

SAMPLE - NEAR MISS FORM

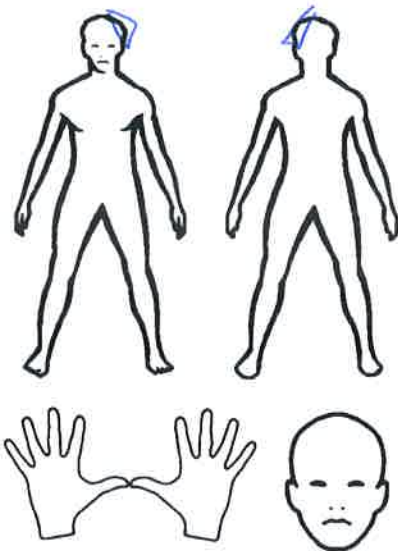
Injury and incident form

COMPANY NAME Pure Services
ADDRESS 57 Ranceillor St
South Dunedin
NAME John Smith
ADDRESS 123 Black Rd
Dunedin

INCIDENT TYPE
 NEAR-HIT/NEAR MISS INJURY ILLNESS
DATE OF INCIDENT 5-3-16
TIME OF INCIDENT 2pm
JOB gutter cleaning
LENGTH OF TIME EMPLOYED HERE 1 yr
PHONE 022 021 027
DATE OF BIRTH 4-7-78

INJURY DETAILS

Shade the part of the body that is injured



INJURY TYPE (TICK)

- | | |
|--|---|
| <input type="checkbox"/> Aches/pain (gradual) | <input type="checkbox"/> Dermatitis |
| <input type="checkbox"/> Aches/pain (sudden) | <input type="checkbox"/> Dislocation |
| <input type="checkbox"/> Amputation | <input type="checkbox"/> Fatal |
| <input type="checkbox"/> Broken bone | <input type="checkbox"/> Foreign body |
| <input type="checkbox"/> Bruising incl. crushing | <input type="checkbox"/> Eye <input type="checkbox"/> Nose <input type="checkbox"/> Ear |
| <input type="checkbox"/> Burn/scald | <input type="checkbox"/> Inhalation disease (asbestos/lead) |
| <input type="checkbox"/> Chemical reaction | <input type="checkbox"/> Hearing loss (noise induced) |
| <input type="checkbox"/> Choking/suffocation | <input type="checkbox"/> Poisoning |
| <input type="checkbox"/> Concussion/brain injury | <input type="checkbox"/> Strain/sprain |
| <input type="checkbox"/> Cut (infected) | <input type="checkbox"/> Other |
| <input type="checkbox"/> Cut (not infected) | <input type="checkbox"/> Multiple injuries |
| <input type="checkbox"/> Dental injury | |

TREATMENT DETAILS (TICK)

- None First aid Nurse Physiotherapy Doctor Hospital

WHAT HAPPENED?

cleaning gutters and hit head on shed.
- was looking up & walking backwards
- Had hard hat on

WHAT DO YOU THINK CAUSED OR CONTRIBUTED TO THE INCIDENT?

Technician was walking backwards & looking up & bumped into building wall. technician had hard hat on so didnt harm himself.

EMPLOYEE SIGNATURE

[Signature]

DATE

6/3/16