

GRAND FORKS PARK DISTRICT
INCIDENT / NEAR MISS REPORT



This form is to be completed immediately following:

Incident = An event causing *injury or property damage*

Near Miss = An unsafe act or condition ⇒ *includes confrontations/threats*

Date of Incident/Near Miss: _____ Time of Incident/Near Miss: _____ AM / PM

Name of Person(s) Involved: _____ Age: _____ Employee: Yes No
Address: _____ City: _____ State: _____ Zip: _____
Phone (h): _____ Phone (w): _____ Phone (c): _____

Name of Person(s) Involved: _____ Age: _____ Employee: Yes No
Address: _____ City: _____ State: _____ Zip: _____
Phone (h): _____ Phone (w): _____ Phone (c): _____

Department/Facility where Incident/Near Miss occurred: _____

Type of equipment where Incident/Near Miss occurred (if applicable): _____

Condition of equipment: _____

Provide a brief description of how the Incident/Near Miss occurred: _____

Extent of injury / body part(s) affected (if applicable): _____

Staff actions _____

Was an emergency service notified? _____

Was individual taken for medical assistance? _____

Name of family member or guardian notified? _____ Phone: _____

Witnesses: _____ Phone: _____

_____ Phone: _____

Name of Person Completing Form: _____ Date: _____

If the injured person is an employee, his/her supervisor must be contacted and a WSI Incident Report (if not seeking medical attention) or a First Report of Injury (if seeking medical attention) must be filed with WSI. This must be done no later than the next business day.

Forwarded to your supervisor/manager to complete their portion of form on reverse side.

**GRAND FORKS PARK DISTRICT
INCIDENT/NEAR MISS FOLLOW-UP / ROOT CAUSE ANALYSIS / CORRECTIVE ACTION**

FOLLOW-UP

This portion of the form is to be completed by the department supervisor and/or manager.

Contact the injured person or family to follow-up on the injured person's condition.

Date of contact: _____ Time of contact: _____ AM PM

Status of injured person, etc.: _____

Person who made contact: _____

ROOT CAUSE ANALYSIS

This portion of the form is to be completed by the department staff that witnessed the Incident/Near Miss, the department supervisor of the area where the Incident/Near Miss occurred, and the manager.

Immediate causes of incident/Near Miss: _____

Could training or other have prevented what happened? Yes No Explain: _____

Corrective action recommended: _____

Person responsible: _____ Date to be completed by: _____

Investigated by: _____ Date: _____

After completion of Root Cause Analysis, forward to person responsible for corrective action.

CORRECTIVE ACTION

Corrective action taken: _____

Person responsible: _____ Date completed: _____

After completion of Corrective Action, forward to the Grand Forks Park District Office for review and to be filed.

Supervisor Signature: _____ Date: _____

Safety Manager Signature: _____ Date: _____