

# Great Western Painting

## NEAR-MISS INVESTIGATION FORM

Project/Job: \_\_\_\_\_ Date: \_\_\_\_\_

1.Name of Employee Involved : \_\_\_\_\_

2.Name of Employee Involved : \_\_\_\_\_

3.Name of Employee Involved : \_\_\_\_\_

Date & Time of Near-Miss Incident: \_\_\_\_\_  
(Date) (Time)

Nature of Potential Injury or Property Damage:

\_\_\_\_\_

Statement of employee #1 involved in the near-miss incident (what happened):

\_\_\_\_\_

\_\_\_\_\_

Statement of employee #2 involved in the near-miss incident (what happened):

\_\_\_\_\_

\_\_\_\_\_

Statement of employee #3involved in the near-miss incident (what happened):

\_\_\_\_\_

\_\_\_\_\_

Supervisor/competent person statement:

\_\_\_\_\_

\_\_\_\_\_

Signature of Supervisor/competent person: \_\_\_\_\_

Report Investigated by: \_\_\_\_\_ Date: \_\_\_\_\_

Report review by: \_\_\_\_\_ Date: \_\_\_\_\_

### **Findings:**

Root cause of near-miss incident:

\_\_\_\_\_

\_\_\_\_\_

Means of preventing a reoccurrence: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

This record will be maintained in the Safety Program Administrator's office for a period of 1 year from the date of the near-miss incident and information gleaned from this investigation will be conveyed to employees in a safety meeting.