Near-Miss Report

Near-accidents/Near-misses are incidents that may or may not result in damage to property but do not result in an injury to employees or other individuals. Near-misses are potential learning opportunities that should be used to promote discussion about changes to policies, procedures, engineering controls and personal protective equipment in an attempt to prevent future accidents and near-misses. Employees should report near misses within 24 hours after an incident. This form should be used to describe and discuss the causes and outcomes of a near-miss.

Date and Time of incident:_______________________________________________________________

Date and Time incident was reported:____________________________________________________

Parties involved:

Name:_________________________________________ Job Title:________________________________

Witnesses:______________________________________________________________

Location of Incident:

Department:________________________________ Room:_____________________________________

Location in room:__________________________________________________________

Equipment involved:__________________________________________________________

Describe the incident:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________
Was the incident caused by faulty equipment?______________________________________________

If yes, preserve evidence. Identify:_______________________________________________________

Was the incident caused by another person?_______________________________________________

Name:_______________________________________________________________________________

Employee’s Signature:_________________________ Date:________________

Lab Supervisor’s Signature:_________________________ Date:________________

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Dates of Investigation:________________________________________________________________

What was the immediate cause of the incident (lack of training or supervision, rule enforcement, equipment maintenance, other)?
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

What were the contributing factors that led up to the incident?
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Corrective actions taken:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________