A near miss is a potential hazard or incident that has not resulted in any personal injury. Unsafe working conditions, unsafe employee work habits, improper use of equipment or use of malfunctioning equipment have the potential to cause work related injuries. It is everyone’s responsibility to report and/or correct these potential accidents/incidents immediately. Please complete this form as a means to report these near-miss situations.

Name: ___________________________________________________

Date: _______________ Time: _______________ Day of week: S M T W T F S

Shift: _______________ Department: ___________________________________

This is a report of:

□ Unsafe Act
□ Unsafe Condition
□ Unsafe Equipment
□ Unsafe use of equipment

Reported by: □ Supervisor □ EH&S □ Team □ Other:___________

DESCRIBE THE INCIDENT

Exact Location of the Incident: ____________________________

What part of employee’s work day?

□ Start of shift □ End of shift □ During normal work activities
□ During meal or break period □ Working overtime □ Other ______________

Months with Employer: ______________ Months Doing Job: ____________

Description of Near Miss Incident or Potential Hazard:

ROOT CAUSE

Unsafe **workplace conditions**: (Check all that apply)

□ Inadequate guard
□ Unguarded hazard
□ Safety device is defective
□ Tool or equipment defective
□ Workstation layout is hazardous

Unsafe **acts** by people: (Check all that apply)

□ Operating without permission
□ Operating at unsafe speed
□ Servicing equipment that has power to it
□ Making a safety device inoperative
□ Using defective equipment
<table>
<thead>
<tr>
<th>Unsafe lighting</th>
<th>Using equipment in an unapproved way</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unsafe ventilation</td>
<td>Unsafe lifting</td>
</tr>
<tr>
<td>Lack of personal protective equipment (PPE)</td>
<td>Taking an unsafe position or posture</td>
</tr>
<tr>
<td>Lack of appropriate equipment/tools</td>
<td>Distraction, teasing, horseplay</td>
</tr>
<tr>
<td>Unsafe clothing</td>
<td>Failure to wear personal protective equipment</td>
</tr>
<tr>
<td>No training or insufficient training</td>
<td>Failure to use the available equipment/tools</td>
</tr>
<tr>
<td>Other: ____________________</td>
<td>Other: ________________________________</td>
</tr>
</tbody>
</table>

**Why did the unsafe conditions exist?**

**Why did the unsafe acts occur?**

**Is there an advantage that may have encouraged the unsafe conditions or acts)? (For example: The job can be done more quickly if it is done unsafely). No  Yes if yes, Describe:**

**HOW CAN FUTURE INCIDENTS BE PREVENTED?**

**What changes do you suggest to prevent this incident/near miss from happening again?**

<table>
<thead>
<tr>
<th>Train the supervisor(s)</th>
<th>Redesign work station</th>
<th>Write a new policy/rule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stop this activity</td>
<td>Stop this activity</td>
<td>Guard the hazard</td>
</tr>
<tr>
<td>Routinely inspect for the hazard</td>
<td>Redesign task steps</td>
<td>Other: ________________________________</td>
</tr>
<tr>
<td>Personal Protective Equipment</td>
<td>Train the employer(s)</td>
<td></td>
</tr>
</tbody>
</table>

**CORRECTIVE ACTION TAKEN**

What should be done (or has been) done to implement the changes checked above?

Description continued on attached sheets:

**WHO COMPLETED AND REVIEWED THIS FORM? (PLEASE PRINT)**

Written by:          Title:  
Department:          Date:    

Names of Investigation Team Members

1.  
2.  

Reviewed by:          Title:  
Department:          Date:    