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

6. Describe in detail the tasks, activities, and conditions leading up to the injury/illness.  
   (Inj Det-Statements EE State) 

7. Describe in detail how the injury/illness occurred.  
   (Inj Det-Statements ER State) 

8. Describe in detail the injury or illness.  
   (Inj Det-Description) 

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.  
   (Consequent Actions-Correct/Prevent) 
   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.  
    (Inj Det-Details) 
    Primary Unsafe Act Code: 

11. Please describe immediate corrective actions you have taken to prevent additional injuries/illnesses.  
    (Consequent Actions-Corrective) 

12. Please describe all preventative actions you are taking to reduce or eliminate similar hazards in the future.  
    (Consequent Actions-Preventative) 

13. Name, title and phone number of individual completing this form.  
    (Inj Det-Role/Address) 
    Name 
    Title 
    Phone 
    Date of Investigation 

14. Agency management review 
    Name 
    Title
**Possible Hazardous Conditions**

- Defect, unsuitable materials 001
- Defect, dull 002
- Defect, improper construction 003
- Defect, improper design 004
- Defect, rough 005
- Defect, sharp 006
- Defect, slippery 007
- Defect, worn, cracked, broken 008
- Defect, other, NEC 009
- Wet, slippery, spills 020
- Dress/apparel hazard, UNC 100
- Lack of personal protection equipment 110
- Improper/inadequate clothing 113
- Dress/apparel hazard, NEC 119
- Environmental hazard, UNS 200
- Excessive noise 205
- Failure to place warning signs 208
- Inadequate aisle, exits, etc. 210
- Inadequate clearance 220
- Inadequate traffic control 230
- (Three digit number is for coding purposes)
  - Inadequate ventilation 240
  - Insufficient work space 250
  - Improper illuminaton of personnel 280
  - Environmental hazard, NEC 299
  - Hazardous methods/procedure, UNC 300
  - Inherently haz. material/equipment 310
  - Inherently haz. method/procedure 320
  - Inadequate/improper tools/equipment 330
  - Inadequate help with lifting 340
  - Improper assignment of personnel 350
  - Hazardous method/procedure, NEC 359
  - Placement haz., material/equipment, UNC 400
  - Improperly placed 410
  - Improperly secured 430
  - Inadequately guarded, UNC 500
  - Unguarded 510
  - Inadequately guarded 520
  - Lack of shoring 530
  - Ungrounded (electrical) 540
  - Uninsulated (electrical) 550
  - Uncovered connections (electrical) 560
  - Unshielded (radiation) 570
  - Inadequate shield (radiation) 580
  - Unlabeled/inadequate label 590
  - Inadequate guarding, NEC 599
  - Outside work hazard, UNS 600
  - Defective premises 610
  - Defective material/equipment, others 620
  - Other property hazard 630
  - Natural hazard 640
  - Public hazards, UNS 700
  - Public transportation hazards 710
  - Traffic hazard 720
  - Other public hazard 780
  - Hazard not listed 980
  - Hazard not listed 990
  - Hazard not listed

**Possible Unsafe Act**

- Cauking, packing under pressure 051
- Clean, oil, adjust moving equipment 052
- Weld, repair without clearance 056
- Work on energized equipment 057
- Unsupervised actions, NEC 059
- No personal protection equipment used 100
- Unsafe personal attire 150
- Failure to secure/warn, UNC 200
- Fail to lock/block 201
- Fail to shut off equipment 202
- Fail to place warning signs 203
- Start/stop equipment without warning 207
- Fail to warn, NEC 209
- Horseplay 250
- Improper use of equipment, UNC 300
- Improper use of improper manner 301
- Overloading equipment 305
- Improper use of equipment, NEC 309
- Improper use of body parts, UNC 350
- Insecure grip 353
- Improper hold of object 355
- (Three digit number is for coding purposes)
  - Use of hand instead of tool 356
  - Improper use of equipment, NEC 359
  - Inattention to footing/surroundings 400
  - Make safety device inoperative 450
  - Block, plug, tie safety device 452
  - Disconnect/remove safety device 453
  - Misadjust safety device 454
  - Improper replacement of device 456
  - Inoperative safety device, NEC 459
  - Working at unsafe speed, UNC 500
  - Feed/supply to rapidly 502
  - Jump from elevation 503
  - Operate vehicle unsafe speed 505
  - Running 506
  - Throwing materials 508
  - Unsafe speed, NEC 509
  - Unsafe posture/position, UNC 550
  - Confined space violations 552
  - Ride in unsafe position 555
  - Exposure to suspended load 556
  - Exposure to swinging load 557
  - Exposure to moving material 558
  - Unsafe posture/position, NEC 559
  - Too fast/slow 601
  - Enter/leave on vehicle traffic side 602
  - Failure to signal turn, stop, backup 603
  - Failure to yield right-of-way 604
  - Following to closely 606
  - Improper passing 607
  - Turn from wrong lane 608
  - Driving errors, public road, NEC 609
  - Unsafe placing, mix, combine, UNC 650
  - Combining resulting in fire/exp. 653
  - Unsafe placing of vehicle/equipment 655
  - Unsafe placement of tools, scrap 657
  - Unsafe design/construction 659
  - Use of unsafe equipment, UNS 750
  - Unsafe act not listed 900
  - Unsafe act not listed 990
  - Unsafe act not listed

**Other Contributing Factors**

- Lack of policy/procedures
- Safety rules not enforced
- Hazards not identified
- PPE unavailable
- Insufficient ee training
- Insufficient sup training
- Improper maintenance
- Inadequate supervision
- Inadequate job planning
- Inadequate hiring
- Inadequate workplace inspect
- Inadequate equipment
- Unrealistic schedule
- Poor process design

**Corrective Actions**

- Fix or repair
- Employee communication
- Warning signs
- Utilize safety equipment
- Install protective barriers
- Other

**Preventative Actions**

- Fix or repair
- Employee communication
- Warning signs
- Utilize safety equipment
- Install protective barriers
- Conduct inspections
- Other
- 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 Employee Relations 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

<table>
<thead>
<tr>
<th>Items 1 through 5</th>
<th>Same information as reported in the First Report of Injury form.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Item 6</td>
<td>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.</td>
</tr>
<tr>
<td>Item 7</td>
<td>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.</td>
</tr>
<tr>
<td>Item 8</td>
<td>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).</td>
</tr>
<tr>
<td>Items 9 through 12</td>
<td>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.</td>
</tr>
<tr>
<td>Item 13</td>
<td>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.</td>
</tr>
<tr>
<td>Item 14</td>
<td>The completed investigation should be reviewed and signed by agency management (such as the area, program, divisional manager of the employee injured).</td>
</tr>
<tr>
<td>Item 15</td>
<td>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.</td>
</tr>
</tbody>
</table>