Hazard/Close Call/Near Miss and Minor Incident Report

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| --- | --- |
| **Check all boxes that apply:** | |
| Hazard | Close Call/Near Miss |

**Reporting hazards before an injury occurs is important to all of us.**

**An incident that includes, property damage or an injury is not considered to be a close call or minor incident.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date of Hazard/  Close Call | |  | | | |  | Company: | | |  | | | | | | |
| Date reported: | |  | | | |  | Location: | | |  | | | | | | |
| Reported by: | |  | | | |  | Type of job: | | | | | | | | | |
| Witness(es): | |  | | | |  |
|  | |  | | | | | | | | | | | | | | |
| Description of the hazard or close call: | |  | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | |
| **Hazard or Close Call Type (check)** | | | | |  | | | **Hazard or Close Call Classification (check)** | | | | | | | | |
| Immediate threat to life | | | |  |  | | | Slopes | | | | | | | |  |
| Potential threat to life or serious injury | | | |  |  | | | Ground conditions | | | | | | | |  |
| Potential injury | | | |  |  | | | Timber | | | | | | | |  |
| Ergonomic (MSD) hazard | | | |  |  | | | Damaged equipment | | | | | | | |  |
| Minor Hazard or Injury | | | |  |  | | | Slip, trip or fall | | | | | | | |  |
| Potential Property Damage | | | |  |  | | | Temperature | | | | | | | |  |
| Other : | | | |  |  | | | Fire hazard | | | | | | | |  |
|  | | | Chemical | | | | | | | |  |
| **Hazard or Close Call Classification (check)** | | | |  |  | | | Machine guard | | | | | | | |  |
| Road condition | | | |  |  | | | Damaged or improper PPE | | | | | | | |  |
| Drivers | | | |  |  | | | Electrical | | | | | | | |  |
| Wildlife | | | |  |  | | | Other: | | | | | | | |  |
| Improper radio calling | | | |  |  | | |
| **The Problem** | | | **Corrective Action** | | | | | | | | **Who to do?** | | **By when date?** | | **Done**  **date** | |
|  | | |  | | | | | | | |  | |  | |  | |
|  | | |  | | | | | | | |  | |  | |  | |
|  | | |  | | | | | | | |  | |  | |  | |
| **Does the incident include property damage, injury or have the potential for a more serious consequence? If Yes, complete a full incident investigation.** | | | | | | | | | | | | | | **Yes**  **No** | | |
| Supervisor: |  | | | | | | | | Date: | | |  | | | | |