

NDSU Near Miss Report

A Near Miss is a potential hazard or an unplanned event that did not result in an injury, illness, exposure or damage – but had the potential to do so. There was NO slip, trip, fall, punch, poke, bruise, strain, sprain, fire, or exposure.

This form must be completed by you and your supervisor and **FAXED to the Safety Office IMMEDIATELY or within 24 hours to 701-231-6739.**

WITNESS OR PERSON WITH KNOWLEDGE OF NEAR MISS/POTENTIAL HAZARD MUST COMPLETE THIS SECTION:

Potential Hazard/Near Miss

Date: _____ **Time:** _____ AM PM

Department/Location: _____

Describe the Potential Hazard or Near Miss Event

- Unsafe Condition
 Unsafe Act/Behavior
 Unsafe Equipment
 Unsafe Use of Equipment

Employee Signature Optional: (Fax this portion of the report IMMEDIATELY to 231-6739)

***Today's Date:** _____

SUPERVISOR'S INVESTIGATION AND STATEMENT (SUPERVISOR COMPLETES): (Fax immediately to 231- 6739)

After the investigation, **explain in detail what caused the Potential Hazard/Near Miss to exist/occur**

1. PRIMARY AND CONTRIBUTING FACTORS AND ACTIVITIES

- Equipment**
- Equipment failure
 - Improper equipment or material used for job
 - Guard removed from equipment
- Personal Protective Equipment**
- Not worn
 - Not readily available
 - Not adequate for the task
 - Personal protective equipment failure
- Training/Experience**
- Lack of training
 - Failure to follow procedures
 - New task for employee or lack of experience
 - Incomplete Safe Operating Procedure
 - Outdated Safe Operating Procedure
- Work Area**
- Work area set up improperly
 - Ergonomic factors
 - Sanitary & housekeeping issues
 - Lack of cord management
 - Ice or wet conditions
 - Loose handrails
 - Chipped tile or loose carpet/rug
 - 3 foot clearance in front of electrical panel
 - Lack of Material Safety Data Sheets

- Employee**
- Employee fatigue
 - Unbalanced or poor position or motion
 - Not paying attention
 - Improper footwear for conditions
 - Going too fast
 - Taking short cuts
 - Not aware of surroundings
 - Lack of policy/procedure
 - Poor housekeeping practices
 - Improper behavior and attitude
 - Disregard for safety rules
 - Animal (explain below)
 - Other unsafe practice**(explain)
- Environmental factors** (circle)
(clear, rain, snow, sleet, hail, etc)

2. PREVENTIVE ACTIONS

- SUPERVISOR: (must be completed)**
- Develop/revise safety policies/procedures And/or update plan
 - Request ergonomic evaluation
 - Require personal protective equipment
 - Remove equipment from use and repair or replace
 - Schedule preventive maintenance
 - Retrain employee in proper procedures
 - Require Baseline Safety Training
 - Inform employee to slow down
 - Address behavior and attitude
 - Address employee work practices
 - Maintain housekeeping and sanitary conditions
 - Work Order completed**
 - Contact Facilities Management (ice, etc.)
 - Other: Please explain

Complete 1, & 2
Use additional pages as needed

SUPERVISOR'S OR MANAGER'S SIGNATURE: _____

Date of Investigation: _____

NDSU CLAIMS MANAGEMENT SPECIALIST: _____

Date Received: _____