

1. Email for log in
2. Password
3. Forgot password or account button to reset password
4. Create a new account button
5. LogIn button

Error Reporting System

Sign In

E-mail
error@mail.com ✓

Password
..... ✕

[Forgot account number or password?
Create a new account](#)

[Log In](#)

1. Dashboard page
2. Number of Reports
3. A diagram to show how many reports create cases
4. Most frequently occurring error events
5. Number of cases
6. User Info
7. Safety level based on cases
8. Employee status
9. Common Injury locations



1. User profile
2. Upload a new picture
3. Save changes

Error Reporting System

Dashboard

Report

Case

Worker's Comp

OSHA Form

Setting

Tom Lucas Administrator

Upload a new photo

1

2

3

Street

City

State

Zip

Date of birth

☒ Male ☐ Female

Phone number

Save changes

1. Change reports status

Error Reporting System

Dashboard

Report

Case

Worker's Comp

OSHA Form

Setting

Report

Filter
Create a new report

Report #	Employee	Injury type	Report Status	Date & time	PDF
RE1234	Jack	Injury	Active	Nov 10, 9am	PDF
RE1234	Jack	Injury	Active	Nov 10, 9am	PDF
RE1234	Jack	Injury	In process	Nov 10, 9am	PDF
RE1234	Jack	Injury	Complete	Nov 10, 9am	PDF
RE1234	Jack	Injury	In process	Nov 10, 9am	PDF
RE1234	Jack	Injury	In process	Nov 10, 9am	PDF
RE1234	Jack	Injury	In process	Nov 10, 9am	PDF
RE1234	Jack	Injury	Complete	Nov 10, 9am	PDF
RE1234	Jack	Injury	Complete	Nov 10, 9am	PDF
RE1234	Jack	Injury	Complete	Nov 10, 9am	PDF
RE1234	Jack	Injury	Complete	Nov 10, 9am	PDF
RE1234	Jack	Injury	Complete	Nov 10, 9am	PDF
RE1234	Jack	Injury	Complete	Nov 10, 9am	PDF
RE1234	Jack	Injury	Complete	Nov 10, 9am	PDF
RE1234	Jack	Injury	Complete	Nov 10, 9am	PDF

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1

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1. Create new report

Error Reporting System

Dashboard

Report

Case

Worker's Comp

OSHA Form

Setting

Report

Report #

Employee

Injury type

Report Status

Date & time

RE1234

Jack

Injury

Active

Nov 10, 9am

RE1234

Jack

Injury

Active

Nov 10, 9am

PDF

RE1234

Jack

Injury

In process

Nov 10, 9am

PDF

RE1234

Jack

Injury

In process

Nov 10, 9am

PDF

RE1234

Jack

Injury

In process

Nov 10, 9am

PDF

RE1234

Jack

Injury

In process

Nov 10, 9am

PDF

RE1234

Jack

Injury

Complete

Nov 10, 9am

PDF

RE1234

Jack

Injury

Complete

Nov 10, 9am

PDF

RE1234

Jack

Injury

Complete

Nov 10, 9am

PDF

RE1234

Jack

Injury

Complete

Nov 10, 9am

PDF

RE1234

Jack

Injury

Complete

Nov 10, 9am

PDF

RE1234

Jack

Injury

Complete

Nov 10, 9am

PDF

RE1234

Jack

Injury

Complete

Nov 10, 9am

PDF

RE1234

Jack

Injury

Complete

Nov 10, 9am

PDF

<

1

>

Filter

Create a new report

Injury/illness

Property damage

Near miss

1

1. Fill out information for a report
2. Next step action plan
3. Injury type
4. Edit history
5. Save or submit button

Error Reporting System

Report

Injury/Illness **PMH**

1

- Dashboard
- Report**
- Case
- Worker's Comp
- Settings

3

4

Editing history

- Nov 11, 2020 9:00am
Tom Lucas
- Nov 10, 2020 6:30pm
Tom Lucas

Information about the employee

Full Name

Street City State Zip

Date of birth

☐ Male ☐ Female

Information about the physician or other health care professional

Name of physician or other health care professional

If treatment was given away from the worksite, where was it given?

