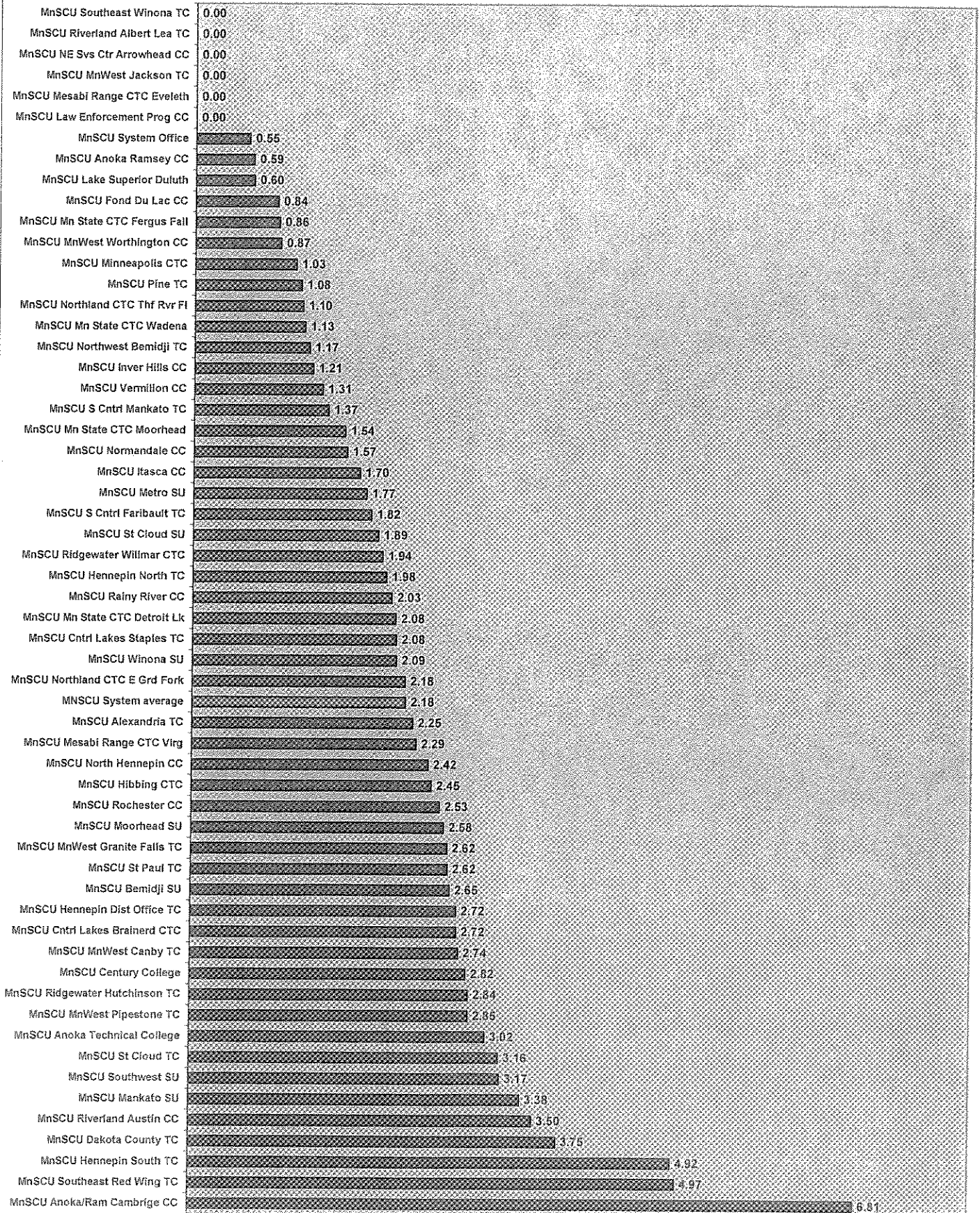
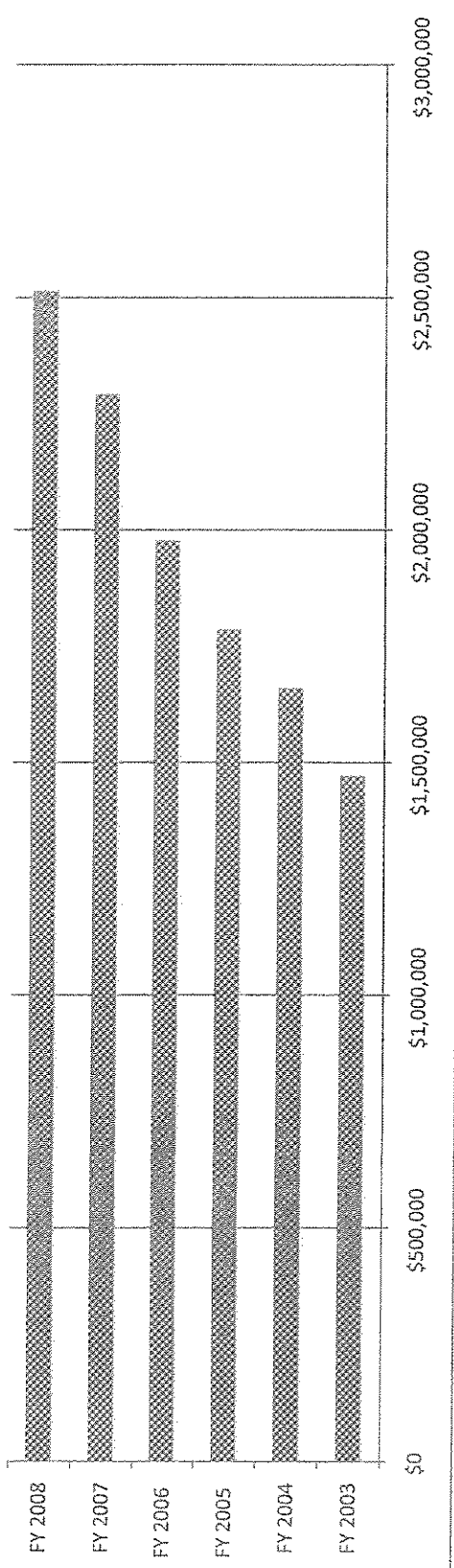


