

Near Miss Report

Complete all sections as accurately as possible. The purpose of this document is to report unsafe situations or conditions that could have resulted in an injury. The intent is to prevent serious injuries from occurring.

Project Name	Date of Incident
General Contractor	Time of Incident

Exact Location of Incident

Foreman's Name	Name of Affected Person(s)
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Description of "Near Miss" Incident

Potential Severity <input type="checkbox"/> Lost Time Injury <input type="checkbox"/> Equipment Damage	<input type="checkbox"/> Other
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Contributing Factor <input type="checkbox"/> Weather <input type="checkbox"/> Time of Day	<input type="checkbox"/> Other
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What Could Have Prevented This Incident?

What can we as a company learn from this incident?

Report Completed By	Date Submitted
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Supervisor's Signature	Date Reviewed
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Employee Suggestion / Near Miss Report

Employee / Crew Information			
Employee		Date of Incident	
Name / Crew		Time of Incident	
Exact Location of Incident			
Relates to			
<input type="checkbox"/>	Safety Productivity	<input type="checkbox"/>	Improved Communication
<input type="checkbox"/>	Improvement	<input type="checkbox"/>	Cost Savings
<input type="checkbox"/>	5S	<input type="checkbox"/>	Quality Improvement
<input type="checkbox"/>	Process Simplification	<input type="checkbox"/>	Other
List Other			
PSM – Employee Input (indicate below what the PSM input relates to)			
<input type="checkbox"/>	Program	<input type="checkbox"/>	Documentation
<input type="checkbox"/>		<input type="checkbox"/>	Procedure
Description of incident, problem or suggestion for improvement			
Attach additional sheets or related documents as needed			
Route This Suggestion to Your Shift Supervisor / Manager			
Supervisor / Manager Signature		Date	
Suggestion / NM received by		Date	
Suggestion / NM assigned to		Date	



Problem Clinic – Learning Incident Report

The purpose of this document is to share your learning experience with other employees.

Project Name

Date of Incident

General Contractor

Time of Incident

Exact Location of Incident

Background and pertinent information

Explain in detail what mistakes were made or prevented by your observation

What did you learn from this incident and what could have been done differently to avoid this mistake?

Your honesty and cooperation when sharing this experience are greatly appreciated. This report was completed by:

Print Name

Sign Name



Corrective Action Procedure System (CAPS)

This form is used for any near miss, accident or incident. It serves as a "lesson(s) learned" to prevent reoccurrence, further injury or damage.

Original Issue / Event	Original Date
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Extent of Cause (How could this issue affect the job?)

Extent of Condition (How could this affect other jobs?)

Commitment to Improve (Actions expected)	Commitment Owner

Action Taken (Description)	Date Completed

Commitment Owner Signature	Date
Original Report Issuer Signature	Date
Supervisor's Signature	Date

