



Agency Claims Investigation

Dept. of Administration
 Risk Management Division
 Workers' Compensation Program
 310 Centennial Office Bldg., 658 Cedar Street
 St. Paul, MN 55155
 (651) 201-3000
 FAX (651) 297-5471

Injured Employee's Name (Last, First, M.I.)	Agency Name
1.	4.
Date of Claimed Injury (DOI)	Agency Location
2.	5.
Employee Phone #	
3.	

Investigative Questions	6. Describe in detail the tasks, activities, and conditions leading up to the injury/illness.
	7. Describe in detail how the injury/illness occurred.
	8. Describe in detail the injury or illness.
	Complete causal factor analysis on page 2 before proceeding to questions 9-12.
	9. Provide a detailed description of all hazardous conditions, such as defective equipment, excessive noise, natural, or traffic hazards that may have contributed to this injury/illness.
	<input type="text" value="Primary Hazard Condit Code:"/>
	10. Provide a detailed description of all unsafe acts such as failure to use safety equipment, improper use of equipment, or unsafe posture that may have contributed to this injury/illness.
	<input type="text" value="Primary Unsafe Act Code:"/>
	11. Please describe immediate corrective actions you have taken to prevent additional injuries/illnesses.
	12. Please describe all preventative actions you are taking to reduce or eliminate similar hazards in the future.
	13. Name, title and phone number of individual completing this form.
	Name Phone
	Title Date of Investigation
	14. Agency management review
Name Title	

Incident Causal Factor Analysis

Employee Name

DOI

Step 1. Review and check all hazardous conditions that may have contributed to the incident. (Circle primary hazardous condition to be used for reporting purposes and record code on line 9, page 1.) NEC-Not Elsewhere Classified UNS-Unspecified

Possible Hazardous Conditions

(Three digit number is for coding purposes)

- | | | |
|--|--|---|
| <input type="checkbox"/> Defect, unsuitable materials 001 | <input type="checkbox"/> Inadequate ventilation 240 | <input type="checkbox"/> Uninsulated (electrical) 550 |
| <input type="checkbox"/> Defect, dull 002 | <input type="checkbox"/> Insufficient work space 250 | <input type="checkbox"/> Uncovered connections (electrical) 560 |
| <input type="checkbox"/> Defect, improper construction 003 | <input type="checkbox"/> Improper illumination 260 | <input type="checkbox"/> Unshielded (radiation) 570 |
| <input type="checkbox"/> Defect, improper design 004 | <input type="checkbox"/> Environmental hazard, NEC 299 | <input type="checkbox"/> Inadequate shield (radiation) 580 |
| <input type="checkbox"/> Defect, rough 005 | <input type="checkbox"/> Hazardous methods/procedure, UNC 300 | <input type="checkbox"/> Unlabeled/inadequate label 590 |
| <input type="checkbox"/> Defect, sharp 006 | <input type="checkbox"/> Inherently haz. material/equipment 310 | <input type="checkbox"/> Inadequate guarding, NEC 599 |
| <input type="checkbox"/> Defect, slippery 007 | <input type="checkbox"/> Inherently haz. method/procedure 320 | <input type="checkbox"/> Outside work hazard, UNS 600 |
| <input type="checkbox"/> Defect, worn, cracked, broken 008 | <input type="checkbox"/> Inadequate/improper tools/equipment 330 | <input type="checkbox"/> Defective premises 610 |
| <input type="checkbox"/> Defect, other, NEC 009 | <input type="checkbox"/> Inadequate help with lifting 340 | <input type="checkbox"/> Defective material/equipment, others 620 |
| <input type="checkbox"/> Wet, slippery, spills 020 | <input type="checkbox"/> Improper assignment of personnel 350 | <input type="checkbox"/> Other property hazard 630 |
| <input type="checkbox"/> Dress/apparel hazard, UNS 100 | <input type="checkbox"/> Hazardous method/procedure, NEC 399 | <input type="checkbox"/> Natural hazard 640 |
| <input type="checkbox"/> Lack of personal protection equipment 110 | <input type="checkbox"/> Placement haz., material/equipment, UNC 400 | <input type="checkbox"/> Public hazards, UNS 700 |
| <input type="checkbox"/> Improper/inadequate clothing 113 | <input type="checkbox"/> Improperly piled 410 | <input type="checkbox"/> Public transportation hazards 710 |
| <input type="checkbox"/> Dress/apparel hazard, NEC 119 | <input type="checkbox"/> Improperly placed 420 | <input type="checkbox"/> Traffic hazard 720 |
| <input type="checkbox"/> Environmental hazard, UNS 200 | <input type="checkbox"/> Inadequately secured 430 | <input type="checkbox"/> Other public hazard 780 |
| <input type="checkbox"/> Excessive noise 205 | <input type="checkbox"/> Inadequately guarded, UNC 500 | <input type="checkbox"/> hazard not listed 980 |
| <input type="checkbox"/> Failure to place warning signs 208 | <input type="checkbox"/> Unguarded 510 | <input type="checkbox"/> hazard not listed |
| <input type="checkbox"/> Inadequate aisle, exits, etc. 210 | <input type="checkbox"/> Inadequately guarded 520 | <input type="checkbox"/> hazard not listed |
| <input type="checkbox"/> Inadequate clearance 220 | <input type="checkbox"/> Lack of shoring 530 | <input type="checkbox"/> hazard not listed |
| <input type="checkbox"/> Inadequate traffic control 230 | <input type="checkbox"/> Ungrounded (electrical) 540 | <input type="checkbox"/> hazard not listed |

