<table>
<thead>
<tr>
<th>MnSCU Location</th>
<th>Incident Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>MnSCU Southeast Winona TC</td>
<td>0.00</td>
</tr>
<tr>
<td>MnSCU Riverland Albert Lea TC</td>
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</tr>
<tr>
<td>MnSCU HIE Svc Ctr Arrowhead CC</td>
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</tr>
<tr>
<td>MnSCU MnWest Jackson TC</td>
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<tr>
<td>MnSCU Mesabi Range CTC Eveleth</td>
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<tr>
<td>MnSCU Law Enforcement Prog CC</td>
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<tr>
<td>MnSCU System Office</td>
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<tr>
<td>MnSCU Anoka Ramsey CC</td>
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<tr>
<td>MnSCU Lake Superior Duluth</td>
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</tr>
<tr>
<td>MnSCU Fond Du Lac CC</td>
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<tr>
<td>MnSCU Mn State CTC Fergus Felton</td>
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<tr>
<td>MnSCU MnWest Worthington CC</td>
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<tr>
<td>MnSCU Minneapolis CTC</td>
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<tr>
<td>MnSCU Pine TC</td>
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<tr>
<td>MnSCU Northland CTC Thf Rvr Fl</td>
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<tr>
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<td>MnSCU Northwest Bemidji TC</td>
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<td>MnSCU Vermillion CC</td>
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<td>MnSCU Braska CDT</td>
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<tr>
<td>MnSCU Metro SU</td>
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<td>MnSCU Hennepin North TC</td>
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<td>MnSCU Mesabi Range CTC Vrg</td>
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<td>MnSCU St Paul TC</td>
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<td>MnSCU Bemidji SU</td>
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</table>

The workers' compensation claim incident rate is an approximation of the number of reportable claims paid per year, per 100 full-time employees. See page 32 of the Workers' Compensation Program Annual Report for an explanation of the calculation.
New first report of injury reporting forms (FRI) have been created by the Department of Administration, Risk Management Division, Workers' Compensation Program. The FRI form from the Department of Labor and Industry is no longer in use.

The use of these new forms is to begin immediately. They are available on the WC Program web site at:
http://www.risk-workerscomp.admin.state.mn.us/forms.htm
and can also be reached through this WC Bulletin that describes the changes:
http://www.risk-workerscomp.admin.state.mn.us/WCBULLTN/wcb-09-02.htm

Please note these process changes:

1. The FRI is no longer in use and is replaced with a new IDF form - you will need to inform all of your supervisors of the change in forms to be used to collect data about workplace injuries and illnesses and provide them with the new form.

2. Supervisors are now required to provide you with this completed form within 24 hours of the date/time of the injury so that you are able to meet the WC Program's requirement of reporting injuries through SEMA4 within the first 3 days of the injury occurrence. You will still enter injury/illness data in SEMA4 and approved status claims will turn into FRI's at the WC Program. Remember: the reporting of workplace injuries or illnesses is a supervisory responsibility and the reporting forms are not to be completed by employees.

3. A new employee statement form has been created that must be used for every report of a possibly work related injury or illness. Supervisors are required to provide this form to each employee who reports an injury or illness and collect the completed form. You will need to inform your supervisors of this new required reporting process and provide them with the new form.

4. Supervisors must provide a packet of information to every employee reporting a possibly work related injury or illness. The packet contains information about the managed care process, the clinic referral card, the pharmacy benefit card, etc. You will need to insure that each supervisor has this information and that they in turn providing it to each employee who files a report of injury/illness.

5. For employees who are not on the SEMA4 payroll system, there is an additional data collection form. This form, plus the IDF form mentioned above in #1, are the new means to report all student worker injuries. You must still enter the injury information into SEMA4 following the procedure for a "non-employee" so that the injury and lost time information is correct on the OSHA logs and on the OSHA summary report. You must also still fax these two information forms to the WC Program at 651-297-5471. While the form indicates that you may e-mail it, one of the required fields is Social Security Number and you are unable to communicate a social security number via e-mail, even encrypted e-mail.
6. A new supervisor's checklist of responsibilities has been created that outlines the steps supervisors are to take in the documentation and reporting of all claimed injuries and illnesses. You will need to inform your supervisors and provide them with this new form as well.

If you have any questions about the new forms, please contact John Sargent, Workers' Compensation Program, at john.sargent@state.mn.us or call him at 651-201-3031. If you have any questions regarding the WC process or a MnSCU specific claim, please don't hesitate to contact me.