Facility

Street City State Zip

Was employee treated in an emergency room?
☐ Yes ☐ No

Was employee hospitalized overnight as an in-patient?
☐ Yes ☐ No

Information about the case

Case number from the Log (Transfer the case number from the Log after you record the case.)

Date of injury or illness

Time employee began work AM/PM

Time of event AM/PM ☐ Check if time cannot be determined

Attachments **Add**

- Location.png
- 2.png
- 3.png
- Report1.mp4

2

Action plan

Need workers' Compensation?
☐ Yes ☐ No

OSHA Reportable?
☐ Yes ☐ No

5

Save for later Submit

1. Confirmation information
2. Next step section
3. Fill out work comp form
4. Fill out OSHA form
5. Fill forms later

Error Reporting System

Report

Print

Dashboard

Report

Case

Worker's Comp

OSHA Form

Setting

Information about the employee

Full Name

Street

Date of birth

☐ Male ☐ Female

Zip

Your report have been submitted

You will receive an confirmation email in your email address: xxx123@gmail.com

Next Step

Fill out Workers' Compensation Form

Fill out a OSHA Form

Fill out forms Later

Information about the physician

Name of physician

If treatment was given away from the worksite, where was it given?

Facility

Street

City

State

Zip

Was employee treated in an emergency room?

☐ Yes ☐ No

Was employee hospitalized overnight as an in-patient?

☐ Yes ☐ No

Editing history

Nov 11, 2020 9:50am
Tom Lucas

Nov 10, 2020 8:30pm
Tom Lucas

1. Case page
2. Case info
3. Filter to see cases by status, injury type or time

4. Generate a OSHA Form
5. Change case status
6. View case in PDF format

Error Reporting System

Case

1

2

3

4

5

6

Case #	Employee	Injury type	Case Status	Date & time	PDF
CA1234	Jack	Injury	Pending review	Nov 10, 9am	PDF
CA1234	Jack	Injury	Review in process	Nov 10, 9am	PDF
CA1234	Jack	Injury	Pending review	Nov 10, 9am	PDF
CA1234	Jack	Injury	Pending review	Nov 10, 9am	PDF
CA1234	Jack	Injury	Open	Nov 10, 9am	PDF
CA1234	Jack	Injury	Open	Nov 10, 9am	PDF
CA1234	Jack	Injury	Open	Nov 10, 9am	PDF
CA1234	Jack	Injury	Open	Nov 10, 9am	PDF
CA1234	Jack	Injury	Closed	Nov 10, 9am	PDF
CA1234	Jack	Injury	Closed	Nov 10, 9am	PDF
CA1234	Jack	Injury	Closed	Nov 10, 9am	PDF
CA1234	Jack	Injury	Closed	Nov 10, 9am	PDF

< 1 >

1. Change case status

[illegible]

1. Generate a OSHA Form and choose a form

Error Reporting System

Dashboard

Report

Case

Worker's Comp

OSHA Form

Setting

Case

Filter

Generate OSHA Form
OSHA Form 300
OSHA Form 301

Case #	Employee	Injury type	Case Status	Date & time	
CA1234	Jack	Injury	Pending review	Nov 10, 9am	PDF
CA1234	Jack	Injury	Review in process	Nov 10, 9am	PDF
CA1234	Jack	Injury	Pending review	Nov 10, 9am	PDF
CA1234	Jack	Injury	Pending review	Nov 10, 9am	PDF
CA1234	Jack	Injury	Open	Nov 10, 9am	PDF
CA1234	Jack	Injury	Open	Nov 10, 9am	PDF
CA1234	Jack	Injury	Open	Nov 10, 9am	PDF
CA1234	Jack	Injury	Open	Nov 10, 9am	PDF
CA1234	Jack	Injury	Closed	Nov 10, 9am	PDF
CA1234	Jack	Injury	Closed	Nov 10, 9am	PDF
CA1234	Jack	Injury	Closed	Nov 10, 9am	PDF
CA1234	Jack	Injury	Closed	Nov 10, 9am	PDF

< 1 >

1. Choose a case to generate a OSHA Form
2. Press Confirm button to review generated OSHA forms for selected cases in a new tap

