INCIDENT/NEAR MISS REPORT
COMPLETE WITHIN 24 HOURS OF OCCURRENCE
FOR NON-INJURY ONLY

NOTE: USE A SEPARATE FORM FOR EACH EMPLOYEE AFFECTED

<table>
<thead>
<tr>
<th>SMC Employee</th>
<th>Contractor</th>
<th>Visitor</th>
<th>REPORT NUMBER:</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME (Last, Middle, First)</td>
<td>EMPLOYEE NO.</td>
<td>COMPANY/DEPT.</td>
<td></td>
</tr>
<tr>
<td>SUPERVISORS NAME (Last, First)</td>
<td>JOB / DUTY NAME</td>
<td>STANDARD NAME (If applicable)</td>
<td></td>
</tr>
<tr>
<td>DATE OF OCCURRENCE</td>
<td>TIME</td>
<td>DAY OF WEEK</td>
<td>BUILDING ID / LOCATION</td>
</tr>
</tbody>
</table>

Did or could incident result in major accident? (i.e. permanent loss of bodily or company function) Yes___ No___
If yes, complete incident / near miss form immediately and share with applicable managers.

DESCRIBE WHAT ACTIONS WERE TAKING PLACE (WHAT WAS HAPPENING) JUST PRIOR TO THE INCIDENT:

Description: Supply a detailed description of the occurrence. As appropriate, identify names and titles of all involved and discuss: the personal protective equipment in use, the chemicals, weight and size of the object, equipment and/or tools, existing procedure, deviation from procedure, witnesses, weather conditions, time on the job, training, etc. As appropriate, attach sketches, drawings, photos, etc.

DESCRIBE THE INCIDENT/NEAR MISS (BE SPECIFIC):

ANALYSIS: Mark with an (x) your opinion as to the factors contribution to the occurrence.
## Employee Actions

- Improper material handling
- Violation of procedure or safety rules
- Undue haste, risk taking
- Inexperience, poor judgment
- Inadequate training / communication
- Use of defective equipment
- Failure to use proper protective equipment
- Procedure not available / implemented
- Other _______________________

## Physical Conditions

- Slippery surface
- Poor housekeeping
- Defective equipment
- Electrical hazards
- Insufficient safety devices
- Faulty construction, design, layout
- Inadequate Procedure
- Mechanical Integrity program failure
- Other _______________________

### Root Causes

**How did incident occur?**

Why?

Why?

Why?

Why?

Why?

### Corrective Actions

<table>
<thead>
<tr>
<th>Corrective Actions</th>
<th>Responsible Person</th>
<th>Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Investigation team member(s):

_________________________________________________

### Report contents shared with:

_________________________________________________

---

Employee __________________________________ Date: ____________

Supervisor _______________________________ Date: ____________

HR Director ______________________________ Date: ____________

EH&S Manager ___________________________ Date: ____________