

Near Miss / Incident / Accident Report & Investigation Form

This form must be completed with corrective actions and Manager's comments before returning it to the Health and Safety Co-ordinator

1. Person(s) Involved:

Name: Thirumoorthy

Contact No: 9670452318 Department / Section: Production

Employee: ☐ Contractor: ☒ Other (Specify): ☐ _____

2. Details of near miss / incident / accident:

Location: Paint shop area

Date: 14-02-2018 Time: 12.30 pm am / pm

3. Severity:

Fatal ☐ Serious Harm ☐ Minor Harm ☐ No Harm / Near Miss ☒

4. Treatment:

Nil ☐ First Aid ☐ H&CC ☐ Doctor ☐ Hospital ☐

What treatment was given? _____

By Whom _____

5. Description of what happened: He's walk on the gangway that time the IBC rear side sharp edge part is over the gang way , suddenly he seen that part so accident is avoided.

6. Describe the cause of the near miss / incident / accident: _____

Contributory Factors (refer to these when identifying the cause of the near miss / incident / accident)

Immediate Causes

- Guarding
- Defective tools or equipment
- Hazardous arrangements
- Unsafe conditions
- Unsafe design
- Housekeeping
- Environmental conditions

Substandard Acts

- Operating without authority
- Disabling safety devices
- Using unsafe equipment
- Non use of Personal Protective Equipment
- Non use of lock out / isolation systems
- Unsafe positioning
- Distraction / fooling about

7.	Has a significant hazard been identified?	Y / N	Yes
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8. **Chance of the near miss, incident or accident recurring:**

Any Time ☐ Daily ☐ Weekly ☐ Monthly ☒ 6 Monthly + ☐

9. **Corrective Action:** (What will be done to *minimise the risk of this happening* again)

Action

By Whom

Completed

Cover the sharp edge parts	Mohanbabu	Completed

Person in control of the workplace: Name: Mohanbabu

Signed: Mohanbabu Position: Line supervisor

10. Manager's Comments:

Signed: _____ Position: _____

Date: _____

11. Health and Safety Co-ordinator's comments:

Is post critical event testing required Y / N

Date:

12. Near Miss / Incident / Accident recorded on Accident Register and all corrective actions completed:

Signed: S.Praveenkumar Date: 14-02-2018

Near Miss / Incident / Accident Report & Investigation Form

This form must be completed with corrective actions and Manager's comments before returning it to the Health and Safety Co-ordinator

1. Person(s) Involved:

Name: Sunil

Contact No: 9876846483 Department / Section: Production

Employee: ☐ Contractor: ☒ Other (Specify): ☐

2. Details of near miss / incident / accident:

Location: Paintshop area

Date: 03-03-2018 Time: 5 am am / pm

3. Severity:

Fatal ☐ Serious Harm ☐ Minor Harm ☒ No Harm / Near Miss ☐

4. Treatment:

Nil ☐ First Aid ☒ H&CC ☐ Doctor ☐ Hospital ☐

What treatment was given? Clean the area and applied antiseptic cream

By Whom Jaya hospital -sriperumbathur

5. Description of what happened: While grinding the material, grinding wheel was broke and hit the right leg

6. Describe the cause of the near miss / incident / accident: Grinding machine safety guard not used

Contributory Factors (refer to these when identifying the cause of the near miss / incident / accident)

Immediate Causes

- Guarding
- Defective tools or equipment
- Hazardous arrangements
- Unsafe conditions
- Unsafe design
- Housekeeping
- Environmental conditions

Substandard Acts

- Operating without authority
- Disabling safety devices
- Using unsafe equipment
- Non use of Personal Protective Equipment
- Non use of lock out / isolation systems
- Unsafe positioning
- Distraction / fooling about

7. Has a significant hazard been identified? Y / N Yes

8. **Chance of the near miss, incident or accident recurring:**

One off ☐ Daily ☐ Weekly ☐ Monthly ☒ 6 Monthly + ☐

9. **Corrective Action:** (What will be done to *minimise the risk of this happening again*)

<u>Action</u>	<u>By Whom</u>	<u>Completed</u>
100% safety gurd used grinding machine only used	mohan_____	<u>completed</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Person in control of the workplace: Name: Mohan
 Signed: Mohan_____ Position: Line supervisor

10. **Manager's Comments:**

 Signed: _____ Position: _____
 Date: _____

11. **Health and Safety Co-ordinator's comments:**

 Is post critical event testing required Y / N - NO
 Date: 28.12.2017

12. **Near Miss / Incident / Accident recorded on Accident Register and all corrective actions completed:**

Signed: _____ S.Praveenkumar Date: 03.03.2018

Near Miss / Incident / Accident Report & Investigation Form

This form must be completed with corrective actions and Manager's comments before returning it to the Health and Safety Co-ordinator

1. Person(s) Involved:

Name: Saroj kumar

Contact No: 8667207345 Department / Section: Production

Employee: ☐ Contractor: ☒ Other (Specify): ☐ _____

2. Details of near miss / incident / accident:

Location: Saint gobain area

Date: 31-03-2018 Time: 01.30 am am / pm

3. Severity:

Fatal ☐ Serious Harm ☐ Minor Harm ☒ No Harm / Near Miss ☐

4. Treatment:

Nil ☐ First Aid ☒ H&CC ☐ Doctor ☐ Hospital ☐

What treatment was given? Clean the area and applied antiseptic cream

By Whom S.Praveenkumar

5. Description of what happened: While grinding the IBC UF, suddenly machine was fall down and hit the leg at left side.

6. Describe the cause of the near miss / incident / accident: Inproper machine handling

Contributory Factors (refer to these when identifying the cause of the near miss / incident / accident)

Immediate Causes

- Guarding
- Defective tools or equipment
- Hazardous arrangements
- Unsafe conditions
- Unsafe design
- Housekeeping
- Environmental conditions

Substandard Acts

- Operating without authority
- Disabling safety devices
- Using unsafe equipment
- Non use of Personal Protective Equipment
- Non use of lock out / isolation systems
- Unsafe positioning
- Distraction / fooling about

7.	Has a significant hazard been identified?	Y / N	YES
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8. **Chance of the near miss, incident or accident recurring:**

Any Time ☐ Daily ☐ Weekly ☐ Monthly ☒ 6 Monthly + ☐

9. **Corrective Action:** (What will be done to *minimise the risk of this happening again*)

Action

By Whom

Completed

Train the labour for proper machine handling	Alaguraja	Completed
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Person in control of the workplace: Name: Alaguraja

Signed: Alaguraja Position: Line supervisor

10. Manager's Comments:

Signed: _____ Position: _____

Date: _____

11. Health and Safety Co-ordinator's comments:

Is post critical event testing required Y / N

Date: _____

12. Near Miss / Incident / Accident recorded on Accident Register and all corrective actions completed:

Signed: S.Praveenkumar Date: 31-03-2018