



## Dept of Chemistry Near Miss Report & Prelim Analysis Form

**Instructions:** The person who experienced the near miss and their supervisor are requested to complete this form.  
Submit the completed form to Brenna Goode/Instructional Lab Staff.

Name of Filer:		Date of Near Miss:	
UI ID # Filer:		Date Reported:	
Address of Filer:		Near Miss Location:	
City, State, Phone:		Instructor/TA Name:	
Supervisor/PI Name:		Course & Section #:	

**Near Miss Incident Description:** Please provide a detailed description of the near miss. If possible, have the filer re-create the events; including who, what, when, where and why. If more space is needed, use the second page for additional description.

### Preliminary Root Cause Analysis For Consideration (check all that apply)

Contributing Actions		Contributing Conditions	
<input type="checkbox"/> Use of safety devices	<input type="checkbox"/> Recapped needle	<input type="checkbox"/> Housekeeping	<input type="checkbox"/> Exposure
<input type="checkbox"/> Use of PPE	<input type="checkbox"/> Material Handling	<input type="checkbox"/> Condition of surface	<input type="checkbox"/> Noise
<input type="checkbox"/> Equipment condition	<input type="checkbox"/> Use of tools	<input type="checkbox"/> Ergonomic issue	<input type="checkbox"/> Chemicals
<input type="checkbox"/> Appropriate equipment use	<input type="checkbox"/> Warning method	<input type="checkbox"/> Guards/barriers	<input type="checkbox"/> Fire/explosion hazard
<input type="checkbox"/> Procedural issues	<input type="checkbox"/> Type of clothing	<input type="checkbox"/> Tools/equipment	<input type="checkbox"/> Radiation
<input type="checkbox"/> Speed of operation	<input type="checkbox"/> Authorization issue	<input type="checkbox"/> Tools/Equipment not available	<input type="checkbox"/> Sharp object
<input type="checkbox"/> Lifting technique	<input type="checkbox"/> Awareness	<input type="checkbox"/> Lighting/Temp/Ventilation	<input type="checkbox"/> Inclement weather
<input type="checkbox"/> Operator skill	<input type="checkbox"/> Lost balance	<input type="checkbox"/> Work area	<input type="checkbox"/> Training
<input type="checkbox"/> Other:		<input type="checkbox"/> Other:	

**Root Cause Analysis:** Based on your analysis, please indicate what led to the near miss.  
(If more in-depth analysis is needed, use the 5-Why process on the second page.)

### Possible Corrective Actions For Consideration (check those items that will help prevent recurrence)

<input type="checkbox"/> Isolate & guard the hazard	<input type="checkbox"/> Procedure change	<input type="checkbox"/> Gloves	<input type="checkbox"/> Safety goggles
<input type="checkbox"/> Automate a manual process	<input type="checkbox"/> Safety training	<input type="checkbox"/> Respirator	<input type="checkbox"/> Face shield
<input type="checkbox"/> Design out/remove hazard	<input type="checkbox"/> Add signs/warning label	<input type="checkbox"/> Safety glasses	
<input type="checkbox"/> Ventilation	<input type="checkbox"/> Improve housekeeping	<input type="checkbox"/> Safety shoes	
<input type="checkbox"/> Other:	<input type="checkbox"/> New/different tools/equip	<input type="checkbox"/> Lab coat	
<input type="checkbox"/> Other:			

Proposed timely corrective actions	Person(s) responsible for completing corrective actions

Supervisor/PI/Instructor/TA (Electronic) Signature:		Date:	
(Electronic) Signature of Filer:		Date:	
BET Member/Lab Staff (Electronic) Signature:		Date:	



## Dept of Chemistry Near Miss Incident Report & Prelim Investigation Form

Instructions: The person who experienced the near miss and their supervisor are requested to complete this form.  
Submit the completed form to Brenna Goode/Instructional Lab Staff.

Name of Filer:	Date of Near Miss:
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**Incident Description:** Continued from page 1. Use this space to add more information (if necessary).

### 5-Why Root Cause Analysis

By repeatedly asking the question "Why" (five is a good rule of thumb), you can peel away the layers of symptoms which can lead to the root cause of a problem. Example: Someone slipped and fell. (the problem)

- 1. Why? - The floor was wet. (first why)
- 2. Why? - The weather was bad and people tracked snow into the building. (second why)
- 3. Why? - The floor tile was not slip-resistant and did not absorb moisture. (third why)
- 4. Why? - The floor mats that are normally put out during bad weather were not put down. (fourth why)
- 5. Why? - The person that puts out floor mats during bad weather was absent that day and no one assumed his duties. (fifth why, a root cause)

Why 1:

Why 2:

Why 3:

Why 4:

Why 5:

#### Form routing

For research-related near misses, e-mail/deliver completed forms to **Brenna Goode** (E331 CB / brenna-good@uiowa.edu).  
For instruction-related near misses, email/deliver completed forms to the **Instructional Lab Staff** (W344 CB/ W444 CB/ chemistry-preproom@uiowa.edu)