



NEAR MISS Investigation Form

COMPLETE AND SEND WITHIN 24 HOURS OF A NEAR MISS INCIDENT:
Safety Department: email Safety2@ftlg.net

ADMINISTRATIVE INFORMATION (to be completed by the Terminal Manager or Supervisor)

Reporting Department:	Location:
Incident Location:	Customer name (if applicable):
Date/Time of Event:	Time Work (Job) Started:
Supervisor's Name :	Person Submitting Report:
Date/Time Supervisor Notified:	Name of direct employee(s) involved:
Notification of Safety Manager complete? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who was notified: _____ Date/Time Notified: _____ If no, please explain: _____	
Customer Notification Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	Customer Order #:
If yes, who was notified? _____ Date/Time Notified: _____	
If no, please explain: _____	

TYPE OF EVENT

Near Miss (Check the potential consequences):

<input type="checkbox"/> Equipment Damage	<input type="checkbox"/> Property Damage	<input type="checkbox"/> Environmental release Quantity: _____
<input type="checkbox"/> Other (describe): _____		

EVENT DESCRIPTION

Briefly state the facts contributing to the event. Attach additional sheets, drawings, or photos, as needed. Avoid use of employees' names.

ROOT CAUSE DETERMINATION

Root Cause (State the root or primary cause, then select the most appropriate cause category from Page 2):

CONTRIBUTING FACTORS

Contributing Causes (Describe any contributing causes, then select the applicable cause categories from Page 2):

Were the required tools available at the time of the incident? Yes No (Explain below) No tools required

At the time of the incident, were the correct tools being used for the task? Yes No (Explain below) N/A



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How do you think this type of incident could be prevented or avoided in the future?

Supervisor Name: _____

Supervisor Signature: _____ Date: _____

Additional Sheets Attached? Yes No (Include photos, maps, and/or diagrams when possible.)

Safety Department Representative Comments

Safety Representative:

Signature: _____ Date: _____

Additional Sheets Attached? Yes No (Include photos, maps, and/or diagrams when possible.)

Terminal Manager or Supervisor Comments

TM/Supervisor Name:

Signature: _____ Date: _____

Additional Sheets Attached? Yes No (Include photos, maps, and/or diagrams when possible.)

CAUSE CATEGORIES

Check all cause categories, which apply to the incident/near miss, then choose the root cause (or causes) category from the boxes checked. Enter where indicated on Page 1.

PHYSICAL/ENVIRONMENT

- Extreme cold/ice
- Extreme heat
- Other weather condition (rain, snow, etc.)
- Poor housekeeping
- Poor lighting
- Working/walking surface unfavorable
- Poor job design/workstation layout
- Excessive noise
- Chemical exposure
- Biological hazards (animal/plant)
- Excessive production pressure
- Other (describe)

EQUIPMENT, TOOLS, and PPE

- Defective tools/equipment
- Failure due to improper design
- Failure due to improper maintenance
- Proper tool/equipment not available
- Improper use of tool/equipment
- Improper selection of equipment/tool/PPE
- Not wearing proper PPE
- Unauthorized equipment use

SYSTEMS

- Lack of Process Safety Management (PSM) program
- Lack of training/instruction
- Inadequate training/instruction
- Missing, inadequate or complex procedures
- Unsafe work procedures or practices
- Inadequate management emphasis on safety
- Corporate/operations procedures not communicated
- Other (describe)

HUMAN

- Unaware of potential hazards
- Not following procedures
- Improvising/shortcuts
- Failure to recognize condition change
- Failure to recognize unsafe act
- Lack of skill/knowledge
- Not employee's normal job
- Personality conflict
- Impaired state (drug, alcohol, other)
- Physical/psychological limitation for task
- Inadequate comprehension
- Inadequate communications (i.e., supervisor/employee)
- Carelessness by affected person(s)
- Carelessness by other person(s)



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EQUIPMENT, TOOLS, and PPE continued

- Guard removed/needed
- Lack of safety devices
- Other (describe)

HUMAN continued

- Lack of employee cooperation
- Poor attitude
- Violated safety rule
- Other (describe)

FRONTIER LOGISTICS