

SAN DIEGO MESA COLLEGE

NEAR-MISS AND ACCIDENT INVESTIGATION REPORT

This form is designed to give as complete a picture as possible of the circumstances of the incident and to ensure details have been recorded in an orderly fashion. The purpose of this investigation is to find the root causes of the incident and to NOT assign blame or fault to any individual.

Supervisor of Employee Involved: _____

School/Department: _____ Date Reported: _____

1. Name of Employee Involved: _____

2. Employee's Job Title: _____ **3. Date of Incident:** _____

4. What type of incident occurred

Near-Miss Accident w/ injury Accident multiple inj. Other

5. How long has the person been employed

Less than 1 mo. 1-5 mos. 6 mos.-5 yrs. more than 5 yrs.

6. Employment category

Regular, full-time Regular, part-time Temporary Student

Non-Employee

7. Time of Incident

A. ____ a.m. ____ p.m. B. Time within shift _____ C. Type of shift _____

8. Phase of employee's workday at time of injury

During rest period During meal period Working overtime

Entering or leaving work Performing work duties Other

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9. Describe the incident:

Describe the overall nature of the incident.

Description of Event: What was employee doing just before and at the time of the incident?

What work conditions contributed to the incident?

Give details of any conditions that may be relevant, e.g., lighting, floors, steps, ramps, oil, moisture etc.

Was PPE used? If not why?

10. Nature and Extent of Potential/Real Injury:

11. Nature and Extent of Potential/Real Property Damage:

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12. Task and Activity at Time of Near-Miss

General type of task: _____

Specific activity: _____

Employee was working:

Alone With crew or fellow worker Other: specify _____

13. Posture of employee

14. Supervision at time of accident

Directly supervised Indirectly supervised Supervision not feasible Not supervised

15. Factors that contributed to near-miss – Please check all that apply

Hazard

- Not recognized/identified
- Identified, but not addressed
- Inadequate repair

Work Procedures

- None developed
- Not followed
- Partially followed
- Not understood
- Not appropriate
- Not communicated
- Other

Training & Certification

- Insufficient training
- Circumstances not covered
- Ineffective training
- Worker not authorized
- Outdated Training

Communication

- Breakdown in verbal communication
- Breakdown in written communication
- Confusion after communication
- Other _____

Other

- Weather/temperature
- Extended work hours
- Worker fatigue
- Physical overexertion
- Work in elevated area
- Chemical Use
- Biological agent
- Radiation
- Electricity
- Mechanical
- Animals

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Facilities/Equipment

PPE Requirements

- Personal protective equipment (see below)
- Faulty equipment
- Poor/inadequate maintenance
- Inappropriate use
- Missing guards
- Obsolete/antiquated
- Inadequate design
- Ergonomic factors
- Equipment failure
- Trip hazard
- Slip hazard
- Struck by Other

	Req.	Used	Type
Eye	<input type="radio"/>	<input type="radio"/>	_____
Face	<input type="radio"/>	<input type="radio"/>	_____
Hearing	<input type="radio"/>	<input type="radio"/>	_____
Skin/Glove	<input type="radio"/>	<input type="radio"/>	_____
Foot	<input type="radio"/>	<input type="radio"/>	_____
Other	<input type="radio"/>	<input type="radio"/>	_____

Additional Questions:

Where there any witness to the event? If so who and can they be contacted?

Where there established procedure for the work being done? YES NO

If Yes were they being complied with, How? If not complied with, Why?

Was there any medical/first aid given at the scene? If so what and by who?

Are you able to determine any root causes of why this incident occurred?

Or are there any additional comments?

Please attach any photos, drawings, measurements or statements to this report.

Name of person completing this form: (Please Print, Sign and Date)