Error Reporting System

Dashboard

Report

Case

Workers' Comp

OSHA Form

Setting

Choose Cases to Generate OSHA Form

	Case #	Employee	Injury type	Case Status	Date & time	PDF
<input type="radio"/>	CA1234	Jack	Injury	Submitted ▼	Nov 10, 9am	PDF
<input type="radio"/>	CA1234	Jack	Injury	Submitted ▼	Nov 10, 9am	PDF
<input type="radio"/>	CA1234	Jack	Injury	Submitted ▼	Nov 10, 9am	PDF
<input type="radio"/>	CA1234	Jack	Injury	Submitted ▼	Nov 10, 9am	PDF
<input type="radio"/>	CA1234	Jack	Injury	Open ▼	Nov 10, 9am	PDF
<input type="radio"/>	CA1234	Jack	Injury	Open ▼	Nov 10, 9am	PDF
<input type="radio"/>	CA1234	Jack	Injury	Open ▼	Nov 10, 9am	PDF
<input type="radio"/>	CA1234	Jack	Injury	Open ▼	Nov 10, 9am	PDF
<input type="radio"/>	CA1234	Jack	Injury	Open ▼	Nov 10, 9am	PDF
<input type="radio"/>	CA1234	Jack	Injury	Closed ▼	Nov 10, 9am	PDF
<input type="radio"/>	CA1234	Jack	Injury	Closed ▼	Nov 10, 9am	PDF
<input type="radio"/>	CA1234	Jack	Injury	Closed ▼	Nov 10, 9am	PDF
<input type="radio"/>	CA1234	Jack	Injury	Closed ▼	Nov 10, 9am	PDF

2

Confirm

After the user press “submit” button, the user will need to review the OSHA Form before submit

1. Edit the form
2. Print the form
3. Save button
4. Submit button, automatic download the form after press submit

Error Reporting System

OSHA Forms 301 Review

1

Edit Print 2

☐ Dashboard
☐ Report
☐ Case
☐ Workers' Comp
☒ OSHA Form
☐ Setting

Information about the employee

Full Name

Street City State Zip

Date of birth

☐ Male ☐ Female

Information about the physician or other health care professional

Name of physician or other health care professional

If treatment was given away from the worksite, where was it given?

Facility

Street City State Zip

Was employee treated in an emergency room?
☐ Yes ☐ No

Was employee hospitalized overnight as an in-patient?
☐ Yes ☐ No

Information about the case

Case number from the Log (Transfer the case number from the Log after you record the case.)

Date of injury or illness

Time employee began work AM/PM

Time of event AM/PM ☐ Check if time cannot be determined.

Information about the case

What was the employee doing just before the incident occurred? Describe the activity, as well as the tools, equipment or material the employee was using. Be specific. Examples: "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry."

What happened? Tell us how the injury occurred. Examples: "When ladder slipped on wet floor, worker fell 25 feet"; "Worker was sprayed with chlorine when glass broke during replacement"; "Worker developed carpalitis in wrist over time."

What was the injury or illness? Tell us the part of the body that was affected and how it was affected. Examples: "strained back"; "chemical burn, hand"; "carpal tunnel syndrome."

What object or substance directly harmed the employee? Examples: "concrete floor"; "chlorine"; "radial arm saw." If this question does not apply to the incident, leave it blank.

If the employee died, when did death occur? Date of death

3 Save Confirm & Submit 4

1. Workers' compensation page
2. Workers' compensation report info
3. Filter to see reports by status, injury type or time
4. Create a new workers' compensation report
5. Change reports status
6. View report in PDF format

The screenshot displays the 'Workers' Compensation Reports' page within an 'Error Reporting System'. The interface includes a sidebar with navigation links: Dashboard, Report, Case, Workers' Comp (highlighted with callout 1), OSHA Form, and Setting. The main content area features a table of reports with columns: Report #, Employee, Injury type, Report Status, Date & time, and PDF. A 'Filter' button (callout 3) and a 'Create new Workers' Comp' button (callout 4) are located at the top right. The table lists 12 reports for 'Jack' with 'Injury' type. The 'Report Status' column shows various states: 'Pending review' (callout 5), 'Review in process', 'Open', and 'Closed'. Each row has a corresponding 'PDF' link (callout 6). A pagination bar at the bottom shows '< 1 >'. Red circles with numbers 1 through 6 are overlaid on the interface to indicate specific features.

