

Incident L1 Near Miss



Near Miss

An incident that did not cause injury or damage but had the potential to.

Date: _____ Supervisor: _____

Plant: _____ File #: _____

Incident Potential: Injury Fire Spill Property Damage Other

Operation: _____

Incident Date: _____

Specific location: _____

Time: _____

Person(s) involved: _____

Incident Details

Summary of events: _____

Weather at time of incident:

* What job was being done, were activities normal operations or break down work, moving or unusual job etc. Describe activities immediately prior to the incident, what happened, and the results, e.g. injury, property damage, down time, spill, other.

Deficiency Analysis

Immediate Deficiencies:

- | | | |
|--|---|--|
| <input type="checkbox"/> Operating equipment without authority | <input type="checkbox"/> Horseplay | <input type="checkbox"/> Inadequate Guards or barriers |
| <input type="checkbox"/> Under the influence of a substance | <input type="checkbox"/> Failure to secure | <input type="checkbox"/> By-passing or removing safety devices |
| <input type="checkbox"/> Operating at improper speed | <input type="checkbox"/> Inadequate or improper PPE | <input type="checkbox"/> Inadequate warning system |
| <input type="checkbox"/> Congestion or restricted work area | <input type="checkbox"/> Using defective tools or equipment | <input type="checkbox"/> Not using proper PPE |
| <input type="checkbox"/> Using equipment improperly | <input type="checkbox"/> Fire and explosion hazards | <input type="checkbox"/> Improper position or lifting method |
| <input type="checkbox"/> Poor housekeeping | <input type="checkbox"/> Improper loading or placement
Noise exposures | <input type="checkbox"/> High or low temperature exposures |
| <input type="checkbox"/> Servicing equipment in operation | <input type="checkbox"/> Failure to warn | |

Deficiencies noted:

- | | | |
|--|---|---|
| <input type="checkbox"/> Inadequate capability; physical, mental | <input type="checkbox"/> Inadequate maintenance | <input type="checkbox"/> Wear and tear |
| <input type="checkbox"/> Lack of knowledge | <input type="checkbox"/> Inadequate engineering | <input type="checkbox"/> Inadequate leadership and/or supervision |
| <input type="checkbox"/> Improper motivation | <input type="checkbox"/> Inadequate purchasing | <input type="checkbox"/> Inadequate tools, equipment, maintenance |
| <input type="checkbox"/> Stress; physical, mental | <input type="checkbox"/> Lack of skill | <input type="checkbox"/> Inadequate work standards |
| | <input type="checkbox"/> Inadequate training | |

Corrective Action(s)/Follow-up: (immediate, interim, final):

To be done	By whom	By When

Completion date: _____

Verified by: _____

Estimated total cost(s): _____

Recommendations / Comments:

Management signature:	Supervisor signature:
Date:	Date: