

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.

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 No.	
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 AND PHONE No.	NAME AND PHONE No.	NAME AND PHONE No.
WERE THERE OTHERS INJURED? <input type="checkbox"/> YES <input type="checkbox"/> NO	NAME AND PHONE No.	NAME AND PHONE No.	NAME AND PHONE No.

WAS THERE PHYSICAL DAMAGE?

CAUSE OF INCIDENT

CONTRIBUTING INCIDENT FACTORS

<p>PHYSICAL</p> <ul style="list-style-type: none"> <input type="checkbox"/> POOR HOUSEKEEPING <input type="checkbox"/> POOR OR NO EQUIPMENT GUARDING <input type="checkbox"/> IMPROPER ILLUMINATION <input type="checkbox"/> IMPROPER VENTILATION <input type="checkbox"/> EQUIPMENT FAILURE <input type="checkbox"/> UNSAFE APPAREL <input type="checkbox"/> MEDICAL CONDITION, E.G. STROKE, CARDIAC ARREST <input type="checkbox"/> SURROUNDING SUBCONTRACTOR AT FAULT <input type="checkbox"/> CONDITIONS E.G. WET _____ <input type="checkbox"/> OTHER _____ <input type="checkbox"/> OTHER _____ 	<p>BEHAVIORAL</p> <ul style="list-style-type: none"> <input type="checkbox"/> NOT USING REQUIRED PPE <input type="checkbox"/> PERFORMING DUTIES OUTSIDE OF SCOPE OF JOB <input type="checkbox"/> FAILURE TO OBEY SUPERVISOR'S INSTRUCTIONS <input type="checkbox"/> FAILURE TO OBEY JOB PROCEDURES <input type="checkbox"/> SUSPECTED INTOXICATION <input type="checkbox"/> EMPLOYEE WAS ENGAGED IN HORSEPLAY <input type="checkbox"/> EMPLOYEE WAS UNSUITED FOR THE JOB <input type="checkbox"/> OTHER _____ <input type="checkbox"/> OTHER _____ <input type="checkbox"/> OTHER _____ <input type="checkbox"/> OTHER _____ 	<p>PROCEDURAL</p> <ul style="list-style-type: none"> <input type="checkbox"/> ASKED TO PERFORM JOB WITHOUT TRAINING <input type="checkbox"/> OPERATING EQUIPMENT WITHOUT TRAINING <input type="checkbox"/> POOR ENFORCEMENT OF PPE USE <input type="checkbox"/> NEEDED EQUIPMENT NOT SUPPLIED <input type="checkbox"/> FAILURE TO INSPECT EQUIPMENT <input type="checkbox"/> FAILURE TO CORRECT POOR PROCEDURES <input type="checkbox"/> WRONG EQUIPMENT FOR THE OPERATION <input type="checkbox"/> WRONG CHEMICAL OR OTHER USED <input type="checkbox"/> NO PRE-SITE INSPECTION <input type="checkbox"/> OTHER _____ <input type="checkbox"/> OTHER _____
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REPORT COMPLETED BY	SIGNATURE	DATE
TITLE/EMPLOYER	PHONE NUMBER	

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