Report #	Employee	Injury type	Report Status	Date & time	PDF
WCRE1234	Jack	Injury	Pending review	Nov 10, 9am	PDF
WCRE1234	Jack	Injury	Review in process	Nov 10, 9am	PDF
WCRE1234	Jack	Injury	Pending review	Nov 10, 9am	PDF
WCRE1234	Jack	Injury	Pending review	Nov 10, 9am	PDF
WCRE1234	Jack	Injury	Open	Nov 10, 9am	PDF
WCRE1234	Jack	Injury	Open	Nov 10, 9am	PDF
WCRE1234	Jack	Injury	Open	Nov 10, 9am	PDF
WCRE1234	Jack	Injury	Open	Nov 10, 9am	PDF
WCRE1234	Jack	Injury	Closed	Nov 10, 9am	PDF
WCRE1234	Jack	Injury	Closed	Nov 10, 9am	PDF
WCRE1234	Jack	Injury	Closed	Nov 10, 9am	PDF
WCRE1234	Jack	Injury	Closed	Nov 10, 9am	PDF

- 1

2

1. Select a OSHA form
2. Generate a OSHA form for selected OSHA form

Error Reporting System

OSHA Forms

1

2

Generate OSHA Form

Filter

View incomplete report

	Form #	Employee	Injury type	Report Status	Date & time	PDF
<input type="radio"/>	OSHA1234	Jack	Injury	Submitted	Nov 10, 9am	PDF
<input checked="" type="radio"/>	OSHA1234	Jack	Injury	Submitted	Nov 10, 9am	PDF
<input type="radio"/>	OSHA1234	Jack	Injury	Submitted	Nov 10, 9am	PDF
<input type="radio"/>	OSHA1234	Jack	Injury	Submitted	Nov 10, 9am	PDF
<input type="radio"/>	OSHA1234	Jack	Injury	Open	Nov 10, 9am	PDF
<input type="radio"/>	OSHA1234	Jack	Injury	Open	Nov 10, 9am	PDF
<input type="radio"/>	OSHA1234	Jack	Injury	Open	Nov 10, 9am	PDF
<input type="radio"/>	OSHA1234	Jack	Injury	Open	Nov 10, 9am	PDF
<input type="radio"/>	OSHA1234	Jack	Injury	Closed	Nov 10, 9am	PDF
<input type="radio"/>	OSHA1234	Jack	Injury	Closed	Nov 10, 9am	PDF
<input type="radio"/>	OSHA1234	Jack	Injury	Closed	Nov 10, 9am	PDF
<input type="radio"/>	OSHA1234	Jack	Injury	Closed	Nov 10, 9am	PDF

< 1 >

1. Case information
2. Action plan for next step
3. Change case status
4. Editing History
5. Save and complete review button

Error Reporting System

Case#: CA1234

Edit Print Case status ▼

1

Dashboard

Report

Case

Worker's Comp

Information about the employee

Full Name

Street City State Zip

Date of birth

☐ Male ☐ Female

Information about the physician or other health care professional

Name of physician or other health care professional

If treatment was given away from the worksite, where was it given?

Facility

Street City State Zip

Was employee treated in an emergency room?

☐ Yes ☐ No

Was employee hospitalized overnight as an in-patient?

☐ Yes ☐ No

Information about the case

Case number from the Log (Transfer the case number from the Log after you record the case.)

Date of injury or illness

Time employee began work AM/PM

Time of event AM/PM ☐ Check if time cannot be determined

2

Attachments

Add

Location.png

2.png

3.png

Report1.mp4

Action plan

Need workers' Compensation?

☐ Yes ☐ No

OSHA Reportable?

