

American Public Power Association

Compilation of Municipal Near-Miss Report Forms and Procedures

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Introduction:

At the 2010 Engineering and Operations Conference Lineworkers Roundtable, there was a long and meaningful discussion regarding near-miss forms. In particular, the lineworkers present felt that capturing near-miss data would be useful in improving their safety programs. As a result, APPA created this compilation of near-miss forms and policies to help members start near-miss programs of their own.

Discussion:

Workplace hazards are ever-present and a part of the daily job of a utility worker. From casual cutting to fully geared linework, hazards pose a significant amount of risk. Utility workers spend considerable time briefing and training to mitigate the everyday risks and hazards of work. However, at times it can be hard to know where simple safety improvements can be made. A good way for any utility to make this determination is by employing near-miss forms. Near-miss forms can also help to target safety trainings and tailgate talks.

Since utility workers are held to high standards of safety, they often do not want to talk about non-reported incidents. In a worker's mind, often a "no harm, no foul" attitude prevails. This attitude may be present throughout the safety culture of an organization, making for a high barrier to documentation. Despite apprehension, near-miss forms and a formal policy for reviewing hazards after they are discovered can be a valuable way to help others learn from events that, through luck, did not end badly. A near-miss form is one of the best ways to reinforce a utility's culture of safety and enhance its ability to learn as an organization.

Many utilities struggle in defining a near-miss. After a course of discussion, we feel that a near-miss should be defined as: An unforeseen incident that happened at the workplace which, although not resulting in any injury or disease, had the possibility to do so. Many of the submitted forms served many reporting purposes. It may not be necessary to completely re-tool utility forms to accommodate a near-miss program.

Attached to this introduction and discussion are the report forms and policies that were submitted. APPA is grateful to the organizations providing these forms and hopes other utilities will find a way to benefit from their experience. Identifying information has been stripped from the forms.

Example 1

Hazard/Near Miss Report Form

NEAR MISS— A hazard that has the potential of becoming an incident but has not yet caused any bodily injury and/or property damage.

HAZARD— Unsafe working conditions, unsafe employee work habits, improper use of equipment or the use of malfunctioning equipment have the potential to cause injuries.

Hazard Near Miss

Reported By: _____
Department/Division: _____
Date/Time: _____
Location/Area: _____

Describe the hazard/Near Miss in as much detail as you can:

Improper Use of PPE Unsafe Housekeeping
 Unsafe Act Unsafe Equipment
 Unsafe Condition Unsafe Use of Equipment

Why was the unsafe condition present or Why was the unsafe act committed:

What are your suggestions for correcting the hazard?

Supervisors Section Only

Supervisor's Name: _____
Date Form Received: _____

Is this hazard determined as a critical/serious hazard. Critical or Serious is any condition creating a high probability for bodily injury or property damage.

Yes No

Causes (Immediate & Root): _____

Comments on hazard, near miss, corrective action and priority of hazard:

1. _____
2. _____
3. _____

Supervisor's Signature: _____

Actual Completion Date: _____

Forward to Risk Management when completed

Example 2

Serious Near Miss Incident

The purpose of this report is to inform others of near miss incidents that could have caused serious injury or property damage, so that similar incidents may be avoided.

DATE:

TITLE:

When:

What Happened?

Where:

Who Was Involved?

Cause:

Actions Taken:

Follow up Responsibilities:

Comments:

Example 3

ON-THE-JOB INCIDENT & ANALYSIS REPORTING

CLOSE CALL REPORT

PART I: What is a Close Call and why should you report it?

What? A close call is an event or condition that *almost* became an incident or that resulted in an unintended outcome.

Why? Discussing the events and situations that lead to Close Calls is one of the best ways to promote education, prevent future incidents and to achieve an incident and injury free workplace. Studies have shown that incidents are usually preceded by many close calls that were never reported. This is your opportunity to protect your co-workers from injury and their families from the aftermath.

How? It's up to YOU! You may choose to submit Part 1 of this form anonymously. However, there is great value and learning in discussing these events. It is far more important to learn from a Close Call than it is to place blame. Please take a moment to complete the form and submit it to your shop steward or supervisor for evaluation. You can make a difference!

Explain what happened (you can draw a picture on the back, if you think it will help)

What can be done to avoid this close call in the future?

Anything else we need to know?

Name (optional) _____

Section _____

Date of the close call _____

Date Submitted _____

PART I

Employee route completed Part I of form within 72 hrs of the incident:

Original	Safety Office
Copy	Employee / Supervisor

Example 4

NEAR MISS, GOOD CATCH REPORT/DAMAGE TO PROPERTY AND MINOR VEHICLE ACCIDENTS (Not to be used for injuries)

