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## Title Page

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Company Name:

Date:



Prepared By:

Role or Position in the Company:

## OSHA Near Miss Form

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Name of affected employee:

Their role or position in the company:

Date and time when the near miss occurred:



Site/location of the near miss:

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Where exactly in the site/location did the near miss occur? (the specific area, room, floor, or building)

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What hazard/s triggered the near miss?

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Detailed description of the near miss: Include relevant events leading up to, during, and after the near miss. This information should come from the affected employee.

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To add a photo or image related to the near miss, click the "Photo" icon at the bottom right:

Yes    No    N/A

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Names of eye witnesses:

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Their role/s or position/s in the company:

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Description of the near miss from eye witnesses: Include relevant events leading up to, during, and after the near miss.

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Names of employees who were in the specific area, room, floor, or building at the time of the near miss, but did not see the near miss occur (yet were aware that it was happening):

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Their role/s or position/s in the company:

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Description of the near miss from these employees: Include relevant events leading up to, during, and after the near miss.

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### Identifying Root Causes

What caused or allowed the near miss to happen?

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What were the specific factors?

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Factors that contributed to the near miss were found in which areas? Select all that apply.

Equipment     Procedures     Training     Environment     Tools

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Was a machine or safety device in use during the near miss?

Yes     No     Unsure

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Did the machine have a defect?

Yes     No     N/A

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At the time of the near miss, was anyone aware that the machine had a defect?

Yes  No  N/A

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Did the person/s inform the safety officer on-site or a supervisor?

Yes  No  N/A

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Was the machine malfunctioning when the near miss occurred?

Yes  No  N/A

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What caused the machine to malfunction?

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Did the safety device fail?

Yes  No  N/A

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Why did it fail?

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Were safety procedures being followed?

Yes  No  N/A

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Why were they not being followed?

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Recommended Corrective Action

To create a corrective action, click the "Action" icon at the bottom right:

Yes  No  N/A

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## Follow-Up / Completion

List of root causes addressed or corrective actions taken:

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Name and Signature:

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