NEAR MISS INVESTIGATION

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Near Miss: |  | Observer: |  |
| Time: |  | Location: |  |

|  |
| --- |
| Observance: |
|  |

|  |  |  |
| --- | --- | --- |
| Recommended Corrective Actions: | | |
|  | | |
| Targeted Due Date: |  | |
| Responsible Person: | |  |

Corrective Action Approval

|  |  |  |  |
| --- | --- | --- | --- |
| Direct Manager of Employee: |  | Date: |  |
| EH&S Coordinator: |  |  |  |
| Sr. Management: |  | Date: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Follow-Up Review: | | | | |
| Provide evidence of the corrective action completion/implementation. | | | | |
|  | | | | |
| Performed By: |  | Date: |  |

Closeout

|  |  |  |  |
| --- | --- | --- | --- |
| Direct Manager of Employee: |  | Date: |  |
| EH&S Coordinator: |  |  |  |
| Sr. Management: |  | Date: |  |