MnSCU Workers' Compensation Claim Incident Rates - FY 2008

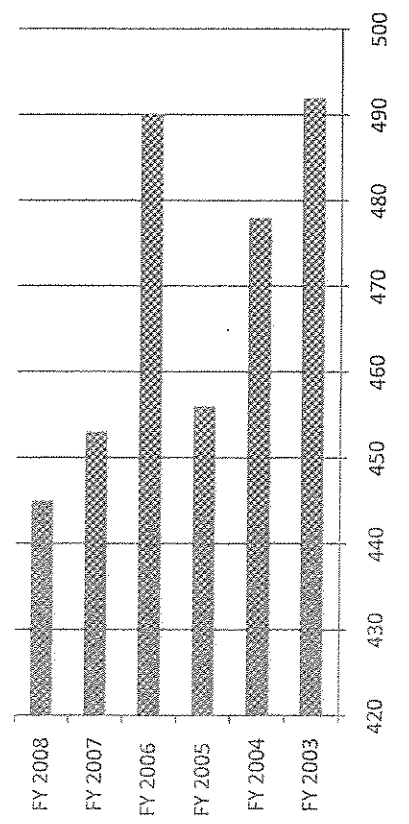


The workers' compensation claim incident rate is an approximation of the number of reportable claims paid per year, per 100 full-time employees. See page 32 of the Workers' Compensation Program Annual Report for an explanation of the calculation.

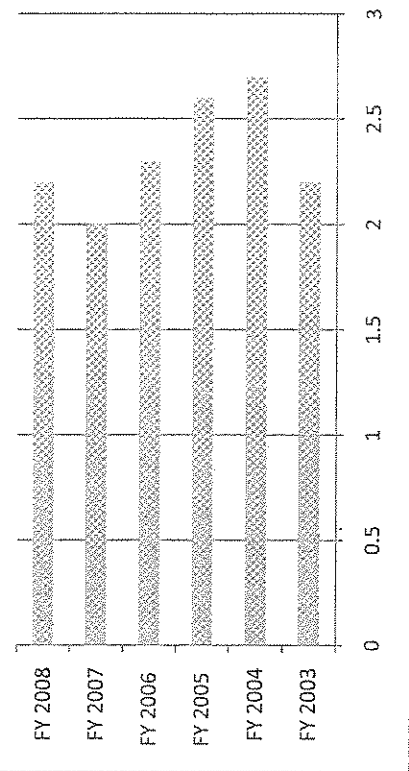
Benefit Costs



Claims Filed



Incident Rates



>>> "Mary Muenchow" <Mary.Muenchow@so.mnscu.edu> 2/12/2009 11:54 AM >>>
** High Priority **

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 are 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



Agency Claims Investigation

(SEMA4 panels are in italics)

Dept. of Administration
 Risk Management Division
 Workers' Compensation Program
 PO Box 64081
 St. Paul, MN 55164-0081
 (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. *(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	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 too 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'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

- | | |
|--------------------|--|
| 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. |

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: <input type="checkbox"/> am <input type="checkbox"/> pm	
9. Where did the incident occur? <i>(Please be specific, indicate building, floor, location, street address, etc. Draw a map if necessary)</i>					
10. What were you doing when the incident occurred? <i>(Please indicate task being performed and include the activities immediately before incident)</i>					
11. Give a detailed description of how the injury/illness occurred. <i>(Please include details about the work environment and any items being used)</i>					
12. Describe the injury/illness and body part(s) affected. <i>(Please be specific, for example: I burned the tip of my index finger on the right hand.)</i>					
13. Who was present when the injury/illness occurred? <i>(Please include the full names of anyone present)</i>					
14. What changes do you suggest to prevent this from happening again?					
15. Employee Signature: <i>(if submitting electronically, please type name)</i>				16. Date:	

Insurer: Minnesota Dept. of Administration, Risk Management Division, Workers' Compensation Program P.O. Box 64081, St. Paul, MN 55164-0081 Phone (651) 201-3000	For office use: Claimant Name _____ Date of Incident: _____ WC Claim #: _____ SEMA4 Incident #: _____ WC Claim Specialist _____
Employee Statement rev. 3/1/09	