

# INCIDENT INVESTIGATION REPORT

THIS IS NOT A REPORT OF INJURY FORM. PLEASE REPORT THE INJURY ONLINE AT MEM-INS.COM OR BY CALLING 1.800.442.0593.

**THIS REPORT TO BE COMPLETED BY EMPLOYER.**

NAME OF INJURED EMPLOYEE	DATE OF INCIDENT	TIME OF INCIDENT <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	DATE REPORTED
JOB TITLE/DEPARTMENT			HIRE DATE
EMPLOYER		MEM POLICY NO.	
EMPLOYER CONTACT NAME		EMPLOYER TELEPHONE #	
JOB PERFORMED		EXPERIENCE PERFORMING JOB	
LOCATION OF INCIDENT		PERSON INCIDENT WAS REPORTED TO	
EXTENT OF INJURY <input type="checkbox"/> NO INJURY <input type="checkbox"/> FIRST AID ONLY <input type="checkbox"/> TAKEN TO CLINIC <input type="checkbox"/> TAKEN TO ER <input type="checkbox"/> FATALITY		TREATING MEDICAL FACILITY	
DESCRIPTION OF INCIDENT			
ANY WITNESSES? <input type="checkbox"/> YES <input type="checkbox"/> NO	NAME & PHONE #	NAME & PHONE #	NAME & PHONE #
WERE THERE OTHERS INJURED? <input type="checkbox"/> YES <input type="checkbox"/> NO	NAME & PHONE #	NAME & PHONE #	NAME & PHONE #
WAS THERE PHYSICAL DAMAGE?			
CAUSE OF INCIDENT			

## CONTRIBUTING INCIDENT FACTORS

<p><b>Physical</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Poor housekeeping</li> <li><input type="checkbox"/> Poor or no equipment guarding</li> <li><input type="checkbox"/> Improper illumination</li> <li><input type="checkbox"/> Improper ventilation</li> <li><input type="checkbox"/> Equipment failure</li> <li><input type="checkbox"/> Unsafe apparel</li> <li><input type="checkbox"/> Medical condition (e.g. stroke, cardiac arrest)</li> <li><input type="checkbox"/> Surrounding subcontractor at fault</li> <li><input type="checkbox"/> Conditions e.g. wet</li> <li><input type="checkbox"/> Other _____</li> <li><input type="checkbox"/> Other _____</li> </ul>	<p><b>Behavioral</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Not using required PPE</li> <li><input type="checkbox"/> Performing duties outside of scope of job</li> <li><input type="checkbox"/> Failure to obey supervisor's instructions</li> <li><input type="checkbox"/> Failure to obey job procedures</li> <li><input type="checkbox"/> Suspected intoxication</li> <li><input type="checkbox"/> Employee was engaged in horseplay</li> <li><input type="checkbox"/> Employee was unsuited for the job</li> <li><input type="checkbox"/> Other _____</li> <li><input type="checkbox"/> Other _____</li> <li><input type="checkbox"/> Other _____</li> <li><input type="checkbox"/> Other _____</li> </ul>	<p><b>Procedural</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Asked to perform job without training</li> <li><input type="checkbox"/> Operating equipment without training</li> <li><input type="checkbox"/> Poor enforcement of PPE use</li> <li><input type="checkbox"/> Needed equipment not supplied</li> <li><input type="checkbox"/> Failure to inspect equipment</li> <li><input type="checkbox"/> Failure to correct poor procedures</li> <li><input type="checkbox"/> Wrong equipment for the operation</li> <li><input type="checkbox"/> Wrong chemical or other used</li> <li><input type="checkbox"/> No pre-site inspection</li> <li><input type="checkbox"/> Other _____</li> <li><input type="checkbox"/> Other _____</li> </ul>
REPORT COMPLETED BY	SIGNATURE	DATE
TITLE/EMPLOYER	PHONE #	

**Submit completed form to:**

Missouri Employers Mutual Insurance  
P.O. Box 1810, Columbia, MO 65205

**Fax:** 1.800.442.0597

**Email:** claims@mem-ins.com