

## 10.4 – Near Miss/ Incident Investigation



### GENERAL

Worksite:	Date:
Investigated by:	Reviewed by:

### PERSON(S) AT RISK

Name:	Phone:
Name:	Phone:

### WITNESSES

Name:	Phone:
Name:	Phone:

### INCIDENT/ACCIDENT CAUSE

<input type="checkbox"/> A single occurrence (fall from a height, struck by an object etc.)
<input type="checkbox"/> Exposure over time (working near toxic substances or repetitive actions)

### SINGLE OCCURENCE

Location:	Date:	Time:
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### EXPOSURE

Describe:	From:	To:
Is the worker still being exposed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
How often did the exposure occur? <input type="checkbox"/> Once <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Other		
Duration of exposure in hours: <input type="checkbox"/> < 1/2 <input type="checkbox"/> 1/2 - 2 1/2 <input type="checkbox"/> 2 1/2 - 5 <input type="checkbox"/> > 5		

### NOTES


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### INCIDENT DETAILS

What was the potential cause of the incident (struck by, fall, exposure, etc.):
What was the source of the risk (vehicle, floor, chemical, etc.):
Contributing factors (distraction, personal performance, environment, etc.):
Briefly describe what happened, including events preceding the incident:
Is there reason to believe the worker had a pre-existing condition: <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe:
Were the actions performed, part of the workers regular work: <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe:

### GENERAL

<input type="checkbox"/> Improve design	<input type="checkbox"/> Improve inspections	<input type="checkbox"/> Training
<input type="checkbox"/> Acquire safer equipment	<input type="checkbox"/> Improve maintenance	<input type="checkbox"/> Improve supervision
<input type="checkbox"/> Improve housekeeping	<input type="checkbox"/> Improve communication	<input type="checkbox"/> Disciplinary action
<input type="checkbox"/> Reassign/more help	<input type="checkbox"/> Create/revise procedure	<input type="checkbox"/> Other
Describe:		

### CORRECTIVE ACTION

Required	Date of Completion