



**WORKERS' COMPENSATION
CLAIM REPORTING
CHECKLIST**

3540 E. Broad St. Store 6870 #126
Mansfield, Tx 76063

Phone 214-888-6776
Fax: 1 214 833 7257
Email: claims@stratfocusllc.com

Email the completed forms to claims@stratfocusllc.com or Fax to: 214 833 7257

Employer Name:		Accident Location:	
Date of Injury:		Time of Injury:	<input type="checkbox"/> AM <input type="checkbox"/> PM
Employee Name:		Claim Number:	

What task was being performed by the Employee prior to the accident/near miss?	
Describe any tools, machinery, equipment, or PPE that was being used at the time of the accident.	
Was the employee working alone?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Witness Name(s):	
How much experience did the Injured Employee have in performing this task? (Length of time)	
Explain the nature of the injury:	



STEP 1—OBTAIN AND REVIEW PHYSICAL EVIDENCE, EMPLOYEE/WITNESS INFORMATION, AND PAPER EVIDENCE PERTINENT TO THE INVESTIGATION

Physical—Photographs, drawings, equipment manuals, etc... (Forward with report)

Employee/Witnesses—statements, interviews, First Report of Injury (FROI)

Paper—Policies, programs, training records, maintenance records, incident reports, etc.



STEP 2—DIRECT CAUSE, CONTRIBUTING CAUSE, AND ROOT CAUSE

Use the following list as an aid for identifying the factors that led to the accident or near miss.
Do Not limit your analysis to the categories listed—add items as needed. Check all that apply.

POLICIES/PROGRAMS	COMMUNICATION
Not Developed or Inadequate	Insufficient Planning for Tasks
Developed and Communicated	Lack of Worker Communication
Developed—Not Communicated	Lack of Supervisor Instruction
Developed-Not Followed/Enforced	Sufficient Supervisor Instruction
Developed—Not Understood	Confusion After Communication
Lack of Disciplinary Policy	Lack of Understanding of Task
Disciplinary Policy Not Enforced	Work Team Breakdown



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HAZARDS	BLOODBORNE PATHOGEN
Unidentified or Not Labeled	Unaware/Aware of Air Borne Hazard
Known But Not Corrected	Stuck With Contaminated Needle
Known But Not Reported	Client Contact/Exposure
Created by External Factors	Inmate Contact/Exposure
Known But Not Reported	Sharps Container Not Available
Condition Changed Not Conveyed	Improper Cleanup
Equipment Repaired Deficiently	Contaminated Waste Not Labeled
PPE Not Adequate or Defective	Other

PRODUCTIVITY FACTORS	WORK BEHAVIOR
Heavy Workload	Shortcuts Taken
Tight Schedule To Complete Task	Deviations-Common, Allowed etc...
Long/Unusual Working Hours	Special Infrequent Task
Falsely Perceived Need to Hurry	Tool/Equipment Used Improperly
Staff Assistance Unavailable	History of Accidents/Incidents
Staff Assistance Inadequate	Disregard/Refused to Follow Procedure
Changes in Process	Staff Assistance Required
Was Employee Ill?	Horseplay
Medication, Drugs, Alcohol Factors	Repetitive or Physically Demanding
Double Shift	Going On/Coming Off Vacation

TRAINING	ENVIRONMENT
Deficient Orientation Training	Weather/Temperature Factors
Deficient Job Specific Training	Poor Housekeeping
Insufficient Training for New Process or Task	Poor Lighting
Lack of Supervisor Follow-up or Reinforcement	Poor Visibility
Lack of Supervisor Training	Air Quality
Lack of Employee Training	Noise
Communication of Expectations	Visibility of Labels/Warning Signs
Communication of Rules/Policy	Visible and Audible Alarms
Hazards Overlooked in Training	Other:

PERSONAL PROTECTIVE EQUIP (PPE)	FACILITIES/EQUIPMENT
Available	Poor Facility Design
Required	Poor/Faulty Equipment or Design
Required PPE Not Used/Worn	Poor Workstation Design
Trained On How To Use	Equipment Not Guarded
Adequate Fit	Equipment Repair Deficient
PPE Not Used Adequately	Lack of Preventative Maintenance
Poor Condition	Employee Lack of Knowledge
Adequate for Job Performed	Equipment Failure
Lack of Supervisor Enforcement	Inadequate Inspection Timelines





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STEP 3—CAUSES

From the categories identified, check the major cause or causes of the accident:

- POLICIES/PROCEDURES
- TRAINING
- FACILITIES/EQUIPMENT
- BLOODBORNE PATHOGEN
- COMMUNICATION

- PRODUCTIVITY FACTORS
- ENVIRONMENT
- HAZARDS
- WORK BEHAVIORS
- PERSONAL PROTECTIVE EQUIPMENT



Comments related to investigation:	

STEP 4—ROOT CAUSE ANALYSIS

Why did this happen?		
Further WHY...?		
How Can This Be Prevented? (Develop Safety Policy, Enforce Safety Policies, Follow Safety Policies, Develop Training, Additional Training, etc...)		
Steps for Corrective Action and Projected Completion Date:		
Engineering Controls —Eliminate/ reduce hazards through equipment redesign, enclosure, replacement, substitution, etc.		
Administrative Controls —Eliminate/ reduce frequency and duration of exposure through (1) changes of work procedures and practices, and/or (2) scheduling, job rotation, breaks, etc. 3) Training 4) Additional Training		
Personal Protective Equipment —for personal use that presents a barrier between worker and hazard.		
1)	Est. Completion Date:	
2)	Est. Completion Date:	
3)	Est. Completion Date:	
4)	Est. Completion Date:	

The following persons have participated in the accident investigation and root cause analysis and are aware of the findings:

Risk Manager:	Date:	
Supervisor:	Date:	
Employee:	Date:	