



Hazard & Near Miss Identification

HAZARD

NEAR MISS

Incident Date: _____ Corrected Date: _____

Job # / Name: _____

Your Name: _____

Describe the incident: _____

Action taken: _____

CATEGORY:

- | | |
|--|--|
| <input type="checkbox"/> Aerial Lift | <input type="checkbox"/> Impalement |
| <input type="checkbox"/> Chemical / Toxic | <input type="checkbox"/> Ladders |
| <input type="checkbox"/> Material Handling | <input type="checkbox"/> Confined Space |
| <input type="checkbox"/> Crane / Rigging / Hoisting | <input type="checkbox"/> Power Tool / Guards |
| <input type="checkbox"/> Electrical / LOTO | <input type="checkbox"/> PPE |
| <input type="checkbox"/> Equipment / Misuse / Damage | <input type="checkbox"/> Public Safety |
| <input type="checkbox"/> Ergonomics / Body Mechanics | <input type="checkbox"/> Scaffolding |
| <input type="checkbox"/> Fall Protection | <input type="checkbox"/> Sign / Barricades |
| <input type="checkbox"/> Falling Objects | <input type="checkbox"/> Slip / Trip |
| <input type="checkbox"/> Fire Safety & Protection | <input type="checkbox"/> Traffic Control |
| <input type="checkbox"/> Trench / Excavation | <input type="checkbox"/> Weather Related |
| <input type="checkbox"/> House Keeping | <input type="checkbox"/> Disposal |