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| **ACCIDENT-NEAR MISS REPORT**   |  |  |  | | --- | --- | --- | | **Date:** |  | **Employee:** | |
| |  |  |  | | --- | --- | --- | | **DOH:** | **Job Title:** | **Supervisor:** | | **DOB:** | **Wage:** | **SS:** | |
| **Home Address:**  **Phone:**  **Email:**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Accident Details**   |  |  | | --- | --- | | **Date and time:** | **Injury?** | | **Accident address:** | **Accident description:** | | |
| **Treatment Information**   |  |  | | --- | --- | | **Treatment Facility Name & Location:** | **Treatment:** | | **Type of Injury:** | **Prescriptions?**  **Restrictions?** |   **ACCIDENT ROOT CAUSE ANALYSIS (Check All that Apply)**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | **Unsafe Acts** |  | **Unsafe Conditions** |  | **Management Deficiencies** | | □ | Improper work technique | □ | Poor workstation design/layout | □ | Lack of written policies &procedures | | □ | Safety rule violation | □ | Congested work area | □ | Safety rules not enforced | | □ | Improper PPE or PPE not used | □ | Hazardous substances | □ | Hazards not identified | | □ | Operating without authority | □ | Fire or explosion hazard | □ | PPE unavailable | | □ | Failure to warn or secure | □ | Inadequate ventilation | □ | Insufficient worker training | | □ | Operating at improper speeds | □ | Improper material storage | □ | Insufficient supervisor training | | □ | By-passing safety devices | □ | Improper tool or equipment | □ | Improper maintenance | | □ | Guards not used | □ | Insufficient knowledge of job | □ | Inadequate supervision | | □ | Improper loading or placement | □ | Slippery conditions | □ | Inadequate job planning | | □ | Improper lifting | □ | Poor housekeeping | □ | Inadequate hiring practices | | □ | Servicing machinery in motion | □ | Excessive noise | □ | Inadequate workplace inspection | | □ | Horseplay | □ | Inadequate hazards guarding | □ | Inadequate equipment | | □ | Drug or alcohol use | □ | Defective tools/equipment | □ | Unsafe design or construction | | □ | Unnecessary haste | □ | Insufficient lighting | □ | Unrealistic scheduling | | □ | Unsafe act of others | □ | Inadequate fall protection | □ | Poor process design | | □ | Other: | □ | Other: | □ | Other: |  |  |  | | --- | --- | | **Possible outcomes:**  **□ Very Serious □ Serious □ Minor** | **Likelihood of reoccurrence:**  **□ Frequent □ Occasional □ Rare** |   **How would you prevent this from reoccurring?**  **Corrective Action:**   |  |  | | --- | --- | | **Employee:** | **Supervisor:** | |