



OMF - Safety Incident report

Near Miss Report

A near miss is a potential hazard or incident that has not resulted in any personal injury. This report is intended as a means to communicate unsafe conditions or unsafe behavior. Please use this form to notify your supervisor of any situation that has potential to cause an incident/accident. This form will be reviewed by your supervisor and the OMF Safety Committee. Recommendations for correction will be made to address the issue. Safety is everyone's responsibility.

Location of incident _____ Date _____

Time _____ AM PM

Description of incident/potential hazard _____

Employee signature _____ Date _____

(Optional)

Incident Investigation

Description of incident _____

Causes (Primary and Contributing) _____

Corrective Action Recommended (Remove the hazard, replace, repair, or retrain) _____

employees responsible for doing this task. 4)Schedule in place for monitoring equipment , training and to review procedures. 5)Contact Mike Cave with City Risk for any help with completing steps 1-4. These are committee recommendations. Please respond by 1/31/14 The committee finds this Issue is of critical importance.

Signed _____ Date _____

Not completed for the following reason _____

Management _____ Date _____

Please submit this form to your immediate supervisor. Immediate supervisors will submit to Bureau supervisor. Bureau supervisor will review and file for review by the OMF Safety Committee. OMF Safety Committee will determine recommendations and submit to Bureau supervisor for action. OMF Safety Committee to add to Incident Matrix for quarterly review. All completed forms should be filed in assigned bureau location.