			Notification Number _____
Date Report Completed: _____	Date of Event: _____	Time of Event: _____	Network/Project Number _____
Employee Name (Optional): _____		Employee I.D. No. (Optional): _____	
Job Title: _____			Cost Center: _____
Employee Home Base Location: _____			
Problem statement/employee's description of near miss, good catch/damage to property/minor vehicle accident:			
Was a District vehicle/trailer involved? <input type="radio"/> Yes <input type="radio"/> No			
<input type="checkbox"/> District Vehicle No. _____ <input type="checkbox"/> Personal Vehicle on District Business <input type="checkbox"/> Rental Vehicle on Business			
V E H I C L E A C C I D E N T O N L Y	<input type="checkbox"/> Head On	<input type="checkbox"/> Front End (Your Vehicle)	<input type="checkbox"/> Struck Object
	<input type="checkbox"/> Sideswipe	<input type="checkbox"/> Rear End (Your Vehicle)	<input type="checkbox"/> Jackknife
	<input type="checkbox"/> Right Angle	<input type="checkbox"/> Collision With Animal	<input type="checkbox"/> Rollover
	<input type="checkbox"/> Backing	<input type="checkbox"/> Other (Describe) _____	
Based on sound business practice was this vehicle accident preventable? <input type="checkbox"/> Yes <input type="checkbox"/> No			Vehicle Repair Estimate _____ Other Repair Estimate _____
Contributing Factors			
Error Traps Identified: (Check all that apply)			
<input type="checkbox"/> Time Pressure <input type="checkbox"/> Distraction/Interruption <input type="checkbox"/> Multiple Tasks <input type="checkbox"/> Overconfidence <input type="checkbox"/> Vague Guidance <input type="checkbox"/> First Shift/Late Shift <input type="checkbox"/> Peer Pressure <input type="checkbox"/> Change From Normal <input type="checkbox"/> Physical Environment <input type="checkbox"/> Mental Stress			
Other contributing factors: _____			
Was human error an apparent contributor to this event? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, was the error <input type="checkbox"/> Active (Immediate) <input type="checkbox"/> Latent (Lying Dormant) <input type="checkbox"/> Both <input type="checkbox"/> Not Sure			
<u>Act/Condition</u>			
<input type="checkbox"/> Equipment Failure <input type="checkbox"/> Hurrying to Complete the Job <input type="checkbox"/> Improper Equipment <input type="checkbox"/> Body Positioning <input type="checkbox"/> Improper Use of Equipment <input type="checkbox"/> Eyes Not Focused on the Job <input type="checkbox"/> Employee Condition <input type="checkbox"/> Mind Not Focused on the Job <input type="checkbox"/> Other _____			
1. What is the apparent cause? 2. What is the extent of this condition - where else could it occur? 3. What interim corrective actions have been taken to stabilize this condition? 4. What additional actions have been taken or are needed to prevent reoccurrence of this type of event?			
Event Location (e.g., building, room, structure) _____			
Have all contributing hazards been addressed*? (Sharp edges, broken glass, etc.)			<input type="radio"/> Yes <input type="radio"/> No
<small>* If accident investigation is required secure area and evidence.</small>			

Employee Name (Optional) _____ Date _____
 Immediate Supervisor Name _____ Date _____

This report shall be submitted within (4) calendar days.

Supervisor Event Review

Name of Employee Involved: _____

Date of Supervisory Review: _____

Problem Statement/Brief Description of Event: _____

Date of "Chain of Command" Review (if required): _____

Error Precursors (Human Performance Traps): (Check ALL that apply)

Task Demands

- High Workload/Multiple Tasks
- Time Pressure
- Repetitive Actions/Monotony
- Unclear Goals, Roles, or Responsibilities
- Lack Of or Unclear Standards

Individual Capabilities

- Inexperience (First Time)/Unfamiliarity with Task
- Imprecise Communications
- Unsystematic Problem Solving Skills
- "Can Do" Attitude for Crucial Tasks
- Illness or Fatigue

Work Environment

- Distraction/Interruptions
- Changes/Departure from Routine
- Confusing or Vague Procedure or Guidance
- Work Around/Unexpected Conditions
- First Day After Days Off/Within 1/2 Hour of Break

Human Nature

- Stress
- Assumptions (Incorrect)
- Complacency/Overconfidence
- Mind Set (Intention)/Expectations
- Mental Shortcuts

Individual Performance Mode at Time of Event/Near-Event

- Skill-Based (Auto) Rule Based (If, then) Knowledge Based (Pattern Matching) Not Sure

Error Prevention Tools: (Check ALL that apply)

	Effective	Not Effective	Not Used	N/A
Job Briefing/2-Minute Drill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Checking (STAR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer-Check	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Procedure Use/Compliance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3-Part Communications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Observation/Coaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety Circle Walk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lessons Learned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Management Systems or Program or Process Issue(s):

- Goals and Priorities
- Roles and Responsibilities
- Tools and Equipment
- Training
- Procedure Adequacy
- Policy Issue
- Task Structure
- Change Management
- Work Environment

Based on this review, answer the questions listed below: _____

1. What is the apparent cause of this event?
2. What is the extent of this condition - where else could it occur?
3. What interim corrective actions have been taken to stabilize this condition?
4. What additional actions have been taken or are needed to prevent reoccurrence of this type of event?

