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| **ACCIDENT-NEAR MISS REPORT**

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| **Date:** |  | **Employee:** |

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| **DOH:** | **Job Title:** | **Supervisor:** |
| **DOB:** | **Wage:** | **SS:** |

 |
| **Home Address:****Phone:****Email:**

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| --- | --- | --- | --- | --- |
| **Accident Details**

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| **Date and time:** | **Injury?** |
| **Accident address:** | **Accident description:** |

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| **Treatment Information**

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| **Treatment Facility Name & Location:** | **Treatment:** |
| **Type of Injury:** | **Prescriptions?****Restrictions?** |

**ACCIDENT ROOT CAUSE ANALYSIS (Check All that Apply)**

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|  | **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:** |

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