

Definitions

Hazard: A hazard is any source of potential damage, harm or adverse health effects on something or someone under certain conditions at work.

Near Miss: is an unplanned event that did not result in injury, illness, or damage – but had the potential to do so. Only a fortunate break in the chain of events prevented an injury, fatality or damage; in other words, a "What almost happened?"

Instructions

Any person who has experienced or witnessed a Near Miss or believes a hazard exists at WVC may submit a Hazard / Near Miss Report by completing this form entirely and turning it in to Campus Safety.

Type of Report: Near Miss Hazard

Reported by: Name: _____

Local Address: _____

Phone (Work): _____ Phone (Home): _____

Status: Employee (Staff / Faculty) Student Visitor Other: _____

Part I: HAZARD/ NEAR MISS INFORMATION:

Exact Location of Hazard/ Near Miss:

Describe the Hazard/ Near Miss:

Why do you think this is a Hazard?

What do you think could be done to resolve this situation?

Who have you told about this Near Miss/ Possible Hazard?

Supervisor Department Head No one Submitted Work Order Other: _____

I verify this information is true and correct. I understand my responsibility to turn this completed form into the SSEM Manager, Paul Harrison, as soon as possible.

Signature

Date

Part II: HAZARD INVESTIGATION

Investigator Name: _____ Date Report Received by Investigator: _____
 Investigator Title: _____ Date Investigation Started: _____

Investigative Actions Taken:

Persons Interviewed: _____

Corrective Actions Recommended:

Risk Control Options	Action Required	By Whom	By When
Elimination – Do you have to do the task?			
Substitution – Is there another way you can do the task?			
Engineering – Can you use tools or machinery to make the job safer?			
Administration – Can you improve work practices? (E.g. limit time of exposure).			
Use of Personal Protective Equipment (PPE) – i.e. safety glasses, reflective vests, etc. OR Safety Equipment – i.e. safety cones, caution tape, warning signs			
Date feedback provided to person reporting the hazard:			
Signed:		Print Name:	Ph:
Position:		Date:	

Office Use Only (SSEM Recommendations)

Received By:	Date Completed:	Date Reviewed by Safety Committee:
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