

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



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|--|---------|------------------|---|---------------------------|
| FULL NAME OF PERSON(S) INVOLVED | | DATE OF INCIDENT | TIME OF INCIDENT _____ <input type="checkbox"/> AM <input type="checkbox"/> PM | DATE REPORTED |
| JOB TITLE/DEPARTMENT (ONLY IF EMPLOYEE) | | | SHIFT START TIME _____ <input type="checkbox"/> AM <input type="checkbox"/> PM | HIRE DATE |
| 18 OR OVER <input type="checkbox"/> YES <input type="checkbox"/> NO | ADDRESS | PHONE | NAME OF FAMILY MEMBER OR GUARDIAN (IF NECESSARY) PHONE: | |
| PROGRAM/EVENT | | | | |
| LOCATION OF INCIDENT/NEAR MISS | | | PERSON INCIDENT WAS REPORTED TO | |
| EXTENT OF INJURY <input type="checkbox"/> NO INJURY <input type="checkbox"/> FIRST AID ONLY <input type="checkbox"/> TAKEN TO CLINIC <input type="checkbox"/> TAKEN TO ER <input type="checkbox"/> APPT MADE | | | | TREATING MEDICAL FACILITY |
| DESCRIPTION OF INCIDENT/NEAR MISS (CONTINUE ON BACK IF NECESSARY) | | | | |
| BODY PART INJURED (BE SPECIFIC) | | | | |
| STAFF ACTIONS (CONTINUE ON BACK IF NECESSARY) | | | | |
| ANY WITNESSES? <input type="checkbox"/> YES <input type="checkbox"/> NO | | NAME/PHONE | NAME/PHONE | |
| WERE THERE OTHERS INJURED? <input type="checkbox"/> YES <input type="checkbox"/> NO | | NAME/PHONE | NAME/PHONE | |
| WAS THERE PHYSICAL DAMAGE? | | | | |
| CAUSE OF INCIDENT/NEAR MISS | | | | |
| REPORT COMPLETED BY | | SIGNATURE | DATE | |
| <p><i>If the injured person is an employee, his/her supervisor must be contacted and a report must be filed with WSI no later than the next business day. Please check which report is to be completed:</i></p> <p><input type="checkbox"/> WSI Incident Report (if not seeking medical attention), or <input type="checkbox"/> First Report of Injury (if seeking medical attention)</p> | | | | |

Please forward to supervisor/manager to complete the following:

ROOT CAUSE ANALYSIS - CONTRIBUTING INCIDENT FACTORS

PHYSICAL

- POOR HOUSEKEEPING
- POOR OR NO EQUIPMENT GUARDING
- IMPROPER ILLUMINATION
- IMPROPER VENTILATION
- EQUIPMENT FAILURE
- UNSAFE APPAREL
- MEDICAL CONDITION (STROKE, CARDIAC ARREST)
- SURROUNDING SUBCONTRACTOR AT FAULT
- CONDITIONS (WET, ICY) _____
- OTHER _____

BEHAVIORAL

- NOT USING REQUIRED PPE
- PERFORMING DUTIES OUTSIDE SCOPE OF JOB
- FAILURE TO OBEY SUPERVISOR'S INSTRUCTIONS
- FAILURE TO OBEY JOB PROCEDURES
- SUSPECTED INTOXICATION
- PERSON WAS ENGAGED IN HORSEPLAY
- PERSON WAS UNSUITED FOR THE JOB
- OTHER _____
- OTHER _____
- OTHER _____

PROCEDURAL

- ASKED TO PERFORM JOB WITHOUT TRAINING
- OPERATING EQUIPMENT WITHOUT TRAINING
- POOR ENFORCEMENT OF PPE USE
- NEEDED EQUIPMENT NOT SUPPLIED
- FAILURE TO INSPECT EQUIPMENT
- FAILURE TO CORRECT POOR PROCEDURES
- WRONG EQUIPMENT FOR THE OPERATION
- WRONG CHEMICAL OR OTHER USED
- NO PRE-SITE INSPECTION
- OTHER _____
- OTHER _____

| | | |
|---|--|-------------------------|
| FOLLOW-UP (CONTACT THE INJURED PERSON OR FAMILY ON INJURED PERSON'S CONDITION - <i>IF NEEDED</i>) | | DATE |
| STATUS OF INJURED PERSON | | PERSON WHO MADE CONTACT |
| CORRECTIVE ACTION | | DATE COMPLETED |
| SUPERVISOR SIGNATURE | | DATE |
| SAFETY MANAGER SIGNATURE | | DATE |

PLEASE INCLUDE MORE INFORMATION BELOW (IF NEEDED):