☐ Yes ☐ No

3

4

Editing history

Nov 11, 2020 9:00am
Tom Lucas

Nov 10, 2020 6:30pm
Tom Lucas

5

Save for later Review Complete

1. Form type
2. Current page/section of the form
3. Save and go to next page

The screenshot displays the OSHA Forms 301 web application. On the left is a sidebar menu with the following items: Dashboard, Report, Case, Workers' Comp, OSHA Form (highlighted in blue), and Setting. The main header area shows 'Error Report System' and 'OSHA Forms 301'. The central form is titled 'Information about the employee' and contains the following fields: 'Full Name' (a single text input), 'Street' (a text input), 'City' (a text input), 'State' (a dropdown menu), 'Zip' (a text input), and 'Date of birth' (a date picker). Below these fields are radio buttons for 'Male' and 'Female'. At the bottom of the form, there is a progress indicator with five dots; the first dot is filled blue, and the others are empty. To the left of the progress indicator is a back arrow button, and to the right is a 'Save & Countinue' button. Three red circles with white numbers are overlaid on the image: circle 1 points to the 'Error Report System' header, circle 2 points to the back arrow button, and circle 3 points to the 'Save & Countinue' button.

1. Form type
2. Current page/section of the form
3. Save and go to next page

Error Report System **1** OSHA Forms 301

Dashboard
Report
Case
Workers' Comp
OSHA Form
Setting

Information about the physician or other health care professional

Name of physician or other health care professional

If treatment was given away from the worksite, where was it given?

Facility

Street City State Zip

Was employee treated in an emergency room?
☐ Yes ☐ No

Was employee hospitalized overnight as an in-patient?
☐ Yes ☐ No

2 ☒ ☐ ☐ ☐

3 Save & Countinue

1. Form type
2. Current page/section of the form
3. Save and go to next page

The screenshot displays the OSHA Forms 301 web application interface. A sidebar on the left contains navigation links: Dashboard, Report, Case, Workers' Comp, OSHA Form (highlighted), and Setting. The main content area is titled "OSHA Forms 301" and contains a section titled "Information about the case". This section includes four input fields: "Case number from the Log" (with a note: "(Transfer the case number from the Log after you record the case.)"), "Date of Injury or illness", "Time employee began work" (with an "AM/PM" selector), and "Time of event" (with an "AM/PM" selector and a checkbox labeled "Check if time cannot be determined"). At the bottom of the form, there is a navigation bar with a left arrow, a series of five dots (the second dot is filled, indicating the current step), and a right arrow. To the right of the navigation bar is a blue button labeled "Save & Countinue".

1. Error Report System

OSHA Forms 301

Information about the case

Case number from the Log (Transfer the case number from the Log after you record the case.)

