

Title: Near Miss Program	Document Owner: Brian Blake
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Near Miss Incident Program

Location: TriOak Foods – All Locations

Purpose:

Near Miss Incidents are unplanned events that could result in future injury or damage to equipment/property. Your involvement in the Near Miss Program is critical to making work processes safer and correcting unsafe procedures / work habits.

Responsibilities:

Each department manager / supervisor is responsible for the implementation of this Near Miss Program within their location / department / employees. The manager / supervisor will review and evaluate Near Miss Forms submitted by their employees to determine if proposed solutions are approved or if the solutions will not be implemented.

Every employee is responsible to complete Near Miss Forms to help identify unsafe conditions, unsafe procedures and unsafe work processes. In addition, every employee is responsible to help identify and implement approved solutions to prevent future incidents.

Near Miss Reports and Solutions:

The following steps will help you complete the Near Miss Form:

- Gather the facts about the process, machine, location, etc.
- Identify the cause(s) of the incident including conditions, work processes, etc.
- Take immediate action, if possible, to correct the situation.
- Document action(s) taken and other suggestions on the Near Miss Form and return form to your manager / supervisor as soon as possible.
- Help develop open action items with estimated completion dates and follow-up to make improvements are implemented.

Attachment: Near Miss Incident Form



Near Miss Incident Form

Person Involved in Near Miss

Name: _____

Date and Time of Incident: _____

Position and Dept.: _____

Location of Incident: _____

Describe Near Miss Including Specific Process, Machine, Location, Etc.

Cause(s) of Near Miss Incident (Environment, Work Procedures, Employee Action, Etc.)

Describe Any Unsafe Condition(s): _____

Describe Any Unsafe Practices(s): _____

Other Contributing Factor(s): _____

What Has Been Done to Prevent a Similar Occurrence?

Open Action Items and Follow-up Needed (Person Responsible and Planned Date)

Employee Completing Form: _____ Date: _____

Employee's Supervisor / Manager: _____ Date: _____

Safety Team Member Review: _____ Date: _____