



## INCIDENT/NEAR MISS REPORT

No.: \_\_\_\_\_

DATE OF INCIDENT: \_\_\_\_\_

TIME OF INCIDENT: \_\_\_\_\_

WHERE: \_\_\_\_\_

WHO WAS HURT: \_\_\_\_\_

WITNESSES: \_\_\_\_\_

STATUS	
INITIAL ADVICE	
DATE	
ACTION CLOSED OFF	
DATE	

NATURE OF INCIDENT	
1.	PERSONAL INJURY
2.	POTENTIAL INJURY
3.	SPILL
4.	FIRE
5.	PROPERTY DAMAGE
6.	OTHER

DESCRIBE THE SEQUENCE OF EVENTS:

---



---



---

IF A PERSON WAS INJURED, WHAT WERE THEY DOING AT THE TIME?

---

WHAT WENT WRONG?

---

NATURE AND EXTENT OF INJURY:

---

IF INJURED, DID THE PERSON RECEIVE FIRST AID TREATMENT?

YES  NO

DATE

TIME

WHEN WAS INCIDENT REPORTED?

DATE:

TIME:

BY WHOM:

TO WHOM:

PERSON INVESTIGATING:

REPORTED TO (COMMITTEE):



# INCIDENT/NEAR MISS INVESTIGATION REPORT

No.: \_\_\_\_\_

## OBJECT:

Is not to attempt to fix blame, but to get relevant facts. Similar Incidents/Near Misses can be prevented by taking necessary corrective action.

## INSTRUCTIONS:

(Be specific) Answer so that someone unfamiliar with your incident will understand exactly what happened and what must be done to prevent future Incidents/Near Misses of the same type. Describe fully unsafe conditions or methods.

INCIDENT  
DATE \_\_\_\_\_

INCIDENT  
TIME \_\_\_\_\_

CAUSES	ACTION	CORRECTIVE ACTION	
List causes (be specific). There is usually more than one cause. Distinguish between unsafe conditions and unsafe acts.	List corrective action for each cause (be specific)	NAME	DATE
SAFETY OFFICER (SIGNED)		DATE	

## AGENCY

i.) MACHINES AND PLANT IN OPERATION <input type="checkbox"/>	xi.) HARMFUL CONTACT <input type="checkbox"/>
ii.) VEHICLES <input type="checkbox"/>	xii.) FALLING OR STRIKING AGAINST OBJECTS <input type="checkbox"/>
iii.) FORKLIFT <input type="checkbox"/>	xiii.) OBJECTS FALLING OR FLYING <input type="checkbox"/>
iv.) MANUAL HANDLING <input type="checkbox"/>	xiv.) TOOLS-HAND&POWER <input type="checkbox"/>
v.) FALL <input type="checkbox"/>	xv.) THERMAL CONTACT <input type="checkbox"/>
vi.) SLIP <input type="checkbox"/>	xvi.) CHEMICAL CONTACT <input type="checkbox"/>
vii.) CAUGHT IN <input type="checkbox"/>	xvii.) FIRE/EXPLOSION <input type="checkbox"/>
viii.) CAUGHT BETWEEN <input type="checkbox"/>	xviii.) OTHER <input type="checkbox"/>
ix.) CAUGHT UNDER <input type="checkbox"/>	
x.) PORTABLE EQUIPMENT <input type="checkbox"/>	

## THESE ARE TYPICAL CAUSES

1) PLANNING & EQUIPMENT <input type="checkbox"/>	6) SLIPPERY FLOOR <input type="checkbox"/>	11) UNFAMILIAR WITH WORK OR RISKS OR SAFETY RULES <input type="checkbox"/>
2) FAULTY OR INEFFECTIVE GUARDS, TOOLS, SIGNS OR EQUIPMENT <input type="checkbox"/>	7) INADEQUATE LIGHTING <input type="checkbox"/>	12) SKYLARKING OR MISCONDUCT <input type="checkbox"/>
3) POOR DESIGN OR LAYOUT <input type="checkbox"/>	8) P.P.E. NOT PROVIDED/ NOT USED <input type="checkbox"/>	13) FAILURE TO FOLLOW SAFETY PRACTICES WHICH ARE WELL UNDERSTOOD <input type="checkbox"/>
4) POOR HOUSEKEEPING <input type="checkbox"/>	9) MOVING WITHOUT LOOKING <input type="checkbox"/>	14) OTHER <input type="checkbox"/>
5) CONGESTED AREA <input type="checkbox"/>	10) FAILURE TO PROVIDE ADEQUATE PROCEDURES, METHODS, RULES <input type="checkbox"/>	

WHAT HAS BEEN DONE ALREADY TO MAKE IT SAFER?

\_\_\_\_\_

FURTHER RECOMMENDED ACTION:

\_\_\_\_\_

REMARKS BY SAFETY OFFICER

FINAL REMARKS BY COMMITTEE

SIGNATURE:

DATE:

SIGNATURE:

DATE:

TO SAFETY OFFICER FOR FILING