Mary J. Muenchow
Director, Personnel - State Universities/ Workers' Comp Administrator Minnesota State Colleges and Universities Office of the Chancellor Wells Fargo Place 30 East 7th Street, Suite 350 St. Paul, MN 55101-7804
Phone: 651-296-2337
FAX: 651-297-3145
www.hr.mnscu.edu
Injured Employee’s Name (Last, First, M.I.)  
Agency Name

Date of Claimed Injury (DOI)  
Agency Location

Employee Phone #  

6. Describe in detail the tasks, activities, and conditions leading up to the injury/illness. (Inj Descriptions FR State)

7. Describe in detail how the injury/illness occurred. (Inj Descriptions FR State)

8. Describe in detail the injury or illness. (Inj Descriptions)

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 Condition Code:

10. Provide a detailed description of 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 Des-Detail)  
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-Preventive)

13. Name, title and phone number of individual completing this form. (Inj Des-Rule/Address)

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

- Defect, unsuitable materials 001
- Defect, child 062
- 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, splits 020
- Dress/apparel hazard, UNS 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, exit, etc. 210
- Inadequate clearance 220
- Inadequate traffic control 230

(Three digit number is for coding purposes)

- Inadequate ventilation 240
- Insufficient work space 250
- Improper illumination 260
- 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 skill with lifting 340
- Improper assignment of personnel 350
- Hazardous method/procedure, NEC 359
- Placement haz. material/equipment, UNC 400
- Improperly flared 410
- Improperly placed 420
- Inadequately secured 430
- Inadequately guarded, NEC 500
- Unguarded 510
- Inadequately guarded 520
- Lack of aching 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
- Hazard not listed
- Hazard not listed
- 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

- Caulking, 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
- Fall to lock/block 201
- Fall to shut off equipment 202
- Fall to place warning signs 203
- Start/stop equipment without warning 207
- Fall to warn, NEC 209
- Horseplay 250
- Improper use of equipment, UNC 300
- Equipment use 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 forgoing/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 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
- Driving errors, public road, UNS 600
- 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, UNS 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 placement, NEC 659
- Use of unsafe equipment, UNS 750
- Unsafe act not listed 900
- Unsafe act not listed
- Unsafe act not listed
- Unsafe act not listed

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

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
- Unsafe design/construction
- Unrealistic schedule
- Poor process design

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

Corrective Actions

- Fix or repair
- Employee communication

- Warning signs
- Utilize safety equipment

- Install protective barriers
- Other

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

Preventative Actions

- Fix or repair
- Employee communication
- Institute safety procedures
- Modify processes/procedures

- Warning signs
- Utilize safety equipment
- Safety training
- Engineering controls

- 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.

PE-00630-05 (08/04) See Item 15 of instructions for distribution.
### 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’s 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, check 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>
**Employee statement regarding injury/illness/incident**

**Instructions:** This form is for the collection and reporting of data associated with a reported work-related injury, illness, or incident. Supervisors should have employees reporting a work-related injury, illness, or incident immediately complete this form (electronic document is preferred method, paper copy is acceptable). This completed document along with all other required injury, illness, or incident forms should be sent to the Agency Workers’ Compensation Coordinator within 24 hours of receiving notice of the injury, illness, or incident. Do not email directly from web site. Save completed form to your computer, then email.

1. First name:  
2. Middle initial:  
3. Last name:  

4. Emp/State ID #:  
5. Work phone: ( )  
6. Home phone: ( )  
7. Date of incident:  
8. Time of incident: am pm  

9. Where did the incident occur? (Please be specific, indicate building, floor, location, street address, etc. Draw a map if necessary)  

10. What were you doing when the incident occurred? (Please indicate task being performed and include the activities immediately before incident)  

11. Give a detailed description of how the injury/illness occurred. (Please include details about the work environment and any items being used)  

12. Describe the injury/illness and body part(s) affected. (Please be specific, for example: I burned the tip of my index finger on the right hand)  

13. Who was present when the injury/illness occurred? (Please include the full names of anyone present)  

14. What changes do you suggest to prevent this from happening again?  

15. Employee Signature: (If submitting electronically, please type name)  

16. Date:  

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**For office use:**  
Claimant Name Date of Incident:  
WC Claim #: SEMA4 Incident #:  
WC Claim Specialist

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**Employee Statement rev. 3/1/09**

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