**NEAR MISS SAFETY REPORT**

**Near Miss Definition:** A situation whereby an employee on the Durham Board property experiences a non-injury incident where there was the potential for serious injury, or damage to equipment or to the environment.

**Incident Reporting:** If you witness a “near miss” incident, please report it as soon as possible to a site supervisor or a member of the Workplace Inspection Team by completing **Section A**. Upon completion of **Section A** give the form to your supervisor/Principal. The supervisor shall conduct an investigation and initiate corrective action on site ASAP. *(Note: In the event the incident is deemed beyond the capabilities of the school personnel they should contact the Health and Safety Department ASAP).* The supervisor shall complete **Section B** and fax form to the Health and Safety Department.

**Section A:**
1. Workplace Name/location (Rm#, etc.) __________________________________________________________
2. Your Name/Date/time of Near Miss Incident: _____________________________________________________
3. Incident description (Include any recommendation(s) that could prevent a reoccurrence of this incident). Use the reverse side of page if necessary.
   __________________________________________________________________
   __________________________________________________________________
   __________________________________________________________________
   __________________________________________________________________
   __________________________________________________________________
   __________________________________________________________________

**Section B:**
4. Supervisor/Principal’s name and signature: ______________________________________________________
5. Corrective Action. (Describe what actions where taken at the school/workplace to address this issue, including work order number if applicable.)
   __________________________________________________________________
   __________________________________________________________________
   __________________________________________________________________
   __________________________________________________________________
   __________________________________________________________________
   __________________________________________________________________

Upon completion send this report to the Health and Safety Department by fax (905) 666 6374 within 3 days. If there are questions about Near Miss reporting call the Health and Safety Department at (905) 666 6408.

**HELP PROTECT YOUR COWORKERS FROM SERIOUS INJURY REPORT NEAR MISSES**

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<thead>
<tr>
<th>Health &amp; Safety Department Tracking</th>
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<tbody>
<tr>
<td>□ Date Received ____________________</td>
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<tr>
<td>□ Maintenance Follow up ____________</td>
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<td>□ Further Action ___________________</td>
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<td>□ Date of Referral to JHSC/WIRC_________</td>
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