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 _____ ❒ A.M. ❒ 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 ❒ No Injury ❒ First Aid Only ❒ Taken to Clinic ❒ Taken to ER ❒ Fatality		Treating Medical Facility	
Description of Incident			
Any witnesses? ❒ Yes ❒ No	Name and Phone No.	Name and Phone No.	Name and Phone No.
Were there others injured? ❒ Yes ❒ No	Name and Phone No.	Name and Phone No.	Name and Phone No.
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	

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

REVISED FEB. 2013