Step 2. Review and check all unsafe acts that may have contributed to the incident. (Circle primary unsafe act to be used for reporting purposes and record code on line 10, page 1.)

Possible Unsafe Act

(Three digit number is for coding purposes)

- | | | |
|--|--|---|
| <input type="checkbox"/> Caulking, packing under pressure 051 | <input type="checkbox"/> Use of hand instead of tool 356 | <input type="checkbox"/> Exposure to moving material 558 |
| <input type="checkbox"/> Clean, oil, adjust moving equipment 052 | <input type="checkbox"/> Improper use of equipment, NEC 359 | <input type="checkbox"/> Unsafe posture/position, NEC 559 |
| <input type="checkbox"/> Weld, repair without clearance 056 | <input type="checkbox"/> Inattention to footing/surroundings 400 | <input type="checkbox"/> Driving errors, public road, UNS 600 |
| <input type="checkbox"/> Work on energized equipment 057 | <input type="checkbox"/> Make safety device inoperative 450 | <input type="checkbox"/> Too fast/slow 601 |
| <input type="checkbox"/> Unsupervised actions, NEC 059 | <input type="checkbox"/> Block, plug, tie safety device 452 | <input type="checkbox"/> Enter/leave on vehicle traffic side 602 |
| <input type="checkbox"/> No personal protection equipment used 100 | <input type="checkbox"/> Disconnect/remove safety device 453 | <input type="checkbox"/> Failure to signal turn, stop, backup 603 |
| <input type="checkbox"/> Unsafe personal attire 150 | <input type="checkbox"/> Misadjust safety device 454 | <input type="checkbox"/> Failure to yield right-of-way 604 |
| <input type="checkbox"/> Failure to secure/warn, UNC 200 | <input type="checkbox"/> Improper replacement of device 456 | <input type="checkbox"/> Following too closely 606 |
| <input type="checkbox"/> Fail to lock/block 201 | <input type="checkbox"/> Inoperative safety device, NEC 459 | <input type="checkbox"/> Improper passing 607 |
| <input type="checkbox"/> Fail to shut off equipment 202 | <input type="checkbox"/> Working at unsafe speed, UNC 500 | <input type="checkbox"/> Turn from wrong lane 608 |
| <input type="checkbox"/> Fail to place warning signs 203 | <input type="checkbox"/> Feed/supply to rapidly 502 | <input type="checkbox"/> Driving errors, public road, NEC 609 |
| <input type="checkbox"/> Start/stop equipment without warning 207 | <input type="checkbox"/> Jump from elevation 503 | <input type="checkbox"/> Unsafe placing, mix, combine, UNC 650 |
| <input type="checkbox"/> Fail to warn, NEC 209 | <input type="checkbox"/> Operate vehicle unsafe speed 505 | <input type="checkbox"/> Combining resulting in fire/exp. 653 |
| <input type="checkbox"/> Horseplay 250 | <input type="checkbox"/> Running 506 | <input type="checkbox"/> Unsafe placing of vehicle/equipment 655 |
| <input type="checkbox"/> Improper use of equipment, UNC 300 | <input type="checkbox"/> Throwing materials 508 | <input type="checkbox"/> Unsafe placement of tools, scrap 657 |
| <input type="checkbox"/> Equipment use improper manner 301 | <input type="checkbox"/> Unsafe speed, NEC 509 | <input type="checkbox"/> Unsafe placement, NEC 659 |
| <input type="checkbox"/> Overloading equipment 305 | <input type="checkbox"/> Unsafe posture/position, UNC 550 | <input type="checkbox"/> Use of unsafe equipment, UNS 750 |
| <input type="checkbox"/> Improper use of equipment, NEC 309 | <input type="checkbox"/> Confined space violations 552 | <input type="checkbox"/> Unsafe act not listed 900 |
| <input type="checkbox"/> Improper use of body parts, UNC 350 | <input type="checkbox"/> Ride in unsafe position 555 | <input type="checkbox"/> Unsafe act not listed |
| <input type="checkbox"/> Insecure grip 353 | <input type="checkbox"/> Exposure to suspended load 556 | <input type="checkbox"/> Unsafe act not listed |
| <input type="checkbox"/> Improper hold of object 355 | <input type="checkbox"/> Exposure to swinging load 557 | <input type="checkbox"/> Unsafe act not listed |

