

HAZARD ID/NEAR MISS CARD Hazard Near Miss Field Yard Vehicle Shop

Observer Name _____

Date _____ Location/Job _____

Total Risk HIGH MEDIUM LOW**Related Factors** Environmental PPE Equipment Procedure Facility
 Tools Manual Handling New Worker**Body Parts** Head Torso Eyes/Face Arm Hand/Finger Foot
 Leg Other: _____**Contributing Factors** Body position: Risk of being struck, Caught Between, Falls from Height, Confined/Restricted Spaces Missing
 Guards, Rails, Safety Devices Energy
 Isolation not established before work

Description of the hazard/near miss: _____

Ensure reverse side is completed

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FARM NAME:

2.5

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Corrective Action: _____

Date Corrective Action Completed: _____

Completed By (print name): _____

Other Actions/Follow-up Required: _____

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