



NEAR MISS REPORT

A near miss is a potential hazard or incident that has not resulted in any personal injury. Unsafe working conditions, unsafe employee work habits, improper use of equipment or use of malfunctioning equipment have the potential to cause work related injuries. It is everyone's responsibility to report and/or correct these potential accidents/incidents immediately. Please complete this form as a means to report these near-miss situations.

Name: _____

Date: _____ Time: _____ Day of week: S M T W T F S

Shift: _____ Department: _____

This is a report of :		
<input type="checkbox"/> Unsafe Act	<input type="checkbox"/> Unsafe Equipment	
<input type="checkbox"/> Unsafe Condition	<input type="checkbox"/> Unsafe use of equipment	
Reported by: <input type="checkbox"/> Supervisor <input type="checkbox"/> EH&S <input type="checkbox"/> Team <input type="checkbox"/> Other: _____		
DESCRIBE THE INCIDENT		
Exact Location of the Incident:		Exact time:
What part of employee's work day?		
<input type="checkbox"/> Start of shift	<input type="checkbox"/> End of shift	<input type="checkbox"/> During normal work activities
<input type="checkbox"/> During meal or break period	<input type="checkbox"/> Working overtime	<input type="checkbox"/> Other _____
Months with Employer: _____		Months Doing Job: _____
Description of Near Miss Incident or Potential Hazard:		
ROOT CAUSE		
Unsafe workplace conditions: (Check all that apply) <input type="checkbox"/> Inadequate guard <input type="checkbox"/> Unguarded hazard <input type="checkbox"/> Safety device is defective <input type="checkbox"/> Tool or equipment defective <input type="checkbox"/> Workstation layout is hazardous	Unsafe acts by people: (Check all that apply) <input type="checkbox"/> Operating without permission <input type="checkbox"/> Operating at unsafe speed <input type="checkbox"/> Servicing equipment that has power to it <input type="checkbox"/> Making a safety device inoperative <input type="checkbox"/> Using defective equipment	

<input type="checkbox"/> Unsafe lighting <input type="checkbox"/> Unsafe ventilation <input type="checkbox"/> Lack of personal protective equipment (PPE) <input type="checkbox"/> Lack of appropriate equipment/tools <input type="checkbox"/> Unsafe clothing <input type="checkbox"/> No training or insufficient training <input type="checkbox"/> Other: _____	<input type="checkbox"/> Using equipment in an unapproved way <input type="checkbox"/> Unsafe lifting <input type="checkbox"/> Taking an unsafe position or posture <input type="checkbox"/> Distraction, teasing, horseplay <input type="checkbox"/> Failure to wear personal protective equipment <input type="checkbox"/> Failure to use the available equipment/tools <input type="checkbox"/> Other: _____
Why did the unsafe conditions exist?	
Why did the unsafe acts occur?	
Is there an advantage that may have encouraged the unsafe conditions or acts)? (For example: The job can be done more quickly if it is done unsafely). No Yes if yes, Describe:	
HOW CAN FUTURE INCIDENTS BE PREVENTED?	
What changes do you suggest to prevent this incident/near miss from happening again?	
<input type="checkbox"/> Train the supervisor(s) <input type="checkbox"/> Stop this activity <input type="checkbox"/> Routinely inspect for the hazard <input type="checkbox"/> Personal Protective Equipment	<input type="checkbox"/> Redesign work station <input type="checkbox"/> Stop this activity <input type="checkbox"/> Redesign task steps <input type="checkbox"/> Train the employer(s)
	<input type="checkbox"/> Write a new policy/rule <input type="checkbox"/> Guard the hazard <input type="checkbox"/> Other: _____
CORRECTIVE ACTION TAKEN	
What should be done (or has been) done to implement the changes checked above?	
Description continued on attached sheets:	
WHO COMPLETED AND REVIEWED THIS FORM? (PLEASE PRINT)	
Written by:	Title:
Department:	Date:
Names of Investigation Team Members	
1.	2.
Reviewed by:	Title:
Department:	Date: