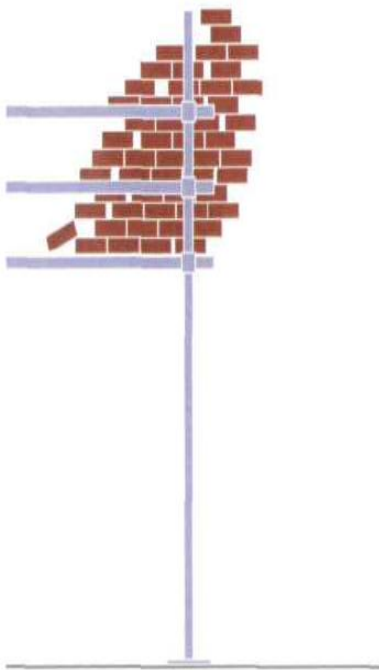


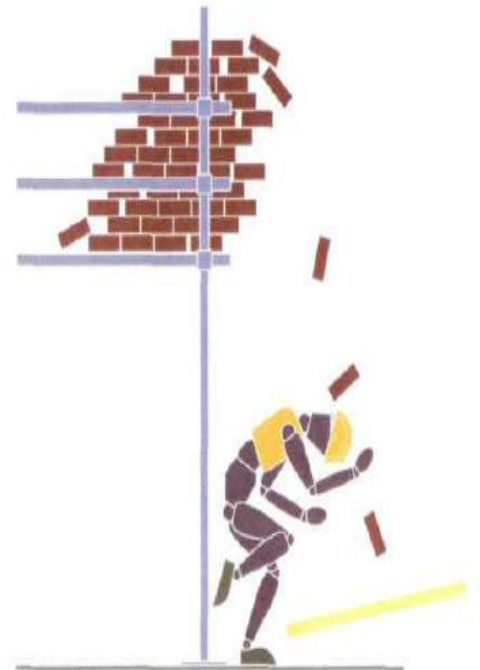
Report These NEAR MISSES REPORTING



Report These
Hazards – Something with the potential to cause harm



And These
Near Misses – An unplanned event which does not cause injury or damage but could do so



And Stop These
Accidents/Incidents – Leading to injury or damage

BLACK & VEATCH		Serial no.			
Project:		Project no.			
Location: <i>(optional)</i>					
Report by: <i>(optional)</i>		Date:			
Employer: <i>(optional)</i>		Time:			
Category of incident: <table border="0"> <tr> <td> Health & safety:- <input type="checkbox"/> Dust or grit from tool <input type="checkbox"/> Dust or grit, wind-blown <input type="checkbox"/> Electrical equipment <input type="checkbox"/> Excavation collapse <input type="checkbox"/> Explosion <input type="checkbox"/> Fall from a height <input type="checkbox"/> Fall into hole or excav'n <input type="checkbox"/> Faulty equipment <input type="checkbox"/> Fire <input type="checkbox"/> Hazardous sbs COSHH <input type="checkbox"/> Hot material <input type="checkbox"/> Housekeeping <input type="checkbox"/> Lifting & handling equip't </td> <td> <input type="checkbox"/> Lifting manually <input type="checkbox"/> Materials igniting <input type="checkbox"/> Mobile telephone use <input type="checkbox"/> Object falling from height <input type="checkbox"/> Pedestrian/veh interface <input type="checkbox"/> Power machine <input type="checkbox"/> PPE not suitable <input type="checkbox"/> PPE not used <input type="checkbox"/> Radiation, arc eye <input type="checkbox"/> Reversing w/o banksman <input type="checkbox"/> Scaffold or work platform <input type="checkbox"/> Service, buried <input type="checkbox"/> Service, overhead <input type="checkbox"/> Sharp or rough material </td> <td> <i>Tick the most relevant box</i> <input type="checkbox"/> Stepping on sharp object <input type="checkbox"/> Striking against object <input type="checkbox"/> Tool, manually operated <input type="checkbox"/> Tool, power-operated <input type="checkbox"/> Trapped or caught <input type="checkbox"/> Trip, slip or fall on level <input type="checkbox"/> Vehicle in motion <input type="checkbox"/> Weather, icy conditions Environmental:- <input type="checkbox"/> Emission, air pollution <input type="checkbox"/> Environmental (other) <input type="checkbox"/> Pollution of water or land <input type="checkbox"/> Waste, use of resources <input type="checkbox"/> Wildlife or heritage </td> </tr> </table>			Health & safety:- <input type="checkbox"/> Dust or grit from tool <input type="checkbox"/> Dust or grit, wind-blown <input type="checkbox"/> Electrical equipment <input type="checkbox"/> Excavation collapse <input type="checkbox"/> Explosion <input type="checkbox"/> Fall from a height <input type="checkbox"/> Fall into hole or excav'n <input type="checkbox"/> Faulty equipment <input type="checkbox"/> Fire <input type="checkbox"/> Hazardous sbs COSHH <input type="checkbox"/> Hot material <input type="checkbox"/> Housekeeping <input type="checkbox"/> Lifting & handling equip't	<input type="checkbox"/> Lifting manually <input type="checkbox"/> Materials igniting <input type="checkbox"/> Mobile telephone use <input type="checkbox"/> Object falling from height <input type="checkbox"/> Pedestrian/veh interface <input type="checkbox"/> Power machine <input type="checkbox"/> PPE not suitable <input type="checkbox"/> PPE not used <input type="checkbox"/> Radiation, arc eye <input type="checkbox"/> Reversing w/o banksman <input type="checkbox"/> Scaffold or work platform <input type="checkbox"/> Service, buried <input type="checkbox"/> Service, overhead <input type="checkbox"/> Sharp or rough material	<i>Tick the most relevant box</i> <input type="checkbox"/> Stepping on sharp object <input type="checkbox"/> Striking against object <input type="checkbox"/> Tool, manually operated <input type="checkbox"/> Tool, power-operated <input type="checkbox"/> Trapped or caught <input type="checkbox"/> Trip, slip or fall on level <input type="checkbox"/> Vehicle in motion <input type="checkbox"/> Weather, icy conditions Environmental:- <input type="checkbox"/> Emission, air pollution <input type="checkbox"/> Environmental (other) <input type="checkbox"/> Pollution of water or land <input type="checkbox"/> Waste, use of resources <input type="checkbox"/> Wildlife or heritage
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Type: <input type="checkbox"/> Environmental <input type="checkbox"/> Health <input type="checkbox"/> Safety					
Brief description of incident or activity: _____ _____ _____					
What was the cause (or apparent cause) of the incident? _____ _____ _____					
What action (if any) was taken to remedy the situation? _____ _____ _____					
What action could be taken to prevent recurrence? _____ _____ _____					
Hand completed form to:- Site Manager, Foreman, Safety or Q&E Adviser or Local Safety Co-ord'r		Office use: Risk rating =			

See It Sort It Report It