Step 3. Check all other contributing factors that may have contributed to the incident.

Other Contributing Factors

- | | | |
|--|--|---|
| <input type="checkbox"/> Lack of policy/procedures | <input type="checkbox"/> Insufficient sup training | <input type="checkbox"/> Inadeq workplace inspect |
| <input type="checkbox"/> Safety rules not enforced | <input type="checkbox"/> Improper maintenance | <input type="checkbox"/> Inadequate equipment |
| <input type="checkbox"/> Hazards not identified | <input type="checkbox"/> Inadequate supervision | <input type="checkbox"/> Unsafe design/construction |
| <input type="checkbox"/> PPE unavailable | <input type="checkbox"/> Inadequate job planning | <input type="checkbox"/> Unrealistic schedule |
| <input type="checkbox"/> Insufficient ee training | <input type="checkbox"/> Inadequate hiring | <input type="checkbox"/> Poor process design |

Step 4. Based on information above, consider possible corrective actions or measures to control immediate hazard.

Corrective Actions

- | | | |
|---|---|--|
| <input type="checkbox"/> Fix or repair | <input type="checkbox"/> Warning signs | <input type="checkbox"/> Install protective barriers |
| <input type="checkbox"/> Employee communication | <input type="checkbox"/> Utilize safety equipment | <input type="checkbox"/> Other |

Step 5. Based on information above, consider possible preventative actions to eliminate or permanently control hazards so injuries do not reoccur.

Preventative Actions

- | | | |
|--|---|--|
| <input type="checkbox"/> Fix or repair | <input type="checkbox"/> Warning signs | <input type="checkbox"/> Install protective barriers |
| <input type="checkbox"/> Employee communication | <input type="checkbox"/> Utilize safety equipment | <input type="checkbox"/> Conduct inspections |
| <input type="checkbox"/> Institute safety procedures | <input type="checkbox"/> Safety training | <input type="checkbox"/> Other |
| <input type="checkbox"/> Modify process/procedures | <input type="checkbox"/> Engineering controls | <input type="checkbox"/> Other |

Step 6. Complete questions 9-12 on page 1. Multiple corrective and preventative actions may be necessary to ensure control of the hazard(s) and to prevent future injuries.

Reporting Information

This form is to be completed by the employee's immediate supervisor, the agency's investigator, or designee and submitted in conjunction with the First Report of Injury. Complete this form in its entirety. The Agency Claims Investigation form will assist your agency in identifying the causal factors of workplace injuries/illnesses and the implementation of corrective actions while also helping the Department of Administration Workers' Compensation Program in determining the compensability of the reported work-related injury or illness and in identifying possible subrogation sources.

Please type or print legibly. If you need additional space when responding to any of the questions, you may add additional pages.

Form Instructions

- | | |
|--------------------|--|
| Items 1 through 5 | Same information as reported in the First Report of Injury form. |
| Item 6 | Describe in detail the task the employee was performing that lead to the injury/illness. This will assist you in identifying the causal factors of the injury/illness. |
| Item 7 | Based on your investigation, how did the injury/illness occur? Your description should include details of the circumstances and events that caused the injury/illness. |
| Item 8 | Describe in detail the employee's injury or illness. Your description should include all body parts (i.e., neck, cheek bone, left toe) affected and the extent of injury or illness (i.e., congestion, laceration, puncture or combination thereof). |
| Items 9 through 12 | Describe action(s) taken or to be taken to prevent this occurrence from happening again. See page 2, Incident Causal Factor Analysis, to complete these questions. |
| Item 13 | Name, title and phone number of the person conducting the investigation of the employee's claimed injury or illness and the date of the investigation. |
| Item 14 | The completed investigation should be reviewed and signed by agency management (such as the area, program, divisional manager of the employee injured). |
| Item 15 | Distribution - Submit this form to your agency's workers' compensation coordinator with the completed FRI. A copy of this form can be retained in the agency's workers' compensation file. |