

## 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: \_\_\_\_\_

Contact No: \_\_\_\_\_ Department / Section: \_\_\_\_\_

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

### 2. Details of **near miss** / incident / accident:

Location: SHOP FLOOR

Date: 24-05-2018 Time: 11 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: The crane belts are weak now,

### 6. Describe the cause of the **near miss** / incident / accident: if we maintain the belts in this condition it may cause the accident or the job damaged while lifting.

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 No

### 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*)

### Action

**By Whom**

**Completed**

So far now no one is not permitted near the jobs while

Line supervisor

Lifting the jobs.

Person in control of the workplace:

Name: ALAGURAJA.A

Signed: \_\_\_\_\_

Position: GET - PRODUCTION

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: ALAGURAJA.A

Date: 24-05-2018