# INCIDENT INVESTIGATION REPORT

*THIS IS NOT A REPORT OF INJURY FORM. PLEASE REPORT THE INJURY ONLINE AT WWW.MEM-INS.COM OR BY CALLING 1-800-442-0593.*

| NAME OF INJURED EMPLOYEE | DATE OF INCIDENT | TIME OF INCIDENT _____ ❒ A.M. ❒ P.M. | DATE REPORTED |
|---|---|---|---|
| JOB TITLE/DEPARTMENT | | | HIRE DATE |
| EMPLOYER | | EMPLOYER POLICY NO. | |
| EMPLOYER CONTACT NAME | | EMPLOYERTELEPHONE NO. | |
| JOB PERFORMED | | EXPERIENCE PERFORMING JOB | |
| LOCATION OF INCIDENT | | PERSON INCIDENT WAS REPORTED TO | |
| EXTENT OF INJURY ❒ NO INJURY ❒ FIRST AID ONLY ❒ TAKEN TO CLINIC ❒ TAKEN TO E ❒ FATALITY | | TREATING MEDICAL FACILITY | |
| DESCRIPTION OF INCIDENT | | | |
| | | | |
| | | | |
| | | | |

| ANY WITNESSES? ❒ YES ❒ NO | NAME | NAME | NAME |
|---|---|---|---|
| WERE THERE OTHERS INJURED? ❒ YES ❒ NO | NAME | NAME | NAME |

WAS THERE PHYSICAL DAMAGE?

CAUSE OF INCIDENT

## CONTRIBUTING INCIDENT FACTORS

**PHYSICAL**
- ❒ POOR HOUSEKEEPING
- ❒ POOR OR NO EQUIPMENT GUARDING
- ❒ IMPROPER ILLUMINATION
- ❒ IMPROPER VENTILATION
- ❒ EQUIPMENT FAILURE
- ❒ UNSAFE APPAREL
- ❒ MEDICAL CONDITION, E.G. STROKE, CARDIAC ARREST
- ❒ SURROUNDING SUBCONTRACTOR AT FAULT
- ❒ CONDITIONS E.G. WET _____
- ❒ OTHER _____
- ❒ OTHER _____

**BEHAVIORAL**
- ❒ NOT USING REQUIRED PPE
- ❒ PERFORMING DUTIES OUTSIDE OF SCOPE OF JOB
- ❒ FAILURE TO OBEY SUPERVISOR'S INSTRUCTIONS
- ❒ FAILURE TO OBEY JOB PROCEDURES
- ❒ SUSPECTED INTOXICATION
- ❒ EMPLOYEE WAS ENGAGED IN HORSEPLAY
- ❒ EMPLOYEE WAS UNSUITED FOR THE JOB
- ❒ OTHER _____
- ❒ OTHER _____
- ❒ OTHER _____
- ❒ OTHER _____

**PROCEDURAL**
- ❒ ASKED TO PERFORM JOB WITHOUT TRAINING
- ❒ OPERATING EQUIPMENT WITHOUT TRAINING
- ❒ POOR ENFORCEMENT OF PPE USE
- ❒ NEEDED EQUIPMENT NOT SUPPLIED
- ❒ FAILURE TO INSPECT EQUIPMENT
- ❒ FAILURE TO CORRECT POOR PROCEDURES
- ❒ WRONG EQUIPMENT FOR THE OPERATION
- ❒ WRONG CHEMICAL OR OTHER USED
- ❒ NO PRE-SITE INSPECTION
- ❒ OTHER _____
- ❒ OTHER _____

| REPORT COMPLETED BY | SIGNATURE | DATE |
|---|---|---|
| TITLE/EMPLOYER | PHONE NUMBER | |

Fax or mail completed form to:

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

Fax: 1-800-442-0597

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