# SIGNIFICANT NEAR MISS REPORT

**CF-S-62**

**iTrak #:**

**GENERAL INFORMATION EVENT DETAILS:**

Strike Company: _____ Business Unit: _____

Customer: _____ Job Number: _____

Job Name: _____ Date of Incident: MM/DD/YY

LSD/NTS: _____ Time of Incident: 00:00 ☐ a.m. ☐ p.m.

Location: ☐ Shop ☐ Yard ☐ Customer Site ☐ Public Road ☐ Office ☐ Other: _____

**PARTIES INVOLVED:** ☐ **Employee** ☐ **Sub-Contractor** ☐ **ISP** ☐ **Customer** ☐ **3rd Party**

Contractor/ Company Name: _____ Phone Number: _____

Contractor/ Company Name: _____ Phone Number: _____

Contractor/ Company Name: _____ Phone Number: _____

**POTENTIAL LOSS EVENT TYPE: ( See Strike Glossary of Terms and Definitions Section 19 HSEMS)**

☐ Injury (CF-S-09A) ☐ Environmental Spill /Release (CF-S-09E) ☐ Workplace Violence (CF-S-09F)

☐ Motor Vehicle Incident (CF-S-09B) ☐ Property Damage (CF-S-09C) ☐ Security/ Theft (CF-S-09F)

☐ Equipment Failure/ Damage (CF-S-09C) ☐ Fire/ Explosion (CF-S-09D)

**RELATED HAZARD SOURCES:**

☐ Biological ☐ Fire/ Explosive ☐ Motion ☐ Pressure/ Energized ☐ Toxic/ Carcinogenic

☐ Chemical ☐ Gravity ☐ Nature ☐ Radiation

☐ Electrical ☐ Mechanical ☐ Noise ☐ Temperature

**DESCRIPTION OF EVENT** (Immediate Cause) *(10 words or less)*:

**FULL DETAILS** *(Before, during & after), (Who, What, Where, When and How)*:

**ON-SITE ACTIONS TAKEN TO MINIMIZE EVENT OCCURANCE** *(Immediate Actions)*:

**ALCOHOL & DRUG TESTING REQUIRED?** **Post Incident ( Significant / Serious Incident)** **(See Section 13 of HSEMS)**

Alcohol & Drug Test Completed: ☐ Yes ☐ No

If No, Explain Why Test Was Not Completed:

**NOTIFICATION:**

| Required | Person Notified | Notified By: | Date: | Time: | Reference/ Case # |
|---|---|---|---|---|---|
| **Immediate Supervisor** | | | DD/MM/YY | 00:00 am/pm | |
| **Manager** | | | DD/MM/YY | 00:00 am/pm | |
| **OHS** | | | DD/MM/YY | 00:00 am/pm | |
| **RCMP/ Police** | | | DD/MM/YY | 00:00 am/pm | |
| **Client** | | | DD/MM/YY | 00:00 am/pm | |
| **Other:** | | | DD/MM/YY | 00:00 am/pm | |

| | | | |
|---|---|---|---|
| **Reported by:** | | **Date:** | DD/MM/YY |
| **Investigation Assigned To:** | | **Date:** | DD/MM/YY |
| **Entered into iTrak by:** | | **Date:** | DD/MM/YY |