 | NEAR MISS | MINOR INCIDENT or INJURY REPORT



|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Project Name & Location: | | | | | |  | | | | | | | | | Today's Date: | | |  | | | | | | |
| DETAILS | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Person Involved: | | | | | |  | | | | | | | | | | | | | | | | | | |
| Employer: | | | | | |  | | | | | | | | | Occupation: | | |  | | | | | | |
| Date of Near Miss | Incident: | | | | | |  | | | | | | | | | Time: | | | am pm | | | | | | |
| Location of Near Miss | Incident: | | | | | |  | | | | | | | | | | | | | | | | | | |
| Were Injuries Reported | Sustained? | | | | | |  | | |  | Yes |  | | No | | | | | | | | | | | |
| Describe Injuries sustained (if any) | | | | | |  | | | | | | | | | | | | | | | | | | |
| Describe First Aid Administered: | | | | | |  | | | | | | | | | | | | | | | | | | |
| CIRCUMSTANCES | | | | | | | | | | | | | | | | | | | | | | | | |
| Weather Conditions: | | | | | | Sunny | | | | |  | Cloudy | | | |  | Rain | |  | Snow | | | | |
|  |  | Windy | | |  | | | Kmh | Temperature: | | |  | | | | | | |
| Describe what happened: | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| Machinery / Tools / Material involved In Near Miss | Incident: | | | | | |  | | | | | | | | | | | | | | | | | | |
| Action(s) taken to prevent recurrence (do not leave blank) | | | | | |  | | | | | | | | | | | | | | | | | | |
| WITNESSES | | | | | | | | | | | | | | | | | | | | | | | | |
|  | yes |  | no |  | Witness Statements Attached | | | | | | | |  | Witness Statements NOT Attached | | | | | | | | | | |
| If witness statement not attached,  explain why not: | | | | | |  | | | | | | | | | | | | | | | | | | |
| Witness 1 Name: | | | | | |  | | | | | | | | | Employer: | | |  | | | | | | |
| Witness 2 Name: | | | | | |  | | | | | | | | | Employer: | | |  | | | | | | |
| Witness 3 Name: | | | | | |  | | | | | | | | | Employer: | | |  | | | | | | |
| REPORTED BY | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | | | | | |  | | | | | | | | | Employer: | | |  | | | | | | |
| Signature: | | | | | |  | | | | | | | | | Date: | | |  | | | | | | |
| Time: | | |  | | |  | am |  | pm |
| REPORTED TO | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | | | | | |  | | | | | | | | | Position: | | |  | | | | | | |
| Signature: | | | | | |  | | | | | | | | | Date: | | |  | | | | | | |
| INVESTIGATED BY | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | | | | | |  | | | | | | | | | Position: | | |  | | | | | | |
| Signature: | | | | | |  | | | | | | | | | Date: | | |  | | | | | | |
| THIS REPORT DISTRIBUTED TO | | | | | | | | | | | | | | | | | | | | | | | | |
| Health & Safety Manager | | | | | | [jason.radovski@tuckerhirise.com](mailto:shari.haltrecht@tuckerhirise.com) | | | | | | | | | | | | | | | | | | |
| Site Manager | | | | | |  | | | | | | | | | | | | | | | | | | |
| Certified Health & Safety Rep. | | | | | |  | | | | | | | | | | | | | | | | | | |
| Others: | | | | | |  | | | | | | | | | | | | | | | | | | |
| FOR INTERNAL PURPOSES ONLY | | | | | | | | | | | | | | | | | | | | | | | | |