Near Miss/Hazard Identification Report

SECTION 1 – NEAR MISS IDENTIFICATION, GENERAL INFORMATION			
Near Miss Title	(e.g. Injury, Environmental, Property Damage, etc.)		
☐ Project Mgr. ☐ Contractor ☐ 3rd Party		**Contractor Company Name**	
Site Address:		**Site 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:		**Person 2:**	
Relationship: (e.g. Contractor, Sub-contractor, 3rd Party)		*Relationship: (e.g. Contractor, Sub-contractor, 3rd Party)*	

SECTION 2 – NEAR MISS GENERAL INFORMATION
Attach additional pages if needed
Description (What, Where, When, Who, How)
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)		**Other (if not listed):**
☐ Fire/Explosion	☐ Property/Equipment Damage	☐ Business Interruption
☐ Injury/Illness	☐ Vehicle Accident (Transport of Personnel)	☐ Contamination
☐ Product Spill or leak	☐ Transport of Commodities (Materials)	☐ Government Inspection / Report
☐ Security / Crime	☐ Damage to Third Party Property / Facility	☐ Process Safety

Completed by (signature): _____ **Date:** _____

Complete and send to your oil company representative