paycom does not take the place of submitting injuries to AmTrust or LNI (WA State).

Entering this information into Paycom ensures accurate and compliant OSHA reporting.

The screenshot shows the Paycom HR dashboard interface. The top navigation bar is green and contains the following items: Employees, Talent Acquisition, Time Management, Human Resources (highlighted with a red box and a '1' in a black circle), Talent Management, Reports, and User Options. Below the navigation bar, the main content area is divided into several sections. The 'Government and Compliance' section is highlighted with a red box and a '2' in a black circle. Within this section, the 'Workplace Injury and Illness (OSHA)' option is highlighted with a red box and a '3' in a black circle. The dashboard also features a 'Notification Center' with a red '3' and a 'Today's Changes' section. The background of the dashboard is light gray with various icons and text labels for different HR functions.

## WELCOME SCREEN

When you first enter the Workplace Injury and Illness (OSHA) module, you will be welcomed with this initial screen.

- 1 Click on “Add Incident”

The screenshot shows the Paycom interface for the Workplace Injury and Illness (OSHA) module. The top navigation bar includes 'paycom', 'Employees', 'Talent Acquisition', 'Time Management', 'Human Resources', 'Talent Management', 'Reports', and 'User Options'. Below this, the user is logged in as '[0UD31] WELLHAVEN PETHEALTH LLC' with 'ALLDEPTS' selected. The main navigation includes 'Main Menu', 'Secure Uploader (0)', 'Help', 'Link ESS Account', 'Updates', and 'Log Out'. The breadcrumb trail shows 'Government and Compliance' > 'Workplace Injury and Illness (OSHA)'. A 'Filters' section contains an 'Add Filter...' input field, a 'Saved' button, and a 'Filters' button. The main content area features a prominent green 'Add Incident' button, which is highlighted with a red box and a circled '1'. To the right of this button is a 'View Change History' button. Below the 'Add Incident' button are three tabs: 'OSHA Incidents' (selected), 'Non-OSHA Incidents', and 'Archived Incidents'. A search icon is visible in the bottom right corner.

Please note:

You will need the First Report of Injury that was submitted to AmTrust or LNI (WA State) to complete this section in Paycom.

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Entering this information into Paycom ensures accurate and compliant OSHA reporting.

## 1. ADD A NEW INCIDENT SCREEN

This screen contains basic incident information.

- 1 Select the Incident Type – Only enter reportable OSHA injuries
  - OSHA Reportable
    - Sought treatment more than first aid,
    - Missing time away from work due to injury
    - On modified duty due to work injury
    - Needlestick.
- 2 Select Employee Name
- 3 Enter the Date of Incident
- 4 Enter the description of the incident
- 5 **ADD** to move to the next screen.

paycom: Employees Payroll Talent Acquisition Time Management Human Resources Talent Management Reports User Options

### Add New Incident

\* Indicates Required Field

Incident Type ? \*

Employee Name \*

Date of Incident \*

Report Description \*

Privacy Concerns ?

This case has privacy concerns

**1** OSHA Incident

**2** EMPLOYEE, TEST (0443) - Inactive

**3** 07/31/2023

**4** Cat Bite

**5** Add

## 2. PERSONAL INFORMATION SCREEN

This screen is where you will enter all **employee information**

- 1 The person completing this injury in the module should put their name as “Person completing report”
- 2 Enter your title
- 3 Enter date you are entering this information into Paycom
- 4 Enter your phone number (hospital’s number will also work here)
- 5 Select your hospital location under the Incident Location
- 6 **NEXT** to move to the next screen.

Government and Compliance > Workplace Injury and Illness (OSHA) > OSHA 301

Attention: This form contains information relating to employee health and must be used in a manner that protects confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

1. Personnel Information 2. Physician/Healthcare Professional Information 3. Case Information 4. Additional Information 5. Incident Documents 6. OSHA 301 Summary

EMPLOYEE, TEST (0443) Cat Bite 07/31/2023

Report Completion	Employee Information
<b>* Indicates Required Field</b>	Employee Name EMPLOYEE, TEST
Person completing report * <b>1</b>	Street PRETEND ADDRESS
Title * <b>2</b>	City, State, Zip PORTLAND, OR, 97654
Date of completion * <b>3</b>	Date Of Birth 09/21/1980
Phone Number * <b>4</b>	Date Of Hire 08/20/2020
	Employed For 2 Years, 11 Months and 11 days
	Gender Female
	Job Position Reception FH
	Incident Location * <b>5</b> Campus

**i** All labor allocation fields default to the home labor allocation for the employee's Incident Report. Use the fields below to override for this incident.

Departments	Search or Make Selection
Hospital Location	Search or Make Selection
Job	Search or Make Selection
EE Position Titles	Search or Make Selection
Payroll Profile	Search or Make Selection

**6** Save Next

### 3. PHYSICIAN/HEALTHCARE PROFESSIONAL INFORMATION SCREEN

This information will be pulled from the First Report of Injury submitted to AmTrust or provided by the physician to LNI (State of WA).

