**Laboratory Near Miss Investigation Form**

*The purpose of an near miss investigation form is to identify, address, and implement the corrective actions necessary to prevent incidents from occurring. Most importantly, it is our core responsibility to maintain the well-being of staff, faculty, and students.*

**Incident Reporting Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Incident Reporting Time: \_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- |
| **Section A Employee Information** |
| Name: (Last, First) |
| Department: | Office: |
| Job Title:  |
| Work Phone: | Email: |
| Supervisor Name: (Last, First)  |
| Job Title: | Office: |
| Work Phone:  | Email:  |
| **Section B Incident Description:** |
| **Date of Incident:**  | **Time of Incident:** |
| Location incident occurred: |
| Did any injuries occur? **YES/NO** If yes, complete EH&S Accident Investigation Form.  |
| Materials, chemicals, substances being handled: (If chemicals, list chemical, concentration, and hazard information for each chemical involved and attach SDS.) |
| Was PPE in use during procedure? **YES/NO** If so, list specific PPE.  |
| Please provide brief detailed description of near miss: |
| Describe activity preceding near miss (please include names of tools, materials, equipment, machines and other details): |
|  Were lab personnel trained on Chemical Hygiene/Lab Safety? **YES/NO** |
| Was lab specific training conducted and signed by personnel for this procedure/protocol? **YES/NO** |
| Was there a lab safety plan in place? **YES/NO**  If yes, attach to this form. |
|  Was this a first-time procedure/protocol? **YES/NO** If yes, were you being supervised? **YES/NO** |
| Were there any witnesses present? **YES/NO** If YES, list name and contact information. Please provide detailed description on a separate document and attach to this form. |
| **Section C Why did the Incident Occur?** |
| Unsafe Workplace Conditions: (Please check all that apply)* Unguarded equipment
* Defective safety device(s)
* Defective equipment or tools
* Lack of appropriate equipment or tools
* Workstation layout
* Inadequate lighting
* Inadequate ventilation
* Insufficient PPE
* Insufficient training
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 | Unsafe acts done by individuals: (Please check all that apply)* Operating without permission
* Operating without training
* Servicing energized equipment
* Using defective equipment
* Using equipment inappropriately
* Unsafe lifting/pulling/pushing/reaching
* Distraction
* Wearing inappropriate clothing
* Failure to use proper tools and or equipment
* Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| Are there underlying pressures that may cause lack of focus/attention? (Submission deadlines etc.) |
| Have there been similar near misses prior to this one? |
| **Section D How Can This Be Avoided in the future?** |
| What preventative measures can be practiced to avoid future occurrences? * Discontinue Activity
* Train employees
* Train supervisors
* Redesign workstation
* Redesign task/process
* Routinely inspect for hazard
* Enforce existing policy
* Closer supervision
* Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| **Section E Follow-up Training** |
| How will you go about conducting follow-up training to prevent this occurrence from happening again in the future? |

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Employee Signature: Date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Signature: Date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Investigator Signature: Date:

**Attachments: Photos, drawing etc.**