CHERRY HILL GLASS CO., INC.
INJURY/NEAR MISS INVESTIGATION REPORT

This is a report of a: ☐ Injury ☐ Near Miss ☐ Property Damage ☐ Sub-Subcontractor Injury ☐ Other: _____

Date of Incident: ____ / ____/ ____ Time of Incident: _____ AM / PM (Circle One)

Step 1: Injured Employee (complete this part for each injured/near miss employee)

Name: | Sex: ☐ Male ☐ Female | Age: _____

Department: | Job title at the time of incident/near miss:

Part of body affected:

Source of injury/near miss:

- ☐ Overexertion
- ☐ Pushing
- ☐ Pulling
- ☐ Caught between
- ☐ Caught in
- ☐ Caught on
- ☐ Slip/trip/fall from same level
- ☐ Slip/trip/fall from different level
- ☐ Struck by object
- ☐ Thermal exposure
- ☐ Chemical exposure
- ☐ Foreign body in eye
- ☐ Overexertion from lifting
- ☐ Repetitive motion
- ☐ Contact with
- ☐ Electrical shock
- ☐ Other _____

Nature of most serious injury/near miss:

- ☐ Abrasion, scrapes
- ☐ Amputation
- ☐ Painful deformed extremity
  Which extremity? _____
- ☐ Bruise
- ☐ Burn (heat)
- ☐ Burn (chemical)
- ☐ Head injury
- ☐ Crushing injury
- ☐ Cut, laceration
- ☐ Puncture
- ☐ Abdominal pain
- ☐ Illness
- ☐ Sprain, strain
- ☐ Damage to a body system
- ☐ Other _____

This employee works:

- ☐ Regular Full Time
- ☐ Regular Part Time
- ☐ Seasonal
- ☐ Temporary

Months or years with this employer: _____

Months doing this job: _____

Step 2: Describe the Incident/Near Miss

Describe the incident/near miss:

Exact location of the incident:

What part of the workday did the incident/near miss happen: ☐ Entering/leaving work ☐ Doing normal work activities ☐ During Break
☐ During meal period ☐ Working overtime ☐ Other:_____

Was the employee properly attired? ☐ Yes ☐ No
Did loose or restrictive clothing contribute to the incident/near miss? ☐ Yes ☐ No
If yes, please specify which one: _____
Did long hair or fingernails contribute to the incident/near miss?
If yes, please specify which one: _____

Was the employee performing his/her routine job: ☐ Yes ☐ No
If no, what were they doing:

Was the employee observing normal safe operating procedures? ☐ Yes ☐ No
If no, what were they doing:

Was the employee working alone or with another employee? ☐ Yes ☐ No
If yes, what is the name of the person the employee was working with: _____
Contact phone number: ( ) _____

1) Was the employee alone when the incident/near miss occurred: ☐ Yes ☐ No
2) Did the employee resume work: ☐ Yes ☐ No
3) Were/was there any witness(es) to the incident/near miss: ☐ Yes ☐ No
4) Witness information:

Name: _____ Name: _____
Company: _____ Company: _____
Contact phone number: ( ) _____ Contact phone number: ( ) _____

Name: _____ Name: _____
Company: _____ Company: _____
Contact phone number: ( ) _____ Contact phone number: ( ) _____

Number of attachments: _____
☐ Written witness statement(s) ☐ Photograph(s) ☐ Maps/drawing/sketch

MEDICAL CARE:

Transported to Hospital/Urgent Care: ☐ Yes ☐ No
Facility Name: _____
Method of transport: _____
Name of person/transporter: _____
Contact phone number: ( ) _____

SAFETY EQUIPMENT:

What safety equipment was called for to complete the job: _____
Was the employee using the normal and prescribed safety equipment when the incident/near miss occurred? ☐ Yes ☐ No
Was the employee trained in the proper use of the safety equipment? ☐ Yes ☐ No
Was the employee using the safety equipment properly? ☐ Yes ☐ No
Was the safety equipment in good repair? ☐ Yes ☐ No
Could the use of safety equipment have prevented the incident/near miss or the resulting injury? ☐ Yes ☐ No

GLOVES OR DAMAGED PPE CAN NOT BE DISPOSED OF. PLEASE RETURN ALL PPE TO YOUR FOREMAN OR PROJECT MANAGER SO THEY CAN GET THEM TO THE SAFETY DIRECTOR.

