

# Samson Electric Near Miss/Accident Report

Date: \_\_\_\_\_ Division: \_\_\_\_\_ Anch \_\_\_ Fbxs \_\_\_ Report by: \_\_\_\_\_  
Date and Time of Incident: \_\_\_\_\_  
Job# \_\_\_\_\_ Our Veh Lic : \_\_\_\_\_ Person: \_\_\_\_\_  
Name: \_\_\_\_\_ Other Veh #: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Addr: \_\_\_\_\_ Witness(es): \_\_\_\_\_

Nbr days person on this job: \_\_\_\_\_ last Break: \_\_\_\_\_

Level of Incident: Near Miss \_\_\_ Site 1st Aid \_\_\_ Clinic \_\_\_ Amb/Hosp \_\_\_ Vehicle/Equip Dam \_\_\_ Property Damage \_\_\_  
Other People Injured \_\_\_ How Many ? \_\_\_

PHOTOGRAPHS SHOULD BE TAKEN TO SUPPLEMENT REPORT

Describe Exactly What happened: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Use 2nd page if required)

Was the person(s) involved wearing PPE? Yes \_\_\_ No \_\_\_ If Equip/Vehicle- selt belts on? Yes \_\_\_ No \_\_\_

List types of PPE \_\_\_\_\_

What other equipment was involved ? (ladders, power tools, lifts- be specific) Owned Equip? \_\_\_ Yes \_\_\_ No / Rental? \_\_\_ Yes \_\_\_ No

ALL equip & PPE has been examined, inspected for safety and: \_\_\_ Destroyed & replaced \_\_\_ Sent for repairs \_\_\_ Put back into Service  
XX

ALL ACCIDENTS INVOLVING PROPERTY OR PERSONAL INJURIES SHOULD BE REPORTED TO OWNERS

Owner Rep Notified: Yes \_\_\_ No \_\_\_ GC Rep: Yes \_\_\_ No \_\_\_ Insurance: Yes \_\_\_ No \_\_\_ Date & Method: \_\_\_\_\_

Investigation Results: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed by: \_\_\_\_\_ Date \_\_\_\_\_

Date Incident Reviewed with Person: \_\_\_\_\_ Corrective Action(s): Re-Training \_\_\_ Engr'g: \_\_\_ PPE \_\_\_ Admin \_\_\_ Discipline \_\_\_  
By: \_\_\_\_\_ Safety Mgr Date(s): \_\_\_\_\_

Notes \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_