Action Item

Due Date: _____

Responsible Person: _____

Date Completed: _____

Example 5

<i>Safety and Health Department</i>	NEAR - MISS INCIDENT INVESTIGATION REPORT	Incident Location: _____ Date: _____ Time: _____ Report Date: _____
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Involved Employee(s) Names: _____ Dept: _____

Describe events including external factors:

Recommendation for prevention of recurrence:

Employee(s)* Signature _____ Date ____/____/____

**ALL INVOLVED EMPLOYEES SHALL INITIAL*

******* SUPERVISOR'S INVESTIGATION AND REPORT *****
ADDITIONS TO ABOVE DESCRIPTION OF THE INCIDENT:**

Corrective action taken?

Supervisor's Signature _____ Date ____/____/____

REVIEWED BY:

Department Safety Team _____ Date ____/____/____
Department Head _____ Date ____/____/____
Safety & Health Specialist _____ Date ____/____/____
General Manager _____ Date ____/____/____

Example 6

T & D Department Injury/Incident/Near Miss Report Form 2a

SECTION I - IDENTIFYING INFORMATION	
DATE:	NAME OF PERSON FILLING OUT FORM:
TIME: AM/PM (circle)	LOCATION:
TYPE OF INCIDENT: (Check all applicable boxes)	
<input type="checkbox"/> First Aid <input type="checkbox"/> Medical Treatment <input type="checkbox"/> Near Miss <input type="checkbox"/> Near Miss with Serious Potential <input type="checkbox"/> Damage to Property <input type="checkbox"/> Equipment Damaged - Describe: _____ <input type="checkbox"/> Other - Describe: _____	
NAME OF PERSON SUBMITTING DETAILS:	
Witnesses:	
SECTION II - INCIDENT DESCRIPTION	
SECTION III - INITIAL ASSESSMENT	
SECTION IV - PREVENTIVE / IMMEDIATE ACTION	
SECTION V - APPROVAL	
Compliance Specialist Signature _____	Date _____
Department Head Signature _____	Date _____

FURM: 2a rev. 0

Example 7

Accident Report

Date of incident

Time of incident

Exact Location of Incident

Investigated by

Injuries

Employees on Job Site

Investigated By:

Job Assignment with involved incident

Description of Incident

Primary Cause

Contributing factors

How could incident been avoided?

Policy 1

	Injury/Incident/ Near Miss Reporting Policy and Procedure	Document #:	Owned by:
		Revision #: 0	Date:
		Review Cycle: Annual	Reviewed by:

1. POLICY

It is the policy of the City to ensure that the responsibility towards the health, safety and welfare of the organization are met by all parties in relation to the reporting and investigation of workplace incidents, injuries and near miss situations in or as a result of the workplace or as a result of work.

2. DEFINITIONS

Investigation:	An inquiry to identify causes of an incident to prevent a similar occurrence – but shall NOT allocate blame.
Injury:	Physical or psychological
Minor Injury:	An injury that results from an insignificant incident and that requires no medical treatment, e.g. Paper cut, contusion.
Incident:	A situation where control is lost and where an injury, psychological or physical could happen.
Lost-time Injuries/diseases:	Those occurrences that result at the work place which, although not resulting in any injury or disease had the potential to do so.
Near miss:	Any unplanned incidents that occurred at the work place which, although not resulting in any injury or disease had the potential to do so.

3. OBJECTIVES

The objective of this policy and procedure is to ensure that City employees are aware of and follow the approved procedures for handling hazards, incidents, accidents and near misses.

4. PROCEDURE

4.1 Immediate Response

The person in charge of the work area must take immediate action (with due regard to their own safety and that of others) to prevent further damage or injury occurring and to provide immediate care and assistance to any injured personnel, e.g. call for outside assistance or expert medical advice.

4.2 Minor Injuries / Incidents

Minor injuries / incidents must be recorded with the Dispatch Control Center Document No. 2a may be used. The Compliance Specialist must review the Minor Injury / Incident Log and ensure incidents are investigated as appropriate.

4.3 All Other injuries / Incidents / Near Misses

Where an extremely serious incident / dangerous occurrence occurs the Compliance Specialist and HR Department must be notified immediately.

Incidents where professional medical assistance / advise is required, work time is lost, or where property is damaged and any minor incident that have a high potential for serious injury, must be reported in accordance with the following procedure:

- The employee must report the incident to the Dispatch Control Center as soon as practicable after occurrence;
- Upon receiving a report of an incident the Compliance Specialist must, either investigate personally or arrange for an investigation to be conducted in consultation with the HR Department. This should be done as soon as possible otherwise useful evidence / information could be lost;
- The investigator must attempt to identify ALL factors that contributed to the incident then identify those factors that were essential in allowing the occurrence and that can be changed to prevent reoccurrence. Information sources to be considered include the following: damage / injury, equipment, environment, any safe working procedures, witness, etc. Contributing factors may arise from design, environment, behavior or the task. Where it may be useful, photographs should be taken and / or diagrams made;
- Actions taken shall be reviewed in consultation with the injured / reporting person to ensure its effectiveness in preventing a recurrence.

5. TRAINING

All employees will be trained in the requirements of this procedure when implemented and when amended.

6. MONITOR & REVIEW

Compliance with this procedure will be audited annually.

This document shall be reviewed within (2) two years of the date of issue.

7. APPENDICES

Document 2a: Injury / Incident / Near Miss Report Form