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 thought 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.

<table>
<thead>
<tr>
<th>Hazard</th>
<th>Near Miss</th>
</tr>
</thead>
</table>

**Reported By:**

**Department/Division:**

**Date:**

**Time:**

**Location/Area:**

Describe Hazard/Near Miss in as much detail as you can:

<table>
<thead>
<tr>
<th>Improper Use of PPE</th>
<th>Unsafe Housekeeping</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unsafe Act</td>
<td>Unsafe Equipment</td>
</tr>
<tr>
<td>Unsafe Condition</td>
<td>Unsafe Use of Equipment</td>
</tr>
</tbody>
</table>

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 or 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.

<table>
<thead>
<tr>
<th>DATE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>TITLE:</td>
</tr>
<tr>
<td>When:</td>
</tr>
<tr>
<td>What Happened?</td>
</tr>
<tr>
<td>Where:</td>
</tr>
<tr>
<td>Who Was Involved?</td>
</tr>
<tr>
<td>Cause:</td>
</tr>
</tbody>
</table>
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:

<table>
<thead>
<tr>
<th>Original</th>
<th>Copy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safety Office</td>
<td>Employee / Supervisor</td>
</tr>
</tbody>
</table>

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### Example 4

**NEAR MISS, GOOD CATCH REPORT/DAMAGE TO PROPERTY AND MINOR VEHICLE ACCIDENTS**

(Not to be used for injuries)

<table>
<thead>
<tr>
<th>Date Report Completed</th>
<th>Date of Event</th>
<th>Time of Event</th>
<th>Network/Project Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Employee Name (Optional)</th>
<th>Employee I.D. No. (Optional):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Job Title</th>
<th>Goal/Center</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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?**

- [ ] Yes  
- [ ] No

<table>
<thead>
<tr>
<th>Distinct Vehicle No</th>
<th>Personal Vehicle on District Business</th>
<th>Rental Vehicle on Business</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Accident Type</th>
<th>Event Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head On</td>
<td>Front End (Your Vehicle)</td>
</tr>
<tr>
<td>Sidewipe</td>
<td>Rear End (Your Vehicle)</td>
</tr>
<tr>
<td>Right Angle</td>
<td>Collision With Animal</td>
</tr>
<tr>
<td>Backing</td>
<td>Other (Describe)</td>
</tr>
</tbody>
</table>

**Contributing Factors:**

**Error Tones Identified:** (Check all that apply)

- [ ] Time Pressure  
- [ ] Distraction/Interuption  
- [ ] Multiple Tasks  
- [ ] Overconfidence  
- [ ] Vague Guidance  
- [ ] First Shift/Late Shift  
- [ ] Peer Pressure  
- [ ] Change From Normal  
- [ ] Physical Environment  
- [ ] Mental Stress  

**Other contributing factors:**

- [ ]

**Was human error an apparent contributor to this event?**

- [ ] Yes  
- [ ] No

If yes, was the error

- [ ] Active (Immediate)  
- [ ] Latent (Lying dormant)  
- [ ] BOTH  
- [ ] Not sure

**Act/Condition**

- [ ] Equipment Failure  
- [ ] Improper Equipment  
- [ ] Improper Use of Equipment  
- [ ] Employee Condition  
- [ ] Other  

- [ ] Hurrying to Complete the Job  
- [ ] Body Positioning  
- [ ] Eyes Not Focused on the Job  
- [ ] Mind Not Focused on the Job

---

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 recurrence of this type of event?

**Event Location (e.g., building, room, structure):**

- [ ]

**Have all contributing hazards been addressed?** (Sharp edges, broken glass, etc.)

- [ ] Yes  
- [ ] No

---

**Employee Name (Optional) **

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)

<table>
<thead>
<tr>
<th>Task Demands</th>
<th>Individual Capabilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>High Workload/Multiple Tasks</td>
<td>Inexperience (First Time/Unfamiliarity with Task)</td>
</tr>
<tr>
<td>Time Pressure</td>
<td>Inappropriate Communications</td>
</tr>
<tr>
<td>Repetitive Actions/monotony</td>
<td>Unsystematic Problem Solving Skills</td>
</tr>
<tr>
<td>Unclear Goals, Roles, or Responsibilities</td>
<td>&quot;Can Do&quot; Attitude for Crucial Tasks</td>
</tr>
<tr>
<td>Lack Of or Unclear Standards</td>
<td>Illness or Fatigue</td>
</tr>
</tbody>
</table>

Work Environment

- Distraction/Intermissions
- Changes/Departure from Routine
- Confusing/obscure Procedures 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

<table>
<thead>
<tr>
<th>Skill-Based (Auto)</th>
<th>Rule Based (If, then)</th>
<th>Knowledge Based (Pattern Matching)</th>
<th>Not Sure</th>
</tr>
</thead>
</table>

Error Prevention Tools: (Check ALL that apply)

<table>
<thead>
<tr>
<th>Job Briefing/2-Minute Drill</th>
<th>Effective</th>
<th>Not Effective</th>
<th>Not Used</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-Checking (STAR)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Peer-Check</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Procedure Use/Compliance</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3-Part Communications</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Observation/Coaching</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Safety Circle Walk</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lessons Learned</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Management Systems or Program or Process Issue(s):

<table>
<thead>
<tr>
<th>Goals and Priorities</th>
<th>Training</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roles and Responsibilities</td>
<td>Procedure Adequacy</td>
</tr>
<tr>
<td>Tools and Equipment</td>
<td>Policy Issue</td>
</tr>
<tr>
<td></td>
<td>Task Structure</td>
</tr>
<tr>
<td>Environment</td>
<td>Change Management</td>
</tr>
</tbody>
</table>

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

Involved Employee(s) Names: ____________________________

__________________________

__________________________

__________________________

__________________________

__________________________

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

<table>
<thead>
<tr>
<th>SECTION I - IDENTIFYING INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>DATE:</td>
</tr>
<tr>
<td>TIME: AM/PM (circle)</td>
</tr>
<tr>
<td>LOCATION:</td>
</tr>
<tr>
<td>TYPE OF INCIDENT: (Check all applicable boxes)</td>
</tr>
<tr>
<td>☐ First Aid</td>
</tr>
<tr>
<td>☐ Medical Treatment</td>
</tr>
<tr>
<td>☐ Near Miss</td>
</tr>
<tr>
<td>☐ Near Miss with Serious Potential</td>
</tr>
<tr>
<td>☐ Damage to Property</td>
</tr>
<tr>
<td>☐ Equipment Damaged - Describe:</td>
</tr>
<tr>
<td>☐ Other - Describe:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NAME OF PERSON SUBMITTING DETAILS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>witnesses:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SECTION II - INCIDENT DESCRIPTION</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>SECTION III - INITIAL ASSESSMENT</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>SECTION IV - PREVENTIVE / IMMEDIATE ACTION</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>SECTION V - APPROVAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compliance Specialist Signature Date</td>
</tr>
<tr>
<td>Department Head Signature Date</td>
</tr>
</tbody>
</table>

---

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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

<table>
<thead>
<tr>
<th>Injury/Incident/ Near Miss Reporting Policy and Procedure</th>
<th>Document #:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Owned by:</td>
</tr>
<tr>
<td></td>
<td>Revision #:</td>
</tr>
<tr>
<td></td>
<td>Review Cycle:</td>
</tr>
<tr>
<td></td>
<td>Annual</td>
</tr>
</tbody>
</table>

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 than identify those factors that were essential in allowing the occurrence and that can be changed to prevent recurrence. 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