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| **Instructions:** This form is to be used for incidents that resulted in loss or almost resulted in loss (Near Miss). Obtain information from the person involved as well as any witnesses. Include what happened, what caused the incident and what were the contributing factors to the incident. To do this, reconstruct the sequence of events that led to the incident. Attach additional sheets if necessary. Provide completed form to your Supervisor. |
| **Employee Data / Event: Injury Near Miss Property Damage Loss** X |
| Employee Name | Event Description | Loss Y/N |
|       |       |       |
| Date of Incident: | Time of Incident | Incident Location: |
|       |       [ ] a.m. [ ] p.m. |       |
| **Incident Description:**  |
| 1. What was the incident and who was involved?
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|       |
| 1. What was happening at the time of the incident?
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|       |
| 1. What events lead up to the incident? Describe the sequence of events.
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|       |
| 1. What exactly caused the incident? What mechanics, equipment or tools were involved?
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|       |
| 1. What was the root cause of the incident?
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|       |
| 1. If a physical injury was avoided, describe what prevented the injury?
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|       |
| **Additional Information** |
| Provide any additional information important to the investigation (pictures taken, evidence collected). |
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| **CHECK ALL DIRECT CAUSES THAT APPLY**  |
| **What CONDITION of tools, equipment, or work area contributed to incident?** [ ] **Not Applicable** |
| [ ]  Close Clearance/Congestion [ ]  Floors/Work Surfaces [ ]  Poor Housekeeping[ ]  Hazardous Placement [ ]  Inadequate Ventilation [ ]  Equipment Failure[ ]  Inadequate Warning System [ ]  Inadequate Illumination [ ]  Hazardous Materials [ ]  Improper Material Storage [ ]  Inadequate Guards/Barrier [ ]  Defective Tools/Equipment/Vehicle[ ]  Inadequate/Improper PPE [ ]  Equipment/Workstation Design [ ]  Other       |
| **What ACTION or INACTION contributed to the incident?** [ ] **Not Applicable** |
| [ ]  Failure to Make Secure [ ]  Used Defective Equipment [ ]  Failure to Use PPE[ ]  Improper Lifting [ ]  Improper Technique [ ]  Improper Loading [ ]  Used Equipment Improperly [ ]  Unauthorized Actions [ ]  Operating At Improper Speed[ ]  Operating Procedure Deviation [ ]  Improper Position [ ]  Used Wrong Tool/Equipment[ ]  Horseplay/Distractive Active [ ]  Unsafe Act of Another Staff [ ]  Under Influence Drugs/Alcohol[ ]  Nullified Safety/Control Devices [ ]  Running/Rushing/Acting In Haste [ ]  Failure to Warn/Signal[ ]  Servicing Equipment In Motion [ ]  Other       |
| **CHECK ALL UNDERLYING OR ROOT CAUSES THAT APPLY** |
| **What caused or influenced the substandard conditions or behaviors?**  |
| [ ]  Lack of Proper Procedures [ ]  Inadequate Job Instructions [ ]  Inadequate Tools[ ]  Inadequate Job Training Methods [ ]  Inadequate Supervision [ ]  Improper Layout or Design [ ]  Inadequate Maintenance Standards [ ]  Unsafe Design or Construction [ ]  Poor Work Practice [ ]  Poor Work Design [ ]  Inadequate Purchasing Standards [ ]  Lack of Skill[ ]  Lack of Communication Between Staff [ ]  Improper Extension of Service Life [ ]  Improper Planning[ ]  Inadequate Cleaning [ ]  Inadequate Environmental Controls [ ]  Inadequate Capacity[ ]  Inadequate Preventive Maintenance [ ]  Inadequate Enforcement or Work Standards[ ]  Other      \_ |
| **CHECK ALL ACTIONS NECESSARY TO CORRECT THE DIRECT AND ROOT CAUSES** |
| **What corrective actions have been taken or are needed to prevent a recurrence?** |
| [ ]  Task Analysis/Procedure Revision [ ]  Improve Clean-Up Procedures [ ]  Repair/Replace Equipment [ ]  Reinstruction of Employees [ ]  Improve Storage/Arrangement [ ]  Rotation of Employee[ ]  Eliminate Congestion [ ]  Improve/Change Work Method [ ]  Identify/Improve PPE [ ]  Task Analysis to Be Completed [ ]  Install/Revise Guards/Devices [ ]  Improve Enforcement[ ]  Improve Design/Construction [ ]  Job Reassignment of Employees [ ]  Use Other Materials/Supplies[ ]  Improve Illumination [ ]  Mandatory Pre-Job Instructions [ ]  Improve Ventilation [ ]  Other       |
| **Recommended corrective actions or preventive measures to be taken**  |
| **Action Item** | **Person Responsible** | **Target Date** | **Date Complete** |
|       |       |       |       |
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| **Investigation Review (Initial after reviewing the findings of the investigation):** |
|  | **Initials** | **Review Date** | **Comments** |
| Employee involved: |       |       |       |
| Safety Representative: |       |       |       |
| Director / Manager: |       |       |       |