- 1 Enter the name of the physician or healthcare professional
- 2 Select Yes or No if treatment was given away from the work location
- 3 Name of the clinic or hospital where the employee was treated for their injury
- 4 Address, City, State & Zip of the clinic or hospital where the employee was treated for their injury
- 5 Select Yes or No if the employee was treated in an emergency room
- 6 Select Yes or No if the employee was hospitalized overnight as an in-patient (Please reach out to [HR@WellHaven.com](mailto:HR@WellHaven.com) if this occurred, if you have not already)
- 7 Click on Add Notes to leave any comments/notes regarding the employee's doctor visit
- 8 NEXT to move to the next screen.

Government and Compliance > Workplace Injury and Illness (OSHA) > OSHA 301

Attention: This form contains information relating to employee health and must be used in a manner that protects confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

1. Personnel Information > 2. Physician/Healthcare Professional Information > 3. Case Information > 4. Additional Information > 5. Incident Documents > 6. OSHA 301 Summary

EMPLOYEE, TEST (0443) Cat Bite 07/31/2023

\* Indicates Required Field

Name of physician or other health care professional \*  1

Was treatment given away from the worksite? \*  Yes  No 2

Facility \*  3

Street \*  4

City, State, Zip \*

Phone

Was the employee treated in an emergency room? \*  Yes  No 5

Was the employee hospitalized overnight as an in-patient? \*  Yes  No 6

Medical Visits

7

Search

Visit	Created By	Date Created	Action Date	Notes	Delete
7/31 - ER Visit	Bmuller	07/31/2023	07/31/2023	Test visited the ER today due to a cat bite on their left pinky finger.	<input type="button" value="Delete"/>

Showing 1 to 1 of 1 entries

8

## 4. CASE INFORMATION SCREEN

This information will be pulled from the First Report of Injury submitted to AmTrust or to LNI (State of WA).

- 1 Select Incident Type
- 2 Click on "Auto-Assign" for the case number
- 3 Enter the Report Description
- 4 Enter the dates, times, and location requested.
- 5 Describe in the text box what the employee did just before the incident occurred.
- 6 Describe in the text box what happened during the incident/injury
- 7 Describe in the text box what was the injury or illness that took place
- 8 Describe in the text box what object or substance directly harmed the injured employee
- 9 NEXT to move to the next screen.

1. Personnel Information 2. Physician/Healthcare Professional Information 3. Case Information 4. Additional Information 5. Incident Documents 6. OSHA 301 Summary

EMPLOYEE, TEST (0443) Cat Bite 07/31/2023

\* Indicates Required Field

Incident Type  1

Case number \*   Auto-assign 2

Report Description  3

Date of injury or illness \*  4

Date employer notified

Time Employee began work \*   AM  PM

Time of Event \*   AM  PM  Check here if time cannot be determined

Location Of Incident \*

What was the employee doing just before the incident occurred? \*  5

What happened? \*  6

What was the injury or illness? \*  7

What object or substance directly harmed the employee? \*  8

Date of death(if the employee died)

Previous Save 9 Next

## 5. ADDITIONAL INFORMATION SCREEN

This information will be pulled from the First Report of Injury submitted to AmTrust or to LNI (State of WA).

### 1 OSHA 300 Information – **REQUIRED FIELDS**

- Select Case Classification Options:
  - Days away from work (H) – Employee missed days from work due to injury
  - Job transfer or restrictions (I) – Employee remained at work, but changed job duties and/or accommodated restrictions
  - Other recordable cases (J) – Employee remained at work with no accommodations
- Enter the number of days away from work.
- Enter the number of days on job transfer or restrictions.
- Select Injury or Illness type

### 2 Workers Compensation Claim Adjuster Information – Enter information if contact has been assigned to case

### 3 Other Optional Information – Please complete if you have this information

### 4 and 5 **SKIP THIS SECTION**

### 6 **NEXT** to move to the next screen.

1. Personnel Information > 2. Physician/Healthcare Professional Information > 3. Case Information > 4. Additional Information > 5. Incident Documents > 6. OSHA 301 Summary

EMPLOYEE, TEST (0443) Cat Bite 07/31/2023

#### OSHA 300 Information

\* Indicates Required Field

Case Number \* 27982122

Case classification (most serious outcome) \* Days away from work (H)

Number of days away from work 1

Number of days on job transfer or restriction 0

Injury or illness type \* Injury (I)

#### Worker Compensation Claim Adjuster Information

Company AmTrust or LNI

Contact Enter claim adjuster info

Phone Number

Notes This information will be assigned after you submit first injury of report.

#### Other Optional Information

This information is not required for the OSHA 301 Injury and Illness Incident Report but is provided for additional information and tracking purposes.

