SSD-004

NEAR MISS REPORT

Report the close call. Correct the causes. Prevent injury, illness, damage, or loss.

Project / Client		**Near Miss Report No.**	
2 Location		**3 Date**	
Company / Employer		**3 Time / Shift**	Time: _____ ☐ Day ☐ Night
Task / Activity		**Date / Time Reported**	
4 Reporter Information		**Supervisor / Reviewer**	

1 Near Miss Information *Document known facts promptly; mark unknown items for follow-up.*

4 Reporter Information	5 Witnesses
Name: _____	Name: _____
Employer / Job Title: _____	Employer / Job Title: _____
Contact / Email: _____	Contact / Email: _____
Preferred contact: ☐ Phone ☐ Email	Statement obtained: ☐ Yes ☐ No
Anonymous report requested: ☐ Yes ☐ No	Interviewed by: _____
Reporter statement attached: ☐ Yes ☐ No	Date / time: _____
	Additional witnesses attached: ☐ Yes ☐ No
	Other: _____

7 Potential Consequences *Evaluate the most credible outcome if the event had not been interrupted.*

POTENTIAL OUTCOME	Injury / illness	Property damage	Environmental release	Operational disruption	Public / other
POTENTIAL SEVERITY	Minor	Moderate	Serious	Major / life altering	Fatality / catastrophic

Potential outcome: INJURY / ILLNESS PROPERTY DAMAGE ENVIRONMENTAL OPERATIONAL / OTHER

Potential severity: Minor - limited impact. Moderate - medical treatment, restricted work, or material damage. Serious - lost time, hospitalization, major damage, or release. Critical - fatality, life-altering injury, or catastrophic event.

6 Description of the Near Miss

Record the sequence objectively. Distinguish observed facts from assumptions.

#	TIME / SEQUENCE	NEAR-MISS EVENT / OBSERVED FACT	CONDITIONS / ACTIONS / CONTRIBUTING FACTORS	SOURCE	POTENTIAL OUTCOME	WITNESS / SOURCE
1				O / W / D / P	O / W / D / P	
2				O / W / D / P	O / W / D / P	
3				O / W / D / P	O / W / D / P	
4				O / W / D / P	O / W / D / P	
5				O / W / D / P	O / W / D / P	
6				O / W / D / P	O / W / D / P	
7				O / W / D / P	O / W / D / P	

Information Key: O = Observed W = Witness statement D = Document P = Photo / video

Near-miss reminder: Control ongoing hazards, preserve relevant evidence, capture time-sensitive facts, and avoid assigning blame. Use additional pages or attachments when more space is needed.

9 Unsafe Conditions | Unsafe Acts

9 Unsafe Conditions	Unsafe Acts
☐ Housekeeping / access ☐ Guarding / barriers ☐ Equipment condition ☐ Tools / materials ☐ Lighting / visibility ☐ Weather / environment ☐ PPE availability / condition ☐ Procedure / planning ☐ Communication / coordination ☐ Training / competency ☐ Other: _____ Condition details: _____ Other: _____	☐ Procedure not followed ☐ Unsafe position / line of fire ☐ Improper tool / equipment use ☐ Bypass / disabled safeguard ☐ Inattention / distraction ☐ Speed / rushing ☐ Communication breakdown ☐ Unauthorized operation ☐ Other: _____ Behavior details: _____ Why it made sense at the time: _____ System factors: _____ Other: _____

8 Immediate Actions Taken

Action Owner / Contact		**Area / Equipment Secured**	
Hazard Controlled By		**Location / Area**	
Work Stopped / Restricted?	☐ No ☐ Yes - details: _____	**Immediate Risk Controlled?**	☐ Yes ☐ No - explain: _____
Immediate Action Taken		**Owner / Due Date**	Name: _____ Due: _____

10 Root Cause Analysis

☐ People / supervision	☐ Procedures / planning	☐ Equipment / tools	☐ Conditions / environment
☐ Training / competency	☐ Communication / coordination	☐ Management system	☐ Other: _____

11 Corrective and Preventive Actions

Assign actions that eliminate or control root causes and contributing factors. Include interim controls when permanent correction cannot be completed immediately.

Each action requires an owner, due date, completion evidence, and effectiveness check. Escalate overdue or ineffective actions and revise the plan until the risk is acceptably controlled.

Action / Prevention Item		**Date / Time**	
Required Result / Completion Evidence		**Owner / Due Date**	

12 Supervisor Review | 13 Management Approval *Record review decisions, required escalation, and authorization.*

REVIEW / APPROVAL	REVIEWER / APPROVER	OWNER / REVIEWER	STATUS / DATE
12 Supervisor Review			
Supervisor / Reviewer			
13 Management Approval			
Additional Approval / Escalation			

14 Follow-Up Verification: Confirm actions are complete, effective, and sustained before closure.

Use one line per follow-up item. Interim measures remain in place until permanent action is completed. Closure confirms implementation and effectiveness; it does not waive reporting, regulatory, contractual, or recordkeeping duties.

FOLLOW-UP ITEM / EXPECTED RESULT	OWNER / REVIEWER	VERIFY DATE	STATUS / DATE

15 Record Retention

12 Supervisor Review	☐ Reviewed ☐ Follow-up required	Date / Time	
13 Management Approval	☐ Approved ☐ Returned for follow-up	Review / Approval Comments	
15 Record Retention Location / Period		Closed / Retained By	

IMPORTANT: This report supports near-miss reporting, investigation, and prevention but does not replace emergency response, regulatory reporting, contractual notice, legal-hold, privacy, or recordkeeping obligations. The employer remains responsible for timely review, qualified analysis, effective corrective action, follow-up verification, and secure retention.