Logo

Description automatically generated

**Near Miss Report & Investigation Form**

**Disclaimer:** This document is intended to be a resource document only. The farm will need to customize it and make it farm-specific to address the particular needs, factors, applicable legislated requirements, etc. Once this document has been customized by the farm, this disclaimer, the Helpful Information section, and the logo located in the upper right corner of the page may be deleted and replaced with the farm’s logo. If you require assistance, please contact **AgSafe Alberta** at [info@agsafeab.ca](mailto:info@agsafeab.ca) or visit [www.agsafeab.ca](http://www.agsafeab.ca) for learning opportunities, tools and resources.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Farm Name** |  | | | | |
| **Operation** |  | | **Work Area** |  | |
| **Time of Incident** |  | | **Date of Incident** |  | |
| **Involved Person(s)** |  | | | | |
| **Witness(es)** |  | | | | |
| **Report Type** | ❑ Near Miss | ❑ Safety Concern | ❑ Safety Suggestion | | ❑ Other: |
| **Concern Type** | ❑ Unsafe Act | ❑ Unsafe Use | ❑ Safety Violation | | ❑ Other: |
| Describe the near miss/hazard/concern and the possible outcome (consequence): | | | | | |
| Were safety policies, procedures, work practices or rules violated? If so, describe: | | | | | |
| Examine the work area briefly. Why do you think the unsafe act was committed or unsafe condition was present? Explain: | | | | | |
| What corrective actions do you recommend be taken to prevent a similar incident? Describe: | | | | | |

|  |  |  |
| --- | --- | --- |
| **Name of Reporting Person** | **Signature of Reporting Person** | **Date Reported** |
|  |  |  |
| **Supervisor Name** | **Signature of Supervisor** | **Date Received** |
|  |  |  |

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| --- | --- | --- | --- |
| **Corrective Actions** | | | |
| Immediate Actions Taken | Assigned To  *(First & last name, position)* | Goal  Date | Date Completed |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Recommended Corrective Actions | Assigned To  *(First & last name, position)* | Goal  Date | Date Completed |
|  |  |  |  |
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| --- | --- | --- | --- |
| **Senior Management, Leadership, and/or Health & Safety Committee/Representative Review** | | | |
| Last Name | First Name | Position/Title | Employer |
| a. |  |  |  |
| Signature: |  | Date: |  |
| b. |  |  |  |
| Signature: |  | Date: |  |
| c. |  |  |  |
| Signature: |  | Date: |  |
| d. |  |  |  |
| Signature: |  | Date: |  |

**Important:** Retain a copy of this document in your farm records.