Does the employee participate in company sponsored group benefits health plan?  Yes  No

Last date employee worked 07/31/2023

Witness Name Test Tester

Witness Phone Number

Full pay for day of injury?  Yes  No

Did pay continue during injury?  Yes  No

Did employee return to work?  Yes  No

Date returned to work 07/31/2023

Lawsuit filed by employee?  Yes  No

Date suit filed 00/00/0000

Lawsuit status

Date suit closed 00/00/0000

Date workers comp information provided to the state 07/31/2023

Delivery method  Fax  Overnight  Hand Delivered  Other

Treatment notes delivery method is the date and method you used to submit the first report of injury to AmTrust or LNI

Previous Save Next

#### NOTE:

Total number of days away from work and total number of days on job transfer or restrictions, need to be accurate. If this is completed while your employee is still out of work or on job restrictions, you will need to log back into Paycom and update these numbers with total number of days



## 6. INCIDENT DOCUMENTS SCREEN

On this page, you will upload all of your documentation collected for the incident that was provided to AmTrust or to LNI (State of WA).

Before completing these steps in the module, please ensure all of the corresponding documents are saved to your desktop.

- 1 Select File Upload and select the corresponding document you wish to upload
- 2 Select Upload
- 3 The items you have uploaded regarding this incident will be listed.

Suggested items: Doctors' notes, the first report of injury, and any communication or documentation regarding the incident.

NOTE: All the documents that were uploaded should have already been submitted to the Work Comp insurer.

- 4 **NEXT** to move to the next screen.

The screenshot shows the OSHA 301 Incident Documents screen. At the top, there is a breadcrumb trail: Government and Compliance > Workplace Injury and Illness (OSHA) > OSHA 301. Below this is a yellow warning box with a triangle icon and the text: "Attention: This form contains information relating to employee health and must be used in a manner that protects confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes." A progress bar below the warning box shows six steps: 1. Personnel Information, 2. Physician/Healthcare Professional Information, 3. Case Information, 4. Additional Information, 5. Incident Documents (highlighted in green), and 6. OSHA 301 Summary. The main heading is "EMPLOYEE, TEST (0443) Cat Bite 07/31/2023". Below the heading is a blue information box with an 'i' icon and the text: "Incident related documents can be uploaded here. These will not be included on the OSHA Form 301. The maximum allowed file size is currently 20MB per file and only approved file types are allowed. Click here to view accepted file types." The "File Upload" section contains a "File..." button (callout 1) and an "Upload" button (callout 2). Below this is a table with columns: "Select All", "File Name", and "Delete". The table contains two rows: "Doctor Notes.docx" and "First Report of Injury.docx". A red box highlights the "Select All" column and the two rows (callout 3). At the bottom of the screen, there are "Previous", "Save", and "Next" buttons. A red arrow points from the "Next" button (callout 4) to the right.

Government and Compliance > Workplace Injury and Illness (OSHA) > OSHA 301

Attention: This form contains information relating to employee health and must be used in a manner that protects confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

1. Personnel Information > 2. Physician/Healthcare Professional Information > 3. Case Information > 4. Additional Information > 5. Incident Documents > 6. OSHA 301 Summary

EMPLOYEE, TEST (0443) Cat Bite 07/31/2023

Incident related documents can be uploaded here. These will not be included on the OSHA Form 301. The maximum allowed file size is currently 20MB per file and only approved file types are allowed. Click here to view accepted file types.

File Upload

File... Upload

Batch Download

Select All	File Name	Delete
<input type="checkbox"/>	Doctor Notes.docx	
<input type="checkbox"/>	First Report of Injury.docx	

Showing 1 to 2 of 2 entries

Previous Save Next



## REVIEW your OSHA 301 Summary

- 1 If you need to revise the information you entered, go back by selecting the PREVIOUS button at the bottom of the Summary Page.
- 2 If all the data is accurate, please select **Complete**

5) Gender	Female
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Information about the Physician or Other Health Care Professional

6) Name of physician or other health care professional	Dr Test
7) If treatment was given away from the worksite, Where was it given?	
Facility	Test Hospital
Street	ABC Street
City, State, Zip	Tester, MN, 12345
Phone Number	(123)-456-7891
8) Was the employee treated in an emergency room?	Yes
9) Was the employee hospitalized overnight as an in-patient?	No

Information about the Case

10) Case number from the OSHA Form 300 LOG	27982122
11) Date of injury or illness	07/31/2023
12) Date employer notified	07/31/2023
13) Time Employee began work	08:00 AM
14) Time of Event	10:45 AM
15) What was the employee doing just before the incident occurred?	Description of what happened before the injury/accident happened
16) What happened?	Detailed description of what happened
17) What was the injury or illness?	Description of what the injury or illness was
18) What object or substance directly harmed the employee?	Description of what object, animal or substance that directly harmed the employee
19) If the employee died, when did death occur? Date of death	00/00/0000

Previous **1** **2** Complete ▾

**THANK YOU** for completing this OSHA Workplace Injury.