

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
- Equipment
- Facility
- Manual Handling
- PPE
- Procedure
- Tools
- New Worker

Body Parts

- Head
- Eyes/Face
- Hand/Finger
- Leg
- Torso
- Arm
- Foot
- Other

Contributing Factors (circle)

- 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 corrective actions completed on reverse side

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Corrective Action: _____

Date Corrective Action Completed _____

Completed By (print name): _____

Other Actions/Follow-up Required: _____

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