LIFTING:

Was the thing being lifted too hevy, large, or awkward to be lifted by one person? ☐ Yes ☐ No
Did the injured/near miss person request and receive assistance with the lift? ☐ Yes ☐ No
Was the injured/near miss employee trained in safe lifting techniques (i.e.; OSHA-10)? ☐ Yes ☐ No
Were mechanical lifting devices available or recommended for use with the lift causing the injury/near miss? ☐ Yes ☐ No

OFFICE OR LABORATORY EQUIPMENT:

Was the eqipment being used for its intended purpose (e.g.; was a desk chair being used as a step stool, etc.)? ☐ Yes ☐ No

Was the equipment damaged, work, defective or missing parts? ☐ Yes ☐ No

TRIP/FALL INCIDENT/NEAR MISS

Was something wrong with the surface that caused the employee to trip or fall (loose or crumbling stair, pothole, rough surface, ice, etc.)? ☐ Yes ☐ No

Did the accident result from clutter or debris? ☐ Yes ☐ No

If yes, please provide a description: _____

Was the area where the fall occurred a normal walkway or aisle? ☐ Yes ☐ No

Did the employee fall from a height or ground level? ☐ Height ☐ Ground Level

Were guards, rails, chains or other supports or barriers present? ☐ Yes ☐ No

WEATHER:

What were the weather conditions: _____

Was the weather a factor: ☐ Yes ☐ No

If yes, how:

TOOLS/EQUIPMENT:

Was the proper tool being used for the job attempted? ☐ Yes ☐ No

Was the tool defective, damaged or in need of maintenance or replacement? ☐ Yes ☐ No

Were any guards missing from the tool when the incident/near miss occurred? ☐ Yes ☐ No

Was the employee properly trained in the use and safety of the tool? ☐ Yes ☐ No

Was the item the tool was being used on defective, damaged or worn, causing the application of an otherwise safe tool to be an unsafe act? ☐ Yes ☐ No

Step 3: Why did the Incident/Near Miss Happen

Unsafe workplace conditions (check all that apply):

- ☐ Inadequate guard
- ☐ Unguarded hazard
- ☐ Safety device is defective
- ☐ Tool or equipment was defective
- ☐ Workstation layout is hazardous
- ☐ Unsafe lighting
- ☐ Unsafe ventilation
- ☐ Lack of needed personal protective equipment
- ☐ Lack of appropriate equipment/tools
- ☐ Unsafe clothing
- ☐ No training or insufficient training
- ☐ Other: _____

Unsafe acts by people (check all that apply):

- ☐ Operating without permission
- ☐ Operating at unsafe speed
- ☐ Servicing equipment that has power to it
- ☐ Making a safety device inoperative
- ☐ Using defective equipment
- ☐ Using equipment in an unapproved way
- ☐ Unsafe lifting
- ☐ Taking an unsafe position or posture
- ☐ Distraction (teasing, horseplay, etc.)
- ☐ Failure to wear personal protective equipment
- ☐ Failure to use the available equipment/tools
- ☐ Other: _____

Why did the unsafe conditions exist?

Why did the unsafe acts occur?

Have there been similar incidents or near misses prior to this one: ☐ Yes ☐ No
(Note: Review accident log to verify.) If yes, when and where:

Step 4: How can Future Incidents/Near Misses be Prevented

What countermeasures do you suggest to prevent this incident/near miss from happening again (check all that apply):

☐ Stop this activity ☐ Guard the hazard ☐ Train the employee(s) ☐ Train the supervisor(s)

☐ Redesign task steps ☐ Redesign work station ☐ Write a new policy/rule ☐ Enforce existing policy

☐ Routinely inspect for the hazard ☐ Personal Protective Equipment ☐ Other: _____

Were any steps taken after the incident/near miss to remove, repair, or secure the cause of the incident/near miss? ☐ Yes ☐ No

If yes, what action was taken, when was action taken, and who implemented the noted change?

How could this incident/near miss been prevented?

Step 5: Who completed and reviewed this form?	
Written by: _____	Title: _____
Department: _____	Date: _____
Names of investigation team members:	
Reviewed by: _____	Title: _____
	Date: _____