

NEAR MISS REPORT

Near Miss: a potential hazard or an unplanned event that did not result in an injury, illness, Exposure or damage-but had the potential to do so. There was NO slip, trip, fall, punch, poke, bruise, strain, fire or exposure.

Form Instructions:

1. Within 24 hours the witness or person with knowledge of near miss/potential hazard must complete Section 1.
2. Give copy to the Safety Committee
3. The person who completed Section 1, must give form to their supervisor
4. Supervisor must conduct an investigation and complete Section 2
5. Upon Supervisor's completion of Section 2, the entire form must be given to the Safety Committee

Section 1 - Completed by witness or person with knowledge of near miss/potential hazard

Date: _____ Time: _____ AM PM

Dept: _____ Location: _____

Check all that apply:

- Unsafe Condition Unsafe Equipment Unsafe Use of Equipment Unsafe Act/Behavior

Description:

Employee Signature (optional) _____

Date _____

Section 2 - Completed by supervisor after investigation of near miss/potential hazard

After the investigation, explain in detail what caused the potential hazard/near miss to exist/occur:

1. Primary and contributing factors and activities: (check all that apply)

Equipment

- Equipment failure
- Improper equipment or material used for job
- Guard removed from equipment

Personal Protective Equipment

- Not worn
- Not readily available
- Not adequate for the task
- Personal protective equipment failure

Training/Experience

- Lack of training
- Failure to follow procedures
- New task for employee or lack of experience
- Incomplete Safe Operating Procedure
- Outdated Safe Operating Procedure

Work Area

- Work area set up improperly
- Ergonomic factors
- Sanitary and housekeeping issues
- Lack of cord management
- Ice or wet conditions
- Loose handrails
- Chipped tile or loose carpet/rug
- 3 foot clearance in front of electrical panel
- Lack of Material Safety Data Sheets

Employee

- Employee fatigue
- Unbalanced or poor position or motion
- Not paying attention
- Improper footwear for conditions
- Going too fast
- Taking short cuts
- Not aware of surroundings
- Lack of policy/procedure
- Poor housekeeping practices
- Improper behavior and attitude
- Disregard for safety rules
- Animal (explain) _____

Other unsafe practice (explain): _____

Environmental Factors

- Clear
- Rain
- Snow
- Sleet
- Hail
- Other _____

2. Preventative Actions

Supervisor (must be completed)

- Develop/revise safety policies/procedures and/or update plan
- Request ergonomic evaluation
- Require personal protective equipment
- Remove equipment from use and repair or repair or replace
- Schedule preventative maintenance
- Retrain employee in proper procedures
- Require Baseline Safety Training
- Inform employee to slow down
- Address attitude and behavior
- Address employee work practices
- Maintain housekeeping and sanitary conditions
- Work Order completed
- Contact Facilities Management (ice, etc)
- Other (explain) _____

Complete 1 & 2
Use additional pages as needed.

Supervisor or Manager Signature _____

Committee Member Signature _____

Date of Investigation _____

Date Received _____