Paycom Workplace Injury (OSHA)
Module Instruction Guide

Workplace Injury & Illness Module Instruction Guide

Use a COMPUTER (not cellphone) to go through the module
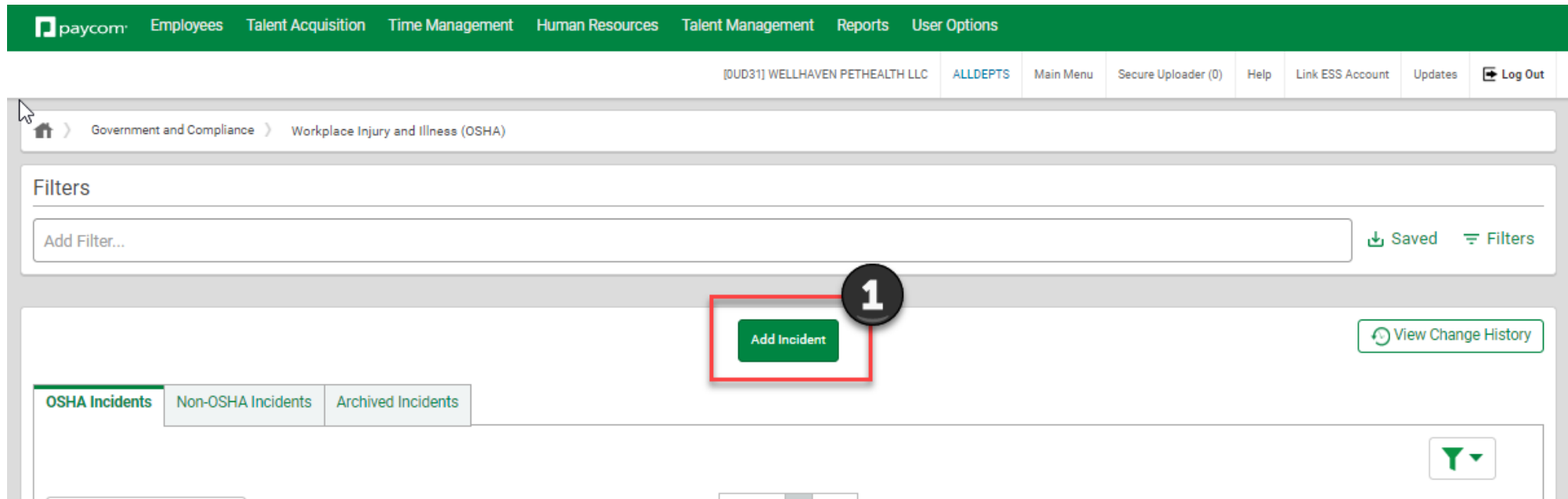
❶ Click on Human Resources and then Government and Compliance

❷ Click on Workplace Injury and Illness (OSHA)

WELCOME SCREEN

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

❶ 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.

❶ Select the Incident Type – Only enter reportable OSHA injuries

❷ Select Employee Name

❸ Enter the Date of Incident

❹ Enter the description of the incident

❺ **ADD** to move to the next screen.

PERSONAL INFORMATION SCREEN

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

❶ The person completing this injury in the module should put their name as "Person completing report"

❷ Enter your title

❸ Enter date you are entering this information into Paycom

❹ Enter your phone number (hospital's number will also work here)

❺ Select your hospital location under the Incident Location

❻ **NEXT** to move to the next screen.

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).

❶ Enter the name of the physician or healthcare professional

❷ Select Yes or No if treatment was given away from the work location

❸ Name of the clinic or hospital where the employee was treated for their injury

❹ Address, City, State & Zip of the clinic or hospital where the employee was treated for their injury

❺ Select Yes or No if the employee was treated in an emergency room

❻ Select Yes or No if the employee was hospitalized overnight as an in-patient

❼ Click on Add Notes to leave any comments/notes regarding the employee's doctor visit

❽ **NEXT** to move to the next screen.

CASE INFORMATION SCREEN

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

❶ Select Incident Type

❷ Click on "Auto-Assign" for the case number

❸ Enter the Report Description

❹ Enter the dates, times, and location requested.

❺ Describe in the text box what the employee did just before the incident occurred.

❻ Describe in the text box what happened during the incident/injury

❼ Describe in the text box what was the injury or illness that took place

❽ Describe in the text box what object or substance directly harmed the injured employee

❾ **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 ❓ *   `OSHA Incident ▾`   **1**

Case number *   `27982122` ☑ Auto-assign   **2**

Report Description   **3**   `Cat Bite`

Date of injury or illness *   `07/31/2023`   **4**

Date employer notified   `07/31/2023`

Time Employee began work *   `08:00` ⦿ AM ○ PM

Time of Event *   `10:45` ⦿ AM ○ PM ☐ Check here if time cannot be determined

Location Of Incident *   `Treatment Room`

What was the employee doing just before the incident occurred? ❓ *   `Description of what happened before the injury/accident happened`   **5**

What happened? ❓ *   `Detailed description of what happened`   **6**

What was the injury or illness? ❓ *   `Description of what the injury or illness was`   **7**

What object or substance directly harmed the employee? ❓ *   `Description of what object, animal or substance that directly harmed the employee`   **8**

Date of death(if the employee died)   `00/00/0000`

`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).

❶ 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

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

❸ Other Optional Information – Please complete if you have this information

❹ and **❺** SKIP THIS SECTION

❻ **NEXT** to move to the next screen.

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.

❶ Select File Upload and select the corresponding document you wish to upload

❷ Select Upload

❸ 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.

❹ **NEXT** to move to the next screen.

REVIEW your OSHA 301 Summary

❶ If you need to revise any inputted information, you can go back by selecting previous at the bottom of the summary page.

❷ If all the data is accurate, please select **Complete**

5) Gender	Female

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 ❶   ❷ Complete ▼

THANK YOU for completing this OSHA Workplace Injury.