

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: Nikesh

Contact No: 8838933617 Department / Section: Production

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

2. Details of near miss / incident / accident:

Location: Shop floor 9T UFA levelling area

Date: 09/03/2018 Time: 11.45 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? Trine the safety work

By Whom Soundhar.A

5. Description of what happened:

During levelling process hammering is done to maintain the flatness ,so while hammering no person should be near to operator because there is chances accident

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

while hammering no person should be near to operator

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: <div style="display: flex; justify-content: space-between; align-items: center;"> One off <input type="checkbox"/> Daily <input checked="" type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> 6 Monthly + <input type="checkbox"/> </div>	
9.	Corrective Action: (What will be done to <i>minimise the risk of this happening</i> again)	
	<u>Action</u>	<u>By Whom</u> <u>Completed</u>
	<u>To do check hammer Operator near by any person</u>	<u>Soundhar</u> <u>completed</u>
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	Person in control of the workplace: Name: <u>Soundhar,Alaguraja,Mohan</u> Signed: <u>Soundhar .Alagu raja,Mohan</u> Position: <u>Engineer</u>	
10.	Manager's Comments: <hr/> <hr/> <hr/> <hr/> Signed: _____ Position: _____ Date: _____	
11.	Health and Safety Co-ordinator's comments: <div style="text-align: center; margin-top: 20px;"> <u>Minor issue no problem</u> </div> <hr/> <hr/> <hr/> Is post critical event testing required Y / N - NO Date: 09/03/2018	
12.	Near Miss / Incident / Accident recorded on Accident Register and all corrective actions completed: Signed: _____ <u>Soundhar.A</u> Date: _____ <u>09/03/2018</u>	

