



DEPARTMENT OF FINANCIAL SERVICES
Division of Risk Management

**Workers' Compensation
Claim Investigation Report**

Claim Information (to be completed by Division of Risk Management staff)

Division of Risk Management Internal Tracking #:

State Agency/University:

Department of Financial Services claim number(s):

Claimant name(s):

Date(s) of the occurrence(s):

Brief description of the occurrence reported in the initial claim filing:

Name/contact information of individual(s) at the state agency/university familiar with the occurrence:

The claim referenced above requires further explanation from the State Agency/University that reported the claim and to which the claim has been assigned. Please complete the information below and return it to the Division of Risk Management's Loss Prevention section within 10 business days of the date of receipt:

Describe in detail how and where the injury/illness occurred:

What was the employee doing just before the incident occurred?

List any person(s) who may have contributed to the accident:

Please indicate if any of the following may have contributed to the injury or illness. Give details in blank below.

- | | |
|--|--|
| <input type="checkbox"/> Improper instruction | <input type="checkbox"/> Improper maintenance |
| <input type="checkbox"/> Failure to lockout | <input type="checkbox"/> Improper protective equipment |
| <input type="checkbox"/> Unsafe arrangement or process | <input type="checkbox"/> Physical or mental impairment |
| <input type="checkbox"/> Lack of training or skill | <input type="checkbox"/> Unsafe equipment |
| <input type="checkbox"/> Unsafe position | <input type="checkbox"/> Inoperative safety device |
| <input type="checkbox"/> Poor ventilation | <input type="checkbox"/> Failure to secure |
| <input type="checkbox"/> Operating without authority | <input type="checkbox"/> Poor housekeeping |
| <input type="checkbox"/> Improper attire | <input type="checkbox"/> Environmental conditions |
| <input type="checkbox"/> Improper guarding | <input type="checkbox"/> Management systems |
| <input type="checkbox"/> Horseplay | <input type="checkbox"/> Other: |

Agency/University recommendation on how to prevent this accident from recurring or current efforts to prevent future similar accidents:

Please return completed report to Division of Risk Management, Department of Financial Services, 200 E. Gaines Street, Tallahassee, FL 32399-0337 or e-mail the electronic version to StateLossPreventionProgram@myfloridacfo.com.

Please note: Section 284.40(2), Florida Statutes, Division of Risk Management

The claim files maintained by the Division of Risk Management shall be confidential, shall be only for the usage by the Department of Financial Services in fulfilling its duties and responsibilities under this part, and shall be exempt from the provisions of s. 119.07(1).

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