



INCIDENT INVESTIGATION AND REPORTING

INCIDENT OF NEAR MISS INVESTIGATION FORM

General Information:

Name & Location of Job Site or Facility: _____

Employee Name: _____

Time on Present Job: (Years) _____ (Months) _____ Date: ____ / ____ / 20____

Regular Employee (Full-time):

Temporary Employee (Part-time):

Name of Department/Team: _____

Date of Incident: ____ / ____ / 20____

Time of Occurrence: _____ a.m./p.m

Date of Reporting: ____ / ____ / 20____

Time of Reporting: _____ a.m./p.m

Hours Worked: Last four weeks _____

On the day of incident _____

Type of Incident (Check all that apply)

Others:

Automobile

First Aid

Product/Service

Recoverable

Environmental

Lost Workday

Near Miss

Fatal

Is the Case Recordable?:	Y <input type="checkbox"/>	N <input type="checkbox"/>	Does it involve Lost Time?	Y <input type="checkbox"/>	N <input type="checkbox"/>
If Lost Time is involved, how many hours/days were lost?				Hr / days	

In case of physical injury, body part(s) affected: _____



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Description of how the incident/near miss occurred: _____

Contributing Factor(s) [Management System Failures, Conditions, Behaviours]: _____

Corrective Actions [Including Responsible Parties and Target Dates]: _____

Supervisor's Signature of Closure: _____

Date: _____ / _____ / 20_____