

This report must be **filled out completely**, signed, and forwarded to The Office of Health and Safety within three working days after the date of incident.

# Report of Near Miss Incident

<b>Employee Name:</b>	
<b>Position and/or Department:</b>	
Date & Time of Incident:	Date & Time Reported:

1) Where did the Near Miss occur?
2) What was the complaint/incident and describe in detail what <u>you</u> consider caused this incident. Attach witness statements, if any.
3) What do you suggest to prevent a similar type incident from recurring?
4) Further recommendations:
5) What action has been taken?

Employee Sign & Print Name:	Date Signed:
Department Manager Sign & Print Name:	Date Signed:

Revised NOV06

**Note: Continued on Back**  
**Incident Analysis**

## Causes of Near Miss Incident (Check all that apply)

<p><b><u>Supervisory Responsibilities</u></b></p> <p><input type="checkbox"/> No instructions given.</p> <p><input type="checkbox"/> Incomplete instructions.</p> <p><input type="checkbox"/> Rules, standards, or instructions not enforced.</p> <p><input type="checkbox"/> Personal protection equipment not provided.</p> <p><input type="checkbox"/> Correct tools or equipment not provided.</p> <p><input type="checkbox"/> Inadequate or improper inspection of equipment.</p> <p><input type="checkbox"/> Improper method of completing work.</p> <p><input type="checkbox"/> Poor job planning.</p> <p><input type="checkbox"/> Too much rush.</p> <p><input type="checkbox"/> Other: _____</p> <p>Date Corrected: _____</p>	<p><b><u>Personal Action or Characteristic of Employee</u></b></p> <p><input type="checkbox"/> Haste or shortcuts.</p> <p><input type="checkbox"/> Proper equipment provided but not used (including PPE).</p> <p><input type="checkbox"/> Improper or unsafe tools or equipment used.</p> <p><input type="checkbox"/> Horseplay.</p> <p><input type="checkbox"/> Instructions, rules, or standards disregarded.</p> <p><input type="checkbox"/> Inattention.</p> <p><input type="checkbox"/> Inexperience.</p> <p><input type="checkbox"/> Physical condition of employee.</p> <p><input type="checkbox"/> Improper body position.</p> <p><input type="checkbox"/> Improper method of doing work.</p> <p><input type="checkbox"/> Action(s) of fellow employee(s).</p> <p><input type="checkbox"/> Improper clothing.</p> <p><input type="checkbox"/> Other: _____</p> <p>Date employee counseled: _____</p>
<p><b><u>Unsafe Equipment or Materials</u></b></p> <p><input type="checkbox"/> Ineffectively guarded or unguarded equipment.</p> <p><input type="checkbox"/> Defective equipment, tools, or materials.</p> <p><input type="checkbox"/> Unsafe equipment, material, or contractor, non-employee, or patron.</p> <p><input type="checkbox"/> Other: _____</p> <p>Date Corrected: _____</p>	<p><b><u>Unsafe Conditions</u></b></p> <p><input type="checkbox"/> Poor lighting.</p> <p><input type="checkbox"/> Poor ventilation.</p> <p><input type="checkbox"/> Congestion.</p> <p><input type="checkbox"/> Improper storing.</p> <p><input type="checkbox"/> Exits or emergency aisles inadequate or not provided.</p> <p><input type="checkbox"/> Faulty layout of facility or workspace.</p> <p><input type="checkbox"/> Tools, equipment or materials not properly stored.</p> <p><input type="checkbox"/> Slippery floors.</p> <p><input type="checkbox"/> Unsafe condition caused by contractor, non-employee, or patron.</p> <p><input type="checkbox"/> Other: _____</p> <p>Date corrected: _____</p>

**Risk Classification**

In the table on the right, indicate the Exposure and the Potential Severity from Light to Catastrophic. The risk classification (Low, Medium, or High) will result. Shaded areas represent unacceptable levels of risk where action is required to avoid or reduce risk.

Dark Shaded Area – High Risk (do not take this risk)  
 Light Shaded Area – Medium Risk (reduce risk)  
 No Shading – Low Risk (improve)

Risk Classification: \_\_\_\_\_

<b><u>Exposure</u></b>		<b><u>Potential Severity</u></b>				
<b>Exposure</b>		1	2	3	4	5
Very High (More than weekly occurrence at your site)						
High (More than annual occurrence)						
Medium (May occur annually at site)						
Low (Known to have occurred)						
Very Low (Not known to have occurred)						
		1	2	3	4	5
<b>Potential Severity</b> 1 – Light; 2 – Serious; 3 – Major; 4 – Catastrophic; 5 – Multi-catastrophic						