Near Miss/Hazard Identification Report



SECTION 1 - NEAR MISS IDENTIFICATION, GENERAL INFORMATION											
Near Miss Title		jury, nmental, ty Damage, etc.)								
□ Project Mgr. □ Contractor □ 3 rd Party Contractor Company Name											
Site Address:							Site	e Number:			
Location of Near Miss/Hazard ID	□ Onsite □ Offsite				Description if Offsite: (on the road, customer site)						
Owner (oil company):											
Equipment and/or Property involved in Near Miss/Hazard ID:											
Date				Time:				Shift:	☐ Day	☐ Night	
Report completed by: (person's name)								Date form completed			
Persons directly involved in the Near Miss/Hazard ID:											
Person 1:				Pers	Person 2:						
Relationship: (e.g. Contractor, Sub-contractor, 3 rd Party)					Relationship: (e.g. Contra Sub-contractor, 3 rd Party)						
SECTION 2 – NEAR MISS GENERAL INFORMATION											
Attach additional pages if needed											
What acts or conditions contributed to the near miss and/or hazard event? Why was the unsafe act committed, or why was the unsafe condition present? What steps have been taken to prevent/control a similar incident or condition?											
Potential Incident as a Result of a Near Miss/Hazard ID (check all boxes that apply)					ther (if not li	sted):					
☐ Fire/Explosion				•				siness Interruption			
☐ Injury/Illness	□ Vehicle Accident (Transpo			-	•			entamination			
☐ Product Spill o						•			overnment Inspection / Report		
☐ Security / Crim	ne	⊔ Dam	age to Third Party	Propert	y / Facility		⊔ Pro	cess Safe	ety		
Completed by (signature): Date:											

Complete and send to your oil company representative