Date of Injury or illness

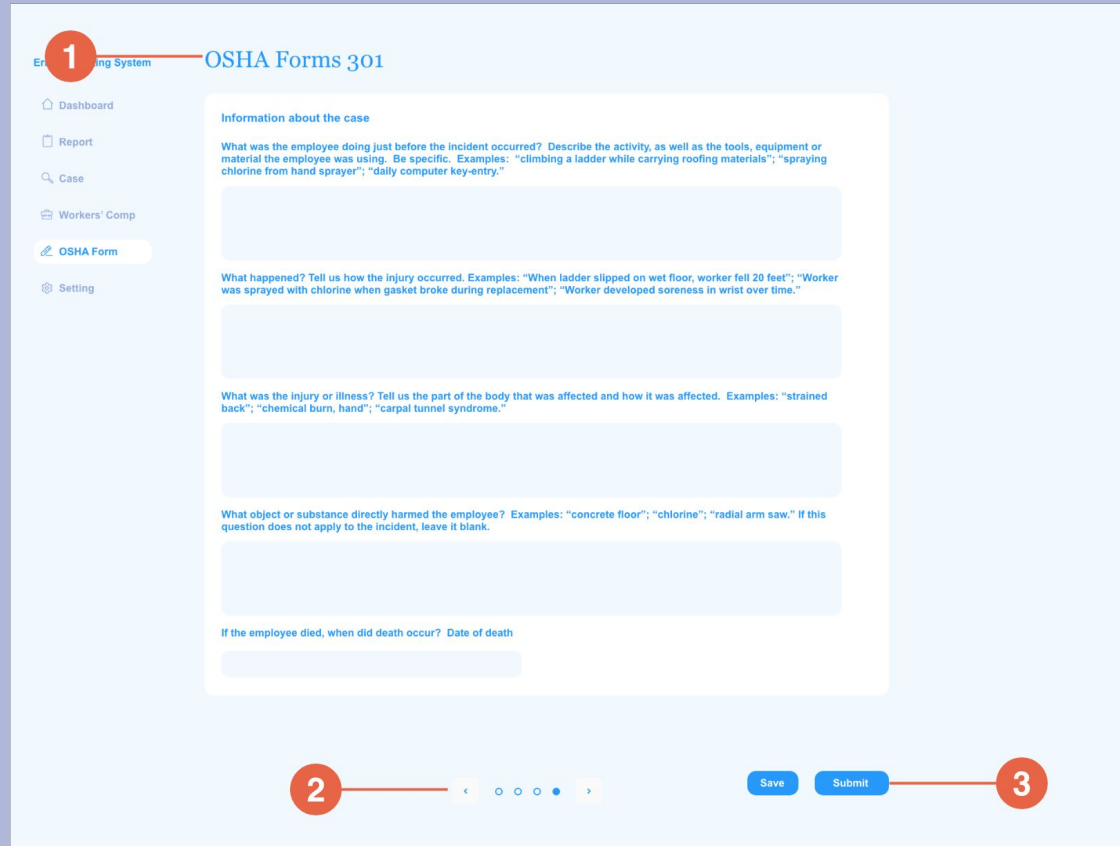
Time employee began work AM/PM

Time of event AM/PM ☐ Check if time cannot be determined

2. < . . . >

3. Save & Countinue

1. Form type
2. Current page/section of the form
3. Save and submit button



Enrollment System

OSHA Forms 301

- Dashboard
- Report
- Case
- Workers' Comp
- OSHA Form**
- Setting

Information about the case

What was the employee doing just before the incident occurred? Describe the activity, as well as the tools, equipment or material the employee was using. Be specific. Examples: "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry."

What happened? Tell us how the injury occurred. Examples: "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time."

What was the injury or illness? Tell us the part of the body that was affected and how it was affected. Examples: "strained back"; "chemical burn, hand"; "carpal tunnel syndrome."

What object or substance directly harmed the employee? Examples: "concrete floor"; "chlorine"; "radial arm saw." If this question does not apply to the incident, leave it blank.

If the employee died, when did death occur? Date of death

Save Submit

After the user press “submit” button, the user will need to review the OSHA Form before submit

1. Edit the form
2. Print the form
3. Save button
4. Submit button, automatic download the form after press submit

Error Reporting System

OSHA Forms 301 Review

1

Edit Print 2

☐ Dashboard
☐ Report
☐ Case
☐ Workers' Comp
☒ OSHA Form
☐ Setting

Information about the employee

Full Name

Street City State Zip

Date of birth

☐ Male ☐ Female

Information about the physician or other health care professional

Name of physician or other health care professional

If treatment was given away from the worksite, where was it given?

Facility

Street City State Zip

Was employee treated in an emergency room?
☐ Yes ☐ No

Was employee hospitalized overnight as an in-patient?
☐ Yes ☐ No

Information about the case

Case number from the Log (Transfer the case number from the Log after you record the case.)

Date of injury or illness

Time employee began work AM/PM

Time of event AM/PM ☐ Check if time cannot be determined.

Information about the case

What was the employee doing just before the incident occurred? Describe the activity, as well as the tools, equipment or material the employee was using. Be specific. Examples: "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry."

What happened? Tell us how the injury occurred. Examples: "When ladder slipped on wet floor, worker fell 28 feet"; "Worker was sprayed with chlorine when glass broke during replacement"; "Worker developed carpalitis in wrist over time."

What was the injury or illness? Tell us the part of the body that was affected and how it was affected. Examples: "strained back"; "chemical burn, hand"; "carpal tunnel syndrome."

What object or substance directly harmed the employee? Examples: "concrete floor"; "chlorine"; "radial arm saw." If this question does not apply to the incident, leave it blank.

If the employee died, when did death occur? Date of death

3 Save Confirm & Submit 4