Automation ~ Electrical Construction ~ Power

ESCO GROUP

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Employee Near Miss Form

Approved by:
ESCO Group Safety Department

Date Last Revised: 12/2018

Date of Near Miss: _____ **Time of Near Miss:** _____ **am** ☐ **pm** ☐ **Jobsite:** _____

Location: _____

Potential Negative Outcomes: ☐ **Minor Injury** ☐ **OSHA Recordable** ☐ **Lost Time** ☐ **Fatality**

☐ **Property Damage** ☐ **Production Downtime** ☐ **Auto Collision/Damage**

☐ **Other:** _____

Contractor(s) Involved: _____

Employee(s) Involved: _____ _____ _____

_____ _____ _____

Description of Near Miss:

Preventative Measures for the Near Miss (How could this be avoided in the future?):

Follow-Up Steps:	**Person Responsible**	**Target Date**	**Date Completed**

Safety Representative Signature: _____ **Supervisor Signature:** _____