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# Near-miss Report

Outgoing No : - -

Outgoing Date :

Outgoing Workplace:

Reporter :

Incident Name			
Date & Time	Date:Day/Month/Year (day of week )		Time:
Company Factory name		Department	
Location			
Constructor or discoverer	Affiliation:		<input type="checkbox"/> Male <input type="checkbox"/> Female
	Age:		
	Years of service:	Year of Experience:	
	- Direct Department : <input type="checkbox"/> Regular employee <input type="checkbox"/> Temporary staff <input type="checkbox"/> Other ( ) - Indirect Department : <input type="checkbox"/> Regular employee <input type="checkbox"/> Temporary staff <input type="checkbox"/> Other ( ) - Other than employees of Fujikura Group : <input type="checkbox"/> Other ( )		
Incident Situation			
(What)	*Verify the possibility that an event similar to this one will occur.		
(Why)	Risk assessment before the accident : <input type="checkbox"/> No-Evaluated <input type="checkbox"/> Evaluated		
(What happened)	Risk rating : <input type="checkbox"/> A3 <input type="checkbox"/> A2 <input type="checkbox"/> A1 <input type="checkbox"/> B3 <input type="checkbox"/> B2 <input type="checkbox"/> B1 <input type="checkbox"/> C <input type="checkbox"/> C+ Possibility of occurring : <input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 0 Injury level : <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 0		
Cause (Why? Did it happen?)			
Measures	*Include results reflected in work standards as necessary. *Describe the expected risk that will be reduced as a result of the measures taken.		

Schematic diagram