



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 personnel will **never** ask you for your password.
- 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

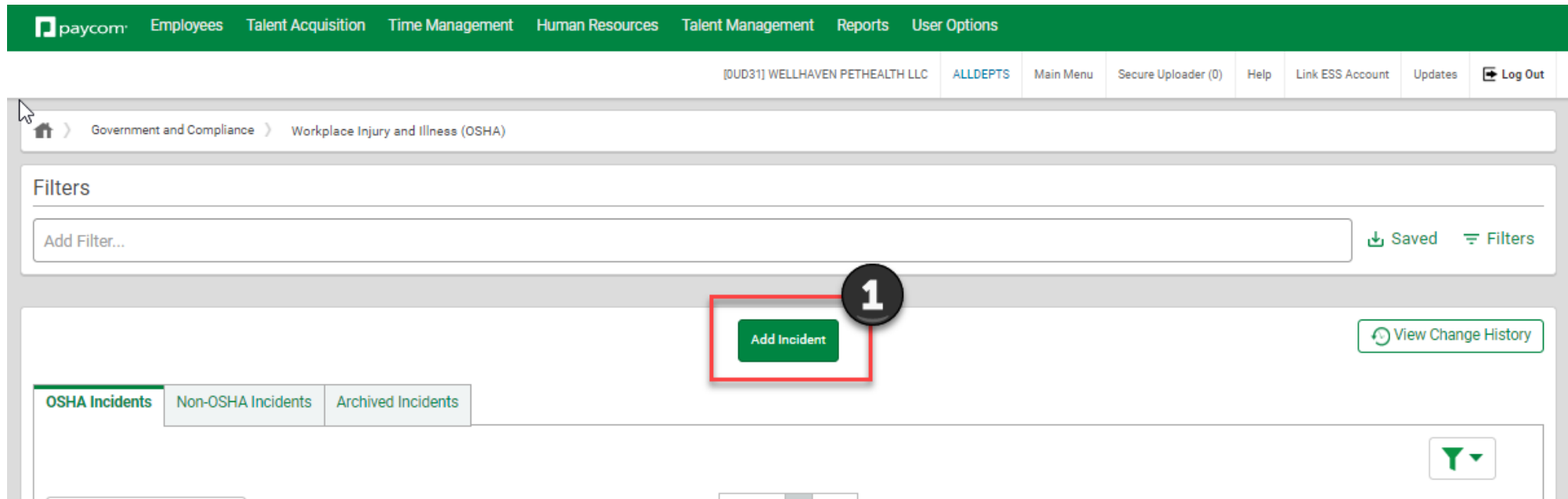
- 1 Click on Human Resources and then Government and Compliance
- 2 Click on Workplace Injury and Illness (OSHA)

The screenshot displays the Paycom HR system interface. The top navigation bar is green and contains the following tabs: Employees, Talent Acquisition, Time Management, Human Resources, Talent Management, Reports, and User Options. The 'Human Resources' tab is selected, and its dropdown menu is open, showing options: Documents and Checklists, Government and Compliance, and Expense Management. The 'Government and Compliance' option is highlighted with a red box and a black circle containing the number '1'. A hand cursor is pointing at this option. The 'Workplace Injury and Illness (OSHA)' option is highlighted with a red box and a black circle containing the number '2'. The main content area shows a welcome message for 'Human Resources (HRpmuser)' and several modules: Employees (Add New Employee, Make Employee Changes), Talent Acquisition (Applicant Tracking, Candidate Tracker), Time Management (Time and Attendance, Timecard Search), and Human Resources (Documents and Checklists, Verify). The right sidebar contains a Notification Center with 3 notifications and a Today's Changes section.

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”



Please note:

You will need the First Report of Injury that was submitted to Hanover or LNI (WA State) to complete this module in its entirety.

This module does not take the place of submitting injuries to Work Comp providers. This module will ensure accurate and compliant OSHA reporting is done annually.

ADD A NEW INCIDENT SCREEN

This screen contains basic incident information.

- 1 Select the Incident Type – Only enter reportable OSHA injuries
- 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 * 1 OSHA Incident

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

Date of Incident * 3 07/31/2023

Report Description * 4 Cat Bite

Privacy Concerns 5 ☐ This case has privacy concerns

5 Add

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

* Indicates Required Field

Person completing report * 1 Test, Tester

Title * 2 PM

Date of completion * 3 07/31/2023

Phone Number * 4 (360)-768-2090

Employee Information

Employee Name EMPLOYEE, TEST

Street PRETEND ADDRESS

City, State, Zip PORTLAND, OR, 97654

Date Of Birth 09/21/1980

Date Of Hire 08/20/2020

Employed For 2 Years, 11 Months and 11 days

Gender Female

Job Position Reception FH

Incident Location * 5 Campus

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

PHYSICIAN/HEALTHCARE PROFESSIONAL INFORMATION SCREEN

This information will be pulled from the First Report of Injury submitted to Hanover 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
- 7 Click on Add Notes to leave any comments/notes regarding the employee's doctor visit
- 8 NEXT to move to the next screen.

[Home](#) > [Government and Compliance](#) > [Workplace Injury and Illness \(OSHA\)](#) > [OSHA 301](#)

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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

Add Note 7

Previous 1 Next

25

Visit	Created By	Date Created	Action Date	Notes	Delete
7/31 - ER Visit	Bmuller	07/31/2023	07/31/2023	Test visted the ER today due to a cat bite on their left pinky finger.	

Showing 1 to 1 of 1 entries

Previous 1 Next

Go to Page

Previous

Save

8

Next

CASE INFORMATION SCREEN

This information will be pulled from the First Report of Injury submitted to Hanover 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

ADDITIONAL INFORMATION SCREEN

This information will be pulled from the First Report of Injury submitted to Hanover 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

INCIDENT DOCUMENTS SCREEN

On this page, you will upload all of your documentation collected for the incident that was provided to Hanover 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 provider.

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



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

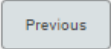


Incident related documents can be uploaded here. These will not be included on the OSHA Form 301. The maximum allowed file size is currently 20MB per file and only approved file types are allowed.
[Click here to view accepted file types.](#)

File Upload  



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

Showing 1 to 2 of 2 entries



REVIEW your OSHA 301 Summary

- 1 If you need to revise any inputted information, you can go back by selecting previous 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

1

2

Previous

Complete

THANK YOU for completing this OSHA Workplace Injury.