

## Near Miss Investigation Checklist

General Information			
Investigation of Near Miss Report #:			
Task	Contributing Factor	Not Applicable	Notes
Overall task failed to follow safe work procedure	<input type="checkbox"/> Factor	<input type="checkbox"/> N/A	
Appropriate tools unavailable or not used	<input type="checkbox"/> Factor	<input type="checkbox"/> N/A	
Faulty or Missing Safety Devices	<input type="checkbox"/> Factor	<input type="checkbox"/> N/A	
Strenuous and Repetitive movement (keyboard, physical labor)	<input type="checkbox"/> Factor	<input type="checkbox"/> N/A	
Unsafe Speed or Capacity	<input type="checkbox"/> Factor	<input type="checkbox"/> N/A	
Material	Contributing Factor	Not Applicable	Notes
Equipment Failure	<input type="checkbox"/> Factor	<input type="checkbox"/> N/A	
Faulty /Poorly Designed Machinery	<input type="checkbox"/> Factor	<input type="checkbox"/> N/A	
Substandard Raw Material	<input type="checkbox"/> Factor	<input type="checkbox"/> N/A	
Missing/Defective Personal Protective Equipment (PPE)	<input type="checkbox"/> Factor	<input type="checkbox"/> N/A	
Improper use of PPE (possibly due to lack of training)	<input type="checkbox"/> Factor	<input type="checkbox"/> N/A	
Work Environment	Contributing Factor	Not Applicable	Notes
Severe Weather Conditions	<input type="checkbox"/> Factor	<input type="checkbox"/> N/A	
Workplace too hot/cold	<input type="checkbox"/> Factor	<input type="checkbox"/> N/A	

Unkept workplace and poor housekeeping (tripping hazards, etc.)	<input type="checkbox"/> Factor	<input type="checkbox"/> N/A	
Excessive noise	<input type="checkbox"/> Factor	<input type="checkbox"/> N/A	
Poor lighting	<input type="checkbox"/> Factor	<input type="checkbox"/> N/A	
Toxic or Hazardous gases, dusts, or fumes present	<input type="checkbox"/> Factor	<input type="checkbox"/> N/A	
Unsecure fixings, guards, slings, railings	<input type="checkbox"/> Factor	<input type="checkbox"/> N/A	
<b>Personnel</b>	<b>Contributing Factor</b>	<b>Not Applicable</b>	<b>Notes</b>
Workers Failed to follow safe operating procedure	<input type="checkbox"/> Factor	<input type="checkbox"/> N/A	
Inexperienced/Unqualified workers (lacking proper permits)	<input type="checkbox"/> Factor	<input type="checkbox"/> N/A	
Inadequate Training of Workers	<input type="checkbox"/> Factor	<input type="checkbox"/> N/A	
Physical limitations of Workers	<input type="checkbox"/> Factor	<input type="checkbox"/> N/A	
Unhealthy/Distracted Workers	<input type="checkbox"/> Factor	<input type="checkbox"/> N/A	
Tired/Fatigued Workers	<input type="checkbox"/> Factor	<input type="checkbox"/> N/A	
Unrealistic Expectations of Workers (extended shift lengths, stress)	<input type="checkbox"/> Factor	<input type="checkbox"/> N/A	
Pressure to meet deadline, or to by-pass safety procedures	<input type="checkbox"/> Factor	<input type="checkbox"/> N/A	
<b>Management</b>	<b>Contributing Factor</b>	<b>Not Applicable</b>	<b>Notes</b>
Failure to prescribe/enforce safe operating procedures	<input type="checkbox"/> Factor	<input type="checkbox"/> N/A	
Failure to adequately train workers	<input type="checkbox"/> Factor	<input type="checkbox"/> N/A	

Failure to provide proper PPE	<input type="checkbox"/> Factor	<input type="checkbox"/> N/A	
Oversight/Lack of Supervision, Management	<input type="checkbox"/> Factor	<input type="checkbox"/> N/A	
Motivations conflicting with Safety (deadlines, cut costs)	<input type="checkbox"/> Factor	<input type="checkbox"/> N/A	
Allowing unsafe procedures of others (contractors, clients, customers)	<input type="checkbox"/> Factor	<input type="checkbox"/> N/A	
<b>Corrective Actions Required</b>	<b>Describe Corrective Actions Required</b>		<b>Date Due</b>
Corrective Action #1			Date Due:
Corrective Action #2			Date Due:
Corrective Action #3			Date Due:
<b>Conclusion</b>			
Summary/Additional Notes:			

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